



Community Engagement

2017-2018

Community Engagement

In accordance with the LHIN Community Engagement Guidelines (June 2016) and in keeping with the expectations and accountability of the *Local Health System Integration Act, 2006* (LHSIA), all LHINs are required to develop and publish an annual Community Engagement Plan that aligns with our Annual Business Plan (ABP) priorities and the LHIN's Integrated Health Service Plan (IHSP). Community Engagement helps us assess local needs and plan for local health services to improve the health care system through the interaction, sharing and gathering of information with our stakeholder communities.

This summary highlights the community engagement framework and key activities planned by Central LHIN to engage our stakeholders in support of the projects and planning activities outlined in our ABP for 2017-2018. Engagement is a dynamic process and this plan will change and evolve as new opportunities and priorities emerge throughout the year.

Engagement Strategies and Leading Best Practices

Central LHIN utilizes various best practice strategies to achieve the desired outcomes and identify the appropriate levels of engagement to be applied. The Community Engagement goals and objectives will be identified in advance for priority initiatives and projects and will range across the following continuum of engagement strategies.

Inform and Educate: Provide accurate, timely, relevant and easy to understand information to the community. This level of information provides information about the LHIN, while offering opportunities for community members to further understand the problems, alternatives, and/or solutions. There is no potential to influence the final outcome given this is one-way communication.

Gather Input: To obtain feedback on analysis, and proposed changes. This level of engagement provides opportunities for community to voice their opinions, express their concerns, and identify potential areas for change and modifications. There may be potential opportunity to influence the final outcome.

Consult: To actively seek and receive the views of community stakeholders on policies, programs or services that affect them directly or in which they may have a significant interest. This level of engagement provides opportunities for dialogue between community and the LHIN. Consultation may result in changes to the final outcome.

Involve: To work directly with community stakeholders to ensure that their issues and concerns are continually understood and considered, enabling residents and communities to have their voices heard and to communicate their own issues. In this level, community stakeholders may provide direct advice as this is a two-way communications process. This level will influence the final outcome.

Collaborate: To work with and enable community stakeholders to work through options analysis and potential solutions to find a common purpose or agreement.

Empower: Delegated stakeholder decision making whereby final decision making authority, leading to action is assigned to a committee or other organized body.

Priority Planning Partners & Stakeholders

The Central LHIN will continue to leverage the expertise, knowledge and system experience that currently resides within the Central LHIN community of stakeholders to achieve its goals and objectives.

Key to the success of Central LHIN engagement strategies is the active involvement of our stakeholders. Our stakeholders are organizations or people with a strong interest in the outcomes and decisions made by the Central LHIN; this includes our Health Service Providers and other service partners as well as patients, family caregivers and our Central LHIN communities. Our stakeholders are affected by the decisions we make and are essential partners to enable us to make better decisions together.

Central LHIN stakeholders include:

- **Residents of Central LHIN** as consumers of health care services and supports;
- **People with lived experience** of Mental Health and Addictions, Palliative Care and Seniors' Care services;
- **Public Health Units** (York Region Public Health Services, Toronto Public Health, Simcoe Muskoka District Health Unit);
- **Municipalities** including the Region of York, City of Toronto and County of Simcoe (for example, participation through the Community Partnership Council Meeting in the Region of York for their Newcomers initiative);
- **Primary Care Providers** (physicians, nurse practitioners, community health centres, all physician group practice types);
- **Community Support and Mental Health and Addictions service agencies;**
- **Home and Community Care providers;**
- **Long-Term Care Homes and Retirement Residences;**
- **Hospitals;**
- **Indigenous people living in urban, rural and on-reserve communities;**
- **Francophone communities through the partnership with Entité 4;**
- **Other Local Health Integration Networks;**
- **Academic Institutions;**
- **Ministry of Health and Long-Term Care;**
- **Ministry of Child and Youth Services;**
- **Ministry of Community and Social Services.**

Working Groups/Committees/Councils

Many of our stakeholders are invited to participate in Central LHIN committees with the goal to gather input, consult and collaborate in planning activities and decisions. Central LHIN committees in operation for 2017-18 are as follows:

