



Community Engagement Plan

2016/2017

Community Engagement

Community engagement is at the core of Central LHIN's health system planning initiatives. Including the voice of our patients and caregivers, and our Health Service Providers, is fundamental to putting patient needs at the centre of our local health care system.

As we undertake community engagement with our diverse communities and stakeholders, our goal is to inform, involve and collaborate to work together with stakeholders for health care system improvement. Community engagement is a dynamic process and many tools, techniques and methodologies are employed to effectively collaborate through engagement with our patients and stakeholders.

Since the inception of LHINs, Central LHIN Board members and staff have been committed to local community engagement with residents, Health Service Providers, local government leaders and many other organizations to work together on enhancing the health care system.

Highlights from the Central LHIN's community engagement activities and consultation and input structures in 2016-2017, which embraced a focus on identification of services for underserved communities including our Aboriginal and Francophone populations, included the following:

- **Indigenous Community Engagement** – The Central LHIN is home to approximately 7,000 Indigenous people, representing 0.4 per cent of the population. Please refer to action items in Strategic Priority “Better Care for Underserved Communities” for actions taken in 2016-2017 to support better health outcomes for the Indigenous population in Central LHIN. In 2016-2017, the Central LHIN engaged in in-person meetings with the Health Services office for the Chippewas of Georgina Island along with elders and members of the community, including from NinOskKomTin, an urban Indigenous community group. Our purpose in these engagements is to co-design a plan along with services and supports that aligns with the needs of the community and improves access to culturally appropriate services. Our meetings
- took place throughout the year. The Central LHIN will continue to engage with local Indigenous leaders to explore further innovative options to support Indigenous people with culturally appropriate services for improved health outcomes.
- **Francophone Community Engagement** – The Central LHIN is home to approximately 31,725 Francophones, or about 1.3 per cent of our population. To help respond to this community, a large concentration of whom reside in the North York West sub-region, the Central LHIN collaborated with Entité 4 and Black Creek Community Health Centre, which is based in the North York West sub-region, to develop the French Language Services Advisory Committee for North York West. The purpose of this committee is to promote health services in French and support health prevention. The committee utilizes existing partnerships and networks (community organizations, school boards and Health Service Providers) to sensitize and mobilize the Francophone communities on various health issues. The Central LHIN will continue to work collaboratively with the French Language Services Advisory Committee for North York West to develop and implement strategies to address the priorities identified.
- **Citizens' Health Advisory Panel (CHAP)** – The Central LHIN established CHAP in 2013-2014 to add patient and family voices from our local communities into the Central LHIN's system planning initiatives. This panel serves as a forum for dialogue with community members as they advise the LHIN on how to achieve person-centred health care in designing programs within the local health system context. In 2016-2017, with some members completing a three-year term, the Central LHIN issued a community call for new members for CHAP. The committee welcomed several new members in 2016 and also maintained some current members for continuity, and they continue to meet on a regular basis to share patient experience stories and provide suggestions and feedback. In 2016, we engaged

a CHAP representative in our Board Development Day. As well, we begin every Board Meeting with a Patient Experience story as a learning opportunity.

- **Sub-region Planning and Community Conversation Sessions**

Aligned with the *Patients First Act*, and the Ministry's approval of Central LHIN's six sub-regions, Central LHIN staff are advancing consultations on our sub-region planning strategy, which involves working with our patients and Health Service Providers to co-design a more integrated care delivery model to strengthen the patient experience.

Initially to define the sub-regions, the Central LHIN conducted community engagement in the summer and fall of 2016, followed by a webinar in March 2017, and then a series of sub-region and system transformation community engagement sessions, held in March and April 2017. A session was held locally in each sub-region.

The Central LHIN's sub-region strategy is grounded in the Collective Impact methodology, providing a platform for stakeholders to work together towards a specific common goal to solve complex challenges. The Collective Impact approach will support stakeholders to:

- Transform the patient experience
- Drive innovation and sustainable service delivery
- Build and foster interdependent networks of care
- Tackle health inequities by focusing on population health

During our sub-region community conversation sessions, over 300 patients and Health Service Providers, including community, hospital, municipalities, public health and primary care providers, participated to bring context to system-level data and set the stage for the future of stronger patient care in the Central LHIN. The conversations were thoughtful, robust and grounded in the patient experience. We heard both patient and provider perspectives on

navigating the local healthcare system. Collectively, we achieved foundational dialogue to build momentum for our call to action to co-design local solutions that respond to health care needs at the local level. The Central LHIN is preparing a summary report on the key themes that emerged from these community conversations, which included access to care, access to data, health literacy, social isolation, caregivers and solutions.

