Central West LHIN

IHSP 4 – Summary | Client Engagement

September 17, 2015

Ontario
Local Health Integration Network

Client Engagement | Face-to-face

12 face-to-face engagement sessions, in support of IHSP 4 planning, were completed at various client engagement sessions. A total of 246 participants attended these sessions.

Francophone and Aboriginal Focus Groups Date: July 7 and 21, 2015 Location: Central West LHIN Main Boardroom and FHT Offices. Participants: 32 Total LHIN Staff: – Patrick Boily, French Language Health Service Coordinator	**On July 7 a focus group was held with members of the francophone community. A 2nd session was held on July 21st with the Credit Valley Bilingual Family Health Team. These sessions were held jointly by the Central West and Mississauga Halton LHINs and Reflet Salvéo, French Language Health Planning Entity.** **What has worked well in the past 3 years?** – The creation of the Credit Valley Bilingual Family Health Team was highlighted by both the community and the Family Health Team as a big success of the past three years. The creation of a team based francophone primary care in the region met a big need. – Many new community partnerships in the community have been created over the past three years. The community members highlighted partnerships with Reflet Salvéo, the creation of the Coalitions des Aînés Francophone de Peel-Halton and the collaboration with the new WellFort Francophone Seniors Health Promotor. The Family Health Team highlighted its partnerships with the Peel Children's Centre and local French schools. – The increase offer of French Language Services in the area in the field of mental health through Supportive Housing in Peel, primary care and dietary information, a forum to discuss mental health stigmas in the francophone immigrant community and through Peel Children's Centre. **Identify areas where improvements are required?** – Both the community and the Family Health Team highlighted the need to address the challenge of serving the francophone population dispersed over a large geographic area. Both the community and the Family Health Team noted it was a challenge for patients from Brampton to access their services.

	– Both the community and the Family Health Team noted it was important to maintain and strengthen the quality of services they have developed over the past three years. – The community highlighted the importance of the implementation of active offer within health service providers. They highlighted the fact they did not know who the identified agencies in the region are and where many of the French Language Services are offered. – The Family Health Team noted that it still had issues communicating and connecting with the community. It said its highest success rate was through word of mouth referrals. It said it would like to be able to reach out more effectively with the community to make its services better known. – Both the community and the Family Health Team also highlighted the challenge of navigating the health system for francophones. They both highlighted the difficulty of ensuring an unbroken continuum of care in French and the need to connect health services with services related to social determinants of health and immigration services. **What priorities should we concentrate on? Identify actions that would allow us to meet these priorities** Both the community and the Family Health Team identified the need to increase, reinforce and guarantee access to French language services in primary care as a priority. The community specifically targeted the geographic challenge of accessing these services. They focused on the lack of access to a multidisciplinary team in Brampton. A satellite site of the Family Health Team was discussed by the community. The Family Health Team focused on the resources necessary to deliver these services through the addition of a third primary care physician. – Both the community and the Family Health Team also identified promotion and outreach, awareness and information as another priority. Both would like to have more information on the services available and better partnerships between the community and providers. – The third shared priority was system navigation and referrals. They both highlighted the need to have a francophone patient navigator to assist French speaking patients.

	Aboriginal Community Engagement – Three meetings were held with local Aboriginal community groups to discuss health priorities of the local Aboriginal community. A meeting with Simon Baine, Health and Wellness Coordinator for the region with the Métis Nation of Ontario, was held on June 29th, a meeting with the Board of Directors of the Peel Aboriginal Network was held on July 8th, and a meeting with the Credit River Métis Council was held on July 21st. These meetings focused on continuing to build a partnership between the Central West and Mississauga Halton LHINs and identifying priorities to move forward. – All three stakeholders agreed to the need to create a structure to ensure the needs and the voice of the Aboriginal community was included in health planning at the LHIN level. Each partner is looking to strengthen the relationship with the LHIN. – They also agreed for the need to build health service provider capacity to deliver culturally safe care to aboriginal people. They are open to the LHIN's strategy of starting with a broader introduction to Aboriginal issues through the online indigenous cultural competency training program and have it be supplemented by specific local knowledge in a second phase.

