News

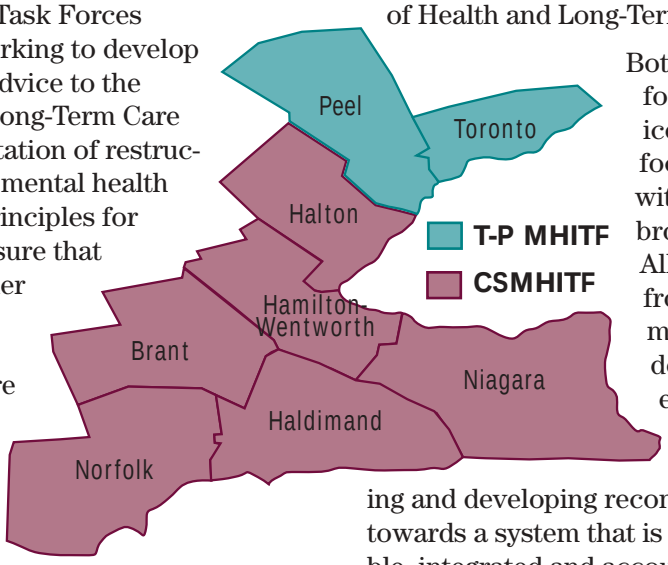
Halton-Peel
District Health Council
Conseil régional de santé

Volume 4, Issue 1 Feburary 2002

Keeping You Informed

Moving Forward with Mental Health Reform

An important directive that emerged from the work of the Health Services Restructuring Commission (HSRC) was the creation of 9 Mental Health Implementation Task Forces across the province. Since their formation in September 2000 and January 2001 respectively, the Central South (CS) and the Toronto-Peel (T-P) Mental Health Implementation Task Forces (MHITFs) have been working to develop recommendations and advice to the Minister of Health and Long-Term Care regarding the implementation of restructured local and regional mental health systems. The guiding principles for each Task Force will ensure that an accountable, consumer centred, integrated continuum of mental health supports and services are accessible and available to people with a serious mental illness and their families.



Representing one of the most significant initiatives in mental health in the past decade, the Halton-Peel District Health Council (DHC) is working collaboratively with the Task Forces to support the process.

The Central South Mental Health Implementation Task Force (CSMHITF) includes the regions of Halton, Hamilton-Wentworth, Niagara, Brant, Haldimand and Norfolk. The CSMHITF is also responsible for forensic issues for the Waterloo-Wellington region. The Toronto-Peel Mental Health Implementation Task Force (T-P MHITF) includes Toronto and Peel. Both Task Forces are expected to have interim recommendations to the Minister of Health and Long-Term Care by summer 2002.

Both Task Forces have formed a number of service-related and evaluation-focused subcommittees with membership from a broad range of stakeholders. All Phase 1 subcommittees from both Task Forces have made significant strides in determining what currently exists within the system, identifying key issues to be addressed and defining and developing recommendations to move towards a system that is stronger, more accessible, integrated and accountable.

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WHAT'S INSIDE

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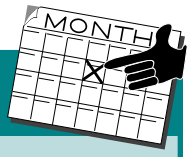
Mark Your Calendars



Upcoming meetings

Public welcome – RSVP

Wednesday March 6, 2002 from 6:00 to 9:00 pm at the *Halton-Peel DHC Boardroom*

Wednesday April 10, 2002 from 6:00 to 9:00 pm at the *Halton-Peel DHC Boardroom*

Wednesday May 8, 2002 from 6:00 to 9:00 pm at the *Halton-Peel DHC Boardroom*

Moving Forward with Mental Health Reform

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To better understand the existing system, one of the most significant initiatives that both the CS and T-P MHITFs have undertaken is a Comprehensive Assessment Project (CAP). These projects are aimed at generating significant data and information for the creation of a comprehensive inventory of mental health services and an assessment of how closely current services match consumer needs. The results will provide a powerful planning resource in both Halton and Peel and will continue to be of value beyond the life of the Task Forces.

Local Reform Status Update

With Phase 1 complete, both Task Forces are well into the second phase of their mandates. Within the context of a new vision for system design, Phase 2 will involve incorporating the information generated through the CAPs and refining the service level recommendations developed in Phase 1. Both Task Forces will be investing considerable time and energy in developing local and regional mental health system designs.

In Phase 2, the CS and T-P MHITFs will embark on consultations to seek input from consumers, family members, service providers and other stakeholders. At the end of this process, a solid and detailed plan will have been developed for comprehensive regional and district mental health systems in the Central South region and Toronto-Peel.

