DATE: Thursday, June 2, 2016

TIME: 11:00 AM – 2:00 PM

LOCATION: Regional Council Chamber, 5th Floor
Regional Administrative Headquarters
10 Peel Centre Drive, Suite A
Brampton, Ontario

MEMBERS: F. Dale; A. Groves; E. Moore; M. Palleschi; C. Parrish; P. Saito;
B. Shaughnessy

ADVISORY MEMBERS: M. Anderson; C. Brereton; M. DiEmanuele; C. Hecimovich;
B. MacLeod; S. McLeod

Chaired by Councillor P. Saito or Vice-Chair Councillor B. Shaughnessy

1. DECLARATIONS OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. DELEGATIONS

3.1. Dan Daniel, Resident, Regarding Service and Funding Shortages Faced by Adults
with Cognitive Disabilities

3.2. Warren Edwards, Resident, Regarding Mental Health

3.3. Liane Fernandes, Senior Director, Health System Development and Community
Engagement, Mississauga Halton Local Health Integration Network (LHIN) and
Mark Edmonds, Acting Senior Director, Health System Integration, Central
West LHIN, Providing an Overview of the Integrated Health Service Plans (IHSPs)
and an Update on Provincial Directions Related to Patients First (See also Reports –
Item 4.4)

3.4. Stephane Grenier, Principal Consultant, Mental Health Innovations, Regarding
Workplace Psychological Health and Safety
4. **REPORTS**

4.1. TransHelp Eligibility Changes (Oral)  
Presentation by David Margiotta, Program Manager and Aislin O’Hara, Project Advisor, Accessible Transportation Master Plan

4.2. Future Meeting Planning (Oral)  
Presentation by Janette Smith, Commissioner of Health Services

4.3. Ambulance Offload Advocacy Update (For information)

4.4. Overview of Local Health Integration Networks’ Integrated Health Service Plans (For information) (See also Delegations – Item 3.3)

5. **COMMUNICATIONS**

5.1. Debi A. Wilcox, Regional Clerk and Director of Legislative Services, Durham Region, Letter dated March 10, 2016, Responding to a Correspondence from the Commissioner of Health Services, Regarding Ambulance Dispatch Services (Receipt recommended)

5.2. Janet Pilon, Deputy Clerk and Manager, Legislative Services, City of Hamilton, Letter dated April 15, 2016, Responding to a Letter from Regional Chair Dale dated March 18, 2016, Regarding Ambulance Communications and Dispatch Services Advocacy (Resolution 2016-144) (Receipt recommended) (See also Items 5.4 and 5.5)

5.3. Dr. Eric Hoskins, Minister of Health and Long-Term Care, Letter dated April 20, 2016, Discussing the Integration of the Health-Care System that Uses A Population Health and Health Equity Approach to Health System Planning and Service Delivery (Receipt recommended)

5.4. Judy Currins, City Clerk, City of Kawartha Lakes, Letter dated April 22, 2016, Responding to a Letter from Regional Chair Dale dated March 18, 2016, Regarding Ambulance Communications and Dispatch Services Advocacy (Resolution 2016-144) (Receipt recommended) (See also Items 5.2 and 5.5)

5.5. Larry Keech, Chief Administrative Officer and Clerk, County of Lennox and Addington, Letter dated May 11, 2016, Responding to a Letter from Regional Chair Dale dated March 18, 2016, Regarding Ambulance Communications and Dispatch Services Advocacy (Resolution 2016-144) (Receipt recommended) (See also Items 5.2 and 5.4)

5.6. Dr. Eric Hoskins, Minister of Health and Long-Term Care, Letter dated May 17, 2016, Regarding One-time Funding to Support Dedicated Nurses to Receive Ambulance Patients at Locally Selected Hospitals (Receipt recommended)

6. **IN CAMERA MATTERS**
7. OTHER BUSINESS

8. NEXT MEETING

Thursday, October 20, 2016, 11:00 a.m. -1:00 p.m.
Regional Council Chamber, 5th Floor
Regional Administrative Headquarters
10 Peel Centre Drive, Suite A
Brampton, Ontario

9. ADJOURNMENT
Request for Delegation

Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582  Fax: 905-791-1693
E-mail: council@peelregion.ca

<table>
<thead>
<tr>
<th>FOR OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEETING DATE YYYY/MM/DD</td>
</tr>
<tr>
<td>2016/06/02</td>
</tr>
<tr>
<td>MEETING NAME</td>
</tr>
<tr>
<td>HSIC</td>
</tr>
</tbody>
</table>

| REQUEST DATE YYYY/MM/DD |
| 2016/05/05 |

| NAME OF INDIVIDUAL(S) |
| Dan/Daniel, P.Eng., PMP |

| POSITION/TITLE |
| Resident in Mississauga |

| NAME OF ORGANIZATION |

| E-MAIL |
| |

| TELEPHONE NUMBER |
| |

| EXTENSION |
| |

| FAX NUMBER |
| |

| NAME OF INDIVIDUAL(S) |

| POSITION/TITLE |

| NAME OF ORGANIZATION |

| E-MAIL |
| |

| TELEPHONE NUMBER |
| |

| EXTENSION |
| |

| FAX NUMBER |
| |

REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)

Adult with cognitive disorders are facing and suffering from short of services and funds.

I AM SUBMITTING A FORMAL PRESENTATION TO ACCOMPANY MY DELEGATION

☑ YES  ☒ NO

IF YES, PLEASE ADVISE OF THE FORMAT OF YOUR PRESENTATION (ie POWERPOINT)

Note:
Delegates are required to provide an electronic copy of all background material / presentations to the Clerk’s Division at least seven (7) business days prior to the meeting date so that it can be included with the agenda package. In accordance with Procedure By-law 100-2012, as amended, delegates appearing before Regional Council or Committee are requested to limit their remarks to 5 minutes and 10 minutes respectively (approximately 5/10 slides).

Once the above information is received in the Clerk’s Division, you will be contacted by Legislative Services staff to confirm your placement on the appropriate agenda. Thank you.

Notice with Respect to the Collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)

Personal information contained on this form is authorized under Section IV-4 of the Region of Peel Procedure By-law 100-2012 as amended, for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before Regional Council or a Committee of Council. The Delegation Request Form will be published in its entirety with the public agenda. The Procedure By-law is a requirement of Section 238(2) of the Municipal Act, 2001, as amended. Please note that all meetings are open to the public except where permitted to be closed to the public under legislated authority. All Regional Council meetings are audio broadcast via the internet and will be video broadcast on the local cable television network where video files will be posted and available for viewing subsequent to those meetings. Questions about collection may be directed to the Manager of Legislative Services, 10 Peel Centre Drive, Suite A, 5th floor, Brampton, ON L6T 4B9, (905) 791-7800 ext. 4462.
Request for Delegation

Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582 Fax: 905-791-1695
E-mail: council@peelregion.ca

FOR OFFICE USE ONLY
MEETING DATE YYYY/MM/DD
2016/06/02
MEETING NAME HSIC

REQUEST DATE YYYY/MM/DD
2016/05/11

NAME OF INDIVIDUAL(S)
Warren Edwards

POSITION/TITLE
Resident

NAME OF ORGANIZATION

E-MAIL

TELEPHONE NUMBER

EXTENSION

FAX NUMBER

NAME OF INDIVIDUAL(S)

POSITION/TITLE

NAME OF ORGANIZATION

E-MAIL

TELEPHONE NUMBER

EXTENSION

FAX NUMBER

REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)
Mental Health

I AM SUBMITTING A FORMAL PRESENTATION TO ACCOMPANY MY DELEGATION □ YES □ NO

IF YES, PLEASE ADVISE OF THE FORMAT OF YOUR PRESENTATION (i.e POWERPOINT) ____________________________

Note:
Delegates are requested to provide an electronic copy of all background material / presentations to the Clerk’s Division at least seven (7) business days prior to the meeting date so that it can be included with the agenda package. In accordance with Procedure By-law 100-2012, as amended, delegates appearing before Regional Council or Committee are requested to limit their remarks to 5 minutes and 10 minutes respectively (approximately 5/10 slides).

Once the above information is received in the Clerk’s Division, you will be contacted by Legislative Services staff to confirm your placement on the appropriate agenda. Thank you.

Notice with Respect to the Collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)

Personal information contained on this form is authorized under Section IV-4 of the Region of Peel Procedure By-law 100-2012 as amended, for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before Regional Council or a Committee of Council. The Delegation Request Form will be published in its entirety with the public agenda. The Procedure By-law is a requirement of Section 238(2) of the Municipal Act, 2001, as amended. Please note that all meetings are open to the public except where permitted to be closed to the public under legislated authority. All Regional Council meetings are audio broadcast via the internet and will be video broadcast on the local cable television network where video files will be posted and available for viewing subsequent to those meetings. Questions about collection may be directed to the Manager of Legislative Services, 10 Peel Centre Drive, Suite A, 5th floor, Brampton, ON L6T 4B9, (905) 791-7800 ext. 4462.
### Request for Delegation

**Attention:** Regional Clerk  
Regional Municipality of Peel  
10 Peel Centre Drive, Suite A  
Brampton, ON L6T 4B9  
Phone: 905-791-7800 ext. 4582  
Fax: 905-791-1693  
E-mail: council@peelregion.ca

**MEETING DATE YYYY/MM/DD**  
June 2, 2016

**MEETING NAME**  
HSIC

**REQUEST DATE YYYY/MM/DD**  
2016/05/10

**NAME OF INDIVIDUAL(S)**  
Liane Fernandes

**POSITION/TITLE**  
Senior Director, Health System Development & Community Eng

**E-MAIL**  
liane.fernandes@lhrs.on.ca

**TELEPHONE NUMBER**  
(905) 337-7131

**EXTENSION**  
257

**NAME OF ORGANIZATION**  
Mississauga Halton Local Health Integration Network (LHIN)

**NAME OF INDIVIDUAL(S)**  
Mark Edmonds

**POSITION/TITLE**  
Acting Senior Director, Health System Integration

**E-MAIL**  
mark.edmonds@lhrs.on.ca

**TELEPHONE NUMBER**  
(905) 452-6981

**EXTENSION**  
FAX NUMBER

---

**REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)**  
To provide an overview of the Mississauga Halton and Central West Local Health Integration Network's Integrated Health Service Plans (IHSPs, 2016-2019) and to update on provincial directions related to "Patients First"

I AM SUBMITTING A FORMAL PRESENTATION TO ACCOMPANY MY DELEGATION  
☐ YES  
☐ NO

IF YES, PLEASE ADVISE OF THE FORMAT OF YOUR PRESENTATION (i.e. POWERPOINT)  
PowerPoint

**Note:**  
Delegates are requested to provide an electronic copy of all background material / presentations to the Clerk's Division at least seven (7) business days prior to the meeting date so that it can be included with the agenda package. In accordance with Procedure By-law 100-2012, as amended, delegates appearing before Regional Council or Committee are requested to limit their remarks to 5 minutes and 10 minutes respectively (approximately 5/10 slides).

Once the above information is received in the Clerk's Division, you will be contacted by Legislative Services staff to confirm your placement on the appropriate agenda. Thank you.

