

THE FUTURE OF HEALTH CARE IS LOCAL

2016-2017

ANNUAL BUSINESS PLAN 2016-2017



Ontario

Local Health Integration
Network

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Mandate and Strategic Directions

The Ministry of Health and Long-Term Care released its Patients First discussion paper on December 17, 2015 and completed its consultation on it by the end of February 2016. The timing of implementation could impact the 2016/17 Annual Business Plan.

Toronto Central Local Health Integration Network (LHIN) is one of fourteen (14) local health-planning organizations that serve Ontario. With responsibility for funding, planning, implementing and evaluating local health services, we work to meet the needs of 1.2 million residents and tens of thousands of others who travel to Toronto for care. There are 172 health service providers in this LHIN including hospitals, community support services, long-term care homes, a community care access centre, community health centres and mental health and addictions agencies.

LHINs are agencies, established by the *Local Health System Integration Act* in 2006, which are guided by policy direction from the Government of Ontario. The Ministry of Health and Long-Term Care (the Ministry) sets out guidelines and expectations to drive improvements to local health care systems. The LHIN uses its knowledge of the surrounding landscape, providers and people to develop plans that fit the local context and meet the needs of the community.

From Windsor to Thunder Bay, from Timmins to Belleville, Ontario is incredibly diverse, and this diversity demands tailored strategies to meet the unique needs of all Ontarians. A similar approach is also required in the City of Toronto; with 140 neighbourhoods and disparate communities of people across Toronto, this city is home to many marginalized and underserved populations each requiring a tailored approach to improving health care in a safe and culturally-appropriate way. At the core of Toronto Central LHIN's approach to planning is an in depth understanding of the communities that we serve, and we use this knowledge strategically to drive the design and delivery of the services provided to the citizens of Toronto.

The Toronto Central LHIN occupies a unique position within the infrastructure of the health care system in Ontario. While Toronto Central LHIN's physical boundaries encompass the smallest geographic footprint of the fourteen LHINs the impact of the highly concentrated number of Health Service Providers (HSP) contained therein resonates across the entirety of the province. Toronto Central LHIN receives roughly 40% of the overall financial transfer to the LHINs, mostly attributed to the fact that these providers serve as a regional and provincial resource. Nearly 60% of the care delivered in the LHIN is to residents from outside of the catchment area. As a result of this the LHIN recognizes the critical role that our Academic Health Science Centres play in ensuring ongoing excellence in highly specialized services to Ontario, while at the same time the system remains responsive to the needs of this rapidly growing community.

To provide context in referring to the growth in Toronto Centre it should be noted that Toronto completed almost 128,650 dwelling units in the past decade, averaging 12,865 units per year over the last ten years. Since 2006 the downtown core has grown by 18%, four times the rate of the remainder of the City, while the population south of Queen Street has doubled in recent years.

We also realize the health status of Torontonians is largely defined by the social determinants of health, which are factors such as race, sexual identity, income and housing that are key contributors to an individual's overall health status. Because of this our work cannot achieve our goals alone; creating connections and convening strategic partnerships has allowed Toronto Central LHIN to improve care in local communities and neighbourhoods.

The TC LHIN has a unique geography which encompasses a portion of the City of Toronto though recognizing mobility of residents in a developed urban centre, the LHIN must work with our four LHIN partners (Central, Central West, Mississauga Halton, and Central East) to provide consistency of care for residents of the Greater Toronto Area.

In 2015, Toronto Central LHIN launched its new Strategic Plan, which will serve as the blue print that will guide the LHIN in its journey between 2015 and 2018 to improve the local health system. Specifically, this LHIN will be focused on working with health and non-health partners, residents, patients, family members, clients and caregivers to build a local health care system that is coordinated, easy to navigate and provides timely and equitable access to care. The strategic planning process involved extensive engagement with our local community, including health service providers and their boards, consumers of health services and the public.

We have adopted four strategic priorities to guide our investments and activities and help achieve our goals:

- I. Designing Health Care for the Future
- II. Taking a Population Health Approach
- III. Transforming Primary Health and Community Care
- IV. Achieving Excellence in Operations

Planning to date has generally been focused on meeting the needs of those actively receiving health care, but our mandate is to deliver excellent care to all, which is reinforced by Ontario's *Excellent Care for All Act* in 2010. By taking a population health approach, the crux of our Strategic Plan, we will begin to shift our focus toward improving the health of those who reside within our LHIN, rather than only users of the health care system. Specifically, we have separated the Toronto Central LHIN geography into five LHIN sub-regions. We will be working to have a deep understanding the populations that reside within these regions, and will develop tailored strategies for an overall healthier Toronto and a sustainable local health care system that delivers excellent patient experiences.

This Annual Business Plan (ABP) is a detailed plan of initiatives which the LHIN will implement in a 12-month period to achieve the goals of its Strategic Plan and meet its Ministry-LHIN Accountability Agreement (MLAA) commitments. The Agency Establishment and Accountability Directive requires the LHIN, as a provincial agency, to be accountable to the government for using public resources by producing a business plan annually. The 2016-2017 ABP is driven by Toronto Central LHIN's four Strategic Priorities that address local health needs and offer the greatest opportunity for system change.

Linkages with the Provincial Plan

In February 2015, the Minister of Health and Long-term Care, the Honorable Dr. Eric Hoskins, detailed his strategic plan, *Patients First: Action Plan for Health Care*, which outlines the direction of the future of the Ontario health care system. Building upon previous provincial health action plans, the goal is to explicitly put the patient at the core of all health planning strategies. The Action Plan focuses on four key objectives.

Access: focuses on the need to provide timely access to the right care. More specifically, the plan prioritizes reduced wait times to see primary care physicians and specialists, timely access to mental health care, and enhancing the coordination of care for complex patients. This aligns strongly with Toronto Central LHIN's approach to target sub-populations with poor health outcomes and ensure they have appropriate access to care.

Connect: essentially seeks to improve the linkages among services and providers to integrate care closer to home. Toronto Central LHIN's work in this area is already well underway and significant benefits have been achieved by integrating services across the continuum of care through Health Links. This work will be furthered as we deepen our understanding of the five LHIN sub-regions.

Inform: seeks to empower individuals to make decisions about their own health. Enhanced patient education will be an important element of Toronto Central LHIN's efforts to design health care for the future. By working with patients to demystify the system we will support patient-informed decision-making.

Protect: aims to strengthen decision-making that is focused on value and quality. The Ministry will ensure that our universal health care system is maintained by explicitly prioritizing sustainability. Quality and sustainability of the health care system are top of mind in every aspect of the Toronto Central LHIN's work.

OUR STRATEGIC PLAN 2015-2018



STRATEGIC PLAN 2015-2018: YEAR 2

Overview of Current and Forthcoming Programs

Health Service Providers

WE PLAN, FUND AND COORDINATE

services delivered by a large number of providers, including:



LHIN Sub-Regions



PCPs: Primary Care Providers

Demographics and Health Care Usage Highlights

East Toronto

269,756 residents

- 41% of the population are visible minorities and 40.5% are immigrants
- 4.3% report no knowledge of an official language
- 33% of seniors aged 65+ live alone
- There were 444 Mental Health hospitalizations in 2014/15
- 90,928 visits to Emergency Departments were made in 2014/15
- 15.6% of the total number of hospital inpatient days were designated as ALC

Mid-East Toronto

143,392 residents

- 40.5% of the population are visible minorities and 37.9% are immigrants
- 3.4% report no knowledge of an official language
- 43.2% of seniors aged 65+ live alone
- There were 261 Mental Health hospitalizations in 2014/15
- 55,674 visits to Emergency Departments were made in 2014/15
- 10.9% of the total number of hospital inpatient days were designated as ALC

Mid-West Toronto

305,989 residents

- 35.2% of the population are visible minorities and 41.6% are immigrants
- 7.0% report no knowledge of an official language
- 28.3% of seniors aged 65+ live alone
- There were 392 Mental Health hospitalizations in 2014/15
- 115,456 visits to Emergency Departments were made in 2014/15
- 15.6% of the total number of hospital inpatient days were designated as ALC

North Toronto

199,051 residents

- 22.2% of the population are visible minorities and 30.2% are immigrants
- 1.1% report no knowledge of an official language
- 38% of seniors aged 65+ live alone
- There were 247 Mental Health hospitalizations in 2014/15
- 54,207 visits to Emergency Departments were made in 2014/15
- 15.3% of the total number of hospital inpatient days were designated as ALC

West Toronto

232,570 residents

- 28.6% of the population are visible minorities and 39.5% are immigrants
- 3.4% report no knowledge of an official language
- 34.0% of seniors aged 65+ live alone
- There were 478 Mental Health hospitalizations in 2014/15
- 97,210 visits to Emergency Departments were made in 2014/15
- 15.6% of the total number of hospital inpatient days were designated as ALC

Funding

Toronto Central LHIN's disburses \$4.76 billion into the local. Details of these transfer payments are as follows:

HSP funding 2014/15	Total	% of Total Funding
Operation of hospitals	3,584,903,808	75%
Long-term care homes	267,424,716	6%
Community care access centre	244,702,630	5%
Community support services	93,459,523	2%
Assisted living services in supportive housing	53,669,470	1%
Community health centres	91,699,161	2%
Community mental health addictions program	127,118,591	3%
Addictions program	37,861,791	1%
Specialty psychiatric hospital	260,163,143	5%
Total	4,761,002,833	100%

*Based on 2014-15 Actual

Performance Management

Response to Auditor General Report

On December 4, 2015, the Office of the Auditor General of Ontario (OAGO) released its 2015 Annual Report including a LHIN value-for-money audit. In this report, there were some recommendations for LHINs to improve health system performance and address variability, improve internal performance management practices, and improve alignment of measures and indicators. The Toronto Central LHIN welcomes the recommendations, and will be working closely with the Ministry of Health and Long-Term Care and other LHINs to implement them. The solutions that arise from the recommendations will continue to strengthen performance and quality across Ontario.

Ministry LHIN Accountability Agreement

The proposed performance targets in the new Ministry-LHIN Accountability Agreement (MLAA) have been changed from individual LHIN specific targets to province wide targets that apply consistently across all LHINs. We are developing a performance improvement plan aimed at achieving the new provincial targets where possible. For Toronto Central LHIN, the plan is that there will be a focus on select number of MLAA indicators for each of the next 3 years. Some performance indicators are within 10% of the provincial MLAA performance targets while other indicators may only be expected to trend positively towards the target over time.

Overview by Goal

Over the next four years Toronto Central LHIN will be guided by the following three overarching goals:

A Healthier Toronto

Until recently, health planning captured only those coming through the doors of the health care system, leaving behind those who need care but are not connected to services. As a consequence, we have missed many opportunities to improve health in our city.

We recognize that in the wide spectrum of social determinants of health, health care makes only a small contribution to the overall picture of what impacts the health of an individual. Improving health will require close collaboration with the many other partners, inside and outside health, who share this vision.

Although our goal is to improve the health of everyone, we recognize that the path to getting there will be different for the diverse communities throughout the city. Whether characterized by income, social, racial or ethnic factors, many communities get less benefit from the health care system than others. These differences often reflect disparities in access or other barriers to care. We will build on our understanding of these unique needs and drive the development of targeted solutions that will improve health equity across these groups.

As well, we continue to work closely with the City of Toronto to strengthen our partnership and work collaboratively to address social determinants of health and improve the health of our residents together.

Positive Patient Experiences

We want a health care system that is more responsive to patients, cost-efficient, higher quality, and easier to navigate. We believe that this can only be achieved when excellence in health outcomes is matched with positive patient experience.

Impacting the patient experience involves leveraging the knowledge of patients, families and other informal caregivers in planning and decision-making. The incorporation of these perspectives ensures that care plans will be appropriate and ultimately more effective in improving patient outcomes.

To do this, the Toronto Central LHIN has launched a Citizen's Panel, a group of patients, caregivers and residents, who will work in partnership with us to improve local health care. The panel will help the LHIN align our planning and strategy with the needs and priorities of those who touch our health care services every day.

Our goal is to achieve a patient experience that is:

- seamless, where transitions are barrier free across sectors and facilities;
- supported by open and effective communication between patient and provider as well as, across providers;
- culturally appropriate and culturally competent, and

- inclusive of family, caregivers – across all generations.