One of the most significant issues that both Task Forces will have to address in their upcoming work is ensuring appropriate collaboration and integration of the work of the CS and T-P MHITF as it pertains to Halton-Peel. The planning district of Halton-Peel is in a unique position, being served by two former Provincial Psychiatric Hospitals and hence falling under the jurisdiction of two Mental Health Implementation Task Forces. Issues of patient flow, existing partnerships and collaborative efforts, that both Halton and Peel have been jointly working towards over the past decade, will need to be carefully addressed by both Task Force processes. The Halton-Peel DHC will continue to work with both Task Forces and with the Central West Regional Office of the Ministry of Health and Long-Term Care (MOHLTC) to ensure an integrated and coordinated system of mental health care at the local and regional level.

For more information, contact Anthony McNamee or Rose Cook.

Member Profile

John Oliver (Provider, Oakville)

Mr. Oliver is the President and CEO of the Halton Healthcare Services Corporation and was previously Assistant Deputy Minister of Health and Long-Term Care, Restructuring Projects. He is a member of the MOHLTC Hospital Advisory Group and member of the Joint Policy and Planning Committee (JPPC) Funding Committee. He is a Certified Health Executive with the Canadian College of Health Services Executives and a member of the Canadian Institute of Chartered Accountants and the Institute of Chartered Accountants of Ontario. Mr. Oliver is currently Vice Chair of the Halton-Peel DHC.

Mary Aurelian (Benny) Icely (Consumer, Mississauga)

Ms. Icely has been a long-time volunteer in the DHC system since the mid-1970s. She served on committees of the Grey Bruce DHC and, on being transferred to the Toronto Area, she served with the Peel DHC for six years including a term as Board Chair. Ms. Icely has served as a member of the Board of Trustees for Mississauga Hospital and as a Board member of the OHA Executive Committee for Region 3. She was appointed to the Halton-Peel DHC in 1998 and is also a member of the Nominations and Board Development Committee. Ms Icely currently works in real estate.

Community System of Health Initiative – Thinking, Talking, Learning and Action

In 2001, the Halton-Peel DHC launched a four-phase process to answer the question: *"What mix of activities and services would constitute the best investment of resources to help us improve health in an integrated and sustainable way?"*

Phase 1: Thinking...

The first phase was a comprehensive review of health literature that culminated in a research paper entitled *A Community System of Health: Working Draft Document (August 2001)*. This document was circulated to over 40 research leaders for commentary on the research and theoretical concepts.

This document identifies four properties to guide the development of an integrated and sustainable system for health improvement. These include:

- Primary Health
- Multi-System Integration and Collaboration
- Access and Diversity
- Area-Based Policy

Phase 2: Talking...

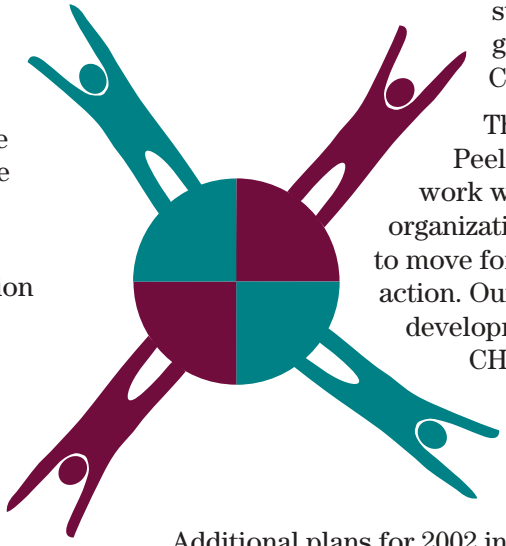
To begin the dialogue among local health and human service leaders, researchers, government and policy makers, *A Community System of Health: Discussion Paper (October 2001)* was written, condensing the ideas identified in the Working Draft Document, and distributed to over 400 individuals and organizations.

On October 25, 2001, the Halton-Peel DHC hosted a Summit to obtain input on this discussion paper. Approximately 100 local and provincial leaders in health and human services participated in the event. Key messages from this event were:

- A population health framework requires innovative inter-organizational relationships, collaboration and integration
- New models and relationships must be community-focused and driven
- DHCs are uniquely positioned to assist the process through cooperative leadership with other human service organizations
- Learning opportunities are needed on how to establish new and complex inter-organizational relationships

Phases 3 and 4: Learning and Action...

