

Community Health Services Integration Planning Process

DRAFT Integrated Service Delivery Model for Peterborough City and County

I. Overview

The Central East Local Health Integration Network is one of 14 Local Health Integration Networks (LHINs) established by the Government of Ontario in 2006. LHINs are community-based organizations with the responsibility to plan, co-ordinate, integrate and fund health care services at the local level. LHINs provide funding for hospitals, long-term care homes, community care access centres, community support services, community mental health and addictions services and community health centres.

This document outlines the process undertaken by six community-based health service providers to develop a DRAFT Integrated Service Delivery Model for LHIN-funded community health services delivered in Peterborough City and County.

Organizations that are members of the Peterborough City and County Integration Planning Team include:

- Community Care Peterborough (CCP)
- Community Counselling & Resource Centre (CCRC)
- Hospice Peterborough (HP)
- Lovesick Lake Native Women's Association (LLNWA)
- St. John's Retirement Homes Inc. (SJC)
- Victorian Order of Nurses for Canada, Ontario (VON)

The process is now at the point of seeking broader input on whether the proposed DRAFT Integrated Service Delivery Model will improve people's experiences in accessing, receiving and/or delivering community-based health services. Therefore this document is now being shared with the community - including clients and caregivers, staff, volunteers, board members, community residents and other health care partners - in order to seek their comments and ideas.

The feedback collected from the community will support the development of a FINAL model which will be presented to each organization's Board of Directors and the LHIN Board in May 2014.

II. Background

On February 22, 2012, the Central East LHIN Board of Directors approved a Community Health Services (CHS) Integration Strategy to address demographic pressures, adjust to changing expectations of patients and families and to meet provincial expectations on improving access, quality and value for money/investment.

The Strategic Aims for the Community Health Services (CHS) Integration Strategy are to:

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

by designing and implementing a geographic-based service delivery model for Community Support Services agencies by 2015 through the integration of front-line services, back office functions, leadership and/or governance.

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In launching the strategy, the LHIN identified a number of Group 1 Community Support Services agencies that would be directed to participate in the facilitated integration process in each of the clusters. Group 1 agencies included those single or multi-service health service providers (HSPs) who provided services within a clearly defined region within the Central East LHIN (including LHIN services provided through municipalities.) The integration planning began with this group, and other specifically identified agencies, based on the LHIN's determination that integration would most likely achieve the greatest return on investment.

Agencies that were categorized as Group 2 (HSPs with broader affiliations – cross LHIN, provincial, national) and Group 3 (serving multiple LHIN clusters or a specific client population) were to be included in later phases of the strategy although they could request to be included or be asked by the LHIN to join in the early timing. The Central East Community Care Access Centre, which has a single governance structure for the Central East region, was not included in the CHS Integration Strategy.

The process was initiated in the Durham Cluster in April 2012 and was planned to roll out as follows to the other Clusters:

- Durham Cluster Start: April 2012 Finish: March 2014
- Scarborough Cluster Start: Nov 2012 Finish: Nov 2014
- Northeast Cluster Start: June 2013 Finish: March 2015

Adjustments to the CHS Integration Strategy phasing in the Scarborough and Northeast Clusters were required to support the alignment with provincial priorities including Health Links and Small Rural and Northern Transformation fund implementation in the Northumberland, City of Kawartha Lakes and Haliburton communities. Therefore the Peterborough City and County Integration Planning Team (IPT) began their work in August 2013.

III. Current State – Services and Access

As the process got underway, the IPT mapped out the current state of services and access to services (service delivery). Currently the six organizations provide a wide variety of community support services from locations across Peterborough City and County. Together these agencies spend over \$8 million annually to deliver services of which nearly 40% or \$3 million is provided by the Central East LHIN. Other government funding, including funding provided by municipal and regional governments, one-time grants, fundraising activities and donations make up the funding difference.

Collectively, the six organizations involved in this facilitated integration serve the respective municipalities of Trent Lakes, Selwyn, Asphodel-Norwood, Cavan Monaghan, Douro Dummer, Havelock-Belmont-Methuen, North Kawartha and Otonabee-South Monaghan and the urban centre of the City of Peterborough. Together with other LHIN-funded and non-LHIN funded community and health care partners, their focus is on providing quality services to the residents of this part of the LHIN's North East Cluster.

