

# Central Community Support Services Network

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*Realizing our Potential ... Together*

*Our Strategic Plan*

**Supporting the Integrated Health Services Plan  
for the Central Local Health Integration Network**

*Caring Communities*

*Healthier People*

*Enabling Access to an Integrated System for Our Communities*

**2010-2013**

***In Canada, even hospitals agree that community care is the answer.***

*“An effective long-term home and community care system is the answer- only then will seniors discharged from hospitals and nursing homes be diverted from emergency departments”.*

*Tom Closson, President and CEO, Ontario Hospital Association,  
Atkinson Fellowship Series, Toronto Star, November 15, 2008*

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# Chapter 1: Introduction

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The Central CSS Network is positioned to be a leader in the Province of Ontario as we move forward to develop a strategic plan for the community support sector that promotes sector sustainability, positions us for future growth, and supports the priorities of our funders to address community needs. Our common goal is a successful and growing community support sector that effectively supports clients in the community within an integrated system of care. The importance of change management and relationship-building within the sector, with our healthcare partners and the community, cannot be under-estimated as we move forward. Given the recent economic climate and increasing costs in the healthcare system, we must ensure that we are giving the best value for money possible.

There is a strong foundation to build on. Each year, collectively, more than 50,000 clients and more than 1 million units of service across the full range of community support services are provided to seniors, people with disabilities and palliative clients in the Central LHIN by CSS providers. The Central LHIN provides approximately \$55 million base funding to the sector (which does not include the new investments made through Aging at Home initiatives).

Community support services (CSS) are a key component to the successful implementation of the provincial healthcare strategy and Integrated Health Service Plan for the Central Local Health Integration Network (Central LHIN). It is clear that there are a number of changes in the broader healthcare system that will have a significant impact on community support service providers. As we know, there is a clear priority on keeping emergency rooms and hospital patient beds clear of people who do not need to be there and on getting these patients back into the community setting as quickly as possible. There is growing evidence that an increased focus on long-term home care and home support services within a broader integrated system of care can be a cost-effective substitute for long-term facility care and acute care (Marcus J. Hollander et al, 2009). That is the primary focus where the community support services sector must consider the changes needed in their current delivery model to address this priority and build on the historical strength of the sector to adapt to changing needs in the community.

The Local Health System Integration Act provides for a new accountability relationship between the LHIN and the community support sector including a Service Accountability Agreement with each community support service provider. The Local Health Integration Network Act also provides the LHIN authority to facilitate the alignment of health services. The Central CSS Network will serve to promote this alignment through the development of a strategy for sector change that is targeted to positively impact client capacity, access, quality and outcomes, while at the same time supporting healthcare integration efforts.

In order to be ready to meet these changes, we need to have an agreed-upon strategy that is determined and supported by providers, and also by the Central LHIN, the Central Community Care Access Centre (Central CCAC) and other funding partners. We will need to work together to build on our strengths as experts in the field of community based care to respond to increasing demand. The sector will also have to provide leadership in some areas including: rationalization of some services and growth in others, improved access for clients and healthcare providers, and administrative efficiencies.

There are great opportunities for CSS providers to be a part of the transformation work and contribute significantly to progress on Ministry and LHIN priorities while serving more patients/clients and their families in need.

Change brings opportunities and change brings difficult decisions. A strategic plan outlines what requires focus in order to achieve change. A strategic plan outlines both growth and rationalization activity. The change that comes along with implementing a strategic plan is what is most difficult. Change requires new ways of thinking and interacting, it requires seeing possibilities amongst the roadblocks. It requires common goals and balancing organizational self-interest with the greater good on behalf of the communities and clients we serve.

## Strategic Plan Objectives

1. Develop a broad vision of how the CSS sector contributes to the health and well-being of our communities and how that vision aligns to the Central LHIN's integrated Health Services Plan and with the Ministry of Health and Long Term Care's strategic priorities.

2. Develop a realistic shared services infrastructure that promotes financial and operational efficiency for our member agencies and options regarding an improved service delivery model that promotes improved client care access and quality, and addresses both the capacity gaps and shifting target populations in the sector.
3. Prepare a transition plan that will support sector change as we move towards implementing the proposed vision, model and capacity building at the end of 2009/10.
4. Engage the CSS sector and key stakeholders in the development of the proposal to enhance support and reflect the change management, consensus building and communication efforts required for success.