- **Central LHIN Patient and Family Advisory Council, formerly** established in 2013 as the Citizens Health Advisory Panel, gives voice to the community in 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.
- **Integrated Care Advisory Council (ICAC)** was established in January 2017 to advise on the development of a consistent approach to sub-region engagement and planning. Membership is representative of leadership across sectors and stakeholders.
- **Health Links System Planning Committee** was established in 2013 and is the committee responsible for overseeing and coordinating the implementation of the five Health Links in the Central LHIN and monitoring performance as it relates to client and system outcomes.
- **Emergency Department Working Group** is a working group that is mandated by the Ministry of Health and Long-Term Care Emergency Department Network. Membership includes Emergency Department Directors and Physician Chiefs at all Central LHIN hospitals and Emergency Services. This group meets bi-monthly with a mandate of planning, implementing, and evaluating performance measures to improve the delivery of emergency services in the Central LHIN hospitals, and to collaborate and exchange best practices.
- **Critical Care Network** is a working group that 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 Strategic Initiatives. 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.
- **Regional Palliative Care Network** – The Central LHIN has 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. Furthermore, the Network oversees the implementation of the Central LHIN Palliative Care Action Plan through a regional approach that addresses priorities and needs in the Central LHIN area.
- **Digital Health Advisory Council** – Central LHIN's Integrated Health Service Plan 2016-2019 identifies digital health 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 Digital Health Strategic Plan for each year as indicated in the Ministry-LHIN Accountability Agreement (MLAA) and provide guidance and advice on digital health implementations.
- **The Mental Health and Addictions Service Coordination Council** – 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, working closely with the Central LHIN. To guide the implementation, the Canadian Mental Health Association-York Region is required to establish and support the Mental Health and Addictions Service Coordination Council (SCC). The mandate of the SCC 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** – was established in 2016 with a focus on improving timely access to high quality crisis services in the right place, while alleviating pressures faced by hospital emergency departments and first responders. The committee has representation from federal and provincial Members of Parliament, regional police and emergency medical services, as well as service providers across the health sector.
- **Chronic Disease Prevention and Management Service Coordination Committee (CDPMSCC)** – established in 2016 is comprised of York Region Public Health, people with lived experience, health service providers and primary care. 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 will take a population-based approach, including specific focus on high needs and at risk populations. This Committee will advise the LHIN by engaging local stakeholders regarding the local health system's needs.
- **Community Sector Working Group (CSWG)** – The mandate of the CSWG includes supporting the Central LHIN IHSP priorities as well as improving Central LHIN's MLAA performance. It also advises on ways to advance the local health system to achieve desired outcomes and provides an enhanced understanding and insights into sector specific issues within 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.
- **Alternate Level of Care (ALC) Collaborative** – The ALC Collaborative is a dedicated team comprised of Central LHIN hospitals, and Central LHIN staff intended to provide 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 will continue to actively engage with Hospitals, community and other system partners as appropriate throughout its two year funding period (December 2015 to December 2017).
- **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.
- **Quality Based Procedures (QBP) Steering Committee** - Implementation of QBPs is an integral component of the Health System Funding Reform (HSFR), aimed to incentivize health care providers to adopt best practices to that result in improved patient outcomes in a cost-effective manner. With

representatives from Central LHIN, all Central LHIN hospitals, the QBP Steering Committee provides guidance, identify support needs and monitor QBP implementation across Central LHIN.

- **Stroke Planning and Care Council (SPCC)** – The Central LHIN SPCC is a forum to bring stakeholders together for collaborative planning, input and advice on service integration opportunities and performance gaps and support achievement of targeted performance metrics. Working in alignment with the Ontario Stroke Network’s vision and mission, the SPCC provides guidance to the Central LHIN and other stakeholders in stroke care, supporting them to achieve current best practices for stroke care.
- **Clinical Services Vice President (VP) Planning Group** – The Clinical Services VP Planning Group consists of clinically-focused senior leaders from Central LHIN hospitals 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.
- **Long-Term Care Sector Working Group (LTCWG)** – The mandate of the LTCWG includes supporting the Central LHIN IHSP priorities and improving Central LHIN’s MLAA performance. It also advises on ways to advance the local health system to achieve desired outcomes and provides an enhanced understanding and insights into the long-term care sector specific issues and support knowledge building and exchange.

