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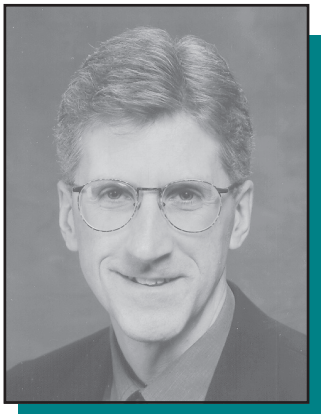
MESSAGE FROM THE EXECUTIVE DIRECTOR

As the local health system planning organization in Halton-Peel, the District Health Council (DHC) is committed to providing leadership in planning so that the Minister of Health and Long-Term Care and other decision-makers have the information they need to support ongoing service delivery and resource allocation decisions in Halton and Peel.

Several years ago, the Halton-Peel DHC, along with its planning partners, initiated a multi-phased project aimed at gaining a better understanding of the impact that population growth and demographic change will have on the local health system. To date, several phases have been completed, including the most recent report, *Regional Hospital Infrastructure Plan for Halton and Peel (January 2003)*, released in partnership with the five hospital corporations. This report represents a major component of our multi-phased project and provides recommendations on when and where additional hospital capacity should be added to meet the service pressures resulting from growth and demographic change.

This past year, work was also completed on the development of a long-range plan for renal disease services. To continue efforts to project service needs within the community sector, three projects are currently ongoing in community mental health, addictions, and long-term care community support services.

All of these components will inform the next phase of our work as we continue to develop plans for the future health system in Halton and Peel. We will build on the evidence-based work completed to date and on the strong collaborative planning approaches used to create a vision of the future range and mix of programs and services that will best meet population needs across the health continuum.



Steve Isaak

In addition to these planning initiatives, this year we initiated work in defining local primary health care needs and also continued to work with other provincial DHCs on broader health human resource issues – two of the priority areas identified by the Romanow Commission and the First Ministers' Health Care Accord.

Like many others in the health care system, our Council work has been impacted by SARS. We continue to support our public health, hospital and community partners in responding to this and other emerging communicable disease issues.

Finally, I would like to acknowledge the excellent work of the staff of the Halton-Peel DHC for another successful year of fulfilling our mandated role and to extend my thanks to the Council Board members for their ongoing support.

"The Halton-Peel District Health Council exists to assist and provide the Minister of Health and Long-Term Care and other decision makers with health system planning information and advice. This health system planning information and advice is about the health needs of the Halton-Peel population and the resources required to meet those needs; and is for the purpose of achieving a strengthened and enhanced health care system."

ABOUT US

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The Halton-Peel DHC has a 20 member policy governance board made up of people who use and deliver health and related social services. The Council members are appointed by Lieutenant Governor Order-In-Council to reflect the diversity of the Council's geographic area.

Back Row: *Steve Isaak, John Oliver, Joe McReynolds, Linda Rothney, Doug Billett, Jatinder Dhillon, Heather McGillis, Rick Helm, Al Cook*

Front Row: *Karen Murphy, Marolyn Morrison, Agni Shah, Joan Lougheed, Mary Lynn Martin, Benny Icely, Susan DiMarco*

Absent: *Kurt Franklin, John Tracey*

The Planning Team

Steve Isaak	**Executive Director**
Chris Altmayer	**Epidemiologist**
Danielle Claus	**Senior Health Planner***
Rose Cook	**Senior Health Planner**
Wilma D'Souza	**Administrative Assistant**
Juvy Dayao	**Administrative Assistant****
Mary Jane Glover	**Executive Assistant**
Lisa Jones	**Health Planner**
Elaine Kachala	**Health Planner**
Donna Laevens-Van West	**Emergency Services Coordinator**
Scott McLeod	**Director of Planning**
Glenda Mody	**Administrative Assistant**
Jane Richardson	**Health Planner**
Janet Robinson	**Senior Health Planner**
Linda Sullivan	**Health Planner**
Ron Wray	**Senior Health Planner***