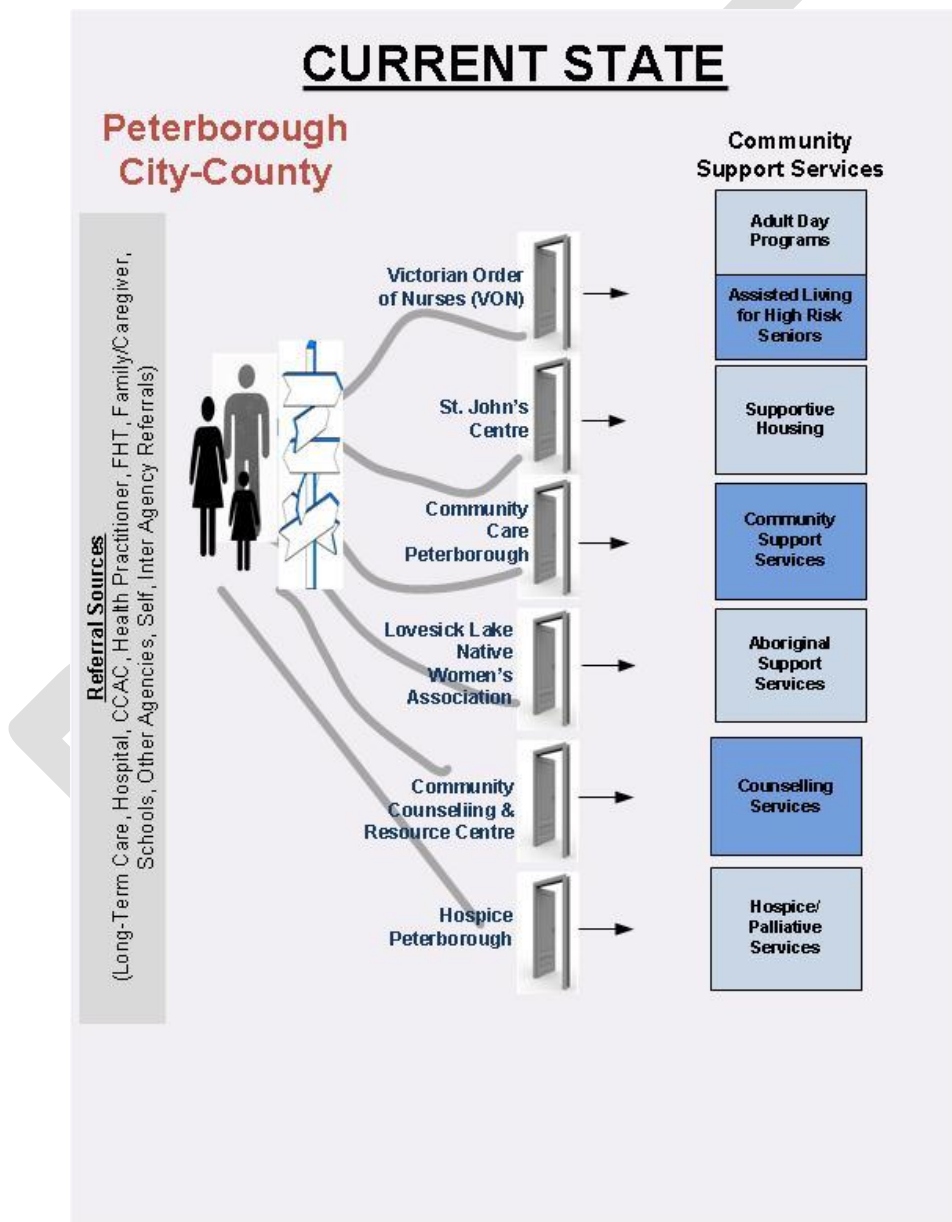
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To access a visual overview of the services provided by the organizations involved in the Peterborough City and County facilitated integration process, please click on the link below:

- [Link to Peterborough City and County bubble diagram \(See Appendix 1\)](#)

The diagram below illustrates how people currently access the LHIN-funded health services delivered by the Peterborough City and County organizations involved in this facilitated integration.



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IV. Creating a Directional Statement

As a next step in the process, Governors and management representing the six organizations met in October and November 2013 for two facilitated Strategy Sessions to reinforce understanding of the Governors' role in the facilitated integration process, develop possible options to explore, determine success criteria to guide the establishment and evaluation of integration options and to provide direction to the IPT to inform their next steps.

This resulted in the creation of a Directional Statement that contained **six possible integration options** for the IPT to explore as they began to develop a DRAFT Integrated Service Delivery Model.

The options included:

- Advisory Committee: Creation of an Advisory Committee to reflect the interests of all organizations and funders. Advisory Committee would be a strategic and operational planning partnership and strategic alliance between community-based providers.
- Back Office Integration: – Identification of Centres of Excellence/Lead Agencies to deliver Back office functions (BOF) for two or more of the six agencies or a Consolidated Single Back Office Function (BOF)
- Overarching Anchor/Umbrella organization: A new single organization (Anchor Agency) to be accountable to the LHIN for the delivery of all LHIN-funded community based health services that would continue to be delivered by six separate organizations in Peterborough City and County
- Integration of Front-line Services (I.e. transfers of service): Identification of logical re-alignment of front line services between six entities
- Two or more integrated service delivery entities: Explore logical options for voluntary merger/amalgamation of governance, leadership, service delivery and back office functions amongst the individual agencies.
- One integrated service delivery entity: Creation of a new single Community Support Services (CSS) entity for Peterborough City-County that would assume accountability for the delivery of all services currently delivered by the six organizations with a new Board of Governors.