## Leading with Purpose

The Central Community Support Services Network was established in November 2007. Within this two year period of significant change in the health care system, the sector has begun the critical work of developing a sense of collective purpose and building new partnerships as the foundation needed to guide innovation and change. This innovation and capacity building continues to be needed to support program delivery best practices and organizational efficiencies that matter to our clients, to individual providers and to our healthcare partners. The community support services sector is evolving and is working together to define its role within an integrated health system. Key accomplishments include:

- CSS providers have established many collaborative service delivery projects through Aging at Home expansion proposals with each other, the Central CCAC and hospital partners including but not limited to: Doorways to Care, Balance of Care, Home At Last, and many new program delivery partnerships
- Selection and progress towards implementing a shared integrated client database/business solution. Currently, 2 organizations are fully implemented, 3 in progress and 9 additional organizations that have formally expressed interest.
- Software solution developed for RAI-CHA assessment, care planning and management reporting within Goldcare database system providing for common client information across organizations and improved assessment practices. This is the first to be developed across the Province. 10 CSS providers have implemented the common assessment and there is a waiting list of 14 organizations wanting to join. A partnership was established with Central CCAC to develop comprehensive assessment and care planning training. The Provincial Community Care Information Management Assessment Project has recognized the Central CSS Network as an early adopter and the Central CSS Network will be represented on the Provincial Steering Committee. By the end of 2009-10, it is projected that assessment data will be available for more than 1,000 supportive housing and day program clients to better understand the needs and profile of these clients on a LHIN-wide basis.
- Service delivery best practice guidelines developed for day programs, transportation, homemaking, assisted living and meals on wheels (in progress). CSS providers complete a self-assessment to develop their own improvement plan and sector-wide improvement priorities are also identified and strategies developed. A Medication Management pilot initiative within day programs was established with Central CCAC as a result of the day program best practice review.
- Hands-on financial management support provided to assist CSS providers to convert to the new OHRIS/MIS reporting requirements and template developed to support agencies with analysis and benchmarking towards improved consistency in reporting.
- Standard Health and Safety, Community Worker Safety and WHMIS training has been developed with more than 575 staff enrolments to date. This was identified as a major risk concern for the sector through an earlier survey.
- Through the development of a human resources strategy, a major on-line resource for HR professionals was developed using sharepoint technology providing best practices, policies, and tools with emphasis on recruitment. Other resources developed to support recruitment include: Workopolis partnership, vulnerable sector screening partnership, legal services partnership, transportation driver orientation program, homemaking service orientation program, general volunteer/human resources orientation program. Supervisor training initiative in progress.

# Community Support Sector at-a-Glance

The community support sector is diverse in its organizational forms as a direct result of local grassroots developments and response to community needs. At the same time, there are common strategic themes that contribute to a sector-wide strategic approach.

## Defining the Community Support Sector as a Strategic Sector

<p><b>Sector Aspirational Mission</b></p> <p><i>Why we exist ...</i></p>	<p>To enhance the health and well being of our clients by helping them stay in their homes and communities for as long as possible through the provision of a set of targeted programs and services that reduce or delay the need for increased clinical or professional services from other healthcare providers.</p>
<p><b>Sector Vision</b></p> <p><i>What we want to be ...</i></p>	<p>The Central CSS sector will be recognized as an innovative community support service model in Ontario that effectively supports clients within an integrated system of care. The “wrap-around community service model” is considered core to staying connected with the local community.</p>
<p><b>Strategic Direction</b></p> <p><i>Where we need to go ...</i></p>	<p>Develop LHIN-funded programs to grow by offering a core basket of services to a defined target population that is affordable, convenient and meets a quality standard that exceeds stakeholder expectations supported by a strong network of providers.</p> <p>Limited health care resources will be targeted to improve health equity and support current IHSP planning priorities.</p> <p>The value proposition that the sector can offer includes: trusted, affordable, convenient, local grassroots presence, consistent service delivery, easy referral access, core basket of services available, simplicity, best practice adoption</p>
<p><b>Target Population</b></p> <p><i>Who we serve ....</i></p>	<p>Our target client is anyone who needs long-term support to live in the community or is at risk of unnecessary access for more costly health care services. Community support service providers serve clients across the continuum of care throughout their health life cycle:</p> <ol style="list-style-type: none"> <li>1. <i>Being Healthy:</i> Achieving health and preventing occurrence of injuries, illness, chronic conditions and resulting disabilities.</li> <li>2. <i>Getter Better:</i> Care related to acute illness or injury.</li> <li>3. <i>Living with Illness or Disability:</i> Care and support related to chronic or recurrent illness or disability.</li> <li>4. <i>End of Life:</i> Care and support that aims to relieve suffering and improve quality of living with or dying from advanced illness or bereavement.</li> </ol> <p>Adapted from: Health Quality Council of Alberta</p>

