Hamilton Niagara Haldimand Brant
LOCAL HEALTH INTEGRATION NETWORK
RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ
de Hamilton Niagara Haldimand Brant

Quality care in community hands. Planning for the future.

2005/06 Annual Report

Ontario

Introducing Local Health Integration Networks

Local Health Integration Networks (LHINs) are not-for-profit organizations designed to plan, integrate and fund local health services within specific geographic areas. There are 14 LHINs across the province. They were created as recognition that a community's health needs and priorities are best understood by people familiar with the needs of that community and the people who live there, not from offices hundreds of miles away.

LHINs are an important part of the evolution of health care in Ontario from a collection of services that are often un-coordinated to a true health care system.

Why were they created?

LHINs were created to fix the piecemeal way Ontario's health care system was organized. The goal is to create local links between health care services and health care providers, to make it easier for patients and their loved ones to find their way through a very complex health system as they move from one health service provider to another. LHINs are changing the way our health care system is managed.

What will LHINs do?

LHINs will manage health services that are delivered in hospitals, long-term care homes, community health centres, community support services, community care access centres and community mental health and addictions agencies.

LHINs are based on a principle that community-based care is best planned, coordinated and funded in an integrated manner within the local community because local people are best able to determine their health service needs and priorities. LHINs will determine the health service priorities required in their local community and will work with local health providers and community members to develop an integrated health service plan for their local area. They will eventually be responsible for funding and ensuring accountability of local health service providers.

While LHINs will not directly provide services, the government is giving them the mandate for planning, integrating and funding health care services. LHINs will oversee nearly two thirds of the health care budget in Ontario – nearly $21 billion. They have been specifically mandated to engage people and providers in their communities about their needs and priorities. As LHIN roles evolve over the next few years, the immediate benefits will be unprecedented opportunities for community input into health care planning. In the years to come, we expect to see better access to patient care.

Benefits of LHINs:

Health care choices by the community, for the community
Under LHINs, people closer to what is really going on will identify community health care priorities at the local level.

We're all in this together
The health care system belongs to the people of Ontario; they're the ones who depend on it and who pay for it. LHINs will, for the first time, involve Ontarians in the health care conversation, giving them a chance to participate in decisions about the health care system in their communities.

Transparency, accountability and responsibility
LHINs will ensure that health care dollars are spent in the most efficient and effective way possible, yielding the best results possible. Accountability agreements between health care providers and LHINs, and between LHINs and government, will ensure the responsible use of precious health care resources, and the sustainability of the health care system for generations to come.

A system with patients at the centre
The health care system has not always been an easy one to figure out. LHINs will change that, breaking down the barriers that patients face and ensuring that decisions are made in the interests of patient care.

For more information about LHINs, including frequently asked questions, visit the LHINs' web site at www.lhins.on.ca.

Local Health System Integration Act, 2006

The Local Health System Integration Act, 2006 was introduced on November 24, 2005 and received Royal Assent on March 28, 2006. The purpose of the Act is to provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, co-ordinated health care and effective and efficient management of the health system at the local level by local health integration networks.

The Act continues 14 Local Health Integration Networks (LHINs) as Crown Agencies of the Ministry of Health and Long-Term Care. It gives LHINs the power to plan, co-ordinate and fund health care providers (hospitals, long-term care homes, community support services, community health centres, Community Care Access Centres and community mental health and addictions agencies) in their specified geographic areas. It sets out the corporate organization of the LHINs, the powers of the LHIN Boards of Directors, and requires the LHINs to have an accountability agreement with the Minister of Health and Long-Term Care.

The Act provides the legislative framework for creating a health system in Ontario that is:

- Community-based: engages the local community about needs and priorities
- Based on Partnerships: system partners are Minister, Ministry, LHINs and service providers
- Forward Looking: emphasis on planning and priority setting
- Efficient: effective allocation of funding to achieve priorities
- Accountable: clearly defined expectations and measurement of achievement; monitoring and public reporting provide checks and balances in system
- Integrated: coordinated health care with focus on client needs

The Act sets out certain requirements and authorities for the Ministry and the LHINs in the areas of: planning, community engagement, funding, accountability and integration.

Planning and Community Engagement:

The Minister must develop a provincial strategic plan for the health system and make the plan public. Each LHIN is required to engage their community and Aboriginal and French Language local planning entities to develop an Integrated Health Service Plan for their local health system. Community is broadly defined in the Act and includes patients and others, health service providers, and employees. The Act identifies some of the methods LHINs would use to engage their community, including communty meetings, focus groups, and advisory committees.

Funding and Accountability:

The Minister determines each LHIN's funding and enters into an accountability agreement that sets out performance goals and standards, reporting requirements, a spending plan, and a performance management process.

The Act ensures that people can access care outside of the LHIN in which they live. The LHIN boundaries do not restrict people in any way.