After some additional review by the Boards of the six organizations and the Central East LHIN, it was determined that the IPT should focus on the first **five options** as they moved forward with the development of a DRAFT Integrated Service Delivery model that would be evaluated using a Decision Making Criteria Framework that included quality, access, client experience, sustainability, risk assessment and costs. The outcome of that work is referenced on the pages below.

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V. Key Elements of the DRAFT Integrated Service Delivery Model

The proposed DRAFT Integrated Service Delivery Model confirms that the six organizations participating in this Peterborough City and County facilitated integration would continue to exist and that current services would continue to be provided to existing clients in existing communities and facilities.

A. Peterborough City and County Community Support Services (CSS) Leadership Council

As part of this proposed DRAFT Integrated Service Delivery Model, a **Peterborough City and County Community Support Services (CSS) Leadership Council** would be created, initially comprised of governance and senior management representatives from the six organizations. Supported by a strong Terms of Reference including a common vision, goal and objectives, this Leadership Council would provide a formalized structure for ongoing **collaboration** and **co-ordination** between current and future community-based health service organizations to improve client access through sustainable, cost effective service delivery. By overseeing the implementation of integrations contained in this DRAFT Integrated Service Delivery Model, the Leadership Council would be accountable for monitoring the achievement of the strategic aims of the CHS Integration Strategy (improved access, building capacity and increasing value for money), while pursuing further CHS system transformation.

Benefits include:

- Provides an avenue for community-based health service providers to collaborate on shared priorities and funding opportunities
- Increases awareness and knowledge of the services available for shared clients/residents
- Retains the identity of the individual organizations while increasing collective capacity/clout
- Provides a shared mechanism to implement front line and/or back office integration opportunities
- Would be partnered with the *Peterborough Health Link* to support the seamless transition of clients between community/primary care to hospital/acute care and back to community/primary care, better supporting people to live in their own homes and in their own communities.
- Development of joint proposals to access funding from local, provincial or federal initiatives.

Through the leadership, commitment and oversight of the **Peterborough City and County Community Support Service (CSS) Leadership Council**, the following integrations would also be implemented:

B. Front Line Services Integration and Support

B1. Supported Referral Co-ordinators (SRCs)

Supported Referral Co-ordinators are specially trained staff, who work with potential clients and their families to ensure they have streamlined access to community support services provided by Community Care Peterborough and other Community Cares located in Kawartha Lakes, Haliburton County and Northumberland County. At present, Community Care Peterborough's Supported Referral Coordinator is located at the Central

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East CCAC's Peterborough Branch and works in collaboration with CCAC staff on requests for service, client assessment and provision of service. Through a **partnership**, the Supported Referral Co-ordinator role would be expanded to potentially support referrals to all the IPT agencies involved in this facilitated integration.

Benefits include:

- Potential to support increased referrals to all IPT agencies
- Streamline connections and communications between CCAC and IPT agencies to support smoother referrals/easier access for clients.
- Consistent collection of standardized data about community-based health service referrals to support strategic planning for future services

B2. Community Assessment

An initial **partnership** between VON and CCP Community Assessment would have the potential to support all IPT agencies. Front line staff of agencies would be empowered with the knowledge and tools required to consider the full range of CSS services for clients they are assessing/supporting.

Benefits include:

- front line staff from VON and CCP would be better able to facilitate access for clients to a complete basket of services

B3. PSW (Personal Support Workers) Education and Training

Personal Support Workers (PSWs) are integral to the delivery of a number of community-based health services delivered by the organizations involved in this facilitated integration including Supportive Housing, Assisted Living for High Risk Seniors, Home First, Home at Last, Adult Day Programs and other personal and home support services. Through a **partnership**, Community Care Peterborough, VON and St. John's Retirement Homes would provide consistent education and training to the PSWs who work in their programs.

Benefits include:

- Shared education and training would ensure all PSWs have development opportunities grounded in best practice specific to their particular roles and scope of practice

B4. In-home Respite Services

Recognizing the need for additional respite services beyond what is currently being offered in Peterborough City and County, CCP and VON would **partner** to explore the potential in expanding the respite services to serve more clients.

Benefits include:

- Caregivers receive the support and relief needed to allow them to support their family/friends to age in place/remain at home.