Innovation & System Sustainability

In order to ensure that we can meet the needs of Ontarians today and in the future, the health care system must become sustainable and transparent. The system is operating within a tight fiscal environment. While this brings challenges, it also presents opportunities to explore innovations that drive quality and value from our health care investments. Key to the sustainability of our health care system is the importance of ensuring that care is happening in the right place at the right time.

A key enabler to developing, and leveraging innovation across the TC LHIN is our partnership with Academic Health Science Centres and other key hospital leaders within our LHIN. The fact that the TC LHIN has the largest concentration of Academic Health Science Centres within our geography, is a unique and positive opportunity that should be recognized in our strategic plan. Our academic hospital partners provide ongoing leadership in system transformation, research and innovation which is often utilized in LHIN planning and project design in order to develop innovative programming or solutions to common barriers.

Recognizing this important resource within the TC LHIN is critical to ensure that we continue to build on established partnerships as a foundation to realize our goals of transformation within the primary and community care sector, taking a population health approach, and designing health care for the future.

Our ability to achieve this goal relies on careful, data driven capacity planning and design of the system that fully leverages our resources across the entire spectrum of health care. This plan will ensure that we are able to meet the needs of the population in our catchment area, while supporting and maintaining the critical role our health care partners play in providing specialized services to the province.

Enhanced performance measurement, reporting and performance management will help to safeguard quality.

Environmental Scan

Patients First Discussion Paper

On December 17, 2015 the Minister of Health and Long-Term Care released a discussion paper, *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario* that outlines proposed changes for the health system. Anchored around enhanced accountability for LHINs and a more patient-centred system, the proposed structural changes would see LHINs assume responsibility for home and community care, have greater involvement with primary care, and have improved linkages with population and public health planning.

To determine the future outlook for the Toronto Central LHIN, we examined current trends in Ontario's health system and analyzed feedback collected from our stakeholders.

Provincial Considerations

As the LHIN is influenced by provincial directions, it is critical that our new strategic plan aligns with provincial priorities. In the fall 2014, the Premier of Ontario publicly released mandate letters to each Minister within the cabinet. Health priorities were included in many mandate letters outside of those for the Ministry of Health and Long-Term Care. This emphasizes the cross-Ministry and collaborative nature of health care, indicating the need for co-operation between sectors. Fiscally, the province of Ontario is still very significantly restrained. This has obvious implications for our LHIN and health service providers, in that the expectation will be to do more with the same, while public expectations for health care delivery remain high.

Recognizing that LHIN boundaries should be invisible to patients and that there are standards that everyone should be able to expect regardless of where they live, the 14 LHINs across Ontario have engaged in collaborative planning. The 14 LHIN CEOs have developed four strategic directions to guide their next round of planning at the individual LHIN level. They are: 1) Transform the patient experience through a relentless focus on quality, 2) Build and foster integrated networks of care, 3) Tackle inequities by focusing on population health, and 4) Drive innovative and sustainable service delivery.

Stakeholder Feedback

The development of the strategic plan was heavily informed by feedback received through engagement and outreach. Upon analysis, six themes emerged, each having an important influence on the future direction of the Toronto Central LHIN.

Population Health & Equity

Planning across different sectors is critical to improving the health of the broader population. This means continuing our planning in conjunction with housing, social services, justice, emergency responders and many other partners in the community. Through consultations we heard that Toronto Central LHIN is effective at identifying sub-sets of the population that have poor health outcomes relative to the rest of the population, and in implementing targeted approaches to improve the health of that specific group. This work needs to be scaled up to other populations in need.

Community Care

Shifting funding and support to strengthen community services is a priority, and it was identified that measuring quality of care is critical to assessing the impacts. Beyond beds and spaces, developing and providing tools and technology were identified as opportunities for the Toronto Central LHIN to provide support and leadership. For example, community providers suggested developing a common electronic medical record and integrated back office systems to strengthen the sector as a whole.

Focus on Patients

While many patients indicated that they often receive excellent care from individual care organizations, coordination and communication across organizations continues to be poor. While providers assert that they deliver patient-focused care they are quick to concede that there is much room for improvement. The creation of tools by the LHIN such as the patient-oriented discharge summary, help improve communication and patient transitions between organizations.

Cross-LHIN Collaboration

Stakeholders and providers identified numerous issues when residents need services and care is delivered across LHIN boundaries. As many of the large academic hospitals are located in downtown Toronto, residents who live outside of the Toronto Central LHIN will often seek treatment here, and then return to their own community for primary and follow-up care. Similarly, many individuals who live outside of the Toronto Central LHIN, but work downtown will seek primary health care services during the day within the LHIN. These situations must be considered when working towards integrating care across LHIN boundaries. It is critical that the LHINs work together to coordinate care across LHIN boundaries and to ensure that, from the patient's perspective, they experience a true *system* of care.

Role of the Toronto Central LHIN

Toronto Central LHIN and its staff currently function as collaborators, conveners, facilitators and leaders. These roles need to continue and evolve. Work by the Toronto Central LHIN is seen by its care partners and the Province as leading edge, and often has shaped the provincial agenda by engaging the key partners in moving forward new and innovative ideas. An example of our leadership is the LHIN's work around data collection and use to inform decision making.

Risk Assessment

Toronto Central LHIN represents a diverse population of 1.2 million¹ people. Toronto has become North America's third largest city and the population is growing; in fact the rate of growth in the downtown core is outpacing the rest of the City of Toronto². The fastest growing age group in the city is seniors³ and this group is expected to make up one-fifth of Toronto's population by 2031⁴. Toronto remains a multicultural hub with the highest percentage of immigrants in Canada⁵. One-third of Toronto's immigrants are newcomers, having arrived in Canada within the last 10 years⁶. Over 140 languages are spoken within our city⁷. This unique city is home to some of the richest and poorest neighbourhoods in Canada, with 26% of residents living in low-income houses⁸. Additionally, Toronto Central LHIN's population includes 59,000 Francophones⁹, 5,000 homeless¹⁰, the largest lesbian, gay, bisexual and transgender communities in Canada and a rapidly growing urban Aboriginal population, many with complex health needs. These characteristics shape how people interact with the health care system and consequently, affect how we as planners design the system to meet their needs.

Key Risks

Rapid growth in downtown Toronto core

The rapid intensification of the downtown core poses challenges to the health care system. Growth is dramatic in the downtown and it is cumulatively larger than what has been previously acknowledged in planning estimates. Toronto's hospitals are seeing many more people in the emergency department and these people are very sick. Toronto Central LHIN is undertaking a City of Toronto Population Growth study to understand the demographics of the population in the high growth areas to determine the appropriate action.

Long-Term Care Home Capacity

There are two main risks regarding long-term care homes (LTCHs) in Toronto. There is a high probability that in the future Toronto Central LHIN will lose a significant proportion of LTCH beds, as operators choose to leave and locate outside of Toronto due to the high costs of building and operating in the city. Access to long-term care is already a significant issue. LTCHs are operating at 99% occupancy and the median time for a client to be placed in a LTCH within the LHIN is higher than the provincial average. Toronto Central LHIN has the third lowest long-term care bed to population ratio in the province. At the same time, LTCH residents have increasingly more complex needs, requiring specialized services that many homes are currently not equipped to provide. Any further loss of LTCH beds would have a profound impact on Toronto Central LHIN's ER wait times, alternate level of care (ALC) performance and patient access to the appropriate level of care. Without good patient flow, provincial programs such as neurosurgery, trauma, complex cardiac can be significantly impacted thereby reducing patient access to, and cancellation of, surgery. Given these increased pressures on LTC, Toronto Central LHIN and Central East LHIN require the preparation of a well-informed long term care capacity plan.

Long-Stay Alternate Level of Care (ALC)

When a patient is occupying a bed in a hospital and does not require the intensity of resources/services provided in this care setting (Acute, Complex Continuing Care, Mental Health or Rehabilitation), the patient is designated to be ALC at that time by the physician or her/his delegate. There are two main contributors to long-stay ALC; patients with mental health issues waiting for supportive housing or other community supports, and those patients waiting for placement in a post-acute setting such as LTCH. It is particularly challenging to place certain long-stay ALC patients in LTCHs (e.g., those with behavioural issues) given the 99% long-term care occupancy rate in Toronto Central LHIN.

Mental Health and Addictions

Toronto Central LHIN has a significant shortage of community-based addiction and mental health programs. In response, the LHIN is developing a comprehensive plan address some of the service gaps, and to decrease the number of ED readmissions and avoidable use of ED by mental health

and addiction patients. This will challenge the LHIN in meeting its MLAA performance targets for both addictions and mental health readmission rates and avoidable admissions.

Integrated Health Service Priorities

Designing Health Care for the Future

Ontario's health care system is undergoing a fundamental shift in the way we think about, plan for and fund health care services. Our standard of excellence is no longer a system where each provider does a first-rate job on their discrete piece of patient care. We are now focused on whole episodes of care, ones that better reflect the way that patients see their journey through the system as they move from primary health care, to hospitals, to the community.

Redesign of services has already begun with collaborative multi-sector tables that bring together all relevant players to deliver more effective, integrated and seamless care for cardiac, palliative, stroke and orthopedic patients.

The system of the future is one that is designed to leverage the best available evidence identified through organizations such as Health Quality Ontario (HQO) or Provincial Expert Panels. This evidence is then brought to life by our health service providers who apply it to the local context. Our future system is characterized by the seamless flow of information and warm handoffs of patients as they move from one provider to another, and technology will be leveraged to support this. It is designed through the incorporation of a diverse set of patient perspectives and is only complete if it manages to relieve suffering by reaching beyond the clinical interventions to capture many facets of the patient experience.

This redesigned system will be enabled by structural changes that align incentives with the objectives that have been set out. These include the continued implementation of new provincial funding models; strategic integration of services and health service providers; and new accountability measures introduced at the Provincial and LHIN levels designed to measure integration of care.

LHIN Approach to Delivering on this Strategic Priority

By leveraging the best available evidence and data, the LHIN will develop and/or redesign services and programs in order to ensure they are grounded in the local context and reflect patients' experience of their journey through the system. The LHIN will maximize the use of new or emerging technologies to drive this work forward.

Patient Pathway Redesign

Clinical services that are designed around the needs of the patient often span multiple sectors from acute, to community and primary care. They are framed not as an episode of care, but rather as the continuum of care that reflects the patient journey. The goal of redesign is to ensure the best outcome for the patient and the system. This includes care pathways that provide the most direct route for getting safe, effective (patient outcomes) and appropriate care (system outcomes).

Strategic Integration

Voluntary, facilitated, and directed integrations are tools for delivering a more coherent and sustainable system. The redesign of service pathways and work to transform community care will yield opportunities for organizational integration.

The LHIN will develop an integration plan to unlock system capacity by addressing the natural barriers that occur between organizations and sectors.

Supporting Innovation

As demands on the health system change, innovative solutions are required to keep the population healthy. Innovation silos exist and leading practices are not always effectively shared and implemented across the system.

The LHIN must maintain some flexibility to respond to emerging opportunities and changing environments. Adopting a culture of innovation will include supporting spread and scale of successful initiatives, and keeping a small amount of funding to support this work is essential to addressing local needs. Funding may be used to evaluate promising practices and to support implementing evidenced-based approaches in the rest of the system.

Quality Improvement

Developing quality indicators relevant for driving clinical and service planning changes is a provincial level priority. As this work is carried out at provincial tables, we need to tailor this work and develop local regional implementation plans.

Digital Health Strategy

Information technology and information management are key elements in empowering patients and connecting the various sectors of the health care system. They eliminate duplication allowing patients, family caregivers, and service providers to share information and coordinate services quickly and efficiently as people transition through the care continuum.

Leveraging information management and information technology investments made at the local, regional, and provincial levels will drive health care transformation and enable informed system planning decisions. Solutions implemented in the next three years will be reflective of the IHSP's strategic framework.

Goals of this Strategic Priority

- Align funding mechanisms and service design with specific targets for improved patient outcomes.
- Engage diverse populations in service redesign.
- Work with health service providers to re-organize the system to enable strategies based on the best available evidence.

- Integrate the patient experience by allocating funding to the patient journey rather than individual tests, visits and procedures.
- Leverage funding tools to encourage health service providers to align their services with broader health care objectives.
- Encourage strategic integration of services.
- Use Toronto Central LHIN's local data sets to plan for the implementation of the Ministry's long-term plan for the capacity of the health care system.

