Toronto Central **LHIN**

THE FUTURE
OF HEALTH CARE
IS LOCAL

East Toronto Collaborative Agreement

Final Version – January 2018

Ontario
Local Health Integration Network

Table of Contents

Preface 3

Background: Toronto Central LHIN Sub-Region Planning Approach 4

Vision, Mission, and Key Success Factors 5

Guiding Principles 6

Future State 7

Activities 8

Summary 8

Population-Based Planning 9

Service Alignment 10

Service Integration 10

Quality Improvement 11

Partnership Building 11

Support 12

Signatories 13

Appendix – Description of roles: 14

Preface

The focus of this East Toronto Collaborative Agreement is on improving health outcomes, experience, and value for local residents through enhancing collaboration across Health Service Provider (HSP) partners and citizens within the sub-region.

This agreement is the result of a collaborative effort from all LHIN funded HSPs throughout the 2016-2017 Local Collaborative engagement sessions. The purpose of this agreement is twofold:

1. To reflect and formalize the vision, mission, success factors, and values that were developed by the Local Collaboratives throughout 2016 – 2017

2. To outline the deliverables that the partners will work toward to make the shared vision of healthier local communities a reality

Through the nature of a Collaborative Agreement, there is no single agency accountable for this vision. Rather, all HSPs and the LHIN are contributors and jointly accountable to advancing this common vision through individual and collective actions and each party will use this agreement as a tool to help inform change within their realm of influence and control.

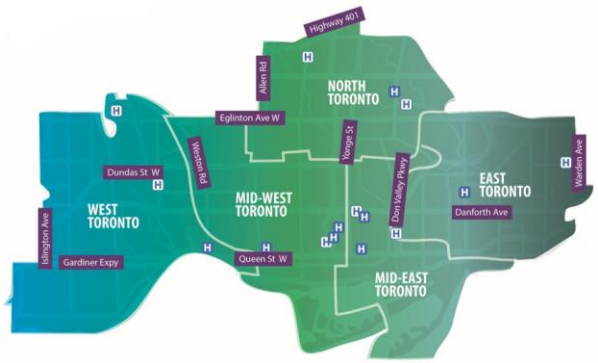
Each LHIN-funded HSP has agreed to participate as a member of a Local Collaborative through their Service Accountability Agreement. By signing this agreement, parties are expressing their commitment to the shared vision as well as their commitment to work together as *One Team* to:

1. Understand **local needs (population health)** and **engage** citizens;
2. **Align and integrate services** to improve local access, coordination, and communication;
3. **Improve quality**, including a specific focus on improving **health equity**; and,
4. **Build strong partnerships** with each other and with community partners influencing social determinants of health.

Background: Toronto Central LHIN Sub-Region Planning Approach

The Toronto Central LHIN has established 5 sub-region planning areas to serve as the focal point for **population based planning, service alignment and integration, quality improvement, and partnership building.**

We recognize and celebrate the diversity of our Toronto communities and we acknowledge that the path to improving health will be different for the diverse communities and population groups throughout the City. By honing in on five smaller, more manageable geographies, we can look at communities on a neighbourhood by neighbourhood basis, and plan care more appropriately.



In May and June of 2016, the Toronto Central LHIN held an inaugural cross-sector meeting within each sub-region planning area. The purpose of these meetings was to bring all types of providers together, with our common element being the communities and people that we serve. This group of local providers within a sub-region planning area is our **Local Collaborative**.