Phases 3 and 4 began with a Learning Workshop held by the Halton-Peel DHC and Peel Health Department on November 29, 2001 entitled *Planting the Seeds for a Population-Primary Health Structure: Community Health Centres in the 21st Century*. The focus was on how community health centres (CHCs) may be developed in Halton-Peel to operationalize the four organizational principles of a community system of health. Approximately 60 participants discussed viable service structure options and governance models for CHCs in Halton and Peel.



The Halton-Peel DHC and Peel Health Department will work with other community organizations in the coming year to move forward from learning to action. Our goal is to facilitate the development of proposals for CHC funding and to consider alternate ways of creating a primary health network.

Additional plans for 2002 include the collaborative development of workshops to consider evidence-based methods for intersectoral collaboration and integration among human service agencies, institutions and communities.

The presentations and proceedings from this initiative are available on the Halton-Peel DHC web site.

For more information, contact Ron Wray or Elaine Kachala.

e – News!

The Halton-Peel DHC is pleased to announce the launch of our electronic newsletter. Watch for this issue electronically, or email us at newsletter@hpdhc.com to be added to the electronic distribution list.

System Planning for Population Growth and Demographic Changes

Over the last two years, the Halton-Peel DHC has been working on a multi-phase project aimed at gaining a better understanding of population growth and demographic changes and the potential impact on future utilization of health care services.

Three phases of the project have been completed to date and are published on the Halton-Peel DHC web site: Phase I - Demographic Analysis, Phase II - Institutional Volumes, and Phase IIIa - Community Care Access Centres.

Phase IIb - Hospital Capacity Analysis

The Phase II Institutional Volumes Report (February 2001) outlines the projected need for institutional health services. One of the key conclusions is that hospital infrastructure must be analyzed to determine whether existing capacity will be sufficient to meet program and service demands to 2008 and beyond.

Completed in December 2001, the first component of this phase documents the status of current capacity, indicates what local capacity will be once the HSRC directions have been fully implemented and provides a long-term assessment of current facilities and potential for additional capacity.

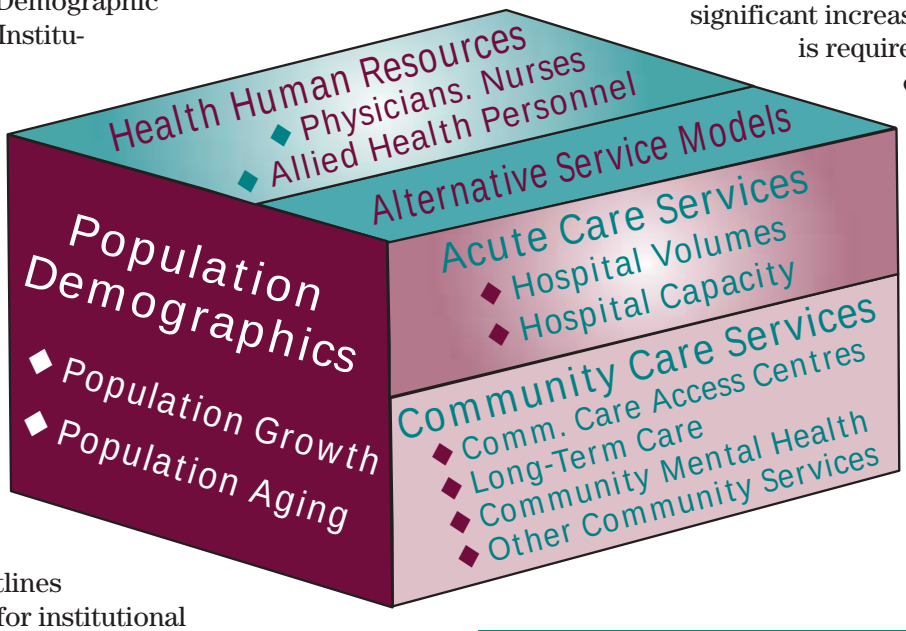
Commencing January 2002, the second component of this phase is the development of preferred scenarios for addressing the long-term needs. This work is expected to result in the development of a regional plan to inform hospital facility planning in Halton-Peel.

For more information, contact Scott McLeod.

Phase IIIa - Community Care Access Centres

The Phase IIIa Community Care Access Centre Report (November 2001) summarizes the methodology and results for projecting potential future utilization of Community Care Access Centre (CCAC) services in Halton-Peel. This analysis has confirmed that with population growth and demographic change, a significant increase in CCAC services is required to maintain current utilization rates. A complete copy of the report is available on the Halton-Peel DHC web site.

