

## Ontario LHINs

In 2006, the Ministry of Health and Long-Term Care divided the province into 14 not-for-profit corporations: Local Health Integration Networks (LHINs). They were founded based on the idea that community-based care is best planned, coordinated and funded locally by the people living in the communities.

By April 1, 2007, LHINs took on full responsibility for health services in their communities. The main roles of the LHINs are to Plan, Fund and Integrate health care services locally including: Hospitals, Community Care Access Centres, Community Support Services, Long-term Care, Mental Health and Addictions Services and Community Health Centres.

LHINs fund the health service providers and can put local health dollars where they are most needed, based on community priorities. LHINs work with communities to help integrate health services so care is better coordinated and more efficient.

LHINs play an important role by ensuring that patients have better access to coordinated and integrated services, through proper planning, and by building on the strength of local health organizations to improve communication among providers.

LHINs are responsible for managing the local health system to ensure that services are integrated and coordinated - easing the flow of patients across the health care system and improving access to services in their community. Planning and allocating resources more efficiently to ensure better access to health care across the system.

LHINs have the authority to integrate local health services and programs. LHINs don't make integration decisions in isolation; they work closely with local health service providers to identify ways to reduce duplication in the health system and to improve health services in Ontario. LHINs do not have the authority to direct amalgamations, to direct changes to provider boards or to direct service providers to close or cease their corporate operations. LHINs cannot order the closure of a hospital.

LHINs have the flexibility to address unique local population health needs and priorities, without compromising the quality, access, or the efficiency of health services.

**Before:** Prior to the formation of LHINs, health care services in Ontario were fragmented and many health care providers delivered care in isolation. Patients and their loved ones were forced to make their own way through a very complex health system as they moved from one health service provider to another.

**After:** the LHINs were created to change all that. The Local Health System Integration Act, 2006 transformed the way our health care system is managed. While the LHINs don't directly provide services, their mandate is to plan, integrate and fund health care services. LHINs oversee approximately \$20.3 billion health care dollars.

***LHINs want to hear from us!*** The health care system belongs to us; we are the ones who depend on it and who pay for it. Through our LHIN, we now have the opportunity to get involved in the health care conversation, which gives us a chance to participate in decisions about the health care system in our community. Across all the LHINs in the province, they have set up a number of ways to invite us to become involved – from open board meetings to open houses. Most board meetings are open to the public.

LHINs strive to ensure that health care dollars are spent efficiently and effectively, yielding the best results possible. Accountability agreements between health care providers and LHINs, and between LHINs and government, ensure the responsible use of precious health care resources, and the sustainability of the health care system for generations to come. 2008 Ministry-LHIN Accountability Agreements (MLAA) is posted on LHIN website.

The LHINs operate as not-for-profit organizations, governed by boards of directors who were appointed by the province after a rigorous skill and merit-based selection process. Each LHIN has 9 board members. The board of directors is responsible for the management and control of the affairs of the LHIN and is the key point of interaction with the ministry. CEOs were selected after an

extensive search and selection process and report directly to the LHIN boards. The relationship between LHINs and the ministry is being governed by a Memorandum of Understanding (MOU) between each LHIN and the ministry, and an accountability agreement between each LHIN and the ministry. The accountability agreements include our performance goals and objectives, performance standards, targets and measures, and a plan for spending the money LHINs receive. The legislation requires LHINs to provide the minister with annual reports, including audited financial statements. The Auditor General also has the authority to audit any aspect of the operations of a LHIN.

Community needs are best determined at the local level. By devolving responsibility for health services to LHINs, the ministry can now be more strategic in the health system by concentrating on setting overall strategic directions and provincial priorities for the health care system. However, the minister is ultimately accountable for the health care system and has ensured that there are appropriate checks and balances in place to hold the LHIN accountable for the performance of the local health system and the services we receive.

The ministry is transferring nearly two-thirds of the ministry's \$37.9 billion budget to LHINs. The legislation ensures that there is an appropriate balance between granting LHINs the authority needed to effectively and efficiently manage the local health system while retaining the ability to the LHINs accountable for their performance. This legislation prohibits private payments for services that result from an integration decision, unless the payment is permitted by law. In addition, the Commitment to the Future of Medicare Act preserves the public health care system in Ontario. LHIN boundaries are for management and administrative purposes only. We can continue to use the health care system as you did previously.

For more information about the LHIN in your region please choose the appropriate link below:

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| 1. <a href="#">Erie St. Clair</a>                   | 8. <a href="#">Central</a>               |
| 2. <a href="#">South West</a>                       | 9. <a href="#">Central East</a>          |
| 3. <a href="#">Waterloo Wellington</a>              | 10. <a href="#">South East</a>           |
| 4. <a href="#">Hamilton Niagara Haldimand Brant</a> | 11. <a href="#">Champlain</a>            |
| 5. <a href="#">Central West</a>                     | 12. <a href="#">North Simcoe Muskoka</a> |
| 6. <a href="#">Mississauga Halton</a>               | 13. <a href="#">North East</a>           |
| 7. <a href="#">Toronto Central</a>                  | 14. <a href="#">North West</a>           |

**Ontario LHINs Map:**