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B5. VON Seniors Maintaining Active Roles Together (SMART) Program /CCP Falls Prevention & Exercise

A natural opportunity has emerged between VON and CCP to form a partnership to ensure appropriate alignment between VON SMART Program and CCP Falls Prevention Program. This **partnership** would provide the opportunity to ensure seamless and standardized care for clients requiring these services.

Benefits include:

- Expanded access to the continuum (range) of exercise and falls prevention services ensuring right care, right place, right time.
- Provides a foundation for future coordination with the ongoing expansion of physiotherapy clinics

B6. Caregivers' Integrated Support Services

Through a formal **Memorandum of Understanding** (MOU), CCRC and Hospice Peterborough would integrate the delivery of their respective Caregivers' Support Services.

Benefits include:

- Provides the opportunity to jointly plan for service delivery
- Enhances awareness of programs
- Increases the number of referrals
- Opportunity to share marketing and promotion resources
- Enhance the quality of services by developing training capacity related to caregivers services

B7. Volunteer Support Services – Service Delivery

Through a formal **Memorandum of Understanding**, CCP and HP would integrate the delivery of their respective Client Support Volunteer Services.

Benefits include:

- Improves access to volunteers for the clients supported by CCP and HP
- Improves the skill set of the volunteers
- Improves the volunteer experience
- Improves the quality of the client/volunteer interaction

B8. Aboriginal Cultural Awareness (LLNWA for all IPT)

LLNWA would further develop its role as a Centre of Excellence by expanding and developing cultural awareness education opportunities through a **partnership** between LLNWA and the IPT agencies.

Benefits include:

- Provision of aboriginal cultural training, awareness and appreciation across organizations
- Enhancing the experience of aboriginal clients in all agencies

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B9. Death, Dying and Grief Awareness

By expanding and developing awareness education opportunities in hospice palliative care, HP would further develop its role as a Centre of Excellence, through a **partnership** between HP and the IPT agencies.

Benefits include:

- Provision of hospice palliative care training and awareness across organizations
- Enhancing the experience of families living with serious illness and grief served by all agencies

C. Back Office Services

C1. Intake and Assessment:

As the use of standardized assessment tools become increasingly common across the community-based health sector, the six organizations involved in this facilitated integration would **partner** to ensure consistent use of electronic screening and assessment tools for appropriate new clients accessing their services and for supportive referral co-ordination. The organizations would also work together in ensuring that their respective staff are effectively trained in the use of electronic intake and assessment tools and best practices.

Benefits include:

- Increased client and staff awareness of the services provided by the six organizations
- Increased referrals between partnering agencies
- Fully leverage the common assessment tools being used by the organizations to decrease the duplication of similar services or processes
- Decreased client frustration in having to provide similar information to multiple providers

C2. Volunteer Support Services – Recruitment, Orientation and Training/Education

With all six organizations benefiting from the support of committed volunteers, a **partnership** approach would be established for community-based health service volunteer recruitment, training and co-ordination. This partnership would involve volunteers who contribute through governance and administrative roles and could include shared governance training, co-ordinated volunteer recruitment drives and expanded opportunities for volunteers who wish to donate their time to a variety of CHS initiatives.

Benefits include:

- Consistency in the recruitment and training of volunteers

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C3. Human Resources (HR) Support

As the organizations reviewed the current administrative structures of each of their organizations, it became clear that they could benefit by **partnering** to respond to shared human resources challenges, specifically in cross-training staff to support succession planning and increasing their ability to more easily fill knowledge gaps on a temporary or longer term basis to support any staff leaves or illnesses. Other areas that would be explored include obtaining legal advice, staff recruitment and training with the goal of creating common and enhanced HR expertise across the HSPs. With very lean administrative structures, many of these responsibilities fall on the Senior Management in each of the organizations and compete with day-to-day operational responsibilities.

Benefits include:

- Expands the collective capacity of the community-based health service providers that could be shared across the organizations

C4. M-SAA Reporting Support

Community-based health service providers sign M-SAAs (Multi-Sectoral Service Accountability Agreements) which contain a number of performance indicators, performance standards, performance targets and performance corridors. Quarterly, all health service providers are required to report to the LHIN on how they are performing from both a financial perspective and a service delivery perspective based on this signed service accountability agreement. While this is a mandated requirement for each of the HSPs, many express challenges keeping up with the changing reporting requirements. A **partnership** approach to M-SAA reporting would be established.

Benefits include:

- Organizations would benefit from shared M-SAA reporting training and individual organizations could improve their reporting capacity to enhance their M-SAA reporting expertise.

C5. Information Technology (IT)

Each of the organizations use information technology to support their day-to-day business practices and service delivery. At the present time, each organization is individually responsible for the purchase, maintenance and staff training for these capital assets. Identified **partners** would come together to complete a joint IT strategic plan to guide equipment and software purchases and training needs.

