



Advancing Integration: The Durham Community Health Services (CHS) Integration Plan

Central East LHIN Board of Directors

March 27, 2013

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Minister's Action Plan for Health Care (January 2012)

Quotes:

- “Today’s fiscal reality requires that we act now to make Ontario’s health care system sustainable.”
- “We need to create a system that improved quality for patients as it delivers increased value for taxpayers.”
- “Evidence helps answer the question of how finite health care dollars should be allocated to best serve patients.”
- “Care providers should be rewarded for ensuring better patient outcomes.”

A Burning Platform for CHS Integration

- Over the next 10 years (to 2019-2020) it is projected that demand on community based services will increase by 26% across Central East with the most significant increase projected for Durham Region (40%).
- In our current service system, this increase in demand for community based services, would be predominantly borne by the CCAC. To be able to provide care within current or moderately enhanced (3%) resources, a deliberate re-design of the community health service delivery system to shift, more responsibility for community service provision to the Community Support Services and Community Health Centre sectors is required.
- Pursuing a Community Health Integration strategy is of strategic importance to address demographic pressures, adjust to changing expectations of patients and families and to meet provincial expectations on improving access, quality and value for money/investment.

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Strategic Aim for Community Health Services Integration

Design and implement a cluster-based service delivery model for Community Support Services (CSS) and Community Health Centres (CHCs) agencies by 2015 through integration of front-line services, back office functions, leadership and/or governance to:

- improve client access to high-quality services,
- create readiness for future health system transformation,
- make the best use of the public's investment.



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The Case for Integration

- **Improve client access to high quality services**
 - Put the client at the centre of the system – look for opportunities to remove barriers and simplify access to services.
 - Broaden scope of services offered.
 - Link complimentary services together.
 - Enable new approaches and non-traditional/emerging service delivery models.
 - Excellent client experience – ensure this continues, improve, and make available to future clients.
 - Best/promising practices.
 - Standardized care customized to support clients needs “their unique experience”.

The Case for Integration

- Create readiness for future health system transformation
 - Address current organizational challenges and constraints
 - Consider future risks – address increasing client #s and complexity of needs
 - Build organizational capacity to address longer-term needs – staffing, expertise, employment opportunities, equity
 - Accommodate increased expectations and accountability from clients, government and the public.
 - Sustain current service delivery levels
 - Improve flexibility to access to operating dollars reduce barriers between service providers and sectors
 - Improve transitions for clients to support life course needs

The Case for Integration

- Best use of public's investment – value for money
 - Improve utilization of scarce funding
 - Steward current funding – efficient, effective and directed to client and caregiver care
 - Expand resources to front-line services by reducing overhead, administration/back office and governance support costs.
 - Reduce reliance on local community fund-raising.
 - Equitable user fees across communities
 - Leverage resources – create economies of scale

Legislative Context

- The Local Health Services Integration Act, 2006 (LHSIA) S.24 provides that each LHIN and each health service provider (HSP) shall separately and in conjunction with each other identify opportunities to integrate the services of the local health system to provide appropriate, co-ordinated, effective and efficient services.

Legislative Context

- The LHSIA S. 2 defines “integrate” to include:
 - Coordinating services/interactions between different persons and entities.
 - Partnering with others in providing services or conducting operations.
 - Transferring, merging or amalgamating services, operations, or entities.
 - Starting or ceasing to provide services.
 - Ceasing to operate, dissolving or winding-up operations.
- LHSIA provides LHINs, the Minister and HSPs with several tools to integrate services.

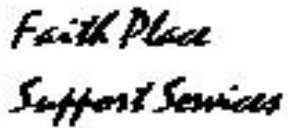
Integration Implementation Tools

Integration Type	Description
LHIN Funding <i>LHSIA S.19</i>	The LHIN uses its funding authority to promote integration of services with/between HSPs.
Facilitated and Negotiated Integration <i>LHSIA S.25</i>	The LHIN and/or HSPs explore appropriate integration strategies and the LHIN facilitates or negotiates integration with the HSPs.
Required Integration <i>LHSIA S.26</i>	The LHIN orders HSPs to integrate services.
Voluntary Integration <i>LHSIA S.24 & 27</i>	A HSP at their own initiative, plan to integrate services funded by the LHIN.
Minister's Order <i>LHSIA S.28</i>	The Minister orders a HSP to integrate i.e. cease to operate, dissolve, wind-up its operations, amalgamate or transfer operations.