---

**Notice with Respect to the Collection of Personal Information**  
(Municipal Freedom of Information and Protection of Privacy Act)  
Personal information contained on this form is authorized under Section IV-4 of the Region of Peel Procedure By-law 100-2012 as amended, for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before Regional Council or a Committee of Council. The Delegation Request Form will be published in its entirety with the public agenda. The Procedure By-law is a requirement of Section 238(2) of the Municipal Act, 2001, as amended. Please note that all meetings are open to the public except where permitted to be closed to the public under legislated authority. All Regional Council meetings are audio broadcast via the internet and will be video broadcast on the local cable television network where video files will be posted and available for viewing subsequent to those meetings. Questions about collection may be directed to the Manager of Legislative Services, 10 Peel Centre Drive, Suite A, 5th floor, Brampton, ON L6T 4B9, (905) 791-7800 ext. 4462.
Integrated Health Service Plans and the Region of Peel: Partners in Planning

Region of Peel, Health System Integration Committee (HSIC)

Liane Fernandes, Senior Director, Health System Development & Community Engagement, Mississauga Halton LHIN
Mark Edmonds, Acting Senior Director, Health System Integration, Central West LHIN

June 2, 2016
Overview

- Integrated Health Service Plan (IHSP)
  - *What are they and how are they Developed?*

- Aligning Ontario’s *Patients First: Action Plan for Health care*

- The Mississauga Halton LHIN Integrated Health Service Plan

- The Central West LHIN Integrated Health Service Plan

- Partners in Planning

- Patients First Report Update

- Discussion
IHSPs...What are they?

- Established as a crown agencies under Ontario’s Local Health System Integration Act (LHSIA) – 2006, Ontario’s LHINs work closely with the Ministry of Health and Long-Term Care, Health Service Providers, community partners and members of local communities to plan, integrate, fund and monitor the local health care system.

- Based on the mandate outlined in LHSIA, the Integrated Health Service Plan is a LHIN’s three-year strategic plan. It presents a vision, key priorities, strategies and outcomes to collectively advance the local health care system, and improve the health and healthy outcomes for the populations they serve.

- IHSPs identify areas of specific priority. They are not a comprehensive overview of all the activities that LHINs will carry out during the three-year period. Specific activities are defined as part of a LHIN’s Annual Business Planning process each year.

- Current IHSPs came into effect on April 1 of this year for the period April 1, 2016 through march 31, 2019.
IHSPs... How are they developed?

- IHSPs are rooted in the common vision and priorities of Ontario's *Patients First: Action Plan for Health Care*, and common objectives of Ontario’s 14 LHINs.

- Developed based on an environmental scan of each LHIN (population and health profiles), input from community members, client groups, local health service providers and community partners, and with guidance from board of directors and staff.
Mississauga Halton LHIN
Integrated Health Service Plan 2016-2019
Mississauga Halton LHIN - Integrated Health Service Plan 2016-2019

Partnering for a Healthy Community
Mississauga Halton LHIN - Integrated Health Service Plan 2016-2019

Partnering for a Healthy Community
Key Priorities

Capacity  Access  Quality
Key Priorities

Capacity
Required resources, now and for the future

Access
Health care when and where you need it.

Quality
Positive person experiences and outcomes across the care continuum.
Key Priorities

AREAS OF FOCUS

Capacity

Access

Quality

Required resources, now and for the future

Health care when and where you need it.

Positive person experiences and outcomes across the care continuum.
Home and Community Care

Capacity
Quantify Capacity Needs and Expand Supports to Care Providers
Quantify infrastructure, HR needs and establish capacity plans, empower caregivers, enhance training, advance peer supports

Access
Bring Care Closer to Home
Community/In home services, dementia supports, adult day programs, telemedicine, mobile programs

Quality
Ensure the Needs and Voice of the Patient and Their Family Shape How Services are Delivered
Support care continuity and flexible service delivery, self-directed care, be inclusive of people’s circle of support
Coordinated and Integrated Care

**Capacity**
Enhance Program Capacity to Support the Right Care in the Right Place
Explore specialized care units in LTC, regional program planning, coordinated palliative care, rehab services, e-consults

**Access**
Integrate and Partner to Improve Access & Services Through Coordinated Efforts
An integrated mental health and addictions system, Health Links, access to family health care and specialist services, bundled care initiatives, transportation

**Quality**
Coordinate and Integrate Care with the Person at the Heart of the Health Care System
Experience based design, engage Francophones, Aboriginal, community groups, no wrong door culture, customer service
Population Health

**Capacity**
Recognize and Address the Impact Social Determinants Play in Building a Sustainable, Person-Centred Health Care System
Direct services to neighborhoods of need, integrated community hubs, socio-demographic data collection

**Access**
Make It Simpler to Navigate the Health Care System & Reduce Barriers to Access
Culturally appropriate care through partnerships with community leaders, Active Offer of French language services, simplifying navigation tools

**Quality**
Foster a Culture of Health and Community Wellness
Promote health living, health equity lens, alleviate social isolation, quality framework
Our plan is ambitious, but achievable. Partnering for a Healthy Community

We look forward to partnering with you. Together, we will be successful.
Integrated Health Service Plan (IHSP) 2016-2019
Home to over 922,000 residents, the Central West LHIN is very much a mosaic of geographic and cultural diversity. Spanning rural farmlands to the North and urban cities to the South, over half of local residents are either immigrants or new to Canada within the last five years.
MISSION
To improve access to, and the quality of, health services for residents of the Central West LHIN, through strengthened integration and coordination of health services.

VISION
Residents of the Central West LHIN will have better and faster access to high-quality health services. They will have better information so they can make decisions that will help them live and stay healthy. Their services will be protected to ensure they are sustainable for future generations.

VALUES
- Person-Centred Care
- Transparency
- Integrity
- Stewardship
IHSP 2016-2019 | Strategic Directions and initiatives

**BUILD INTEGRATED NETWORKS OF CARE**
- Health Links & Primary Care
- Home and Community Care Renewal
- Mental Health & Addictions Services
- Palliative and End-of-Life Care
- Long-Term Care Renewal

**DRIVE QUALITY & VALUE**
- Improve the Patient Experience
- Quality and Innovation
- Health System Funding Reform
- Enabling Technology Integration

**DEMONSTRATE SYSTEM LEADERSHIP**
- System Capacity Planning
- Population Health
- Dementia Strategy
- Build on the Momentum

**CONNECT & INFORM**
- Community Engagement
- French Language Services
- Aboriginal Health

Healthy Change
LHINs and the Region of Peel: Partners in Planning

Current partnerships with Region of Peel and Mississauga Halton LHIN

1. Seniors
2. myhealth365
3. Affordable Housing
4. Falls Prevention
5. Public Health & MDDPM
6. Primary Care Steering Committee
7. SBSU Sheridan Villa
8. SIGMHA
9. Funders Consortium
10. Health System Strategy
11. Community Capacity
LHINs and the Region of Peel: *Partners in Planning*

Future partnerships with Region of Peel and Mississauga Halton LHIN
In December 2015, the Ministry of Health and Long-Term Care released Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario. This discussion paper provides detail regarding four key components designed to support the next phase of the Ministry’s plan to reduce structural issues that create inequities.

- Ministry/LHIN consultations included feedback from: patients, caregivers, Indigenous peoples, health care partners, staff, clinicians, municipal and other community and government partners. Consultations closed on February 29, 2016. The ministry is currently in the process of reviewing all of the responses received.

- Structural changes proposed in the Patients First discussion paper would require changes to legislation, therefore, the ministry is also reviewing relevant acts alongside the feedback.

- The Ministry intends to propose draft legislation for consideration by the Legislative Assembly in the spring of 2016.
THANK YOU
Questions?

Ontario
Central West Local Health Integration Network
Réseau local d’intégration des services de santé du Centre-Ouest

Ontario
Mississauga Halton Local Health Integration Network
Réseau local d’intégration des services de santé de Mississauga Halton
Appendices

- Ontario’s Patients First: Action Plan for Health Care
Ontario’s *Patients First*: Action Plan for Health Care

Released by the Ministry of Health and Long-Term Care in February 2015, *Patients First* represents the next phase of Ontario's plan for changing and improving Ontario's health system, building on the progress that's been made since 2012 under the original Action Plan for Health Care. It exemplifies the commitment to put people and patients at the centre of the system by focusing on putting patients' needs first.

**ACCESS | Improve Access...** Providing faster access to the right care

**CONNECT | Connect Service...** Delivering better coordinated and integrated care in the community, closer to home

**INFORM | Support people and patients** – providing the education, information and transparency they need to make the right decisions about their health.

**PROTECT | Protect our universal public health care system** – making evidence based decisions on value and quality, to sustain the system for generations to come.
FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD
2016/06/02

MEETING NAME
HSIC

REQUEST DATE YYYY/MM/DD
2016/05/04

NAME OF INDIVIDUAL(S)
Stephane Grenier

POSITION/TITLE
Principal Consultant

NAME OF ORGANIZATION
Mental Health Innovations

E-MAIL
s.grenier@mhic-cism.com

TELEPHONE NUMBER

EXTENSION

FAX NUMBER

NAME OF INDIVIDUAL(S)

POSITION/TITLE

NAME OF ORGANIZATION

E-MAIL

TELEPHONE NUMBER

EXTENSION

FAX NUMBER

REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)
Workplace Psychological Health & Safety

I AM SUBMITTING A FORMAL PRESENTATION TO ACCOMPANY MY DELEGATION

IF YES, PLEASE ADVISE OF THE FORMAT OF YOUR PRESENTATION (ie POWERPOINT)

Note:
Delegates are requested to provide an electronic copy of all background material / presentations to the Clerk's Division at least seven (7) business days prior to the meeting date so that it can be included with the agenda package. In accordance with Procedure By-law 100-2012, as amended, delegates appearing before Regional Council or Committee are requested to limit their remarks to 5 minutes and 10 minutes respectively (approximately 5/10 slides).

Once the above information is received in the Clerk's Division, you will be contacted by Legislative Services staff to confirm your placement on the appropriate agenda. Thank you.

Notice with Respect to the Collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)

Personal information contained on this form is authorized under Section IV-4 of the Region of Peel Procedure By-law 100-2012 as amended, for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before Regional Council or a Committee of Council. The Delegation Request Form will be published in its entirety with the public agenda. The Procedure By-law is a requirement of Section 238(2) of the Municipal Act, 2001, as amended. Please note that all meetings are open to the public except where permitted to be closed to the public under legislated authority. All Regional Council meetings are audio broadcast via the internet and will be video broadcast on the local cable television network where video files will be posted and available for viewing subsequent to those meetings. Questions about collection may be directed to the Manager of Legislative Services, 10 Peel Centre Drive, Suite A, 5th floor, Brampton, ON L6T 4B9, (905) 791-7800 ext. 4462.
More than half of the people with a psychological health condition do not receive a diagnosis.

Of those diagnosed, less than half receive treatment that meets the expected standards of practice.

15% of Canadian health care expenditures can be attributed to mental health disorders.

