DISTRICT HEALTH COUNCIL

Annual Report 2003 – 2004

www.dhc-dhkpr.org

What we do

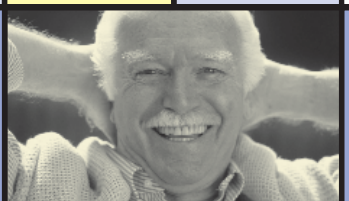
The District Health Council advises the Minister of Health and Long-Term Care on the planning and coordination of health services in Durham Region and the counties of Haliburton, Northumberland, Peterborough and City of Kawartha Lakes.

Who we are

A full Council is 20 members. Membership includes people who deliver health and health-related social services, people who bring a community perspective, and representatives from local government. These volunteer members reside throughout the planning area and are appointed by Order-In-Council from the Lieutenant Governor of Ontario. Council is supported by a small staff.

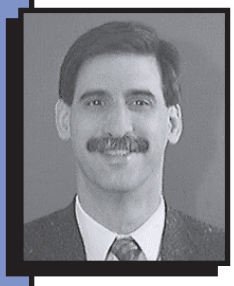
Valuable volunteers

In addition to Council members, the work of the District Health Council could not be accomplished without the assistance and dedication of the many community volunteers through their involvement on committees, task groups and public consultations. We would like to sincerely thank all volunteers who have participated in the planning projects undertaken over the past year. If you are interested in participating on Council or in another capacity, please feel free to contact us.



Joint Report

Chair of Council / Executive Director



Stephen Kay, Chair

Lynda Hessey, Executive Director

We are pleased to present this Annual Report of the Durham Haliburton Kawartha & Pine Ridge District Health Council 2003 – 2004. This is the sixth year of operation since the restructuring of the Durham and Haliburton Kawartha & Pine Ridge Councils. As well, this year marks the 30th anniversary of District Health Councils in Ontario.

Over the past year, Council took on the challenge of planning Action Centre 2004, the annual conference for District Health Councils. This activity had significant impact internally in addition to the production of a highly successful conference. The theme of the conference was innovation. The keynote address, by Elaine Dundon, focused on "Planting the Seeds of Innovation," particularly with respect to thinking creatively, strategically and transformationally. During the year, this theme was woven into our planning initiatives.

Due to Council's commitment to improve health system integration, our planning initiatives have looked across the full continuum of care and have focused on the consumer expertise in the system. The "Long-Term Care Multi-Year Plan 2004 – 2009" and the "Durham Region Services Study" are outstanding examples of weaving innovation and integrative approaches into planning.

Innovation also carried through in Council's commitment to improving its governance practices. Council extensively explored various governance models and are embarking on a process of implementing best practices gleaned from that process. It continues to be a journey of learning and refinement toward excellence in governance practices.

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The past year has brought changes both in Council members and staff. Several members of this Council have either completed their maximum six year terms or have moved on for other reasons. We would like to extend our sincere gratitude to them for their dedicated volunteerism, energy, wisdom, and commitment to the work of Council. Likewise, we have seen some planning staff leave to pursue new opportunities, while other staff are on leave as they pursue family interests. The strength of the District Health Council lies in the skill and knowledge of its volunteer and staff resources. The continuous dedication and hard work of all Council members and staff is deeply valued and contributes to the strength of a dynamic team.

Finally, we wish to acknowledge our appreciation for the cooperative and supportive working relationship that we enjoy with the staff of the Central East Regional Office of the Ministry of Health and Long-Term Care. In addition, we are honoured to have broad networks of relationships with providers, consumers and organizations that represent the local health system in our area. These collaborative and cooperative networks enable the Council to fulfil its mandate.

We look forward to the many opportunities and challenges in the coming year, confident in the strength of our team to provide sound local planning solutions to health system issues in our area.

Local Health System Monitoring Report 2003

The Ontario District Health Councils (DHCs) collaborated on a project to measure local health system indicators and to understand health system performance in the communities they serve. The project represents a co-operative effort by the DHCs with the assistance of the five Ontario Health Intelligence Units.