CMHA Consumer Council Date: August 6, 2015 Location: CMHA - Peel Region Participants: 8 LHIN Staff: – Suzanne Robinson, French Language Health Service Coordinator	**Suzanne Robinson did a short presentation about mental health and addiction services within the LHIN and its place in the development of the fourth integrated health Service Plan.** **What we hear we've got** – good services, including some specialized services – we have staff who know how to help clients – if you are "in" the system you can get many services you need – we do okay with what we have – we're doing better at connecting people leaving the hospital to community support – crisis services are better – clients have a say in what/how services are offered – services try to collaborate. **What's working best for you** – staff who know how to help – crisis services are better and they are growing but there still isn't as much awareness about them as there should be – one-on-one counseling works well – increased and seamless transition from inpatient hospital to discharges – small safe-house type settings for those in temporary crisis that need immediate care and ongoing support – access to daily workshops and social interaction – drop-in and easy access to therapy sessions through groups like Tangerine and mobile crisis – we do okay with what we have – good services – being part of council has helped me to understand more about mental health and what's available – no idea what LHIN was before council – services respect needs over time and met my needs at different points in the recovery process from entry to the system – system gradually progresses with you once you've been in hospital – if you're in the system, it may be good psychiatrist and hospital – very reception and proactive if have already been admitted in the past

	– CCAC link with school board to assist youth – employers are education management on how to deal with mental health – CMHA addresses crisis services – counseling, psychotherapy – NPs as frontline staff. **The problems we're hearing about** – growing demand for services – wait too long to get services – need a better mix of short-term and long-term services – services don't always work together – need to go outside the LHIN for some services – having to go to hospital Emergency Department repeatedly – hard to see a psychiatrist – services can be hard to get to – services need to recognize language and culture. **What's the biggest problem** – access to information, not just services, not just online but for people on streets or underprivileged without phones, internet – mental health patients don't know what right services look like – more education for psychiatrists and frontline workers on addiction and mental health disorder (concurrent) – large role of therapy (CBT) and other methods along with or instead of medication – planned withdrawal from medication after long-term use – awareness, more visibility and bigger presence everywhere so people don't suffer in silence – growing demand, services don't always work together, services can be hard to get to – shortage of psychiatrists and affordable psychotherapists – access to services and learning about services, not proactive enough – more services for seniors – people don't know how to get in the system – doctors do not promote local services (perhaps are not aware of what is) – waiting list for youth too long – more resources from doctors, need to be educated

	– need to promote health care available and where to find it – Housing – how ODSP treats us (not a LHIN problem or is it?) – access to psychiatrists – family doctors scared of me – stigma, ignore symptoms of mental health – wait too long to get services – better mix of short and long-term services – limited fully-funded services e.g. no OHIP for psychologists – physical health issues exacerbate mental health – no help to navigate services – hard to get "talk therapy" – more intervention before crisis – no info/support to kids of parents with mental illness – split between doctors who give medication and counseling – better training – more options than just medication – too little outreach for homeless – no personal benchmark to understand what's "normal" so that people can assess their need for help. **Some ways we're trying to make things better** – more case management – more addictions community treatment – more supportive housing for mental health and addictions – more social rehabilitation/recreation – more family support – improving crisis services – improving access to right services by developing "system access / referral model". **What do you think is the most important thing we can do to make things better** – positive psychology, a focus on outreach – family workers, case management – better services to help re-integrate people into workforce and productive living – guides and assistance for family members so that can effectively deal with loved ones suffering mental illness – top three priorities: housing, employment, education

	– more presence to the public especially for mental health and addiction services, wellness clinics, doctors' offices, food banks, groups, counseling – more case management, housing, family support – improving access to right services through access model – make mental health treatment and information part of everyday life – focus on education and employment – promotion of community resources – educate doctors of what is out there – CMHA – more open door - I did not know where they were located or what was available – educate doctors – host CME events that explore community resources – more treatment spaces for chronic cases – better access
Seniors Focus Group Date: August 19, 2015 Location: Central West LHIN Main Boardroom Participants: 5 LHIN Staff: – David Colgan, Sr. Dir. Health System Integration – Tom Miller, Dir. Communications & Community Engagement	**David Colgan presented the slideshow about the development of IHSP4, strategic direction and action areas.** The group seemed supportive of the LHIN's directions and initiatives and the following issues were raised and discussed. ▪ **Capacity Building** – Group appreciated initiative to examine system capacity – Services have to be in line with the growth rate. – Flower City Seniors Centre on McLaughlin can be built into a seniors "hub" as there are already seniors programming going on there. – One member of the group suggested the "new" Peel Memorial is a good example of what a third hospital in Brampton could look like. ▪ **Information and Communication** – Program and services may be in place but residents don't know where they are or how to access them. – Even though there are various information tools to get this information out people don't know about them either. – There was a discussion about the role of the LHIN and about whether it is important for the general public to understand the function of the LHINs. – What is important is that people need to know about how to access and navigate health care services.

