

## Sub-Region Development in the Toronto Central LHIN

### Webinar Q & A

1. **Where can I find more detailed information about the individual sub-regions? I am close to the (Toronto Central LHIN) border and need street name level detail.**

Maps with street names have been included in the presentation that is currently posted at [torontocentrallhin.on.ca](http://torontocentrallhin.on.ca)

2. **What year is this information based on?**

The information is based on 2010-2012 data. Once the data is available from the 2016 Canada Census, information will be updated. The Toronto Central LHIN will continue to work with partners across the system including the City of Toronto and Toronto Public Health to ensure our planning reflects the expected growth in our City.

3. **Are the sub-regions going to be used to help Community Support Service (CSSs) connect with others in the same sub-region?**

Yes. In May, the Toronto Central LHIN launched [Cross-Sector Tables](#) to support stronger linkages between health service providers (HSPs), partners, patients and residents in each of our five sub-regions. The next meeting will be held in October 2016, and will continue to enable providers to connect and collaborate with partners in their sub-region in order to improve health service delivery.

4. **If the CSSs are not sub-region based (e.g. they are city-wide), will the sub-region approach affect our ability to receive funds to serve all over the city?**

No. Sub-region geographies are intended to support planning and collaboration between providers so that patients, clients, and residents receive care that is integrated and responsive to local needs. There will still be a need for regional services planning (Toronto Central LHIN, cross-LHIN, and province-wide) and so a regional strategy is being developed concurrently with sub-region planning.

5. **When will we be able to establish a sub-region list in order to enhance collaboration and cross-referral?**

The Toronto Central LHIN will share a draft list of HSPs that deliver services in each sub-region prior to the October 2016 Cross-Sector Table meetings. This information will need to be reviewed and validated by each provider.

**6. If the Toronto Central LHIN continues, do we need to go to sub-region meetings and Toronto Central LHIN meetings?**

The Toronto Central LHIN will continue to plan, fund and integrate health services to improve patients and client outcomes as outlined in our mandate. Sub-region geographies are intended to support planning and collaboration between providers so that patients, clients, and residents receive care that is integrated and responsive to local needs. The Toronto Central LHIN will continue to engage with health service providers, partners and citizens to achieve the objectives outlined in the [Strategic Plan 2015 – 2018](#) including sub-region planning.

**7. If our programs are within two sub-regions, how will we report?**

The Toronto Central LHIN will be hosting [Cross-Sector Tables](#) beginning in October 2016 to collaboratively identify and address issues and opportunities related to sub-region planning in the future. No changes to program reporting for HSPs are planned at this time.

**8. Have you considered Community Health Centre (CHC) data and how do CHC's fit into the bigger picture?**

The Toronto Central LHIN has planned to incorporate CHC data into the sub-region profiles for the October 2016 Cross-Sector Tables.

**9. Would this (sub-region planning) reduce the wait times at emergency departments (ED)?**

It is anticipated that a population-based approach to planning within sub-regions will lead to a system which is more integrated and responsive to local needs. This will assist to identify opportunities to target ED wait time improvements in collaboration with health and non-health partners.

**10. Can you provide some specific examples of how this division of planning regions will benefit citizens and service providers?**

The sub-region approach allows the Toronto Central LHIN to plan for communities in order to provide appropriate and timely care in a way that meets patient and client needs and preferences.

Through a population-based, collaborative approach, local providers and partners can understand health outcomes at a population and neighbourhood-by-neighbourhood level.

**11. For organizations with a provincial mandate, what will be the regional approach and will participation in sub-regional planning be required as well?**

A regional table will be established for those providers who identify they provide services across multiple sub-regions. Providers, partners and residents will also have the opportunity to participate in sub-region planning (as well as the regional table) to address the needs of local communities.

**12. I noticed that there was no mention of the racialized communities. Why use LIMAT as it does not give an accurate measure of poverty?**

In addition to LIMAT, the LHIN has also looked at other information sources (including medium income marginalization index, unemployment and individuals on social assistance) in developing the draft sub-region profiles that were presented in the [Cross-Sector Tables](#) meetings held in May and June 2016. A detailed version of sub-region profiles, including information on racialized communities including visible minorities, immigration, and languages spoken in the different areas, are currently being finalized and will be posted on the Toronto Central LHIN website within the coming weeks.

**13. Will the Toronto Central LHIN no longer exist? Are Health links gone?**

The Toronto Central LHIN will continue to plan, fund and integrate health services to improve patients and client outcomes as outlined in our mandate. Health Links will also continue to plan for and coordinate care for complex patients within each sub-region, and in an integrated system.

**14. How is the LHIN engaging with the very significant number of citizens just outside of the LHIN's boundary who are using Toronto Central LHIN services? How do their needs, service patterns, etc. factor into planning?**

The Toronto Central LHIN will continue to plan for those patients, clients and caregivers who receive care from service providers within the LHIN. There have been, and will continue to be, opportunities for those access services and programs across the LHIN to participate in planning and service design regardless of where they live.

**15. How have the social determinants of health and impact on where patients reside been incorporated into determining these sub-regions?**

The Toronto Central LHIN has undertaken extensive consultation, research and engagement to identify social determinants of health impacting the health outcomes of patients and clients who utilize programs and services across the LHIN. The LHIN's [Strategic Plan 2015 – 2018](#) identified social determinants of health as a key area of focus in Strategic Priority 2 – Population Health. The LHIN will continue to apply a population health and equity lens as we plan for and design health care services in the future.

**16. How will the sub-regions interact with the francophone planning entities?**

Reflét Savléo is the French language health service planning entity for the geographic regions of Toronto Central, Central West, and Mississauga Halton LHINs. The Toronto Central LHIN will continue to work closely with Reflét Savléo to ensure the needs of the francophone community are identified at the sub-region and regional level, and planning is designed to improve access and health outcomes for this community.

**17. Given the population health approach, will there be opportunities for cross region planning tables around populations to ensure alignment on planning approaches and strategies?**

Yes. The Toronto Central LHIN will continue to collaborate and coordinate planning with our Greater Toronto Area (GTA) LHIN colleagues, as well as provincial and specialty programs and services. A regional table will be established to support Toronto-wide planning as recommended during earlier consultations.

**18. If the LHIN envisions a focus on marginalized populations, will it be leveraging the expertise of those existing HSPs who already focus on those populations, and supporting them to do this?**

Yes. The Toronto Central LHIN will leverage the expertise and experience of those providers who serve marginalized and vulnerable populations. The LHIN will also identify opportunities to engage patients, clients and caregivers within these communities to participate in planning and integration of service delivery to improve access to programs and services.

**19. Is there any consideration being given to expanding the boundaries of the Toronto Central?**

The Ministry of Health and Long Term Care identified that there will be an opportunity to review LHIN boundaries in the introduction of Bill 210. This will be a decision of the Minister of Health and Long Term Care.

**20. How will CCAC be impacted, as well as CHC's?**

All HSPs funded by the Toronto Central LHIN, including CCACs, hospitals, CSS and CMHA agencies, CHCs, and others will be invited to participate in future Cross-Sector Table and/or Regional Table sessions. These sessions will support providers to work collaboratively with the LHIN, patients, clients, residents, and partners to improve health outcomes and patient experience.