TORONTO

STAFF REPORT
ACTION REQUIRED

Update on Local Health Integration Networks (LHINs)

Date:	October 31, 2008
To:	Community Development and Recreation Committee
From:	General Manager, Long-Term Care Homes and Services Division
Wards:	All
Reference Number:	

SUMMARY

As a component of the provincial government's heath reform agenda, the Province of Ontario enacted the *Local Health System Integration Act*, giving new powers to 14 Local Health Integration Networks (LHINs) throughout Ontario to plan, integrate and fund local health systems (including hospitals, long-term care homes, community health services, home care, community care access centres, mental health and addiction services and community health centres) within the geographic boundaries of individual LHINs in a coordinated and transparent manner. LHINs were not created to be providers of direct services, but rather to facilitate local communities and health care providers in working together to identify local priorities, plan local health services, and deliver them in a more coordinated manner. The Ministry of Health and Long-Term Care (MOHLTC) maintained their mandate and authority to set strategic directions and provincial standards for high quality, accessible health care.

Although the City of Toronto made formal submissions requesting that the boundaries for a Toronto LHIN reconcile with the City's borders, when the *Local Health System Integration Act* was passed on March 1, 2006, five (5) LHINs were created and assigned geographic boundaries within the GTA, with each including portions of the City of Toronto. As a result, the City works with five different LHINs, namely the Toronto Central LHIN, Central LHIN, Central East LHIN, Central West LHIN and Mississauga-Halton LHIN. Only the Toronto Central LHIN is totally within the borders of the City of Toronto. The other four LHINs have a reach far outside Toronto's boundaries, with areas that do not share the same large urban health and social service issues.

This report provides an update regarding LHIN progress, the 'City of Toronto – 5 LHIN Collaborative Table' and an impact assessment on the City-operated health services.

RECOMMENDATIONS

The General Manager of the Long-Term Care Homes and Services Division recommends that:

1. City Council authorize the General Manager of the Long-Term Care Homes and Services Division to continue to seek out and respond to LHIN-initiated proposal calls for Health System Improvement Plans (HSIPs) that align with City priorities, the Division's mandate and community need;

2. City Council support the General Manager of the Long-Term Care Homes and Services Division to establish a "clearing-the-way" inter-divisional work group, mandated to facilitate and streamline City administrative processes so that the Division is in a state of readiness and able to immediately implement programs when and if future City-initiated HSIP submissions are approved by the LHINs;

3. City Council request that Central West LHIN and the Mississauga-Halton LHIN create and invite Toronto EMS to join LHIN-sponsored work groups, mandated to develop concrete steps to reduce emergency department (ED) wait times and improve the experience for patients and staff;

4. City Council authorize senior staff in the City of Toronto – 5 LHIN Collaborative Table meetings to continue to advocate for standardized reporting processes amongst the five LHINs, so that health service providers funded by multiple LHINs are not required to develop and maintain duplicate reporting systems; and

5. the appropriate City officials be authorized and directed to take the necessary action to give effect thereto.

Financial Impact

There are no financial implications arising from this report.

When future Health System Improvement Plans (HSIPs) submitted by the Division are approved by a LHIN(s), the approved proposal(s) will be submitted to Council for authorization. Proposals will be within the Division's mandate, support Council priorities and will have no net impact, except where additional revenue may be generated.

DECISION HISTORY

The Community Development and Recreation Committee, at its meeting on July 4, 2008, had before it a report entitled "Alzheimer's Adult Day Program at Wesburn Manor", which outlined a provincial "Aging at Home Strategy" announced by the provincial government in August 2007 to streamline, promote integration and build community capacity for seniors' care and services. The aim of Aging at Home is to provide seniors with access to the supports and services needed to help them maintain independent living for as long as possible. More than $700 million in funding over three years is being invested through the province's 14 Local Health Integration Networks (LHINs).

As a result of the report, the Community Development and Recreation Committee requested the General Manager, Long-Term Care Homes and Services, in consultation with other appropriate divisions, to provide an update to the Community Development and Recreation Committee on the status of discussion between the City of Toronto and the 5 LHINs and their Integrated Health Service Plans (IHSPs).

ISSUE BACKGROUND

As a component of the provincial government's heath reform agenda, in 2006 the Province of Ontario enacted the *Local Health System Integration Act*, giving new powers to 14 Local Health Integration Networks (LHINs) throughout Ontario to plan, integrate and fund local health systems.