	– Another member of the group felt it Important that people know someone is coordinating the health care system. ▪ **Home and Community Care** – Participants were looking to gain a better understanding of how the CCAC is held to account which let to discussion on the accountability between the LHIN and the CCAC as well as the nature of future of the CCAC, its funding and service delivery. – The questions was asked as to whether or not the LHIN drills down on the objectives and the patient outcomes of the CCAC . ▪ **Medically Complex and Frail vs Seniors** – Not referring to "seniors" is possibly a good move – Perhaps talk about an "aging population" rather than seniors. – Small concern that talking about the medically complex and frail may take an emphasis away from services to seniors to ensure they do not become medically complex and frail. ▪ **Engaging Clients, Community and Providers** – One participant expressed her concern that engaging providers should mean more than the senior staff and that front-line staff are close to what's really happening and often are not aware of LHIN planning, directions and activities, and they could help make them happen. – Their perspectives can be very important. ▪ **Brampton Seniors Council and CARP** – Brampton Seniors Council is doing a survey (Punjabi and English) this fall about health care services and it was agreed that it is a good to share information with the LHIN. – A representative from CARP indicated that CARP is a good channel to get information out to its members.

India Rainbow Focus Group Date: August 20, 2015 Location: India Rainbow Participants: Approx. 25 – 30 LHIN Staff: – David Colgan, Sr. Dir. Health System Integration – Tom Miller, Dir. Communications & CE	**David Colgan presented the slideshow about the development of IHSP4, strategic direction and action areas.** The group seemed supportive of the LHIN's directions and initiatives and the following issues were raised and discussed. ▪ **Culturally Competent Care** – Group members strongly supportive this LHIN initiative, particularly in Long-Term Care and home and community care. ▪ **Home and Community Care** – The group discussed Long-Term Care as a last option, and supported the provincial and local priority of placing an emphasis on providing in home and community care… i.e., care as close to home as possible. – One member of the group talked specifically about dealing with her husband who has dementia and the need for male caregivers as some men like her husband are very difficult to manage and some men do not want female caregivers . – The concern was raised about CCAC visits, when received, are often too short and quickly given and there is little attention to the needs of the caregivers in the home. – Additionally, the group expressed their strong satisfaction with programming at India Rainbow and their strong support for expanding programs like this to address the waiting list so that more people could be admitted. – And, the group indicated that this type of programming should be spread further across Brampton to the east and west ends where there are significant concentrations of south Asian seniors, rather than having participants have to travel so far to downtown Brampton. ▪ **Capacity Planning** – Members of the group supported the LHIN's work in capacity planning, particularly for more community-based services like those offered at India Rainbow, and for more CCAC home care services which currently are not enough. – The discussion moves to questions about population-based funding and growth being experienced in this LHIN and what the LHIN can do to put more pressure on decision makers to keep up with equitable .

	▪ **Enabling technologies** – A few members of the group were very interested in the use of electronic medical cards, which would enable the sharing of consistent medical information across providers, and across the system. ▪ **Quality of Care / Health Links** – The group supported the LNHIN's emphasis on quality – This led to a discussion about participants experiences with doctors and concerns that they do not take the time to understand the "bigger picture". – This also led to a discussion about Health Links and members of the group liked the idea . ▪ **Wait Times** – There was a lengthy discussion about ER wait times, specifically focused on the triage process and whether are not there are enough doctors in the ER when it is busiest. – The group was pleased to hear from India Rainbow staff that Matt Anderson, CEO of Osler, was coming to visit and be available for a discussion with them. ▪ **Palliative Care** – Members of the group suggested that a hospice in the area would be a welcomed addition. – Some members commented that generally people in the community and particularly their community are not aware of what palliative services are available, citing the existence of Bethell Hospice as the example. – Discussion then moved to how palliative and end-of-life services are provided and relate to the various diverse communities in the LHINs, and are developed to be culturally appropriate. ▪ **Mental Health and Addictions** – When asked about their thoughts about Mental health and addiction services, members of the group were quick to note that many members of the community are kept in their homes by their families because little is known about what to do or how to cope with them. – This led to a discussion about Punjabi Community Health Services and its broad variety of services and how it has