Consistency with Government Priorities

Please see section *Linkages with the Provincial Plan* on page 4.

Action Plans	Please indicate the status of project (Not Yet Started, In Progress, Deferred, or Completed) and if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
"We will deliver the following"	2016/17		2017/18		2018/19	
	Status	%	Status	%	Status	%
1.1 Put patients and caregivers at the forefront of our program design a. Launch a TC LHIN Citizen's Panel to advise and inform planning and design. b. Have a strong patient complaints process in place that will identify complaint themes, improve transparency, and drive our continuous quality improvement efforts.	Complete	100				
	Complete	100				

1.2 Redesign care and funding for priority clinical populations a. Continue implementation of the MOHLTC Integrated Funding pilot projects b. Create TC LHIN Integrated/Bundled Funding model (IFM) pilots c. Develop pathways to support improvement of MLAA indicators for Hip & Knees d. Expand best practice care for Chronic Heart Failure (CHF), Chronic Obstructive Pulmonary Disorder (COPD), and Pneumonia e. Improve access to high quality palliative care in alignment with OPCN.	Complete	100				
	In progress	50	In Progress	75	Complete / becomes status quo	100
			Complete	100		
	In progress	50				
	In progress	75	Complete	100		
	In progress	75	Complete	100		
1.3 Drive integration of HSPs a. Develop and implement an integration framework to encourage and facilitate integration of services	In Progress	50	Complete	100		
1.4 Improve communication and connectivity between HSPs a. Implement a TC-LHIN wide digital health plan b. Harmonize existing LTC outreach services (Behavioral Supports Ontario, etc)	In progress	50	In progress	75	In progress	100
	In progress	50	Complete	100		

1.5 Support new and innovative approaches to care delivery a. Create a framework to identify, spread and scale innovations across TC LHIN	In progress	25	In progress	50	In progress	75
1.6 Complete capacity planning in order to support patients / clients in appropriate setting (home, assisted living, LTC, etc.) a. Develop a Long-Term Care Home capacity plan for TC LHIN b. Complete City of Toronto population growth impact study	Complete	100				
	In progress	75	Complete	100		

How will we measure success?

Designing Health Care for the Future	MLAA Outcomes	Other Outcomes
1.1 Put patients and caregivers at the forefront of our program design	Not applicable	Patients' involvement in decisions about their care
1.2 Redesign care and funding for priority clinical populations	- Surgical access targets for Hip (MLAA) - Surgical access target for Knee (MLAA) - ER length of stay for complex patients (MLAA)	Change in proportion of funding between hospital and community settings for bundled payments
1.3 Drive integration of HSPs		Achieve expected value of integrations
1.4 Improve communication and connectivity between HSPs	% of patients who visit ED for conditions best managed elsewhere (MLAA monitoring)	
1.5 Support new and innovative approaches to care delivery	% of patients who visit ED for conditions best managed elsewhere (MLAA monitoring) (repeat) - Hospitalization rate for ambulatory care sensitive conditions (MLAA monitoring) (repeat)	

	• % of ALC days • ALC Rate	
1.6 Complete capacity planning in order to support patients / clients in appropriate setting (home, assisted living, LTC, etc.)	• % of patients who visit ED for conditions best managed elsewhere (MLAA monitoring) (repeat) • Hospitalization rate for ambulatory care sensitive conditions (MLAA monitoring) (repeat) • % of ALC days (repeat) • ALC Rate (repeat) • ED length of stay for admitted patients • ED length of stay for non-admitted patients	

What are the risks / barriers to successful implementation?

Risk/Barrier	Mitigation
Requires ongoing partnerships with and between HSPs and other external partners (i.e. City of Toronto).	Toronto Central LHIN will continue developing strong partnerships with external partners and health service providers. Toronto Central LHIN is developing cross-sector collaborative tables to facilitate health service providers working together to develop a shared vision and outline individual and shared commitments to achieving the vision.
Requires enhanced willingness from all HSPs to partner with patients, caregivers and residents to co-design care.	Toronto Central LHIN is encouraging a co-design approach for health service providers by modeling these behaviours at the LHIN level, and incorporating this into our engagement process. The LHIN is asking health service providers to co-design local delivery solutions with patients / clients, caregivers, families, and community members through our cross-sector collaborative tables. Toronto Central LHIN will establish the structure to achieve this.

Integrated Health Service Priorities

Taking a Population Health Approach

Our mandate is to deliver quality health care to all and this commitment is reinforced by Ontario's *Excellent Care for All Act*. The act states that we "[s]hare a vision for a Province where excellent health care services are available to all Ontarians, where professions work together, and where patients are confident that their health care system is providing them with excellent health care."

Toronto Central LHIN aims to fulfill this vision by addressing the needs of everyone who lives in or receives care within our geographic boundaries.

Planning across the health care system has generally been focused on meeting the needs of those actively receiving health care. Evidence suggests that by adopting a population health approach and proactively planning for the health needs of all people, will benefit both patients and the system. In taking this approach we are reorienting the work of Toronto Central LHIN towards activities that aim to improve the health status of the population as a whole, as well as its many sub-populations.

This work requires us to divide populations into sub-groups (or sub-populations) and understand the unique needs and challenges faced by specific sub-groups. Some of this work has already begun. For example, the LHIN has established nine Health Links across the city that focus on meeting the unique needs of the most complex clients and patients in the communities they serve (the top 1% and 5% of users of the system). This work will continue and be further refined to ensure our efforts and investments are directly benefitting patients. Lessons learned will be applied to other sub-populations. It is this type of targeted care that is required in order to address the unique needs of specific groups of people. Health care is personal and requires tailored approaches to be most effective.

We believe that good health is more than the absence of disease. Reorienting the health care system to take into consideration the broader social determinants of health that go beyond clinical and curative services is a major shift that can only be achieved through long-term strategic partnerships. This includes non-traditional partnerships with organizations outside the health care system, such as shelters, police, housing and employment centres, to work toward addressing the full range of factors that impact health.

LHIN Approach to Delivering on this Strategic Priority

Adopting a population health approach is a new concept for the LHIN and closer alignment with Toronto Public Health is required before the principles of population health can be fully integrated into the system and into the LHIN's planning.

This strategic priority tackles the building blocks and culture change required for successful population health planning.

Advancing Health Equity

The IHSP-4 and TC LHIN Strategic Plan 2015 - 2018 places renewed emphasis on the importance of taking a population health approach to regional health planning. Integral to this approach is the application of a health equity lens – a first step toward providing everyone in our catchment area with a fair chance to lead a healthy life. A clear and focused health equity strategy is needed for Toronto Central LHIN to operationalize our new and ambitious plan.

There are three pillars to advancing health equity in Toronto:

1. Achieving a change in culture to create a common vision for health equity.
2. Collecting standardized equity data and research.
3. Developing specific local interventions and spread of effective solutions.

Improving Health Outcomes for Vulnerable Populations

This LHIN will focus on the development of targeted approaches to closing the gap in health outcomes for specific populations. As the LHIN becomes more experienced in identifying gaps, engaging populations, and creating targeted solutions, this expertise will be extended to more of the LHIN initiatives.

Partnership Building

Recognizing that most of the factors that create inequities in health outcomes fall outside of the health care system, the LHIN is committed to developing effective partnerships with non-health sectors.

Goals of this Strategic Priority

- Establish accountability for ensuring that all residents within our catchment area have access to services.
- Harness a robust data collection system that captures the unique needs of the communities we serve. This data will support our ability to stratify populations into meaningful groups for planning, allow us to identify health inequities and other unmet needs, and develop appropriate and targeted solutions.
- Work with patients and health service providers within sub populations to implement targeted solutions that bridge gaps in access and appropriateness of care.
- Build strategic relationships with other partners (e.g., Toronto Community Housing, United Way, Toronto Police Service and Toronto Paramedic Services) to strengthen community and social supports and improve health.
- Engage marginalized populations.

Consistency with Government Priorities:

Please see above for section Linkages with the Provincial Plan on page 4.

Action Plans	Please indicate the status of project (Not Yet Started, In Progress, Deferred, or Completed) and if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
	2016/17		2017/18		2018/19	
"We will deliver the following"	Status	%	Status	%	Status	%
2.1 Establish LHIN sub-regions by bringing together sectors						
a. Define joint vision for integrated health service delivery	In progress	50	In progress	75	Completed	100
b. Create regional planning framework	In progress	75	Completed	100		

c. Launch Regional Quality Table to inform approach for quality improvement and integrated QIPs within LHIN sub-regions	In progress	75	Completed	100		
2.2 Introduce a LHIN sub-region population framework that integrates analytics with planning, investment decisions, and evaluation	In progress					
a. Develop LHIN sub-region analytics including equity and patient level data for planning		75	Complete	100		
b. Develop investment criteria that support unique requirements of LHIN sub-regions and health equity	In progress	75	Complete	100		
c. Advance a population-based funding approach at the LHIN sub-region level	In progress	50	Complete	100		
2.3 Develop shared population health goals and strategies with key (non-health) partners	Complete	100				
a. Launch a joint City of Toronto/ TC LHIN Leadership Table						
2.4 Improve population health outcomes through joint LHIN/Public Health partnership	In progress	50	In progress	75	Complete	100
a. Develop health equity and population health roadmap to guide LHIN sub-regional planning and implementation						
2.5 Work with vulnerable, marginalized, and priority neighbourhoods and / or population segments to plan appropriate and flexible models of care and support (health equity)						

a. Improve health equity by addressing gaps and priorities of the indigenous community in Toronto	In progress	50	Complete/ status ongoing	100	Complete/ status ongoing	100
b. Improve health equity for francophones, with a focus on vulnerable and marginalized populations	In progress	50	In progress	75	Complete/ status ongoing	100
c. Improve health equity for LGBT population	In progress	50	In progress	75	Complete/ status ongoing	100

How will we measure success?

Taking a Population Health Approach	MLAA	Other outcome areas of focus
2.1 Establish LHIN sub-regions by bringing together sectors	Not applicable	- Success in this work stream is largely determined by achieving key <i>deliverables</i> that are necessary for measuring outcome progress in other priority areas as well as identifying where to target a number of our interventions in order to achieve our Strategic Goals. - From a deliverable perspective, our focus in 2015/16 is on establishing baselines that provide a strong understanding of the health of our TC LHIN residents in order to understand where we should target our strategies and investments.
2.2 Introduce a LHIN sub-region population framework that integrates analytics with planning, investment decisions, and evaluation	Not applicable	Similar to 2.1, focus within this work stream is on establishing the partnerships and structures with non-Health partners necessary to significantly redesign the system for the future
2.3 Develop shared population health goals and strategies with key (non-health) partners	Not applicable	Similar to 2.2, performance objectives within this priority area will be developed in partnership with Public Health

		Future measures will focus on prevention and wellness will include smoking rates, hypertension, childhood wellness (e.g. obesity, screening targets), and availability of housing with supports.
2.4 Improve population health outcomes through joint LHIN/Public Health partnership	<u>For marginalized / priority populations (health equity focus)</u> - Repeat unscheduled emergency visits within 30 days for MH (MLAA) - Repeat unscheduled emergency visits within 30 days for SA (MLAA) - Readmissions by HIG conditions (MLAA)	<u>For marginalized / priority populations (health equity focus)</u> - Primary care attachment for those that want to be attached - Suicide rates % of complex patients with coordinated care plans (Health Links)
2.5 Work with vulnerable, marginalized, and priority neighbourhoods and / or population segments to plan appropriate and flexible models of care and support (health equity delivery)		

What are the risks / barriers to successful implementation?

Risk/Barrier	Mitigation
Requires willingness from non-HSP/contracted partners to develop shared vision, goals and performance measures.	The LHIN encourages partnerships between non-HSPs and has reflected population health goals in its performance framework to encourage joint planning. The LHIN will expand invitations to the cross-sector collaborative tables at the sub-region level to include non-health partners and its partners that have an influence over social determinants of health.
Improvement in population health is complex and out of the direct control of any one organization acting alone, a commitment to shared goals for improved outcomes is required across system.	The LHIN is focused on bringing together partners focused on improving population health and leveraging joint capacity.