Although the City of Toronto made formal submissions requesting that the boundaries for a Toronto LHIN reconcile with the City's borders, the *Local Health System Integration Act* was passed on March 1, 2006; five LHINs were created and assigned geographic boundaries within the GTA, with each including portions of the City of Toronto. As a result, the City works with five different LHINs, namely the Toronto Central LHIN, Central LHIN (North York area), Central East LHIN (Scarborough area), Central West LHIN (North Etobicoke area) and Mississauga-Halton LHIN (Mid-Etobicoke area). Only the Toronto Central LHIN is totally within the borders of the City of Toronto. The other four LHINs have a reach far outside Toronto's boundaries, with areas that do not share the same large urban health and social service issues. Of the various City-operated health services (i.e., Emergency Medical Services, Long-Term Care Homes and Services, Public Health), the Long-Term Care Homes and Services Division is the only division directly included in the LHINs' mandate for planning, integrating and funding.

Each LHIN was created as a Crown agent, with the Lieutenant Governor in Council appointing Board members. LHINs were not created to be providers of direct services, but rather to facilitate local communities and health care providers in working together to identify local priorities, plan local health services, and deliver them in a more coordinated manner. The Ministry of Health and Long-Term Care (MOHLTC) maintained the mandate and authority to set strategic directions and provincial standards for high quality, accessible health care.

Each LHIN was required to develop an Integrated Health Service Plan (IHSP). An IHSP is a three-year vision and plan (with priorities) for improving the local health system. Each LHIN was required to broadly consult within stakeholders, community representatives and health system experts within its borders in developing the IHSP and to consider provincial 10-Year Strategic Plan for Ontario's Health System. Stakeholder engagement was broadly defined to include "anyone who will be affected by or has an ability to affect" the activities of the LHIN. The goals of engagement were to:

- focus on the people who use health care;
- enhance local accountability by providing direct input into decision making;
- balance priorities; and
- develop system capacity and sustainability.

On August 28, 2007, the Ontario government announced the Aging at Home Strategy as a part of its 10-year plan, with the goal of helping seniors live healthy, independent lives in their own homes. A three-year $702-million initiative is being led by the LHINs with each LHIN receiving a specific funding allocation to meet the needs of their local community. The strategy focuses on "doing things differently", using a community development approach to link existing services and providers together with new and different approaches. There is a focus on innovation, illness prevention and keeping seniors healthy. LHINs invited organizations to submit health system improvement plans (HSIP), based on the priorities identified in their own IHSP. All HSIP proposals must be developed in partnership with at least one other service provider. To date, the Division has submitted two (2) successful HSIPs. Other submissions are in process and/or being considered in the event of future opportunities.

The five LHINs in the GTA released their first IHSPs in November 2006. Although all were guided by the provincial 10-Year Strategic Plan for Ontario's Health System, the IHSPs vary slightly, based on local priorities that emerged through the LHINs community engagement process. Notwithstanding this variability, each LHIN has a focus on more timely access to services, less duplication of services, elimination of gaps and fragmentation in care processes, and better coordination and transfer between primary and secondary services.

COMMENTS

This section of the report provides a detailed update regarding LHINs' IHSPs and current activities, details the structure and functioning of the 'City of Toronto – 5 LHIN Collaborative Table' and provides an impact assessment of LHIN activities and processes on the City-operated health services.

(a) Integrated Health Service Plans (IHSP)

The priorities identified by each LHIN through their community engagement processes varied slightly and this resulted in differences in their IHSPs. All LHINs have made considerable progress in engaging the community and in implementing their IHSPs. A high overview of the priorities of the five LHINs in the GTA is provided below, with the understanding that the full IHSPs are available on the LHINs' individual websites.

Toronto Central LHIN

Nine areas of focus were identified in the Toronto Central LHIN's IHSP, namely rehabilitation; mental health and addictions; seniors; health human resources; education and research; e-health; energy and environment; back office integration and strategies to deal with specific MOHLTC priorities, e.g. alternative level of care (ALC), emergency department (ED) wait times and cardiac care.

A number of community councils (comprised of health service providers and consumers) were created to advise the Board and senior managers about implementation of integration priorities. All nine areas of focus are moving forward in accordance with each of their directional plans.

Of note is the fact that the Toronto Central LHIN is collaborating with the Central LHIN regarding e-health initiatives. In addition, the Toronto Central LHIN has a particular interest in back office integration and has established a multi-sectoral 12-member Back Office Integration Council to complete a current state analysis and review best practice models for back office services.

