LHINfo Source

November 2006

Journey to better health begins

The Central LHIN's first Integrated Health Services Plan was delivered to the Hon. George Smitherman, Minister of Health and Long-Term Care, on October 30, 2006.

Hy Eliasoph, Central LHIN CEO, presents an overview of the Integrated Health Services Plan

The Central LHIN board of governors unanimously approved the three-year plan at a standing-room-only board meeting October 24th in Thornhill, with nearly 100 providers and consumers on hand.

The plan, entitled *Making a Difference: Helping People Lead Healthier Lives*, is the initial step in the transformation process from centralized to local health system planning and funding.

The plan is focused on improving access, coordination, quality and efficiency in the local health system in seven priority areas – senior's and specialized geriatrics, mental health and addictions, neurological health services, chronic disease prevention and management, emergency services, wait lists, and cancer care.

The plan is built on five "Enablers of Change", including Diversity and Inclusiveness, Health Human Resources, Information Technology and Information Management, Decision Support Tools and Family Physicians.

Hy Eliasoph, Central LHIN CEO, describes the Integrated Health Services Plan as "a snapshot in time" of the region and its population's health needs and challenges. It is "a living, breathing document that will change as other needs and priorities emerge," he says. The plan encompasses Ministry priorities and aligns with provincial health goals and strategies to deliver a more integrated provincial health system.

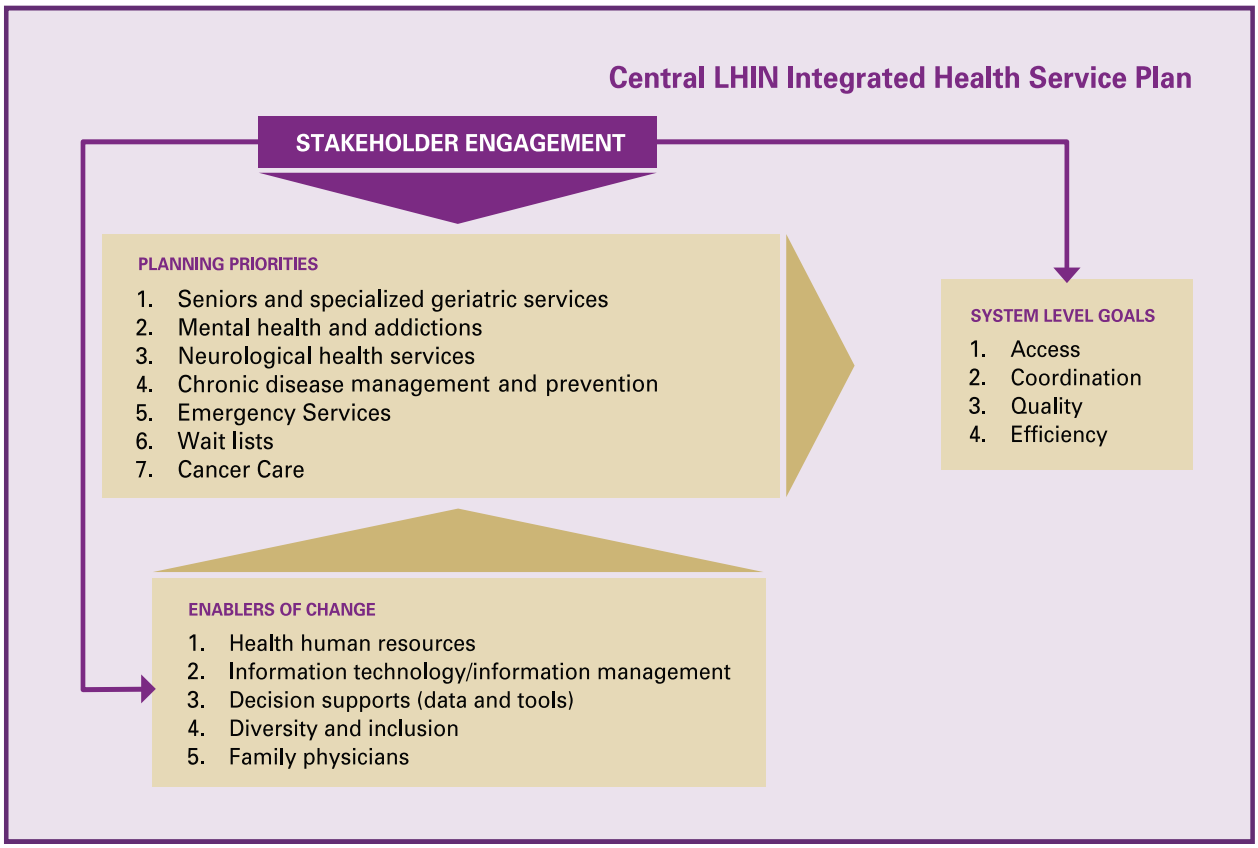
Nearly 100 providers and consumers attended the October 24, 2006 board meeting.