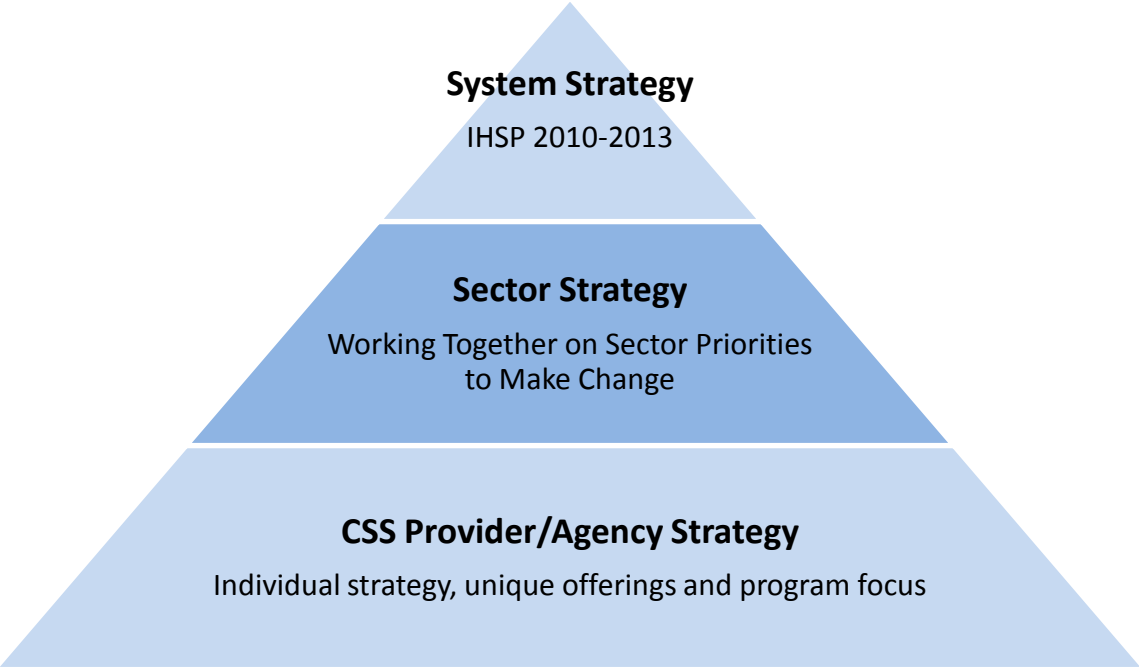
<p><b>Values</b></p> <p><i>What we believe in and how we will behave ...</i></p>	<p>We will establish a positive “open door” culture in our work together that includes:</p> <ul style="list-style-type: none"> <li>• Use the <b>client perspective</b> as our key lens for decision-making</li> <li>• Shift from individual organizational accomplishment to <b>group/sector accomplishment</b></li> <li>• Operate with <b>transparency</b> to members and others</li> <li>• Promote <b>peer collaboration and engagement</b></li> <li>• Work with a <b>sense of urgency</b> and focus on what is <b>added-value</b> to the sector</li> <li>• <b>Be inclusive</b> of all CSS agencies providing services in the Central LHIN and broader sector</li> <li>• <b>Act as a role model</b> including continuous improvement and good governance</li> <li>• Maximize use of <b>shared technology</b> to enable system level integration and <b>knowledge exchange</b></li> </ul>
<p><b>Sector Guiding Principles for Improved Credibility and Performance</b></p> <p><i>What will guide us ...</i></p>	<p><b>Primary Focus on Client Outcomes:</b> Changes must positively impact the health and well-being of our clients as evidenced through the collection and reporting of relevant health and performance outcomes. Adopt change based on evidence that it will improve targeted client outcomes over time, reduce client frustration and/or improve service quality, access, equity or capacity.</p> <p><b>Integration through Collaboration &amp; Partnering:</b> The sector will come together as a collaborative where it is important and practical to learn from, and work with others to effect broader healthcare system change and integration. There will be a need to recognize and balance the needs of the LHIN, CCAC, CSS providers in ours and other LHINs, MOHLTC, other funders, volunteers, employees. We are in the client, provider, funder and community relationship business.</p> <p><b>Enhance Sector Profile:</b> Optimize the contribution and recognition of the CSS sector by working in collaboration with each other and with key stakeholders. Build a collective vision, shared leadership and act with one voice in support of the communities we serve. Learn and interact with others; work to build sector credibility; reinforce importance within the integrated healthcare system; align with the IHSP2 strategies; use system-wide language</p> <p><b>System Sustainability:</b> The sector will work together to determine how best to focus resources and operate most efficiently and effectively to positively impact the provincial and LHIN goal of long term healthcare sustainability. This includes finding ways to use resources (money, people, time, talents, infrastructure) more efficiently to ensure services are available over time. This also includes enhancing the synergy between related initiatives, which involve the CSS sector, in order to improve efficiency and effectiveness of service delivery.</p>

