

Central **LHIN**

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2011 -2012

Community Engagement Plan

April 2011

About Central LHIN

Central LHIN is one of 14 Local Health Integration Networks (LHINs) established through the *Local Health System Integration Act, 2006*, by the Ontario government to plan, coordinate, integrate and fund health services at the local level. For 2011-2012, Central LHIN's budget is approximately \$1.7 billion, to be allocated across a range of health programs through 112 Service Accountability Agreements with 90 health service providers, including:

- Seven public and three private hospitals
- Forty-six long-term care homes
- Thirty-eight community support service providers
- Twenty-one mental health and addictions service providers
- One community care access centre
- Two community health centres

Of the LHINs, Central LHIN has the most people with 1.6 million residents (which is 13% of Ontario's total population) and is one of the fastest growing LHINs in Ontario. Central LHIN will experience greater-than-average population growth over the next 10 years, with the 65+ age category (seniors population) projected to increase by 40%.

Central LHIN is geographically varied. Although the LHIN's population is primarily urban – about 70% reside in North Toronto, Vaughan, Richmond Hill and Markham – there is a significant rural region to the north. The residents of Central LHIN are also diverse, with the highest proportion of immigrants in the province and twice the provincial average of visible minorities. Central LHIN is home to a small population of Aboriginal/First Nations people and approximately 3.2% of the population is Francophone.¹

The Central LHIN Integrated Health Service Plan 2010-2013 (IHSP) outlines four planning priorities aligned with provincial directions and which were determined through extensive engagement with stakeholders – that represent the focus of activities and local investments over a three-year period including:

- Emergency Department and Alternate Level of Care
- Chronic Disease Management and Prevention
- Mental Health and Addictions
- Health Equity

Central LHIN remains committed to achieving our vision of caring communities, healthier people, where each of us – from our staff and Board of Directors to our health service providers and our residents view ourselves as important contributors in working together to create a common vision for the health care system. The purpose of this document is to outline the key areas of focus for Central LHIN's Community Engagement Plan 2011-2012.

¹ In summer 2009, a new, more inclusive definition of Francophone was adopted by the Government of Ontario. Francophone is defined as those who speak French at home or who come from a place where French is an official language (Central LHIN Integrated Health Service Plan, 2010 -2013).

Introduction

Section 16 (1) of the *Local Health System Integration Act, 2006* (LHSIA) states that LHINs “shall engage the community of diverse persons and entities involved with the local health system about that system on an ongoing basis including about the integrated health service plan and while setting priorities.”

On February 15, 2011, all LHINs implemented new provincial guidelines for community engagement. As part of these guidelines, LHINs are required by the Ministry of Health and Long-Term Care to publish a plan for community engagement that is updated annually. This plan is intended to provide LHIN stakeholders with an overview of key engagement activities planned for the fiscal year.

The annual plan sets out how Central LHIN will engage its stakeholders on key areas - where there is both need and opportunity to further develop relationships that are foundational to supporting Central LHIN values and enhancing the LHIN’s capacity to make progress against IHSP priorities. Community engagement activities will also reflect the ethnic, cultural and linguistic diversity of the community.

This document is not intended to identify all community engagement plans or activities that will be carried out during this time period and sub-engagement plans may be developed in-year to assist with meeting the engagement plan objectives.

Community Engagement Areas of Focus 2011-2012

Central LHIN has identified five key areas of focus for community engagement in 2011-2012 that are aligned with our strategic plan to support the implementation of the key goals identified in the IHSP. The five areas include:

- Advancing Health System Quality
- Supporting Primary Care Engagement
- Enhancing Cross Ministry/LHIN Engagement
- Collaborating with Aboriginal and Francophone Populations
- Leading Community Engagement Best Practices

The LHIN will report back on key findings from undertaking the range of engagement activities outlined in this plan, and will also consult with health service providers and community members through its external Advisory Networks and Task Groups on the progress in implementing the plan over the course of the year.