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Integration Activity <i>(LHSIA S.2)</i>	LHIN Integration Authority (Through Funding, Facilitate/Negotiate, Required)
Coordinate services and interactions between different persons and entities	✓
Partner with another person or entity in providing services or in operating	✓
Transfer, merge or amalgamate services, operations, persons or entities	<p>✓</p> <p>LHINs can transfer funding between HSPs</p> <p>X</p> <p>LHINs do not have power to alter HSP corporate structures - input provided to Minister</p> <p>X</p> <p>Excludes amalgamation of health service providers</p>
Start or cease providing services	✓
Cease to operate or to dissolve or wind up the operations of a person or entity	<p>X</p> <p>LHIN's do not have power to alter HSP corporate structures- input provided to Minister</p>

Durham Cluster – Group 1 HSPs



HEALTH STARTS AT HOME

- A Governance Liaison was identified for each HSP and engaged throughout the process.

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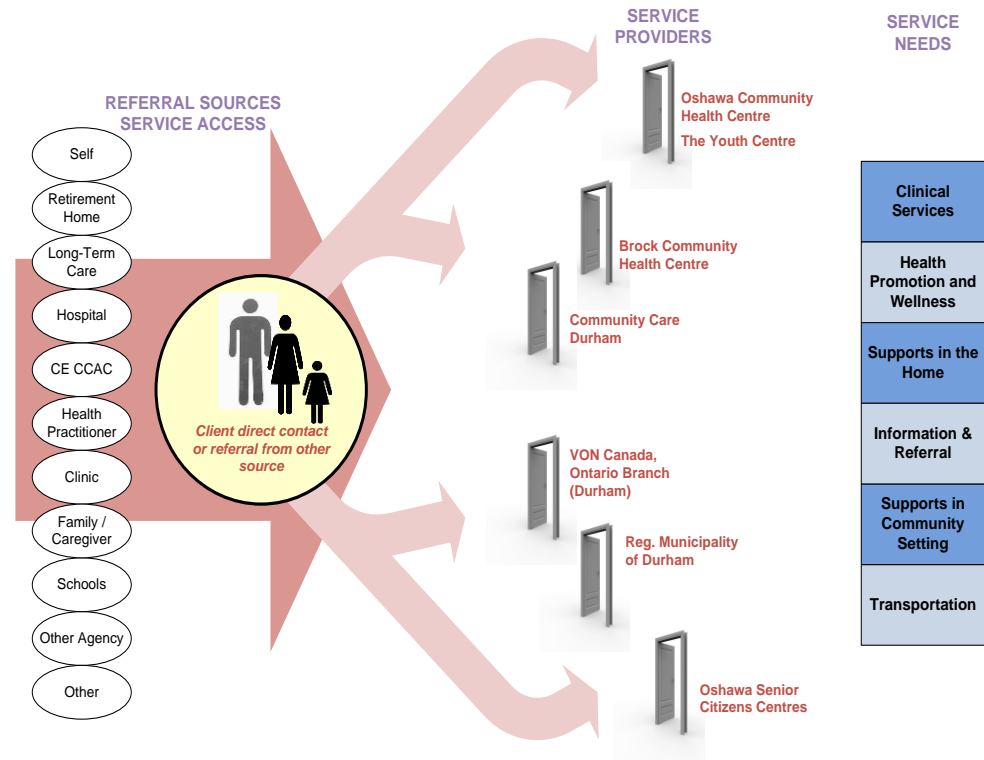
Range of Options Reviewed:

Type	Option	IPT Rank Top Five
Front-Line Services	Zone delivery for a basket of services (<i>Durham North Central, Durham West, Durham East</i>)	1
	Centres of Excellence/leads for services delivered by multiple agencies (<i>Front-line services related back-office functions for Volunteer Visiting; Foot Care; Supportive Housing/ALHRS; Congregate Dining; ADP; etc.</i>)	4
	Creating a collaborative CHS access team for all CHC/CSS within the CE CCAC for each zone/entire Durham Cluster	Priority for new investment
Back-Office Functions	Partnering/transfer of financial services (several combinations)	
	Partnering/transfer of information technology/information services (several combinations)	
	Partnering/transfer of all Human resource services (several combinations)	
	Partnering/transfer of all facilities management/capital planning (several combinations)	
Leadership & Governance	Single community health centre organization (several combinations)	5
	Creating a single community support services organization to serve Durham cluster – all LHIN funded operations	2
	Establish a single community health services organization to serve the Durham cluster	3

Integrated Service Delivery Model – Hybrid Option

See Section 7 Page 58:

The preferred Integrated Service Delivery Model streamlines many of the services delivered by multiple organizations by creating **designated service centres** within the Durham Cluster through the **voluntary merger** of appropriate agencies, the **transfer** of some services between like agencies and **strengthened partnerships** and strategic alliances between community-based providers particularly in the Durham North Zone.



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Hospice Services

Durham Hospice will voluntarily merge their organization and services with the Victorian Order of Nurses Canada, Ontario Branch, Durham Region (VON). The accountability and LHIN funding to deliver hospice services in the Durham Cluster will be transferred to VON

HSP	Durham Hospice VON	
Benefits	<ul style="list-style-type: none"> Continued delivery of current service volumes. sharing of knowledge and best practices on palliative care and collaboration by clinical and volunteer service providers. Strengthening of local hospice services through a nationally recognized leader in nursing and community support services. Continued visibility of the “Durham Hospice” brand within the receiving organization. Potential for cost savings for reinvestment through streamlining of front-line services, back-office operations and staffing. Both HSPs have core competencies in best practices for palliative care, bereavement, volunteer management and fundraising. VON experience in establishing and managing residential hospices (outside of the Central East LHIN) a key strategic aim for Durham Hospice within the Durham Cluster. Some additional one-time costs for transition and implementation i.e. compensation harmonization, legal, information technology, etc. anticipated 	
Strategic AIMs	improve client access to high quality services	High – leverage expertise of professional and volunteer providers of hospice care
	create readiness for future health system transformation	High – capacity and expertise to deliver visiting and residential hospice services
	make the best use of the public’s investment	High – leverage existing back office capacities
HSP Board Decision	Durham Hospice - Approved Victorian Order of Nurses - Approved	
LHIN Action	Support Voluntary Integration	

Congregate Dining

The accountability and funding to deliver congregate dining services, currently provided by Faith Place Support Services and Sunrise Seniors Place at their seniors' apartment complexes, will be transferred to the Oshawa Senior Citizens Centre (OSCC).

HSP	Faith Place Support Services Sunrise Seniors Place Oshawa Senior Citizens Centre	
Benefits	<ul style="list-style-type: none"> • Services will continue to be provided at the same locations, the same volumes and to acceptable quality standards (nutritious balanced meals served in community facilities that meet all public health and food safety standards). • Opportunity to standardize the type of service and quality across all congregate dining services provided by OSCC. • Agreement between OSCC and Faith Place/Sunrise Seniors Place for use of facilities to deliver services to their apartment complex tenants. • OSCC has experience in delivering daily congregate dining services in all of its four main service locations in the City of Oshawa and also provides a small once-a-week service to seniors in a seniors' apartment building within North Oshawa. • OSCC's John Street location is very close to both Sunrise Seniors Place (across street) and Faith Place (1km). • Potential for reinvestment through streamlining front-line services, back-office operations and staffing. • Minimal additional one-time costs required for transition and implementation. 	
Strategic AIMs	improve client access to high quality services	Med – high quality , accessible services presently at all locations
	create readiness for future health system transformation	High – move to single provider, diversity of models
	make the best use of the public's investment	High – leverage current capacities across HSPs (e.g. facilities, skills)
HSP Board Decision	Faith Place Support Services - Approved Sunrise Seniors Place - NOT Approved Oshawa Senior Citizens Centre - Board Approved integration with Faith Place but did NOT approve integration with Sunrise Seniors	
LHIN Action	Support Voluntary Integration of Congregate Dining services between Faith Place and OSCC. Refer integration of Congregate Dining services between Sunrise and OSCC to staff for review . Continue dialogue with Region of Durham related to Sunrise Seniors.	