# Chapter 2: Framework for Planning: The Information that Shaped our Planning Decisions

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The sector has examined, discussed and researched their directions for change through the lenses of the Ministry of Health and Long Term Care, Central LHIN, Central CCAC, individual agencies and the clients they serve and through the use of recent financial and statistical data collected from the sector. Surveys, focus groups and network meetings were used to gain input from CSS providers. Although we have not conducted any direct client research or identified specific client service gaps at this time, the Central LHIN’s updated Integrated Health Services Plan and Aging at Home strategy have identified planning priorities. Continued access to system level planning data from the Central LHIN will continue to inform and focus our efforts.

This is collaborative work that is critical to action planning following broad agreement on the strategic plan. In order to achieve the system strategy defined in the Integrated Health Services Plan, this strategy document provides further strategic direction at a sector level and also provides an important planning resource for the development of strategic plans by each CSS provider/agency.



## Alignment with the Integrated Health Services Plan

It is critical that the strategic plan be aligned with the directions set out in the Integrated Health Services Plan for the Central LHIN. The Integrated Health Services Plan for the Central LHIN has 4 priorities which inform the context for developing a strategic plan for the community support sector.

<b>Priority: Emergency Department and Alternate Level of Care</b>	
<b>IHSP Goals</b>	<b>Key Implications for Defining CSS Priorities</b>
<ul style="list-style-type: none"> <li>• <b>Reduce demand on emergency department services</b></li> <li>• <b>Increase capacity and improve emergency department performance</b></li> <li>• <b>Reduce length of stay in alternate level of care beds to improve access to hospital services</b></li> </ul>	<ul style="list-style-type: none"> <li>• Increased focus on targeting clients at risk of unnecessary ER visits and hospital admissions shifting to MAPLE Scores of 2+</li> <li>• Improved CCAC alignment and increased referral from CCAC for personal support and homemaking services as they shift their priority to complex client needs</li> <li>• Support Improved community-based care and best practices that deliver consistent, high-quality, client-centric services</li> <li>• Increased service capacity and easy access to support timely discharge from hospitals and Community Care Access Centres</li> <li>• Smoother transitions to the community after hospital discharge – seniors account for 88% of ALC waitlist.</li> <li>• Core services that will have greatest impact: assisted living, day program, personal support/homemaking, transportation, meals on wheels</li> <li>• Standardized assessment, care plans and referral relationships to avoid unnecessary hospitalization</li> <li>• Enhanced information technologies and decision support that provides timely data and analysis to demonstrate outcomes</li> <li>• Build information management capacity of the sector to provide a demographic profile of clients served and outcomes in order to improve targeted services and track sector impact on target populations</li> </ul>



## Priority: Chronic Disease Management and Prevention

IHSP Goals	Key Implications for Defining CSS Priorities
<ul style="list-style-type: none"> <li>• <b>Support MOHLTC rollout of the Ontario Diabetes Strategy</b></li> <li>• <b>Collaborate with the Ontario Renal Network</b></li> <li>• <b>Enhance self management supports for chronic disease</b></li> <li>• <b>Improve primary and secondary prevention of chronic disease</b></li> </ul>	<ul style="list-style-type: none"> <li>• Increased focus on early identification and targeted support to clients with chronic diseases</li> <li>• Integrating chronic disease/diabetes prevention and self-management best practices within assessment, care plans and service delivery practices</li> <li>• development of staff and volunteer skills to support identification and self-management strategies</li> <li>• Establishing appropriate linkages and service models to increase access to services</li> <li>• Increase client awareness and education</li> <li>• Best practices related to self-management and secondary prevention embedded in all programs</li> <li>• Appropriate knowledge, skills and supports for clients and families</li> <li>• Standard screening, assessment and referral to identify chronic diseases and management support needs</li> <li>• Supports for medication management</li> </ul>