Less than 4% of research funding is dedicated to mental health.

COST TO THE CANADIAN ECONOMY: $51 Billion (Costs to the employer: $34.70 Billion - costs to the taxpayer: $16.30 Billion).

According to some sources, Paramedics and First Responder experience double the rate of prevalence of mental health problems than other workplaces.
AGENDA

- Canada’s Psychological Health & Safety Standard

- Importance of Social Support as a complement to clinical care

- For first responders – Unintended consequences of Presumptive Legislation
Barriers and Challenges

- Leadership Limited Access to Psychological Health Data
- Significant Organizational Change
- Inconsistent Leadership Support
- Lack of Evidence Regarding Employee Knowledge about Psychological Health and Safety
- Inconsistent Data Collection
- Inadequate Resources
- Uncertainty in Defining and Reporting “Excessive Stress”
- Uncertainty in Defining and Reporting “Critical Events”

Prevent psychological harm from conditions in the workplace.

The “toxic workplace”

An unsustainable workplace – poor worker health and safety experience, and tumbling productivity

Promote psychological health in the workplace through support.

The mentally healthy workplace

A sustainable workplace – psychologically and physically healthy, safe, and productive

Measured Workplace status

Aligned with existing standards and tools: ISO 14000, OHSAS 18000, CSA Z1000, BNQ 9700-800/2008 and the upcoming ISO 45001
**WHY a Standard?**

**Workplace Health Burden for Workers**
Major cause of disability, affects Absenteeism + Presenteeism;

**Economic burden:**
$51-billion per year, almost $20-billion from workplace losses;

**Legal landscape:**
Damages awarded for mental health injuries up by 700% in last 5 years before 2011.

**Not restricted to Canada - similar patterns seen in many other countries**

**The Business Case**

**Corporate Social Responsibility:**
Includes employees as well as external stakeholders;

**Cost Effectiveness:**
In productivity as well as cost trend management;

**Recruitment and Retention:**
The competition for talent;

**Risk Management:**
OH&S, Human Rights, Disability Legislation.
Canada’s National Standard on Psychological health and safety in the workplace — Prevention, promotion, and guidance to staged implementation (Also known as: CAN/CSA-Z1003-13/BNQ 9700-803/2013)

- Published January 2013 - over 25,000 downloads since then;
- Standards are voluntary - unless adopted or referenced in legislation;
- Standards are a process for continual improvement – they are a journey;
- Standards are developed by consensus and involve multiple stakeholders;
- Many areas of law already addressing psychological health and safety in the workplace;
- Mandatory and informative clauses in standard.
Systematic approach to develop and sustain a psychologically healthy and safe workplace
Systematic approach to develop and sustain a psychologically healthy and safe workplace

1. Discovery & Planning
   - Audit/Review and Analysis of culture/policies/services related to workplace MH

2. Identification of psychological hazards
   - Assessment and control of risks

3. Implementation of practices that supports and promotes PHS in the workplace
   - Risk assessment
   - Engagement meetings/Survey
   - Data Analysis and Production of ACTION PLAN

4. The growth of a culture that promotes PHS in the workplace
   - Engagement meetings/Survey

5. The implementation of measurement and review systems to ensure sustainability
   - Evaluation and continuous improvement: Custom Designed Platform with audit/action plan follow-ups/surveys

6. Continuous Improvement
PEER SUPPORT
<table>
<thead>
<tr>
<th>Perceived Barriers</th>
<th>Diagnosis (n=731)</th>
<th>No Diagnosis (n=5422)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t trust</td>
<td>38%</td>
<td>17%</td>
</tr>
<tr>
<td>Too Embarrassing</td>
<td>41%</td>
<td>18%</td>
</tr>
<tr>
<td>Harm my career</td>
<td>50%</td>
<td>24%</td>
</tr>
<tr>
<td>My colleagues less confidence in me</td>
<td>59%</td>
<td>31%</td>
</tr>
<tr>
<td>My leaders will blame me</td>
<td>51%</td>
<td>20%</td>
</tr>
<tr>
<td>I will be seen as weak</td>
<td>65%</td>
<td>31%</td>
</tr>
</tbody>
</table>

_Hoge et al, NEJM, July 1, 2004_
Continuum of Issues Impacting Psychological Health and Safety

Before
Psychiatric History  Childhood Abuse  Other Prior Trauma  Trauma Severity  Additional Stressors

During

After
Lack of Social Support

Journal of Consulting & Clinical Psychology - Brewin et al, 2000
Peer Support Continuum

Clinical Care

Formal Peer Support

Informal Peer Support

Friendship

Workplaces

MH System
“Blue Print”

Planning
- Readiness Assessment
  - Engagement
  - Consultation

Implementation protocols
- Policy development
- Management framework

Implementation protocols
- Selection of candidates
- Training

Program Evaluation

Standards of Practice
- Competencies
- Knowledge
- Code of Conduct
- Experience
CASE STUDY 1

This corporation has launched peer support along with other initiatives such as health promotion and training.

- Reduction in short term absences
- Flattening of sick leave and time off work due to mental health reasons
- Visible behavior change in supervisors
CASE STUDY 2
This corporation has launched peer support along with other initiatives such as health promotion and training.

- Significant increase in Employee Assistance Program usage
- Increase usage of mental health professional services
- Decrease in mental health related files
- Short Term Disability cases related to mental health have decreased by approximately 15%
- Long Term Disability cases related to mental health have decreased.
- Engagement results have increased
- Employee Health & Well-Being has improved
Presumptive Legislation for PTSD

&

A few words on Critical Incident Stress Management
Questions & Discussion
TransHelp
Eligibility Changes

June 2, 2016
The Path We’re On…

**Council Adopted Revised TransHelp Eligibility Policy**
- Revised policy is AODA compliant and meets the Human Rights definition of disability

**Present Service Delivery Options to Council**
- Includes level of service for cognitive, visual, sensory and mental health disabilities

**AODA Compliance Deadline**
- New eligibility comes into place

**Extensive Stakeholder Engagement**
- Over 150 outreach events, 4 full day open houses, over 500 stakeholders, 144 customer surveys, 22 AAC presentations, 4 focus groups, 12 workshops & presentations to ELT & Council

4.1-2

2012-2016

April 2016

June 2016

Jan 2017
What is changing with eligibility
The Service Spectrum

- No Service
- No Cost
- Conventional Transit
- AODA
- Fully Personalized
- Fully Subsidized
What does Equity really look like?
Equality Vs. Equity

Equality = Sameness
Equality promotes fairness and justice by giving everyone the same thing

Equity = Fairness
Equity is about making sure people get access to the same opportunities
Cognitive Spectrum

Public Transit Ability

Eligible for TransHelp

Requires Support Person
Life Sustaining Treatment

Trip to treatment vs. Return trip home
In The Works...

• Continued stakeholder engagement & outreach
• New application
• Recertification of existing clients
• Passenger Assistant Program (PAP) Options for Council (June 2016)
• Integration with conventional transit
Transportation Funding Partners

Public Transit Providers, MiWay and Brampton Transit

TransHelp

Other Funding Partners
Passenger Assistance Program

• Program where a support person is provided in addition to a driver for day program transportation
• Pilot begun 2009 currently 128 users
• Delivered through Red Cross (100) and CCS (28)
• Not AODA required, not a transit service
• Need in community
• 34,000 trips per year for $1M
Future Partnerships

• Current LHIN funded transportation options include: CANES, Red Cross, Caledon Community Services

• Different regions apply funding in various ways for this service:
  • Toronto: day program transportation funded entirely by LHIN
  • York: only has Mobility Plus service, no support person
  • Peel: potential partnership between LHIN & ROP for a “new” non-transit related program with cost integration
6.1. **TransHelp Eligibility Policy**

Moved by Councillor Saito,
Seconded by Councillor Groves;

That the revised TransHelp Eligibility Policy, attached as Appendix I to the report of the Commissioner of Public Works, titled “TransHelp Eligibility Policy”, be approved in compliance with the requirements of the Accessibility for Ontarians with Disabilities Act (AODA);

And further, that a copy of the subject report be forwarded to the Central West Local Health Integrated Network (LHIN) and the Mississauga Halton LHIN.

_Carried_ 2016-278
DATE: April 6, 2016

REPORT TITLE: TRANSHELP ELIGIBILITY POLICY

FROM: Dan Labrecque, Commissioner of Public Works

RECOMMENDATION

That the revised TransHelp Eligibility Policy, attached as Appendix I to the report of the Commissioner of Public Works, titled “TransHelp Eligibility Policy”, be approved in compliance with the requirements of the Accessibility for Ontarians with Disabilities Act (AODA);

And further, that the subject report be forwarded to the Central West Local Health Integrated Network (LHIN) and the Mississauga Halton LHIN.

REPORT HIGHLIGHTS

- On November 26, 2015 Regional Council received the Accessible Transportation Master Plan (ATMP) Implementation Update report and endorsed the establishment of the ATMP Implementation Advisory Group (“Advisory Group”) (Resolution 2015-886).
- The Advisory Group and ATMP team have continued to work on key outcomes of the implementation plan to ensure a positive benefit for Peel residents and persons with disabilities as TransHelp works towards achieving AODA compliance and sustainability.
- In order to proceed further with implementation, the revised eligibility policy for TransHelp is proposed for approval as outlined in Appendix I of this report.
- The proposed revised eligibility policy adopts a broadened definition of disability, as TransHelp shifts away from the limited mobility aid focus and creates equitable access to accessible transportation options for persons with disabilities in Peel.
- This directional shift for TransHelp began in 2014 with the ATMP Final Report and is a direct result of extensive stakeholder consultation and alignment with the Regional Strategic Plan.
- The revised eligibility policy will be introduced as part of the ATMP Implementation Plan, with the deadline of January 1, 2017.
- Along with a revised eligibility policy, it is recommended that TransHelp revise and update its application, recertification and reassessment processes and develop trip integration with conventional transit services, in accordance with client abilities as set out by the ATMP.
DISCUSSION

1. Background

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) provides legislation guiding the provision of accessible transportation services. TransHelp is required to make several program changes by 2017 to continue to meet AODA compliance standards. To ensure compliance and address growth pressures on the program due to population growth, an aging population and the expanded definition of disability, the Region of Peel began a review of the TransHelp program in September 2012. The objective of the Accessible Transportation Master Plan (ATMP) was to ensure that the Region continue to provide cost-effective high quality accessible transportation services to persons with disabilities over the long-term, while remaining compliant with the AODA. In a report to Council on June 26, 2014 Regional Council endorsed the Plan’s recommendations (Resolution 2014-556). On November 26, 2015 Regional Council received the report with a detailed workflow matrix outlining the implementation plan for ATMP and endorsed the establishment of the ATMP Implementation Advisory Group (Resolution 2015-886). The Advisory Group consists of Region of Peel project staff along with C. Groves, C. Palleschi, C. Miles, C. Mahoney, C. Kovac and alternate C. Starr. In order to proceed to the next phase of implementation, an AODA compliant eligibility policy must be established for TransHelp.