The Integrated Health Service Plan is an initial blueprint for change, the result of extensive community engagement and feedback from health care consumers, providers and residents of the Central LHIN on challenges, needs and expectations for an improved health system.

The Central LHIN, the most populous LHIN in the province with 1.6 million residents, has engaged in a widespread dialogue with community-based health providers, consumers and other residents to develop the plan.

Caring Communities – Healthier People

Ontario



"The Central LHIN plan could not have happened without that grassroots engagement," says Eliasoph. "We can't do the job without continuing to engage providers and the community."

"This is a plan that has been developed through the efforts and contributions of thousands of people in our community" said Board Chair, Ken Morrison. "Its implementation will have a positive impact on the future health of our families and neighbours."

Community engagement was the key to development of the plan. Over the past year, the LHIN has gathered ideas and feedback from administrators to front-line workers in health care, from youth to seniors, from members of our Aboriginal communities to South Asian mothers and other new immigrants.

Stakeholders told the LHIN that the health system should be open and accessible to residents across the Central LHIN, whether living in rural or urban settings. It should be open to people with diverse backgrounds and needs. And it should be easy to navigate for all consumers, their families and providers.

Eliasoph feels the primary duties of the LHIN now are to support partnerships and the growth of networks. He says the course set by the plan will help guide service providers in the Central LHIN to build a more integrated system.

Board member Elaine Walsh was impressed with the high level of energy displayed by staff and the community in articulating these top priorities. "The community has responded so well," she said at the board meeting. "And for many, this was the first time they sat around a table together. It's been a positive experience."

Eugene Cawthray, another board member, says that it is important to move quickly to implementation now that the plan is complete. He states that the onus is on the LHIN "to prove that this thing is real" through immediate action.

The LHIN's vision, Caring Communities – Healthier People, and its mission, Enable Access to an Integrated Health System for our Communities, have been the guiding lights behind the development of this first Integrated Health Service Plan.

The LHIN goal is a health system that allows people and their families who need care and health providers to move easily through the system. This plan represents the beginning of an exciting new approach to delivering health care. Together we can make it happen, providing better care by planning health services to meet local needs.

The priorities in our IHSP

SENIORS AND SPECIALIZED GERIATRIC SERVICES

What you told us

There are many excellent services within the LHIN but these services could be better organized. Quality of care can be inconsistent and some consumers told the LHIN they felt a lack of respect among providers. Barriers include lack of transportation, lack of supports for seniors aging in place, insufficient supports for seniors with Alzheimer's and inadequate access to specialized geriatric services.

Our vision

An affordable, easy to understand health service system that focuses on client and caregiver, respects the rights of seniors and their caregivers to make their own decisions about care and helps maximize quality of life. The aim is provide seamless, sensitive and integrated services to all seniors in the Central LHIN including those from diverse ethno-cultural backgrounds.

MENTAL HEALTH AND ADDICTIONS

What you told us

Gaps most mentioned to us by service providers and clients include supportive housing, diversity, case management, fragmentation in the continuum of care, difficulties in accessing services and lack of family support programs and self-help vocational programs.

Our vision

A client-centred, consumer-driven system based on recovery, where people receive types and levels of support consistent with their needs. Hospital and community services would be equally valued, the building of capacity to service people in the community would be supported and mental health and addictions services would be recognized as valued parts of the health sector. The aim is to minimize inequities in service and acknowledge the pressures of high growth areas, urban and rural disparities and cultural diversity.

NEUROLOGICAL HEALTH SERVICES

What you told us

Some services are in short supply such as primary care and specialized health professionals such as neurologists. The information base is inadequate and, combined with service shortages can lead to disjoined care.

Our vision

Clients and their families can access a range of services in a timely fashion, with providers from all sectors working in partnership to provide seamless care and support. Accurate information for planning and providing care would be available and barriers to service for people with diverse ethno-cultural backgrounds would be eliminated as would transportation issues.

CHRONIC DISEASE MANAGEMENT AND PREVENTION

What you told us

Chronic diseases such as diabetes, arthritis, cancer and congestive heart failure carry significant personal, social and economic impacts. They also place heavy demands on our acute care system and community-based services. While there are several innovative chronic disease management services and programs provided by hospitals, Community Care Access Centres and community organizations, there is no framework for co-ordination and collaboration among health service providers or for linking them with key partners in public health, education and recreation.

Our vision

A more prevention-oriented, patient and community driven approach with proactive, innovative ways of managing chronic diseases and wherever possible, eliminating or delaying the onset and reducing progression of the disease.

EMERGENCY SERVICES

What you told us

Emergency service is strained by population growth, decreased availability of primary care physicians and lack of alternatives to emergency services.

Our vision

Improved, faster access for patients, increased co-ordination and collaboration between hospitals providers and better data collection and management.

WAIT TIMES

What you told us

The majority of Canadians believe they wait too long for needed health services.