## Priority: Mental Health and Addictions

IHSP Goals	Key Implications for Defining CSS Priorities
<ul style="list-style-type: none"> <li>• <b>Support the MOHLTC's mental health and addictions strategy</b></li> <li>• <b>Reduce gaps in service and improve linkages across the continuum of care</b></li> <li>• <b>Target mental health and addiction needs that impact access to emergency department and hospital services</b></li> <li>• <b>Promote awareness of diversity needs</b></li> <li>• <b>Improve data quality and analysis in the mental health and addictions sector</b></li> </ul>	<ul style="list-style-type: none"> <li>• Establishing appropriate linkages and service model partnerships with mental health and addiction service providers to support access to mental health and addictions services</li> <li>• Development of staff and volunteer skills to support identification and self-management strategies</li> <li>• Standard assessment and care plans to identify and support mental health and addictions support needs</li> </ul>

## Priority: Health Equity

IHSP Goals	Key Implications for Defining CSS Priorities
<ul style="list-style-type: none"> <li>• <b>Target investments in health care services in identified geographic areas to address health service inequities</b></li> <li>• <b>Improve access to diabetes care and primary care in these areas</b></li> <li>• <b>Engage the public and improve collaboration across sectors</b></li> <li>• <b>Identify and support Aboriginal engagement strategy</b></li> <li>• <b>Support French Language Services Engagement strategy</b></li> <li>• <b>Monitor the health status indicators in the identified geographic areas</b></li> </ul>	<ul style="list-style-type: none"> <li>• Direct efforts and investments to Increase the availability of programs and services to meet needs in targeted health equity communities to achieve more equitable access to CSS services</li> <li>• Increased cross-sector collaboration/service cluster partnerships to address needs of identified geographic areas</li> <li>• increased outreach and community engagement by agencies to target services in high need communities</li> <li>• Improve transportation access for at-risk populations</li> <li>• Expansion of prevention programs for at risk populations</li> <li>• Develop strategies to address access barriers including eligibility, wait times and fee structures across agencies offering similar programs</li> <li>• Standardize assessment and care plans to support program planning based on client population and individualized care planning</li> <li>• Information systems that support analysis of client outcomes and population health indicators</li> <li>• Rationalize territory and catchment areas for a seamless service delivery model for Central LHIN residents and improve integration with other healthcare providers</li> <li>• Improve data quality and decision support for understanding client needs and services in the targeted communities</li> </ul>

## **CSS Sector Situational Assessment**

The CSS sector is being challenged to keep pace with prevailing societal, demographic, and sector-wide integration forces that are markedly transforming the rest of the health care system. The explosive growth of medical knowledge, pharmaceuticals and technological advances, have drastically changed the treatment and management of illness or disability. The emphasis on quality, risk and safety including the ability to target and measure outcomes to make the best use of scarce health care resources is a driving force. Efforts to control rapidly rising health-care costs and improve outcomes concurrently, have led to the establishment of accountability agreements with performance targets and a move towards more integrated approaches to health care.

To complicate matters further, the CSS client population is living longer than ever before, similar to the rest of the population in general, which gives rise to an increased need for targeted long term community support services for the frail elderly and people aging with disabilities. Issues that impact service delivery for the sector's client population include: difficulty accessing services; fragmented services; poorly targeted to those most in need; overuse by some; irregular quality of care; and services too often perceived as unresponsive. The CSS sector, currently lacking a well-developed referral infrastructure for providing services that are complementary to the CCAC system, could position itself to be a strong contributor to an integrated system of care.

### ***External Pressures***

The CSS sector faces the prospect of losing clients and/or programs to the private sector. Historically, the CSS sector has provided an important community safety net for seniors and people living with disabilities because many of them have low incomes and lack alternate sources of community care. This safety net role could be in jeopardy with the expansion of private sector agencies and an increasing move towards procurement processes. To ensure the future strength of the community safety net and the value proposition that the CSS sector offers through its "wraparound service model" (including volunteer and donor contributions), the CSS sector leadership is required to assess an agency's ability to compete with private-sector organizations and each other. Despite a strong reputation for being responsive at a grassroots level in diverse communities, the CSS sector is perceived as not being able to respond to the current health system pressures as needed.