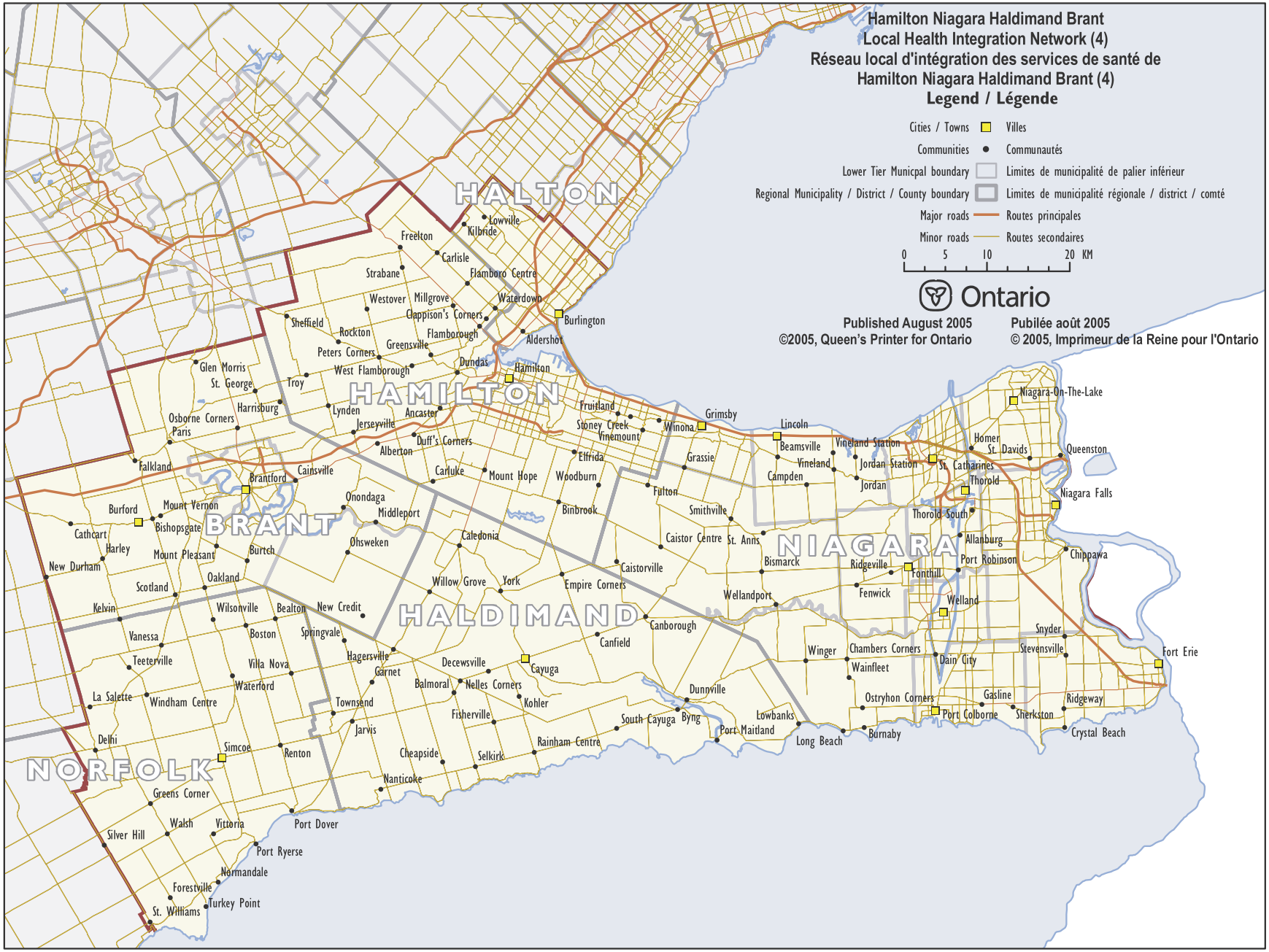
When the LHINs have funding authority, they will enter into service accountability agreements with health care providers to deliver health services in their local communities, in accordance with the LHIN's accountability agreement with the Minister.

Integration:

To enable a co-ordinated health system, LHINs may facilitate integration discussions between health care providers (e.g., transfer services to another location or provider, start or stop providing a service or change the amount of a service). LHINs will also have the power to require integration where they believe it is in the public interest. The Act also includes mechanisms to protect employees when services are integrated.

As of June 2006 not all parts of the Act have been proclaimed in force. A full copy of the legislation is available on e-laws at http://www.e-laws.gov.on.ca/home_E.asp?lang=en

Introducing the Hamilton Niagara Haldimand Brant Local Health Integration Network


Hamilton Niagara Haldimand Brant
Local Health Integration Network (4)
Réseau local d'intégration des services de santé de
Hamilton Niagara Haldimand Brant (4)
Legend / Légende
Cities / Towns
Villes
Communities
Communautés
Lower Tier Municpal boundary
Limites de municipalité de palier inférieur
Regional Municipality / District / County boundary
Limites de municipalité régionale / district / comté
Major roads
Routes principales
Minor roads
Routes secondaires
0 5 10 20 KM
Ontario
Published August 2005
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Pubilée août 2005
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HALTON
HAMILTON
BRANT
HALDIMAND
NIAGARA
NORFOLK
Lowville
Kilbride
Freelton
Carlisle
Strabane
Flamboro Centre
Westover
Millgrove
Waterdown
Clappison's Corners
Burlington
Sheffield
Rockton
Flamborough
Aldershot
Peters Corners
Greensville
Glen Morris
St. George
Troy
West Flamborough
Dundas
Hamilton
Harrisburg
Lynden
Ancaster
Fruitland
Stoney Creek
Winona
Grimsby
Lincoln
Niagara-On-The-Lake
Osborne Corners
Paris
Jerseyville
Duff's Corners
Alberton
Vinemount
Beamsville
Vineland Station
Homer
St. Davids
Queenston
Falkland
Elfrida
Grassie
Vineland
Jordan Station
St. Catharines
Brantford
Cainsville
Carluke
Mount Hope
Woodburn
Campden
Jordan
Thorold
Niagara Falls
Burford
Mount Vernon
Onondaga
Middleport
Binbrook
Fulton
Smithville
Thorold South
Cathcart
Bishopsgate
Ohsweken
Caledonia
Caistor Centre
St. Anns
Allanburg
Harley
Mount Pleasant
Burtch
Bismarck
Ridgeville
Port Robinson
Chippawa
New Durham
Oakland
Caistorville
Fonthill
Scotland
Willow Grove
York
Empire Corners
Fenwick
Kelvin
Wilsonville
Bealton
New Credit
Wellandport
Welland
Vanessa
Boston
Springvale
Canborough
Snyder
Canfield
Winger
Chambers Corners
Stevensville
Fort Erie
Teeterville
Villa Nova
Hagersville
Garnet
Decewsville
Cayuga
Wainfleet
Dain City
Waterford
Balmoral
Nelles Corners
Dunnville
La Salette
Windham Centre
Townsend
Kohler
Ostryhon Corners
Gasline
Ridgeway
Fisherville
Lowbanks
Port Colborne
Sherkston
Jarvis
South Cayuga
Byng
Port Maitland
Delhi
Simcoe
Renton
Cheapside
Selkirk
Rainham Centre
Long Beach
Burnaby
Crystal Beach
Nanticoke
Greens Corner
Walsh
Vittoria
Port Dover
Silver Hill
Port Ryerse
Normandale
Forestville
Turkey Point
St. Williams

Juanita G. Gledhill, Board Chair

Message from the Chair

The introduction of the LHIN represents a shift to a culture of shared responsibility and shared accountability. No one citizen group, stakeholder, provider, or funder is alone responsible for making a difference. We all have a role to play in achieving available, accessible and acceptable health programs and services that enhance health and well-being of our communities.

Our mandate is clear: as your LHIN, we are responsible for planning, coordinating and funding our health system service delivery in Hamilton, Niagara, Haldimand, Brant, Norfolk and Burlington. We cannot do it alone. Our commitment to you is that we will work together with community members, stakeholders and health service providers, and related service providers and networks to sustain accessible and effective services in our LHIN.

We have made considerable progress since beginning our work in June 2005. As of March 31, we have seen five Board members appointed, who together bring a diverse set of skills and experiences to the LHIN. They also have much in common, namely an unwavering dedication to delivering on our commitments and a strong belief in community engagement. Together with our CEO, Pat Mandy, we have had more than 200 meetings with community groups, networks, health professional groups, and providers. We shared our approach to community engagement and published our commitment to inclusive, transparent and purposeful ways of listening to people, and involving people in health planning and decision making. And finally, consistent with the expectations of Bill 36 – the Local Health System Integration Act - we have committed to principles that will guide all of our work for health system sustainability.