Our vision

The province has made improving access to care by reducing wait times a major priority, naming five initial areas of concentration including cataract surgery, hip and knee joint replacements, cardiac procedures, cancer surgery and MRI and CT exams. The Central LHIN has created a Wait Time Strategic Planning Group to develop an integrated plan to achieve sustained shorter wait times.

CANCER CARE

What you told us

Two of three Ontario households have been affected by cancer. The incidence of virtually all forms of cancer is projected to rise sharply over the coming years, signally the need to commit additional resources and to co-ordinate delivery of health services.

Our vision

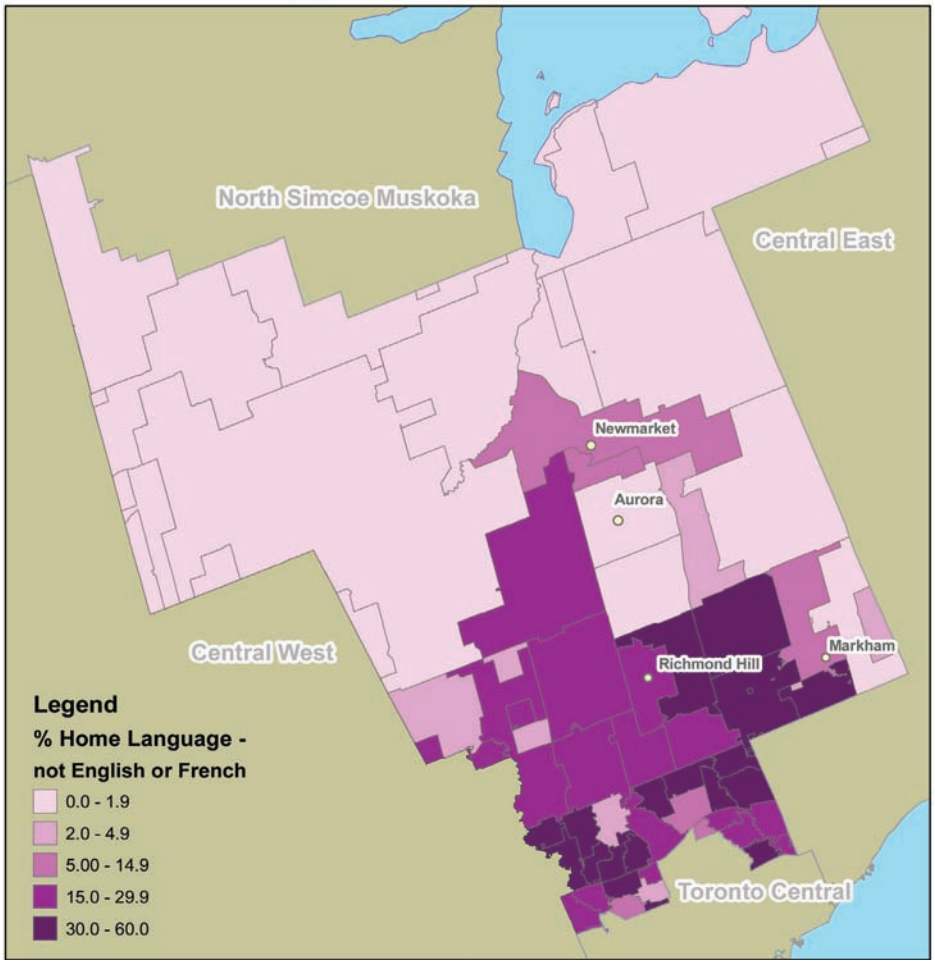
A focus on improved, faster access with greater co-ordination and collaboration between hospitals, other providers and regional centres, improved data collection, higher patient and staff satisfaction, leading edge innovative practices and increased education, prevention and promotion.

Newsroom

The Central Local Health Integration Network has launched an online stakeholder news page. Axiom News, an independent web-based news service, is regularly providing news stories on community engagement and the Central LHIN's Integrated Health Service Plan. The stories appear under the purple and beige button heading *Newsroom* on the front page of the Central LHIN website (www.centrallhin.on.ca)

The stories are designed to:

- Develop an open and meaningful dialogue among health providers, consumers and the LHIN.
- Report on stakeholder initiatives and comments about the LHIN process and its Integrated Health Service Plan.
- Provide interactive discussions to identify local issues, priorities and opportunities for integration.
- Describe innovative partnerships and programs that are part of the collaborative process on which the LHIN is focused.
- Facilitate open discussions among providers, members of the community and the LHIN.



Percent of Central LHIN Population who do not speak English or French at Home

What's Next?

This is just the beginning. Our first plan outlines the goals, identifies our planning priorities and describes the actions we will be undertaking over the next three years. We will be working closely with the many organizations that deliver health services in our LHIN, health interest groups, and, of course, with our communities in further developing and implementing our plan.

As we have done until now, we will continue to work closely with the government and all of the LHINs to ensure that our plans are aligned with provincial health goals and strategies, to help build a new system for Ontario.

It's Your Health...
Help Lead the Way
to Better Health

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