	developed culturally competent programming but that there is not enough and that more "mainstream" providers need to learn more about how to provide culturally competent services. ▪ **Dementia** – When asked about their thoughts on an aging population and dementia, similar feedback was provided as was with mental health and addiction services - that many members of the community are kept in their homes by their families because little is known about what to do or how to cope with them. – The group seemed very supportive that the province and LHIN are taking on work about how to better provide services to those with dementia and their families. ▪ **Transportation** – Members of this group raised the issue of led transportation which is still a challenge in getting people to programs like at India Rainbow. – Furthermore there was the concern expressed that service criteria is becoming increasingly "strict". ▪ **Summary** - Participants seemed to generally support the direction and Initiatives for Action presented to them and that the LHIN would take the time to visit them for the discussion.
India Rainbow (Punjabi Session) Date: August 21, 2015 Location: India Rainbow Participants: 27 LHIN Staff: – David Colgan, Sr. Dir. Health System Integration	**David Colgan presented the slideshow about the development of IHSP4, strategic direction and action areas.** The group seemed supportive of the LHIN's directions and initiatives and the following issues were raised and discussed. ▪ **CCAC services** - The group appreciated that home and community care reform, a focus on quality and system capacity were on the IHSP4 agenda. - The group understood a focus on the medically complex and frail.

	- One participant raised the issue of why different individuals receive different levels of services from the CCAC when they both seem to need the same services. - This led to a general discussion about CCAC services including the CCAC doesn't provide enough services, it doesn't have enough funding, it takes too long to get services, when you get services the individuals who provide them don't stay long enough to do what they need to do, the CCAC sends women to bath and care for men and many men in the south Asian community do not want this and therefore give up services which makes it hard on the family, you sometimes need family members present because the CCAC staff don't speak the language of those they're caring for. - Additionally there was comment about how long it takes to get services from the CCAC after hip and knee operations and then if you do the CCAC comes only once or twice. ▪ **Wait times** - The discussion about CCAC services led into discussion about wait times for services, specifically how long it takes to get an appointment with a specialist, how long it can take to get to see a family doctor, ER wait times and wait times for hip and knee operations. - The group appreciated that quality and value as well as home and community care reform and primary care were on the IHSP4 agenda. ▪ **Patient Experience** - The group appreciated that the concept of Patient Experience was on the agenda. - A comment from one participant about wait times in the ER and not being given an explanation about why the wait time is so long led to a discussion about how patients are not given explanations about their illnesses and their treatment. - A number of participants said if someone took the time to explain what was happening then they would probably be much more satisfied with the health care system. - A discussion took place about what patients should and should not pay for when it came to health care with examples given about ophthalmology services (lenses) and knee replacement (90 vs. 120 degree knees) – the focus of the discussion is how come there appear to be different

	standards and why do doctors or the hospital not explain these options to them. ▪ **Mental Health and Addictions and Dementia Strategy** - The group agreed that mental health and addictions services need to be an IHSP4 priority. - Some commented that many people in their community need services but lots are simply kept at home because families don't know what services are available and how to connect to services. - This group, composed of seniors, gave a number of examples of family members who have dementia and the lack of services for them and the strain it creates for families. ▪ **Palliative Care** - A number of participants seemed to appreciate that the LHIN is focusing on palliative / end-of-life services. - Although a number in the group supported this priority there seemed to be a bit of unease with the discussion. ▪ **Population Health** - A few other issues were raised during discussions that might be categorized under Population Health – the lack of and length of time it takes for good, community housing and its effect on good health, and how there should be support for eye care and dental care for seniors because this affects health as well. ▪ **Summary** - Participants seemed to generally support the direction and Initiatives for Action presented to them and that the LHIN would take the time to visit them for the discussion.

Peel Addictions Assessment and Referral Centre (PAARC) Date: August 26, 2015 Location: PAARC Offices Participants: 4 LHIN Staff: – David Colgan, Sr. Dir. Health System Integration Tom Miller, Dir. Communications & Community Engagement	**David Colgan presented the slideshow about the development of IHSP4, strategic direction and action areas.** The group seemed supportive of the LHIN's directions and initiatives and the following issues were raised and discussed. ▪ **Access** - Participants agreed with what the LHIN has already heard noting that if you are in the system, accessing services is not a problem, esp. if you ask for assistance. Citing PAARCS as an example, if the services are not available or not knows, then PAARS does a good of sourcing the service and/or pointing clients in the right direction. - One client has gone outside the LHIN to receive services at CAMH and had a good experience both in terms of CAMH itself, and in regard transition. ▪ **Social Determinants** - Finding a job that pays more than social supports is difficult. Minimum wage does not encourage transition out of housing or off the system. - One client indicated that he would gladly welcome the ability to transition out of some services so that others, who need them, could access them and transition in. The system is not set up to encourage that. - The same client also indicated the feeling of having a stigma attached to "Supportive Housing" and as a result, to himself. It was suggested that housing that is not ultimately "labelled" according to its resident population, would assist with socializations (making friendships) and obtaining employment. ▪ **Wait Times (ED)** – When asked about wait times, one participant suggested that those with addiction problems will always seek out an ED in an attempt to receive scripts from unknown physicians. ▪ **Supports** – While additional living spaces are critical (Supportive Housing and/or Assisted Living), there are not enough known or avail. supports / resources for the families of addicts.

