

IHSP 2016 -19 Community Engagement Process and Outcomes

Overall Approach to Community Engagement

The South West LHIN Community Engagement Framework, introduced in our first IHSP and available on our website, shares our goals and guiding principles for community engagement as an approach to develop meaningful conversations with our partners. The ideas and principles outlined in the Community Engagement Framework provide the foundation for more detailed strategies and plans to ensure active participation in every aspect of our work in the community.

Our Goals and Guiding Principles

The South West LHIN's commitment to building and maintaining a vibrant dialogue with our partners is demonstrated by our four goals of community engagement:

Goals

- **Focus on the people who use health care** – We will work in partnership to build a system that places the consumer at the centre and engage with those who are most knowledgeable about their needs, experience and satisfaction with health care services.
- **Enhance local accountability** – We will enhance accountability by providing opportunities for input into decision-making and fostering a sense of mutual responsibility for achieving goals.
- **Balance priorities** – We will work to ensure that the full diversity of voices in the community are heard and to build a shared sense of responsibility for achieving balance among competing priorities.
- **Develop system capacity and sustainability** – We will draw on the knowledge and capacity of our partners to identify needs and to help build sustainable, long-term local solutions.

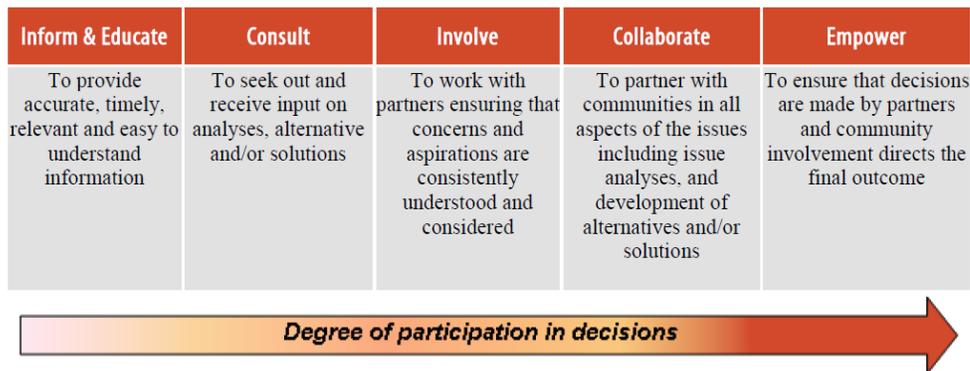
Principles of Engagement

- **Shared Vision** – We will work with the community to develop and implement plans that are person-centred, focusing on population health and consistent with legislative and regulatory requirements.
- **Mutual Respect** – We will build relationships and engage our communities using methods appropriate to the groups that we are working with and the objective that we are trying to achieve. We will be respectful and inclusive of all our partners.
- **Accountability** – We will establish a community engagement approach that enables timely and meaningful dialogue and through evaluation we will ensure that our community engagement efforts are meeting established objectives.
- **Transparency** – We will utilize an open process clearly stating the purpose, goals, objectives, expectations and the manner in which engagement activities will influence decision-making within the South West LHIN.
- **Commitment** – We will work with our partners to achieve a person-centred, sustainable health care system.

Integrating a Full Spectrum of Engagement Techniques

For the development of this Integrated Health Service Plan (IHSP), we have used a continuum of community engagement methodologies. We acknowledge that our partners have many demands on their time and tailored our engagement activities to ensure the relevance to those involved. We chose techniques based on the level of engagement appropriate to our specific objectives or goals – from simple information sharing to more active participation.

The figure below shows the relationship between the levels of engagement and illustrates that the more complex the issue and the greater need for community involvement in decision-making, the more multi-faceted the engagement activities become. In each case, our engagement activities had a different objective or goal.



Community Engagement – IHSP 2016-2019

Our communication and community engagement plan for this IHSP focused on leveraging opportunities to build relationships with our audiences. Throughout early 2015 we engaged with our health service providers, their governors, people using the health care system and the general public. In addition to IHSP specific engagements, the LHIN also utilized recent experienced-based design interviews with people who have used the health system to further enhance the patient/client voice.

