Request for Decision

Support for the North East LHIN Community Engagement Report

Presented To:	Community Services Committee
Presented:	Monday, Feb 27, 2012
Report Date	Wednesday, Feb 15, 2012
Type:	Routine Management Reports

Recommendation

 Whereas community health care is important to every person living in Northeastern Ontario; and

Whereas health and housing concerns of the frail and elderly are often interrelated; and

Whereas the North East Local Health Integration Network (NE LHIN) seeks to improve access to health care for all in Northeastern Ontario; and

Whereas the NE LHIN recently conducted 25 community engagement consultations with citizens across Northeastern Ontario; and

Whereas a 2011 Summary Report of the NE LHIN's Community Engagement Sessions is now available at www.nelhin.on.ca.

Therefore, be it resolved that the City of Greater Sudbury endorse the report and support the efforts of the NE LHIN to enhance local health care; and

That the City of Greater Sudbury continue to offer its cooperation to the goals of the NE LHIN.

Signed By

Report Prepared By
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Digitally Signed Feb 15, 12

Division Review
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Recommended by the Department
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Recommended by the C.A.O.
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Finance Implications

 There are no financial implications.

Background

The North East Local Health Integration Network (NE LHIN) Community Engagement Report provides a summary of the discussions that took place during a consultation process throughout 25 communities in Northeastern Ontario. The goal of the engagement sessions was to "ensure Northern voices continue to be heard and reflected in building a local health care system that provides the right care, in the right place, at

the right time, and at the right cost". The information gathered is part of the NE LHIN's 2011-2012 Annual Community Engagement Plan.

12 themes emerged from the consultations:

1. **Lack of Community Support Services (CSS)**
· Many aspects to community support services and people very often use terms interchangeably – equivalents can be assisted living, supportive housing, home care or others
· Ensuring adequate care for seniors is complicated by the fact that many frail elderly have little family support
· Community support services are essential in helping to meet the needs of seniors outside of an institution
· Community-based service investments also help to decrease alternate level of care or ALC numbers

2. **Transition from Hospital**
· Help patients being discharged from hospital gain confidence in knowing where local services can be found to help them in the next phase of their care, outside of the hospital

3. **Education**
· Poor understanding of what health care services are available within their communities, where the services are, who provides them, and how they can be accessed. As a result, oftentimes people are using the local emergency department to access the care they need.
· More help is needed to increase awareness of local health care programs and services
· System navigation is a challenge right across the health care spectrum

4. **Transportation**
· Availability of transportation to assist seniors and the frail elderly with getting to and from medical appointments is often recounted as the community's top health care issue
· In some communities, it is not the provision of more transportation options, but coordination of those that are already available, so that there are efficient and effective means of moving seniors to and from their required medical appointments safely.

5. **Primary Care Coordination and Engagement**
· With a shortage of both primary care providers and access to them, participants expressed a need for more coordination and a closer working relationship between each one of them, as well as with other health care partners such as public health units, chiropractors, midwives, and others
· Greater coordination of primary care, and engagement of providers, will increase local access and awareness of available options.

6. **eHealth Technologies**
· Increased access to technology would enhance quality of care for local citizens – more electronic medical health records, more telemedicine access, more teletherapy access and more technical infrastructure investments

7. **Governance Engagement**
· Participants commonly expressed the need to have more engagement with the governance level of health organizations — their Boards.

8. **Integration**
· Identify opportunities to integrate the services of the local health system to provide appropriate, coordinated, effective and efficient services
· Needs to be better coordination of services within the various sectors

9. **Cultural Diversity**
· Providing culturally appropriate services to the population of Francophone and Aboriginal/First Nation/Métis

10.Mental Health and Addictions

·   Need for more mental health and addiction services – notably for youth between the ages of 18-24

·   Too much fragmentation of services

·   More investments in technology should be able to help address intermittent services, by enabling specialists to link virtually with a community.

11.Recruitment and Retention

·   A top issue at most HSP engagements was the need to eliminate silos and have professionals work more collaboratively to deliver care more effectively

·   Without appropriate primary care options, people resort to the local emergency department to access the care they need. This is the most costly option and often the least efficient given local wait times.

12.Need for Change

·   Willingness to evolve the current system

Council's support is being requested to endorse the report and the efforts of the NE LHIN to provide citizens of Northeastern Ontario with access to health care, at the right time, in the right place.