	– Supports offered through existing services need to be avail. outside of the 9-5 work day otherwise, the acceptable option (the only option) for most clients (addicts) becomes the ED. – More focus should be placed on long-term programming, in addition to short-term. ▪ **Crisis Services and System Access Model (SAM)** – Members of the PAARC team recognized improvements to crisis services and ongoing development of the SAM. However / shelter, in their view, housing supports have to come first as it is extremely difficult to provide services to someone who is on the street… citing one shelter for men in Brampton and one shelter for women in Peel Region. ▪ **Patient Experience** - Both clients expressed a high level of satisfaction with the system, while acknowledging that they found themselves lucky to be "in" the system which seems to work better for those who are "in it". ▪ **Summary** - Participants seemed to generally support the direction, initiatives for action and Mental Health and Addictions priorities presented to them. - So too were they very appreciative that the LHIN had taken to time to speak with them.
Punjabi Community Health Services Date: August 28, 2015 Location: Punjabi Community Health Services Participants: 22 LHIN Staff: – David Colgan, Sr. Dir. Health System Integration	**David Colgan presented the slideshow about the development of IHSP4, strategic direction and action areas.** The group quickly moved into discussion and the following issues were raised and discussed. ▪ **Medically Complex and Frail** - Participants were supportive of the LHIN's attention on the medically complex and frail but expressed concern that the LHIN would miss out by not also considering "healthy" seniors so they don't become medically complex and frail. - A participant asked why is it that we wait until there is something wrong to see a doctor.

	- This led to a good discussion about promotion and prevention and the benefits of programs like the Punjabi CHS Seniors programs which stress social interaction and education and access to staff to ask questions about issues before things get bad and where to go for services. - The group was very supportive of investments in this type of programming. - Participants also spoke to the need to have access to good housing and good food and enough income as a very important way to ensure good health and that these were a basic needs that need to be addressed to improve health care. - A couple participants argued that the LHINs' directions were very good but it is not clearly dealing with basic issues that people face and it will not have the impact it wants - Participants were supportive of the LHIN's direction to improve and build capacity in home and community care, particularly if it focused on the diversity of seniors in the LHIN. ▪ **Patient Experience** - Participants had a good conversation about the need for good communication in the system – between patients and their doctors, between their doctors, between doctors and other providers, and between these other providers and their clients. - There were some comments made that it isn't clear what "Streamline Transitions and Navigation" means, that maybe people who work in the system might know what it means, but if it means improve communications and coordination between patients and providers and providers then maybe that's what it should say and then people would understand that. - When Health Links was explained in that context – it's about coordinated care – then participants though this a good idea. They also spoke to improved electronic information sharing among providers. - They also said that it is not easy to find out what programs and services are out there, but once you connect to an organization like Punjabi CHS then it really helps you figure out what programs and services are available and how to access them.

	- Participants were supportive of the Health Links and enabling electronic technologies initiatives. - And participants spoke the need for "culturally competent" care, and how vital it is for many in their community. ▪ **Wait times** - Participants shared their concerns about wait times to get doctors' appointment, both family doctors and specialists. - A couple participants were quite adamant that all the other initiatives the LHIN is putting forward are very good but unless the LHIN can fix this problem then it is missing the most basic problem that most individuals face with health care. - They suggested that if it is that there are not enough doctors then the province needs to do more to make sure there are enough, and if it is that there are enough doctors but just not in Brampton then the LHIN and Osler need to make sure we can recruit the doctors we need. - Participants supported the LHINs' initiative to improve access to care, and were pleased to see mental health and addictions and dementia care but really focused on primary care and also specialists. ▪ **Home and Community Care** - Participants spoke to the need for more programming like the Punjabi CHS' seniors programs. - They pointed out how valuable adult day programs, seniors programming, congregate dining and various social interaction based programs are to seniors maintain their health. - They were concerned about how there is not enough of this type of programming and about recent changes in the programming at Punjabi CHS. - They also spoke to the need for some gender specific programming that was respectful of different cultures. - This group had no specific comments about CCAC services but were supportive of the government and LHIN's reviewing these services to make them more accessible.