Foot Care

The accountability and funding to deliver foot care services currently provided by Oshawa Senior Citizen's Centre (OSCC) at ten locations in Oshawa will be transferred to Community Care Durham (CCD).

HSP	Community Care Durham Oshawa Senior Citizen's Centre	
Benefits	<ul style="list-style-type: none"> • Partnership with OSCC for use of facilities to provide services to clients. • Continued consistent standards of practice and cost for the service across the Durham Cluster. • Improved efficiency in coordination and oversight of services across the Durham Cluster. • Potential for cost savings for reinvestment resulting from efficiencies in front-line services, back-office operations and staffing. • Potential opportunity to link services with foot care services provided by the Oshawa and Brock CHC's. • Minimal additional one-time costs required for transition and implementation 	
Strategic AIMS	improve client access to high quality services	Medium – high quality , accessible services presently at all locations
	create readiness for future health system transformation	High – anticipate continued growth in demand for service
	make the best use of the public's investment	Med – move to single provider; potential costs related to service locations
HSP Board Decision	Community Care Durham – Approved Oshawa Senior Citizen's Centre – NOT Approved	
LHIN Action	Refer transfer of foot care services between OSCC and CCD to staff for review.	

Volunteer Visiting

The accountability and funding to deliver volunteer visiting services currently provided by Victorian Order of Nurses Canada, Ontario Branch, Durham Region (VON). will be transferred to CCD. VON will be contracted to continue to provide training to volunteers to deliver the Senior Maintaining Active Roles Together (SMART) physical exercise program for older adults while conducting an in-home visit.

HSP	Community Care Durham VON	
Benefits	<ul style="list-style-type: none"> Improved efficiency in coordination and oversight of services across the Durham Cluster. Expanded access to SMART exercise program by seniors through a greater number of trained volunteers. VON continues to develop and ensure consistent application of its highly regarded proprietary program. Potential for cost savings for reinvestment resulting from efficiencies in coordination of services, back-office operations and staffing. Minimal additional one-time costs required for transition or implementation 	
Strategic AIMS	improve client access to high quality services	High – expansion of trained volunteers
	create readiness for future health system transformation	Medium
	make the best use of the public’s investment	High – identify single provider
HSP Board Decision	Community Care Durham – Approved VON - Approved	
LHIN Action	Support Voluntary Integration.	

Supportive Housing

The accountability and funding to deliver supportive housing services currently provided by Faith Place Support Services and Sunrise Seniors Place at their seniors' apartment complexes in downtown area of Oshawa will be transferred to Community Care Durham (CCD).

