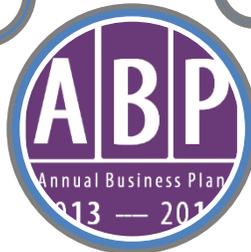


Central **LHIN**

Central Local Health Integration Network 2013 - 2014

Community



Engagement

Plan



Ontario
Local Health Integration
Network

Introduction

This annual plan has been developed in alignment with provincial community engagement guidelines and in agreement with our obligations under the Local Health System Integration Act, 2006 (LHSIA). Community engagement is fundamental to enabling collaboration with partners across the system to improve access and services for residents in our communities. Guided by our strategic framework, and aligned with our quality improvement approach to health system transformation, Central LHIN will continue to engage its diverse communities and stakeholders to inform our planning and decision making processes.

Goals of the Community Engagement Plan

Community Engagement helps us assess local needs and plan for local health services through the interaction, sharing and gathering of information from and with our stakeholders. The purpose of community engagement is to inform, educate, consult, involve, and empower stakeholders in both health care or health service planning and decision-making processes to improve the health care system. This plan sets out how Central LHIN will engage its stakeholders in key areas to support Central LHIN objectives and to ensure alignment with Annual Business Plan (ABP) priorities and the LHIN's Integrated Health Service Plan (IHSP).

[Integrated Health Service Plan:](#) The IHSP is the LHIN's strategic plan for the local health system. Over the three years the plan is in place (2013-2016), the LHIN and our providers will work to achieve the goals of this plan. Our IHSP goals are based on four important areas:

1. [Appropriateness:](#) Improve the delivery of safe, effective and timely care in the right setting
2. [Access:](#) Continue to improve access to hospital, community and primary care services
3. [Integration:](#) Strengthen integrated health care delivery from disease prevention and primary care through community, acute, long-term and end of life care
4. [Person-centredness:](#) Improve equity in how people experience health care and service delivery

Annual Business Plan (ABP):

The second document that informs this plan is the ABP. Our ABP describes what we are going to do for the upcoming fiscal year to achieve our health system objectives. The main portion of the ABP lists projects that we are continuing from the previous year or launching this fiscal year. All projects are expected to move our IHSP goals forward. Existing and new projects will be evaluated.

Based on our IHSP and APB, in 2013-2014 we plan to improve care for people:

- with more than one chronic condition;
- with mental health and addiction issues;
- at the end of their life.

We also plan to work with our providers to:

- Help get people home from hospital sooner, including helping seniors go home from a hospital visit - instead of being transferred to a long-term care home (i.e. Home first philosophy)
- Help them develop standardized processes to assess, support and discharge patients to the most appropriate programs/services
- Do our part to implement provincial strategic priorities
- Improve the knowledge of health services provided in the LHIN

Engagement Strategies

Central LHIN supports a range of engagement strategies that meet our engagement requirements for our projects and planning activities as outlined below:

1. **Inform and Educate:** Provide accurate, timely, relevant and easy to understand information to the community.
2. **Consult:** Obtain feedback on proposed changes. Generates a dialogue between the LHIN and stakeholders that will inform decisions. Designed to allow opinion / concerns/ suggestions from the community regarding the matter at hand.
3. **Involve/Collaborate:** Work directly with stakeholders to ensure full understanding of issues and concerns and/or facilitate discussions to consider options and solutions. Supports collaboration between the LHIN and stakeholders or between groups of stakeholders. Engagement will result in a solution that is largely arrived at through this process (activities such as knowledge transfer and exchange, and patient based design tables will support this activity).



A resident of the LHIN



Health service providers (that we fund)



Province of Ontario (Ministry of Health and Long-Term Care)



Stakeholder Identification

Definition: Stakeholders as people or organizations that:

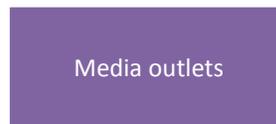
- Have a genuine interest in the outcome of a decision
- Are directly affected by the outcome of the decision



Politicians (all levels of government)

Stakeholder Engagement

We involve stakeholders in our work year-round through the creation of advisory committees and working, planning or other 'groups' so that our work considers their informed perspectives and insights.



Stakeholder priority groups for 2013-2014

- **Primary care providers** (physicians, nurse-practitioner led clinics, all physician group practice types, community health centres)
- **Hospitals, Community Care Access Centre, Community Support Services agencies and medical specialists**, as each has a role in the successful implementation of Health Links
- **Aboriginal** and/or representatives of this population either self-identified or identified through the development of our engagement strategy
- **Francophone** population through the LHIN's participation with Entité 4, the French planning partner for the GTA LHINs
- **Residents of Central LHIN**, members of a Citizen's Health Advisory Panel
- **Stakeholders directly or indirectly involved in Central LHIN projects or activities** including palliative care regional program development, mental health and addictions strategy implementation, Health Links implementation and others

Committees

The following are Standing Committees, meaning those that are established and guided by terms of reference. This list does not include engagement meetings that are ad hoc or 'one-off,' which the LHIN regularly coordinates for the purpose of gaining insight on targeted topics and initiatives to support Central LHIN's planning.