The CSS sector is also facing growing financial constraints. Although, at an individual agency level there is little excess infrastructure and many key areas are under-funded, the sector has resisted taking the step to achieve cost savings at a sector level. With the expectation that the Ministry of Health will freeze budgets in 2009/10, there is further financial pressure.

Finally, the CSS sector is often considered by the public and other health stakeholders as difficult to access. In addition, there is significant operational variation in how, what, when, and where services are provided including little consistency in fees for services. Agency leaders have resisted rationalizing eligibility and fee structures fearing that this could result in changes in demand for services, capacity to balance budgets and reduced competitive differentiation between agencies.

### ***Organizational Challenges***

The management systems and culture of agencies are deeply rooted in individualism and grassroots responsiveness which has built a strong community presence. At the same time, CSS providers can be restricted in their flexibility and innovation based partly on historical limitations from funders. With smaller organizations, the governance and management structures are limited with less differentiation between strategy and operations. The existing funding is based on historical costs and has not provided incentives for improved efficiency in the delivery of services.

As a not-for-profit corporation, CSS providers face several challenges that do not apply to private-sector organizations and/or health providers that are 100% funded by the Ministry of Health and Long Term Care including:

- It has to answer to a community-based Board of Directors which may be more committed to a broader community mandate and the survival of a local organization which now must be balanced with the challenge to make the shift to a health system stewardship model when it is not fully funded by the LHIN.
- It also has to contend with the priorities and expectations of multiple funders and community donors.
- It has been subject to a provincial health policy and funding context that has given higher priority to hospitals, CCACs and long term care where there is more financial pressure, client risk and public pressure to improve these systems.
- The CSS sector operates within a relatively rigid framework of complicated policies, practices and agreements relative to the amount of funding received and administrative capacity of organizations.
- There is pressure for performance stipulations to meet or exceed current volumes, at the same time complexities of client needs are increasing. Organizations require program changes and capacity development to meet changing community needs.

The direction for the CSS sector is at a crossroads as we consider it's future role and contribution to an integrated health care system. There is consensus that changes are necessary to secure its future, but there is little agreement about what those changes should be.

## **SWOT Analysis – Strengths, Weaknesses, Opportunities, Threats**

While we celebrate the past, we must also make the plans, ask the questions, and engage the sector to prepare for future growth and development. We need to work hard to find new and better ways of integrating services so that we can better serve our communities within available resources and effectively target new resource allocations for the best impact. The following SWOT analysis is compiled from key informant interviews, meeting discussions and key sector reports.

### ***Strengths***

- Grassroots, local community commitment and volunteer base
- Responsive to community needs and demonstrated leading practices that can build a comprehensive “wrap-around service model” at the local level that supports prevention and wellness
- Ability to attract other funding sources and co-payments
- Cost-effective and low cost to system for the social safety net and risk prevention the sector provides to vulnerable populations
- Ability to build on reputation of affordable & good quality services
- Sector leaders recognize forces of change and a response is required

### ***Weaknesses***

- service fragmentation and inconsistency
- Inadequate infrastructure to meet increasing accountability requirements
- Need for fundamental strategic restructuring after years of overlaying new initiatives on an old model
- Resistance to fundamental change at the leadership level – senior management and board of directors
- Historical financial and HR pressures in CSS organizations impact on quality and safety
- The sector is dependent on a PSW workforce that is underpaid and lacks a comprehensive training plan
- Erosion of infrastructure, core services and capacity to expand
- culture of trying to be “all things to all people”