HSP & Decision	Community Care Durham Sunrise Seniors Place Faith Place	
Benefits	<ul style="list-style-type: none"> • Services will continue to be provided at the same locations, the same volumes and quality standards on a 24/7/365 day basis. • Agreement between CCD and Faith Place/Sunrise Seniors Place for use of facilities to deliver services to apartment complex tenants. • Supportive housing services, currently provided by Faith Place Support Services and Sunrise Seniors Place, fall within a 5 km radius of CCD's existing Assisted Living Services for High Risk Seniors (ALHRS) program located in downtown Oshawa at 155 King Street East. • Opportunity to strengthen the supportive housing/ALHRS program by building on the experience and strengths of CCD's support practices, larger resource base and stronger organizational supports. • Potential for cost savings for reinvestment through efficiencies in supportive housing and ALHRS front-line services, back-office operations and staffing. • Minimal additional one-time costs required for transition and implementation. 	
Strategic AIMs	improve client access to high quality services	Med - expansion to serve new/ wait-listed clients
	create readiness for future health system transformation	High – Two models of supported living delivered by CCD
	make the best use of the public's investment	High – single management structure
HSP Board Decision	Community Care Durham - Approved Sunrise Seniors Place – NOT Approved Faith Place -Approved	
LHIN Action	<p>Support Voluntary Integration between Faith Place and CCD</p> <p>Refer transfer between Sunrise Seniors and CCD to staff for review.</p> <p>Continue dialogue with Region of Durham related to Sunrise Seniors.</p>	

CHC Primary Care & Community Development Services

The Oshawa Community Health Centre (OCHC) and The Youth Centre (TYC) will merge their organizations or create a formal partnership for back-office and front-line services beyond existing relationships and agreements.

HSP	Oshawa Community Health Centre The Youth Centre	
Benefits	<ul style="list-style-type: none"> – Efficiencies in human resource compliance training, shared learning opportunities, shared professional standards and practices i.e. clinical audits, best practice audits, etc. that are expected to generate cost savings for reinvestment. – Pooling of front-line services staff i.e. on-call clinical staff, walk-in clinics, etc. – Shared TYC expertise and application to services in Oshawa for child, youth and young adult community. – Employee enrichment through harmonization of pay rates and benefits, pension. 	
Strategic AIMs	improve client access to high quality services	Med - high quality , accessible services presently at all locations
	create readiness for future health system transformation	High – primary care alignment south Durham
	make the best use of the public's investment	Med – transition costs identified for harmonizing wages, benefits
HSP Board Decision	Oshawa Community Health Centre - Approved The Youth Centre – NOT Approved	
LHIN Action	Refer merger or partnership between OCHC and TYC to staff for review.	

Durham North Partnership

A strategic and operational plan will be created for the Durham North Zone (Brock, Scugog and Uxbridge) that will focus on strengthened service planning and targeted investment to better meet the unique needs of Durham North residents. Formal agreements to strengthen partnerships between Brock Community Health Centre (BROCK CHC), CCD, VON (including Hospice Services) and the Region of Durham. BROCK CHC will lead the initiative.