Integrated Health Service Priorities

Transforming Primary and Community Care

For most patients, community-based care is the optimal place of care and is often less costly than institution-based care. Demand for community-based care is on the rise and, even with increased government spending in this sector, further investments in infrastructure may be required so the community can shoulder its increasing share of responsibilities.

A patient's long-term relationship with their primary health care team is the cornerstone of care. This relationship has the potential to anchor efforts to drive integration and coordination of the patient journey. In order for primary health care to make a meaningful contribution to system integration, the LHIN will need to find ways to engage primary health care providers in a shared accountability for patient outcomes.

Transforming primary health and community care means creating conditions that empower patients to get the care they need with ease. The LHIN will invest in strategies that make "every door the right door", simplifying access and driving integration.

We will focus on building common infrastructure, common spaces, shared services for IT and decision support in order to bring providers together.

Toronto Central LHIN is leveraging new investments from the provincial government to establish innovative models of care that are both patient-centered and cost-effective.

LHIN Approach to Delivering on this Strategic Priority

Supporting and leading primary care and community transformation, the LHIN will invest in strategies that draw primary care into the broader health care system, simplifying access and driving integration between services in the community.

Access to Integrated Home and Community Services

The Home and Community Care sector is composed of public and private providers, the majority of which have multiple funders and offer both health and non-health services. This has resulted in a plethora of small home and community agencies that offer similar services and compete for the same funding sources.

Patients and their families find it difficult to obtain appropriate services in a timely and coordinated fashion. As a result, patient experience can be fragmented and for some, their full health potential is not realized.

The goal of redesign is to ensure the best outcome for the patient and the system. This includes care pathways that provide the most direct route for getting safe and effective care (patient outcomes) and the most appropriate care (system outcomes).

More patients with greater acuity are receiving care in the community. Consequently, resources and investments are being redirected to the sector. This shift requires increased capacity among community service providers to absorb the increase in volumes.

Reforming Primary Care

Primary health care is undergoing significant reform in Ontario, moving from predominantly solo practices to interdisciplinary group practice models. The intent of these reforms is to create the conditions for a primary care system better equipped to manage the health of the population efficiently and effectively.

This program is focused on integrating Primary Care with the rest of the system in order to improve access, flow and transitions across the continuum of care.

Building Community Capacity

System transformation has been focused on improving the patient experience, quality of care and system sustainability by shifting care away from high cost acute care hospitals and into the community and the home. Building the capacity of the community sector is key to ensuring the sector can be an equal partner in a transformed health care system.

The focus will be on building collaboration and realizing efficiencies through investing in common infrastructure and spaces, leadership and professional development opportunities, and shared services for IT and decision support in the community.

Goals of this Strategic Priority:

- Increase capacity for services and service integration.
- Develop technology that allows for sharing patient data across sectors and providers.
- Develop common tools and IT infrastructure to support the community.
- Draw on a range of supports outside of the health portfolio.
- Create new models to integrate providers around the needs of patients and neighbourhoods.
- Co-locate services in a way that is meaningful to the local community.
- Target funding to drive strategic integrations.

Consistency with Government Priorities:

Please see above for section *Linkages with the Provincial Plan on page 4.*

Action Plans	Please indicate the status of project (Not Yet Started, In Progress, Deferred, or Completed) and if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
“We will deliver the following”	2016/17		2017/18		2018/19	
	Status	%	Status	%	Status	%
3.1 Support the development of primary care networks within LHIN sub-regions a. Develop primary care work plans for each LHIN sub-region b. Establish primary care leadership capacity for LHIN sub-regions	Complete	100	In progress	75	Complete	100
	In progress	25				

C. Align Health Links within primary care model	In progress	25	In progress	75	Complete	100
3.2 Implement and evaluate a model of integrated home and community-based care						
a. Consult with community sector and bring recommendations for basket of services and alignment to LHIN sub-regions	Complete	100				
b. Develop policy for community hubs in alignment with provincial approach and TC LHIN integrated population-based service delivery model as well as health equity framework	In progress	50	Complete	100		
a. Improve MLAA performance for community indicators (nursing and personal support access measures)	In progress	50	In progress	75	Complete	100
3.3 Launch model for system resource partners with LHIN sub-regions						
a. Develop a Memorandum of Understanding (MOU) and accountability agreements to provide resource capacity	Complete	100				
b. Finalize structure and develop work plans for resource capacity organizations aligned with primary care objectives	In progress	75	Complete	100		
3.4 Undertake joint planning with CCAC						
a. Create joint planning partnership with TC CCAC for coordination and functional alignment in LHIN sub-regions	Complete	100				
b. Implement Home and Community Care Roadmap	In progress	50	In progress	75	Complete/ Status ongoing	100

How will we measure success?

Transforming Primary Health and community Care	MLAA	Other Outcome areas of focus
3.1 Support the development of primary care networks within LHIN sub-regions	- Percent of acute patients who have had a follow-up with a physician within 7 days of discharge (MLAA monitoring indicator) - Hospitalization rate for ambulatory care sensitive conditions (MLAA monitoring indicator)	- Primary care attachment for those that want to be attached - Same day / next day access to primary care
3.2 Implement and evaluate a model of integrated home and community based care	- Wait time from CCAC assessment to in-home services (MLAA) - ED length of stay for minor/uncomplicated patients (MLAA)	
3.3 Launch model for system resource partners within LHIN sub-regions	Percent of acute patients who have had a follow-up with a physician within 7 days of discharge (MLAA monitoring)	
3.4 Undertake joint planning with CCAC	5 day target for personal support (MLAA) 5 day target for nursing (MLAA)	Achieved milestones in defined work plan

What are the risks / barriers to successful implementation?

Risk/Barrier	Mitigation
Requires strong partnerships with Physicians and primary care partners	The LHIN is focused on strengthening partnerships within primary care by leveraging and engaging leaders across the system. The LHIN is establishing Primary Care leads to facilitate the growth of these relationships.
Requires ability to engage solo practice physicians to establish strong primary care networks without funding levers	
Requires integration or very strong coordination across a number of community agencies to establish an integrated approach to community service delivery	The LHIN is developing an approach to integration which is informed by community providers and agencies. The LHIN has identified a need to create enhanced care coordination / navigation that is systems-based and focused on patient need. The LHIN will build on current sector-based resources to achieve a system-vision.

Integrated Health Service Priorities

Achieving Excellence in Operations

To achieve this strategic plan, Toronto Central LHIN will need to strengthen its own capacity. Over the last nine years, the LHIN model has matured, evolving over time from simply carrying out the management of contracts for the provision of health care services to an organization that is leading data driven planning for the populations we serve.

Toronto Central LHIN has a proven track record of leveraging emerging technology and building analytic capacity to carry out effective planning. We believe there are further opportunities to strengthen our role and effectiveness in the system. There are a number of specific areas that we intend to focus on over the next four years to improve our overall performance. To effectively manage the health care system we will need to invest in the following areas:

- **Enhanced data and analytics:** In the current fiscal environment, making informed decisions about investments is more important than ever. We know that ready-access to comprehensive data is essential to effectively manage the health care system, but this is one area where the system has fallen behind. To improve access to information and facilitate integration, Toronto Central LHIN will support the identification of IT solutions that can be leveraged across the system.
- **Evaluation methodologies:** We need to properly assess our work, so we can maximize our investments and make informed decisions.
- **Community engagement activities with priority and at-risk populations:** We need to understand individual needs and challenges so we can tailor solutions and facilitate access to appropriate care.
- **Policy and strategy frameworks:** These will be developed to create consistency and clarity of purpose to guide decision making for managing growth, implementing funding reform, brokering service changes and driving strategic integration.
- **Cross-sectoral partnerships:** Adopting a population health approach requires us to work with a number of health and non-health partners so we can maximize our effectiveness and reach.

Goals of this Strategic Priority:

- Facilitate integration and partnerships via shared tools and projects.
- Build the core competencies of the Toronto Central LHIN.
- Initiate public reporting of performance metrics to drive provider excellence in care delivery.
- Build leadership capacity to support change management in the system.
- Develop policy frameworks to guide health equity and community engagement activities.

Consistency with Government Priorities:

Please see above for section *Linkages with the Provincial Plan on page 4.*

Action Plans	Please indicate the status of project (Not Yet Started, In Progress, Deferred, or Completed) and if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
"We will deliver the following"	2016/17		2017/18		2018/19	
	Status	%	Status	%	Status	%
4.1 Develop, implement and evaluate a system of performance measurement and management a. Improve performance of MLAA indicators b. Operationalize a performance measurement framework for strategic goals, priorities and organizational performance c. Collaborate with LHINs to develop pan-LHIN performance management framework d. Respond to the Provincial Auditor General Report on LHINs e. Create an evaluation framework	In progress	50		100		
	In progress	50	Complete	100		
	Complete	100				
	In progress	50	Complete	100		
	Complete	100				
4.2 Expand excellence in communications and engagement a. Review and update LHIN internal and external communications plan b. Launch TC LHIN Board Portal c. Develop and launch HSP satisfaction survey d. Complete and release community development framework to engage vulnerable/ marginalized populations	Complete	100				
	Complete	100				
	In progress	75	Complete	100		
	In progress	50	In progress	75	Complete	100
4.3 Improve organizational efficiency and effectiveness (internal) focusing on HHR, processes, and IT capabilities a. Review Organizational Effectiveness to respond to proposed expanded LHIN mandate*	Complete	100				
	TBD		Complete	100		

b. Develop transition project team for expansion of LHIN mandate and services*	In progress	75	Complete	100		
c. Complete expansion of EMCT to all LHINs	In progress	50				
d. Complete work plans for LHINC and LSSO approved by LHINs			In progress	75	Complete	100
4.4 Improve HSP organizational efficiency and effectiveness (external)						
a. Develop funding and project management tool for LHIN discretionary funding	In progress	50	In progress	75	Complete	100
b. Identify opportunities for shared services in community sector	In progress	50	In progress	75	Complete	100
c. Implement solution to deliver full view of the patient journey across community, primary care and hospital to support improved planning analysis and evaluations	In progress	50	Complete	100		
d. Enhance HSP 360 to align to TC LHIN strategy and performance needs (incl. LHIN sub-regions)	In progress	75				

*subject to legislation

How will we measure success?

Achieving Excellence in Operations	MLAA	Other outcome areas of focus
4.1 Develop, implement and evaluate a system of performance measurement and management	Not applicable	HSP Performance against selected performance measures
4.2 Expand excellence in communications and engagement	Not applicable	TC LHIN performance rating by HSPs
4.3 Improve organizational efficiency and effectiveness (internal) focusing on HHR, processes, and IT capabilities	Not applicable	- TC LHIN performance rating by HSPs (repeat) - Staff satisfaction
4.4 Improve HSP organizational efficiency and effectiveness (external)	Not applicable	HSP Performance against selected performance measures (repeat)

		HSP Financial health (e.g. current ratio, % overhead expense, % working capital)
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What are the risks / barriers to successful implementation?

Risk/Barrier	Mitigation
Requires change management internally and externally should there be any legislation or policy changes.	Change management plans will be put in place as necessary.
Requires participation by HSPs and system partners in system improvements.	The LHIN is cross-sector partnerships and planning tables that enable ongoing participation with HSPs and system partners focused on improvements.