Sub-region Engagement and System Transformation

With the passage of the *Patients First Act, 2016*, and the Ministry’s approval of Central LHINs six sub-regions in December 2016, Central LHIN staff are advancing consultations on our sub-region planning strategy, which includes working with HSPs to co-design a more integrated care delivery model to strengthen the patient experience.

In January 2017, the Central LHIN formed an Integrated Care Advisory Council (ICAC) to begin the process of developing an approach to working together to implement sub-region based planning. Central LHIN is focused on strengthening care for patients through the establishment of consistent, quality-based outcomes. The ICAC is an advisory group, composed of informed and highly engaged system leaders tasked with challenging the way we plan and design the system to build a strengthened lens on patient care and experience.

Central LHIN is committed to achieving a common agenda through a co-design approach to achieving consistent, quality-based outcomes that improve and strengthen patient care. Implementation will be aligned with the directions and priorities as set out in the Minister’s Mandate Letter.

The sub-region strategy in the Central LHIN 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

Recognizing that sub-region development involves all of the partners in the Central LHIN across the continuum of care, engagement will commence with the launch of community conversations that will set the stage for developing a consistent approach involving all six sub-region, and allowing for customization at the local level. Community conversations will inform the development of an engagement strategy to support co-design at the sub-region level, including the broader development of a LHIN-wide approach to sub-region implementation.

Through continued engagement Central LHIN will build health system partner capability to generate innovative ideas, build implementation plans through new and existing partnerships, and measure success against performance system level indicators. Collaboration with system partners is key to the success of our system transformation. Engagement across the continuum will also provide an opportunity to enable technology and information management which are key elements for empowering the voice of the patient, connecting the various sectors of the health care system and enabling patients to access services through enhanced technology utilization.

2017-18 Engagement Activities

Stakeholder Group	Purpose	Engagement Goals	Format	Frequency
Urban Indigenous Community: NinOskKomTin	To co-design services and supports required for Indigenous communities	Co-create a plan that is aligned with the needs of the community and improves access to culturally appropriate services	In-person meetings involving elders and members of the community	Throughout the year
Chippewas of Georgina Island	To co-design of services and supports required for Indigenous communities	Co-create a plan that is aligned with the needs of the community and improves access to culturally appropriate services	In-person meetings involving the Health Services office of Georgina Island	Throughout the year
Sub-region Planning Tables	To engage and co-create sustainable solutions for gaps in patient care transitions at the sub-region level	Identify 2-3 LHIN-wide solutions to improve care transitions for patients, families and caregivers	Multiple. May include in-person meetings; interactive webinars; OTN; surveys	Throughout the year

Primary Care – Family Physicians	To obtain meaningful physician input into relevant system decisions, and to work towards locally sustainable solutions to provide high quality primary care services	To help align both primary care physician activities and objectives with LHIN priorities	In-person; work groups; interactive forums	Throughout the year
Primary Care – Specialists	To engage specialists in dialogue to further support and implement referral initiatives including eConsult	To improve timely access to specialist care and support patient transitions across the care continuum	In-person; work groups; interactive forums	Throughout the year
Primary Care – Nurse Practitioners	To engage primary care nurse practitioners in relevant system design and subsequent integration to provide high quality primary care services	To further align and strengthen primary care at the sub-region level	In-person; interactive forums	Throughout the year
Mental Health and Addictions Service Coordination Council	To improve the integration, coordination and distribution of mental health and addictions services for transitional aged youth and adults in York Region	To facilitate and support the implementation of the Mental Health and Addictions Supports within Housing Action Plan for York Region	In-person meetings	Bimonthly (6x per year)
Mental Health and Addictions Providers & People with Lived Experience	To bring providers and people with lived experience together to develop a Central LHIN Addictions Strategy	The development of a three-year Central LHIN Addictions Strategy that will align with the provincial Opioid Strategy to enhance addictions supports and harm reduction	Group workshop; key informant interviews	Bimonthly, Spring/Summer 2017

