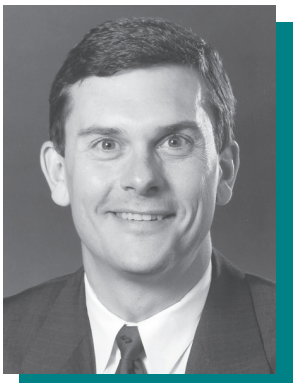
Halton-Peel
District Health Council
Conseil régional de santé

2003/2004

Joint Message From The Chair And Executive Director

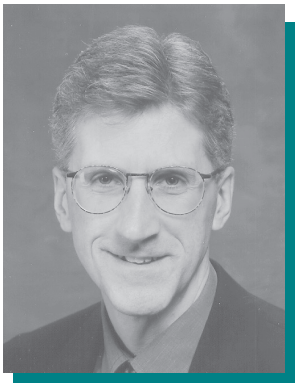


John Oliver
Chair

It is our pleasure to jointly present this Annual Report of the Halton-Peel District Health Council (DHC) for 2003-2004. This year represents the 30th anniversary of District Health Councils in Ontario, and the 6th year of operations for the amalgamated Halton-Peel DHC.

During this past year, the DHC completed a number of planning reports exploring system issues related to the delivery of health services across various sectors of the health system. The results of these reports, along with highlights from our work with many regionally coordinated networks and programs, are described in this report.

Included in this year's completed work are a number of planning reports that provide an analysis of the projected demand for services created by population growth and demographic change in community mental health, addictions, long-term care community support and trauma services. Growth continues to drive the need for health care services in Halton-Peel, which represents the second largest planning district on a population basis in the province. Halton-Peel's population is expected to grow to almost 2 million people by 2016, with a doubling of the population age 65+ and an increasingly culturally diverse population. Each of these reports present our best planning advice on the projected need for health care services to the year 2008. Given the lead-time required to properly plan and implement service and facility enhancements, 2008 is an appropriate short-term planning target. These reports build on the Council's previous work to identify the impact of population growth and demographic change on the hospital sector, and on regionally coordinated clinical programs.



Steve Isaak
Executive Director

In the coming year, the Council will be turning its attention to the longer-term future beyond 2008. Working with the Ministry of Health and Long-Term Care and our local stakeholders, we will be developing a vision for the future of the health care system in Halton and Peel, and identifying local opportunities to further co-ordinate, integrate and enhance the provision of health care services to the residents of Halton and Peel.

We would like to acknowledge and congratulate both the Board Members of the Halton-Peel DHC and the staff of the organization. This year saw the completion of the terms of office for several board members, including Al Cook, Mary Lynn Martin, Marolyn Morrison, Susan DiMarco, Kurt Franklin and Joan Lougheed. To these individuals and to those who continue to serve on the Board of the Halton-Peel DHC, a great deal of thanks is owed for the time, energy and wisdom that they have exhibited in their participation. Similarly, at a staff level, we would like to acknowledge the contribution of Ron Wray, Linda Sullivan, and Janet Robinson, each of whom have moved on to pursue other opportunities. The staff team at the Halton-Peel DHC continues to demonstrate their professional competencies in helping to achieve the role and mandate of the Health Council.

Finally, we wish to acknowledge, with appreciation, the co-operative and supportive working relationship that we have with the Central West Regional Office of the Ministry of Health and Long-Term Care, and with the many individuals and organizations who represent the dedicated provider base of the local health care system. It is the collaboration of these organizations that enable the Council to fulfill its mandate.

Highlights From The Halton-Peel District Health Council Stakeholder Survey

As part of our ongoing process of monitoring organizational effectiveness, the Halton-Peel District Health Council (DHC) undertook a survey of our stakeholders in 2003/04. Working closely with our stakeholders – those organizations that directly provide health care services – is a key success factor for us in fulfilling our role of providing the Minister of Health and Long-Term Care with health system planning information and advice. Therefore, it is important for us to gauge the extent to which stakeholders feel that the Halton-Peel DHC is:

- **focusing on the right issues;**
- **successfully addressing those issues; and,**
- **adding unique value to stakeholders.**

To gauge these issues, the Halton-Peel DHC used the validated survey instrument developed for the Ministry of Health and Long-Term Care's review of the DHC system in year 2000. We distributed the survey to over 400 individuals involved in committees, networks, planning linkages, and other groups. With a good response rate of over 25%, we would like to thank all those who took the time to respond, providing us with extremely valuable feedback.