	▪ **LTC Redevelopment** - With regards to LTC redevelopment a number of participants spoke to the likelihood that although many seniors in the south Asian community are cared for in their homes now by their children that this may not continue and that more south Asians will need LTC in the future and asked whether LTC homes are getting any better at creating an environment that serves the many diverse individuals in the LHIN, such as having different foods. ▪ **Volunteers** - One participant asked about what the plan says about volunteers and how important they are and that the LHIN and providers should do more to support volunteers and get more volunteers. ▪ **Travel** - One participant asked what the LHIN and the government can do to make international health care easier for patients. - The example given was that some individuals travel to other countries for 3 or 4 months every year and that doctors and hospitals will not put their medical records on disks so that they can be carried to other countries in case they need care and that this should be a service that's available. ▪ **Summary** - Participants seemed to generally support the direction, initiatives for action and presented to them. - This group had good discussions about the social determinants of health, good access to community programs and timely access to primary and specialist care. - They expressed their appreciation that the LHIN had taken to time to speak with them.

Rexdale Community Health Centre Date: September 3, 2015 Location: Rexdale Community Health Centre Participants: 40+ LHIN Staff: – David Colgan, Sr. Dir. Health System Integration	**David Colgan presented the slideshow about the development of IHSP4, strategic direction and action areas.** ▪ **Services and Funding** - The group were very supportive of the LHIN's direction to invest finding into community services. - A number of participants wanted to know about funding for community programs and are looking for this funding now to expand services at the Rexdale Community Health Centre and other community programs because everywhere they go there are wait lists for services in north Etobiocke. - Some participants argued that if you live in other areas of Toronto you can get services easier. - The seniors program at Rexdale CHC was a favourite program but too many people are waiting to get in. ▪ **CCAC services** - This group was most animated about access to CCAC services and a considerable amount of the session was focused on the CCAC – how do you know what CCAC can provide, how when you phone they turn you away, how you need to wait for assessments, how then you need to wait for care if you even get any, how they were told that if you are not over 60 you will not get services, how little care is offered, how few visits are provided each week, how short amount of time you are given when the CCAC does visit. - One participant said she was told that Etobicoke already gets too much of CCAC's services and they have to spread them around. - Again the issue of funding was raised and whether the LHIN gets its fair amount of funding compared to other parts of Toronto and the province. - Another participant said she finally got services after waiting so long and when she didn't need them anymore. - The group supported that the LHIN will try to help fix the CCAC but were not confident it can be fixed without a lot more funding. - The group supported the LHIN's work to improve quality and that it should start with the CCAC.

	▪ **Primary Care** - This group was supportive of the LHIN's intention to improve access to primary care. - A number of participants talked about their experiences trying to get appointments with their doctors, how long they have to wait, and then when they see their doctor how the doctor rushes them in and out of the office seeing only one issue in five minutes. ▪ **Quality** - The group were supportive of the LHIN's direction to improve quality and value. - One participant wanted assurances that this work would not be too much and take staff away from providing care. ▪ **Social isolation** - One participant talked very passionately about the large number of seniors in the neighbourhood who are living by themselves, never leave their apartments, don't know how to get services and therefore are deteriorating when they could be supported by programs like the Rexdale CHC's seniors program. - She said it isn't just that there are not enough services but also that people don't know about these services especially when they are all by themselves and just stay at home getting worse. ▪ **Other "health care"** - A number of participants expressed their concern that they need to pay for many health care services and that they cannot afford them – the list mentioned included glasses, the dentist, foot care, canes and walkers, eye lenses and physiotherapy. ▪ **Summary** - The group expressed their strong support for the direction and initiatives being taken by the LHIN focused on seniors, particularly home care reform, dementia, and palliative care services.