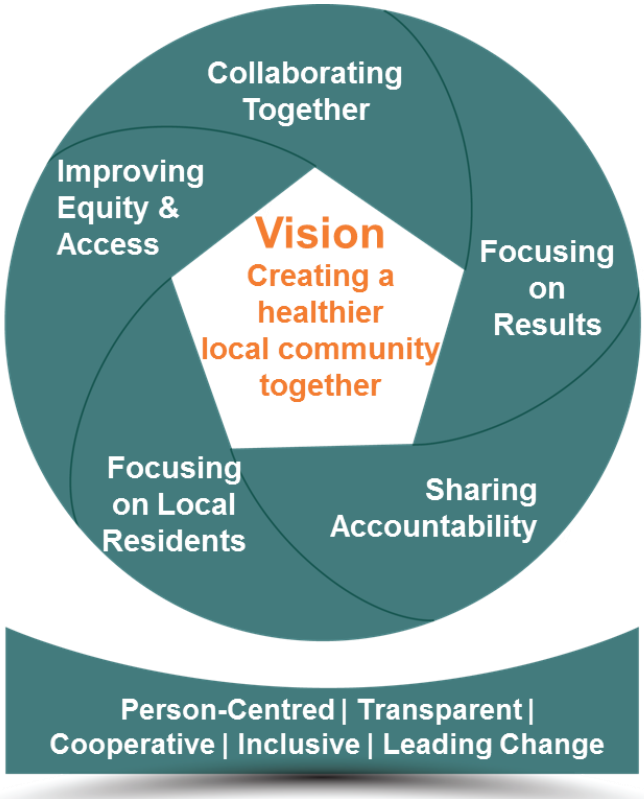
Why are Local Collaboratives important?

No one organization or individual has the full set of resources, expertise, and capacity to ensure the best possible outcomes – physical, mental, and social – for all individuals. It is incumbent on all service providers to work together in and across sectors to support the holistic wellbeing of communities.

It is important to note that the five sub-regions within the Toronto Central LHIN are for planning purposes and understanding local needs. They are not service boundaries. Citizens and providers can move freely across sub-region planning areas and LHINs.

Vision, Mission, and Key Success Factors

Our **mission** is to change and strengthen the way we work together to meet the needs of the residents of our local community.



Success Factors

Values

Throughout 2016/17 Local Collaborative partners worked together to define a shared vision, mission, and key success factors for improving local population health, aligning and integrating services, improving quality, and building local partnerships.

The following depicts the output of that planning:

- **Vision** – This is the aspirational statement, what we want to be recognized for as a Local Collaborative
- **Mission** – This is our role and what we do as a Local Collaborative
- **Success Factors** – These are the focus areas that we need to get right to be successful as a Local Collaborative
- **Values** – These are the behaviours we want to see recognized and rewarded

Guiding Principles

The following guiding principles reflect and elaborate on the success factors and values identified by the Local Collaboratives. Local Collaborative partners agree to:

- Focus on **local residents** and ensure actions are **person-centred**
  - The Local Collaborative will engage citizens, clients / patients, and caregivers in the development and implementation of initiatives, projects, and work groups within the Local Collaborative
  - All partners will respect the diversity of communities in the planning, design, delivery and evaluation of services, including culturally safe care for Francophone and Indigenous people

- Work in **collaboration** with one another and with community partners
  - All partners agree to work **collaboratively, cooperatively, and respectfully** toward the achievement of the shared vision of healthier local communities

- Focus on improving **health equity and access** based on local need
  - All partners will actively promote health equity, and work together to reduce health disparities and inequities within the sub-region
  - The Local Collaborative will apply an equity lens in identifying and selecting areas for ongoing **quality improvement**

- Be **solution and results-focused**
  - The Local Collaborative will maintain a commitment to **leading change** aimed at achieving ongoing improvements in health outcomes, experience, and value

- **Share accountability**
  - The Local Collaborative is committed to **transparency**
  - All partners will be **responsive** and commit to open and appropriate information-sharing to achieve success on priorities, while reflecting privacy needs

Future State

The activities listed within this agreement serve as a collective starting point in moving toward a future vision of an integrated and outcome-focused delivery network within each sub-region

Through this agreement, we are building toward the following components being in place within each sub-region:

One population and person-centred scorecard – publicly reporting measures of health outcomes and experience within each sub-region

One aggregated collaborative Quality Improvement Plan – submitted to the LHIN and Health Quality Ontario