** on secondment*
*** on maternity leave*

Council Members

Mr. Doug Billett, *Consumer, Brampton*
Mr. Al Cook, *Consumer, Halton Hills*
Dr. Jatinder Dhillon *, *Provider, Mississauga*
Councillor Susan DiMarco, *Regional Municipality of Peel*
Councillor Kurt Franklin, *Regional Municipality of Halton*
Mr. Richard Helm, *Consumer, Burlington*
Ms. Mary (Benny) Icely, *Consumer, Mississauga*
Councillor Joan Lougheed, *Regional Municipality of Halton*
Ms. Mary Lynn Martin, *Provider, Brampton*
Mr. Joe McReynolds, Chair, *Provider, Caledon*
Councillor Marolyn Morrison, *Regional Municipality of Peel*
Ms. Heather McGillis, *Provider, Mississauga*
Ms. Karen Murphy, *Consumer, Mississauga*
Mr. John Oliver, Vice Chair, *Provider, Oakville*
Ms. Connie Price**, *Consumer, Burlington*
Ms. Linda Rothney, *Provider, Oakville*
Ms. Fiona Ryner***, *Provider, Brampton*
Mr. Agni Shah, *Consumer, Mississauga*
Dr. John Tracey, *Provider, Brampton*

*New appointment
**No longer on Council
***Term completed

CONTACT US

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Halton-Peel
District Health Council
Conseil régional de santé

2002/ 2003

MESSAGE FROM THE CHAIR

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Joe McReynolds

As Chair, I am pleased to present the 5th annual report of the Halton-Peel District Health Council (DHC). It has been a privilege to Chair the DHC over the past year and I would like to thank the members of the Board for the time, energy and commitment they bring as volunteers. I would also like to congratulate the Council staff and Executive Director Steve Isaak on another successful year of planning. Together the Board and staff have continued to make great strides in fulfilling our mandate of providing the Minister of Health and Long-Term Care and other decision-makers with health system planning information and advice.

Locally, the Health Council continues to work with Halton and Peel stakeholders to plan and develop a future health system that will respond to the unique population growth and demographic change issues in our area. Provincially, the Halton-Peel DHC continues to provide leadership in the DHC system and engages with colleagues on health issues of provincial and national importance.

Last fall, the long awaited reports on the future of the Canadian health care system by the Romanow Commission and the Kirby Commission were released. Federal/Provincial discussions immediately followed and resulted in a First Ministers' Accord on Health Care Renewal. This Accord includes several areas of agreement, with work to be concentrated on health reform initiatives such as primary health care, home care, catastrophic drug coverage, diagnostic and medical equipment, electronic health records and telehealth. Health Councils across the province, including Halton-Peel, are working to provide the Minister with local advice on many of these important issues.

In preparation for the First Ministers' discussions, the Minister of Health and Long-Term Care, the Honourable Tony Clement, organized a series of round-table discussions in January 2003. The 16 DHCs collectively participated in a round-table consultation with the Minister providing a health planning perspective on the Romanow and Kirby reports. This input was appreciated by the Minister, who recognized the contribution and value of DHCs to date and their potential role in contributing to future change management. More recently, in preparation for the government's 2003 throne speech, the Minister repeated this process of consulting directly with the 16 DHCs.

More recently, Ontario has been dealing with Severe Acute Respiratory Syndrome (SARS), which continues to have a signiciant impact, both on the health care system and all those associated with it. On behalf of the Halton-Peel DHC, I want to applaud the tireless efforts of the many front-line service providers – in hospitals and in the community – who continue to meet patient and client care needs under very difficult circumstances.

On a personal note, as I leave the position of Chair, I want to reiterate that I have found my time in this position to have been a challenging and rewarding experience. I look forward to my continued role as a Council member over the next year and to working with the dedicated Board and staff of Council.

Pioneering Solutions to Complex Problems

- Completed a **regional hospital infrastructure plan** for redevelopment within Halton-Peel hospitals to accommodate anticipated population growth and demographic change. The plan provides direction for both the location and sizing of hospital facilities to 2008/09 and includes an extended forecast to 2016/17. Highlights include recommendations for a new hospital to be built in north-west Peel, a new replacement hospital in north Oakville and redevelopment at the Milton District Hospital, Trillium Health Centre, Joseph Brant Memorial Hospital, The Credit Valley Hospital and William Osler Health Centre. The Halton-Peel DHC facilitated the collaborative process, with the report jointly developed and supported by each of the five regional hospital corporations. Working group involvement also included the two Community Care Access Centres (CCACs), the two Regional Municipalities (Halton and Peel) and the Central West Ministry of Health and Long-Term Care as an observer.

- Provided on-going planning support to the Central South and Toronto-Peel Mental Health Implementation Task Forces. Recommendations and advice were developed for the Minister of Health and Long-Term Care regarding the implementation of **restructured local and regional mental health systems**. Final reports were submitted in December 2002 and are currently under review.