For more information, contact Chris Altmayer.



Halton-Peel District Health Council
Conseil régional de santé

The Halton-Peel District Health Council is the local voice for health system planning. Made up of people who use and deliver health and related social services, the Council works in partnership to provide advice to the Minister of Health and Long-Term Care on local health planning needs and the development and implementation of a balanced and integrated health system.

Current Members:

Mr. Doug Billett
Mr. Al Cook
Councillor Susan DiMarco
Councillor Kurt Franklin
Mr. Rick Helm
Ms. Mary (Benny) Icely
Councillor Joan Lougheed
Ms. Mary Lynn Martin
Mr. Joe McReynolds, Chair
Councillor Marolyn Morrison
Ms. Karen Murphy
Mr. John Oliver, Vice Chair
Ms. Connie Price
Ms. Linda Rothney
Ms. Fiona Ryner
Mr. Agni Shah
Dr. John Tracey

In Brief

Local Health System Monitoring

The Halton-Peel DHC is involved in a collaborative project to measure local health system indicators and to understand health system performance in our community.

This project recently reached an important milestone with the completion of a series of health system indicator data which have been made available to each DHC and Health Intelligence Unit in Ontario. Examples of data available for analysis include population health and demographics, hospitalizations, health human resources and access measures.

An initial draft report has been created and the Halton-Peel DHC has been working with stakeholders to examine the data in detail, with a final report to be issued over the coming months.

For more information, contact Chris Altmayer.

Coping Through the Holiday Season

To cope with the typically busy holiday period in December and January, the Halton-Peel Emergency Services Network implemented a number of strategies this past holiday season, including those developed in 2000. Ambulance and CCAC services were not reduced during the holidays and most local hospitals kept all acute care beds open and maintained or enhanced staffing in all areas. Hospitals also placed public education advertisements in local newspapers regarding emergency medical care over the holiday season. The Halton-Peel DHC again coordinated conference calls during the holidays with hospitals, CCACs and the MOHLTC. While most hospitals felt increasing pressures on the emergency departments beginning New Year's day, without these strategies and individual hospital contingency plans, the pressures would have been greater.

For more information, contact Donna Laevens-Van West.

Alternative Level of Care Review

Due to the increasing number of admitted patients waiting long hours in emergency departments for an inpatient bed, the Halton-Peel Emergency Services Network has initiated a system-wide review of the long-term care placement of alternative level of care (ALC) patients. A subcommittee, struck to provide guidance to the project, is currently examining the system-wide recommendations from this review to determine priorities and strategies to address the identified issues.

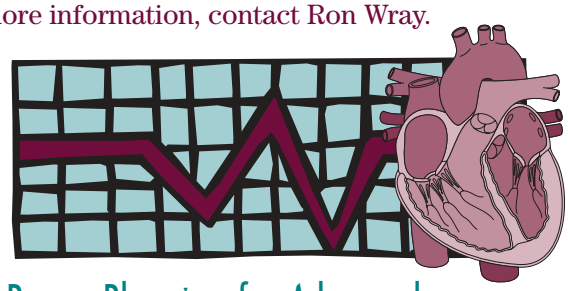
For more information, contact Donna Laevens-Van West.

Impact of New Long-Term Care Beds Study

In response to the approximately 3,600 new long-term care beds that will be built in Halton-Peel over the next five years, the Halton-Peel DHC has initiated a project to monitor the impact of these beds on other long-term and health care services.

Based on the potential impacts identified through consultation with stakeholders, an advisory panel was created to identify indicators and data sources to evaluate these new investments. Several indicators have been identified and include human resources, system capacity and client placement and utilization. The panel will also examine local capacity to collect data and develop a process to monitor these indicators over the coming years.

For more information, contact Ron Wray.



Long Range Planning for Advanced Cardiac Services

Over the last five months, the Halton-Peel Regional Advanced Cardiac Services Committee has been working to develop a model that translates demographic changes into the need for advanced cardiac services to 2008.

The recently completed report, *Long Range Planning for Advanced Cardiac Services in Halton-Peel (January 2002)*, summarizes the methods and results of this work. Given the changing demographics of Halton-Peel and increasing procedure target rates established by the Cardiac Care Network of Ontario, the analysis clearly demonstrates the need for additional local advanced cardiac services capacity.

A complete copy of the report is available on the Halton-Peel DHC web site.

For more information, contact Scott McLeod or Jane Richardson.