As well, the Central LHIN will continue engagement on sub-region planning and generate sustainable solutions for care gaps at the sub-region level. Supporting our sub-region co-design work is the Integrated Care Advisory Council (ICAC), defined below. As a critical next step, the Central LHIN is committed to achieving a shared common agenda by September 2017 through a co-design approach to achieving consistent, quality-based outcomes that improve and strengthen patient care transitions between health services and providers.

- **Health Service Provider Engagement**

In addition to Central LHIN staff working with HSP staff on their individual Service Accountability Agreement and ongoing performance and program dialogues, the Central LHIN Board of Directors, led by the Chair and supported by other Board Directors and the Chief Executive Officer, conducted two Governance Council Meetings in 2016-2017. The meetings took place in May and November 2016. All Board Chairs, or their delegate, of the 95 Health Service Providers who receive funding from the Central LHIN were invited to come together for governance updates and dialogues. In addition to bi-annual in-person meetings, the Central LHIN provided periodic email updates to all Central LHIN's funded HSP Chairs. As well, the Central LHIN Chair and CEO and occasionally other Board Directors attended HSP board meetings, annual general meetings, funding events, and individual briefing and update sessions. In turn, public notice is provided for all Central LHIN Board Meetings should HSP representatives or other members of the public wish to attend.

- **IHSP 2016-2019**

The Central LHIN's 2016-2019 Integrated Health Service Plan (IHSP) is our fourth IHSP. In preparing this strategic plan, the LHIN undertook numerous engagement sessions and heard from patients, caregivers and Health Service Providers, which was also combined with continuous engagement with Indigenous and Francophone stakeholders, face to face stakeholder meetings, and other consultations. Dialogue was shared on barriers and challenges in delivering coordinated care to patients and accessing high quality and comprehensive services. This valuable engagement and input helped inform our 2016-2019 IHSP which in turn contributed to our 2016-2017 Annual Business Plan to support the LHIN's priorities and plans to enhance the local health care system.

- **Local Government**

The Central LHIN Board of Directors, led by the Chair and supported by other Board Members and the Chief Executive Officer, lead outreach activities with local government representatives who have constituents in the Central LHIN. In 2016-2017, we shared written updates on strategic priorities and coordinated in-person meetings to have dialogue and share our current strategic priorities while hearing about health care challenges from their local constituents. We also provided an update on the Public Appointment Secretariat process for the Central LHIN Board of Directors.

- **Board Meetings**

All members of the public are welcome to attend Central LHIN Board of Directors open meetings and education sessions. Following the open portion of these meetings, time is allocated for Health Service Providers, stakeholders and members of the public to meet with members of the Board for informal dialogue. Additionally, the Board welcomes public deputations at Board Meetings. To enable a consistent and transparent approach on public deputations, the Public Delegations at Central LHIN Board Meetings Policy is posted on our website.

Sector Networks and Engagement

- **Alternate Level of Care (ALC) Collaborative**

– The ALC Collaborative is a dedicated team comprised of hospital, Central CCAC and Central LHIN staff aimed at providing focused and collective resources to enhance the flow, efficiency, effectiveness and system capacity across the continuum for the benefit of Central LHIN patients. The ALC Collaborative has actively engaged with all Central LHIN Hospitals, the Central CCAC, and other system partners as appropriate throughout its two year funding period (December 2015 to December 2017). Through this work, several actions have been implemented; additional recommendations are pending further assessment.

- **Central LHIN Eye Care Committee (ECC)**

– The Central LHIN ECC is an advisory body comprised of Central LHIN staff and administrative/medical leads from each Central LHIN hospital. The committee meets quarterly to provide advice on best practices for the overall service provision, coordination, delivery, evaluation and evolution of the eye care service models in Central LHIN hospitals. The committee also provides advice on the implementation of the Central LHIN vision care strategy, human resource planning, clinical utilization, and management of quality of care pertaining to eye care services across the Central LHIN.