As we have travelled across our LHIN, the public sentiment is clear: there is a high readiness for change, and citizens want to participate in decisions about the organization, delivery and governance of the health system. We are fortunate in our LHIN to have a number of collaborative efforts already under way to improve access to coordinated services. We see opportunity to build on this inherent community strength. We look forward to meeting with many more of our fellow citizens in the coming months and to discussing more ideas to improve health care delivery in our communities.

On behalf of the Hamilton Niagara Haldimand Brant Local Health Integration Network, we are pleased to present this Annual Report for the fiscal year 2005-06. This report provides the Minister of Health and Long-Term Care and the residents of our LHIN with an overview of the activities, performance and achievements accomplished by our team during the past fiscal year.

It is our pleasure and more importantly our privilege to serve in this capacity for our collective LHIN community.

Juanita G. Gledhill, *Board Chair*

Pat Mandy, Chief Executive Officer

Message from the CEO

In the first year of our new organization, we witnessed a number of achievements that will help form the basis for health services delivery in the future.

The Integration Priority town hall meetings held in November 2004 determined several priorities and needs within our LHIN community. This process, combined with priorities established by the ministry, will be used by our Board in the development of our initial Strategic Plan. This Plan will be shared with our community health service providers, stakeholders and general public and will set the stage for our activities over the next three years.

LHIN activities are moving forward to assess and develop strategies to meet the health needs of our aging population. Currently, our attention is focused on learning about our residents' experience in the health care system. In the first nine months of operation, members of our Board and I, have enjoyed meeting with more than 200 community groups and health service providers in order to, first, gain an understanding of the work they do to support the health needs of our community, and second, to create a foundation for an ongoing relationship built upon trust and communication. It has been a gratifying experience to work closely with our local providers, stakeholders and networks as we move toward full implementation of the LHIN agenda.

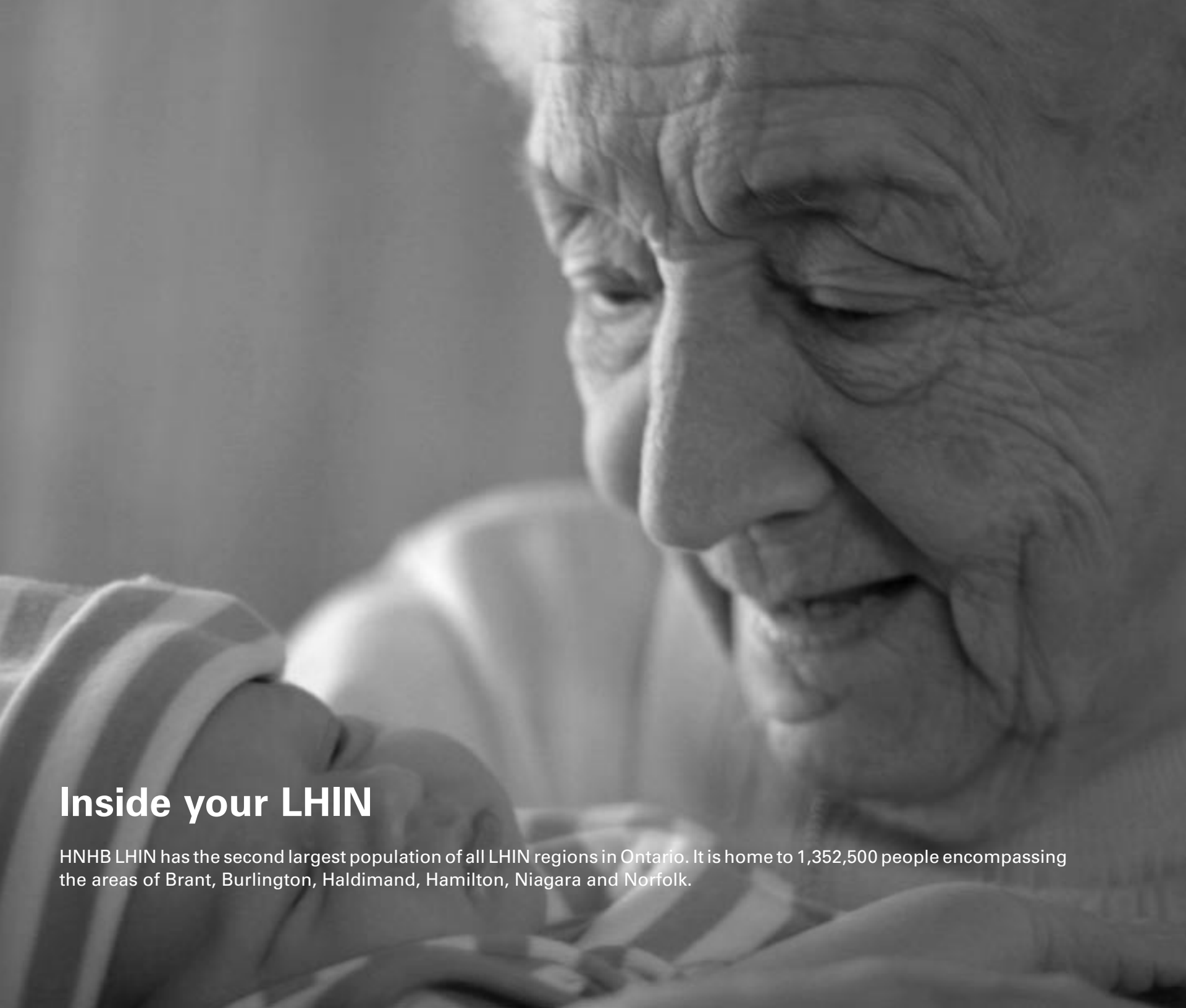
In addition to linking with health service providers and community groups within our own LHIN, it is important that we develop a framework for collaboration and interaction with other LHINs and colleagues throughout the province of Ontario. We have been communicating with other LHINs in order to share learnings and will continue to build on this foundation.

In time, LHINs will receive authority for funding health service providers. This funding will be based upon the population demographics and health needs of our community. The Ministry of Health and Long-Term Care has indicated that the funding formula for LHINs in the future will take these factors into account.

It has been my pleasure to work with members of the Board and the LHIN's senior management team in the start-up phase of the HNHB LHIN. Over the next year, I look forward to continuing to build on our productive beginning as we progress toward full realization of our responsibilities and staffing.

Pat Mandy, *Chief Executive Officer*

Please visit the Hamilton Niagara Haldimand Brant LHIN website at www.hnhblhin.on.ca or contact any of the staff identified in this annual report to find out more about how we can work together to improve the integration, quality and outcomes of health services in our community.



Inside your LHIN

HNHB LHIN has the second largest population of all LHIN regions in Ontario. It is home to 1,352,500 people encompassing the areas of Brant, Burlington, Haldimand, Hamilton, Niagara and Norfolk.