The Region’s current eligibility as mandated by Council is to serve persons with physical disabilities who are unable to take conventional transit and require the support of a mobility aid. There is a significant demand for TransHelp service that exists outside the current mandate including persons with cognitive disabilities, visual impairments and sensory disabilities.

Compliance with the new AODA requirements, a new set of eligibility criteria for TransHelp which aligns with the definition of “disability” as defined by the Human Rights Tribunal “Disability” covers a broad range and degree of conditions, some visible and some not visible. A disability may have been present from birth, caused by an accident, or developed over time. There are physical, mental and learning disabilities, mental disorders, hearing or vision disabilities, epilepsy, mental health disabilities and addictions, environmental sensitivities, and other conditions (Human Rights Code). Therefore, the Act requires eligibility for TransHelp to be based on persons who, due to a disability, are unable to take conventional transit some or all of the time.

Under the new criteria, applicants who are currently not eligible for TransHelp service may become eligible, for example their disability is cognitive and they do not use a mobility device. Likewise, clients who currently utilize TransHelp service that exists outside the current mandate including persons with cognitive disabilities, visual impairments and sensory disabilities.

As TransHelp moves towards these changes, it is important to strengthen community partnerships. The Local Health Integrated Networks (LHIN) for Central West and Mississauga
Halton, have been key stakeholders throughout the process of the ATMP. The LHIN’s play a major role as they aim to provide a client centred approach to health care delivery which includes consideration for how clients access their services, i.e. transportation. TransHelp anticipates a future partnership with the LHIN’s to coordinate access to health care supports and as such recommends forwarding this report on eligibility to both Central West & Mississauga Halton LHIN’s.

a) Eligibility

i) Redefining Eligibility: a broadened definition

The most significant policy shift and cost driver anticipated from the ATMP will be a revision to the current eligibility policy. Currently, TransHelp’s eligibility policy includes Peel residents who are physically unable to take public transit vehicles as a result of mobility challenges. The current policy remains silent on cognitive, sensory and visual disabilities, excluding segments of the population who may be physically able to board conventional transportation but have a disability that prevents them from using it comfortably and safely. Redefining eligibility would apply to all accessible services provided by the Region of Peel and its partners, and significantly impacts service delivery.

In 2005, the Province passed the AODA, which identifies, removes and prevents barriers faced by Ontarians with disabilities, including those related to transportation. In 2011, the Integrated Accessibility Standard Regulation (IASR) developed more specific eligibility criteria for accessible transportation. As a result, specialized transit service providers must expand how they define who is eligible for their services by January 1, 2017 to remain compliant. Further, by January 1, 2017, the AODA will require all specialized transportation service providers to adopt three categories of eligibility: unconditional, temporary and conditional. The new eligibility definitions, as mandated by AODA, will provide the following guidance to staff when determining eligibility:

- **Unconditional eligibility:** Given to an person whose disability prevents them from using conventional transit now and by 2025 even with travel training and the removal of environmental barriers.

- **Temporary eligibility:** Given to an person with a short-term disability that prevents them from using conventional transportation services. It should be noted that conventional transit may still meet some of their accessible transportation needs.

- **Conditional eligibility:** Given to an person with a disability where environmental or physical barriers limit their ability to consistently use conventional transportation services.

The new eligibility categories will allow service providers to gather more information about the client’s physical and environmental barriers and then seek change to create a barrier-free Ontario. The Region’s role will shift from being a one-sized fits all to a right sized solution, supporting and educating clients to understand the best accessible transportation option for them.

The revised TransHelp eligibility policy as outlined in Appendix I outlines the eligibility requirements as follows:
TRANSHELP ELIGIBILITY POLICY

To be eligible for TransHelp services, an applicant must demonstrate:

1. That they reside in the Regional Municipality of Peel,
2. They are a person with a disability, and
3. That due to the nature of their disability they are unable to take conventional transit some or all of the time.

Disability alone does not create eligibility; the decision is based on the applicant’s functional ability to use conventional transit some or all of the time and is not a medical decision, nor is it based on the applicant’s income or age. In addition, unavailability of conventional transit service does not constitute eligibility.

ii) Trip-by-Trip Eligibility (Integration with Conventional Transit)

Under the AODA, a specialized transportation service provider can integrate trip requests for specialized transportation services to persons who are categorized as having temporary or conditional eligibility, if the conventional transportation service is accessible to that individual and the person has the ability to use it (O. Reg. 191/11, s. 63 (3)). To clarify, an accessible trip could be provided entirely or in part on conventional transit. For this reason, many specialized transit agencies, particularly those that own and operate the conventional transit service in addition to specialized transit, have begun to align their services more closely. For Peel, partnership and collaboration with the Region’s municipal transit providers is critical in delivering rides that accessible, route flexible and has sustainable options. To this end, staff has begun working closely with the Region’s municipal transit partners to identify opportunities for seamless transitions between conventional and specialized transit services to the benefit of the client and the regional taxpayer. This may include public education, sharing data and working to address and promote a fare transfer system between TransHelp and MiWay and Brampton transits. More specific recommendations will be provided in future council updates.

iii) The Application and In-Person Assessment

As a result of the forthcoming AODA changes to eligibility, the Region’s current application form and process requires updating. To determine the most appropriate eligibility category, the Region must gather additional detail in the application process to determine the most appropriate accessible transportation option. To accomplish this, the Region must revise its existing application form and process to better understand both the physical and environmental barriers preventing travel. Neighbouring service providers in York Region and Hamilton have developed and implemented more detailed application processes to determine the eligibility category with the ultimate goal of identifying the appropriate accessible service option. A new application will allow the Region to gather enough information to determine the eligibility category and provide a sustainable level of service for those that need it most. This may involve including questions on the application that measure an individual’s ability to access and ride conventional transit, including identifying all types of barriers faced when using conventional transit services. Recent guidance by the Canadian Urban Transit Association entitled “Canadian Code of Practice for Determining Eligibility for Specialized Transit” recommends in-person assessments by a qualified health care professional to determine eligibility if adequate information has not been provided on the application. TransHelp currently conducts in-person assessments via third party contracted health professional and with the
TRANSHELP ELIGIBILITY POLICY

implementation of broadening eligibility; it is anticipated that the number of assessments needed will substantially increase.

2. Impacts to Service Delivery

a) Passenger Assistant Program (PAP)

Passenger Assistant Program (PAP) began as a small pilot in 2009 to meet the needs of those with cognitive disabilities travelling to day programs that fell outside of TransHelp’s limited mandate. This program presently serves 128 clients and is delivered by both Red Cross and Caledon Community Services. All vehicles are equipped with both a driver and a support person on board to address any non-transportation needs that arise during travel such as medical care and behavioral needs. Providing a support person is not a requirement of the AODA. Since PAP was created as a result of TransHelp’s limited eligibility criteria which does not include those with cognitive disabilities, it is anticipated that under the new eligibility policy, a majority of these passengers will continue to receive service through TransHelp.

The majority of PAP clients will be able to travel on TransHelp without the need for an individual support person. However, there is a group of clients that would still require a support person to travel. This may be due to, for example, a need for medical care, behaviors which may put themselves or others at risk, or a risk of wandering if unattended. If passengers who require a support person to travel are responsible to supply their own, then passengers with support persons would be assessed as a team because the presence of the support person may remove the barrier to travelling on conventional transit.

Different models of service for this population are possible. Because this is a complex issue which has significant impacts for families, once the eligibility policy is established staff will develop options for Council to determine the course of action with this group. A follow up report is scheduled for late May/early June 2016.

b) Dialysis Program

To meet the needs of people requiring dialysis, TransHelp transports clients attending dialysis three times a week. Currently a portion of this service is contracted to the Red Cross and Caledon Community Services. Under the new eligibility criteria patients requiring dialysis would not automatically be eligible for TransHelp trips. Everyone will be assessed under the same criteria regardless of what type of treatment they are travelling to. Whether it is dialysis, chemotherapy or any other treatment, all clients will be assessed the same by asking if the disability present a barrier that impacts their ability to take conventional transit some or all of the time. There is a strong likelihood that most dialysis patients would qualify for the returning trip.

Another consideration is that the current model utilizes other providers to fully administer these trips. This means that clients, in some cases, arrange for their service provisions directly with the providers. Each provider has different operating hours, service capacities and operating processes such as call centre protocols. This leads to differences in the clients experience from TransHelp administered service. Additionally the accounting of the service becomes difficult as it is a challenge for TransHelp to reconcile service delivery and charges. If these trips are managed by TransHelp, as recommended under a new
TRANSHELP ELIGIBILITY POLICY

eligibility policy and a revised service contract, all eligible trips would be coordinated through TransHelp. Red Cross and Caledon Community Services may continue to be one of several vendors contracted to deliver service and the accounting of Regional funds would be more transparent.

TransHelp is presently in direct negotiations with Red Cross & CCS regarding future service delivery, with the intention of continued partnership under new model.

c) Specialized Service for Specific Programs/Agencies

In order to address unmet needs in the community TransHelp has piloted small partnerships with organizations. Under the new eligibility policy these specific partnerships may not be required as eligible clients would likely be serviced by TransHelp. Partnerships such as these may continue to exist as directed by the Region, however, a different costing model would be recommended. These services are not considered “public transportation” trips are not scheduled along with other TransHelp trips and since the vehicles are dedicated for the program’s use, there is limited opportunity for efficiency. In this case, these types of services should be considered as charters. As such they would not fall under the fare parity regulations of the AODA. If they continue, they could be resourced separately from TransHelp and appropriate user fees for this service could be developed.

d) Taxi Scrip

Taxi Scrip is a subsidized taxi program intended to assist people with disabilities living in the Region of Peel with spontaneous travel. Registered TransHelp clients automatically qualify to participate in the Taxi Scrip Program in conjunction with regular TransHelp services. However, as the current TransHelp eligibility mandate is limited, there are several clients who have been accepted to TransHelp as “taxi scrip only.” Under the revised eligibility policy, which utilizes a much broader definition of disability, the category of “taxi scrip only” will no longer be needed. Under common eligibility criteria the Taxi Script Program will continue as an aspect of TransHelp enrollment, rather than a standalone initiative. Regular TransHelp services require pre-booking of trips at least one day in advance. The Taxi Scrip Program is intended to mitigate this requirement by providing same day subsidized mobility options. TransHelp clients can use Taxi Scrip to book trips at their convenience for spontaneous travel requirements.

