

NORTH WEST LOCAL HEALTH INTEGRATION NETWORK FACT SHEET

Background

In 2004, the Ontario Minister of Health and Long-Term Care announced a series of health transformation initiatives that included the creation of 14 Local Health Integration Networks (LHINs) across the province. LHINs are responsible for planning, integrating and funding local health services within their geographic area. They are a key element in the government's vision to build a health care system that *helps people stay healthy, delivers good care when they need it and will be there for our children and grandchildren.*

On March 1st, 2006, the Local Health System Integration Act, 2006 passed third reading in the Ontario Legislature and subsequently received Royal Assent on March 28th. The Act will change the way our health care system is managed by focusing on what is best for individual patients and communities.

What is the North West LHIN? What will it do?

The North West LHIN is a non-profit organization established in June 2005. It covers the Thunder Bay and Rainy River Districts and most of the Kenora District, and is headquartered in Thunder Bay.

The North West LHIN will not directly provide health care services. It will work with health care providers, communities and the public to set priorities and plan health services in Northwestern Ontario. It will oversee the integration and coordination of local health services in order to make it easier for patients to access the care they need. And, it will allocate funding for health services in Northwestern Ontario, including those services delivered in:

- Hospitals
- Community Care Access Centres (CCACs)
- Community support service organizations (e.g. homemaking, personal assistance, etc.)
- Long-term care homes
- Community Health Centres
- Community mental health and addictions agencies

The North West LHIN is about improving the quality and accessibility of health care for all residents of Northwestern Ontario through better integration and coordination of health services. It is based on the principle that health care services are best planned at the local level, by people who know the needs and priorities of their communities.

LHIN Leadership

Each LHIN is governed by an appointed Board of Directors of up to nine members. Board members live within the geographic area served by their LHIN and are selected based on their skills and abilities as well as the needs of the LHIN. A community-based nominating process is used to recruit potential Board members.

Currently, the members of the North West LHIN Board are:

Dr. John Whitfield (Thunder Bay) -- Chair
Janice Beazley (Fort Frances)
Ennis Fiddler (Sandy Lake)
Chantelle Bryson (Thunder Bay)

Kevin Bähm (Terrace Bay)
Marleen Wong (Kenora)
Bob Gregor (Marathon)
Judy Morrison (Fort Frances)

It is expected that the remaining Board member will be named later this year. Profiles are available for each Board member.

The North West LHIN's Chief Executive Officer is Gwen DuBois-Wing.

LHIN Activities

Community Engagement

The North West LHIN will, for the first time, give residents of Northwestern Ontario the chance to participate in discussions and decisions about their local health care system. It is specifically mandated to engage people and providers in discussions about local health care needs and priorities.

Since it was established last year, representatives of the North West LHIN have met with hundreds of individuals, groups and organizations across the region. It has a Community Engagement Strategy that will include formal channels for obtaining citizen input and community consultation on an ongoing basis.

Integrated Health Services Plan

The North West LHIN is working with health care providers, communities and residents to develop an Integrated Health Services Plan (IHSP) for our area. The plan will establish the LHIN's local vision and identify integration priorities and strategies.

The North West LHIN's *first* Integrated Health Services Plan, completed in October, 2006, identified the following priorities for the Northwest:

- Access to Care
 - Primary Health Care
 - Chronic Disease Prevention and Management
 - Specialty Care
 - Mental Health and Addiction Services
- Long-Term Care Services
- Integration of Services Along the Continuum of Care
- Engagement with Aboriginal People
- Ensuring French Language Services
- Integration of e-Health
- Regional Health Human Resources Plan

The North West LHIN will continue to work with health care providers and public in communities across the Northwest to address the priorities identified in the Integrated Health Services Plan.

How to Reach Us

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Web site: www.northwestlhin.on.ca

FREQUENTLY ASKED QUESTIONS ABOUT THE NORTH WEST LHIN

1. Why were the LHINs created?

LHINs are part of the provincial government's plans to transform the health care system so that it is more accessible, accountable and transparent. They were created because health services are best planned at the local level, by people familiar with the health needs of the community.