Benefits include:

- Centralized support for joint learning and the implementation of IT best practices
- Potential cost savings through bulk/joint purchasing

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C6. Marketing and Communication

More and more people are turning to community-based health service providers to access services that will allow them to remain in their own homes and their own communities. Clients and their caregivers are often unsure of the services available to them. As **partners**, the six organizations involved in this facilitated integration would implement joint marketing and communication strategies to raise awareness about current and future services available to local residents.

Benefits include:

- Increased community awareness and increased referrals to available services
- Decreased duplication of individual marketing and communication efforts leading to efficiencies
- Decreased client frustration in knowing what services are available

VI. Potential Savings for Reinvestment

Currently, the Integration Planning Team is evaluating the potential savings for reinvestment that could be realized through the proposed DRAFT Model.

Base budget increases within the CSS sector are unlikely in future years, as investments of the LHIN and the province will continue to be targeted to priority initiatives and to HSPs who are working in an integrated manner to deliver the continuum of services to accommodate the needs of clients and their caregivers.

Many of the proposed integration opportunities in the DRAFT Integrated Service Delivery Model relate to the delivery of back office supports or accountability for the delivery of some shared front line services. It is initially assumed that these opportunities may not immediately result in significant savings given that the organizations are already operating with minimal costs for service delivery and administration.

The IPT will continue to discuss how the implementation of the proposed DRAFT model could result in savings to be re-invested to expand services, promote increased capacity/sustainability and improve the delivery of local community-based support services priorities such as expanded respite services and referral coordination.

VII. Future State – Services and Access

The diagram on page 3 showed how people currently access services.

The diagrams on pages 12 through 15 show how people would access services in the future, with the “door” to LHIN-funded services continuing to be any of the six organizations involved in this integration. Through more collaborative relationships, a broader knowledge base and strategic alignments with other health care partners, including the members of the *Peterborough Health Link*, clients and caregivers would experience more streamlined transitions as their needs change and they seek new or different community health services.

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If approved, the proposed DRAFT Service Delivery Model would not immediately lead to a change in how local residents would access the LHIN-funded health services currently delivered by the six organizations involved in this integration initiative. Instead, the DRAFT Model creates the initial mechanism for ongoing collaboration and co-ordination, the shared accountability for some front line service delivery and more efficient provision of back-office services.

VIII. Conclusion

The Integration Planning Team is confident that the proposed DRAFT Integrated Service Delivery Model meets the Strategic Aim set out by the LHIN and will lead to improved client access to high-quality services, create readiness for future health system transformation and make the best use of the public's investment. The IPT is now seeking input about the proposed DRAFT Integrated Service Delivery Model through a targeted engagement process with other health and social service providers, front line staff, clients, caregivers, volunteers, donors, other funders and broader engagement with local residents.