Planning Continues for a New Hospital in Brampton

In November 2001, the William Osler Health Centre received a Notice of Intention to revise the HSRC directives regarding the development of a new acute care hospital in Brampton. The revised directions confirm the development of a new hospital campus on the Chinguacousy lands in Brampton as recommended by the Halton-Peel DHC. Additionally, some health care services must be maintained on the current Lynch Street site in downtown Brampton once the new hospital campus is operational.

In late November 2001, it was announced that the new hospital would be the first public-private hospital partnership in the province. Under this approach, the private sector will work with the hospital to design, build, finance, own, operate and maintain the new hospital. The hospital will continue to be solely responsible for all clinical services. This approach is being piloted as a new way of modernizing Ontario's hospitals in an effective and efficient way.

For more information, contact Scott McLeod.

Update of New Long-Term Care Beds

By the end of 2004, approximately 3,600 new long-term care beds will be operational in Halton-Peel. The Halton-Peel DHC periodically releases updated summaries which track the construction status and anticipated completion dates for all new facilities. To date, 3 new facilities have been opened, with an additional 7 facilities scheduled to open by April 2002.

For more information, contact Linda Sullivan.

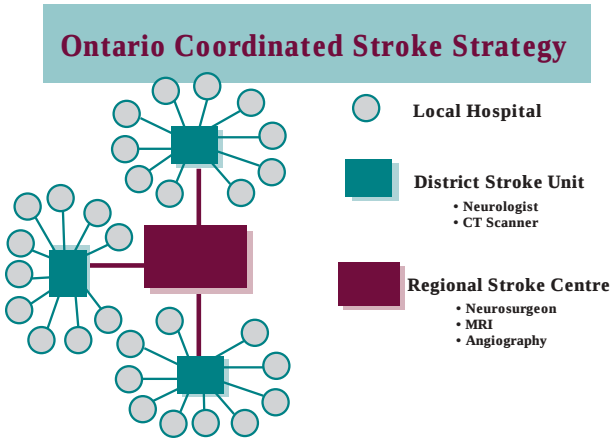
2001/02 Addictions Operating Plans

In response to a request from the Ontario Substance Abuse Bureau, the Halton-Peel DHC has completed a review of the 2001/02 Addiction Agency Operating Plans. Overall, all agency plans demonstrated commitment to reforming the local system to ensure that direct and allied addiction services are client-centred, integrated and responsive to the diverse needs of Halton-Peel residents.

For more information, contact Linda Sullivan.

Towards an Integrated Stroke Strategy for Ontario

In July 2001, the MOHLTC asked DHCs to lead a process to identify potential hospitals for designation as District Stroke Centres. In anticipation of this request, the Central Ontario Region DHCs (Toronto, Halton-Peel, Simcoe York and Durham, Haliburton, Kawartha and Pine Ridge) had already initiated work in this area and agreed to prepare a joint submission on stroke care.



Based on the Halton-Peel analysis, Trillium Health Centre was designated as a Regional Stroke Centre and it was recommended that all other hospital corporations and community providers work with the Regional Stroke Centre to develop and enhance local stroke care. A complete copy of the report is available on the Halton-Peel DHC web site.

For more information, contact Scott McLeod.

Ontario Regional Laboratory Services Planning Begins in Central West

In September 2001, the Laboratories Branch of the MOHLTC initiated regional laboratory service planning in three districts of Ontario, including Central West (Dufferin, Waterloo, Wellington, Halton and Peel).

The Laboratory Services Branch, supported by consultants from ThiiNC, is facilitating the discussion and work of the Central West Regional Steering Committee. The objective of this process is to bring together laboratory provider representatives to develop a coordinated regional laboratory services system. The regional plan, which is expected June 1, 2002, will identify the reinvestment requirements, accountability framework, quality indicators and human resources strategy for Central West.

For more information, contact Scott McLeod.

On The Horizon

2002/03 Hospital Operating Plan Process

Based on input from the Ontario Hospital Association and the Ontario Council of Teaching Hospitals, the MOHLTC significantly revised the 2002/03 Hospital Operating Plan development process. This year hospitals are required to submit a short Operating Plan – Business Planning Brief based on MOHLTC planning assumptions. Submissions were completed and submitted to the MOHLTC on February 1, 2002.

In the past, DHCs have been required to review operating plans in light of proposed program and service plans. However, given the revised nature of the 2002/03 process, DHCs will not have a major role unless full operating plans are required at a later date.