LHIN Operations Spending Plan

TC Operations Spending Plan (FORM 1C)		241		
LHIN Operations (\$)	2015/16 Actual	2016/17 Allocation	2017/18 Planned Expense	2018/19 Planned Expense
Operating Funding (excluding initiatives)	5,535,121	5,535,121	5,639,985	5,768,552
Initiatives Funding (including E-Health, A@H, ED, Wait Time, etc.)	4,068,677	3,795,421	3,795,421	3,795,421
Salaries and Wages	3,472,148	3,686,763	3,760,498	3,835,708
HOOPP	299,628	262,364	274,846	280,343
Other Benefits	467,894	523,018	517,939	547,069
Total	767,521	785,382	792,784	827,412
Transportation and Communication				
Staff Travel	22,552	24,435	24,435	24,435
Governance Travel	309	-	-	-
Communications	33,099	23,030	23,030	23,030
Others		15,000	15,000	15,000
Total Transportation and Communication	55,960	62,465	62,465	62,465
Services				
Accommodation	384,631	322,393	346,119	364,848
Community Engagement				
Advertising		-	-	-
Banking				
Consulting Fees	274,578	35,000	35,000	35,000
Equipment Fees	2,230	21,540	21,540	21,540
Insurance	5,389	15,000	15,000	15,000
LSSQ Shared Costs	235,978	242,761	242,761	242,761
LHIN Collaborative	47,500	50,929	50,929	50,929
Other Meeting Expenses	25,704	27,153	27,153	27,153
Board Chair's Per Diem Expenses	17,675	30,000	30,000	30,000
Other Board Members' Per Diem Expenses	38,375	50,400	50,400	50,400
Other Governance Costs	1,025	19,600	19,600	19,600
Printing and Translation	85,007	68,270	68,270	68,270
Staff Development & others	46,090	74,866	74,866	74,866
Other Services		-	-	-
Total Services	1,164,162	957,912	981,638	1,000,367
Supplies and Equipment				
IT Equipment	27,397	24,800	24,800	24,800
Office Supplies & Purchased Equipment	46,013	17,800	17,800	17,800
Other S & E			-	-
Total Supplies and Equipment	73,410	42,600	42,600	42,600
Capital Expenditures				
LHIN Operations: Total Planned Expense	5,533,220	5,535,121	5,639,985	5,768,552
Annual Funding Target	9,603,796	9,330,542	9,435,406	9,563,973
Operating Surplus (Shortfall)	1,901	0	0	0
Amortization of Tangible Capital Assets	316,271	235,550	208,403	206,403
Initiatives Spending				
EMCT	500,000	200,000	200,000	200,000
Aboriginal Community Engagement	20,000	20,000	20,000	20,000
ALC Resources Matching & Referral Business Trans	125,000	288,993	288,993	288,993
Critical Care Lead	75,000	75,000	75,000	75,000
Diabetes	1,108,715	1,108,715	1,108,715	1,108,715
ED Lead	75,000	75,000	75,000	75,000
e-Health	440,000	510,000	510,000	510,000
ER/ALC, Performance Lead	100,000	100,000	100,000	100,000
French Language Service	106,000	106,000	106,000	106,000
French Planning Entities	568,713	568,713	568,713	568,713
Pan/Parapan Am Games LHIN Coordination	207,249	-	-	-
Primary Care LHIN Lead	75,000	75,000	75,000	75,000
Provincial End of Life Network (LHINC)	30,000	30,000	30,000	30,000
LHINC	640,000	640,000	640,000	640,000
LHIN Operations and Initiatives- Total Actual/Planned Ex	9,601,897	9,330,542	9,435,406	9,563,973

LHIN Staffing Plan (Full-Time Equivalent)

Position Title	Forecast as of Mar. 31/2015 FTEs	2016/17 Forecast FTEs	2017/18 Forecast FTEs	2018/19 Forecast FTEs
TC LHIN Operations				
Administrative Assistant	3	3	3	3
Business Manager/Business Support Coordinator	1	1	1	1
CEO	1	1	1	1
Communication Specialist	1	1	1	1
Communications Assistant/Coordinator	1	1	1	1
Community Eng and Communications Consultant	1	1	1	1
Community Engagement and Strategy Advisor	1	1	1	1
Consultant	4	4	4	4
Coorporate Coordinator	1	1	1	1
EMCT Lead	-	1	1	1
Executive Assistant	2	2	2	2
Finance Lead	1	1	1	1
Financial Analyst	1	1	1	1
Financial Coordinator	1	-	-	-
French Language Services Coordinator	1	1	1	1
Health Design Consultant	1	1	1	1
Pan Am Games Emer Lead Planner	1	-	-	-
Perf Measurement Analyst	2	2	2	2
Planner	1	1	1	1
Project Coordinator	-	1	1	1
Project Manager - Ehealth	1	1	1	1
Receptionist	1	1	1	1
Senior Director	5	5	5	5
Senior Lead-RMR	1	-	-	-
SR Finance Advisor/Sr. Consultant	1	1	1	1
Sr Financial Analyst-Funding	1	1	1	1
Sr Financial Analyst-Operation	1	1	1	1
Sr Financial Analyst-Shared Services	1	1	1	1
Sr Financial Analyst-Transfer Payment	1	1	1	1
Sr Perf/Cont/Alloc Consultant	4	4	4	4
Sr Planner	2	2	2	2
Sr. Consultant	6	4	4	4
Sr. Integration Consultant	1	1	1	1
Sr. Policy Advisor	-	1	1	1
Sr. Project Analyst - RMR	1	-	-	-
Performance Analyst	-	1	1	1
Total	52	50	50	50

Communications Plan

Business Objectives

The Annual Business Plan (ABP) is a document essential to the work of Toronto Central LHIN. It guides the work of the LHIN in three ways:

- 1) Builds on past successes and outlines the action plans and resources to be allocated in the upcoming year as a way to reach the goals and objectives outlined in the IHSP 2016-19.*
- 2) Provides a framework the LHIN can use to communicate the impacts of regional decision-making on health care delivery.*
- 3) Provides an opportunity for the LHIN to fine-tune its strategies during the coming year.*

Guided by Ontario's vision "to make Ontario the healthiest place to grow up and grow old", the ABP acts as a guide for how Toronto Central LHIN will develop a regional system of integrated health care across the care continuum, from primary care and public health through to community, acute and long-term care. Activities include:

- Improving access to a better integrated Primary Health Care System;
- Supporting Primary Health Care with better management of chronic conditions;
- Integrating primary, home and community care;
- Deepening our understanding of the LHIN sub-regions, the unique needs of the diverse residents within each, and developing tailored strategies to meet those needs;
- Sustaining a strong hospital system that delivers high quality health care;
- Partnering with health and non-health entities to improve the health of all Torontonians;
- Strengthening Community Support & Community Mental Health and Addictions Service;
- Improving access to quality Mental Health and Addictions Services;
- Enhancing an effective and comprehensive information management system; and
- Improving measurement and actions to ensure positive patient experience.

Toronto Central LHIN has also adopted four strategic priorities that will guide our investments and activities to drive the reforms needed to achieve our goals:

- Designing Health Care for the Future
- Taking a Population Health Approach
- Transforming Primary Health and Community Care
- Delivering Excellence in Operations

Communications Objectives

1. To raise awareness with the public and health service providers about what the LHIN is doing to improve local health care service and delivery toward a healthier Toronto.

2. Create awareness of specific actions and accountabilities for each stakeholder to ensure successful implementation of TC LHIN's 2015-18 Strategic Plan.
3. Proactive and timely communications to the public, including patients and caregivers, that have clarity of purpose and are customized based on audience.

Context

The Toronto Central LHIN's Strategic Plan identifies actions to be taken to improve our uniquely urban health care system and respond to the changing needs of the people served in our LHIN. Recognizing the breadth of the factors that contribute to health outcomes, a considerable amount of LHIN resources have been dedicated to building the foundation upon which a newly transformed health care system will rely. This work involves an investment plan for the transformation of the community sector, a significant shift towards population health planning, and the development of a system-wide focus on quality and equity.

The Toronto Central LHIN's 2015-18 Strategic Plan and the initiatives laid out in this ABP are strategically aligned with government direction and priorities, including the Patients First Action Plan for Health Care, the Patients First Roadmap to Strengthen Home and Community Care, and the Premier's Mandate Letter to the Minister of Health and Long-Term Care.

Target Audiences

The Toronto Central LHIN communicates with many audiences, all of which have various levels of interaction with and understanding of. We tailor our communication efforts for each audience, and we aim to establish mechanisms for two-way dialogue.

Audience	Internal Audiences	External Audiences
Primary – <i>these are the audiences that have a direct stake in our work.</i>	- Board of Directors - Senior Management Team - Staff - Physician Advisors	- Ministry of Health and Long-Term Care - Toronto Central HSPs: - Mental Health and Addictions Agencies - Toronto Central Community Care Access Centre - Community Health Centres - Community Support Services - Hospitals - Long Term Care Homes - Patients/Clients, Caregivers and Family Members

Audience	Internal Audiences	External Audiences
Secondary – <i>these are the audiences who have an interest in our work.</i>	• Advisory Groups • Toronto Indigenous Health Advisory Circle • French Language Services • Mental Health and Addictions • Children and Youth • Health Professional Advisory Committee • Strategic Advisory Council • Integrated Health System Emergency Response • Citizens' Panel	• Public (all residents of Toronto Central LHIN and those who access services within its boundaries), which includes both the general public and the informed public. • Media • Members of the Provincial Parliament (MPPs) • Public Health Units • Other funders • Other community agencies • Police • Toronto Community Housing • United Way • Toronto Public Health • Primary Care Providers

Key Messages

Toronto Central LHIN

- Over the last five years, Toronto Central LHIN has made significant progress toward improving the health care for our residents and we are well positioned to continue to support health system transformation in the future.
 - We have developed strong relationships outside of health care and are looking at the broader factors that impact people's health.
 - We are ensuring the system is reliable for many years to come by actively supporting the integration of services to reduce cost and increase efficiency.
 - We have created innovative tools and started to gather data to help us better understand the unique needs within our communities.
- As the health system continues to shift focus toward more patient-centered care, Toronto Central LHIN will remain accountable to our residents and ensure that the system is able to meet the needs of all those who access care in the Toronto Central LHIN.
- Toronto Central LHIN will support a system that is coordinated, inclusive and provides timely access to high quality health care so that everyone has a fair chance to lead a healthy life.
- While maintaining our core business of funding, performance management, planning, and design, Toronto Central LHIN will be guided by three overarching goals:
 - **A Healthier Toronto** aims to improve the overall health of everyone in our city and to find new ways to reach those who do not regularly access health services. We will seek out community-driven solutions to address barriers in care.

- **Positive Patient Experiences** will include the perspective of the patient and their caregivers, while driving system changes that will result in care that is cost-efficient, of high quality, and easy to navigate.
- **Innovation & System Sustainability** will involve applying innovations to help us respond to fiscal restraints and by maximizing value from our health care investments.
- Our sights are set firmly on these goals and to achieve them the Toronto Central LHIN will work to deliver the following priorities.
 - Designing Health Care for the Future
 - Redesign the system to improve outcomes and patient experience.
 - Taking a Population Health Approach
 - Tackling the needs of the whole population and the sub populations within.
 - Transforming Primary and Community Care
 - Invest in the community by building a robust and integrated home, community and primary health care system.
 - Delivering Excellence in Operations
 - Strengthen the Toronto Central LHIN's internal capacity to effectively manage the health care system.
- We will be relentless in our efforts to ensure that our community's voice is reflected in the work we do and we will continue to engage our communities to ensure our strategies and initiatives are grounded in and guided by what matters most to the individuals, families and communities we serve.
- Anchored in enhanced accountability for LHINs and a more patient-centred system, the structural changes proposed in *Patients First* would see LHINs assume responsibility for home and community care and system integration, have greater involvement with primary care, and improved linkages with population and public health planning. We believe these changes would allow us to work with new partners and in new ways to improve the local health care system.

Patients First

- Patients First means a caring, integrated experience for patients and faster access to quality health services for all Ontarians.
- The *Patients First: Action Plan for Health Care* sets clear and ambitious goals for Ontario's health care system in order to put patients at the centre of our health care system by improving the health care experience:
 - Access
 - Improve access - providing faster access to the right care.
 - Connect

- Connect services - delivering better coordinated and integrated care in the community closer to home; providing better home and community care.
- Inform
 - Support people and patients - providing the education, information and transparency Ontarians need to make the right decisions about their health.
- Protect
 - Protect our universal public health care system - making decisions based on value and quality, to sustain the system for generations to come.
- As the next logical step in the *Patients First Action Plan*, *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario* proposes a path toward providing better access to care no matter where you live by better connecting health care services.

Strategic Approach

Moving forward, our communications will position the LHIN as a valued key player within the transformation of Ontario's health system, and as the lead in health system transformation in Toronto. Toronto Central LHIN will undertake different communications strategies in support of the ABP priorities and actions based on the specific objectives and audiences/stakeholders. Overall our communications will:

- Continue to develop and leverage opportunities to build the reputation and establish credibility of the Toronto Central LHIN by informing health care providers and residents of Toronto about programs and initiatives that will improve care for all.
- Inform and build awareness among health service providers of shared accountability of the LHIN and health service providers in transforming the health system.
- Ensure stakeholders understand the role of respective organizations and support integration opportunities that improve patient care.