	- The group supported the LHIN's efforts to improve communication and coordination, and improve quality and value. - The group expresses their appreciation that the LHIN came out to listen to them. - Members of the group said they understood that there is a lot of work that needs to be done and hoped the LHIN could do many of the things it says it wants to do.
Friends & Advocates Peel Date: September 8, 2015 Location: Friends & Advocates Peel Participants: 7 LHIN Staff: – David Colgan, Sr. Dir. Health System Integration	**David Colgan did a short presentation about mental health and addiction services within the LHIN and its place in the development of the fourth integrated health Service Plan.** **What we hear we've got:** - some pretty good services, including some specialized services - if you are "in" the system you can get many services you need - we do okay with what we have - services try to collaborate. **What's working best for you?** - there are services in the community - lot more local support than there used to be - providers are getting better at catering certain services to different cultures - when housing is available it works well and supports the client well - Brampton Civic services seem to be working well so when you need to see someone there is someone to see - short-term case management to support people out of the hospital is working - social rehab programs are building skills for clients that will be valuable in their recovery, improving communication skills and relieving anxiety. **The problems we're hearing about:** - growing demand for services - wait too long to get services - there are gaps in services - services don't always work together

	- need to go outside the LHIN for some services - having to go to hospital Emergency Department repeatedly - hard to see a psychiatrist - services can be hard to get to - services need to recognize language and culture. **What's are the biggest problems?** - transportation to get to services and between services - the lack of knowledge many people have about what services are available - having to deal with stigma - it's hard to find a psychiatrist and if you have one hard to get a timely appointment (when you need it) - consumers want services to be better coordinated – they want providers to be working together – they shouldn't be the "glue" that holds their services together - there are gaps in age specific services - services should be developed differently for people who have been in the "system" for a long time from services for those who are new to the "system" – they have different experiences and different needs - still need to go to Toronto (CAMH) for some specialized services and it can take a long time to get them and it is difficult to get there - housing, housing, housing - reliance on medication rather than human contact to deal with issues. **Some ways we're trying to make things better:** - more case management - more supportive housing for mental health and addictions - more social rehabilitation/recreation - more family support - improving crisis services - improving access to right services by developing "system access / referral model".

	What do you think is the most important thing we can do to make things better? - housing, housing, housing - short-term case management for those coming out of hospital - build the system access model - getting information out to people about the services and how to access them so they can get help - social rehab really works. **Other comments** - there are uninsured people who need services - not everyone has benefits that help pay for things, like medications - need to educate people what consent means in the context of consent being needed to help clients - how do clients remain autonomous while the system ensures that any accountability requirements can be met - there needs to be a basic package of services for anyone leaving the hospital – from transportation, to information, to basic support until they can back on their feet - the LHIN and providers have to engage with the homeless and the truly desperate to get their stories and perspectives if they are to be helped.
Caledon Community Services – Seniors Services Date: September 14, 2015 Location: The Exchange Participants: 30 LHIN Staff: - David Colgan, Sr. Dir. Health System Integration - Tom Miller, Dir. Communications & Community Engagement	**David Colgan presented a slideshow about the development of IHSP4, strategic direction and action areas.** The group seemed supportive of the LHIN's directions and initiatives and the following issues were raised and discussed. ▪ **Care Plans / Preventative Care** - A participant asked about what is being done if you are not ill – how is the planning taking into account the need for prevention. ▪ **Transportation** - Transportation is a health care service when you become older and frail.

	- Difficult for many people to get out of their homes, which has an impact on the social determinants of health. - In the winter it becomes even more of an issue. - Rules on transportation seem prohibitive/ constraining … shopping cart and bag restrictions on the bus ▪ **Transitions / Enabling Technology** - A participant questioned why patients need paperwork in their hands when moving from the hospital in order to receive post-operative care or in getting tests because sometimes they are not given the paperwork and sometimes they might not keep it – why can't this be done electronically ▪ **Wait Times for Long-Term Care** - One participant said that 3 years is too long to wait to get a Long-Term Care placement in Bolton. - There needs to be a faster process and maybe this means there are not enough LTC beds in the community. ▪ **CCAC services** - One participant said that when she moved from Toronto to Caledon she no longer was eligible for the same CCAC services she got before and no one would or could explain why. - She said PSW services vary depending on which CCAC area you live in. - Others said that that CCAC services also vary within the Central West CCAC area, complaining about very little CCAC services on the west side of Hwy 10. - There was a more general discussion about participants not knowing what services they are eligible for and why some people get some services and others do not. ▪ **Funding** - One participant wanted to know whether the LHIN will be adding staff to do all this work and whether all this work has been costed out so the group would know how much added services in the LHIN's priorities would cost.

