



STAFF REPORT INFORMATION ONLY

Update on the Activities of the City of Toronto – 5 LHIN Collaborative Table

Date:	April 28, 2008
To:	Advisory Committee on Homes for the Aged
From:	General Manager, Homes for the Aged
Wards:	All
Reference Number:	

SUMMARY

The Ontario health care system continues to evolve as a result of the Local Health Integration Networks (LHINs) and the *Local Health System Integration Act, 2006*. This report will provide a high level summary of the work of the City of Toronto – 5 LHIN Collaborative Table and the current priorities of the area LHINs.

The Ministry of Health and Long-Term Care created LHINs as a critical part of the evolution of health care in Ontario, moving from a “collection of services” to a true system that is patient-focused, results-driven, integrated, and sustainable. The LHIN legislation placed significant decision-making power at the community level, with the intention of focusing on local community needs and improving health results. The LHIN legislation was intended to facilitate effective and efficient integration of health care services, making it easier for people to get the best care in the most appropriate setting, when they need it.

In fulfilling their mandates, the LHINs have taken on local health system planning and community engagement. As of April 1, 2007, they also assumed responsibility for funding a wide range of health service providers and for managing the majority of service agreements with health service providers. The government continues to provide stewardship of Ontario's health system, setting direction, strategic policy, and system standards and delivering provincial programs and services. Together, all the system partners - government, LHINs, and providers – are accountable to the people of Ontario for quality and results.

There are fourteen (14) LHINs in Ontario that are responsible for planning, bringing together and paying for health care services in their area. Toronto is served by five

LHINs – Toronto Central, Central East, Central, Central West and Mississauga Halton. The Toronto Central LHIN is totally contained within the city’s boundaries. 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.

The City of Toronto would have preferred to have a LHIN configuration with boundaries that coincided with the boundaries of the City of Toronto. This did not occur. As a result, the City of Toronto designed the ‘City of Toronto – 5 LHIN Collaborative Table’, to dialogue with colleagues from all 5 LHINs functioning within the City about City-wide, cross-boundary issues.

The City of Toronto – 5 LHIN Collaborative Table is an important discussion and policy table composed of senior representation from all 5 LHINs and the Toronto Public Service, primarily Homes for the Aged, Emergency Medical Services, Shelter, Support and Housing Administration and Toronto Public Health. Quarterly meetings have been held since May 16, 2006 to guide joint priority setting and decision-making in relation to those services included in the LHIN legislation that are operated by and/or receive funding from the City. Topics discussed to date have included health priorities, planning, program development, service integration, inter-sectoral linkages and funding.

Financial Impact

There are no financial implications arising from this report.

ISSUE BACKGROUND

LHINs are not-for-profit corporations that work with local health providers and community members to determine the health service priorities of their regions. They were created in April 2006 and took on the role of planning and funding health services effective April 1st, 2007. Due to the continued newness of these not-for-profit corporations, many issues continue to evolve and grow as the corporations mature. LHINs do not provide services directly, but are responsible for integrating services in their specific geographic areas. Through community engagement, LHINs work with local health providers and community members to develop integrated health service plans for their local area.

LHINs are based on a principle that community-based care is best planned, coordinated and funded in an integrated manner at the community level, because local people are best able to determine their health service needs and priorities.

LHINs have responsibility for:

- (i) hospitals;
- (ii) community care access centres (CCACs);
- (iii) community service organizations;
- (iv) mental health and addiction agencies;
- (v) community health centres; and
- (vi) long-term care homes.

The Ministry of Health and Long-Term Care retained responsibility for:

- (i) individual practitioners;
- (ii) family health teams;
- (iii) emergency medical services;
- (iv) laboratories;
- (v) provincial drug programs;
- (vi) independent health facilities; and
- (vii) public health.

When the LHIN legislation was being drafted, the City of Toronto communicated its preference to have a LHIN configuration with boundaries that coincided with the boundaries of the City of Toronto. The City noted its strong desire to be involved in decisions that affected the health of the City as a whole, noting that the City is a provider of health care services both that fall within the LHIN legislation (homes for the aged) and health care services that fall outside of the LHIN legislation (emergency medical services, public health, shelters). The City also noted that it is a funder of community service organizations that are health care providers under the LHIN legislation through the grants program.

As a government, funder, systems manager, health care provider and builder of community partnerships, the City of Toronto has interests in all aspects of health services city-wide. In a process of municipal/provincial partnership and collaboration, it is essential that Toronto's interests are recognized and met.

The City remains committed to maintain a forum where representatives from the City of Toronto and the five LHINs can come together to consider cross-boundary, city-wide health issues that affect all of our organizations.

COMMENTS

The City of Toronto has a longstanding dedication to ensuring that city residents have access to appropriate health and social services. This requires very careful planning and systems management as well as our share of the funds to support the provision of high-quality, timely, effective and accountable services.