Population Health Profiles

Executive Summary

This report provides an overview of the Hamilton Niagara Haldimand Brant LHIN using current and available data on social and demographic characteristics, health status, health practices and outcomes of the population.

Relative to the province of Ontario, Hamilton Niagara Haldimand Brant has a higher:

- proportion of seniors
- prevalence of activity limitations
- proportion of daily smokers
- prevalence of arthritis/rheumatism
- mortality and hospitalization rates
- Potential Years of Life Lost (PYLL) rates (i.e. the number of years of life "lost" when a person dies "prematurely" from any cause - before age 75

and a lower:

- proportion of immigrants and visible minorities
- life expectancy at birth for males and females

With the exception of an older age structure and fewer visible minorities and immigrants, the population of Hamilton Niagara Haldimand Brant is similar to the province of Ontario as a whole. The greater proportion of people over the age of 65 is reflected in higher rates of health conditions typically associated with older age, including the prevalence of activity limitations and arthritis/rheumatism.

Overview

Hamilton Niagara Haldimand Brant Local Health Integration Network has the second largest population of all LHIN regions in Ontario. It is home to 1,352,500 people encompassing the areas of Brant, Burlington, Haldimand, Hamilton, Niagara and Norfolk, each of which has a rich history of local identification and sense of community. During the last decade, the population of Hamilton Niagara Haldimand Brant increased, on average, by 1.0% each year. The population of Ontario increased by 1.5% annually during this same time.

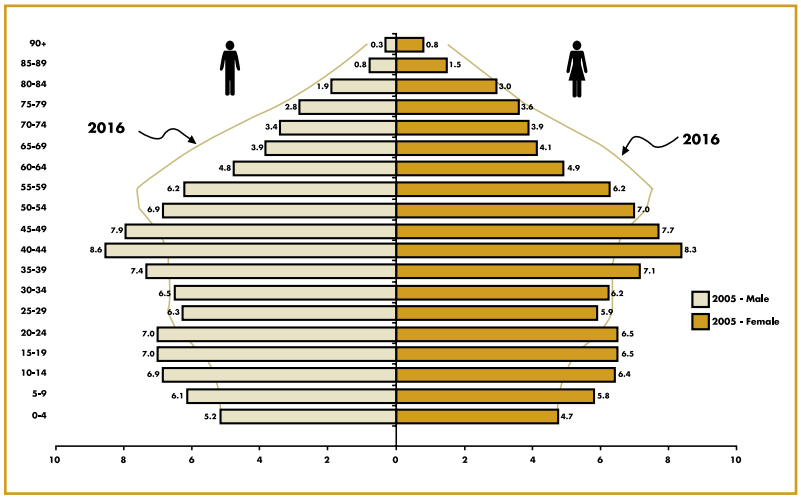
HNHB LHIN has wide variations in population density, given that it includes both urban and rural communities. Approximately 70% of the HNHB LHIN population reside in Hamilton or Niagara.

Hamilton and parts of Niagara are designated as French language communities. The HNHB LHIN also has a significant population of Aboriginal peoples. The LHIN has two reserves, Six Nations (the largest populated First Nation in Canada) and Mississaugas of the New Credit. Approximately half of the aboriginal peoples residing in our LHIN live on Reserve.

While the LHIN has a lower proportion of new immigrants when compared to Ontario, within the LHIN, Niagara, with its close proximity to the United States border, is a major receiver of refugees, which are not likely to be captured through Census enumeration. There are also seasonal migrant workers who locate in the Niagara, Haldimand and Norfolk for temporary agricultural and tourism employment, who are not included in our official population statistics.

Hamilton Niagara Haldimand Brant LHIN has a higher proportion of the population in the elderly 70 to 84 year age groups compared to Ontario. This aging population is expected to produce greater demands on the health system.

Chart 1: **Hamilton Niagara Haldimand Brant Population - Percent**



Data Source: LHIN Population Projections 2005-2016. Prepared by Ministry of Finance for MOHLTC.

Health Status

Table 1: **Socio-demographic characteristics**

	HAMILTON NIAGARA HALDIMAND BRANT	ONTARIO	LHIN Range
Total population (2004)†	**1,352,500**	**12,392,700**	**242,500 - 1,542,900**
Senior population, age 65+ (2004)†	14.60%	12.8%	9.4 - 15.7%
Population with English mother tongue	81.10%	71.9%	55.7 - 92.2%
Population with French mother tongue	2.40%	4.7%	1.2 - 25.1%
Population who are immigrants	19.80%	26.8%	6.4 - 45.7%
Population who are recent immigrants (arrived between 1996-2001)	2.10%	4.8%	0.3 - 9.7%
Population who are visible minorities	7.00%	19.1%	1.3 - 38.8%
Population of Aboriginal identity	1.40%	1.7%	0.3 - 13.9%
Labour force participation rate (age 15+)	65.10%	67.3%	60.0 - 72.0%
Unemployment rate (age 15+)	5.80%	6.1%	5.0 - 9.8%
Population in low income	14.70%	14.4%	10.0 - 22.3%
Families (with children) headed by a lone parent	24.00%	23.4%	19.4 - 30.0%
Population (age 20+) with less than grade 9 education	9.00%	8.7%	6.3 - 12.0%
Population (age 20+) without high school graduation certificate	28.80%	25.7%	19.23 - 33.4%
Population (age 20+) with completed post-secondary education	45.00%	48.7%	42.4 - 55.8%

Data Source: †2004 Population estimates. Remaining indicators based on 2001 Census of Canada.

Lower income is associated with increased health care utilization. Excluding Burlington, the median income of HNHB LHIN residents is lower than the Ontario average. In Hamilton, one in five residents are living in poverty and the community is currently discussing an anti-poverty agenda to address this problem.

Self-reported health status is a well-known indicator of the health status of a population. Poorer self-reported health is associated with greater use of health services. In the HNHB LHIN area, the percentage of the population reporting fair or poor health is higher than the provincial average for Brant, Haldimand, Norfolk and Hamilton. The percentage of residents reporting activity limitations requiring assistance is also greater than the provincial average for all areas, with the exception of Burlington.