Engagement planning involved the Health System Leadership Council and Board to Board reference group to evolve and validate our recommended process. Feedback from these groups helped shape the communication and community engagement strategy. During the summer, stakeholder groups were engaged through a variety of methods including workshops, focus groups, targeted engagements, webinars, and an online survey to inform and validate our draft IHSP plan. The wealth of information received during these engagements helped refine and improve our plan.

Audience	Engagement Method	Communication
People who use the health care system	<ul style="list-style-type: none"> 7 focus groups with people who use the health care system Review of Experience-Based Design work conducted by various programs across the LHIN 	<ul style="list-style-type: none"> South West LHIN website – information continually updated Social Media
Health Service	<ul style="list-style-type: none"> 2 Webinars 	<ul style="list-style-type: none"> South West LHIN website – information continually

Provider	<ul style="list-style-type: none"> • On-line survey • 8 Network/advisory groups engagement Sessions • 8 face-to-face and 1 telephone Governor/Leadership/ public engagement session 	<ul style="list-style-type: none"> • updated • Social Media
Health service provider governors	<ul style="list-style-type: none"> • 8 face-to-face and 1 telephone Governor/Leadership/ public engagement session 	<ul style="list-style-type: none"> • South West LHIN website – information continually updated • Social Media
Public	<ul style="list-style-type: none"> • 8 face-to-face and 1 telephone Governor/Leadership/ public engagement session 	<ul style="list-style-type: none"> • South West LHIN website – information continually updated • Social Media

Engaging with people who use the health care system

In order to understand what the experience of care is like for people who use the system, the LHIN and local HSPs have been gathering stories of experience of care over the past several years from individuals and their care providers. We reviewed stories linked to Access to Care, Health Links, Hospice Palliative Care as well as stories from Francophone, Aboriginal people and persons with special needs.

In addition to these stories, the LHIN met with 7 user groups, to gather their stories and thoughts about their experience of care. They included:

- Consumer Council at Cheshire – Community Support Services
- Activity Council at London InterCommunity Health Centre
- Parkinson’s Support Group in Tillsonburg
- Diabetes Education Group at Central Community Health Centre
- Family Council at Meaford Long-Term Care Centre
- Residents Council at Craigwiell Gardens Long-Term Care Home
- South Western Alliance Network - Mental Health and Addictions
- Francophone group - members from the Table de concertation francophone de London provided personal accounts of using the health system

The discussions centred on the following questions:

- Do you feel that you receive high quality health care?
- Are you able to contact/see your health care providers when you need them?
- Do your care providers work well together, are they all always up to date?
- Do you feel the health system is helping you stay healthy/maintain your health?
- Do you think the same quality of care will be here for your children and your grandchildren? Why or Why not?
- Do you feel you get the same access and quality of care as everyone else?

What did we hear?

The insights and concerns that were heard at the focus groups and in the experienced based design work were analyzed for trends and themes. The table below summarizes what we heard from the people we talked to.

Our system provides quality care – let's not lose that

Once people are linked up with the right care, they are generally pleased with the quality. However, a constant change in who is providing care and what care can be provided is frustrating for people and their caregivers. Not knowing who will be coming into their homes on any given day, how many hours/minutes of care is now allowed for a given situation and cycling through case managers reduces people's confidence in the system.

People who are accessing services with wrap-around care, or are receiving multidisciplinary care or have access to services that help them navigate the system say that they are getting the support and respect they deserve.

Respect Me

People want to be treated with respect no matter what their life circumstance. They want to understand and be actively involved in discussions and decision making. To do this, individuals need clear information in a quantity and format that they will be able to understand. They want their wishes/needs to be listened to and acted upon. They want to be kept informed about their health conditions and the care/treatment options that are being recommended. People want to know that their wishes and concerns have been heard and will be acted upon.

Provide me with the best care no matter who I am

People feel that who you are and where you live affect the health care you receive. People struggling with mental health and substance abuse issues and people from Aboriginal communities feel stigmatized by the system and feel they do not receive the same quality of care or understanding of their circumstance compared to others. People in rural and small communities feel their care options are much more limited than those in larger centres and that transportation options to get to better care are limited and expensive. Eligibility criteria for different programs and services do not have the flexibility needed to provide equitable, appropriate care and may unintentionally exclude people from vulnerable populations.