Working with stakeholders to achieve the best possible advice for the Minister of Health and Long-Term Care about the health care system is a key part of our role. Monitoring stakeholder perceptions of our work helps us focus on issues of strategic importance, which add value to those who deliver care in our health care system. The Halton-Peel DHC looks forward to working with government and our local stakeholders to increase our collective ability to influence policy and resource allocation decisions. These decisions, however, must be consistent with a local plan that aligns provider capacity with local population health needs, and is rooted in a shared vision of how the health system can and should look.

Three key findings summarize the survey results:

1. Our stakeholders view the role of the Halton-Peel DHC in health planning as very important and they are highly satisfied with how we are achieving that role; with our direction and goals; and with the quality of our planning.
2. Respondents overwhelmingly indicated that they would like us to maintain our current planning focus – future oriented planning and needs assessment based on demographics and utilization analysis; and, system level planning and coordination.
3. Respondents placed the highest importance on the DHC's role in health planning and the inclusiveness of our planning processes – bringing together and working with stakeholders. Significantly, respondents also identified the highest degree of satisfaction with the Halton-Peel DHC in these same areas.

Pioneering Solutions to Complex Problems

- Developed a model that translates population growth and demographic changes into the need for **long-term care community support services** for older adults in Halton-Peel. Adapting a conceptual framework developed in the United Kingdom, several provincial and national health surveys were used to define 7 typical target groups of older adults requiring community support services. Through stakeholder consultation, future need in 2008 for 13 service categories was estimated for each target group.
- Completed an analysis that projects the need for **addiction services** in Halton-Peel to 2008. Based on an examination of quantitative and descriptive information, and extensive consultation with the local addictions sector, the analysis projected the appropriate range and mix of treatment and support services necessary to meet true client needs and growing demand.
- Released the second Local Health System Monitoring Highlight Report, focused on **health care accessibility** for Halton-Peel residents. This report helped answer the following questions: "Do Halton-Peel residents face barriers accessing care?" If so: "What type of barriers?" And, finally: "What population characteristics are associated with different types of barriers?"
- Completed the third Local Health System Monitoring Highlight Report, focused on **acute inpatient market share** for Halton-Peel hospitals. Acute inpatient market share information was used to examine changes in Halton-Peel acute inpatient market share from 1996/97 to 2001/02, define communities that are highly reliant on Halton-Peel hospitals, and explore acute inpatient activity that is provided to residents from communities outside of Halton-Peel.
- Developed a **regional framework for palliative care services** in Halton-Peel as a result of the community's desire to develop and plan palliative care services in a regional manner. In developing this regional framework, a solid infrastructure upon which further care delivery and service planning can be achieved. Articulating the types and quantity of palliative care services and supports required for a full continuum of care will be key as Halton-Peel continues to experience high population growth.

OFF THE PRESS

- Review of 2003/2004 Mental Health and Addictions Operating Plans (July 2003).
- Local Health System Monitoring Highlight Report: Unmet Health Care Needs (July 2003).
- Population Growth and Demographic Changes in Halton-Peel (October 2003).
- From Practice to Policy: Report of the Health Human Resources Capacity and Utilization Project – A Project of the Ontario District Health Councils (October 2003).
- Local Health System Monitoring Highlight Report: Acute Inpatient Market Share (January 2004).
- A Regional Framework for Palliative Care Services in Halton-Peel (March 2004).
- Phase III - Community Mental Health: Translating Population Growth and Demographic Changes into the Need for Health Services (March 2004).
- Long Range Plan for Regional Trauma Services (March 2004).
- Local Opportunities for Long-Term Care Facility Capacity (April 2004).
- Building a Primary Health Care Infrastructure in Halton-Peel: Planning for the Future (April 2004).
- Phase III – Addictions: Translating Population Growth and Demographic Changes into the Need for Health Services (May 2004).
- The Future Vision of Community Support Services for Older Adults: A Needs-based Planning Framework for Halton-Peel (May 2004).