3. Next Steps

a) Recertification of Existing TransHelp Clients

Under the new eligibility criteria, existing TransHelp clients will need to undergo recertification in order to determine which eligibility category, as defined by the AODA, they fall into. Given TransHelp’s 17,000 client population, it is anticipated that recertification may take place over a two year period and has an estimated cost of $450,000. Recertification will occur through a variety of methods, including simple file reviews, phone assessments, post-card mail outs and in-person assessments. It is expected that the majority of clients will remain eligible for TransHelp in some capacity.
TRANSHELP ELIGIBILITY POLICY

However, as there have been many changes and investments into the accessibility of conventional transit in Peel, it is expected that some clients will be found ineligible for TransHelp as a result of recertification. TransHelp will strive to transition ineligible clients in a respectful way, minimizing the impact to the client as much as possible. It is strongly recommended to Council that all clients be recertified as grandfathering has proven to present several Human Rights challenges. Specifically, grandfathering presents a risk for major political challenges as TransHelp could end up having several residents, all with the same barriers to accessing conventional transit, each having different levels of eligibility simply because certain folks were grandfathered and certain folks were assessed under the new criteria. This presents significant Human Rights challenges and it is recommended that all TransHelp clients are recertified to prevent such political and legal challenges. In order to develop a detail recertification plan, TransHelp requires Council to adopt the revised eligibility policy.

b) Ongoing Reassessment

Once recertification is complete, it is anticipated that most clients will still need to be reassessed on a regular basis. Reassessment is the process by which changes in client’s conditions and contact information or that of their caregivers, is evaluated on a regular basis. The Region does not currently have a consistent process in place to reassess clients and update their profiles with the most current information. Reassessment allows users to provide current information to most effectively use the system and new details regarding their condition or barriers to travel that might impact their eligibility category. Contact information, caregivers and many conditions can change over time thus necessitating an update and possible reconsideration of an individual’s eligibility. Additionally, current contact information allows the Region to gather survey data more efficiently. The Canadian Urban Transit Association recommends reassessment for clients every three years. Reassessment could include a variety of options ranging from a mailed postcard reminding users to update their information to receive the best possible service, to in-person assessments.

c) Scope of Next Report

There is a significant demand for TransHelp services that exists outside the current mandate including persons with cognitive disabilities, visual impairments and sensory disabilities. Regional staff will develop a second report to Regional Council in late May/early June 2016, to further consider options for these residents. Staff will highlight potential options and input these into our sustainability model to support ultimate decision making. While AODA mandates, the Region has an open and transparent eligibility process, there is no requirement to meet the resulting service demand. Regional Council’s decision will ultimately take into account the level of funding it can receive from senior levels of government, users of the system and the general taxpayer.

CONCLUSION

Staff recommends that the Region adopt the Human Rights Tribunal definition of disability as defined by the AODA and revised TransHelp eligibility policy as outlined in Appendix I of this report. The revised eligibility policy will be introduced as part of the ATMP Implementation Plan, with the deadline of January 1, 2017. Copies of this report will be forwarded to the Central West
TRANSHELP ELIGIBILITY POLICY

Local Health Integrated Networks (LHIN) and the Mississauga Halton LHIN. It is recommended that TransHelp service continue building integration with conventional transit to expand the transportation options to persons with disabilities in Peel. In order to achieve the above recommendations, TransHelp is required to change and update its application, recertification and assessment processes. The ATMP team will be presenting to the Accessibility Advisory Committees over the month of April 2016: Mississauga AAC April 4, Brampton AAC April 12, Caledon AAC April 14 and Regional AAC April 21.

Staff will continue to work with Council, the ATMP Implementation Advisory Group, the TransHelp Advisory Committee and several key stakeholders to seek input and direction on a proposed service model.

Dan Labrecque, Commissioner of Public Works

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES

1. Appendix I – TransHelp Policy – Eligibility Criteria

For further information regarding this report, please contact David Margiotta, Program Manager ATMP, extension 4495, david.margiotta@peelregion.ca.

Authored By: David Margiotta and Aislin O’Hara

Reviewed in workflow by:

Financial Support Unit
Legal Services
A. PURPOSE

This policy outlines the eligibility criteria for persons with disabilities that are applying for TransHelp service in compliance with Accessibility for Ontarians with Disabilities Act (AODA 2005) Section 63 (1)(2)(3) titled “categories of eligibility.”

B. SCOPE

This policy applies to all persons who apply for TransHelp service, and, as of the effective date of this policy, to any and all existing clients of TransHelp.

C. DEFINITIONS

“disability” is defined as any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device, a condition of mental impairment or a developmental disability, a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language and a mental disorder (Human Rights Code).

“applicant” is defined as an individual who has applied for TransHelp services or a previous client of TransHelp who has been reassessed and determined to be ineligible at time of assessment.

“client” is defined as an individual who is currently using TransHelp services.

“visitor” is a person who resides outside of the Region of Peel and is temporarily residing at an address within the Region for a period not exceeding three (3) weeks.

“support person”, in relation to a person with a disability, is another person who accompanies the person with a disability in order to help with communication, mobility, personal care or medical needs or with access to goods, services or facilities.
“companion” is a person who accompanies a registered passenger when travelling on TransHelp service, if seating is available and will not result in the denial of service to other persons with disabilities.

“Children” are persons 12 years of age and under.

“Infants” are children classified under Regulation 613 of the Highway Act i.e. weighing less than nine kilograms (20 lbs).

“parent/guardian” is a person entrusted with the care of a child either by birth or law.

“Conventional transportation services” means public passenger transportation services on transit buses, motor coaches or rail-based transportation that operate on a fixed route schedule and are provided by designated public sector transportation providers.

D. POLICY

TransHelp will provide origin to destination services to residents of Peel that takes into account the abilities of its passengers and that accommodates their abilities. Origin to destination services may include trips on accessible conventional transportation. Origin to destination services refers to the overall package of transportation services that allows TransHelp to provide, in a flexible way, transportation that best meets the needs of persons with disabilities.

To apply for TransHelp services:

1. An applicant must formally apply to TransHelp by completing the designated application form in full and submitting it to TransHelp.

2. An applicant may be required to attend an in-person assessment at the TransHelp office to further evaluate and assess eligibility.

3. An applicant may be required to provide additional supporting documentation if requested by TransHelp.
Eligibility requirements:

To be eligible for TransHelp services, an applicant must demonstrate:

1. That they reside in the Regional Municipality of Peel,
2. They are a person with a disability, and
3. That due to the nature of their disability they are unable to take conventional transit some or all of the time.

Disability alone does not create eligibility; the decision is based on the applicant's functional ability to use conventional transit some or all of the time and is not a medical decision, nor is it based on the applicant's income or age. In addition, unavailability of conventional transit does not constitute eligibility.

Eligibility categories:

Eligibility for TransHelp is approved according to levels of eligibility in three categories:

1. **Unconditional:** a person with a disability that prevents them from using conventional transportation services.

2. **Temporary:** a person with a temporary disability that prevents them from using conventional transportation services for all or part of their trip.

3. **Conditional:** a person with a disability where environmental or physical barriers limit their ability to consistently use conventional transportation services.

Eligibility for applicants 12 years of age and under:

Children 12 years of age and under are required to be accompanied by a parent or guardian while travelling on TransHelp. Therefore, eligibility will be based on the functional ability of both the child applicant and the accompanying parent/guardian.
Children 12 and under along with the accompanying parent/guardian will be assessed and if eligibility is granted, placed into one of the three eligibility categories as outlined above.

Please note that TransHelp does not provide service to locations and activities whereby transportation is to be provided by the school board transportation systems.

Assessments

1. It is standard practice that the majority of applicants will be required to attend an in-person assessment at the TransHelp office.

2. Assessments are conducted by independent third-party vendors including but not limited to: physiotherapist, nurse, nurse practitioner, kinesiologist, occupational therapist or physician.

3. On a case-by-case basis, existing TransHelp clients will be required to recertify for TransHelp service through an in-person assessment, as determined by TransHelp.
Health System Integration Committee (HSIC)

Future Meeting Planning

Janette Smith, Commissioner of Health Services

June 2, 2016
Committee Mandate

• To provide advice and direction on how the Region can further partner/integrate with the rest of the health system.

• To engage in policy discussions about the role that Regional programs play in relation to the province, Local Health Integration Networks and other partners.
## Summary of Meetings to Date

<table>
<thead>
<tr>
<th>Date</th>
<th>Topics Discussed</th>
</tr>
</thead>
</table>
| June 4, 2015       | • Aging population preparedness planning  
                     • Paramedic health and safety                                                  |
| September 10, 2015 | • Committee membership                                                           |
| October 29, 2015   | • Paramedic offload delay  
                     • Hospital capital planning  
                     • Ambulance patient co-payment                                                |
| February 4, 2016   | • Overview of “Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario”  
                     • Ambulance communications and dispatch services advocacy                    |
Meeting Schedule, 2016-2017

• Next Meeting:
  – October 20, 2016, 11am to 1pm
• No more meetings scheduled for 2016
• Frequency – quarterly?
• Length – 2 hours?
Future Meeting Topics

- Potential meeting topics/themes as noted by the Committee:
  - Health system reform and legislation related to Province's “Patients First” framework
  - Mental health and addictions
  - Transitions in home and community care
  - Housing (including supportive housing) and homelessness
  - Paramedic service demand
  - Other topics?
## Potential Meeting Agendas

<table>
<thead>
<tr>
<th>Potential Meeting Topic/Theme</th>
<th>Potential Agenda Items (presentations/reports)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health system reform/“Patients First”</td>
<td>• Update on legislative changes as a result of “Patients First”</td>
</tr>
<tr>
<td></td>
<td>• Summary of stakeholder responses to “Patients First”</td>
</tr>
<tr>
<td></td>
<td>• Outcome of Regional advocacy</td>
</tr>
<tr>
<td>Mental health and addictions</td>
<td>• Update on Mental Health Provincial Strategy (presentation by provincial lead)</td>
</tr>
<tr>
<td></td>
<td>• Adult mental health services and resources in Peel (presentation by Canadian Mental Health Association, Peel Branch)</td>
</tr>
<tr>
<td></td>
<td>• Child/youth mental health services and resources in Peel (presentation by Peel Children’s Centre, lead agency for Peel)</td>
</tr>
</tbody>
</table>
## Potential Meeting Agendas

<table>
<thead>
<tr>
<th>Potential Meeting Topic/Theme</th>
<th>Potential Agenda Items (presentations/reports)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home and community care</td>
<td>• Update on Provincial Progress re: “Patients First: A Roadmap to Strengthen Home and Community Care”  &lt;br&gt;• LHIN updates on transitions in home and community care  &lt;br&gt;• Overview of supports for caregivers</td>
</tr>
<tr>
<td>Housing and homelessness</td>
<td>• Update on Peel Housing and Homelessness Plan and connections with health system  &lt;br&gt;• Overview of supportive housing system in Peel</td>
</tr>
<tr>
<td>Paramedic service demand</td>
<td>• Update on dispatch reform advocacy  &lt;br&gt;• Update on provincial Community Paramedicine program – funding and evaluation  &lt;br&gt;• Update on offload delay in Peel</td>
</tr>
</tbody>
</table>
Discussion
DATE: May 18, 2016

REPORT TITLE: AMBULANCE OFFLOAD ADVOCACY UPDATE

FROM: Janette Smith, Commissioner of Health Services

OBJECTIVE

To provide an update on paramedic offload delay advocacy as a result of changes to the provincial Emergency Department Pay for Results program.

REPORT HIGHLIGHTS

- In April 2016, the Ministry of Health and Long-Term Care (Ministry) added ‘Ambulance Offload Time’ to the existing Emergency Department Pay for Results Program (Pay for Results), which provides financial incentives to hospitals for reducing emergency department wait times and length of stay.
- Adding ambulance offload times to the Pay for Results Program addresses a Regional advocacy position, and could have practical benefits for Peel Paramedics’ continued collaboration with Peel-area hospitals to reduce offload delay.
- The Ministry has also indicated that it will integrate the Hospital Nursing Program into the Pay for Results Program beyond the 2016-2017 fiscal year, and is currently exploring options.