Through improved integration and coordination of services, the LHINs will ensure that people can get the health care they need and that the system is sustainable for generations to come.

2. What does the LHIN mean for me? How will the LHIN benefit me?

The LHIN is about providing better health care for you and your family, as close to home as possible. In today's complex health care system, it can be difficult to locate and access health care services. The LHIN will help to break down the barriers that patients often face and make it easier for them to obtain the health care they need. It will ensure that decisions are made according to what is best for the patient.

In addition, for the first time, local health care planning and decisions will be based on the unique health needs and challenges of Northwestern Ontario residents and communities.

3. Do I have to get health care services from the LHIN where I live?

No. LHIN boundaries are for management and administrative purposes only and will not restrict your access to health services in other jurisdictions.

4. Why is it necessary to integrate health care services?

Currently, many health services are planned in isolation and are not well coordinated. Patients and their loved ones are forced to make their own way through a very complex health system as they move from one health service provider to another.

The LHIN will change this – by breaking down the barriers that patients face and ensuring that decisions are made in the best interests of the patient. It will work with local health care providers to identify ways to reduce duplication in the health system and to make it easier for patients to access the health care services they need. Through improved integration and coordination of services, it is expected that LHINs will create a more efficient and accountable health care system.

5. Will increased integration mean job losses?

The LHIN is about improving and enhancing access to health care services, *not* cutting services or jobs. It is also about doing things differently and more efficiently so that it is easier for patients to access the health care services they need and there is money in the future to continue to invest in health care.

6. Will LHINs mean less access to health services and services further from my community?

No. The LHIN is about *improving* and *enhancing* access to health care services, as close to home as possible. By ensuring that community health care priorities are identified at the local level, by people within the community, the LHIN will ensure that people receive the best and most efficient health care services.

7. Will LHINs be able to make decisions to close hospitals or other health care bodies?

No. LHINs do not have the power to close hospitals or other health care agencies.

8. Why are LHIN Board members appointed, not elected? Aren't Board members simply "mouthpieces" of the government?

The LHIN Board is meant to be skills-based, not representative, and includes community leaders from across Northwestern Ontario. An extensive community-based nominating process was established to recruit Board members. Board positions were advertised in newspapers across Northwestern Ontario and on government websites. The North West LHIN also hosted public information sessions via videoconferencing technology in 14 Northwestern Ontario communities to recruit candidates for Board member positions. All LHIN Board members are expected to possess relevant expertise, experience and leadership skills as well as an understanding of local health issues, needs and priorities.

9. Are LHIN Board members paid?

Board members are *not* paid employees. They receive a per diem, or daily fee, for the time they spend on LHIN activities, which is consistent with other government agencies.

10. Is the LHIN responsible for all health care services? Aren't there aspects of the health care system that the LHINs will not be responsible for?

The LHIN is responsible for planning, integrating and funding those health care services delivered in hospitals, Community Care Access Centres, long-term care homes, community health centres, community support service organizations and mental health and addictions agencies. The Ministry of Health and Long-Term Care will retain responsibility for public health, physicians, ambulance services, laboratories and provincial networks and programs (e.g. drug programs).

11. How can the LHIN improve the local health care system when it does not include physicians?

While the LHIN will not directly fund health care services provided by physicians, it will work in partnership with doctors, Family Health Teams and other professionals to make sure that patients continue to receive high quality care. The LHIN is mandated to engage all stakeholders, including physicians and other health care practitioners, on an ongoing basis for planning and priority setting.

12. Will LHINs open the door to more privatization of health care?

No. The government supports the principle of a publicly funded health system. It confirmed this in Bill 8, the *Commitment to the Future of Medicare Act*, and the *Local Health System Integration Act* restates this commitment. In addition, the legislation specifically prohibits any integration that would result in an individual being required to pay for a health service, unless the payment is permitted by law.

13. Will LHIN Board meetings be open to the public?

Yes, although the Board may go in camera at times to discuss certain matters such as human resources issues and information from legal counsel. In addition, the Board will hold its meetings in different communities across the region from time to time.