Building and Maintaining Effective Partnerships

- Facilitated the evolution of a project working group into a high functioning **Halton-Peel Kidney Care Network** following completion of the report Long Range Plan for End Stage Renal Disease (October, 2002). The Network continues to meet and has been actively pursuing several key priorities including: developing proposals for expansion of hemodialysis services locally, expansion of peritoneal dialysis services across Halton and Peel, development of a regional vascular access and maintenance program, contingency planning, and standardization of predialysis clinics.
- Continued to support the **Halton-Peel Emergency Services Network** and its various subgroups in developing collaborative strategies to address the ongoing, inter-related pressures in the health care system that manifest in the emergency departments. Key areas of focus have included the timely placement of patients waiting in hospital for a long-term care facility, improved patient flow through emergency departments and inpatient units, and consistent messages to the community regarding the emergency department and alternatives for care during the holiday/winter season.
- Continued to work with **Halton and Peel Dementia Networks** as part of Ontario's Strategy for Alzheimer Disease and Related Dementias. Through the Steering Committees, and in partnership with local information providers (including the Brampton and Oakville Public Libraries), developed comprehensive internet-based inventories of services and supports available to individuals with dementia and their families. Several community educational forums were held in both Halton and Peel, which facilitated bringing key clinical researchers to the local community. Additional activities undertaken by individual Dementia Networks include linking with local pharmacies to provide dementia-specific information and developing a physician newsletter.
- Completed a provincial initiative in conjunction with all sixteen DHCs to identify **innovative health human resource models**. The project identified five main types of health human resource strategies in use as a result of local innovative practices and highlighted the need for health policies, legislation and regulation that support and encourage local innovative practices and remove barriers to health human resource deployment.

"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 residents of the Halton and Peel population and the resources required in the health system to meet those needs; and is for the purpose of achieving a strengthened and enhanced health care system."

Affecting Change Through Leadership

- Completed the report **Long Range Plan for Regional Trauma Services.** The report provides a comprehensive five-year trend analysis of trauma care provided to residents of Halton and Peel at Lead Trauma Hospitals in Ontario as well as projecting the potential future trauma volumes to 2008. Trauma cases in Halton have remained relatively stable; however, in Peel, the number and per capita rate of trauma cases have increased significantly. It is recommended that the Provincial Trauma Network conduct further analysis to ensure that the provincial trauma system is planning sufficient capacity within the existing trauma network or, that trauma services are developed and evolve locally.
- Developed an innovative new methodology for needs-based planning which demonstrates how population growth and changing demographics will affect the need for **community mental health** service activity to 2008. In addition to clinical services, a range of basic services and supports such as housing, educational and vocational services, social recreation and rehabilitation and family and consumer/survivor initiatives are critical in supporting the treatment and recovery of individuals with serious mental illness.

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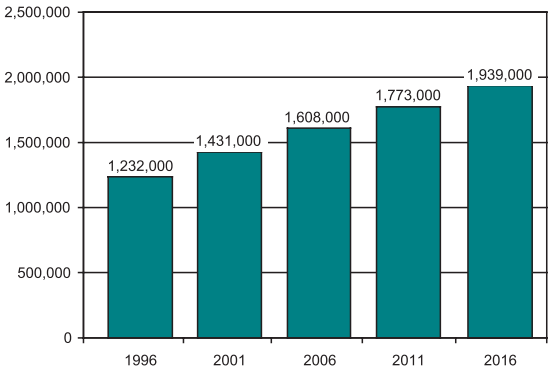
- Completed a report entitled **Building a Primary Health Care Infrastructure in Halton-Peel: Planning for the Future**, based on extensive community consultations; an examination of family physicians' practices in Halton-Peel; and a literature review of primary health care models in other jurisdictions. The report provides key messages, recommendations and strategies for the Ministry of Health and Long-Term Care and other decision-makers that will lead to improvements in accessibility, comprehensiveness and integration in primary health care in Halton-Peel. This work is also applicable to other areas across the province.
- Updated information to help understand **population growth and demographic changes in Halton-Peel** set within the provincial context. This information is used to educate, inform or guide the Halton-Peel DHC in planning for the health care needs of the population; the providers of health care in Halton and Peel with their internal planning; and the government in setting policy and allocating resources to meet the health needs of the Halton-Peel population.