DISCUSSION

1. Background

Peel’s growing and aging population is placing increasing demands on the health system. In recent years, Peel Regional Paramedic Services has seen a steady increase in call volume and patient transports to hospital. Hospital emergency departments in Peel have experienced a similar trend and continue to manage a high volume of emergency department patient visits (walk-ins and ambulance arrivals). Together, these demands have led to delays in the time it takes for Paramedics to transfer patient care to hospital staff. The accepted time for paramedics to transfer care to hospital staff (‘ambulance offload time’) is 30 minutes. Time in excess of 30 minutes is called “offload delay.”

In order to address offload delay issues, the Region of Peel and Peel-area hospitals have successfully collaborated on process improvement initiatives to make the transfer of patient care from paramedics to hospital staff more efficient. This work began with Brampton Civic Hospital in 2011, and was followed by similar efforts at Credit Valley Hospital and the Mississauga Hospital. These efforts were detailed in a presentation, titled “Paramedic
Ambulance Offload Advocacy Update

Offload Delay Update,” by the Chief of Paramedic Services to the October 29, 2015 meeting of the Health System Integration Committee.

The Hospital Nursing Program (also referred to as the Dedicated Offload Nurse Program) has also contributed to a reduction in offload delay in Peel. This program was created in 2008 and is 100 per cent funded by the Ministry of Health and Long-Term Care (Ministry). The Program funds 24/7 ‘dedicated offload nurses,’ who are stationed in the emergency department at Brampton Civic Hospital, Credit Valley Hospital, and the Mississauga Hospital. These nurses are responsible for assuming care for patients who arrive at the hospital by ambulance. In 2015, the Region received 1.4 million dollars to fund dedicated offload nurses at the three hospital sites in Peel.

Together, the process improvement work with Peel-area hospitals and the Ministry’s Hospital Nursing Program has returned 25,767 paramedic service hours to active response in 2015. Despite these gains, offload delay in Peel consumed approximately 12 per cent of the paramedic system hours in 2015, at a cost of approximately $8.3 million, which is cost-shared 50-50 between the Region and the province.

Given the significant investment since 2008, the Region has advocated for the Ministry to develop lasting solutions to reduce offload delay, including: continue with the Hospital Nursing Program; set specific performance targets and provide sustainable long-term funding to programs designed to decrease offload delay; and include offload delay targets as part of the hospital pay-for-performance initiative.

2. Findings

A Pay for Results Program was established by the Ministry in 2008 to build the capacity of hospital emergency departments to deliver better care, faster. The Program provides financial incentives to hospitals that perform well across the following five indicators:

- Emergency department (ED) length of stay for admitted patients;
- ED length of stay for non-admitted complex patients;
- ED length of stay for non-admitted minor and uncomplicated patients;
- Time to physician initial assessment; and
- Time to inpatient bed for admitted patients.

Effective April 1, 2016, ambulance offload time is a sixth performance indicator measured under the Program. Hospitals may use funding allocated through the Program to support the planning and implementation of local solutions to reduce emergency department wait times and length of stay, increase patient access to services and improve patient experience. The Local Health Integration Network (LHIN) may adjust hospital allocations to direct some funding to other health service providers (not hospitals) for initiatives that have an impact on the patient experience.

As part of these changes, the Ministry plans to integrate the Hospital Nursing Program into the Pay for Results Program beyond the 2016-2017 fiscal year. The Ministry has indicated that it will discuss options for the future of the program with key stakeholders, such as the Ontario Association of Paramedic Chiefs and the Association of Municipalities of Ontario (AMO).
AMBULANCE OFFLOAD ADVOCACY UPDATE

a) Implications for the Region of Peel

Given our advocacy to the Ministry to introduce a pay-for-performance initiative and set performance targets to reduce offload delay, the addition of ambulance offload times to the existing Pay for Results Program is welcomed. Moreover, introducing performance reporting and financial incentives for hospitals on processes that directly involve paramedics indicates that the Ministry is recognizing the need to include Paramedic Services in its policy and planning for the acute care sector.

Peel-area hospitals have among the busiest emergency departments in Ontario and have already invested in process improvements to reduce ambulance offload times. The Region is optimistic that changes to the provincial Pay for Results program will help ensure that offload delay remains a provincial priority. With this said, however, the future of the Hospital Nursing Program is less clear. Given this uncertainty, staff will work with our hospital partners to identify strategies that will build on the success we have had in reducing offload delay in Peel.

CONCLUSION

The addition of ambulance offload times to the existing Pay for Results Program addresses a key part of Regional advocacy on offload delay and demonstrates greater recognition by the Ministry of the important role that paramedics play in the local health system. While changes to the Hospital Nursing Program are still unclear, the Region will work with our hospital partners to determine the best way to build on the success we have had in reducing offload delay in Peel. Staff will report back as new information on the Program is made available and on the planned approach for continuing to tackle the issue of offload delay in Peel.

Janette Smith, Commissioner of Health Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

For further information regarding this report, please contact Dawn Langtry, Director, 4138, dawn.langtry@peelregion.ca.

Authored by: Liz Estey & Cullen Perry, Strategic Policy & Projects, Health Services
DATE: May 10, 2016

REPORT TITLE: OVERVIEW OF LOCAL HEALTH INTEGRATION NETWORKS’ INTEGRATED HEALTH SERVICE PLANS

FROM: Janette Smith, Commissioner of Health Services

OBJECTIVE

To provide an overview of the Mississauga Halton and Central West Local Health Integration Network (LHIN) priorities for Peel’s health system, and how these priorities align with Region of Peel’s Strategic Plan. This report accompanies the presentation by the Central West LHIN and the Mississauga Halton LHIN at the June 2nd Health System Integration Committee Meeting.

REPORT HIGHLIGHTS

- The Mississauga Halton and Central West Local Health Integration Networks (LHINs) recently released three-year Integrated Health Service Plans (2016-19) setting out their strategic directions and initiatives to improve the local health system.
- The overall directions in both of the Plans align well with the three areas of focus (Living, Thriving, and Leading) in the Region of Peel’s Strategic Plan (2015-2035).
- The Region will continue to collaborate with both the Central West and Mississauga Halton LHINs on issues of shared interest as they implement their Plans.

DISCUSSION

1. Background

Ontario’s 14 Local Health Integration Networks (LHINs) are mandated to plan, integrate and fund local health systems in accordance with the strategic direction, funding and priorities established by the Ministry of Health and Long-Term Care (Ministry). The LHINs develop three-year Integrated Health Service Plans (Plans) that apply the Ministry’s goals and priorities to the local health system.

Appendix I provides a visual overview of the health system, demonstrating that some of the services delivered by the Region of Peel are funded directly through the Ministry (e.g. paramedic services, public health), while others are funded through one of the two LHINs serving Peel (e.g. long term care, adult day services).
2. Findings

In February 2016, the Central West and Mississauga Halton LHINs released their Ministry approved Plans for 2016 to 2019:

- “IHSP 4 2016-2019” (Central West LHIN); and

A summary of the strategic directions and actions in both Plans can be found in Appendix II. Copies of both Plans are available through the Clerks Division.

As this Committee is aware, the Ministry has proposed to increase the scope of the LHINs’ responsibilities through the release of “Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario” (December 2015). However, the priorities and initiatives outlined by the LHINs in their 2016-2019 Plans reflect their current powers and responsibilities.

a) Alignment of Regional Strategic Plan and LHIN Priorities

The Region of Peel’s Strategic Plan (2015-2035) has three areas of focus – living, thriving, leading – that drive its short-term priorities and outcomes, as well as its longer 20-year objectives. These three areas compliment the strategic directions and initiatives presented in the LHIN Plans, demonstrating a common vision to support the health and well-being of the Peel community, and ongoing opportunities for partnership and collaboration.

i) Living

The social determinants of health (e.g. income, employment, housing and education) are foundational to the Region’s term of Council priorities to reduce poverty, increase affordable housing and increase stable employment, which support the improvement of living conditions for Peel’s most vulnerable populations. The LHINs also recognize the importance of the social determinants of health. In particular, the LHINs identify goals for 2016-2019 to:

- Engage with municipal partners, such as Public Health to conduct an analysis of population health status;
- Bring together health and social services to support action on the social determinants of health;
- Develop a charter to specify the LHIN’s commitment to health equity;
- Explore joint opportunities to promote healthy living and optimal health with community partners; and
- Address local needs through partnerships that leverage existing assets and establish integrated community health hubs.

These directions highlight opportunities for the LHINs and the Region to work more closely together to better serve and respond to the needs of the Peel community. Further, the LHIN directions will work to make the health system easier to access and navigate, by increasing coordination across primary care, home and community care, mental health and addictions, and long-term care.
ii) Thriving

The Region of Peel’s Strategic Plan includes long-term goals to create a community that embraces diversity and inclusion, where the built environment promotes healthy living and where growth is well managed. During this term of Council, the Region has prioritized the promotion of healthy and age-friendly built environments. Consistent with Regional priorities and planning, the LHINs have committed to bringing care closer to home so that seniors, particularly those with complex care needs, can remain healthy and safe in the community. The LHINs plan to do this by:

- Improving dementia supports and adult day services;
- Exploring mobile programs to provide care in the community, or directly in the home;
- Developing and implementing innovative service models, such as the PACE model (Program of All-Inclusive Care for the Elderly); and
- Developing a local dementia strategy to respond to community needs, once provincial direction is provided.

These strategies and initiatives complement the Region’s plans to redevelop the Peel Manor site into a service hub to support Peel’s growing seniors population. To date, the Region and the LHINs have taken leadership roles by jointly exploring the PACE model and identifying opportunities for collaboration to meet the needs of Peel’s aging population. The LHIN investments in home and community care are also aligned with Regional advocacy for the provincial government to address funding inequities that impact the capacity of the home and community care sector in high growth communities, such as Peel.

iii) Leading

The Region and the LHINs, as service system managers and organizations with a mandate to lead, have a shared interest in improving the health and well-being of the Peel community. The Region and the LHINs have been leaders in employing innovative community engagement strategies to help inform the development of efficient and effective programs and services. Together, the Region and the LHINs have actively worked together on initiatives ranging from input on the LHIN Plans, capacity planning for seniors, governance-to-governance meetings and public ‘town halls.’

Similarly, the LHINs commit to engaging the voices and perspectives of patients, their families and the community so that culturally appropriate and innovative services are developed, and patient experience is valued and improved. Examples of LHIN initiatives for 2016-2019 include:

- Engaging citizens, patients and caregivers to gain local perspectives on issues and health services being developed and raise public awareness to LHIN activities;
- Facilitating accreditation of LHIN-funded services and quality improvement plans; and
OVERVIEW OF LOCAL HEALTH INTEGRATION NETWORKS’ INTEGRATED HEALTH SERVICE PLANS

- Leveraging existing partnerships to create a health system that is innovative and that responds to the changing needs of residents.