1. **The Health Professionals Advisory Committee (HPAC)** is the only committee required by legislation (Local Health System Integration Act, 2006 or Ontario Regulation 267/07). HPAC was reconstituted further to the completion of an evaluation whereby we made it possible for these health professionals to attend or sit on other committees where their clinical experience would be of value. This provides them with greater experience and the LHIN with valuable knowledge and insight. We also created a new volunteer position called health system key informant. These are people who are experts in their field, know how the LHIN works and generally have good insight on how we can make things better. Our CEO can appoint one or more of these key informants, who can advise her and advise HPAC. HPAC held its first meeting as a new committee in March 2013. HPAC will provide advice to the LHIN on achieving patient-centred care. This committee provides a yearly presentation to the Board.
2. **The Health Links System Planning Committee** was established in 2013 and is responsible for overseeing the implementation of Health Links in the Central LHIN. The intent of Health Links is to improve the level of communication and coordination among providers who share the care of patients – particularly those identified as “high users” of the health system including seniors and others with complex conditions – whose condition and care would benefit the most through coordinated care planning.
3. **eHealth Council** Central LHIN's Integrated Health Service Plan 2013-2016 identifies eHealth as a key enabler for achieving the Ministry's priorities and those of the LHIN and its partners. The council is comprised of IT leadership from various sectors of the continuum of care. Its main objectives are to:

develop the Central LHIN eHealth Strategic Plan for each year as indicated in the Ministry-LHIN Performance Agreement (MLPA); and provide guidance and advise on eHealth implementations.

4. ***The Primary Care Council*** was established in 2012 to begin to integrate primary care into Central LHIN planning. The committee serves as a conduit for engagement of the primary care community, which currently is under the purview of the province. The committee includes physicians, nurse practitioners and other stakeholders who work within the community health sector. The LHIN has engaged a Primary Care Lead that Co-Chairs the council.
5. ***Emergency Department Working Group*** This is a working group 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, CCAC and emergency services. This group meets bimonthly with a mandate to collaborate and share emergency department best practices. Both the Provincial Emergency Department Lead and Central LHIN's Emergency Department Lead attends these meetings to support the work of the group.
6. ***Central Hospice Palliative Care Program Council*** Central LHIN is working with the Central Hospice Palliative Care Program Council to advance the objectives established in the Provincial Declaration of Partnership and Commitment to Action: *Advancing High Quality, High Value Palliative care in Ontario*. The mandate of the Council is to provide oversight in the development and implementation of the Regional Hospice Palliative Care Program for Central LHIN.
7. ***Regional Chronic Disease Prevention and Management Committees*** Central LHIN participates in several regional chronic disease prevention and management committees including Ontario Stroke Network, Ontario Renal Network, Cancer Care Ontario and Chronic Disease Self- Management, to assist in the sharing of information relevant for health system planning and to identify opportunities for integration of service delivery.
8. ***Wait Time Strategic Planning Group*** This group develops strategies to improve LHIN-wide performance on wait times ultimately to improve access to care for patients in our LHIN.
9. ***Regional Diabetes Committee*** Central LHIN is working with the Regional Diabetes Committee to advance the Ontario Diabetes Strategy through identification of underserved sub-LHIN areas and to promote screening, testing and self-management opportunities.

Additional committees planned for 2014

10. ***Citizens Health Advisory Panel (CHAP)*** is Central LHIN's newest committee that will begin meeting in early 2014 to give voice to the community in Central LHIN's system planning initiatives. This Panel will serve as a forum for dialogue amongst community members as they advise the LHIN on key initiatives. The purpose of CHAP is to provide advice to the LHIN on how to achieve person-centred health care within the local health system for the purpose of assisting the LHIN in carrying out key activities.

Engaging our Aboriginal and Francophone populations

1. **Engagement of Aboriginal people** While a portion of Central LHIN's Aboriginal population lives on Georgina Island, the majority are living off reserve, primarily in semi-rural and smaller communities in south Simcoe County. Central LHIN recognizes that Aboriginal peoples have a greater burden of illness than the general population exacerbated by barriers to equitable access to health services (due to jurisdictional issues, funding limitations, and cultural insensitivity of providers, among others). Central LHIN is in the process of developing an Urban Aboriginal Engagement Strategy intended to build trust and rapport with Aboriginal people through a combination of direct engagement with the Aboriginal community in the LHIN, and a coordinated engagement strategy with health service providers and social service agencies who primarily care for this population. The intent is to establish the LHIN as a partner to Aboriginal people to assist when the population identifies a need, and where the LHIN's assistance can build the communities' capacity.
2. **Engagement of the Francophone Community** While no part of Central LHIN and none of our health service providers are designated under the *French Language Services Act*, the LHIN supports the Francophone population through its participation with Entité 4, the French planning partner for the GTA LHINs. Entité 4 and the GTA LHINs adopted a Joint Action Plan for 2013/14. The overall objective of the action plan is to improve access to the right French language care, at the right place and at the right time within the following priority sectors: senior care, mental health and addictions, primary care and patients with chronic conditions. This focus will help improve the quality and safety of care as well as patients' experiences while reducing the detrimental impact of linguistic and cultural barriers on health system performance.

Where practical, Central LHIN supports the provision of French Language Services – such as Central LHIN's fully bilingual website and public materials such as annual report, news releases, etc. available in French – or the capability of translation services, where Francophone populations exist.

Evaluation of the Annual Engagement Plan 2013/14

- Central LHIN will report regularly to our stakeholders on key findings generated from all community engagement activities over the course of the year. This includes ongoing updates in Central LHIN's monthly Board package – which are available to the public and posted online at www.centrallhin.on.ca.
- Community engagement feedback will help inform items brought forward to the Central LHIN Board of Directors.
- Participants in all community engagement events will have an opportunity to provide feedback to the LHIN, which will be considered in future engagement sessions or events.