As a result, the Durham HKPR District Health Council released the "Local Health System Monitoring Report 2003" for the Durham HKPR area. This report is available on the Durham HKPR website and in hard copy.

The report contains a profile of the population of Durham HKPR; indicators relating to determinants of health; an overview of health status; how the community and health system are being used by local residents; and health system performance.

The District Health Council will update data in this report as it becomes available, for example, newly released 2001 census and vital statistics. Staff continue to work at the provincial level with other DHCs to identify and refine indicators to enhance this report in future.

Durham Region Service Review

The District Health Council identified a need to assess the current status of acute care services in Durham Region and to conduct integrated planning to address future acute care service needs and sustainability of the system to support planning for a continuum of health care services beyond 2003.

The objective of the Durham Region Service Review, led by the Durham Region Service Review Steering Group, is to:

- assess the current capacity of community, home-based, and acute care (in-hospital) services, and project future needs;
- identify alternatives to address projected future service needs and their potential impact across the continuum of care; and
- develop recommended options to best meet future requirements for these services, addressing the balance of services, needs and resources for sustainability of the system.

The Review is focused on distinct care processes determined through an analysis of current service utilization patterns. The selected "health clusters" under review are: paediatrics, obstetrics, adult orthopaedics, adult cancer, adult respiratory, and adult cardiac. The Expert Panels will be convened over the spring and fall of 2004.

For each "health cluster", the Review will:

- identify current status and project future needs;
- develop an integrated profile that describes the care and services, interrelationships, and transition points along the continuum of care;
- use expert panels to develop and validate the integrated profile and apply relevant benchmarks; and
- develop options to respond to identified issues and address future acute care requirements.

Long-Term Care Planning

In March 2004, the DHC completed the Long-Term Care Multi-Year Plan (MYP) 2004 – 2009, entitled "Ten Health System Enablers for the Continuous Care of Long-Term Care Consumers and Caregivers." The MYP was the culmination of almost two years of Council planning.

The ten health system enablers will assist health services in working more effectively as a system to provide continuous health care to long-term care (LTC) consumers. LTC consumers include older adults, adults with physical disabilities or sensory impairments, children and youth with longer-term health care needs, and their respective caregivers. The health system enablers will improve access, coordination, and delivery of services.

The planning approach examined population needs across the continuum of healthcare. The Plan provides longer-range direction for Ministry decision-makers, policy-makers and health care service delivery agencies to address the needs of the large and growing older adult population. It includes valuable information on how to deliver seamless care to consumers over the next five years. The recommendations are the result of analysis of multiple information sources, including national best practices, local service delivery pressures, and consultations with over three hundred individuals and agencies.

DHC staff worked closely with the Ministry of Health and Long-Term Care Central East Region Office and the Simcoe-York District Health Council. This collaboration ensured consistent planning frameworks and the effective use of resources. As a result, the ten health system enablers reflect the needs of consumers and service delivery agencies across the entire Central East Region.

Primary Care

Improved access to primary health care remains a priority for the District Health Council. Council continues to monitor local, provincial and federal initiatives to enhance primary health care. During the summer of 2003, a small review group of Council members and community representatives met with two Steering Committees that had developed community health centre proposals – one from Brock Township in Durham Region and one from Minden Hills in Haliburton County. The DHC was pleased to provide comments on these proposals and to identify unique opportunities for enhancing access to primary health care for residents.

Council also monitored the development of a unique primary care model that is being developed for the City of Peterborough and Peterborough County. This proposal brings together a wide range of community stakeholders for the purpose of customizing a primary care model for this particular area.

Local Physician Supply

Council continued to review and support applications for underserviced area designations. Proposals from Peterborough County and the City of Oshawa were supported for designation. Other proposals are under development in Ajax and Pickering.

