



Community Engagement Plan

2015/2016

Community Engagement

Listening to the voices of our patients and caregivers, and continued engagement with our diverse communities and stakeholders is a powerful tool in local health care planning. In 2015/16, the Central LHIN engaged key stakeholders to support our objectives, advance our planning (including the development of our Integrated Health Service Plan for 2016-2019) and inform our decision-making processes. Highlights from our engagement activities of the past year are included below.

Engagement for the Integrated Health Service Plan (IHSP) 2016-2019

In accordance with the provisions of the Local Health System Integration Act, 2006, a community engagement process was developed and implemented to consult a wide range of stakeholders regarding the development of Central LHIN's Integrated Health Service Plan (IHSP) 2016-2019 and concurrently, the 2016-17 Annual Business Plan.

Through this engagement process, consultations were held with hundreds of representatives of local health and community service providers, through face-to-face opportunities for dialogue and web-based formats. Some Health Service Providers also submitted formal feedback reports. Through this process, feedback was received from over 375 Central LHIN residents and stakeholder representatives.

Specific engagement activities included:

- Consultation with existing LHIN work groups and advisory structures as well as existing non-LHIN community-based advisory structures;
- Community engagement forums that included representatives of targeted population segments in our LHIN such as seniors, consumer-survivors, visible minorities, marginalized populations and diverse languages/cultures;
- Consultation with providers in other sectors such as municipalities, children and youth providers, housing providers, and police;
- Consultation with content experts through targeted engagement with system leaders, representatives of

Health Service Providers and other stakeholders on the draft content of the IHSP;

- Utilization of public surveys through web-based tools disseminated to both the community and Health Service Providers, who were encouraged to share the survey with their clients/patients;
- Leveraged Central LHIN website as a mechanism for feedback by posting materials and inviting feedback; and
- Ongoing engagement of directional strategy with the Central LHIN Board of Directors.

The following groups were also consulted:

- Citizens' Health Advisory Panel (CHAP)
- Health Service Providers - Governance Councils
- Health Professional Advisory Committee (HPAC)
- Health Links System Planning Committee
- Hospital/CCAC CEO Leadership Forum
- Primary Care Council
- Citizens' Health Advisory Panel (CHAP)
- Patient & Family Advisors Council (PFAC) – Stevenson Memorial Hospital
- PFAC – Southlake Regional Health Centre
- PFAC – Mackenzie Health
- Patient Advisory Council – North York General Hospital
- Community Support Services sector
- Clinical Services Vice Presidents
- Hospital Mental Health and Addictions (MH&A) Chiefs and Directors
- Palliative Care sector
- Long-Term Care Home sector
- Critical Care Network
- Municipal Engagements
- Consumer Survivor Initiative
- Mental Health and Addictions sector
- Entité 4, French Language school boards
- eHealth Advisory Council
- Regional Diabetes Advisory Committee
- Hospital and CCAC Chief Financial Officers

- North York West stakeholders
- Stroke Planning Committee
- Georgina Island
- Nin Os Kom Tin
- Emergency Department Working Group
- IHSP4 Summative Engagement (and Annual Business Plan 2016-2017 Engagement)

A thorough engagement feedback and evaluation process was developed and implemented to document the input received through these engagement activities and to incorporate the feedback into the content of the IHSP. The draft IHSP continually evolved throughout the consultation engagement process as feedback was incorporated and re-engaged in subsequent consultation.

Aboriginal Community Engagements

Aboriginal people represent 0.4 per cent of the LHIN's population. While a portion of this population lives on Georgina Island, the majority live off-reserve in Central LHIN. Central LHIN developed an Aboriginal Engagement and Cultural Competency Strategy in 2015-16. The plan supported the foundation to build trust and rapport with the Aboriginal community through engagements with both the Aboriginal community and Health Service Providers in the LHIN. The goal is to establish the LHIN as a partner to assist the Aboriginal community in building capacity where health needs are identified.

Engagement activities included LHIN participation in local off-reserve events, facilitation of meetings between Georgina Island and the Central CCAC and Integrated Health Service Plan engagement.

The purpose of facilitating meetings between Georgina Island and the Central CCAC was to identify gaps in service to Georgina Island residents, understand the role of the CCAC and eligibility for CCAC services.

Francophone Community Engagements

During the fiscal year 2015-16, the Central LHIN conducted three formal community engagement sessions with Francophones. These sessions presented key information and updates, followed by an interactive discussion. These were important opportunities to engage different Francophone stakeholders in the Central LHIN catchment area such as:

- Entité 4 (the French Language Health Planning Entity)
- Association of Francophone in the Region of York (AFRY)
- The Francophone Catholique school board
- The Francophone public school board (Conseil Viamonde)
- Other organizations with Francophone representation such as the Children's Aid Society of York

As a result of the meetings, Francophones were able to provide their feedback on the Central LHIN Integrated Health Service Plan for 2016-2019. They were able to express their health needs as well as articulate the gaps and potential strategies to improve access to health care services as outlined in the LHIN priorities.

Mental Health and Addictions Engagement

To enable the creation of a multi-year Mental Health and Addictions Supports within Housing Action Plan, the Central LHIN co-hosted a two-day planning Summit with the Region of York. The objective of the Summit was to establish shared goals and levers for change that would inform the development of the Action Plan. The engagement used a co-design process with 50 key stakeholders, including persons with lived experience, their families, housing providers, Health Service Providers (including acute care hospitals), emergency service providers and police.

Twenty-three levers for change were identified under four shared goals. These levers for change were used to inform the development of the Central LHIN multi-year Mental Health and Addictions Supports within Housing Action Plan for York Region.