One outcome-based accountability agreement

Funding allocation that matches local need and incents collaboration

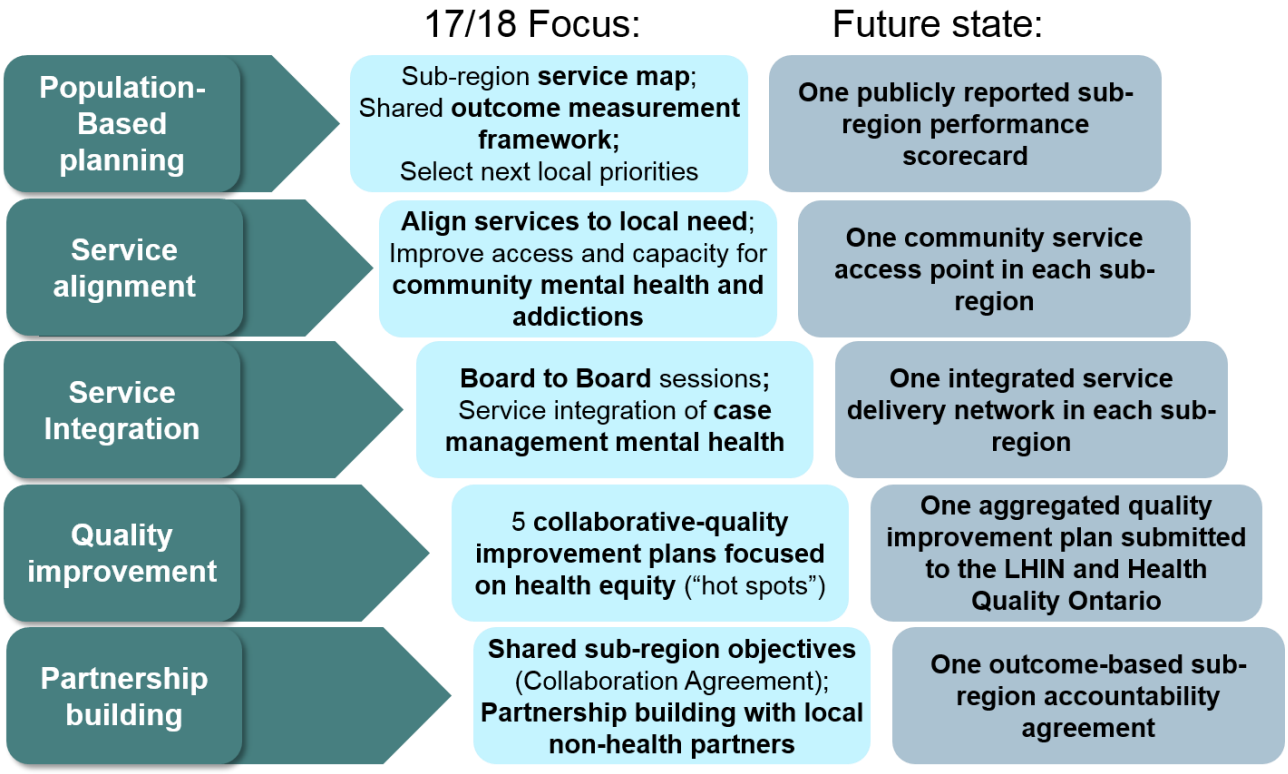
↓

One integrated service delivery network with simple and aligned access to all community-based services

Activities

Summary

The following 2017/18 activities are building toward achieving the future state components:



Partners agree to work collaboratively to deliver on the following actions, recognizing that the individual level of contribution may vary depending on the deliverable.

Population-Based Planning

17/18 Focus: Sub-region service map; Shared outcome measurement framework	
2017/18 LHIN Role	2017/18 Local Collaborative Role
• Report sub-region service data and capacity • Build in City service data (with City) • Ongoing refinement of sub-region needs assessment (with TPH) • Draft sub-region performance scorecard including impact on citizens / patients / clients • Partner with OpenLab to continue to highlight the human experience within the sub-region	• Validate and contribute quality service data (data quality) and declare capacity* • Continue to identify inequitable health outcomes and areas of high need for future work plans • Lead engagement of local citizens in improvement planning • Improve access to culturally safe care within the sub-region
Future state: One publicly reported sub-region performance scorecard	
• One performance scorecard captures experience and outcomes that matter to citizens • Scorecard is published and aligned with accountability mechanisms in a way that drives system behavior • Sub-region service capacity is transparent • Health outcome and service data is easily customizable for population-based planning (“push-button” information)	