With respect to the Aging at Home strategy, the Toronto Central LHIN emphasized accessibility to community care, ranging from an initiative to assist elderly homeless men in transitioning to permanent housing; supportive housing; transportation services; meal services; caregiver support and education; and a program to achieve early hospital discharge by providing seniors with in-home assistance immediately following discharge in areas such as medication management, groceries and securing community agency connections.

Central East LHIN

The Central East LHIN identified four (4) priorities for change in their IHSP, namely mental health and addiction services; seamless care for seniors; chronic disease and prevention management; and wait times and critical care.

In December 2007, the Central East LHIN Board approved a number of priority projects aligned to the four priorities for change, including supportive housing; community support services review; caregiver supports; early intervention for youth strategy with mental health and/or addiction needs; stroke care; chronic kidney disease and end stage renal disease system; self-management consumers and caregivers; diabetes clinical practices; a timely discharge information system demonstration project; disordered eating; rural transportation; home-at-last; culture, diversity and equity; rehabilitation; addiction environmental scan; project management office; and hospital clinical service planning.

The Central East LHIN has invested their Aging at Home funding in programs such as supporting expanded Meals-on-Wheels programs, skills programs for visually impaired seniors, in-home and group exercise programs, respite and day programs, community-based specialized geriatric services, falls prevention, caregiver support, supportive housing, home-at-last, transportation services, enhanced services for individuals with hearing impairments, adult day service expansion, community-based palliative care and education for caregivers related to Alzheimer's Disease and Strokes.

Central LHIN

The Central LHIN IHSP focuses on improving access, coordination, quality and efficiency in the local health system. The five (5) strategic directions in the Central LHINs' IHSP are: creating a caring collaborative environment; building community confidence; establishing local health system priorities; facilitating design of an effective continuum; and developing the capacity to deliver its mission.

The IHSP features seven (7) planning priorities and five (5) enablers of change, all designed to achieve the system-level goals of access, coordination, quality and efficiency. The planning priorities are: seniors and specialized geriatric services; mental health and addiction services; neurological health services; chronic disease prevention and management; emergency services; wait lists and cancer care. The Central LHIN identified the enablers needed for successful change management as health human resources, information management, decision supports (data and tools), diversity and inclusion and family physicians.

The Central LHIN's priorities for the Aging at Home strategy included expanding community services for seniors and providing more residential options; relieving pressures on hospitals and long-term care homes by facilitating the movement of patients to more appropriate placements; avoiding crises through proactive wellness approaches; respecting the desire of seniors for dignity and independence; and meeting the demand for continuing care services cost-effectively and appropriately resulting in a sustainable health care system.

Central West LHIN

The Central West LHIN's IHSP identified the need for a paradigm shift from a focus on providers to a focus on the customer/client of health services. The client priorities identified in the IHSP included mental health and addiction services; palliative/end-of-life services; services for seniors; maternal/child services; and rehabilitation services. The IHSP also identified health system priorities, including chronic disease management, primary care linkages, and responsiveness to cultural diversity.

Currently, work is ongoing in a number of specific areas, including the establishment of a health system implementation infrastructure (a Steering Committee is making recommendations to the Board); the development of a funding strategy, focusing on the need for increased capacity and expansion of services; the development of a health human resource strategy; change management and communications; validation of "Local Care Services"; LHIN-wide clinical planning; LHIN-wide capital needs planning; community services integration design and implementation; information management; and cross-boundary planning.

The Central West LHIN Aging at Home projects have to date focused on services for seniors to stay healthy and live with independence and dignity in their homes. Funding was provided to organizations for community support services, including home visits, adult day programs, friendly visiting and security checks; public education; foot care, ethno-cultural services; accessibility; ALC, nurse practitioners, house calls and social/recreational programs.

Mississauga-Halton LHIN

The IHSP of the Mississauga-Halton LHIN articulated five (5) integration priorities, including strengthening primary health care; enhancing seniors' health, wellness and quality of life; preventing and managing long-lasting (chronic) conditions; integrating mental health and addiction services; and improving health system performance.

As well, the IHSP identified six (6) enabling strategies which cross all five priorities, to be considered within planning and analysis, including information and technology solutions, health human resources planning, health promotion and prevention, education and knowledge sharing, system navigation and best practice care maps and standardization.

