

# **It's about you and your health!**

## **Integrated Health Service Plan for the Central West Local Health Integration Network**

# **APPENDIX C**

## **Community Engagement Report**

## **Introduction**

The Central West Local Health Integration Network (LHIN) is one of 14 organizations across the province mandated to plan, fund and integrate local health care services. Established under the Local Health System Integration Act, passed in 2006, one of the LHIN's key responsibilities is to engage the local community in health system planning to ensure that the development of health services is in line with the needs of local residents. The Central West LHIN includes the communities of Bolton, Brampton, Caledon, Dufferin County, Malton, Rexdale and Woodbridge.

As a part of health system planning, the LHIN's are responsible for the development of an Integrated Health Service Plan (IHSP). This three year strategic document outlines the priorities for health system development over the next three years. The initial IHSP determined the focus of health care planning from April 2007 to March 2010, with the second IHSP coming into effect in April 2010.

During the three years since the initial IHSP's development the Central West LHIN has continued to use the directions outlined in this document to focus health system planning and development. In 2008 the Central West LHIN completed the Health System Plan (HSP). It took the original IHSP a step further by looking at detailed health system development over the next 10 years.

The second IHSP examines progress in the Central West LHIN over the past three years and describes actions needed to continue to improve access to integrated, high quality health services in the LHIN over the next three years – from April 2010 to March 2013. In September of 2009 the LHIN completed a draft of the second IHSP and began the crucial process of engaging stakeholders to get their feedback on this draft.

## **Intent and Outcomes Sought**

In engaging with local communities with the second IHSP, the Central West LHIN sought to inform members of the public and health service providers about achievements in the Central West LHIN and to discuss the proposed priorities for the next three years. These discussions were vital to the development of the draft plan, collecting feedback on the overall document and ensuring it was in line with the needs of the community.

The LHIN also held these engagements to continue building its relationship with the communities it serves. Providing ongoing opportunities for input as the local health system develops is a focus of the LHIN's work.

## **Methodology**

The Central West LHIN held a series of 8 public consultations, as well as one meeting with local physicians and one event with health service provider organizations. The LHIN also held meetings with Family Practice groups at each hospital in the LHIN.

The public sessions were held across the LHIN on the following dates:

- October 1, Brampton
- October 7, Shelburne
- October 8, French language session
- October 27, Brampton
- November 3, Orangeville
- November 9, Caledon
- November 10, Malton
- November 12, Rexdale

Each session began with The Chair and CEO of the Central West LHIN making a presentation on the LHIN's mandate, characteristics of the LHIN's population and activities over the past three years. This was followed by an outline of the draft second IHSP and the proposed priorities and actions for the next three years.

Following the presentation, facilitated group discussions were held in response to two questions from the LHIN:

1. What do you like about what you heard about the Central West LHIN's plans for the next three years?
2. Is there anything else you didn't hear about that you would expect to be part of the LHIN's work over the next three years.

These questions were designed to stimulate discussion about the contents of the proposed plan. The LHIN identified the parts of the plan that residents felt were most important and aspects of health care services they felt should also have been included in the plan.

Each group had an opportunity to report back on their discussion to the larger group while the comments and topics of the discussions were recorded.

## **Results and Feedback**

The Following is a summary of the feedback we received at the community consultations which occurred between October 1, 2009 and November 12, 2009.

### **Brampton Session - October 1<sup>st</sup>**

#### **Liked**

- The consistency between the first IHSP, the HSP and the draft IHSP2
- The alignment with government priorities so as to increase potential funding opportunities
- The focus on addressing diversity, both as its own priority and through certain proposed regional programs
- The focus on developing and supporting community based care
- The importance placed on increased integration and coordination of existing services

### **Suggested**

- Reducing wait times across the health care system (ER, long-term home placement, surgeries, etc.) should be the key priority
- Need to develop more long-term care homes for the aging population
- Should be more of a focus on prevention and intervention, especially where diabetes is concerned
- Should be more active community outreach, especially for seniors
- The plan should include a way to improve access to health care information

### **Asked**

- How are these priorities going to be prioritized themselves? Which one is the most important?
- What are the timelines for the Peel Memorial redevelopment?
- What is the LHIN's role in raising the community's awareness of existing services?