Council also reviewed a number of applications for return of service agreements for specialists for several communities in our area. The availability of specialists affects, not only service delivery, but also the recruitment and retention of other physicians.

Hosting the Provincial Conference of DHCs - "Action Centre 2003"

In October 2003, Council hosted a highly successful provincial conference in Oshawa for all District Health Councils in Ontario. The theme of the conference was innovation and it was packed with opportunities for education, networking, and idea sharing. The more than 200 participants included DHC members and staff as well as senior staff from the Ministry of Health and Long-Term Care and other organizations.

The highlight of the conference was the first official speech by the Honourable George Smitherman, Minister of Health and Long-Term Care, after taking office. He underscored the important link DHCs are in the accountability chain. "We need a locally-accountable, better integrated health care *system!"*

Ontario District Health Councils Celebrating 30 Years

In conjunction with Action Centre 2003, Council hosted a reception at Parkwood Estates in Oshawa for current and former DHC Chairs and Executive Directors, Ministry of Health and Long-Term Care staff and staff from other provincial organizations. The reception was very well attended and several former leaders spoke in celebration of the 30 years of health planning for Ontario DHCs which has contributed to positive changes to the delivery of health care services in communities across the province.

"District Health Councils have a vital role in overseeing health planning and identifying health issues on a regional basis. They also provide an important forum for the exchange of views between health providers, consumers and government officials on issues of mutual concern."

– Dr. Sheila Basrur,
Ontario's Chief Medical Officer of Health

Partnerships and Linkages

Council is committed to a better integrated health system. To support this commitment, the DHC actively participates in a wide range of service provider groups and networks across the planning area. The DHC brings expertise in local community-based planning and knowledge of the broader health system to these tables. These relationships serve to enrich the effectiveness of DHC planning.

Local linkages include: the Durham Region Health Care Group, The HKPR Joint Executive Committee, the City of Kawartha Lakes Service Provider Group, the Haliburton County Service Providers Group, the Lakeshore Community Health Liaison Committee, Peterborough Community Partners Network, Northumberland Children's Services Committee, Durham Mental Health Alliance, Durham HKPR Partners in Addiction Services Group, Durham Frail Elderly Alliance, Palliative Care Networks, Dementia Networks, Municipal Land-Use Planning tables, Ontario Smart Growth Strategy and the list goes on!

Regional linkages include, for example: participation in the Regional Stroke Strategy Committee; in regional planning for the Greater Toronto Area and the Central East Region; in coordination of local planning with Central East Regional Office, Ministry of Health and Long-Term Care and Central East Health Information Partnership.

Provincial linkages include: participation on the Provincial DHC Chairs and Executive Directors Group, and Provincial Executive Directors, etc.

In order to support improved integration, the DHC not only participates in local groups and networks, but also in regional and provincial activities. This web of local, regional, and provincial relationships are vital to ensuring the relevancy of District Health Councils.

Financial Statements

DISTRICT HEALTH COUNCIL

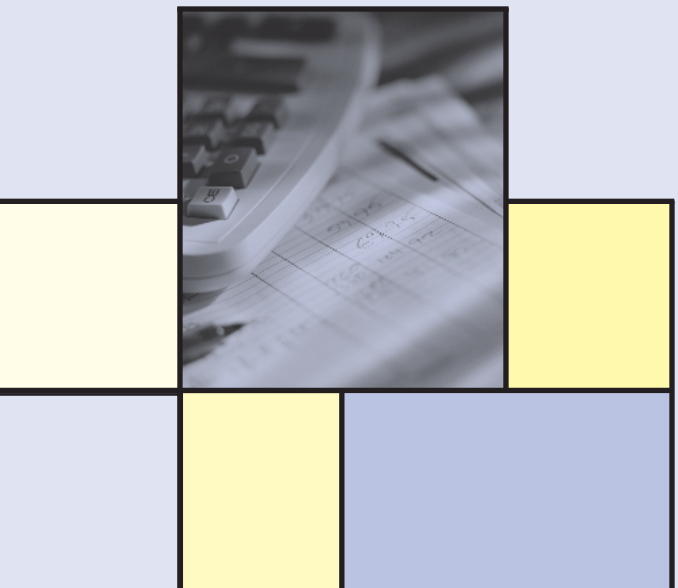
Complete financial statements audited by Deloitte & Touche are available at the Council Office.