Service Alignment

17/18 Focus: Align services to local need; Improve access and capacity for community mental health and addictions		
2017/18 LHIN Role	2017/18 ICC Role	2017/18 Local Collaborative Role
• Support shifting of services within and across sub-regions to address local need • Ongoing investment decisions • Approve and support the implementation of Integrated Community Care Strategy • Approve and support the implementation of Primary Care Strategy deliverables	• Identify common screening, assessment, and referral system • Identify common access standards and system • Identify opportunities for improved capacity and flow • Draft community service level agreements to achieve implementation	• Implement LHIN-wide standards and priorities (e.g. ICC, etc) • Support Primary Care initiatives as identified by the Primary Care Clinical Lead
Future state: One community service access point in each sub-region		
• One aligned access system for community-based care in each sub-region that is connected to primary care		

Service Integration

17/18 Focus: Board to Board sessions; Service integration of case management mental health	
2017/18 LHIN Role	2017/18 Local Collaborative Role
• Share vision with all Boards in G2G sessions • Identify facilitated integration opportunities (starting with case management for mental health)	• Participate in G2G sessions • Assess opportunities for service integration in order to improve gaps and to create a more seamless experience for citizens (as per recommendations in Integration Report)
Future state: One integrated service delivery network in each sub-region	
• Develop a detailed maturity model / roadmap for achieving Integrated Service Delivery Networks in each sub-region	

Quality Improvement

17/18 Focus: Collaborative Quality Improvement Plans focused on health equity (initial "hot spot")	
2017/18 LHIN Role	2017/18 Local Collaborative Role
• Develop, implement, and support a QI capacity building program that supports initial neighbourhood focus (in partnership with Regional Quality Table and Chair, Health Quality Ontario, and the IDEAs program) • Support process to identify ongoing opportunities for sub-region wide quality improvement	• Form local QI team and develop Collaborative Quality Improvement Plan with metrics identifying quality improvement targets • Identify and act on opportunities for sub-region wide quality improvement
Future state: One aggregated quality improvement plan submitted to the LHIN and Health Quality Ontario	
Local Collaborative becomes the agent for: • improving health equity within a sub-region • improving sub-region wide quality improvement targets	

Partnership Building

17/18 Focus: Shared sub-region objectives (Collaboration Agreement); Partnership building with local non-health partners	
2017/18 LHIN Role	2017/18 Local Collaborative Role
• Continue to partner with United Way, City of Toronto, Toronto Public Health	• Engage in partnership building with local non-health partners and identify opportunities for collaboration • Collaborate on community hub opportunities as appropriate
Future state: One outcome-based sub-region accountability agreement	
• Collaboration Agreement becomes single document for outlining sub-region performance benchmarks • Sub-region funding decisions are made based on local need and performance (equity-based funding allocations) • Identify provider roles within an Integrated Service Delivery Network	

Support

The Local Collaborative is supported by an Advisory Group comprised of leadership responsible for advancing a number of strategies that require alignment with the Local Collaborative as well as future implementation by Local Collaborative partners.

The East Toronto sub-region Advisory Group will meet regularly to ensure alignment across all change initiatives, specifically the Integrated Community Care Strategy, the Primary Care Strategy, and the Health Link approach. The Advisory Group is comprised of:

Position	**Role Description**
Toronto Central LHIN East **Sub-Region lead**	General sub-region oversight and alignment support. The LHIN sub-region lead will Chair the Advisory Group and Co-Chair the Local Collaborative along with other members of the Advisory Group.
Toronto Central LHIN **Citizen Panel member**	Championing the citizen voice, ensuring the Advisory Group and Local Collaborative are planning for appropriate citizen inclusion and representation at all planning levels.
East Toronto **Community Leads**	Championing and advancing the Integrated Community Care Strategy within the sub-region.
Toronto Central LHIN East Toronto **Home Care Director**	
East Toronto **Primary Care Clinical Lead and Manager**	Championing and advancing primary care planning and integration within the sub-region (e.g. local primary care access, attachment, and continuity).
East Toronto **Health Link Manager**	Advancing the implementation of the Health Link approach and maturity model.
East Toronto **Hospital Resource Partner**	Assistance and leadership with engagement, data analysis, work plan development and implementation of approved initiatives.