Table 2: **Health status**

	HAMILTON NIAGARA HALDIMAND BRANT	ONTARIO	LHIN Range
Female life expectancy at birth (years), 2001†	81.5* (±0.3)	82.1 (±0.1)	79.5 - 82.2
Male life expectancy at birth (years), 2001†	76.8* (±0.4)	77.5 (±0.1)	74.7 - 80.6
Low birth weight babies (1999-2001)‡	5.30%	5.6%	3.7 - 6.2%
Infant mortality rate per 1000 livebirths (1999-2001)†‡	5.8 (±0.8)	5.4 (±0.2)	3.9 - 6.1
Population who say their health is Excellent or Very Good, 2003 (age 12+)#	57.3%* (±1.8)	57.4% (±0.7)	51.0 - 61.5%
Population with an activity limitation, 2003 (age 12+)#	26.0%* (±1.6)	24.6% (±0.6)	19.3 - 30.0%

* Significantly different from provincial average based on assessment of 95% confidence intervals.
Data sources: † Ontario Vital Statistics, Mortality Database, ‡ Ontario Vital Statistics, Livebirths Database, # Canadian Community Health Survey, 2003

Health Practices and Preventative Care

Lifestyle issues have a significant impact on the use of health care resources. Self-reported health status measures reveal that, generally, HNHB LHIN residents are more overweight and obese compared to the province as a whole; have a higher rate of exposure to second hand smoke in the home; consume more alcohol and are physically less active. On a positive note, our residents tend to consume at least five fruits or vegetables in a day and are less likely to report life stress than other residents in the province.

HNHB LHIN has the highest number of high volume hospitals of any LHIN area. All acute care hospitals in the Hamilton area are teaching hospitals with tertiary care responsibilities for a large regional catchment area. Approximately one-third of admitted patients seen in Hamilton hospitals are non-Hamilton residents.

The point of access for most medical care is through a primary care physician. Medical doctors also play a key role in coordinating care and managing chronic conditions. The majority of people (81.6%) in Hamilton Niagara Haldimand Brant had at least one contact, either in person or by phone, with a medical doctor in the past year. This is similar to the Ontario rate of 81.4%.

Table 3: **Use of preventive care**

	HAMILTON NIAGARA HALDIMAND BRANT	ONTARIO	LHIN Range
Had mammogram in past 2 years (females age 50-69)	68.7% (±4.1)	70.6% (±1.9)	65.8 - 77.2%
Had Pap smear test in past 3 years (females age 18+)	66.9% (±2.5)	69.2% (±1.0)	65.4 - 75.5%
Had flu shot in past year (age 12+)	35.1% (±1.6)	34.2% (±0.7)	30.3 - 39.0%
Contact with medical doctor in past year (age 12+)	81.6% (±1.4)	81.4% (±0.6)	76.4 - 83.7%

Data source: Canadian Community Health Survey, 2003

The shortage of family physicians and specialists is a concern in all communities within HNHB LHIN. All areas are currently designated under-serviced for family physicians with the exception of Hamilton. The Ministry's transformation agenda is an attempt to address this issue by the creation of Family Health Teams and designating new Community Health Clinics.

Local Success Stories

Joint Hospital CEO Memorandum of Understanding

On January 30, 2006, the 12 hospitals in the HNHB LHIN entered into a formal agreement through the development of a Memorandum of Understanding that lays the groundwork for the individual hospital organizations to begin working together on shared initiatives. The local Memorandum of Understanding (MOU) for the hospitals represents an important step forward as the LHIN takes on the planning, integration and funding of local health services.

"This is a very exciting time for health care in Ontario," said Don Scott, President and Chief Executive Officer of Joseph Brant Memorial Hospital in Burlington who serves as co-chair of the LHIN four-hospital CEO group along with Murray Martin, President and Chief Executive Officer of Hamilton Health Sciences. "Through the LHINs, health care providers including hospitals will be able to come together and coordinate services within the community. This will help create better access to care for patients while also maximizing use of health care dollars through sharing resources."

As part of the MOU, the LHIN hospitals will establish a joint management structure through a council comprised of the CEOs from each hospital. This council will identify, then develop, the vision and goals for the shared projects as well as lead and oversee the implementation and operation of shared initiatives.

Appointment of Integrated Chief Information Officer for the HNHB LHIN Hospitals

The appointment of Bala Kathiresan as the Integrated Vice President and Chief Information Officer for the LHIN last April is the first example of how the hospitals are collaborating to make improvements to the overall system. The 12 hospitals have recognized that a common information management system will be critical in the development of integrated services. Under Mr. Kathiresan's leadership, a project to connect diagnostic imaging systems across the LHIN is already underway.

Development of an e-Health Strategic Plan

Community health providers and their patients and clients have identified the need for better information sharing and communications as a key priority for improving local services and care. Patients and clients want systems that will ensure their providers have all the information they need while reducing the requirement for people to repeat details of their medical history or undergo duplicate diagnostic tests for various providers.

The strategy will be developed in collaboration with providers and other health care stakeholders. It is anticipated that the plan will address two overall objectives that were identified in the integration priority planning process by creating a framework for:

- enhancing patient care by providing all authorized care providers with secure access to comprehensive patient information from any location
- enhancing administrative systems by integrating financial, clinical and statistical information for better use of resources and improved accountability, while providing data for population-based health planning.

The development of an e-Health Strategic Plan is consistent with Ontario's e-Health vision and goals. These include the development of a provincial technology infrastructure – Smart Systems for Health Agency – as well as the creation of an Electronic Health Record and tools for managing the health system more effectively.

Community Support Services Forum

Representatives of the Community Support Services (CSS) providers in our LHIN have created a forum for their senior management teams to meet and share information with each other. The LHIN team has been an active participant with this group to provide context and information on the LHIN's mandate. The CSS providers have embraced the need for integration and have shown an interest in developing collaborative processes, e.g. volunteers to develop a common performance monitoring framework have been identified.

Building Better Services: The 'GAIN' Integration Priority

The Geriatric Assessment and Integration Network (GAIN) is working to improve access to specialized geriatric services for seniors. An improved system should result in timely access to services, fewer inappropriate admissions to hospital and increased consumer and provider knowledge about available resources to help maintain people's independence "at home". David Jewell and Pat Morden are coordinating the work of multiple stakeholders across the LHIN.

The Network is committed to improvement in the following areas:

1. Equitable access to specialized geriatric services in hospitals and in the community
2. Better coordination of services to make it easier for people to get to the right service at the right time
3. Appropriate allocation of resources where there is need and that supports desired outcomes

Some of the requirements for accessible and quality specialized geriatric services include human resources planning – having the right providers and skills in place to provide the services, the adoption of best practice across services; common screening, referral and assessment (underway); and evaluation strategies to measure how services are making a difference.

Operational Start-Up

Once the policy framework was established by the Ontario government and Local Health Integration Networks (LHINs) were chosen as the model for integration in this province, it was time to launch LHINs as 14 corporations. In June 2005, 14 news conferences were held across the province to publicly announce the 14 LHIN Chairs, 42 founding board members and 14 CEOs.

CEOs began work in August 2005 and worked along side the board chairs to start getting to know the communities they serve. That summer LHIN leaders hosted 37 "Meet and Greet" sessions across the province with 1500 leaders of health care organizations.

14 offices were set up across the province. To ensure cost-effective and efficient operations, LHINs established a common administration process and have retained a company, CGI, to deliver payroll, financial and human resource services for the LHINs.