## Shelburne Session- October 7<sup>th</sup>

### **Liked**

- That the LHIN is working to engage with communities on the development of the plan
- That there is a focus on defining measurable results
- A move to better develop both rehabilitation and mental health and addictions services
- The focus on developing and supporting community based care (this was noted as especially important in northern rural communities)
- That the plan was based on demographic information and research to ensure the priorities would really meet the needs of the community

### **Suggested**

- That doctor recruitment be a top priority, especially for rural communities
- Transportation support be looked at in the plan as it is the single greatest issue for access to services in the region
- A consideration for those families/individuals with limited incomes who may not be able to afford the care they need
- Mental health and addictions services (specifically for children) needs to take precedence in this community
- More local information and data be included in presentations for each area, and available in the IHSP document

### **Asked**

- What will be the future of the Shelburne hospital?
- How does being grouped with “giant” Peel Region affect funding received in Dufferin County?
- What are community health and care centres exactly, what do they look like, and what services do they include?

### French Language Session – October 8<sup>th</sup>

#### **Liked**

- The alignment with provincial priorities
- How the priorities are in line with the population and health statistics
- The focus on developing community services and looking at health care from a “community view”
- The support and development of services for seniors

#### **Suggested**

- There needs to be a clear and specific way to measure results in the plan
- Before talking about improving and increasing French language health services they must be developed
- There is nothing specific in the plan about developing specific French language health services over the next three years
- Primary care and health human resources must be a focus, especially for francophones, as access to primary care in French is a significant problem

#### **Asked**

- Why has there been ongoing engagement for three years with no identified results for francophones?
- How is the LHIN accountable to the French speaking population?
- Why does Brampton Civic Hospital not even have any printed material in French? When will they be identified to provide services in French?

### Second Brampton Session- October 27<sup>th</sup>

#### **Liked**

- That the LHIN provides a mechanism for community input
- That the area of needs was well researched and identified in the plan
- The planned expansion and use of the Peel Memorial site
- That the plan recognizes the importance of community based primary health care services

#### **Suggested**

- That the plan should look at addressing the issues of not enough long-term care facilities to support the aging population
- That hospitals should be held more accountable for health outcomes
- That nursing staff should be increased across the system of care
- That there should be a better system of information management and that there should be more follow-up between health service providers

- That current successful models of primary care should be duplicated through the availability of funding

**Asked**

- How do you measure if the health care that's available is actually getting better?
- What is contained in accountability agreements with health service providers?

Orangeville Session- November 3<sup>rd</sup>

**Liked**

- The idea of a Health and Care Centre in Shelburne
- A greater focus on developing rehabilitation services
- That the LHIN is working to bring health care services closer to home

**Suggested**

- That the plan more clearly identifies how changes are going to be made to the health system
- That there be more physiotherapy available locally
- That a very clear strategy for increasing the coordination between services be included
- That there be greater focus on health prevention and promotion

**Asked**

- What are all the specific action steps for implementing this plan?
- How is the LHIN going to actually achieve the goals it has set out?
- What is the LHIN's funding model? What are the dollar amounts associated with this plan? Where are they coming from? How quickly?
- What exactly do the proposed improvements to Headwater's ambulatory care unit mean?

Caledon Session- November 9<sup>th</sup>

**Liked**

- The focus on augmenting primary care in the community
- That the plan looks at developing health care services for seniors
- That there is a plan to increase collaboration and integration between health service providers

**Suggested**

- That the plan look at ways to make it easier for people to get to the places they need to in order to access care (transportation services)
- That there be more rest and relief for caregivers
- That there be some sort of telemedicine program for people in northern rural communities

**Asked**

- What is the financial plan associated with this document?
- Is eHealth something that is managed locally or is it provincially shared?