As well, the Central LHIN and Region of York co-hosted a follow-up meeting with participants from the Summit, to review and gain feedback on the Action Plan developed with the input from the event. Twenty-three Summit attendees participated in the follow-up meeting. The feedback received from participants was supportive of the resulting Action Plan and included suggestions to: evaluate the effectiveness of the Service Coordination Council in implementing the Action Plan and to continue to leverage system strength, existing work and informal networks through ongoing engagement.

Citizens' Health Advisory Panel (CHAP)

The mandate of the Central LHIN CHAP is to:

- Provide system level, experience-based advice and guidance to the Central LHIN in support of the successful implementation of the Central LHIN Integrated Health Service Plan (IHSP);
- Provide experience-based advice on Central LHIN and Ministry strategic initiatives as they relate to priority areas; and
- As required, act as a resource to and/or work in collaboration with other Central LHIN planning groups/committees.

The nine-member Panel met four times throughout 2015-16 and provided advice to the LHIN on a variety of issues, including the vision care strategy, PanAm Games planning, IHSP development, hospice palliative care strategy and branding, the Seniors' and eHealth strategies and the Ministry of Health and Long-Term Care's *Patients First* discussion paper.

As well, the CHAP participated in an evaluation to determine how well the group functions. The evaluation feedback indicated that the committee process works well and members gain a great deal from the varied perspectives of the panel and staff. Specifically the members commented that they can see the CHAP's work reflected in results such as the IHSP and hospice palliative care branding. Members expressed that the collective voice of the Panel is very well captured. CHAP members felt that they had been educated on topics enough to be able to provide helpful feedback and advice and suggested that more communication updates would further enhance their experience.

Health Professions Advisory Council (HPAC)

The HPAC is the only LHIN committee required by legislation (Local Health System Integration Act, 2006) or Ontario Regulation 267/07 LHSIA). HPAC membership composition is directed by legislation and is constituted with representatives of a variety of health professional groups.

The primary mandate of the HPAC is to "provide advice to the LHIN on how to achieve patient-centred health care within the local health system for the purpose of assisting the LHIN in carrying out its activities." In carrying out its

responsibilities, HPAC considers all matters before it in the context of the LHIN's strategic priorities (Integrated Health Services Plan) and articulated Annual Business Plan. Upon referral of a matter from the LHIN, HPAC provides system-level advice with respect to that matter, which may include:

- Identification of success factors, enablers, potentials risks and barriers, with respect to strategies, proposals, or projects submitted by the LHIN for consideration; and
- Advice regarding strategic initiatives sponsored by the LHIN or the MOHLTC.

The committee met five times in the 2015-16 fiscal year. HPAC has provided feedback to the LHIN on the Integrated Health Service Plan for 2016-2019; palliative care; mental health and addictions; seniors' care; North York West planning; long-term care redevelopment and primary care reform.

In addition, HPAC provided feedback on the holiday surge capacity plan, the *Patients First* discussion paper, the palliative care action plan including the Regional team's model and the seniors' strategy.

Health Service Provider (HSP) Governance

Good governance is a fundamental and powerful tool for overseeing the advancement of strategic priorities and is essential for health care organizations as they operate within a complex and changing environment.

Thus, connecting with the Boards of nearly 100 Health Service Providers in Central LHIN is an important priority for our Board. In addition to one-to-one meetings throughout the year, the Central LHIN hosts Governance Councils to bring HSP Board Chairs together at a governance level, discuss health system issues and implications, share solutions, and advance Central LHIN's IHSP.

The Central LHIN Board is committed to ongoing education. In 2015/16, the Board focused on patient stories, caregiver strategies, and effective integration, management and accountability of health services through special Board education and development sessions. HSPs and stakeholders are fundamental contributors to educating the LHIN on system-wide challenges and the co-creation of patient-centred care strategies.

We are committed to facilitating the sharing of best practices and to learn from the experiences of the patients, families and Health Service Providers within the Central LHIN. Annually, our Board recognizes exceptional performance by sponsoring the Innovation through Collaboration Awards for Health Service Providers who have demonstrated exemplary health care leadership and collaboration.

In fiscal year 2015/16, the Innovation through Collaboration Award was presented to the Canadian Mental Health Association, York Region and South Simcoe for the launch of the Mobile Walk-in Health Care for Youth (Mobile York South Simcoe – MOBYSS) initiative. This bright, graffiti-clad bus travels to youth-populated spaces, including malls, recreational facilities, schools and youth shelters, to connect young people with health care services, with an emphasis on mental health and addiction services.

Another Innovation through Collaboration Award was presented to CHATS and Circle of Care for their role as the lead agencies in implementing the iRIDE^{Plus} community transportation model across the Central LHIN that helps bring patients to health services.



The Canadian Mental Health Association, York Region and South Simcoe, was presented with the Innovation through Collaboration Award for the Mobile Walk-in Health Care for Youth (Mobile York South Simcoe – MOBYSS) initiative.

Government

Central LHIN’s Chair/Vice Chair of the Board of Directors and Chief Executive Officer meet with local government representatives at all levels, with a focus on Members of Provincial Parliament who have constituents in the Central LHIN. This ongoing dialogue is a valuable opportunity to update government representatives about our current activities and priorities, while also hearing from government officials about health care issues and services comments from their constituents.

Central LHIN also works closely with local MPPs and Health Service Providers to announce and celebrate health care progress and investments across our communities, and to use these opportunities to foster greater awareness on how to navigate the health care system.



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