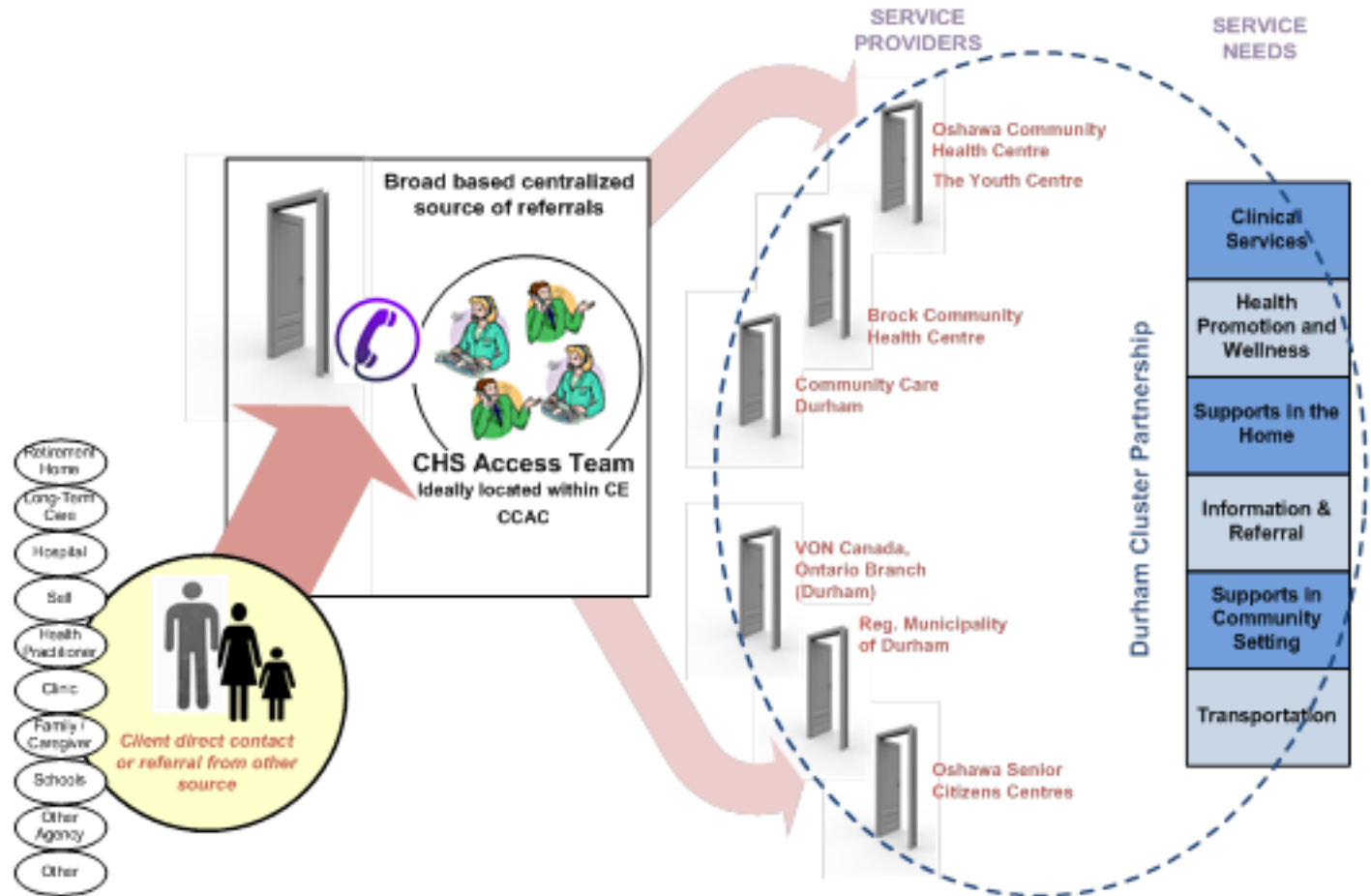
HSP	Brock Community Health Centre VON Region of Durham Community Care Durham	
Benefits	<ul style="list-style-type: none"> • Create a strategic and operational plan for the Durham North Zone (Brock, Scugog and Uxbridge) • Identify strengthened service planning and targeted investment to better meet the unique needs of Durham North residents. • Service planning commitment between all HSPs serving Durham North Residents • Provide additional context /direction for Central East LHIN to support targeted investments and in-year reinvestments by LHIN and HSPs. • Opportunity to target investments to meet the health care needs of Durham North residents with the highest needs • Identifies Durham North zone strategic objectives and service needs. • Improve planning and service efficiencies will through a coordinated approach • No additional one-time costs required for transition or implementation 	
Strategic AIMs	improve client access to high quality services	Med
	create readiness for future health system transformation	Med
	make the best use of the public's investment	Low-Med – TBD reinvestment potential
HSP Board Decision	Brock Community Health Centre - Approved VON - Approved Region of Durham - Provided for Information Community Care Durham - Approved	
LHIN Action	Support creation of a Durham North Zone Partnership. Instruct MOU and Strategic Plan be completed within 6 months.	

Other CSS Services – No Change

- **Assisted Living Services for High Risk Seniors**
 - The ALHRS hub and spoke model of community based housing support will continue to be provided in the Durham Cluster by CCD and the VON based on a south and north geography respectively.
- **Adult Day Programs**
 - Adult day programs provided by CCD, OSCC and the Region of Durham will continue with no change. The transportation services will continue and remain connected to the Adult Day Program clients it serves.