CONCLUSION

As a government, health service provider and funder, the Region of Peel has a mandate to improve the health and well-being of the Peel community. The Central West and Mississauga Halton LHIN share a common vision for the Peel community and have identified key priorities in their Integrated Health Service Plans to strengthen Peel’s local health system over the next three years. The Region has and will continue to work collaboratively with the LHINs serving Peel on common initiatives and priorities.

Janette Smith, Commissioner of Health Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES

1. Appendix I - Health System Overview
2. Appendix II - Summary of LHIN - Key Strategic Directions and Initiatives

For further information regarding this report, please contact Dawn Langtry, Director, 4138, dawn.langtry@peelregion.ca.

Authored by: Liz Estey & Cullen Perry, Strategic Policy & Projects, Health Services
### CENTRAL WEST LOCAL HEALTH INTEGRATION NETWORK 2016-2019

<table>
<thead>
<tr>
<th>STRATEGIC DIRECTIONS</th>
<th>KEY INITIATIVES</th>
</tr>
</thead>
</table>
| Health Links and Primary Care         | • Increased standardization and scale-up of Health Links  
• Renewal of primary care in Central West LHIN (improve access, performance and accountability) aligned with development of Health Links Focus on medically complex and frail individuals |
| Home and Community Care Renewal       | • Local implementation of provincial strategy to help seniors and frail elderly remain healthy and safe in their home.  
• Implement new standardized ‘levels of care’ framework  
• Expand home and community care services to meet needs identified in capacity plan |
| Mental Health and Addictions Services | • Expand community-based services to improve access (supportive housing, case management, culturally appropriate social rehabilitation/recreation)  
• Implement System Access Model (‘no wrong door’) |
| Palliative Care and End-of-Life Care  | • Enhance capacity for palliative care in the home and community  
• Ensure diverse community palliative care needs are met and raise public and providers awareness of palliative care options.  
• Support from Central West Palliative Care Network to improve access, increase system capacity and strengthen caregiver supports |
| Long-Term Care Renewal                | • Support redevelopment of seven long-term care homes in CW LHIN through provincial program  
• Develop and implement PACE model (Program of All-Inclusive Care for the Elderly)  
• Innovation/design: enhanced speciality/behavioural units and creation of community service hubs |
| Improve Patient Experience            | • Patient experience as a System Level quality AIM  
• Align local patient experience improvement initiatives with Ministry and Health Quality Ontario (HQO)  
• Ensure common and consistent component to patient experience measurement across all LHIN Health Service Providers (HSPs) |
| Quality and Innovation                | • Develop and implement a local quality plan and cross-sector culture of quality  
• Accreditation of all HSPs  
• Ensure all HSPs are aligned to Quality Improvement Plans and Central West LHIN Quality Improvement Framework  
• Collaborate with HQO to align provincial and LHIN level quality agenda  
• Develop knowledge sharing forum for best practices across |
# Strategic Directions  

## Health System Funding Reform
- Make investment decisions that support provincial Health Based Allocation Model (HBAM) to improve service level and satisfaction levels
- Implement appropriate volumes of Quality-Based Procedures (QBP) with Ministry, HQO and Cancer Care Ontario
- Explore and implement innovative funding models such as bundled payments.
- Continue to support HSPs implementing strategies to build capacity in quality improvement, leadership and change management.

## Enabling Technology Innovation
- Implement information technology and information management investments that improve patient care and health system planning (eg. eConsult, eNotifications, Connecting GTA)
- Leverage appropriate use of telemedicine technologies.
- Spread the System Access Model beyond the mental health and addictions sector.

## System Capacity Planning
- Complete capacity plans across services in LHIN in the context of provincial capacity planning initiatives
- Using the completed capacity plan for seniors services, develop a local seniors strategy encompassing various intersecting provincial and local renewal strategies

## Population Health
- Through the Healthy Communities initiative in CW LHIN, convene health and social services to ‘broaden perspective for action ‘ based on social determinants of health
- Work with Public Health and others to conduct an analysis of population health status
- Develop an equity charter to specify Central West LHIN’s commitment to health equity
- Plan and implement monitoring of health equity and social determinants of health.

## Dementia Strategy
- Lead local implementation of the provincial dementia strategy
- Lead development of an integrated psychogeriatric support for Behavioural Supports Ontario

## Community Engagement
- Develop a citizen panel to gain local perspectives on the development of local health services and LHIN activities, and conduct regular polling on LHIN and HSP initiatives
- Implement a communication strategy to increase public awareness to health services available to residents
- Work with local Public Health departments to promote healthy life decisions and personal responsibilities to maintaining health.
## OVERVIEW OF LOCAL HEALTH INTEGRATION NETWORKS’ INTEGRATED HEALTH SERVICE PLANS

### Appendix II

<table>
<thead>
<tr>
<th>CENTRAL WEST LOCAL HEALTH INTEGRATION NETWORK</th>
<th>2016-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STRATEGIC DIRECTIONS</strong></td>
<td><strong>KEY INITIATIVES</strong></td>
</tr>
<tr>
<td>Make it simpler to navigate the health care system and reduce barriers to access</td>
<td>Identify and address barriers to access and enable person-centred and culturally appropriate care through community partnerships</td>
</tr>
<tr>
<td></td>
<td>Reinforce capacity of health services to implement French Language Services</td>
</tr>
<tr>
<td></td>
<td>Simplify and consolidate navigation tools to enhance understanding and awareness of health system resources.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK</th>
<th>2016-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STRATEGIC DIRECTIONS</strong></td>
<td><strong>KEY INITIATIVES</strong></td>
</tr>
<tr>
<td>Bring Care Closer to home</td>
<td>Appropriate in-home services for seniors and individuals with complex needs</td>
</tr>
<tr>
<td></td>
<td>Improve dementia supports and adult day services</td>
</tr>
<tr>
<td></td>
<td>Innovative strategies to address transportation challenges</td>
</tr>
<tr>
<td></td>
<td>Advance telemedicine home-based solutions</td>
</tr>
<tr>
<td></td>
<td>Explore mobile programs to bring care to community or offer in-home</td>
</tr>
</tbody>
</table>

| Ensure that needs and voice of patients and their families shape how services are delivered | End-of-life experiences that respect wishes of patient and family |
| | Positive patient experience by supporting care continuity and flexible service delivery models |
| | More control for patients and their families over services (self-directed care) |
| | Inclusion of people’s circle of support in planning and providing care. |

<p>| Coordinate and integrate care with the person at the heart of the health care system | Involve people with lived experience as active team members on program design and quality committees |
| | Culturally and linguistically appropriate services (engaging Francophone, Aboriginal, and others) |
| | Ensure no wrong door culture |
| | Develop models for positive patient experience (learn from other |</p>
<table>
<thead>
<tr>
<th>STRATEGIC DIRECTIONS</th>
<th>KEY INITIATIVES</th>
</tr>
</thead>
</table>
| **Foster a culture of health and community wellness** | • Explore joint opportunities to promote healthy living and optimal health by collaborating with community partners  
• Apply a health equity lens for program development and health service delivery.  
• Develop innovative partnership models to alleviate social isolation for seniors living at home.  
• Develop a quality framework that includes measures related to care outcomes and people’s experience with the health care system |
| **Quantify Capacity Needs and Expand Supports to Care Providers** | • Quantify infrastructure and human resource needs and establish plans for capacity building  
• Empower caregivers through supports, skills and optimal care for their loved one  
• Enhance training for personal support workers and other community providers |
| **Recognize and Address the Impact Social Determinants of Health Play In Building a Sustainable, Person-Centred Health Care System** | • Guide service delivery to neighbourhoods with enhancement opportunities, identified from cross-sectoral review of social determinants of health  
• Meet local needs through partnerships that leverage existing assets and establish integrated community health hubs  
• Support individuals in need of assisted living supports and affordable housing through collaboration with municipal partners  
• Expand socio-demographic data collection and review to build the capacity of providers to assess impact of social determinants of health on individuals |
| **Enhance Program Capacity to Support the Right Care in the Right Place** | • Support individuals with the highest needs by exploring new models of care delivery for specialized care units when redeveloping long-term care homes  
• Enable hospitals and community services to better coordinate care and shift resources from acute to community  
• Ensure people receive the care they need as they reach end- of life through coordinated regional palliative care services.  
• Assist people’s recovery and keep them healthy and active by improving coordination between various levels of care for rehabilitation services  
• Expand enhanced learning opportunities and specialist e-consults for primary care |
March 10, 2016

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

RE: Memorandum from Dr. Robert Kyle, Commissioner & Medical Officer of Health, dated February 18, 2016 re: Ambulance Dispatch Services (Our File No. P00)

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on March 9, 2016, Council adopted the following recommendations of the Committee:

A) That the correspondence from the Regional Municipality of Peel's Commissioner of Health Services urging the Ontario Ministry of Health and Long-Term Care to expedite the improvements related to the ambulance dispatch system by implementing the Medical Priority Dispatch System, which is a more accurate dispatch system for prioritizing emergency calls, be endorsed; and

B) That the Premier of Ontario, Minister of Health and Long-Term Care, Durham's MPPs, Association of Municipalities of Ontario (AMO), Ontario Association of Paramedic Chiefs (OAPC), and the Regional Municipality of Peel be so advised.

Attached is a copy of the Memorandum from Dr. Robert Kyle, Commissioner and Medical Officer of Health dated February 18, 2016 regarding Ambulance Dispatch Services.

Debi A. Wilcox, MPA, CMO, CMM III
Regional Clerk/Director of Legislative Services
DW/np
Attach.

If this information is required in an accessible format, please contact the Accessibility Co-ordinator at 1-800-372-1102 ext. 2009.
c: The Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care
Joe Dickson, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP, (Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
P. Vanini, Executive Director, Association of Municipalities of Ontario (AMO)
N. Gale, President, Ontario Association of Paramedic Chiefs (OAPC)
K. Lockyer, Regional Clerk and Director of Clerk's, Regional Municipality of Peel
R.J. Kyle, Commissioner & Medical Officer of Health
MEMORANDUM

TO: Health & Social Services Committee
FROM: Dr. Robert Kyle
DATE: February 18, 2016
RE: Ambulance Dispatch Services

On January 22, 2016, Peel’s Commissioner of Health Services sent the appended correspondence to all land ambulance service delivery agents for support (Appendix A).

In essence, the correspondence urges the Ontario Ministry of Health and Long-Term Care to expedite the improvements related to the ambulance dispatch system by implementing the Medical Priority Dispatch System, which is a more accurate dispatch system for prioritizing emergency calls.

Since 2010, the Region of Durham has been working with the Region of Peel and other GTA paramedic services in advocating for improvements to the provincial ambulance communications system.

Accordingly, I recommend that the Health & Social Services Committee recommends to the Regional Council that:

a) The correspondence of Peel’s Commissioner of Health Services regarding ambulance dispatch services is endorsed; and

b) The Premier of Ontario, Minister of Health and Long-Term Care, Durham’s MPPs, AMO, OAPC, and the Regional Municipality of Peel are so advised.