The Mississauga-Halton LHIN focused their Aging at Home funding on capacity building, expansion and productivity improvement and maintenance initiatives. Projects funded include increasing community support services, enhancing supportive housing, implementing a LHIN–wide falls prevention strategy, expanding geriatric mental health outreach, supporting residents in long-term care homes through a Nurse Practitioner model, expanding geriatric emergency management, enhancing community grants to support seniors, developing frail seniors pathway/assessment tool, improving access to palliative care/end-of-life care, enhancing community referral by EMS and sustaining current services of community support service agencies.

(b) City of Toronto – 5 LHIN Collaborative Table

The Long-Term Care Homes and Services Division took responsibility to assess interest and secure agreement from the five LHINs serving areas of the City of Toronto to meet with City staff on a periodic basis to share information, collaboratively plan and problem-solve on City-wide issues. The initial meeting was held on May 16, 2006 and meetings have continued to be held on a quarterly basis, with the most recent meeting being held on October 8, 2008. Meetings rotate among the offices of the five LHINs and the City. The Administrator of Castleview Wychwood Towers organizes and chairs the meetings.

The five LHINs are represented at the meetings by either the CEO or a Senior Director. City representation consistently includes senior staff from the Long-Term Care Homes and Services Division and Emergency Medical Services. Other City divisions attend as needed by agenda items and have primarily included Toronto Public Health; Social Development, Finance and Administration (community grants); and Shelter, Support and Housing Administration.

The City of Toronto – 5 LHIN Collaborative Table was established with the goals of ensuring:

- a health system guided by accurate community needs and priorities;
- recognition of the diversity of interests and communities within City of Toronto borders;
- preservation of effective inter-agency and inter-sectoral planning for a strong service system that may cross LHIN boundaries;
- preservation of mechanisms that engage and empower communities; and
- building on past successes of coordinating networks and accumulated knowledge.

In 2007, the City provided a comprehensive presentation for the five LHINs, detailing the range of City-operated services that impact LHIN priorities, including Emergency Medical Service, Toronto Public Health, Long-Term Care Homes and Services, Toronto

Community Housing Corporation, Shelter, Support and Housing Administration, Toronto Fire Services, Toronto Public Libraries, Transportation, Parks, Forestry and Recreation, Toronto Police Service, Community Grants and Toronto Transit Commission, in addition to highlighting the City's priority neighbourhoods, neighbourhood action teams and the priorities and work of the Toronto Seniors' Forum. At this meeting, the five LHINs were provided with key contacts for each City division.

Individual presentations have been made at other meetings by various City divisions to articulate their priorities, as well as the LHINs presenting key facts from the IHSPs. In addition to the various presentations, each meeting focuses on long-term care issues and EMS issues, including off-load delay issues and improvements and ALC pressures.

To date, the most significant achievements of the City of Toronto – 5 LHIN Collaborative Table have been enhanced understanding of each other's priorities, discussion and joint problem-solving on shared issues and establishment of an effective network.

For example, Toronto EMS regularly shares ED Wait Time and Offload statistics with the LHINs which assists to focus improvement discussions with hospitals in areas needed. To date, Toronto EMS has worked collaboratively and effectively with the Central East, Toronto Central and Central LHINs, to reduce ED wait times and improve the experience of staff and patients. Implementation of the developed strategies is continuing. Toronto EMS is pleased with the successes realized in these three LHINs and would welcome the opportunity to be involved in similar work and work groups with the Central West and Mississauga-Halton LHINs.

Discussions have also focused on successes in the CREMS program (Community Referrals by EMS) and the Offload Nurse Program (whereby a designated nurse assumes responsibility for EMS patients on-site in ED in advance of the ED having an available stretcher). To date, this approach has reduced ED offload on an average of 15-18 minutes.

In the long-term care realm, improvements in long-term care – mental health interface have improved geriatric mental health outreach team responsiveness, when long-term care home residents and care teams require a higher level of clinical expertise to manage responsive, challenging, aggressive and/or violent behaviours.

Although still in very early stages, the recently implemented project of ED nurse outreach to designated long-term care homes with the goal of reducing unnecessary transfer to ED is providing benefit to both long-term care homes and Toronto EMS.

Toronto Public Health has engaged members of the City of Toronto – 5 LHIN Collaborative Table in discussions related to pandemic planning (encouraging all LHINs to work together with healthcare partners in this policy area), health issues faced by the homeless population (e.g. TB prevalence) and breastfeeding clinics.

City staff has also used the venue of the City of Toronto – 5 LHIN Collaborative Table to highlight administrative variability between the LHINs that creates administrative hardships for health service providers that operate in more than one LHIN. For example, small community agencies who receive grants from the City but who operate in more than one LHIN must develop and maintain different reporting processes. Although early discussions have been held on this topic, there has been no resolution to date.