By the fall of 2005, all LHIN offices were open and ready-for business. Four staff members were recruited for each LHIN and by January 2006, each LHIN had two senior directors, an executive assistant and an office manager in place. Additional staff will be recruited in the near future.

A business operations manual was created to provide basic policies and procedures related to LHIN business operations. This included government directives that LHINs must comply with, a summary of legislative requirements that govern LHIN practices and standard practices required by the ministry for all LHINs.

Starting in the summer of 2005 and continuing throughout the year, extensive orientation sessions were held for the founding LHIN board members and staff. As part of their professional development, LHINs and the ministry hosted several "Think Tanks" on topics such as funding models, planning, corporate governance, ethics and a framework for ethical decision making. Discussion forums were held to discuss such issues as physicians and LHINs and LHIN cross-boundary issues in the community sector.

Accountability agreements between each LHIN and the ministry were developed for the years 2005/06 and 2006/07 setting out the key activities that the LHINs are responsible for. LHINs received templates and guidelines for filing quarterly reports to the ministry.

Integrated Health Service Plan

The HNHB LHIN Integrated Health Service Plan is the foundation for local system change. The first plan, due at the end of October 2006, will identify opportunities for strengthened health services, report on wait times for care and identify future work of the LHIN. This Integrated Health Service Plan will be:

- Action oriented – focused on measurable outcomes and results
- Evidence based – supported by information and analysis
- Integrated – a road map for best quality care
- Participatory – built on insights and wisdom of citizens, stakeholders and providers
- Transparent and public – accountable for outcomes.

A key feature of the plan will be identified processes to measure integration in our LHIN - the degree to which collaboration and coordination are improving access to care - and the quality of integration. The IHSP process is building on the readiness of local champions for change who together participate on the Steering Committee for Hamilton Niagara Haldimand Brant LHIN Priorities, which originally convened in November 2004.

Integration Priority	Status as of March 31, 2006
Patient Care • Enhance care and support for elderly persons • Support for persons with mental health and addictions issues • Promote healthy lifestyles • Improve quality care at the end of life • Assist seniors and persons with disabilities to live independently • Invest in children and youth	• Members of the Integration Priorities Steering Committee for the HNHB LHIN are meeting to develop implementation strategies for health improvement and are developing the planning requirements to achieve this task.
Enabling Supports • Develop an electronic health system • Promote accountability among community, networks and service providers • Encourage collaboration among policy makers to promote health communities • Continually monitor and improve health services • Engage and learn from the community • Promote service, education and research integration	• Development of an eHealth strategic plan initiated • Integration Priorities Steering Committee exhibiting leadership in moving forward with report priorities • Creation of a Memorandum of Understanding for shared services between the 11 hospital CEOs in the LHIN • Conceptual model for performance monitoring presented at LHIN Community Support Services forum. • Developed framework for community engagement – open house concept with opportunity for one on one dialogs with LHIN Board members and staff • Delivered numerous presentations to community, professional and health service provider groups on the role of the LHIN and the creation of new structures for accountability and performance monitoring.
Ministry Priorities • Reduced wait times - Hip/knee replacement - Cataract surgery - Cardiac care - Cancer care - MRI/CT • Improved access to care - Family physicians - Community health centres	• Report card on progress of reducing wait times is under development • Numerous applications for the creation of new Family Health Teams have been received.

Community Engagement

Community Engagement: A way of work in the Hamilton Niagara Haldimand Brant LHIN

Health is everyone's business. The advent of LHINs signals the shared responsibility and accountability that citizens, stakeholders and health service providers have in our health system.

Good decisions for our health system will be a measure of how well we all understand our communities, the challenges we face and the feasibility of solutions for improved health care.

An early priority for the LHIN was the development of an approach to community engagement. *Our Commitment to You: Community Engagement for Health Care Planning and Decision Making* was published and disseminated at the end of March.

Transparency is fundamental to our work. We will:

- Interact with citizens, stakeholders, and providers in meaningful ways
- Build on the collective knowledge and wisdom in our communities
- Be sensitive to our multicultural and multilingual communities
- Be accountable by identifying what we are doing, why and with whom

Chart 2: **Engagement for Informed Decision Making**

Good decision making reflects community needs, values and preferences, evidence as to what works, and feasibility of health improvement solutions.

We are committed to community engagement. We will promote dialogue among citizens, stakeholders and providers for balanced priorities. We will help create an environment that supports knowledge sharing and collaboration for informed decision making. We will listen and learn from our communities because communities are best sources for solution building and involved communities are healthy communities.

For detailed information about our community engagement process, please visit our web site at www.hnhblhin.on.ca.

Our Leadership Team

The LHIN Board of Directors reflects the diversity of the communities it serves in Hamilton, Niagara, Haldimand, Brant, Burlington and Norfolk in both urban and rural areas. These individuals bring to the Board their professional experience and extensive skills in the areas of health and social services, education, business management, public service, community development, administration and public relations.

HNHB LHIN Board of Directors

Juanita G. Gledhill, Chair, brings more than 20 years experience in organizational change, client service, community health, and governance and performance management processes to her role as Chair of the Hamilton Niagara Haldimand Brant Local Health Integration Network

Juanita is currently Principal of MCC Group Inc., a human resources consulting practice. Her clients include insurance, financial investments and manufacturing firms. She specializes in organizational development. Prior to this, Juanita worked with the Workplace Safety & Insurance Board of Ontario (WSIB), as well as a Toronto IT firm, where she was responsible for recruitment, human resources, finance, accounting and strategic planning. More recently, Juanita was Executive Director of VHA Health & Home Support Services in Hamilton, a multi-service agency providing home and community care to 3,000 vulnerable clients.

A Certified Human Resources Professional, Juanita was a recipient of the HRPAO Ross A. Hennigar Memorial Award in 2004 for academic achievement, a successful career as a Human Resources professional and her strong dedication to community service.

Juanita was also a recipient of the 2002 Queen's Golden Jubilee Medal. She is currently the Board President for Hamilton's Ronald MacDonald House and is a member of the Trillium Foundation Hamilton Grant Review Team. She is the former Vice-Chair of Catholic Family Services of Hamilton.

Born and raised in Hamilton, Juanita lives on Hamilton's East Mountain. She is married with one son.

Jack Brewer, Vice-Chair, brings decades of experience as both a corporate and community leader to his role as Vice-Chair of the Hamilton Niagara Haldimand Brant Local Health Integration Network. Jack enjoyed a long and successful career in a variety of progressive roles with the Royal Bank of Canada. He spent the last 15 years of his career at RBC's head office in Toronto, where he headed up global cash management, commercial banking systems and technology, commercial deposit services, new product development, and new business ventures.

He has been very active in many service clubs and in youth sports activities, and is an Honorary Past Chair of Oakville Junior Achievement. At the Royal Bank, Jack was involved in the development of a $100-million investment fund focusing on the commercialization of neuroscience research, the first investment group of its type in the world.