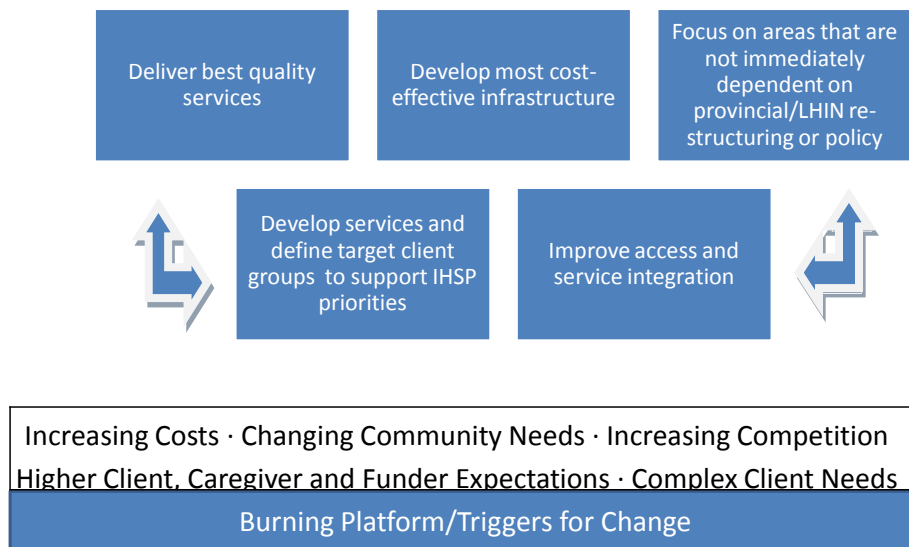
### **Threats**

- Economic pressures AND pressures for major health care reform peaking at same time
- Driving focus on ER/ALC as a problem with a community system that needs to get the right mix of capacities
- Growing competition including: shift to pay for performance, contracted services, private sector growth could result in consolidation and fewer players
- Increasing practice, performance standards and indicators with a shift to transparent reporting
- Potential for expansion of CCAC role and procurement process to include targeted CSS programs
- Demand for consistency and public confidence in community care system
- Demand for sustainable solutions to address key challenges: funding, capacity, health human resources
- LHIN Boards have legislated authority to issue Integration orders

### **Opportunities**

- Improving equitable access, safety and consistency of service delivery quality for clients
- benchmarking and transparency can drive performance improvement
- A balanced spirit of collaboration with a spirit of competition can push innovation
- Increased funding for self-managed progress and results - identify a few initiatives as quantum leap
- engage boards as change agents
- Double digit demand on CCAC personal support services will shift more clients to the CSS sector
- 1% of Ontario population uses 49% of health care costs – makes the case for targeted services
- 19% of hospital beds occupied by people who don't need them in Ontario
- Research evidence for integrated models is growing and consumers are increasingly demanding it
- Integrated Health Services Plan provides direction on goals and priorities for improved alignment
- Work on bringing together the CSS work in Central LHIN and Toronto Central so that the service delivery model makes sense for the communities served by both and we make best use of limited system resources.

## Critical Success Factors ... We Must



The burning platform simply defines the key issues that threaten the sector's success and can be used to build awareness for the case for change.

There are clear reasons and opportunities for change which will strengthen and improve our respective organizations. It is time to take the next step in integrative thinking and action together, so that the sector keeps pace with other partners in integrated healthcare delivery working quickly to adapt and respond to MOHLTC and LHIN strategic priorities.

## Chapter 3: Setting Sector Priorities and Goals

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In choosing the sector priorities, we focus on initiatives that promote increased sector integration and consistency, build partnerships, improve access and information, enhance capacity and contribute to broader healthcare system sustainability. The sector agrees upon a commitment to work together to support system integration and change initiatives. As such, partnerships within the sector and across the system will continue to be identified that have the greatest potential to positively impact the ability of people to return to the community, remain at home, or in the community with the right mix of and access to programs and services, that maintain their well being and quality of life.

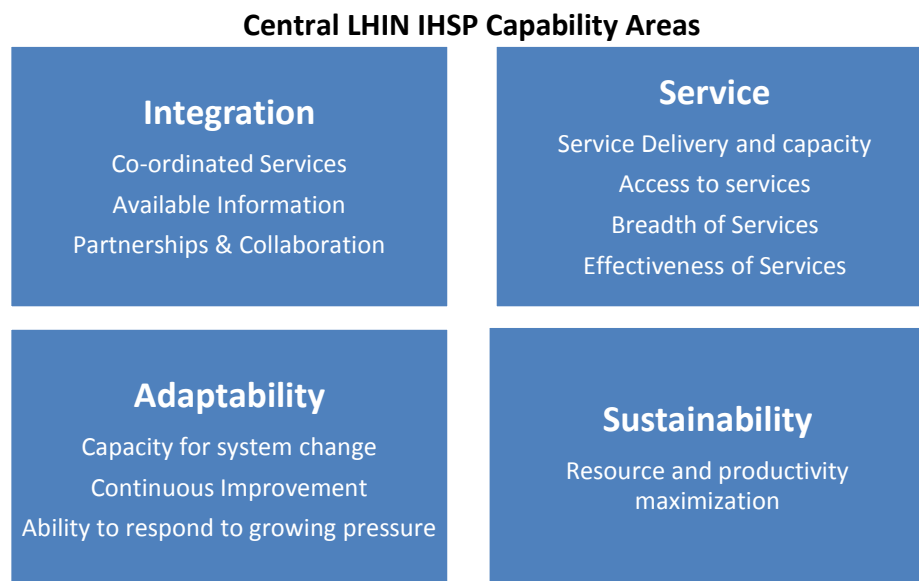
The sector will maintain a strong working relationship with the LHIN so that the work of the sector is informed and guided by LHIN policy and planning activity with a mutual understanding of challenges that must be overcome to achieve change.