Respectfully submitted,

Dr. Robert Kyle

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

"Service Excellence for our Communities"
Good day everyone. I hope 2016 has started out well.

As you know our organizations worked together a few years back to advocate for changes to the provincially operated paramedic dispatch system. E.g.: the cost shared POMAX study (2009) and joint meetings by our Chairs/Wardens with MPPs/Ministers. At the time, the response from the Ministry was that they did not want to look at a GTA/Simcoe solution and instead need to consider the entire province.

In the 2015 Auditor General’s report released last fall, the Ministry has confirmed that the MPDS system used by Toronto and Niagara is a more accurate triage tool. The Ministry confirmed they will be changing the technology currently used, however the timeline for this change is up to 3 years. I have also met with the Director of the Paramedic Branch, Tarmo Uukkivi, who confirmed the Ministry’s direction.

Our Council has asked for an update on dispatch, as it is one of their key advocacy issues, through our Health System Integration Committee of Council (which includes Councillors and some of our key health system partners – CEO’s from LHINs, Hospitals and CCAC). As a result, I am tabling a report to the Committee on Thursday February 4th, 2016 that includes the latest developments and the following recommendation:

“That the Ministry of Health and Long-Term Care be requested to expedite the improvements related to the ambulance dispatch system by implementing the Medical Priority Dispatch System, as described in the report of the Commissioner of Health Services titled “Ambulance Communications and Dispatch Services Advocacy”, across the Province of Ontario;

And further, that the Mississauga Dispatch Centre, given the call volumes, be given priority for implementation;

And further, that a copy of the subject report be sent to all designated delivery agents for land ambulance in Ontario, the boards and CEO’s of the Local Health Integration Networks, the Community Care Access Centres and hospitals serving Peel, and the Association of Municipalities of Ontario, and the Association of Paramedics Chiefs, for endorsement.”

If you like, I can share the entire report once it becomes public at the end of this week. My understanding is that the changeover in triage tool will be phased in across the dispatch centres and you may wish to also advocate that your dispatch changes happen sooner than later for the same reason.

On another note, at the same Committee meeting we have one of the Assistant DM’s coming to present the new Patients’ First paper and Ministry directions and we will be tabling a report recommending the Region’s position.

Thanks. Happy to chat if you have any questions.

Janette

Janette Smith
Commissioner of Health Services
April 15, 2016

Frank Dale  
Regional Chair and Chief Executive Officer  
Region of Peel  
10 Peel Centre Dr., Suite A  
Brampton, ON L8T 4B9

Dear Mr. Dale,

Re: Ambulance Communications and Dispatch Services Advocacy

At its meeting of April 13, 2016 City Council considered your correspondence dated March 18, 2016 regarding the above matter.

Please be advised that Council has received and referred your correspondence to Chief Sanderson for a report to the Emergency & Community Services Committee.

Yours truly,

[Signature]

Janet Pilon, CMMIII, DPA, CMO  
Manager, Legislative Services/Deputy Clerk

File C16-007  
(5.5)

cc: Chief Sanderson, Hamilton Paramedic Services

REFERRAL TO ______________________________
RECOMMENDED
DIRECTION REQUIRED _______________________
RECEIPT RECOMMENDED ✓

RECEIVED
APR 29 2016
Region of Peel  
Clerks Dept.
March 18, 2016

The Honourable Eric Hoskins
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block, 80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister:

Subject: Ambulance Communications and Dispatch Services Advocacy

I am writing to advise that Regional Council approved the following resolution at its meeting held on Thursday, February 25, 2016:

Resolution 2016-144:

That the Ministry of Health and Long-Term Care be requested to expedite the improvements related to the ambulance dispatch system by implementing the Medical Priority Dispatch System, as described in the report of the Commissioner of Health Services titled "Ambulance Communications and Dispatch Services Advocacy", across the Province of Ontario;

And further, that the Mississauga Dispatch Centre, given the call volumes, be given priority for implementation;

And further, that a copy of the subject report be sent to all designated delivery agents for land ambulance in Ontario, the boards and CEO’s of the Local Health Integration Networks, the Community Care Access Centres and hospitals serving Peel, and the Association of Municipalities of Ontario, and the Association of Paramedics Chiefs, for endorsement.

A copy of the subject report is enclosed.
Frank Dale
Regional Chair and Chief Executive Officer

FD:hg

c: Janette Smith, Commissioner, Health Services, Region of Peel

Also sent to:

James Price, Executive Director, Ontario Association of Paramedic Chiefs
Scott McLeod, Central West Local Health Integration Network, Chief Executive Officer
Bill MacLeod, Mississauga Halton Local Health Integration Network, Chief Executive Officer
Cathy Hechimovich, Central West Community Care Access Centre, Chief Executive Officer
Caroline Brereton, Mississauga Halton Community Care Access Centre, Chief Executive Officer
Pat Vanini, Executive Director, Association of Municipalities of Ontario
Michelle DiEmanuele, Trillium Health Partners, President and Chief Executive Officer
Matthew Anderson, William Osler Health System, President and Chief Executive Officer
Municipality of Chatham-Kent
Northumberland County
Lanark County
Elgin County
City of Thunder Bay
Brant County
Rama First Nation
Middlesex County
City of London
City of Hamilton
City of Niagara Falls
Oxford County
City of Ottawa
Halton Region
Town of Rainy River
City of Toronto
Bruce County
Beausoleil First Nation
York Region
Frontenac County
Essex County
Town of Cochrane

The Regional Municipality of Peel 10 Peel Centre Dr., Suite A, Brampton, ON L6T 4B9 905-791-7800 Fax 905-791-2557
Website: www.peelregion.ca
Hastings County
Renfrew County
Grey County
Town of Parry Sound
City of Kawartha Lakes
City of Timiskaming Shores
City of Guelph
Norfolk County
Durham Region
Haldimand County
Huron County
ORNGE
Lambton County
Dufferin County
Perth County
City of Thunder Bay
City of Greater Sudbury
The District Municipality of Muskoka
Algoma Township
City of Cornwall
Manitoulin-Sudbury
Peterborough County
City of Sault Ste. Marie
City of Kenora
Simcoe County
County of Lennox Addington
United Counties of Leeds and Grenville
Haliburton County
United Counties of Prescott Russell
To: Boards of Health and Medical Officers of Health

Ontario is committed to developing a health-care system that puts patients first. This includes keeping people healthy and reducing inequities in health.

As Minister of Health and Long-Term Care and as a public health doctor, I know the integral role that public health units (PHUs) play in protecting and promoting the health of Ontarians. My priority is to elevate this role and ensure that your expertise in population health and prevention is incorporated into planning across our health-care system, end-to-end.

Over the past decade, Ontario’s health-care system has improved significantly. We have reduced wait times for surgery, increased the number of Ontarians who have a primary health-care provider and expanded services for Ontarians at home and in their communities. But we can do more to put patients first.

When we established our Local Health Integration Networks (LHINs) a decade ago, they brought planning and decision-making to the local community moving these functions which had been centralized in the ministry for years. But primary care and public health, two parts of the system most critical to keeping people healthy, were left out. Accordingly, in December I introduced proposals to truly integrate the health-care system, using a population health and health equity approach to health system planning and service delivery across the continuum of care so that Ontarians have access to the services they need, no matter where they live.

This integration can facilitate and support better health and wellness outcomes for all Ontarians and thereby improve the quality and sustainability of the health-care system. However, to achieve the full potential of the integration it will require the expertise of the public health sector.

The formal linkages we propose between PHUs and LHINs will ensure that Medical Officers of Health (MOHs) and other public health professionals are part of planning and decision making at the local level and that local population and public health priorities inform health-care system planning, funding and delivery. My intent and focus of establishing formal linkages between our LHINs and PHUs is this: to further empower and engage our public health professionals - our experts in the social determinants of health, in health equity and in population health - to positively influence and help guide our planning and delivery of services across the health care system. We need this expertise and influence to build a better health care system.
The Discussion Paper has generated significant commentary and feedback. I have also heard the concerns raised that emphasize the importance that funds for public health be protected and dedicated exclusively for use by our public health units. I want to assure you that my ministry and I fully agree on this point.

I am pleased that the Association of Local Public Health Agencies (alPHa) has recognized the opportunity presented by our proposals as indicated in its press release of December 17, 2015. There is a strong role for local public health included in our proposals, and the essential leadership provided by you with regards to population health and health equity will be an important element in supporting the extension of this approach across the rest of the health system.

I look forward to the continued participation of the public health sector in our exciting system transformation.

Yours sincerely,

Dr. Eric Hoskins
Minister
April 22, 2016

Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON
L6T 4B9
Attn: Frank Dale, Regional Chair and Chief Executive Officer

Dear Mr. Dale,

RE: The Regional Municipality of Peel Resolution Regarding Ambulance Communications and Dispatch Services Advocacy

Please be advised that the Council of the City of Kawartha Lakes adopted the following resolution at their meeting held April 19, 2016:

CR2016-347
RESOLVED THAT the correspondence from The Regional Municipality of Peel regarding the Resolution relating to Ambulance Communications and Dispatch Services Advocacy, be received and supported.

CARRIED

If you have any questions with respect to this matter, please do not hesitate to contact me directly.

Yours very truly,

Judy Currins
City Clerk
City of Kawartha Lakes

RECEIVED
APR 29 2016
Region of Peel Clerks Dept.
May 11, 2016

Frank Dale, Regional Chair and Chief Executive Officer
The Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON
L6T 4B9

Dear Mr. Dale,

Please be advised that the Council of the County of Lennox and Addington endorsed the following resolution at its regular monthly meeting held April 27, 2016:

That the March 18, 2016 - resolution re: Ambulance Communications and Dispatch Services Advocacy (Regional Municipality of Peel) be endorsed.

CARRIED
(signed) Past Warden Gord Schermerhorn

I trust that County Council's support may be beneficial in your pursuit of this matter.

Sincerely,

Larry Keech
Chief Administrative Officer/Clerk

REFERRAL TO ______________________________
RECOMMENDED ______________________________
DIRECTION REQUIRED _________________________
RECEIPT RECOMMENDED  ________________

REGIONAL MUNICIPALITY OF PEEL
Office of the Regional Chair
MAY 19 2018

RECEIVED

Region of Peel
Clerks Dept.

ADMINISTRATIVE SERVICES
MAY 17 2016

Mr. Frank Dale  
Regional Chair and Chief Executive Officer  
Regional Municipality of Peel  
10 Peel Centre Drive, 5th Floor Suite A  
Brampton ON L6T 4B9

Dear Mr. Dale:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Regional Municipality of Peel up to $1,442,934 in one-time funding for the 2016-17 funding year to support dedicated nurses to receive ambulance patients at locally selected hospitals.

The Assistant Deputy Minister of the Direct Services Division will write to the Regional Municipality of Peel shortly concerning the terms and conditions governing this funding.

Thank you for your dedication and commitment to the provision of health services.

Yours sincerely,

[Signature]

Dr. Eric Hoskins  
Minister

C: Mr. David Szwarc, Chief Administrative Officer, Regional Municipality of Peel