Additionally, Toronto Central LHIN's communications initiatives will support the Ontario government's Patient's First: Action Plan for Health Care (February 2015). Specifically, LHINs have a responsibility in important provincial initiatives such as Health System Funding Reform, Health Links and the health initiatives for seniors. These priorities will be featured in our ongoing communications efforts.

Tactics

Our LHIN has a comprehensive range of communication vehicles that it leverages to highlight progress and collective successes in achieving the IHSP priorities. Toronto Central LHIN uses a number of quality communication and community engagement tools to communicate, including:

- *Annual Report*
- *Report to the Community*
- *CEO Reports to the Board*
- *TC LHIN CEO visiting individually with each of our 172 health service providers*
- *Proactive and responsive news releases*
- *Proactive and Reactive Media relations and outreach*

- *eNewsletters*
- *Stakeholder eblasts*
- *Meeting with cross-sector HSPs within each LHIN sub-region.*
- *Community engagement reports*
- *Social media*
- *CEO Blogs (Internal and External)*
- *Program based brochure*
- *Presentations and speaking engagements*
- *Regular website updates and ensuring its content is relevant for and accessible to our audiences*
- *Organizing knowledge-building and information-sharing events, such as quality forums, think tanks and other community meetings.*
- *Building and maintaining working relationships with provincial and local government representatives.*
- *Participating in partnerships, such as the provincial LHIN communications group, and forging links with communications leads at HSPs.*

Evaluation

A formal and comprehensive evaluation of Toronto Central LHIN's communications efforts will be conducted in-house. The evaluation will include the following measures:

Tracking and content analysis (negative, neutral or positive) of editorial coverage. This information will be collected and evaluated within a context of transparent disclosure.

- Website traffic - Using analytics, pages and specific postings are tracked.
- Tracking of social media metrics (new followers, number of impressions and engagements on Twitter and number of views on YouTube videos). Content analysis of tweets and comments on YouTube to hear directly what people are saying about us and local health care.
- Tracking and analyzing readership metrics of CEO Blogs, Newsletters and other communication materials.
- Patient complaints – since we are working on improving awareness of the LHIN's work to improve local health care, tracking what we hear directly from patients, clients and families about us and the local health care is extremely important.
- Identifying and tracking critical communication success factors will enable the Toronto Central LHIN to more effectively identify whether communication activities have been successful.
 - Visible senior leadership engagement and support of the ABP initiatives and related communications.
 - Senior leadership and LHIN-wide committees take visible, active roles in supporting communications and change with their teams as tracked in shared communication and community engagement plans.

Feedback mechanisms and ongoing assessment are in place to monitor the effectiveness of communication vehicles and messages. As activities are carried out, Toronto Central LHIN has the ability to make quick modifications based on shifts and lessons learned.

Community Engagement Plan

Community Engagement in the Toronto Central LHIN

Section 16.2 of the LHSIA outlines the LHIN's legislative mandate to engage communities in health-system planning on an ongoing basis. The LHSIA defines "community" as patients and other individuals in the geographic area of the LHIN, HSPs and any other person or entity that provides services in or for the local health system, as well as their employees. Toronto is one of the most diverse cities in the world. Ensuring that health services meet the needs of the population, in the most equitable way, is a core mandate for the Toronto Central Local Health Integration Network (LHIN).

Service users and the people that live in the communities we serve are experts in how they experience an illness, a set of life circumstances, the care they receive or the health system with which they interact. In recent years, community engagement has gained prominence as a critical element of health system planning and decision-making. Good community engagement helps us design health services that are responsive to the needs of our population, and it gives those we serve the opportunity to participate and to be active partners in the decision-making process.

Often, in health planning we consider the needs of those actively receiving care; and fail to give a voice to those who need services but are not connected to them. The LHIN is uniquely positioned to work at both the patient and community level to identify unmet needs and local priorities and recommendations.

Our 2015-18 Strategic Plan presents a vision of a health care system that wraps around the patient, is more responsive, cost-efficient, of higher-quality, and easier to navigate. Engaging patients and their families in the design of the health care system will ultimately ensure that the system is more effective in improving patient outcomes.

In order to support our LHIN sub-regional approach to health care delivery, it is crucial that we continue to expand our reach and engage with a diverse set of health care providers, patient/caregiver and resident communities - including Indigenous, Francophone, ethno-cultural sub-populations, and other underserved groups.

The Toronto Central LHIN recognizes that every community within our borders has unique characteristics and needs and we make our best effort to consider all voices when we carry out community engagement activities. The LHIN engages with six types of groups: the public; health service providers; health professionals/workers; strategic partners; government, elected officials and interest groups; and priority communities.

True patient, family and caregiver engagement requires that LHINs and their HSPs actively involve patients, their families and their caregivers in the full spectrum of health care, from point-of-care service delivery to the planning, implementation and evaluation of services, and

particularly when there are changes to services. The goal is to foster collaborative relationships with patients and families that enable their full partnership with clinicians and administrators in the design and improvement of a health care system that meets the needs of patients rather than those of providers or organizations.

Patients should experience a system that is:

- seamless and cross sector/facility transitions are barrier free;
- culturally appropriate and culturally competent;
- supportive of open and effective communication between patient and provider, as well as across providers; and
- inclusive of family, caregivers – across all generations.

Last year's Annual Business Plan outlined Toronto Central LHIN's three-year community engagement strategy. In 2016/17 this strategy will move into full implementation mode with some refinements as we prepare to adopt a LHIN sub-regional approach to planning, delivery and evaluation. As we move toward a sub-regional approach, a clear understanding of the unique local context of each of our five LHIN sub-regions will be critical to our success. Hearing from patients, caregivers and residents about their experience interacting with the health care system, their analysis of gaps and opportunities, and their ideas for strengthening local health care, will drive our population health approach and allow us to focus our efforts in the right places and on the right issues.

Elements of Our 2016/17 Community Engagement Plan

Our 2016/17 community engagement plan has five main elements:

1) Broad Dissemination of Information – Information is communicated to a broad cross section of stakeholders in multiple, accessible formats.

2) Local Geographic Level Engagement – Citizens have an on-going role on LHIN sub-region level committees. Opinions and priorities of HSPs at the sub-regional level are gathered and analyzed.

3) Population-based Targeted Engagements - Conduct population-based targeted engagements that take the TC LHIN out into our communities to hear from those most impacted by a specific initiative and who face barriers to participation.

4) Toronto Central LHIN Citizens' Panel and Citizen Advisors Program - Establish and sustain a Toronto Central LHIN Citizens' Panel. This group of individuals (patients, clients, consumers, residents, caregivers, family members) will meet once every two months to share their experience and knowledge and work with the Toronto Central LHIN to design the future of local health care.

The Citizen Advisor Program will continue to build and draw from a roster of patients, caregivers and residents who have indicated their interest in sharing their ideas for improving local health care. We will provide both time-limited and on-going opportunities for involvement in a variety of flexible forums that suit varying capacities and preferences. These might include focus groups, project level committees and project planning tables.

5) Knowledge Exchange and Capacity Building - Establish and maintain channels of communication between the Toronto Central LHIN and our Health Service Providers at the sub-regional level to foster cross-learning and analysis of engagements that are taking place in each sub-region, so that key findings can be shared more broadly and used to inform joint planning.

All five elements are guided by the principle of inclusive engagement, where deliberate and focused efforts are made to reach further into communities and remove barriers for groups who face obstacles to participation in decision making processes that affect their health and well-being. This approach expands our planning focus to a population, or sub-region level, shifting from those currently accessing health care to include all those who live in a LHIN sub-region.

With this expanded view of whom we are planning for, we have the opportunity to begin to examine the disparities in health that we see across the population and among the groups that are represented within it. We know that there are particular groups who face challenges accessing the services they need, including newcomers, our Indigenous population, and our LGBT community. Improving the overall health of Torontonians requires a better understanding of the unique needs of these sub populations within and solutions to improve health equity.

Addressing these needs is a multi-step process. We must be able to identify variations through robust analysis of population health data. Then there is an important process of engaging with communities to understand their needs and to design tailored solutions together in order to ensure that we are able to be effective.

In order for the Toronto Central LHIN to improve the patient experience, incorporating the patient voice into the design of the system is a critical step. To accomplish this, the LHIN must set the context and support its staff and health service providers by building community engagement capacity across the system. This will involve reaching out to our HSPs who are doing excellent engagement work and facilitating the exchange of information, knowledge and technical “know-how” among all providers. Toronto Central LHIN will need to develop approaches and tools to support staff and health service providers in their pursuit of these goals. Additional support and coordination at the community level will be required to foster community development through the coordination of community engagement mechanisms, as well as to assist with the ongoing support for the sustainability of patient, family and caregiver participation in planning.

Community/ Stakeholder	Initiatives
Health Service Providers	Moving toward smaller geographic regions for the planning, delivery and evaluation of health care services presents new opportunities to engage with health service providers where they provide services. We will move away from the previous “Sector Table” format towards cross-collaborative health service provider engagements within LHIN sub-regions. Toronto Central LHIN Board-to-HSP Board engagement • Board-to-Board sessions to inform/involve HSP Boards in transformation initiatives including Health Links, e.g., community sector capacity building; clinical service integrations.

	• Issue-specific Toronto Central LHIN Chair or Board meetings with HSP Boards. • Tailored information and updates for HSP Boards.
Health Professionals	Primary care engagement The LHIN engages primary care providers directly in support of Health Links planning and implementation through: • Outreach led by the LHIN's three Primary Care Physician Advisors – specific activities for organized group practices, solo practitioners and CHCs. Partnership with OMA District 11 to deliver engagement sessions on key topics and a joint Toronto Central LHIN – OMA District 11 primary care newsletter. Toronto Central LHIN's new integrated primary care strategy will include a robust engagement plan that involves ongoing dialogue with both primary care physicians and the current and future patients of our LHIN sub-regions. Our goal is to collaborate with local physicians, patients and residents to find the optimal approach for delivering quality, integrated primary care in each sub-region.
Public, patients, clients, caregivers	Broad Dissemination of Information This year we will increase the information flow to our stakeholders. Our goal is to provide a broad range of TC LHIN stakeholders with relevant, balanced and objective information to assist them in understanding news and developments that affects their work and/or their health. Local Geographic Level Engagement These engagements will improve our understanding of the needs and priorities of residents in each LHIN sub-region. This will drive our population health approach by allowing us to focus our efforts in the right places and on the right issues. This sub-regional approach to engagement will allow us to engage with health service providers where they provide services and connect residents with HSPs to co-design improvements. Population-based Targeted Engagements This approach to community engagement will ensure that we have the information we need at the sub-regional level to make good decisions about the kinds of health care services we and our partners plan and deliver. It requires an analysis of the groups most impacted by a particular project or decision, and involves finding the best way to provide a meaningful opportunity for these groups to participate in the decision making process. Toronto Central LHIN Citizens' Panel In 2016 we will launch our new Citizens' Panel. The purpose of the Panel is to collaborate with the citizens of our LHIN - the patients, caregivers, families,