(c) Impact on City-Operated Health Services

The City owns and operates long-term care homes in each of the five LHINs. Through the Long-Term Care Homes and Services Division, the City also operates supportive housing for seniors in four of the five LHINs (the Division does not have a supportive housing program within the borders of the Mississauga-Halton LHIN) and adult day programs in four of the five LHINs (there is no City ADP in the Toronto Central LHIN). The City's homemakers and nurses services (HMNS) program is distributed based on client eligibility (financial and functional assessments) across the entire City of Toronto, with an estimated 47 percent of the volume being delivered within the Toronto Central LHIN borders, 39 percent within the Central LHIN, 10 percent within the Central East LHIN, 3 percent within the Central West LHIN and 1 percent within the Mississauga-Halton LHIN. This distribution is linked to issues such as demographics, community need, the availability of other community service options in the geographic area and the financial resources of individuals requiring the homemaking services.

As a result, the Division needs to respond to and manage the administrative and reporting variability outlined above for organizations that operate in more than one LHIN. In the past, there were centralized and standardized reporting processes from the Division to the Ministry of Health and Long-Term Care. Now, reporting details, format and timelines vary between the five LHINs which require the Division to maintain duplicate and complex processes, without any additional resources. This is an administrative hardship that takes resources away from direct care and service.

Next, each LHIN releases its proposal calls at slightly different times and in slightly different formats, again requiring duplicate work. The turn-around time for submissions in response to HSIP proposal calls is quite tight, often within a timeframe of only 2-3 weeks. The Long-Term Care Homes and Services Division has no dedicated policy staff to write proposals. As a result, senior managers direct time away from other essential duties to develop the submissions collaboratively with community partners. To date, the Division has had two (2) HSIPs approved, namely the creation of a new supportive housing program within the Toronto Central LHIN and the creation of an adult day program for individuals with Alzheimer's within the Mississauga-Halton LHIN. Others have been submitted in the most recent proposal calls and results are pending. Also, the Division has been a co-submitter in HSIPs with other organizations being the leads. To date, two (2) of these HSIPs have been approved (ED nurse outreach; sustainability of long-term care – mental health integration) and the Division is implementing the HSIPs in collaboration with the partner who received the funding.

HSIP submission protocols require the Division to seek out community partners as co-submitters and partners in the proposed future service provision, if the HSIP is approved. HSIP approval requires the partners to sign-off and implement elements of the HSIP on a very timely basis immediately after receiving approval and to work in an integrated fashion with the HSIP partner(s) in care and service provision in a manner that meets the proposal intent and budgetary requirements. This integration agenda requires that various City Divisions "work differently" than in the past, to be nimble and streamlined, so that funding opportunities are not lost, administrative processes are enabling and the core requirements of the HSIP are honoured as signed-back in the Service Agreement. For example, some proposals identify a revenue stream coming back to the long-term care home (e.g. lease space for the community agency partner operating the Alzheimer's adult day program at Wesburn Manor) as a means of off-setting operating costs. This requires the City to be flexible and be able to direct this revenue to the Long-Term Care Homes and Services Division rather than to Facilities and Real Estate Division, in line with the budgetary requirements outlined by the LHIN in the Service Agreement.

When HSIPs are approved, there is a very quick turn-around required. At present, the City does not have an established inter-divisional process to facilitate timely implementation of HSIPs. There is an opportunity for the City to establish a "clearing the way" inter-divisional work group, meeting on an ongoing basis, to identify and implement administrative processes, improvements and efficiencies that facilitate ease of implementation when HSIPs are approved. Although membership of the inter-divisional work group has not yet been identified, membership would be confirmed through dialogue with the Deputy City Managers and include, at a minimum, Long-Term Care Homes and Services, Toronto EMS, Shelter, Support and Housing Administration, Legal, Purchasing and Facilities and Real Estate.

In addition to the City of Toronto – 5 LHIN Collaborative Table, senior managers from the Long-Term Care Homes and Services Division have made a concerted effort to be involved in committees and work groups extending to all five LHINs, so that the City's representatives can have a voice in LHIN priorities and implementation work. At present, the Division is involved in 19 committees and work groups amongst the five LHINs, in topics such as accountability agreements, diversity, seniors' services, Board-to-Board dialogue, hospital – long-term care home transition of care, human resources, back room integration, rehabilitation, education and research.