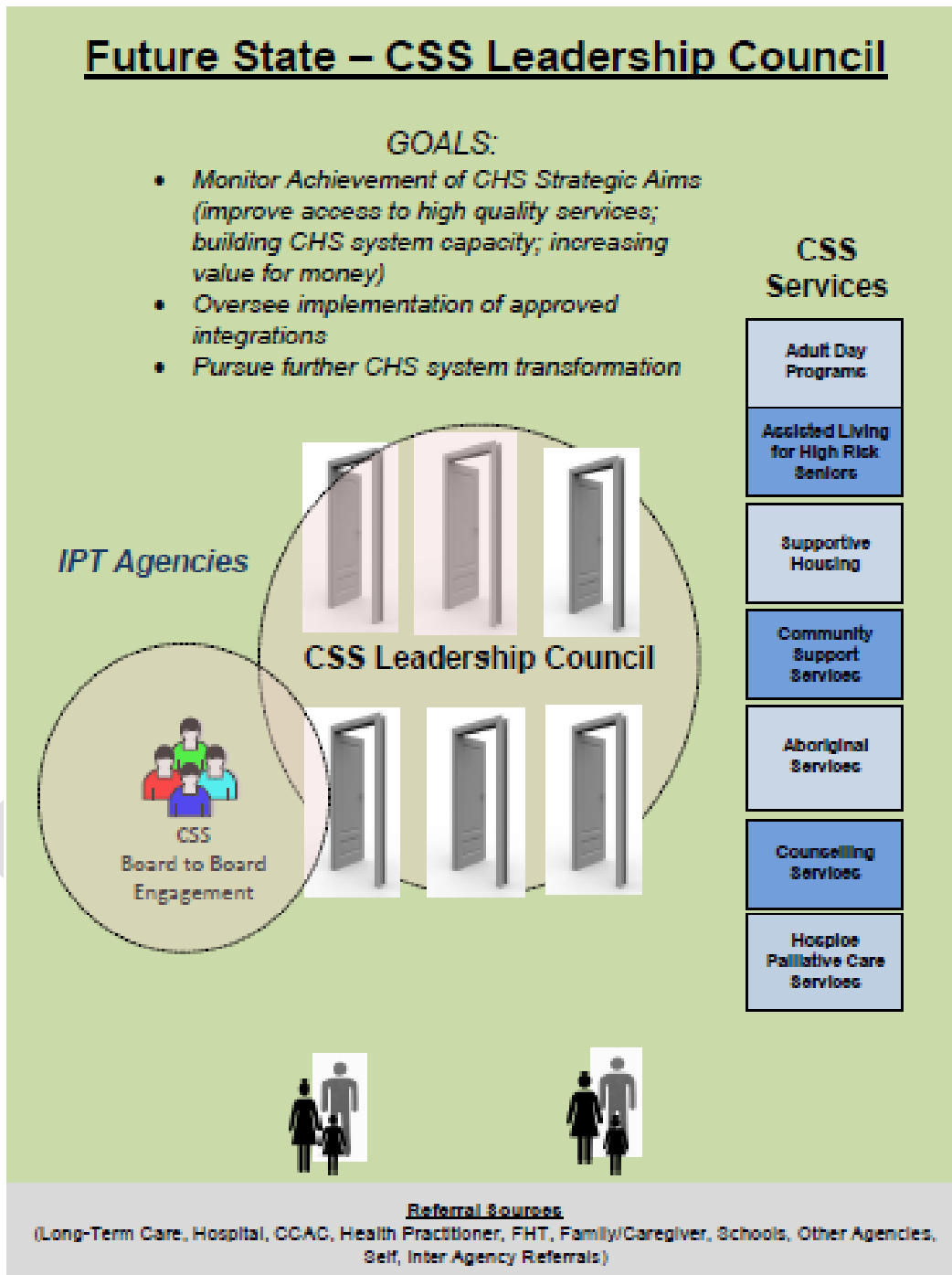
We look forward to hearing from our communities on the recommendations contained in this proposed DRAFT Integrated Service Delivery Model and we will ensure the feedback received will be reflected in the FINAL document.

The FINAL document will be presented to the IPT Boards (May 2014) and LHIN Board (June 2014).

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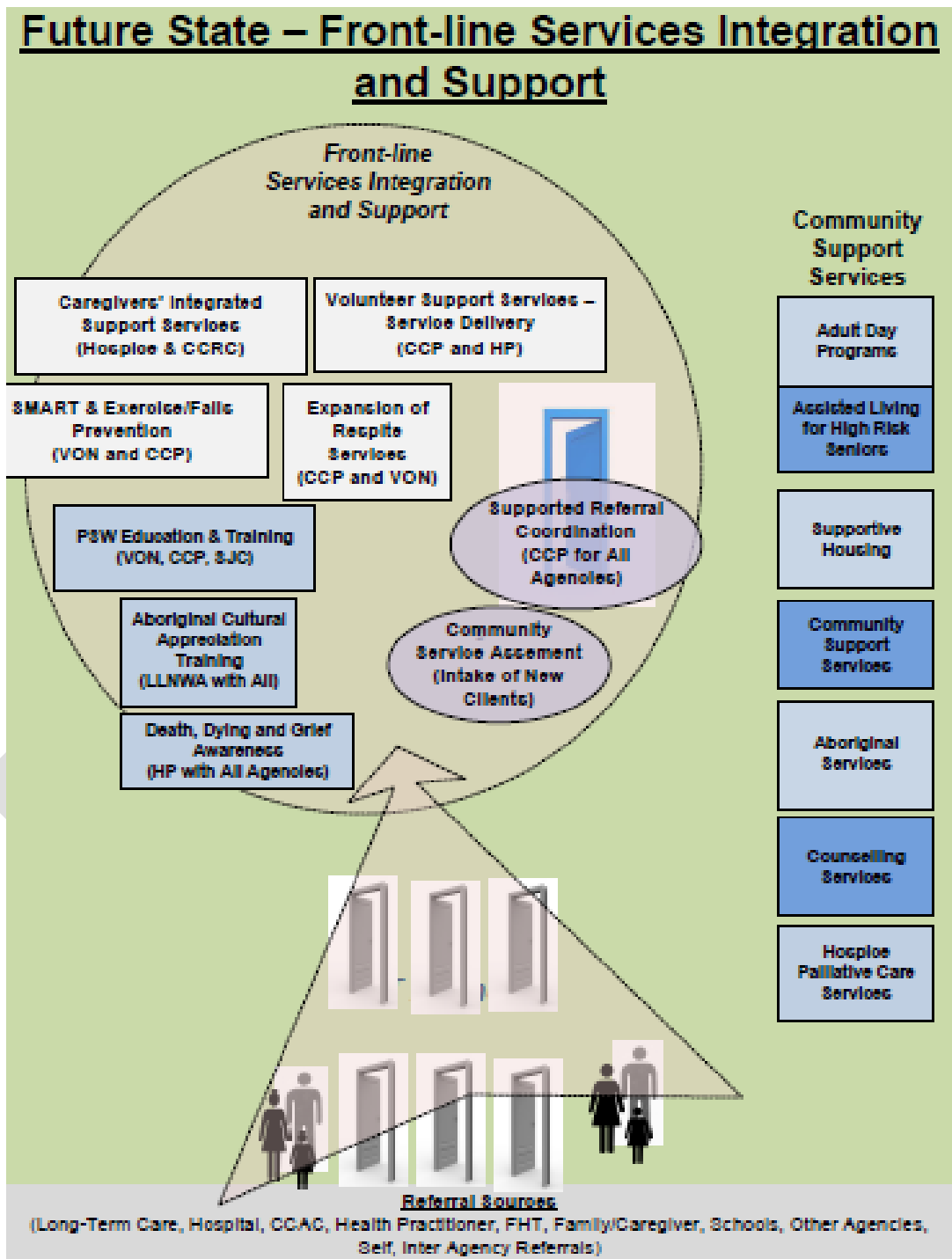
Peterborough City and County Community Support Services Leadership Council