	▪ **Accountability** - One participant wanted to see the LHIN's organizational chart and operations plan to see who will be responsible /accountable for all this work and its outcomes.
Dufferin County Community Support Services – Seniors Date: September 17, 2015 Location: Mel Lloyd Ctr. Participants: 24 LHIN Staff: - David Colgan, Sr. Dir. Health System Integration - Tom Miller, Dir. Communications & Community Engagement	**David Colgan presented a slideshow about the development of IHSP4, strategic direction and action areas.** The group seemed supportive of the LHIN's directions and initiatives and the following issues were raised and discussed. ▪ **Quality** - One participant welcomed the work the LHIN was doing to improve quality and having provider organizations accredited. - She did wonder why it takes so long. ▪ **Long-Term Care Home Renewal** - The same participant also welcomed the government's initiative to replace old Long-Term Care homes but asked why this work took so long. ▪ **Medically Complex and Frail** - The group agreed that focusing on the medically complex and frail is a good idea because these people need services. - But they argued that the more healthy also need services to make sure they don't become medically complex and frail. - The group agreed that programs like the adult day program operated by Dufferin County Community Support Services are the types of services that seniors need and that the program they attend is "really tremendous" and keeping them as healthy as they can be and in their homes. - A couple participants pointed out how much programs like this help not only them but also their family members (care-givers) who can then better manage taking care of them. - Participants agreed that if you are in the program you are lucky and expressed their concern about the 30 people on the waiting list and that the program needs to expand for these people as well.

	▪ **Central West CCAC** - One participant indicated that she was surprised that the CCAC does not put in place the services her doctor said they should. - A number of participants said they were not satisfied with the absence of service from the CCAC. - They were concerned that services do not seem to be able to keep up with growth in demand for services. ▪ **Transportation** - One resident characterized herself as being "stuck in this town". - She said that there are transportation services to get to doctors' appointments or programs at the Mel Lloyd Centre but not to go to the city to see plays and baseball games and do shopping. - She said that this is important because this also has an impact on her health. - Another participant pointed out that this is part of living in a smaller community where there is no public transportation.
Bramalea Community Health Centre / Wellfort Community Health Services Date: October 7, 2015 Location: Wellfort Community Health Services Participants: 22 LHIN Staff: - David Colgan, Sr. Dir. Health System Integration	**David Colgan presented the slideshow about the development of IHSP 4 strategic direction and actions.** The group seemed supportive of the LHIN's directions and initiatives and the following issues were raised and discussed. ▪ **Services for Seniors** - Participants spoke to the population growing older and challenges being faced by an increasing number of seniors accessing health care services. - Participants spoke to their sense that Bramalea Community Health Centre is a great example of how services can be provided to seniors – many needed services all provided in one location by staff who take the time to talk to you, get to know you and then help you with all your issues not "just one at a time". - The group seemed to appreciate the LHIN's focus on building "integrated networks of services". - Participants expressed their concern that there are other services they need but that cost them money they do not

	always have – dental services, physiotherapy and the annual $100 deductible for prescriptions. - Bramalea CHC staff at the meeting informed the group that physio is provided at the CHC. ▪ **Primary Care** - It was not clear that all participants were clients of the Bramalea CHC. - Some participants expressed their concern that those who are clients of the CHC have good access to family doctors and to a great amount of services, but if you were not a client of the CHC then you can have many challenges getting health services you need. - There was discussion about the development of the Community Health Centre satellite in Malton and whether there should be another satellite being planned for the west end of Brampton. - A number of participants shared their experiences with walk-in clinics – that they do not have records of your health, previous care and prescriptions. ▪ **Palliative Care** - Participants reacted favourably to the presentation and the LHIN's focus on improving access to palliative care so that people have a choice about where and how they experience their end-of-life. - The group agreed that there needs to be more education about palliative care so people know what the options are. ▪ **Emergency Department Wait Times** - Participants expressed concerns about long wait times in hospital emergency departments. - There was discussion about how emergency department "triaging" works. - The group agreed that there needs to be more education about when people should use emergency departments, and more generally about information being available for the public about what services are available in Brampton (a quick discussion about 211 seemed to be appreciated). - This led to a discussion about whether the new Peel Memorial Centre will reduce emergency department wait times at Brampton Civic Hospital and eventually have

	hospital beds, or whether there should be another full service hospital in Brampton in the future. ▪ **Home Care Services** - One participant expressed her concern about funding for CCAC services because you cannot get services today from the CCAC that you could get a few years ago, so people are having trouble managing at home. - This led to a discussion about whether Brampton is getting its fair share of funding from the province for the CCAC because the population is growing fast in Brampton as is the number of seniors. ▪ **Quality / Accountability** - One participant liked the idea that the LHIN is focusing on quality and requiring each of the provider organizations to be accredited and that the LHIN holds each provider organization accountable for its funding and services.