	and residents at the centre of our health care system - to find ways to improve their experience in the system, and ultimately their health outcomes. Our hope is that the Panel will help us to identify gaps and opportunities for improvement in the health care system, and better align our planning and strategy with the perspective of residents, patients, family members, clients and caregivers. Citizen Advisor Program The Toronto Central will establish and maintain a list of individuals who have indicated their interest in sharing their experience and ideas for improving our health care system with us. These patients, caregivers and residents will have the opportunity to engage with us in the way that best suits their experience, skills and comfort level. These opportunities may include questionnaires and surveys, focus groups, LHIN-led committees and project level planning tables. Knowledge Exchange across TC LHIN This element is based on the recognition that many of the Health Service Providers in our LHIN are already working closely with patients, caregivers and residents to plan, implement and evaluate health care improvements. The Toronto Central LHIN will try to find ways to leverage this great work to help inform our own planning and that of HSPs who may not have the resources or capacity to carry out their own extensive engagements. We will work towards establishing channels of communication between the Toronto Central LHIN and our Health Service Providers at the sub-regional level to foster cross-learning and analysis of engagements that are taking place in each LHIN sub-region. In addition, the Toronto Central LHIN has a number of general engagement mechanisms to support engagement: • Partnering with providers, patient and community groups to develop and implement engagement strategies. • Using social media, media, conferences and events, focus groups, deliberative discussion groups, surveys. • Developing new communications tools focused on the education of patients and caregivers on the options for accessing services and self-management. • Facilitating public and patient presentations at Toronto Central LHIN Board meetings and delegations to Board. • Including patient/client, family, caregiver representatives on advisory groups, project level committees and issue specific focus groups. • Facilitating staff and Board community tours Capital Planning Process
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	Community engagement requirements are included in all Toronto Central LHIN funded projects and integrations and changes requiring LHIN oversight including capital projects. The Toronto Central LHIN-HSP reference group of community engagement professionals collaborates to develop engagement tools and share strategies and best practices. Francophone Population Standing processes for including Francophone community voices in Toronto Central LHIN planning and decisions: • Partnering with the Toronto Central LHIN's French Language Services (FLS) Health Planning Entity, Reflet Salvéo to engage local community groups and Francophone agencies around the IHSP-4 (2017-2020). • Toronto Central LHIN FLS Core Group of HSP representatives responsible for FLS to advance best practices and collaborative plans to increase the active offer of FLS to Francophone patients/clients. • Cultural competency for better FLS delivery, moving towards bilingual organization and strengthening active offer trainings will continue to be offered to Toronto Central LHIN HSPs. The trainings will target both service providers and Francophone patients and families. • Francophone survey regarding barriers to accessing primary care services. Support Reflet Salvéo's attachment strategy to PHC. • Toronto Central LHIN will continue to focus on reaching the large and growing number of Francophone immigrants and refugees who face multiple equity issues by building relationships with community leaders and agencies serving this population. • A similar focus will be devoted to improving equitable access to French-language services for vulnerable groups such as people living with, affected by, and or at risk of being affected by HIV/AIDS. Toronto Central LHIN ensures that Francophone engagement is included in Toronto Central LHIN priority initiatives and uses translation and interpretation to support Francophone participation. • The LHIN will promote the use of the linguistic variable across current and oncoming initiatives. We will continue discussions to assess where in the referral process it is appropriate to identify Francophone patient language preference and apply required changes. • The LHIN will support ongoing discussion on Coordinated Access to Francophone MHA services in GTA. The LHIN will continue the collaborative work started in 2014-15 to optimize the existing centralized access systems tools and processes across the Toronto Central, Central, and Central-East LHINs: ACCESS Point, Streamline, and Single Access. • The LHIN will incorporate Francophone client engagement into its mental health and addictions capacity-building planning so as to
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	create service models for complex and at-risk clients that are integrated within the care continuum at local (Health Links) and regional levels (GTA LHINs). • The LHIN will continue to support the work of the Coordinating Table of agencies serving Francophones living with HIV/AIDS. Indigenous Population There are a number of ongoing forums to engage Indigenous communities in Toronto Central LHIN: • The LHIN has partnered with Toronto Public Health to develop a road map for enhanced planning for Indigenous health services. The Toronto Indigenous Health Advisory Circle of Toronto will be a partner in the development of this plan. • Participation along with Toronto Public Health in an Urban Aboriginal Roundtable for the City of Toronto with broad membership for Aboriginal agencies. Toronto Central LHIN is a member of the Provincial LHIN Aboriginal Network, which engages provincial Indigenous, First Nations and Metis stakeholders on provincial issues and strategies. Ongoing engagement processes include participation in Indigenous Forums and traditional events. Toronto Central LHIN partners with indigenous agencies to undertake Indigenous community-led engagement processes. For example Anishnawbe Health Toronto led engagement with Indigenous Youth experiencing mental illness and addictions to inform the design of new services for young Aboriginal people with mental health and addictions issues. Toronto Central LHIN is working with the Centre for Research on Inner City Health (CRICH) and community engagement and development experts from provider organizations to develop collaborative engagement processes for specific communities. The aim is to design engagement processes that are rigorous, culturally competent and to have providers work together to engage shared communities of interest to improve the process and outcome.
MPPs	Toronto Central LHIN engages MPPs and their staff regularly through direct contact and problem-solving for specific issues, regular targeted communiqués including briefing notes, fact sheets, key messages, and corporate communications vehicles – social media, news media and publications. Toronto Central LHIN has one-on-one meetings with MPPs and staff regarding specific local issues and initiatives.

	Toronto Central LHIN collaborates with MPPs' offices on local community engagement activities. Toronto Central LHIN holds annual or bi-annual meetings between all MPPs, the LHIN Board and CEO regarding key health system transformation initiatives. Toronto Central LHIN has an annual event with MPPs' and their constituency staff to inform staff about Toronto Central LHIN and key initiatives and impact on local health services and constituents.
City of Toronto	Toronto Central LHIN and GTA LHINs and City have established a joint leadership table to identify and advance mutual strategies to improve the health and well-being of Torontonians 5 GTA LHIN-City Leadership Table includes five LHIN CEOs and executives representing key city departments impacting population and community health. The LHIN is also actively engaging with the City and Toronto Public Health to align our capacity planning with city's expansion plans. The LHIN engages with City Councilors on key issues that are of interest in their Wards or relevant to their committee roles. We also work with specific City Departments on relevant initiatives, particularly related to services for high-needs populations including: Toronto Public Health, EMS, City Planner; Long-Term Care Homes and Services; Shelter Support and Housing, Toronto Community Housing, TTC; City's Seniors Strategy Expert Panel.
eHealth Stakeholders	There are various tables and processes for engaging ehealth stakeholders to steer, guide and support implementation of Toronto Central LHIN, GTA and provincial ehealth initiatives including: • Connecting GTA Steering Committee • Resource Matching and Referral Steering Committee • GTA Health Information Collaborative (HIC) • GTA West DI-r Project - Exec Meeting
Other Partners	Toronto Central LHIN engages strategic partners to advance initiatives to improve the health and wellbeing of the local population and other strategic aims: United Way of Toronto; provincial agencies including eHealth Ontario, Health Quality Ontario, Cancer Care Ontario and Ontario Telehealth Network; research and data partners – Toronto Community Health Profiles Partnership, Institute for Clinical Evaluative Sciences.

LSSO and LHINC Submissions

LSSO Introduction and Current Mandate

The LHIN Shared Services Office (LSSO) was established by Ontario's 14 LHINs to achieve cost effectiveness, efficiency, and service consistency across the 14 LHINs. Funded by equal contributions from all 14 LHINs, the overall objectives of LSSO is enabling efficient and effective use of resources among LHINs, enabling economies of scale and supporting adoption of best practices.

The LSSO provides essential back office services, including information technology management and business applications, procurement and vendor management, payment processing payroll services, legal, and Human Resources (HR) advisory services to all the LHINs. Toronto Central LHIN has responsibility for operating LSSO services based on its annual work plan, which is approved by the 14 LHIN CEOs. Toronto Central LHIN also funds administrative support for LHIN Legal Services (provided through the Ministry of the Attorney General) through LSSO.

For 2016-17, Toronto Central LHIN will continue to focus on delivering the following services to all LHINs:

- Information technology management,
- Procurement, and
- HR council/advisement.

LSSO Information Technology Services

For 2016/17 LSSO Information Technology Services will focus on IT services transition for two significant contracts that are approaching end of term.

1. IT support and service management (end March 2018), and
2. Financial and payroll solution (end March 2017).

LSSO anticipates changes in the external business environment will continue to drive sweeping transformation for LHINs, including the proposed health care system redesign and broader LHIN mandates. Over the next year, LSSO will continue to implement the strategy to have the MOHLTC provide IT support and service management. In parallel, we will seek to fully understand the impact the proposed organizational changes will have on our IT requirements and system configurations. Further efforts will be deployed to strengthen our partnership with the Ontario Public Sector and external suppliers to align IT with LHINs' strategic priorities and the fiscal reality.

Key objectives for 2016/17 include:

- IT service transition to the Ontario Public Sector,
- Finance and Payroll services renewal,
- Support Accessibility for Ontarians with Disabilities Act (AODA) assessment, and
- Information Technology Strategy development.

IT Service Transition

In 2015, LHIN Information Technology Shared Services Office (LSSO) in consultation with the Ministry of Health and Long-Term Care completed a comprehensive review of our IT support and delivery model. LSSO explored options for LHINs to use Ontario Public Sector-provided I&IT Services, with a goal to control increasing IT costs, improve the quality of service and build capacity to meet the LHINs' evolving business activities.

The review provided encouraging news about considerable efficiencies and savings in administrative and business operations that have offset significant increases in IT services consumption over the past three years. The review also indicated that operational effectiveness alone is not sufficient to meet the future demand for IT services. To achieve value and improve performance the next round of outsourcing arrangements must consider more than IT services and focus on advancing the overall maturity of provincial shared services.

LSSO will continue to move forward on the strategy to establish an arrangement to receive IT support and service management from the Ontario Public Sector. The proposed arrangements illustrate cost efficiencies and reflects the dynamic evolution of the health care system.

Key activities for 2016/17 include:

- Identify and implement relevant tactics to enable service transition,
- Transition SharePoint to the Ministry,
- Transition CRM to the Ministry,
- Transition Sitecore to the Ministry, and
- Transition Datacentre and network to the Ministry.

Finance and Payroll

In 2012, LHINs entered into service contracts for finance and payroll solution for three years plus two optional one-year terms. The finance and payroll contracts with the current vendor ends in March and July 2016, respectively. While the optional one-year term allows us to extend the current terms of the contract to March 2017, planning is underway for IT service renewal as significant time will be required to define LHIN service needs, determine options, obtain required ministry approval, tender an RFP and transition to a new provider.

Our goal is to renew the current contract in March 2016 and develop a formal business and RFP/RFB to the ministry for the procurement of an Integrated Finance Information Solution and Payroll Services provider for all 14 LHINs.

Key activities for 2016/17 include:

- Maintain current contracts and their supporting components to ensure service continuity,
- Submit business case to LHIN Liaison Branch,
- Develop and tender RFP/RFB,
- Transition the Integrated Finance Information Solution and Payroll Services, and
- Train users on the new system.

AODA assessment

In June 2015, the 14 LHINs collectively implemented a refreshed website platform. The 14 LHINs websites are now modern communication tool and serve as the foundation to advance LHINs efforts towards a digital and accessible future.

As part of 2015/16 plan, LSSO will be working toward establishing a roadmap to ensure all 14 LHIN websites meet all AODA requirements by 2021.

Key activities for 2015/16 include:

- Scan of the 14 LHIN websites in compliance with AODA,
- Evaluate websites and develop a report and roadmap to achieve compliance, and
- Implement tactics to improve digital content creation and website accessibility standards.

IT Strategy Development

LSSO is in the process of developing a new long term IT strategy. With the recent release of the Patients First Discussion Paper, there is an unknown impact of any potential organizational changes and IT demand and requirements from the proposed system redesign.

While the transition to the OPS supports shared information technology at lower costs and improved quality, it will be crucial to define new IT requirements through the lens of an evolving enterprise strategy.

Key activities for 2016/17 include:

- Co-design with the Ministry a management and service delivery model for common IT shared services,
- Establish a task group to better understand the impact the proposed organizational changes will have on LHIN IT requirement and system configurations,
- Review and redesign a IT delivery model which considers advancing the overall maturity of shared services and capital funding for unfunded mandates, and
- Conduct survey on IT service support, delivery effectiveness and staff satisfaction.

LSSO Procurement Services

LSSO has established a centralized support for procurement activities across LHINs to assist with compliance requirements and fiscal benefits and other advantages through joint procurements. The LSSO procures on behalf of LHINs in a number of areas (i.e. insurance, audit, payroll, benefits, IT network and support, financial IS support, website) in order to deliver cost savings through economies of scale, and reduce administrative costs through centralized vendor management. LSSO provides tools and coordinates with the Ministry to ensure that each LHIN has access to information and resources needed to support adoption of best practices and reduce administrative time for LHIN staff.

One of the priorities for LSSO Procurement Services in 2015-16 will be to ensure leading practices for vendor management, strengthening our partnership with ministry, and to ensure LHINs are

up-to-date on requirements and compliance obligations, and facilitating easy access to the information and resources required by LHINs.