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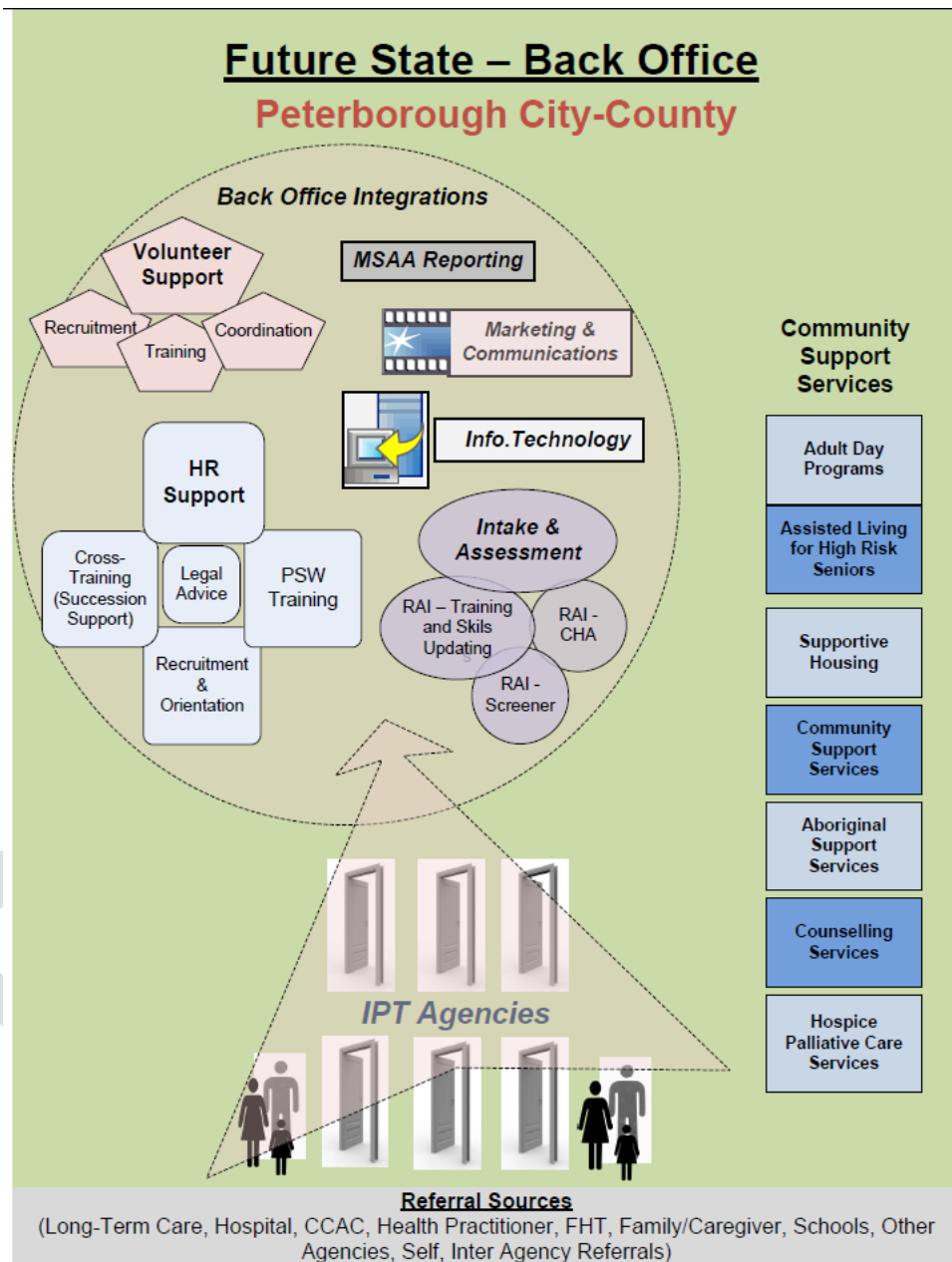
Front Line Service Delivery