- **Chronic Disease Prevention and Management Service Coordination Committee** – Established in 2016, this committee benefits from membership of people with lived experience, primary care, Health Service Providers and York Region Public Health. The purpose of this group is to provide advice to the Central LHIN on the coordination and integration of service delivery at the local level and to achieve equitable access to chronic disease prevention and management programs across the LHIN planning areas. The Committee advises the LHIN by engaging local stakeholders regarding the local health system’s needs and applies a population-based approach, including specific focus on high needs and at-risk populations.
- **Clinical Services Vice President Planning Group** – The Clinical Services Vice President Planning Group consists of clinically-focused senior leaders from Central LHIN hospitals and the Central CCAC to provide specific support to maintain major clinical program /service plans and to ensure patient access to new innovations and expertise. This group makes recommendations using a system-wide planning approach and explores opportunities to scale and spread better practices that can be supported through evidence and data.
- **Community Sector Working Group** – The mandate of the Community Sector Working Group is to support the Central LHIN’s 2016-2019 IHSP priorities as well as improve Central LHIN’s Ministry-LHIN Accountability Agreement performance. It advises on ways to advance the local health system to achieve desired outcomes and provides enhanced understanding and insights into sector specific issues within the Central LHIN. Meeting minutes and a communique are published to the entire community sector so that all community HSPs are apprised of the meeting discussions.
- **Critical Care Network** – This working group includes administrative and clinical leads from each Central LHIN hospital, CritiCall Ontario and Central LHIN staff. It is co-chaired by the Central LHIN Critical Care Physician Lead and the Central LHIN Director of Health System Planning. The group meets bi-monthly and holds additional meetings as required for the purpose of planning, implementing, and evaluating performance measures to improve the delivery of Critical Care Services in Central LHIN hospitals.
- **eHealth Advisory Council** – Central LHIN’s Integrated Health Service Plan 2016-2019 identifies eHealth as a key enabler for achieving the Ministry’s priorities and those of the LHIN and its partners. The Council is composed of Information Technology leadership from various sectors in the continuum of care. Its main objectives are to support the development and implementation of the Central LHIN eHealth Strategic Plan for each year as indicated in the Ministry-LHIN Accountability Agreement and provide guidance and advice on eHealth implementations.
- **Emergency Department Working Group** – This working group, mandated by the Ministry of Health and Long-Term Care Emergency Department Network, is represented by Emergency Department Directors and Physician Chiefs at all Central LHIN hospitals, Central CCAC and Emergency Services. Meeting bi-monthly, this group’s mandate is to plan, implement, and evaluate performance measures to improve the delivery of emergency services in Central LHIN hospitals, and to collaborate and exchange best practices.
- **Health Links System Planning Committee** – This committee was originally established in 2013 to oversee and coordinate the implementation of the five Health Links in the Central LHIN and monitor performance as it relates to patient and system outcomes.
- **Integrated Care Advisory Council (ICAC)** – The ICAC’s inaugural meeting took place in January 2017, and has since met on a bi-monthly basis. The ICAC is an advisory group comprised of engaged thought leaders with varying perspectives tasked with challenging system planning and activities to bring about system transformation and strengthened continuity of

care during transitions at the sub-region level to achieve consistent, quality-based outcomes.

- Long-Term Care Sector Working Group** – The mandate of the long-term care sector working group is to support the Central LHIN 2016-2019 IHSP priorities and improve Central LHIN’s Ministry-LHIN Accountability Agreement performance. It also advises on ways to advance the local health system to achieve desired outcomes and provides enhanced understanding and insights into the long-term care sector specific issues and support knowledge building and exchange.
- Mental Health and Addictions Service Coordination Council** – Working closely with the Central LHIN, the Canadian Mental Health Association-York Region is responsible for the implementation of the Central LHIN Mental Health and Addictions Supports within Housing Action Plan for York Region. To guide this implementation, the Canadian Mental Health Association-York Region is required to establish and support the Mental Health and Addictions Service Coordination Council. The mandate of the Council is to collaborate and provide guidance on how to continue moving forward with coordinated mental health and addiction services in the Central LHIN.
- Mental Health Hub Committee-York Region** – This committee was established in 2016 to address the need for high quality crisis services being available at the right place and right time, including pressures being faced by first responders and hospital emergency departments. This robust committee has representation from federal and provincial elected officials, regional police and emergency medical services, local hospitals, Mental Health and Addictions providers, and other experts within the health care sector.
- Quality Based Procedures (QBP) Steering Committee** – Implementation of QBPs is an integral component of the Health System Funding Reform, aimed to incentivize health care providers to adopt best practices that result in improved patient outcomes in a cost-effective manner. With representatives from Central LHIN, all Central LHIN hospitals and the Central CCAC, the QBP Steering Committee provides guidance, identifies support needs and monitors QBP implementation across Central LHIN.
- Regional Palliative Care Network** – The Central LHIN established the Central LHIN Regional Palliative Care Network to advise the LHIN and provide leadership and structure to facilitate the development of a comprehensive, integrated and coordinated system of hospice palliative care. This Network also oversees the implementation of the Central LHIN Palliative Care Action Plan through a regional approach to address priorities and needs in the Central LHIN area.
- Stroke Planning and Care Council** – The Central LHIN Stroke Planning and Care Council is a forum to bring stakeholders together for collaborative planning, input and advice on service integration opportunities and performance gaps and supports achievement of targeted performance metrics. Working in alignment with the Ontario Stroke Network’s vision and mission, the Stroke Planning and Care Council provides guidance to the Central LHIN and other stakeholders in stroke care, supporting them to achieve current best practices for stroke care.

The **LHIN Community Engagement Guidelines**, updated in June 2016, are available on our website at www.centrallhin.on.ca/communityengagement.