Roles will evolve and mature over time to adapt to policy and planning decisions taken by the LHIN including responsibilities assigned to the LHINs by the MOHLTC.

Short-term or standing committees of the Local Collaborative may need to be formed over the course of the year. The two most likely forms of committees are:

- Local QI team
- Short-term community care committee(s) to implement specific solutions coming from the Integrated Community Care strategy (tbd)

Collaborative Agreement- Signatories

With my signature, I pledge to support the creation of a healthier local community in East Toronto and acknowledge that there is no single agency, provider or person accountable for this vision. Rather, all citizens, health service providers and the LHIN are contributors and jointly accountable to advancing this common vision through individual and collective actions and each party will use this agreement as a tool to help lead change within their realm of influence and control. By signing this agreement, I am committing to work together as *One Team* to achieve our vision in a manner that is person centred, transparent, cooperative, inclusive, and will lead change.

Name	Title	Affiliated Organization	Signature	Date
Susan Fitzpatrick	CEO	**Toronto Central LHIN**		
Vivek Goel	Board Chair			
		Health Service Provider Organization:		
	LHIN sub-region lead			
	Sub-region Primary Care Clinical Lead			
	Sub-region Health Link lead			
	Sub-region Hospital Resource Partner			
	Sub-region Community Lead, Home Care Director			
	Sub-region Community Lead			

Appendix – Description of roles:

Group	Membership	Responsibilities
Toronto Central LHIN	LHIN sub-region lead LHIN strategy, policy, planning, analytic, funding, and accountability leadership and support	Co-chair Local Collaborative meetings Chair sub-region Advisory Group meetings Responsible for supporting the implementation of the sub-region planning approach, objectives, and priorities
Sub-region Advisory Group	LHIN sub-region lead, Citizen Panel member, Primary Care Clinical Lead and Manager, Health Link Manager, Community Leads, Home Care Director, Hospital Resource Partner	Ensure alignment across local change initiatives Ensure alignment and support for LHIN-wide strategies, specifically the Primary Care Strategy and the Integrated Community Care Strategy As outlined in Section 6.3 of this Agreement
Local Collaborative	All sub-region HSPs as outlined in this Agreement Local citizens Local community partners (e.g. not funded by the LHIN)	Population planning, service alignment and integration, quality improvement, and partnership building as outlined in this Agreement
Health Link	Sub-region Health Link Manager Council TBC	Targeted improvement for individuals with complex care needs; sub-region implementation of the Health Link maturity model
Local QI Team	Members of the Local Collaborative participating in QI initiatives Citizens and community partners	Develop a quality improvement plan to improve local health needs Participate in the IDEAs Advanced Learning Program, funded by the Toronto Central LHIN

	OpenLab HQO and IDEAs team	Apply a co-design approach to quality improvement in partnership with local citizens
Sub-region ICC implementation	Sub-region community leads and LHIN home care director All community providers within the sub-region (home care, community support, community mental health, and addictions services)	Work together to implement standards from the Integrated Community Care strategy as they are developed and approved
Hospital Resource Partner	Executive Director or other representatives	Provide resource support to Primary Care and Local Collaboratives as appropriate Contribute to identifying and implementing sub-region quality improvement plans

Toronto Central **LHIN**

425 Bloor Street East, Suite 201
Toronto, ON M4W 3R4
Tel: 416 921-7453 • Fax: 416 921-0117
Toll Free: 1 866 383-5446
www.torontocentrallhin.on.ca

Ontario
Local Health Integration Network