As a former resident of Oakville, he was elected to the position of Municipal Utilities Commissioner and returned to the office over a period of ten years. He is also a past Chairman of both Oakville Hydro Electric Inc. and the Halton Regional Police Service Board. Jack currently sits on the Board of Directors of BCP Bank Canada and Millennium BCP Bank USA.

Jack has been a resident of Burlington since 1995 and has four grown children and four grandchildren.

Vince Bucci, Sr. taught secondary school for 32 years. He was an elected school trustee for three terms and a ward councillor for the City of Brantford from 1993 to 2003. He has also worked as President of a multicultural agency for 22 years.

Vince, a resident of Brantford for the past 34 years, has also volunteered on numerous boards and commissions, including the St. Joseph's Hospital Foundation, the Brant County Health Unit and the John Noble Home for Seniors. He has also been chief negotiator for management and staff at a local district school board.

Vince and his wife of 40 years, Carol, have two married children and two grandchildren.

Kim Stasiak has been a hospital-based registered nurse for past 28 years, working primarily in the Niagara area.

Kim's career has provided her with experience and expertise in a variety of nursing fields, including nursing home care, pediatrics and emergency. She has worked at Toronto's Hospital for Sick Children, as well as regional hospitals including Hotel Dieu Catholic Hospital in St. Catharines and St. Catharines General Hospital.

Kim is active in both her profession and her community. She is a member of the local and provincial Council of Women of Ontario, and has served as their Health Vice-President. She has been a member of the Ontario Health Coalition since 1999, and was a co-chair of a local coalition in Niagara from 2000 to 2003, working closely with labour councils and other business affiliations. Kim helped develop a local group called the Niagara Healthcare Advocates 2003-2005, a grassroots volunteer group advocating for local health issues.

Carolyn King has been involved in community development for most of her working life and brings her expertise in administration and public relations to the Hamilton Niagara Haldimand Brant Local Health Integration Network.

Carolyn is a resident and member of the Mississaugas of the New Credit First Nation, adjacent to the town of Hagersville, and has lived there for 36 years. She has applied her expertise within First Nations communities for 20 years. She is a business development and support officer for the Two Rivers Community Development Centre, where she assists First Nation individuals in business start-ups, business management and growth. From 1997 to 1999, she was elected Chief of Mississaugas of the New Credit First Nation Council.

Over the course of her career, Carolyn has been involved in establishing much needed services in the First Nation community, such as a public library, a native-owned and operated community-based radio station, a financial institution and assisting in coordinating an annual cultural event. She currently volunteers for the public library and local cultural, heritage and women's groups, as well as the local radio station.

The following Board members were appointed in May of the 2006/07 fiscal year. Their names and biographies are provided for your information.

Stephen Birch emigrated to Canada from England in 1988 to take a position

as Professor of Health Economics at McMaster University where he continues to teach. He brings a wealth of health-focused board experience, having served on numerous health and health services working groups at the municipal, provincial, national and international levels including the Hamilton District Health Council and the Ontario Regulated Health Professions Advisory Council.

Stephen is an author, advisor and consultant on a variety of health and social care issues. He has provided expert advice for various provincial ministries as well as Health Canada, the World Bank, the World Health Organization and the United Nations. He is editor of the scientific journal Social Sciences and Medicine and is on the Editorial Board for Health and Social Care in the Community, an international multi-disciplinary scientific journal on research in community-based services for health and social care.

He received an undergraduate degree in economics from the University of Sheffield, a Master's degree in taxation and public expenditure from the University of Bath and a PhD in economics from the Centre for Health Economics at the University of York in the UK. Stephen is married with two children and resides in Hamilton on the West Mountain.

William (Bill) McLean recently retired as Director of Education for the Niagara District School Board, Bill McLean brings 43 years of experience working in the education field. His career is far reaching, as a teacher, school principal, school superintendent, and lastly, Director of Education.

Bill is an active member of his community, serving on boards for the Juravinski Cancer Centre in Hamilton, Business Education Council Niagara Region, and Credit Counselling of Regional Niagara. He is past chair of the Niagara Community Care Access Centre and has been a past Campaign Chair of the St. Catharines and District United Way.

Bill holds a BA from McMaster University and a Master's degree in education from the University of Toronto. He is a long-time resident of St. Catharines and is married with two sons and four granddaughters.

Janice Mills recently retired from a career in nursing and health care administration. Janice Mills' work experience in the community has included hospital based care, long-term care, occupational health and safety, psychiatry, and community needs assessment. Janice has worked in Niagara Falls, St. Catharines, Vineland, Grimsby and Brantford and has extensive experience in the not-for-profit long-term care sector. She was the Administrator of the John Noble Home, a 361 bed Long-Term Care Facility in Brantford for 18 years.

Janice's volunteer activities have included the United Way, Mohawk College, Canada Pension Review Board, Grand River District Health Council, and the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), where she was awarded the 1998 OANHSS Provincial Leadership Award. Janice is also a charter member and past president of the Rotary Club of Brantford Sunrise. In 2003 she received Rotary's Paul Harris Fellow Award for "Service Above Self."

Janice has been a Brantford resident for the last 25 years. She is married and has one son and two grandsons.

Senior Management Team

Pat Mandy, Chief Executive Officer, is a respected health care leader with more than 25 years of experience in a variety of leadership roles in healthcare and change management, and regulatory, governance and education. She has a long standing interest in and commitment to health systems integration. Pat has extensive linkages with the community in a variety of roles, including Past President of the College of Nurses of Ontario, Past Chair of the Hamilton-Wentworth District Health Council, and Past Chair of De dwa de dehs nyes Aboriginal Health Centre. She has been recognized with several awards for her contributions to healthcare as provider, mentor, and educator, her volunteer roles, and her active commitment to the well-being of the community. She is a member of the Mississaugas of the New Credit First Nation.

Pat was Vice-President, Patient Services, at Hamilton Health Sciences until August 2005. Currently Pat holds a clinical appointment in the Faculty of Health Sciences (Nursing) at McMaster University as an Assistant Clinical Professor and is an Associate Member of the Graduate Faculty, Clinical Health Sciences (Nursing) Graduate Programme. Pat is a surveyor for the Canadian Council on Health Service Accreditation.

Alan Iskiw, Senior Director, Performance, Contract and Allocation has extensive experience in utilization management, performance monitoring, financial planning and decision support systems.

Prior to joining the LHIN team, he was the Senior Manager, Finance and Information Management in the Central South Regional Office of the Ministry of Health and Long-Term Care. He has been influential in the development of hospital funding methodologies as a member of various Joint Policy and Planning Committees from 1994 to 2005. He developed the Planning Decision Support Tool to assist hospitals to compare utilization against benchmarked standards. He was also a member of a consulting practice specializing in decision support and utilization management, counting the Health Services Restructuring Commission as a major client.