Integrated Service Delivery Model: Phase 2 (See Page 63)

- Operational savings generated through the implementation of Core Components (Phase 1) should be pooled and reinvested back into front-line service delivery.
- Priority for investment is creation of a CHS Access Team, a broad-based centralized source of referrals to the community-based services as provided by the agencies identified in Phase 1. This initiative includes the creation and implementation of a single access number (1-800-XXX-XXXX)



Potential Savings for Reinvestment

Improve client access to high quality services

- Improve ease of system navigation through creation of designated service centres.
- Additional reinvestment opportunities toward front-line services may be realized during the detailed implementation planning process.

Create readiness for future health system transformation,

- Employee enrichment: Where services and staff are brought together into a new or existing organizational model, it is expected that staff compensation rates will be guided by the applicable human resource policies of the agency accountable for the service.
- In 2012/13, because of Provincial fiscal realities, the health service provider organizations have self-managed financial risks, estimated at approximately \$300,000, related to inflation pressures on their operations.

Potential Savings for Reinvestment

Best use of public's investment – value for money

- Savings for reinvestment into front-line services from the Phase 1 integration measures in this DRAFT Integrated Service Delivery Model is conservatively estimated in the range of **\$300,000 to \$350,000 annually**.
- Reinvestment of savings may not be fully available in Year 1 of operations - it may take several years to fully realize full reinvestment potential.

Risk Analysis and Mitigation Strategies

- The Planning Team **recognized there are risks** associated with the measures identified in the Integrated Services Delivery Model.
- IPT assessed key Risks associated with the specific integration measures - each risk was assessed in terms of its likelihood of occurrence and impact should the risk actually occur.
- A strategy has been developed for each risk to mitigate its occurrence.

Integration Learning Across LHINs

- Common Guiding Principle: Maximizing current public investment in services rather than finding savings,
- A unique opportunity to ensure that available resources are used in the best possible way to benefit clients.
- Fiscal realities (e.g budget constraints) have required previously devolved/divested agencies to re-integrate.
- HR transitions/alignments are a common challenge. Most often NOT seen as barriers to the integration rather issues that require attention in reach the desired end state.
- Successful outcomes evaluated against Triple Aim perspective (population health, value for money, patient experience)

Integration Learning – Across LHINs

- Changes in Senior Leadership (I.e. departure, retirement) can motivate discussions and enable integration.
- Despite common ‘health of client’ mandates & missions – internal HSP cultures are different. Successful integration acknowledges this early, applies change management and implements risk mitigation strategies.
- Implementation of integration directions often uncover greater gains and broader opportunities than initially anticipated
- Many more....

Critical Path and Next Steps

Milestones	Dates
IPT Developed Draft Integration Service Delivery Model	Complete: Jan. 8, 2013
IPT updates to respective boards	Complete: Jan. 10 -17
Draft Service Delivery Model released for Stakeholder Engagement	Complete: Jan 18 - 31
IPT prepared FINAL Integration Plan based on engagement and provides final briefing to respective boards	Complete: Feb 4 -11
Integration Plan released to HSP Boards & Public	Complete: Feb 12
HSP Board Review/Decision & Membership Decision	Complete: Feb 13-Mar 20, 2013
Central East LHIN Board Review and Decision	Mar 27, 2013
*Stakeholder Engagement	April 2013
*Transition & Implementation Planning	Apr 2013 -March, 2014
All Implementation Complete	April 1, 2014
* Subject to direction provided March 27, 2013 by LHIN	

MOTIONS

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5.3 Durham Community Health Services Integration Strategy – Hospice Services

MOTION

Be it resolved that the Central East LHIN Board of Directors does not oppose the proposed integration of hospice services between Durham Hospice and VON for Canada (Ontario Branch, Durham Region Site) as set out in the Integration Plan for Community Health Services Integration – Durham Cluster, Group 1, dated February 12, 2013.

5.3 Durham Community Health Services Integration Strategy – Congregate Dining

MOTION

Be it resolved that the Central East LHIN Board of Directors does not oppose the proposed integration of congregate dining services between Oshawa Senior Citizens Centres and Faith Place Support Services, as set out in the Integration Plan for Community Health Services Integration – Durham Cluster, Group 1, dated February 12, 2013.