GENERAL OPERATIONS

Statement of Financial Position

March 31, 2004

	2004	2003
ASSETS		
CURRENT		
Cash and term deposits	$ 984,424	$ 1,639,517
Amount due from Ministry of Health and Long-Term Care - General Operations (Note 3)	65,989	–
Interest receivable	4,594	8,193
	1,055,007	1,647,710
CAPITAL ASSETS (Note 5)	41,348	50,942
	$ 1,096,355	$ 1,698,652
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	$ 101,582	$ 160,238
Amount due to Ministry of Health and Long-Term Care (Note 3)	–	504,438
Deferred capital contributions (Note 6)	41,348	50,942
Deferred contributions - other	88,900	66,175
Amount due to Ministry of Health and Long-Term Care - Special Projects (Note 4)	864,525	916,859
	$ 1,096,355	$1,698,652



GENERAL OPERATIONS

Statement of Operations

Year ended March 31, 2004

	2004 Budget (unaudited)	2004 Actual	2003 Actual
REVENUE			
Ministry of Health and Long-Term Care	$1,187,972	1,252,820	$1,061,066
Amortization of deferred capital contribution	–	19,699	25,099
Interest and other	–	12,665	14,506
	1,187,972	1,285,184	1,100,671
EXPENSES			
Salaries and employee benefits			
Salaries	734,040	648,168	620,996
Employee benefits	122,898	149,837	111,062
	856,938	798,005	732,058
Administration expenses			
Advertising	7,500	6,885	8,006
Amortization of capital assets	–	19,699	25,099
Audit, accounting and legal	7,500	12,411	10,875
Business machines (including leases)	15,000	16,735	15,311
Consultants	66,563	63,748	64,914
Insurance	2,800	4,923	2,776
Meetings	26,000	22,494	26,076
Office accommodation	70,071	76,688	67,870
One time expenditures	-	122,511	11,851
Postage and courier service	9,000	7,193	9,001
Printing, stationery and supplies	24,000	26,849	24,084
Subscriptions and memberships	6,500	9,093	6,200
Telephone and network services	27,000	24,124	25,510
Professional development & education	13,500	20,335	16,252
Travel			
Council member	20,000	20,825	18,964
Staff	34,300	31,288	34,190
Bank charges and other	1,300	1,378	1,634
	331,034	487,179	368,613
	1,187,972	1,285,184	1,100,671
Excess of revenue over expenses	$ –	$ –	$ –

Members

COUNCIL MEMBERS

April 1, 2003 - March 31, 2004

Stephen Kay, Chair	Peterborough
Paul Rolland, Vice-Chair	Whitby
Ruth LaMantia, Treasurer	Lindsay/Fenelon Falls
Maureen Gmitrowicz	Brooklin
Sandra Barrett*	Fenelon Falls
George Chandler	Brighton
Roger Cook	Lindsay
Dr. Don Curtis	Peterborough
Ross Fitchett	Buckhorn
Judy Heffern	Whitby
Eileen Higdon	Pickering
Bill Lambie	Minden
Nancy Threan Loraine	Sunderland
Lainey Mason	Oshawa
Norman Mealing*	Whitby
John Neal	Oshawa
Judy Nemis	Bowmanville
Douglas Pearcy	Norwood
Sonia Peczeniuk	Ajax
Jane Rosenberg	Haliburton
Deborah Simon	Pickering
Peggy Vokins	Ajax