The mission of the Long-Term Care Homes and Services Division is to *enrich the lives of those we serve,* in a way that *respects, supports and enables* the individuals to be as independent as possible. In achieving this mission, the Division is committed to working with community groups, implementing collaborative models of care and providing care and service to those generally not well served by other mainstream healthcare organizations. As a result, the scope of care and service does not always reconcile with LHINs' key directions. For example, the Division has a rich history of providing care for individuals found eligible for admission to long-term care homes who are under the age of 65 years of age and suffer from chronic illness, disability and/or neurodegenerative

diseases; individuals who have sustained an acquired brain injury (ABI); aging individuals with developmental delays who can no longer be safely cared for in alternative settings; individuals with significant behavioural response issues related to dementia and/or mental illness; and individuals of particular communities, such as ethno-racial, cultural, linguistic, sexual orientation, gender identity who require care and service provided in a way that respects their traditions and beliefs. Although these are Divisional priorities to create a "Toronto for All", they are not necessarily priorities for each of the five LHINs, due to a primary focus on reducing ALC pressures in local hospitals. Long-term care homes cannot offer a complete solution for hospital ALC pressures, without appropriate funding and expansion of health human resources – and long-term care homes must always be an accessible community resource for individuals who require long-term care.

Although Aging at Home is a laudable strategy, not all seniors have a home in which they can age in a healthy way. There is opportunity for the City to pursue future Aging at Home funding, in partnership with others, to expand supportive housing and/or long-term care home option(s) for homeless, previously homeless and/or under-housed seniors.

Next, although Toronto EMS is outside of the LHIN mandate for planning, integration and funding, the activities of the LHINs in working with healthcare organizations within their local health systems directly impacts the work of Toronto EMS. As noted earlier in this report, ED wait times and offload delays in various hospitals directly impacts EMS effectiveness and efficiency. Toronto EMS wishes to be involved in various committees and work groups of the five LHINs, in the same way that Long-Term Care Homes and Services is involved, in order to directly influence system improvements. Currently, there is gap in having established working relationships with the Central West and Mississauga-Halton LHINs.

Although Toronto Public Health has attended periodic City of Toronto – 5 LHIN Collaborative Table meetings, the five LHINs have identified the opportunity to expand their frequency of attendance, sending a representative to each and every meeting, rather than only when a specific agenda item is being tabled. Although public health is outside the planning, integration and funding mandate of the LHINs, the LHINs recognize the important impact of public health work on all aspects of the health system that they are mandated to oversee and coordinate.

Last, there is an acknowledged opportunity to improve the advance scheduling of City of Toronto – 5 LHIN Collaborative Table meetings, so that there is enough advance notice to ensure full attendance. At present, the meetings are scheduled for one-half year in advance. The chair is revising this process to establish a full 2009 schedule of meetings by the end of 2008, so that all members may plan attendance.

The transformation of the provincial healthcare system has created a number of pressures, opportunities and challenges for the City, in ensuring effectiveness and equity of access to the same level and quality of service across the City. To date, the voluntary collaboration achieved at the City of Toronto – 5 LHIN Collaborative Table has been

significant. Notwithstanding this level of collegiality, there are variances in the LHINs' priorities and the City's priorities. For example, the City may be more focused on ensuring enhanced services in the priority neighbourhoods and on providing care and service for individuals not generally well-served by other mainstream healthcare organizations than the LHINs. The LHINs may be more focused on solving the hospitals' ALC pressures than the City. However, there is growing synergy and mutual understanding of each other's roles and priorities and how they can be complementary.

Health transformation provides an opportunity to enhance the role of Long-Term Care Homes and Services Division in serving Toronto's communities, contingent upon successful HSIPs. The City also has an opportunity to influence a stronger health promotion focus in health system work and an opportunity to achieve consistent Toronto EMS involvement with all 5 LHINs in order to find successful solutions in reducing ED wait times.

Long-term care should be seen as part of but not the complete puzzle in solving hospitals' ALC pressures. Long-term care homes cannot be the total solution for complex hospital discharges, without receiving increased funding and expanded health human resources in order to provide safe, high quality care. However, the Long-Term Care Homes and Services Division has submitted HSIP proposals for phase 2 funding of the Aging at Home Strategy, with the goal of being part of the ALC solution in both long-term care homes and supportive housing, without losing sight of the Division's mission.

The Long-Term Care Homes and Services Division will continue to play a leadership role in the City of Toronto – 5 LHIN Collaborative Table, with the goal of ensuring that the strategic directions of both the LHINs and the City are considered in decisions that affect Toronto's communities.

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