Members of the Francophone community identified that they have very limited access to health care services in French even though our LHIN has London as a designated area under the French Languages Services Act. Francophone people are not being offered service in French by health service providers. French speaking clients don't want to ask for French language services because they worry about waiting longer (lack of service available) or are ashamed. Some of the francophone population are not even aware they have the right to receive services in French. In times of stress, such as during an acute health incident or moving into a long-term care home, the need for care in the appropriate language is even more important. Health deteriorates if people cannot understand their care provider or cannot express their own needs to the providers.

Recognize the increasing role family and friends play in health care and the risk to caregiver health

People want to care for their family and close friends for as long as possible. They want to keep their loved ones at home as long as possible but need support. People felt that family and friends are having to become increasingly involved in providing health care for loved ones. They can become exhausted and frustrated with the system and feel guilty when they are unable to provide care. They are reluctant to ask for help because they fear loss of autonomy.

Navigating the system is getting really difficult

The system is complex, disjointed and forever changing. When HSPs work well together, people have positive experiences with the system. Many people felt that there is a great lack of communication between providers. People noted that transitions can be slow, leaving people in inappropriate care facilities waiting for the right care to be set up either at home or at another facility.

People find it challenging to understand our complex health care system and difficult to access the providers who can help them. Having a formal or informal system navigator to find and coordinate care is seen as essential when health care needs become more complex. If the navigator is a family member(s), this can lead to burnout and frustration for the caregiver. The more vulnerable a person or population is, the more challenging it is to navigate the system.

The Health System is being stretched to its limits

People are not sure if the healthcare system can sustain itself. They feel that health care workers in our hospitals and communities are having to accomplish more and have less time to do it. They feel providers are already at capacity. Eligibility criteria are getting more stringent and wait times seem to keep growing. People were concerned that they were not aware of or didn't understand which services are publically funded and which ones they had to pay for themselves.

Engaging with Health Service Providers

HSP Webcast and Survey

On April 29th and May 1st, 2015, the LHIN conducted two webcasts for all Health Service Provider (HSP) leaders as well as partner organizations with 107 participants in total. The webcast outlined the IHSP planning process to date and core elements of the IHSP as well as shared draft documents containing a system view and the key areas of work that the South West LHIN plans to focus on for the 2016-19 IHSP.

Following the webcasts, a survey was sent to all LHIN funded HSPs and partners to gather more detailed feedback. Response to the survey was relatively low with 38 individuals responding. The LHIN collated and shared the responses with the co-chairs of each of our sectors so that they could review, share and provide any additional feedback regarding their sector's perspective of the draft content. Summarizing the responses was challenging due to the low response rate. Of the responses received, there was consistent support related to the draft documents. Respondents did not feel the documents were missing critical information and most found the flow of the information easy to follow. The survey has provided feedback that has been used to reconsider, strengthen and clarify priorities for the 2016-19 IHSP and their corresponding initiatives.

Network/advisory groups Engagement Sessions

The draft IHSP documents were also shared and discussed with a variety of networks and advisory groups to gather feedback on the IHSP priorities impacting each group. Specifically they were asked if they felt the IHSP priorities and initiatives/projects relevant to their group's work fit into the larger system goals that were presented to them. We wanted to know what was not clear and what could be strengthened within these priorities and initiatives/projects.

Groups that were engaged:
✓ South West Hospice Palliative Care Network
✓ Health Links Leadership Collaborative
✓ LHIN Quality Advisory Committee
✓ Behaviour Supports Ontario Steering Committee
✓ Rehabilitative Care Committee
✓ Hospital CEO/CCAC Leadership Forum
✓ LHIN Primary Care Co-Leads
✓ Table de concertation francophone de London et les environs (Francophone networking group)
✓ Erie St-Clair/South West French Health Planning Entity
✓ Aboriginal Health Advisory Committee

What did we hear?