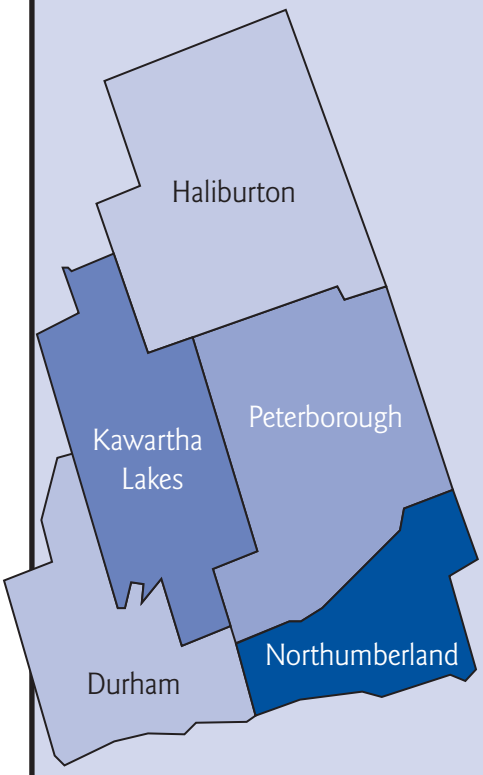
*Notes:

Over the course of the 2003/2004 fiscal year, two Council members regrettably resigned to pursue other endeavours. Norm Mealing was an outstanding contributor to Council, with a passion towards making a difference and a vigour for healthy debate. In addition to her municipal perspective, Sandra Barrett brought many attributes to the table including her expertise and knowledge of rural service delivery. We wish Sandra and Norm every success.

Three members also completed the maximum term on Council. An enormous expression of gratitude is extended to Maureen Gmitrowicz, Judy Nemis and Peggy Vokins who each served six years on Council. Council benefited extensively from the contributions and commitment of these individuals. Thank you sincerely for your years of service!

Council welcomed six new members in the past year: George Chandler, Judy Heffern, Bill Lambie, Lainey Mason, Nancy Loraine and Deborah Simon.

Council recognizes the hard work and dedication of all its members and thanks all members for their contributions to the work of the DHC over the past year.



Population: approx. 800,000
Area: 15,600 sq. km.

Current Staff

COUNCIL STAFF

Position	*Name*	*E-Mail*
Executive Director	Lynda Hessey	lhessey@dhc-dhkpr.org
Senior Planners	Kate Reed	kreed@dhc-dhkpr.org
	Jeanne Thomas	jeanne_thomas@dhc-dhkpr.org
	Marie-Anik Gagné *	magagne@dhc-dhkpr.org
Health Planners	*Dawn Olsen**	dolsen@dhc-dhkpr.org
	Heather Chappell	hchappell@dhc-dhkpr.org
Administrative Coordinator	*Michelle Dunn** (Leslie Dalliday)	ldalliday@dhc-dhkpr.org
Senior Secretary	Zina Allen	zallen@dhc-dhkpr.org
Planning Secretary	*Kristeen Hazlitt** (Lisa Bakowsky)	lbakowsky@dhc-dhkpr.org
Receptionist/Secretary	Holly Russett	dhc@dhc-dhkpr.org
Epidemiologist	Helen Scott	hscott@dhc-dhkpr.org
Project Coordinator	Dianne Cairney	dcairney@dhc-dhkpr.org

* Marie-Anik Gagné, Senior Planner, is on secondment until May 2005. Dawn Olsen, Heath Planner, is on leave to November 2004. Michelle Dunn, Administrative Coordinator, is on leave to April 2005. Kristeen Hazlitt, Planning Secretary, is on leave to March 2005.

Your Local Voice in Health Planning

The Durham Haliburton Kawartha & Pine Ridge District Health Council advises the Minister of Health and Long-Term Care on the planning and coordination of health services in its geographic area.

For more information or to see a list of our publications, please visit our web site.

www.dhc-dhkpr.org

DURHAM • HALIBURTON • KAWARTHA • PINE RIDGE
DISTRICT HEALTH COUNCIL

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