He recently completed a secondment with the ministry's Health ResultsTeam to develop a transition framework for the phased implementation of LHIN responsibilities. He started his working career in Nuclear Medicine prior to joining the ministry.

Alan has been married to his wife Cynthia for 21 years and resides in Burlington.

Marion Emo, Senior Director, Planning, Integration and Community Engagement has provided effective leadership for evidence based health

system planning and decision making for ten years. She has been a champion for collaborative planning in health and related human services in her past roles as Executive Director with the Hamilton District Health Council, as Research Analyst with Social Planning and Policy Development at the former Regional Municipality of Hamilton-Wentworth and as a Social Policy Analyst in Hamilton and area.

Marion contributed to the development of a Provincial Health System Monitoring Initiative prior to the development of Local Health Integration Networks (LHINs), led the development and introduction of a model for effective transparent stakeholder consultation in the District Health Council, and has strongly encouraged the development and application of a planning and engagement toolbox.

In her current role, Marion is particularly interested in the development of collaboratives for health improvement solutions, research partnerships among communities, providers and educators, and, knowledge transfer.

Financial Statements of

Hamilton Niagara Haldimand Brant Local Health Integration Network

March 31, 2006

Auditors' Report

To the Members of Board of Directors of the

Hamilton Niagara Haldimand Brant Local Health Integration Network

We have audited the statement of financial position of Hamilton Niagara Haldimand Brant Local Health Integration Network ("LHIN") as at March 31, 2006 and the statements of operations and changes in net assets for the period from the date of incorporation June 2, 2005 to March 31, 2006. These financial statements are the responsibility of LHIN's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Hamilton Niagara Haldimand Brant Local Health Integration Network as at March 31, 2006 and the results of its operations and its cash flows for the period from the date of incorporation June 2, 2005 to March 31, 2006 in accordance with Canadian generally accepted accounting principles.

Deloitte and Touche Chartered Accountants

Toronto, Ontario

May 31, 2006

Statement of Financial Position

as of March 31, 2006

Assets

Cash	$ 30,350
Capital assets (Note 3)	1
	$ 30,351

Liabilities and Net Assets

Accounts payable and accrued liabilities (Note 4)	$ -
Net assets	$ 30,351
	$ 30,351

Approved by the Board

Juanita G. Gledhill, Board Chair

Jack Brewer, Vice Chair

Statement of Operations and Changes in Net Assets

Period from the date of incorporation June 2, 2005 to March 31, 2006

Revenue	
Ministry of Health and Long-term Care (MOHLTC) Funding	$ 3,200
MOHLTC payroll reimbursement	$ 257,768
	$ 260,968
Expenses (Note 5)	
Payroll	$ 227,647
Office supplies	$ 661
Postage and courier	$ 16
Computer supplies	$ 85
Catering	$ 1,718
Other	$ 490
	$ 230,617
Excess of Revenue over Expenses	$ 30,351
Net Assets, Beginning of Year	-
Net Assets, End of Year	$ 30,351

The above statement does not include remuneration of Board members that was funded by the Ministry of Health and Long-Term Care. For the period of June 1, 2005 through March 31, 2006, HNHB Board Members were paid:

- $59,725 in per diem charges
- $4,280.13 for reimbursement of travel expenses

Notes to the Financial Statements

1. DESCRIPTION OF BUSINESS

Formation and status

The Hamilton Niagara Haldimand Brant Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in both the Act and the Memorandum of Understanding between the LHIN and the Ministry of Health and Long-Term Care (the "Ministry"). Funding of the LHIN by the Ministry in the fiscal year ended March 31, 2006 was made pursuant to the terms of a Performance Agreement.

LHIN operations

The objectives of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The Hamilton Niagara Haldimand Brant LHIN boundaries are smoothed to include all of Hamilton, Niagara, Haldimand and Brant. It also includes part of Halton (specifically Burlington), and roughly half of Norfolk County, which is shared with the South West LHIN.

Fiscal period

These financial statements represent the activities of the LHIN from June 2, 2005, the date of incorporation, to March 31, 2006.

2. SIGNIFICANT ACCOUNTING POLICIES

Financial statement presentation

The financial statements have been prepared in accordance with the accounting standards for not-for-profit organizations published by the Canadian Institute of Chartered Accountants using the deferral method of reporting restricted contributions.

Revenue recognition

Ministry of Health and Long-Term Care funding is recognized as revenue in the year in which the related expenses are incurred. Any designated funds for which the expenses have been incurred are recorded as deferred revenue.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. CAPITAL ASSETS

The LHIN office maintains a record of assets purchased on its behalf by the MOHLTC. The nature of these assets includes:

- Leaseholds (arranged by Ontario Realty Corporation)
- Furniture and equipment
- Computer software and equipment

These assets have been reflected at a nominal dollar value of $1.

4. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

The MOHLTC has included all accounts payable and accrued liabilities totaling $242,194 in its records on behalf of the LHIN as at March 31, 2006. These expenses are included in amounts disclosed in Note 5.

5. EXPENSES

All other operating expenses, other than those disclosed on the statement of revenue and expenses were incurred on behalf of the LHIN by the MOHLTC. These expenses for the period ended March 31, 2006 are as follows:

Salaries and benefits	$ 96,582
Accommodation/occupancy	$ 1,185,292
Common Services	$ 42,126
Information technology	$ 102,221
Other expenditures	$ 268,251
	$ 1,694,472

6. GUARANTEES

(i) The LHIN is subject to the provisions of the Financial Administration Act. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the Financial Administration Act and the related Indemnification Directive.

(ii) An indemnity for the Chief Executive Officer was provided directly by the LHIN. Between March 28, 2006 and March 31, 2006, the directors, officers and employees of the LHIN received the benefit of Section 35 of the Act.

7. STATEMENT OF CASH FLOWS

A statement of cash flows has not been provided, as the information it would contain is readily determinable from the accompanying statements.

Board Members

Juanita G. Gledhill
Chair

Jack Brewer
Vice-Chair

Vince Bucci, Sr.
Board Member

Carolyn King
Board Member

Kim Stasiak
Board Member

Stephen Birch
Board Member

William (Bill) McLean
Board Member

Janice Mills
Board Member

Senior Staff Members

Pat Mandy
Chief Executive Officer

Alan Iskiw
Senior Director,
Performance, Contract and Allocation

Marion Emo
Senior Director,
Planning, Integration and Community Engagement

On behalf of the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network, we are pleased to submit this Annual Report for the period ended March 31, 2006.

Juanita G. Gledhill,

Chair, Board of Directors

Jack Brewer

Vice-Chair, Board of Directors

Hamilton Niagara Haldimand Brant
LOCAL HEALTH INTEGRATION NETWORK

RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ
de Hamilton Niagara Haldimand Brant

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ISSN 1911-2912 1 August/06

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