Focus 1: Advancing Health System Quality

- Central LHIN is committed to working together with our health service providers, stakeholders and the Ministry of Health and Long-Term Care so that Central LHIN residents have access to high-quality health care.
- In late 2010, Central LHIN began implementing a strategic approach to advance quality across the care continuum, which included key engagement activities such as:
 - Conducting a multi-sector environmental scan of quality improvement initiatives, including health service provider Quality Improvement Plans

- Assuming a leadership role in developing a pan-provincial vision for how LHINs can advance quality improvement (including working with our 46 long-term care homes through the Ontario Health Quality Council's *Residents First* project) and leading work with other LHINs to define a strategic role for LHINs to support the *Excellent Care for All Act, 2010*
 - Supporting the development of capacity at the operational and governance levels, and facilitating ongoing quality improvement knowledge transfer across the local health system through a full-day quality symposium
- Close to 300 participants from across the continuum of care attended *Patients First: Creating Quality in the Transitions of Care* in March 2011, which highlighted the importance of care transitions in achieving high-quality care and identified the key elements of quality improvement across care settings.
 - This strategic approach will continue through 2011 – 2012, with a range of sub-engagement activities to be established following the completion of a detailed report of findings from the Symposium. Key activities may include:
 - Initiating quality improvement workshops and other sessions related to such topics as the development of performance indicators for transitions of care
 - Reviewing hospital Quality Improvement Plans and engaging providers to advance local health system quality improvement and alignment
 - Developing and implementing regional plans for topics such as Alternate Level of Care, unplanned readmissions, and ED wait times, where improved results depend upon better coordination between hospitals, CCACs, community support agencies and primary care
 - Advancing opportunities to engage stakeholders at the governance level (e.g. boards) regarding quality improvement and the transitions of care

Focus 2: Supporting Primary Care Engagement

- Central LHIN priorities are supported and enabled by focused strategic engagement which includes leveraging opportunities to collaborate with a range of stakeholders, including those that may not be directly funded by LHINs.
- Central LHIN is home to two Nurse Practitioner Led Clinics, 11 Family Health Teams, two Community Health Centres, and over 1380 family physicians. Primary care is a key resource through which patients access the health system, and as such, an important enabler across all Central LHIN priorities.
- In late 2010, a Primary Care Action Group was established to help advance primary care engagement in Central LHIN. Through this group, Central LHIN supports opportunities that facilitate collaboration between sectors and enhances system integration and patient navigation of the system. The Group will produce a report outlining these opportunities including observations on the role of primary care in enhancing transitions of care and improving quality.
- Key engagement activities that will be supported by the Primary Care Action Group over this year will include:
 - Developing a process to enhance collaboration between Family Health Teams/Nurse Practitioner Led Clinics/Community Health Centres and other primary care providers

- Enabling greater uptake of unattached patients by Central LHIN primary care providers through mechanisms such as Health Care Connect
 - Developing sub-engagement strategies to enhance knowledge translation and capacity in chronic disease management and prevention and mental health and addictions
 - Collaborating with Central LHIN primary care providers to identify mechanisms to improve patient outcomes through the transition of care
- Our engagement with local physicians can be further strengthened through working with the Ontario Medical Association (OMA). To this end, Central LHIN will develop a physician engagement strategy in collaboration with the OMA, which will include establishing regular engagement sessions that focus on relevant issues for physicians.

Focus 3: Enhancing Cross-Ministry/LHIN Engagement

- Working across LHINs, local governments (including the Regional Municipality of York) and with other Ministries is an important part of the LHIN mandate to engage in continuous planning for a more integrated and high-quality health care system that focuses on the needs of the patient and client or resident, regardless of where they live or where their care needs are addressed in the continuum. Central LHIN supports this ideal through its IHSP and will be working to enhance opportunities to collaborate in this area.
- To better address service gaps, enhanced collaboration between health care and municipal/community and social service sectors is an important consideration. A particular focus will include community based services for people with complex care needs. The Central LHIN Health Equity priority also includes the specific objective of fostering joint planning with other ministries such as the Ministry of Community and Social Services, Child and Youth and other agencies as appropriate.
- In November 2010, Central LHIN hosted an initial meeting with health service providers and stakeholders to discuss system opportunities and challenges in providing care to young adults with complex care needs and identify opportunities for partnership/collaboration across sectors.
- In early 2011 - 2012, Central LHIN will build on these efforts, and convene a multi-sector, cross Ministry/government, Community Complex Care engagement session (*Working Together to Improve Community Based Complex Care Services*) to identify and develop medium and long-term, integrated strategies and partnerships to address the need for community-based complex care. It is anticipated that sub-engagement opportunities will be identified through this session to continue to advance these goals.