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Back Office Service Delivery



(Draft: Oct 17, 2013)

**Community Care
Peterborough**

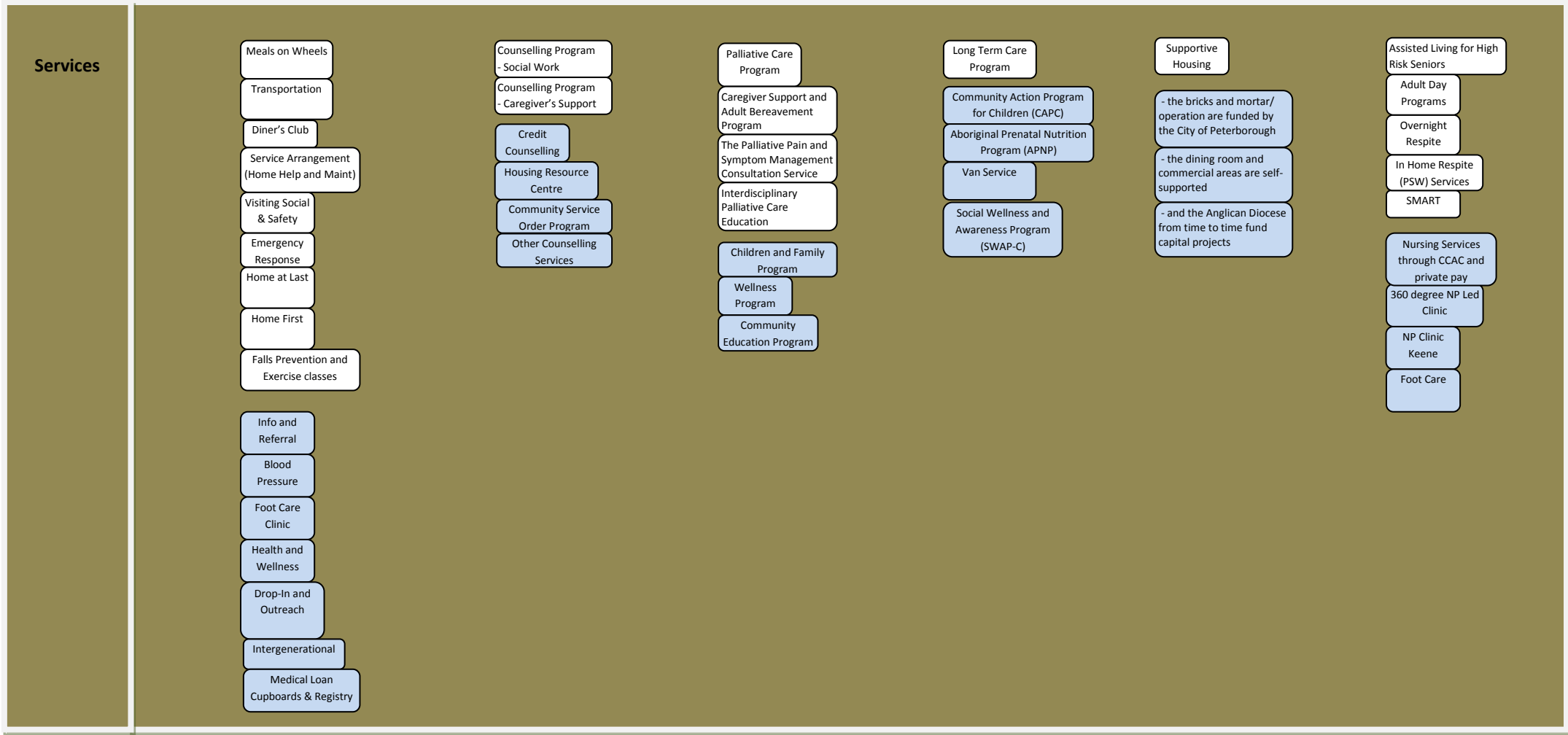
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**Victorian Order of
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LHIN Funding
(Full or Partial)

Other Funding
Source

**APPENDIX 1
Peterborough CHS Integration
Current State Services – Bubble Diagram**