5.3 Durham Community Health Services Integration Strategy – Congregate Dining

MOTION

Be it resolved the Central East LHIN Board of Directors acknowledges the decision of both the Sunrise Seniors Place Board of Directors and the Oshawa Senior Citizens Board of Directors relating to the proposed integration of congregate dining services between Oshawa Senior Citizens Centres and Sunrise Seniors Place as set out in the Integration Plan for Community Health Services Integration – Durham Cluster, Group 1, dated February 12, 2013 and refers this matter to LHIN staff for further analysis and recommendations for the April 2013 Central East LHIN Board meeting.

5.3 Durham Community Health Services Integration Strategy – Footcare Services

MOTION

Be it resolved the Central East LHIN Board of Directors acknowledges the decision of the Oshawa Senior Citizens Centres Board of Directors relating to the proposed integration of foot care services between Oshawa Senior Citizens Centres and Community Care Durham as set out in the Integration Plan for Community Health Services Integration – Durham Cluster, Group 1, dated February 12, 2013 and refers this matter to LHIN staff for further analysis and recommendations for the April 2013 Central East LHIN Board meeting.

5.3 Durham Community Health Services Integration Strategy – Volunteer Visiting

MOTION

Be it resolved that the Central East LHIN Board of Directors does not oppose the proposed integration of volunteer visiting services between Community Care Durham and VON for Canada (Ontario Branch, Durham Region Site) as set out in the Integration Plan for Community Health Services Integration – Durham Cluster, Group 1, dated February 12, 2013.

5.3 Durham Community Health Services Integration Strategy – Supportive Housing

MOTION

Be it resolved that the Central East LHIN Board of Directors does not oppose the proposed integration of supportive housing services between Community Care Durham and Faith Place Support Services, as set out in the Integration Plan for Community Health Services Integration – Durham Cluster, Group 1, dated February 12, 2013.

5.3 Durham Community Health Services Integration Strategy – Supportive Housing

MOTION

Be it resolved the Central East LHIN Board of Directors acknowledges the decision of the Sunrise Seniors Place Board of Directors relating to the proposed integration of supportive housing services between Community Care Durham and Sunrise Seniors Place as set out in the Integration Plan for Community Health Services Integration – Durham Cluster, Group 1, dated February 12, 2013 and refers this matter to LHIN staff for further analysis and recommendations for the April 2013 Central East LHIN Board meeting.

5.3 Durham Community Health Services Integration Strategy – Primary Care and Community Development Services

MOTION

Be it resolved the Central East LHIN Board of Directors acknowledges the decision of The Youth Centre Board of Directors relating to the proposed integration of community health services between The Youth Centre and Oshawa Community Health Centre as set out in the Integration Plan for Community Health Services Integration – Durham Cluster, Group 1, dated February 12, 2013 and refers this matter to LHIN staff for further analysis and recommendations for the April 2013 Central East LHIN Board meeting.

5.3 Durham Community Health Services Integration Strategy – Durham North Zone Partnership

MOTION

Be it resolved that the Central East LHIN Board of Directors does not oppose the proposed integration to create a “Durham North Zone” partnership and strategic alliance between Brock Community Health Centre, Community Care Durham, VON for Canada (Ontario Branch, Durham Region Site) and the Regional Municipality of Durham, Social Services Department (Long-Term Care and Services for Seniors) as set out in the Integration Plan for Community Health Services Integration – Durham Cluster, Group 1, dated February 12, 2013.

Further, Brock Community Health Centre, as lead for the initiative, is directed to ensure a partnership agreement is in place and signed by the partners by May 1, 2013 and to develop a strategic plan for the LHIN funded services by August 2, 2013. Brock Community Health Centre is required to report back to the Central East LHIN Board at its August 2013 meeting on the key elements of the partnership agreement, the strategic plan and how the plan will be operationalized.