The City of Toronto – 5 LHIN Collaborative Table facilitates greater creative and flexible problem-solving through strong partnerships preserving effective inter-sectoral planning and action, to address the determinants of health in a coordinated fashion and preserve a strong community service system. We are satisfied with the willingness of the 5 LHINs to dialogue with the City in City-wide, cross-boundary planning issues and intend to continue this table.

The May 1, 2008 City of Toronto – 5 LHIN meeting will focus on current shared priorities, arising from the City’s planning and the Integrated Health Service Plans (IHSP) from the various LHINs.

The IHSPs lay the foundation for health system transformation over the next three years. They set out what the local health care priorities are and what action steps the LHINs will take to address them. Although a high-level summary is provided below, members of the Advisory Committee on Homes for the Aged are encouraged to review the individual IHSPs for further detail; each is posted on the various LHINs’ websites.

In the Central LHIN, the following priorities emerged in their IHSP, entitled “Making a Difference – Helping People Lead Healthier Lives”: improving access, coordination, quality and efficiency in seven (7) health service priority areas – improving services for seniors, access to mental health and addictions support, supporting neurological services, managing chronic disease, reducing wait times, accessing emergency services and accessing cancer care. The IHSP will continue to evolve in response to changing needs in the broader health care community.

The Toronto Central LHIN’s priorities are quite similar, notably seniors, mental health and addictions, rehabilitation, health human resources, education and research, e-Health, energy and environment management and back office integration.

Through their IHSP “Engaged Communities – Healthy Communities”, the Central East LHIN is focusing on primary care, public health, cultural competency, French language services, transportation, rehabilitation, telemedicine, chronic disease management, health human resources, mental health and addictions and seniors services.

In Central West, “It’s about you and your health!” identifies the plan to enhance integration, increase capacity and improve access in areas such as mental health and addiction services, palliative care/end-of-life services, seniors, rehabilitation, chronic disease management, maternal/child care, primary care linkages and cultural diversity.

“Mapping out Three Years of Better Care” is the title of the IHSP for the Mississauga Halton LHIN. The priorities include improving health system performance, strengthening primary health care, enhancing seniors’ health, wellness and quality of life, chronic disease management and mental health and addiction services.

As noted above, although LHINs may have used varying wording, the priorities are very similar, overlap considerably and are interdependent.

Also notably, all LHINs are currently involved in discussions arising from the Minister of Health and Long-Term Care’s announcements related to the Aging in Place Strategy.

New Initiatives

The LHINs have been involved in a number of new initiatives that may be of interest to members of the Advisory Committee on Homes for the Aged:

(a) Effectiveness Review

In April 2008, the Ministry of Health and Long-Term Care and the LHINs announced that they are jointly participating in an Effectiveness Review with KPMG as a result of a planned Request for Services process. The Review, expected to be completed by end of June 2008, is based on the Ministry and LHINs commitment to ongoing performance improvement and joint problem-solving. The Effectiveness Review process is specifically designed to move the transformation of the health system forward within the principles of change management including: consultation, flexibility, accountability, strategic alignment and commitment to change.

The review will compare what was to be implemented against the current state, processes and mechanisms that are in place and the outputs generated. The Review is not an evaluation of health outcomes or the relationship among LHINs and health service providers. Rather, it is intended to determine whether the appropriate tools, resources, staff and processes are in place to allow LHINs to meet their objectives. The review will examine the effectiveness and capacity of both the Ministry and the LHINs to adequately fulfill their roles.

The KPMG Project Team will conduct a series of interviews that spans all 14 LHINs, MOHLTC staff, and a sample of key stakeholders most closely involved in the implementation of the LHIN initiative.

(b) Celebrating Innovations Health Care Expo

On Tuesday, April 22, 2008, the LHINS sponsored “Celebrating Innovations in Health Care Expo”, an annual showcase of innovative initiatives that are driving health care system renewal in Ontario. The event was an opportunity to celebrate the hard work of Ontario’s health care providers, to share knowledge and learn from ingenuity.

(c) Aging at Home Innovations Showcase

This one-day event took place on April 23, 2008. The showcase highlighted community events and innovations, and serve as a checkpoint for the government's Aging at Home strategy. Ontario's population is aging - recent estimates project the seniors' population to double in the next sixteen (16) years. It is therefore becoming vitally important to ensure that there are resources available to assist those who wish to remain at home.

Through the new Aging at Home Strategy announced on August 28, 2007, community living options for seniors will be expanded dramatically, with a wider range of home care and community support services available to enable people to continue leading healthy and independent lives in their own homes. It is the LHINs who will lead this initiative by identifying and providing funding for enhanced home care and community support services, as well as for innovative projects specific to their LHIN.

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SIGNATURE

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