Much of the feedback received from the Networks/Advisory Groups was specific to questions about and changes to sector specific initiatives and projects. Initiative/project specific changes are reflected in the Priorities of this IHSP. Feedback in respect to the system level draft ISHP documents from network/advisory group members was quite similar to what we learned from our discussions with people who use the health care system. Below are themes that were heard from more than one group and influenced final changes to the IHSP document:

Strengthen health equity

- Health equity is much more than an enabler. Language around health equity needs to be stronger
- Need to be looking at the barriers to access as part of health equity
- The challenge will be how to measure improvements to health equity
- Aboriginal communities are disproportionately impacted by the determinants of health and need to be considered when looking at inequities in health care.

Respect individuals using the system no matter who they are

- Need to enhance language around vulnerable, marginalized, and Aboriginal populations
- Need to address the impact new and increasing immigrant populations will have on both how we provide service and the costs of services.
- Some language is not understood. e.g. "culturally safe" was not understood by all audiences
- Need to bring greater focus to the patient voice/patient experience to make this resonate with specific populations in the community. Other's thought the focus on person experience was good

Focus on system coordination: the system is complex and disjointed, programs and services need to be more coordinated

- The health system does not do a good job with transitions – these are vulnerable points for people. The IHSP needs to show that there is integration/good transitions between community and hospital, standardization of processes/models of care essential
- Sector language in documents does not reflect the way work is accomplished; need to look at systems not sectors in the IHSP; consider grouping initiatives to show how “this happens to the person” (this was a very common theme in the responses)
- Need to be mindful of the consequences/impacts to individual services/programs when work crosses multiple sectors/services
- Within the actually IHSP – need standardization of language, and presentation of priorities
- There needs to be an education piece – people and providers need to have information and education to support best use of services
- Ensure the plan focuses on both institutional and community care
- Do some mental health issues actually need to be considered chronic conditions?

Improve capacity/sustainability: the system is being stretched to its limits

- System capacity planning seems to be missing from the plan
- Can we accomplish everything in this plan?
- Many metrics are provincial level. We need measures that are at both the system and program level to ensure we are improving in our LHIN
- Does not have a strong enough focus on prevention or quality of life – may need some definition in this area

Embed a culture of quality improvement in the IHSP and the specific areas of focus

- Patient experience needs to drive quality; continue to follow the patients along their journeys and continue to gather their stories
- Quality improvement initiatives such as quality based procedures/care pathways will need to be cross sectorial
- IHSP needs to show how it will support quality improvement and accompanying knowledge transfer

Specific Feedback from Francophone and Aboriginal Engagements

1. Feedback from Erie St. Clair/South West French Language Health Planning Entity and La table de concertation de London et les environs (francophone networking group)

The Ministry of Health and Long-Term Care and LHINs are required to provide French speaking residents with reasonable access to health services in their own language. Across Ontario, there are 25 designated areas for French language services. In the South West LHIN, the city of London is a designated area and 7 health service providers¹ are identified to provide services in French.

Engagement with the Erie St. Clair/South West French Language Health Planning Entity and La Table de concertation de London et les environs provided rich information in respect to services provided to the Francophone population.

¹ Addiction Services Thames valley, Canadian Mental Health Association, London Health Sciences, London InterCommunity Health Centre, Mission Services, St. Joseph’s Health Centre, South West CCAC

The Table and the Entity identified that the health system is complicated enough for people whose first language is English, so accessing and navigating it is even more difficult for Francophone people. There is a need for collaboration between identified health service providers and Francophone communities both within and between LHINs to develop and implement French language services. There are existing resources and experiences that our LHIN can learn from.

The lack of quality data on the francophone population is a barrier to understanding which services are accessed, and which ones are needed by Francophone people and if not available in French how were francophone needs taken care of? In addition, there is lack of understanding of how language and culture impact health outcomes for this population. Language and cultural competency training is needed to move towards quality, safe and equitable care of the LHIN's Francophone population.

2. Feedback from the South West LHIN Aboriginal Health Advisory Committee

Aboriginal populations (First Nations, Inuit and Métis) experience disproportionate challenges with access to and quality of health care. Two areas of great concern for the Advisory Committee were suicide in their communities and the increasing availability of and hence addiction to strong prescription drugs.