Regional Palliative Care Network	To provide leadership and structure to facilitate the development of a comprehensive, integrated and coordinated system of hospice palliative care	Develop a comprehensive strategy for Palliative Care that is aligned with sub-region planning and timely access to care	In-person meetings; webinars; teleconference; learning forums	Quarterly
Emergency Department Working Group	To bring all six Central LHIN Emergency Departments together for planning, implementing, and exchanging best practices	Advance the ED/ALC strategy and consult on sub-region transition planning	In-person meetings with webinar and teleconference access	Bi-monthly
Health Links Partnership Table	To bring together Health Links leads, home and community care, digital health, hosting organizations and other stakeholders together to revisit 2015 value stream analysis (VSA)	Update the value stream analysis for Health Links to determine consistent approach across all sites	Large, facilitated event to revisit VSA. Subsequent report back meetings to validate and refine approach	Revisiting of VSA planned for late spring/early summer Validation and refinement for final model through to end of year
Sub-region Learning Forum	To bring all six sub-region planning tables together to share a Learning Forum in preparation for implementation	Provide opportunity for sub-regions leaders to share what is and is not working	Large, facilitated event	Fall 2017
ALC Collaborative	To support the development and implementation of LHIN-wide strategies to enhance patient flow from acute to community settings	Implement and evaluate sustainable strategies that enhance system capacity and patient flow across the care continuum	Regular in-person meetings that may include other hospital and community stakeholders	Ongoing
Community Support Services –Programs, Services for Seniors	Based on the LTC Capacity Plan, develop and implement community-based alternatives to traditional institutional LTC for Seniors	Recommendations for the expansion and enhancement of Adult Day Programs for Seniors	In-person meetings with webinar and teleconference access	Monthly

Community Support Services – ABI and Attendant Outreach Services	To review three-year strategy to reduce wait lists and service pressures for Acquired Brain Injury (ABI) and Attendant Outreach services	Recommendations for the implementation of the three-year strategy	In-person meetings with webinar and teleconference access	Monthly
Community Support Services – Seniors Services	To develop and formalize the Central LHIN dementia and caregiver support strategy	Recommendations for future investments in respite and other caregiver supports	In-person meetings with webinar and teleconference access	Monthly
Community Support Services – Erin Oak Kids	To explore respite options for families with medically/developmentally complex young adults	Recommendations for future respite investments	In-person meetings with webinar and teleconference access	Bimonthly
Clinical Services VP Planning Group	To engage all Central LHIN hospitals to guide the development of clinical strategies to advance care	Consult and provide guidance in advancing the ALC strategy, sub regional planning to improve care transitions for patients, families and caregivers	In-person meetings with webinar and teleconference access	Bimonthly
QBP Steering Committee – Quality Based Procedures	To bring together Central LHIN hospitals to support and provide guidance on the implementation of QBPs	Consult and provide guidance on transition plans at the sub regional level, particularly those related to the pertinent QBPs	In-person meetings with webinar and teleconference access	Quarterly
Stroke Planning and Care Council	To bring together stakeholders in stroke care to collaboratively plan and support the spread of best practices for stroke care	Provide opportunity for stroke care stakeholders to give input on transition plans at the sub regional level	In-person meetings with webinar and teleconference access	Quarterly
North York West French Language Services Advisory Committee	To bring together health care providers and community stakeholders to discuss the needs of the Francophone community in the North York West sub-region	Promote health services in French (i.e. primary care, chronic illnesses, seniors care and mental health) to improve service delivery and health outcomes	In-person meetings with teleconference access	Quarterly

French Language Health Planning - Entité 4	To plan, coordinate and integrate high quality health care services for Francophones in Central LHIN communities	To improve equitable access to health services for the local Francophone population	In-person meetings with teleconference access	Throughout the year
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