- Initiated Phase IIIc of a multi-phase, multi-year project aimed at gaining a better understanding of how population growth and demographic changes will affect the future utilization of health care services. This specific phase will examine the future need for **community mental health services** and supports for Halton and Peel residents with a serious mental illness to 2008.

- Initiated an analysis to project the need for **addiction services** in Halton-Peel to 2008. Based on an examination of quantitative and descriptive indicators, work began on mapping the current continuum of addiction services, identifying program and service gaps and determining the appropriate range and mix of treatment and support services necessary to meet growing demand.

- Developed a model that translates population growth and demographic changes into the need for **end stage renal disease services** and related resources to 2008. This analysis resulted in the development of ten recommendations that include identification of significant increases in the availability of hemodialysis and peritoneal dialysis to meet future need. Following this work, local providers formed a regional Network to coordinate and monitor renal care in Halton-Peel.

- Established a primary health care task force to oversee the development of a long-range plan for **primary health care** in Halton-Peel. Through consultations with local family physicians and general practitioners, a system audit of the current primary care environment and a review of models in other jurisdictions, this plan will assist in providing advice and recommendations on ways to provide accessible, comprehensive and integrated primary health care.

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Building And Maintaining Effective Partnerships

- In conjunction with the Centre for Addiction and Mental Health (CAMH), initiated and led a process to plan for the **relocation of 60 - 70 specialized mental health beds** to Peel. This process determined planning parameters and relocation criteria to aid CAMH with its work and identified both the specialized and community services and supports necessary to sustain specialized mental health beds in Peel.
- Completed a planning process that identified the critical variables needed to develop a coordinated approach to **mental health service provision for older adults**. These variables include: clinical processes (functions); clinical services (components); adequate resources to manage the functions and components, and; development of processes and structures to link these resources together.
- In collaboration with all 16 DHCs, released a **Provincial Health Care Labour Market Study**, the first agency-based health human resources survey in Ontario to examine a wide range of professionals in the community sector. The study provides information on recruitment and retention issues, provider agency perceptions of factors influencing labour shortages, current and anticipated labour shortages and the impacts of these shortages.
- In partnership with three other DHCs in the Greater Toronto Area (Toronto, Simcoe-York, and Durham, Haliburton Kawartha & Pine Ridge), examined the **supply of selected health professionals** in Ontario. A key finding of this work was the lack of robust and reliable data that could be used as evidence or as input to planning models. This work also identified the pressing need for the development of a data infrastructure for health human resources.
- In conjunction with the Peel Health Department, provided information and advice to the East Mississauga Interagency Group (EMIAG) regarding the development of a funding proposal for a **community health centre** in East Mississauga. Submitted in November 2002, this proposal builds on the system integration work undertaken by the Halton-Peel DHC in 2001/2002.

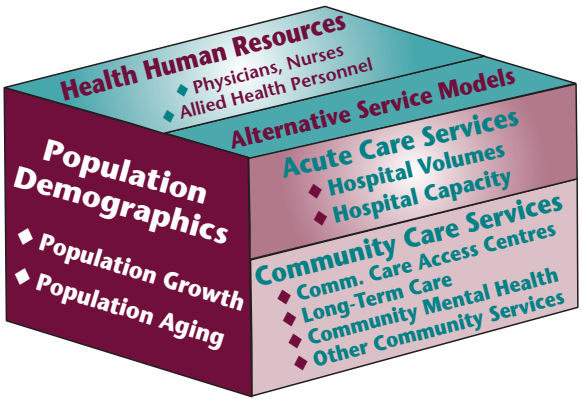
OFF THE PRESS

- Staff Review of the 2002/2003 Community Mental Health Operating Plans (April 2002)
- 2002/2003 Addiction Agency Operating Plan Review: Summary Report (July 2002)
- Advice to the Centre for Addiction and Mental Health Regarding the Relocation of Specialized Beds and Services to Peel (July 2002)
- Ontario DHCs Provincial Health Care Labour Market Survey: Provincial Findings Report (July 2002)
- Exploring the Potential Impact of New Long-Term Care Beds in Halton-Peel (August 2002)
- 2002/2003 Halton-Peel District Health Council Operating Plan (September 2002)
- Long Range Plan for End Stage Renal Disease Services (October 2002)
- Planning Mental Health Services for an Aging Population (November 2002)
- A Regional Hospital Infrastructure Plan for Halton and Peel (January 2003)
- Local Health System Monitoring Highlight Report: Health Status Indicators (January 2003)
- Intersectoral Collaboration Workshop Featuring The Cloverleaf Model for Success – A Toolkit for Intersectoral Action: Workshop Proceedings (January 2003)
- Strategies to Enhance Health Human Resource Capacity and Staff Utilization in Halton-Peel: Proceedings of the Health Human Resource Forum, February 27, 2003 (April 2003)