Malton Session- November 10<sup>th</sup>

**Liked**

- The fact that the plan identified measurable results and specific goals
- That the key priorities identified obviously reflect the needs of the community
- That within the LHIN organization there is a person focused specifically on health force recruitment

**Suggested**

- That there be more of a focus on health prevention and promotion
- That there be some discussion in the plan about investing in infrastructure for better information management

**Asked**

- How can diabetes education teams be better promoted?
- Will there be an increase in funding in order to achieve the goals set out in this plan?

**Rexdale Session- November 12<sup>th</sup>****Liked**

- The focus on equity and diversity
- Making mental health and addictions services a priority
- The focus on reducing wait times and freeing up hospital beds
- The fact that the plan is very comprehensive and reflects the needs of the community

**Suggested**

- That the plan included measurable outcomes for Aboriginal and Francophone services
- That there be some attention paid to eyecare and dental services
- That the plan take into consideration the social determinates of health and that it adopts a broader view of health (culture, education, income, etc.)

**Asked**

- What are the Etobicoke specifics ie. statistics, hospital development?
- Does the size of this community within the LHIN affect the distribution of funding? If so, how?
- What happens to the Aging at Home programs when the three year strategy comes to a close?

**Common Themes**

Although each community within the Central West LHIN is different, and tailoring local health services to meet these specific needs is a focus of the LHIN's work, there were some recurring themes that LHIN Board members and staff heard from across the communities that were visited.

***Consistency and Development***

One of the things heard from many local communities was an appreciation for the continuity between the original IHSP, the Health System Plan and the second IHSP for 2010-2013. Residents recognized that the development of local health services is a process of ongoing work, and were glad to see that the LHIN's new plan did not abandon the priorities set down at the outset, but rather looked at new ways to move forward in these areas and build on the progress that has already been made. People also expressed appreciation that the plan was in line with the high level directions and priorities set out by the Ministry of Health and Long-Term Care.

### ***Local Community-based Care***

Participants in many of the sessions were also pleased that there was a focus on building local community based care outlined in the plan. This included proposed integrated regional programs which deliver services locally, such as cancer care and services for seniors, but are managed regionally. Also, under the umbrella of community based development, is the proposed creation of Health and Care Centres within specific Central West LHIN communities.

### ***Primary Care***

A key concern of local residents that was common throughout the sessions was the high rates of diabetes in the Central West LHIN and how to manage this disease. This concern linked was with the importance of placing greater focus on health prevention and the promotion of healthy lifestyles and ensuring family doctors are taking the time to help people manage their diseases, like diabetes. The LHIN indicated its intention to continue to work with health service providers and local communities to reduce the rising rates of diabetes and develop services that are designed to help those already affected to manage their conditions.

### ***Details and Funding***

Overall participants seemed pleased with the summary of proposed plan that was presented at each session, but remained curious about the specific details of how it would be implemented over the next three years, and how it all would be funded. The LHIN pointed out that it had brought copies of the full IHSP2 document to meetings and that it was available on the LHIN's website. The LHIN also commented that one of its tasks is to be prepared to take advantage of each funding opportunity that is presented and to look at how existing funding is being used.

### **Conclusion**

The community engagement process for the second IHSP was a success in providing community members with the opportunity to listen to what the LHIN intends to do over the next three years and to provide feedback on the proposed plan. It ensured that Board members and staff of the LHIN connect with local residents and continue to build meaningful relationships with the communities they serve.

The feedback received validated the proposed priorities identified in the draft plan, but also provided useful insight into the way residents feel these priorities need to be addressed over the next three years. Some members of the community were very forceful in highlighting local concerns.

The Central West LHIN indicated its commitment to keep this feedback in mind as it looks to review and approve the second Integrated Health Services Plan, and as it continues its mandated task of transforming the local health care system to better meet the needs of the local community.