Focus 4: Collaborating with Aboriginal and Francophone Populations

- Central LHIN is committed to continuing to implement engagement strategies in order to improve relationships and collaboration with our Aboriginal and Francophone communities.
- In 2011 – 2012 Central LHIN will work closely with the newly announced French Language Planning Entity (Entité de planification pour les services de santé en français #4 Centre Sud-Ouest) to establish a productive working relationship, and identify key responsibilities with respect to engaging the Francophone community.

- Key activities will include the development of the Joint Entité -LHIN Action Plan, establishment of other reporting processes and the implementation of appropriate mechanisms for collaboration and ongoing dialogue.
- In addition to our collaboration with the Entité, we will identify French language engagement opportunities in association with other LHINs, with a particular focus on the Greater Toronto Area, in order to improve relationships and collaboration across sectors for French speaking members of our community.
- Central LHIN will also continue to facilitate dialogue and networking opportunities between health service providers and the Aboriginal community, both on and off reserve, urban and rural.
- Our First Nations community, the Chippewas of Georgina Island, is home to over 175 Aboriginal peoples. Central LHIN will build on its successful March 2011 *Collaborations in Primary Care on Georgina Island* engagement session and will work to further strengthen our partnerships with this community.

Focus 5: Leading Community Engagement Best Practices

- Section 16 (6) of LHSIA states that: “Each health service provider shall engage the community of diverse persons and entities in the area where it provides health services when developing plans and setting priorities for the delivery of health services.”
- Because health service providers also have an obligation to engage their communities, and given the new provincial community engagement guidelines, Central LHIN will be establishing a multi-sector Community Engagement Task Group to facilitate the adoption of the guidelines and advance engagement best practices.
- A key component of the Task Group mandate will be to develop principles to guide the utilization of the new community engagement guidelines by health service providers as part of their community engagement planning activities.
- The Task Group will also support knowledge building, information exchange and process improvement related to community engagement.
- In support of our commitment to cross LHIN collaboration, Central LHIN will continue to support – in a leadership capacity - the provincial implementation of these guidelines to advance community engagement best practices across LHINs.

Opportunities to Participate

In an ongoing effort to keep our communities informed, Central LHIN will use its website (www.centrallhin.on.ca) for regular posting of news and information of interest to our communities.

Central LHIN continues to improve tools for stakeholders to enhance public education, awareness and promotion of Central LHIN activities as well as to provide feedback mechanisms for stakeholders to dialogue with the LHIN.

For example, the Quick Poll function now appears on the Central LHIN homepage and provides visitors with a quick and interactive way of sharing their feedback on programs, events, engagements and other important Central LHIN information.

Notice of planned consultations as well as any project or consultation-related reading materials will be posted on the Central LHIN website. The engagement process may vary depending on the initiative as the form of consultation is designed to accommodate informational needs and the community to be consulted as well as the time and available resources.

A health service provider events calendar hosted on the Central LHIN website will highlight upcoming events being offered by health service providers.

Central LHIN also holds regular board meetings that are open to members of the public. Following the adjournment of each regular meeting, time is provided for the public to meet and talk directly with Board members.

Any member of the public can provide input and feedback to Central LHIN at anytime. Initiative specific feedback should follow the process outlined on the project page of the website. General feedback can be forwarded by email to Central@lhins.on.ca or by mail to:

60 Renfrew Drive, Suite 300
Markham, ON
L3R 0E1

Evaluation of the Annual Engagement Plan 2011 – 2012

Central LHIN will report regularly to our stakeholders on key findings generated from all community engagement activities – including those undertaken through this plan and others – over the course of the year. This information may also be used to inform items brought forward to the Central LHIN Board of Directors.

Central LHIN will also undertake a semi-annual analysis of the key findings of community engagement activities, which will be documented and posted on the Central LHIN website.

The LHIN's Advisory Networks and Task Groups, which are comprised of members from across our health service providers and other key experts, represent another important form of engagement and will be consulted regularly for feedback and advice.

Participants in each of the activities outlined in this plan will be provided with an opportunity to evaluate their participation as well as to offer their suggestions for overall improvement of the Central LHIN approach to community engagement.