The Advisory Committee felt that when a suicide occurs, there is a predictable increase in violence and addiction in the affected community. A wave of fear, hopelessness and distrust follows a suicide. There is a need to coordinate Aboriginal mental health services and training with mainstream mental health services especially in respect to responding to and preventing mental health and addictions crises in these community. We need the capacity to provide services to communities beyond the one where tragedy occurs. Increasing culturally safe primary care services such as traditional healers and navigators will also help to support people and their caregivers during times of crisis.

Addiction services for Aboriginal populations need to continue to grow and evolve to proactive, supportive culturally safe models that support individuals through their journey of addiction and recovery.

Health Service Provider Governors/leaders and public face-to-face engagements

In June and July, the LHIN conducted 8 face to face sessions across the geography and one telephone town hall to receive feedback on the draft IHSP documents from health service provider governors, leaders and the public on the areas of focus of the IHSP. The purpose of the sessions was to:

- Create a shared understanding of IHSP 2016-19 system view and areas of focus
- Provide an opportunity for governors/leaders and members of the public to dialogue with LHIN representatives
- Gain insight as to how the changes be considered in the draft documents may impact organizations (staff, leaders and governors) and the people they serve
- Identify what needs to occur at a leadership and governance level to make the changes we desire to improve health outcomes, experience of care and value for money for the people you serve in your geography

Location	HSP Governors	HSP Staff	Public	Municipal Reps	MPPs	Total
Komoka	7	10	1	3	0	21
St. Thomas	11	14	2	4	0	31
Woodstock	4	16	4	0	0	24
Owen Sound	15	17	1	6	0	39
Kincardine	8	6	0	4	1	19
London	14	23	6	2	1	46
Mitchell	17	17	11	1	1	47
Clinton	15	9	18	8	1	51
Total	91	112	43	28	4	278

Participant evaluation of the sessions was positive (77% response rate)

- 96% felt the information shared was Good/Excellent
- 94% felt the format of the session was Good/Excellent
- 94% felt their overall satisfaction for the session was Good/Excellent
- 87% learned something new
- 9% felt they had an opportunity to ask questions and discuss important issues.
- 94% felt their time was well spent

Participants were asked to pick an area of focus (known as Priorities in the final documents) and discussed the follow questions

- What did they see as improvement opportunities within the areas of focus;
- How could organizations contribute to support the IHSP strategies and initiatives;
- What might organizations need to do differently and what things may get in the way;
- How might anticipated changes impact individuals and families, communities, and organizations; and
- What will they, as leaders needed to do differently to make the desired changes?

The areas of focus that were most frequently chosen for discussion were mental health and addictions, home and community care and Behavioural Supports Ontario.

What were the themes we heard from Leaders and Governors and the public at these sessions?

Again, themes revolved around the need for person-centred care, increased coordination and standardization of programs and services as well as the need to educate providers and the public about programs and services available and how to access them. In addition, participants identified that there are real opportunities to improve care and services by leveraging e-health technologies.

The governors believe that before we can move to a truly coordinated, standardized patient-centred health care system, there will need to be greater trust and interaction/collaboration between the leadership and governors of different health care providers. "Letting go of turf" was a common theme. There is still fear that greater collaboration and coordination of services could result in a loss of identity for service providers. They felt that the best way to develop more trusting relationships that will result in an improved health care system is to always put the person using the system as the focus of discussions.

Below are examples of comments from the sessions:

- It is essential that patient/client/resident stories become critical inputs to how to improve the experiences of care
- Be sure the patient is always informed and at the centre of decisions
- Organizations need to be more outwardly facing to better support how their client is interacting with all the health service providers involved in their care
- Health Service Providers see the need to be coordinated, integrated and connected to better service their shared client
- For best client outcomes, leaders need to provide environments that encourage collaboration and reduce duplication
- Organizations need to better support the client during transitions of care
- Both providers and the people who use our health care services need more education on the services that are available, how they can be accessed and how they are provided by other organizations
- Leaders and governors recognize that improved coordination requires improved trust and relationships and increased efforts to better leverage technology
- Providers need to share information and communicate. They need to know what other providers are doing within the system of care
- Leaders and governors also recognized that there is still work to be done to build trust among providers, organizations and services. "Letting go of turf and working collectively"