LSSO Human Resources Services

The LHIN-Ministry Memorandum of Understanding requires that “each LHIN shall utilize substantially similar employment policies and practices” and “each LHIN shall use or employ the same human resources services as all other LHINs either directly or indirectly through a shared service arrangement among the LHINs.” While each LHIN manages the majority of their human resources needs internally, LSSO Human Resources Services provides advisory services as well as a range of supports, including:

- Provide benefits administration, including vendor management, transaction support, and reporting,
- Support for implementation of a Human Resources Information System, for records management,
- Maintenance of core policies and guidelines, and
- Coordination of common tools, templates and best practices for a full range of human resources functions.

Human Resources priorities for 2016-17 are to identify and act on opportunities to enhance support for the LHINs, with a focus on improving access to core HR functions, collectively and individually. LSSO continues to support implementation of improved human resources information systems and development of new tools and templates based on LHIN priorities.

Finance, Payroll and Corporate Services

LSSO provides resources and tools where LHINs can share common expenses, processes and accounting for transactions that require funds to be shared across all 14 LHINs. These include support for common financial functions such as procurement of audit services and insurance services, assistance with payroll processing, and coordination of transactions for joint procurements and payments.

The LSSO also acts on behalf of the 14 LHINs to fund the Legal Services Branch and facilitates administrative support for joint activities.

Risk Assessment

The following risks have been identified that could impact delivery of the objectives noted above:

- Maintaining a balanced budget with increased service requirements (e.g., procurement office, project management, decision support/planning) will increase the project cycle time.
- The mitigation may be in the form of a reduction in the spectrum of work and deferral of select projects until funding is secured.
- Delays due to policy development, process re-design and implementation have negative implications on project budgets.

- Participation across LHINs in project committees, as well as the ability to implement the initiatives are considerations that may impact success. The mitigation may be in the form of a deferral of the project until the resources are secured.
- Vendor resources in managing, prioritizing and addressing the LHINs are limited and staff within LSSO is limited to actively manage all areas of the LHINs' service level agreement and validate deliverables and performance.

LSSO Financial Summary

Operations Spending Plan (FORM 1C)				LSSO
LHIN Operations (\$)	2015/16 Actual	2016/17 Allocation	2017/18 Planned Expense	2018/19 Planned Expense
Operating Funding (excluding initiatives)	5,343,296	5,343,296	5,343,296	5,343,296
Initiatives Funding (e.g. E-Health, A@H, ED, Wait Time, etc.)				
Salaries and Wages*	1,501,996	1,378,804	1,406,380	1,434,508
Employee Benefits				
HOOPP	103,332	121,149	123,572	126,044
Other Benefits	183,916	184,393	188,080	191,842
Total Employee Benefits	287,248	305,542	311,653	317,886
Transportation and Communication				
Staff Travel	6,589	3,000	3,000	3,000
Governance Travel			-	-
Communications	10,479	7,700	7,700	7,700
Others		-	-	-
Total Transportation and Communication	17,067	10,700	10,700	10,700
Services				
Accommodation	156,130	164,633	173,566	180,618
Advertising		-	-	-
Consulting Fees	44,950	46,309	46,309	46,309
Equipment Rentals	1,961	2,726	2,726	2,726
Insurance	2,694	2,680	2,680	2,680
LSSO Shared Costs	2,676,450	2,135,965	2,127,031	2,119,979
Collaborative Expenses		-	-	-
Other Meeting Expenses	1,114	1,582	1,582	1,582
Staff Development & others	43,397	21,571	21,571	21,571
Other Services		-	-	-
Total Services	2,926,696	2,375,466	2,375,465	2,375,465
Supplies and Equipment				
IT Equipment		463,862	463,862	463,862
Office Supplies & Purchased Equipment	28,336	30,494	30,494	30,494
Total Supplies and Equipment	28,336	494,356	494,356	494,356
Capital Expenditures	581,953	778,429	744,742	710,381
LHIN Operations: Total Planned Expense	5,343,296	5,343,296	5,343,296	5,343,296
Annual Funding Target				
Operating Surplus (Shortfall)		- 0	0	0
Amortization of Tangible Capital Assets	896,599	993,811	993,811	993,811
LHIN Operations and Initiatives- Total Actual/Planned Expense	5,343,296	5,343,296	5,343,296	5,343,296

* Project management cost is reallocated under salary line

LSSO Staffing Plan (Full-Time Equivalents)

Position Title	2015/16 Forecast FTEs	2016/17 Forecast FTEs	2017/18 Forecast FTEs	2018/19 Forecast FTEs
IT Services				
Director, Technology Solutions	1	1	1	1
Executive Administrative	1	1	1	1

Position Title	2015/16 Forecast FTEs	2016/17 Forecast FTEs	2017/18 Forecast FTEs	2018/19 Forecast FTEs
IS Manager	1	1	1	1
Coordinator, IT Support	1	1	1	1
Subject Matter Expert	1	1	1	1
IT Project Manager	1	1	1	1
Project Manager	1	1	1	1
Sr. Analyst/ Finance Manager	0.5	0.5	0.5	0.5
Specialist-Payroll & Benefits	1	1	1	1
Financial Analyst	1	1	1	1
Procurement Specialist	1	1	1	1
HR/OD Strategic Business Partner	1	1	1	1
Legal Admin	1	1	1	1
Office Admin	0.5	0.5	0.5	0.5
Total	13	13	13	13

LHIN Collaborative (LHINC) Introduction and Current Mandate

Background

The LHIN Collaborative (LHINC) was established in 2009 as a provincial secretariat structure focused on engaging health service providers, their associations and the LHINs collectively on system-wide health issues. In 2012, LHINC's responsibilities were expanded to provide secretariat services to the LHIN leadership, improving provincial coordination of LHIN activities and ensuring timely response on emerging issues. LHINC now supports more than 30 active tables including steering groups and related work groups for multi-year initiatives like the Personal Support Services Policy Implementation and the PSW Wage Increase, as well as continuing to deliver on our core mandate with strategic secretariat support to the CEO Council and Chair Council, service accountability agreement (SAA) development and consultation, provincial engagement and knowledge-sharing initiatives.

LHINC plays an important role on provincial initiatives, often leading new project planning, stakeholder engagement and facilitation, project management and monitoring. We draft strategy and policy responses to emerging issues on behalf of the LHINs, provide a provincial view of LHIN activities and coordinate reporting on provincial projects. This work includes:

- **Strategic Secretariat Support to the LHIN Leadership** – including work groups of the Chair and Leadership Councils and ad hoc work groups of the CEO Council.
- **LHIN and Ministry Provincial Projects** – including both the multi-year initiatives mentioned above, as well as smaller ad hoc initiatives as needed.
- **Accountability Agreements and Indicators** – working in partnership with LHIN Legal Services to support the regular cycle of agreement consultations and renewal.
- **LHIN Provincial Engagement Activities** – most notably the System Strategy Council, CCAC-LHIN Collaboration Table and Health System Indicator Initiative (currently on hold).

- **Knowledge Sharing and Best Practices across LHINs** – developing tools and templates for LHINs and conducting analysis, environmental scans and surveys on behalf of the LHINs.

LHINC 2016/17 Priorities

In accordance with its mandate, LHINC's ABP is based on priorities that are identified by the Ministry and the 14 LHINs through the LHIN Leadership Council (comprising of LHIN CEOs and Board Chairs) and the LHIN CEO Council (comprising of the 14 LHIN CEOs).

The Ministry's current reform agenda will likely touch all aspects of LHIN operations in 2016-17, putting new pressures on local resources and demanding a new level of support from our central services. LHINC is well positioned to support the LHINs in 3 distinct areas over the coming years:

- **LHIN PROVINCIAL IMPLEMENTATION CAPACITY:** with a focus on delivering on existing LHIN provincial commitments, aligning or updating provincial projects to support the transformation agenda, and equipping individual LHIN teams with the tools they need to implement locally.

Selected Key Initiatives for 2016/17:

- *Personal Support Services Regulation and Policy Implementation:* to be underway in all LHINs by April 2017, with a goal to increase capacity among community support service agencies to support low need clients and improve integration/coordination with CCACs
- *Mental Health and Addiction Advisory:* facilitating provincial dialogue to set common commitments across all LHINs to act on a few key priorities aimed at improving access to mental health and addiction services
- *Health System Funding Reform Communications and Knowledge Translation:* working along with the OHA and the ministry to ensure appropriate communication, education and outreach on new policies, directives and guidelines
- **LHIN READINESS FOR TRANSFORMATION:** supporting the CEOs and Chairs to respond collectively to the ministry on policy and emerging issues, coordinate and share information through the consultation process, and coordinating provincial activities with a central aligned work plan.

Selected Key Initiatives for 2016/17:

- *Ongoing Strategic Secretariat Support to the CEOs and Chairs:* to ensure a coordinated and timely response on opportunities, risks and emerging issues related to implementation of the ministry's reform agenda
- *System Reform/ "Patients First":* supporting coordination and joint work across the 14 LHINs and in partnership with the ministry to advance the proposed reforms laid out in the ministry's Patients First Discussion Paper.
- **LHIN CONSISTENCY AND ADOPTION OF LEADING PRACTICES:** improving information management to more effectively share LHIN resources, and introducing more systematic practices to identify, assess and spread leading practices across the province.

Selected Key Initiatives for 2016/17:

- *Auditor General's Recommendations:* providing overall project management for pan LHIN activities to act on recommendations of the Auditor General's Report, with a focus on leading practices in performance management and improving consistency across LHINs.
- *Sharing Leading Practices:* with a goal to more systematically identify, scale and spread successful practices and initiatives across the province.

Financial Summary

Operations Spending Plan (FORM 1C)				LHINC
LHIN Operations (\$)	2015/16 Actual	2016/17 Allocation	2017/18 Planned Expense	2018/19 Planned Expense
Operating Funding (excluding initiatives)	1,335,000	1,335,000	1,380,822	1,413,727
Initiatives Funding (e.g. E-Health, A@H, ED, Wait Time, etc.)	122,000			
Salaries and Wages	1,038,056	960,650	979,863	999,460
Employee Benefits				
HOOPP	81,366	69,167	82,294	83,940
Other Benefits	120,177	91,359	114,296	116,582
Total Employee Benefits	201,543	160,526	196,589	200,521
Transportation and Communication				
Staff Travel	6,265	2,750	2,750	2,750
Communications	7,638	8,000	8,000	7,000
Total Transportation and Communication	13,903	10,750	10,750	9,750
Services				
Accommodation	94,508	78,256	82,350	85,635
Advertising				
Consulting Fees	10,146	13,200	13,200	13,200
Equipment Rentals	732	3,504	3,504	3,504
Insurance	898	1,524	1,524	1,524
LSSO Shared Costs	44,400	44,400	44,400	44,400
Collaborative Expenses				
Other Meeting Expenses	5,271	13,900	13,900	13,900
Printing and Translation	17,725			
Staff Development & others	10,370	21,246	7,698	14,789
Other Services				
Total Services	184,050	176,030	166,576	176,952
Supplies and Equipment				
IT Equipment	8,356	8,200	8,200	8,200
Office Supplies & Purchased Equipment	11,157	18,844	18,844	18,844
Other S & E		-	-	-
Total Supplies and Equipment	19,513	27,044	27,044	27,044
Capital Expenditures		-	-	-
LHIN Operations: Total Planned Expense	1,457,064	1,335,000	1,380,822	1,413,727
Annual Funding Target				
Operating Surplus (Shortfall)		0	0	(0)
Amortization of Tangible Capital Assets	67,614	54,700	-	-
LHIN Operations and Initiatives- Total Actual/Planned Expense	1,457,000	1,335,000	1,380,822	1,413,727
*Other Services - include spending for Ministry one-time initiative of \$1				

LHINC Staffing Plan (Full-Time Equivalents)

Position Title	2015/16 Forecast FTEs	2016/17 Forecast FTEs	2017/18 Forecast FTEs	2018/19 Forecast FTEs
Senior Consultant	4	5	5	5

Position Title	2015/16 Forecast FTEs	2016/17 Forecast FTEs	2017/18 Forecast FTEs	2018/19 Forecast FTEs
Project Consultant	2	2	2	2
Admin Assistant	1	1	1	1
Sr Director, LHINC	1	1	1	1
Palliative Care Vice Chair	1	-	-	-
Total	9	9	9	9

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