Affecting Change Through Leadership

- Undertook reviews of the 2002/2003 **Community Mental Health Operating Plans** and **Addiction Agency Operating Plans** and concluded that community programs are under extreme operational pressures that will continue to have an impact on service capacity. These reviews identified that population growth influenced the need for additional mental health and addiction services and supports over the past year. Without an infusion of much needed resources, local service providers will continue to face staff, program and service reductions.
- Continued to support the **Halton-Peel Emergency Services Network** and its various subgroups in developing collaborative coping strategies to address the ongoing, inter-related pressures in the health care system that affect emergency departments. Network partners continued to look for opportunities to introduce system-wide and institution-specific policies and procedures that impact on emergency departments. Various subgroups have worked on initiatives related to timely placement of alternative level of care patients, development of a standardized data collection template and evaluation of clinical decision units. To address delays in the transfer of patient care from ambulances to Peel hospital emergency departments, a Paramedic Transfer of Care Protocols was finalized. It is anticipated that the Network will continue to be an important forum for a system-wide approach to new pressures such as severe acute respiratory disease syndrome (SARS).

- Developed a framework to project the future utilization of **long-term care community support services** in Halton and Peel. This project focuses on seniors, who use the largest proportion of these services. Extensive research and consultation with community stakeholders was undertaken to shape this project. Further consultations will include a community visioning session and the creation of a project advisory panel.



- Designed and implemented a methodology to measure the potential impact of approximately 4,000 new **long-term care (LTC) facility beds** to be built in Halton-Peel by 2004. Using a set of indicators developed to estimate this impact, data collected locally was augmented with additional information from supporting provincial resources. Based on the data collected, one of the emerging trends is a potential short-term mismatch between supply of and demand for LTC beds in Halton-Peel. This finding provides a local opportunity to explore creative and collaborative approaches for short-term use of this capacity.

Involving Our Community

- Released the first **Local Health System Monitoring Highlight Report**, following consultation with stakeholders. This Highlight Report focused on the health status of Halton-Peel residents and helped answer the question: "How healthy are Halton-Peel residents?" Based on feedback from planning partners, there was interest in exploring health-adjusted life expectancy, which introduces the concept of quality of life. Future Highlight Reports are planned and will explore other determinants of health, health care system characteristics and health care system performance.
- Sponsored a hands-on two-day **intersectoral collaboration workshop** in partnership with the Community Leadership Alliance of Peel. Utilizing a Toolkit known as the *Cloverleaf Model,* Health Canada facilitators led participants through the session. The workshop was designed to assist existing local broad-based coalitions and action groups to increase their knowledge of intersectoral collaboration and apply this knowledge through exercises to enhance their ability to work across service sectors.
- Continued to support the development of **dementia networks** in Halton and Peel as part of Ontario's Strategy for Alzheimer Disease and Related Dementias. Through the Steering Committees, work plans were developed and key items include: community meetings, education, service inventories, gap analyses, evaluation and sustainability plans.
- Organized a local forum with participants from organizations across the health system to explore local strategies to enhance **health human resource capacity and staff utilization**. Part of a provincial-wide project involving all 16 DHCs, the purpose of the local forum was to engage health care organizations in a dialogue to share strategies that optimize staff utilization and skill mix in response to labour shortages and to collectively identify new strategies. Information gained at the local level will inform provincial initiatives currently underway.

AUDITED FINANCIAL STATEMENTS

Statement of Financial Position

Assets	
Cash and short-term deposits	$271,857
Accounts Receivable	278
Prepaid expenses	23,583
	$295,718
Liabilities	
Accounts Payable and accrued liabilities	$242,072
Payable to the Ministry of Health and Long-Term Care	--
Deferred revenue	12,826
Grant received in advance	40,820
	$295,718

Summarized Statement of Operating Fund Revenue and Expenditure

Revenue	
Ministry of Health – Core	$1,262,664
Interest	4,344
Total Revenue	$1,267,008
Expenditure	
Salaries and Benefits	$889,112
Business Expenses	373,531
One Time/Capital	--
Total Expenditure	$1,262,643
Excess of revenue over expenditure for the year	$4,365

A complete statement is available upon request.