For more information, contact Scott McLeod.

2002/03 DHC Operating Plan

The Halton-Peel DHC has initiated the process of developing its operating plan for 2002/03. Projects are prioritized based on the Ends of Council and the identified priorities of the MOHLTC. In 2002/03, it is anticipated that there will be continued focus on system level projects that: translate population growth and demographic changes into health service requirements, further system integration and continue the development of a local population health framework.

Each year, a number of projects are initiated as a result of specific suggestions from local providers. If you have system planning project ideas that you believe the DHC should consider, please complete the project template available on the DHC web site, or contact the DHC for a hard copy.

HOT OFF THE PRESS!

Halton-Peel Task Force on Child and Adolescent Mental Health Beds (June 2001)

Halton Mental Health Housing Study: Final Report (September 2001)

Peel Mental Health Housing Study: Final Report (September 2001)

Central Ontario Coordinated Stroke Strategy: Recommendations on Designation of District Stroke Centres (October 2001)

Planting the Seeds for a Population-Primary Health Structure: Discussion Paper (November 2001)

Population Growth & Demographic Changes in Halton-Peel: Phase IIIa Report - Community Care Access Centres (November 2001)

Community System of Health: Summit Proceedings (December 2001)

Planting the Seeds for a Population-Primary Health Structure: Workshop Proceedings (January 2002)

Long Range Planning for Advanced Cardiac Services in Halton-Peel (January 2002)

Profile of Long Term Care Services in Halton-Peel (January 2002)

WE NEED YOUR HELP!
Health Care Labour Market Study

All DHCs in Ontario are currently conducting a joint Labour Market Study to improve local understanding of health human resource issues. Most MOHLTC-funded provider agencies should have received this survey in January 2002. Please complete and return your survey to Decima Research Inc.. Not only will your participation improve our local understanding of health human resources, it will ensure that you receive a copy of the survey report with a provincial overview as well as results by both DHC region and health care sector.
For more information, contact Elaine Kachala.

NEW ON BOARD

Policy Board Governance and Council's Ends Statement

In January 2001, the Halton-Peel DHC Council formally adopted the Policy Governance (Carver) Model. This model reflects a set of concepts and principles that emphasize a board's role in terms of accountability, leadership, clarity of group values and empowerment of staff.

As part of this ongoing process, Council recently approved a revised ends: the statement that defines which needs are to be met, for whom and at what cost.

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 statement embodies the Council's long-range vision and helps define the key results that it directs staff to achieve. As a special purpose body of the MOHLTC, Council reports to the Minister of Health and Long-Term Care and is expected to provide the Minister with information and advice.

This information and advice allows the Minister and other decision-makers to determine services and programs that will best serve the residents of Halton and Peel. This planning and information advice is to be objective, evidence-based, consultative and implementable. In addition to the Minister, other decision-makers include local health and related service providers, local MPPs, local Councilors and staff of Regional and local municipalities, and staff of the MOHLTC and other provincial Ministries.

Council has directed the Executive Director and DHC staff to set planning priorities based on a thorough understanding and analysis of the characteristics and needs of the local population, the capacity of local providers and the policies and priorities of the government. Our purpose in planning is to achieve a strengthened and enhanced health care system in our region.

Council welcomes comments and suggestions from all residents and providers in Halton and Peel.

Board Retreat

In November 2001, the Halton-Peel DHC held a board development retreat. Based on Council's comprehensive board development plan, the retreat provided an opportunity to explore service integration and health care delivery models in Canada.

Denise Kouri, Director of the Regionalization Research Centre in Saskatoon, opened the retreat with an overview of regionalization across Canada, its potential and progress made to date. Drawing on over 20 years of healthcare experience in Alberta, Janet Davidson, President and CEO of Toronto East General Hospital, then provided an overview of the Alberta experience and possible lessons learned for Ontario.

Following an update on national, provincial and local health system reform initiatives, a panel discussed the implication of these plans for local health system planning. Panellists included: Scott Dudgeon, Executive Director, Toronto DHC, Gary O'Conner, Executive Director, Association of Ontario Community Health Centres and Marion Emo, Executive Director, Hamilton DHC.

These presentations provided education and context to Council's own discussions regarding health system planning in Halton-Peel.

Joe McReynolds, Chair, Fiona Ryner, Past Chair

Your comments and input are important to us. We would love to hear from you and receive your ideas, questions, or concerns. Please get in touch!

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Please help keep our database current by calling or emailing Sandi Kent with corrections and updates.