Halton-Peel Population, 1996 to 2016



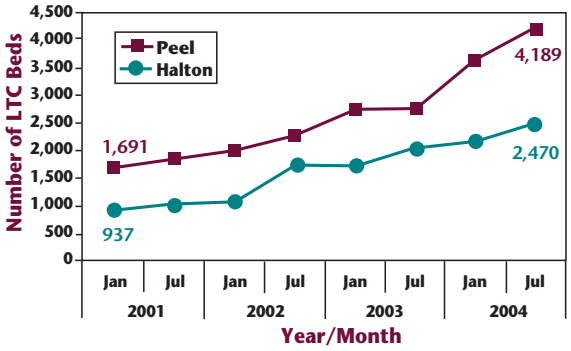
Sources: 1996 Census, Statistics Canada

Ontario Population Projections 1999-2028, Ontario Ministry of Finance

Involving Our Community

- Facilitated meetings of the **French Language Health Services Forum**. This group shared implementation strategies that have been put in place by agencies/ programs, explored opportunities for resource sharing to improve access to and capacity in the provision of French language services, and monitored the need for and availability of health care services to French speaking residents in designated municipalities.
- Monitored the addition of **new local long-term care beds.** Over the past year, the Halton-Peel DHC has continued to produce quarterly reports reflecting the status of the Ministry of Health and Long-Term Care's phased implementation process which will provide approximately 4,000 new LTC facility beds in Halton-Peel.
- Developed a collaborative community planning process to consider creative short-term opportunities to use available **long-term care facility capacity** in Halton-Peel. Approximately 100 senior administrative staff from long-term care facilities, hospitals, community agencies, retirement homes, professional associations and the Ministry of Health and Long-Term Care participated in a half-day community forum in January 2004. Sixty-three distinct ideas were generated and represented opportunities to bring new populations and programs into long-term care facilities as well as how to better support those client groups already eligible for facility placement. From the evaluation process, 11 ideas were identified as local system priorities.

Long-Term Care Beds in Halton-Peel (2001-2004)



AUDITED FINANCIAL STATEMENTS

Statement of Financial Position

Assets	
Cash and short-term deposits	$132,252
Accounts Receivable	60
Prepaid expenses	18,169
	$150,481
Liabilities	
Accounts Payable and accrued liabilities	$63,279
Payable to the Ministry of Health and Long-Term Care	--
Grant received in advance	87,202
	$150,481

Summarized Statement of Operating Fund Revenue and Expenditure

Revenue	
Ministry of Health – Core	$1,262,664
Interest	2,884
Total Revenue	$1,265,548
Expenditure	
Salaries and Benefits	$906,030
Business Expenses	330,734
One Time/Capital	5,332
Total Expenditure	$1,242,096
Transfer to Special Project	23,452
Excess of revenue over expenditure for the year	--

A complete statement is available upon request.

About Us

www.hpdhc.com

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: Sheldon Wolfson, Jatinder Dhillon, John Tracy, Doug Billet, Robert MacIsaac, Joe McReynolds, Richard Helm, Linda Rothney
Front Row: Steve Isaak, Agni Shah, Benny Icely, Karen Murphy, Mike Lansdown
Absent: Katie Mahoney, Heather McGillis, Gael Miles, John Oliver

The Planning Team

Steve Isaak	**Executive Director**
Scott McLeod	**Director of Planning**
Chris Altmayer	**Epidemiologist**
Rose Cook	**Senior Health Planner**
Danielle Claus*	**Senior Health Planner**
Juvy Dayao	**Administrative Assistant**
Wilma D'Souza	**Administrative Assistant**
Mary Jane Glover	**Executive Assistant**
Laura Greer	**Health Planner**
Lisa Jones	**Health Planner**
Elaine Kachala	**Health Planner**
Donna Laevens-Van West	**Emergency Services Coordinator**
Priti Patel	**Health Planner**
Jane Richardson	**Senior Health Planner**

* on secondment

Council Members

Mr. Doug Billet, 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 Mike Lansdown,*
Regional Municipality of Halton
Mayor Robert MacIsaac,*
Regional Municipality Halton
Councillor Katie Mahoney, *
Regional Municipality of Peel
Ms. Mary Lynn Martin,*** Provider Brampton
Ms. Heather McGillis, Provider Mississauga
Mr. Joe McReynolds, Provider Caledon
Councillor Gael Miles,*
Regional Municipality Peel
Councillor Marolyn Morrison,**
Regional Municipality of Peel
Ms. Karen Murphy, Consumer Mississauga
Mr. John Oliver, Chair, Provider Oakville
Ms. Linda Rothney, Vice Chair, Provider Oakville
Mr. Agni Shah, Consumer Mississauga
Dr. John Tracey, Provider Brampton
Mr. Sheldon Wolfson,**** Provider Oakville

* Order-In-Council pending
** Term completed
*** Resigned
**** New Appointment

CONTACT US

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