The CSS and CCAC sectors must build a partnership and work together to meet the range of needs and demands for community healthcare from a seamless client perspective. As all good partnerships – the CSS Network must identify how it can help solve LHIN and CCAC problems to meet client needs and pose solutions in exchange for funding support.

Taking steps to bring together the CSS work in Central LHIN and Toronto Central is recommended so that the service delivery models make sense for the overlapping communities served and make best use of limited system resources. We can also learn from action taken in Mississauga Halton, Central West and other LHINs in close proximity to support change based on best agreed-upon practices in other jurisdictions.

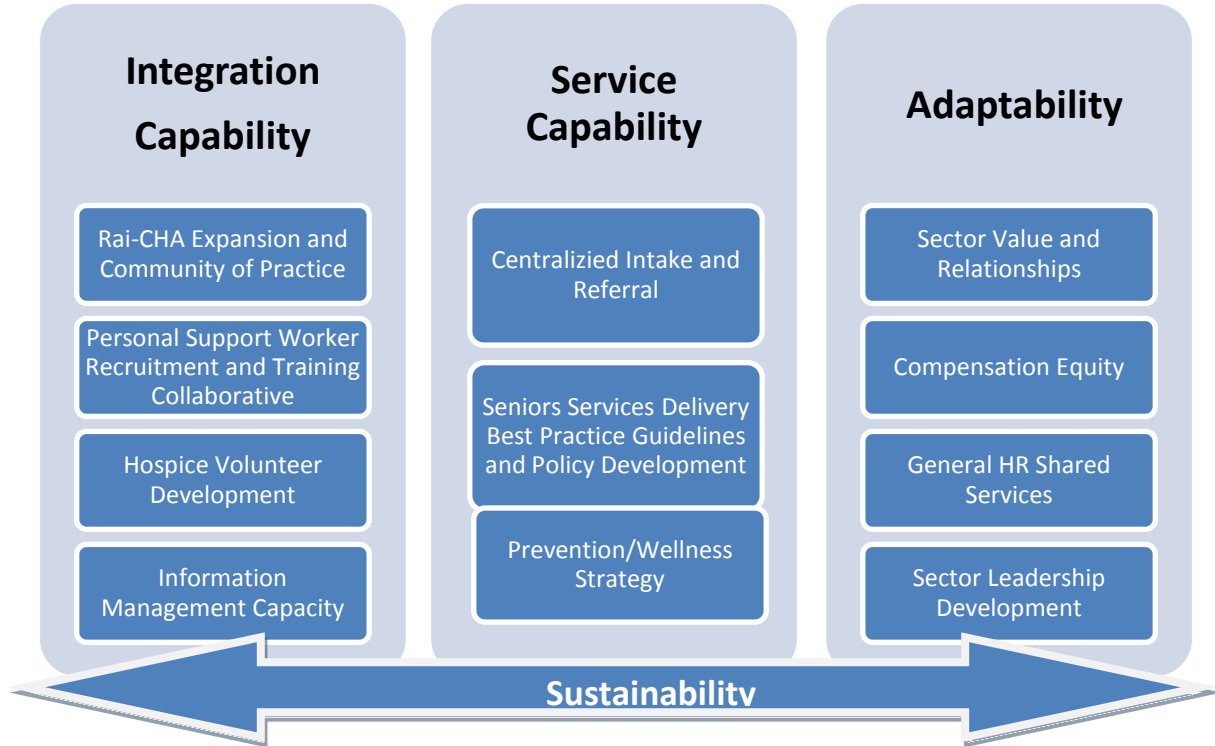
### Aligning Strategic Priorities with the Central LHIN IHSP Capability Areas

The sector can no longer view itself as many individual organizations with broad variation in practice. As we are early on the path towards integration, the sector priorities have been aligned to develop the sector's capability areas as identified in the IHSP Strategy Map.



The following chart identifies the CSS sector strategic priorities within each of the capability areas.

## Our Strategic Priorities by IHSP Capability Area



Sector Strategic Priorities also support the four planning priorities and enablers in the Integrated Health Services Plan for the Central LHIN as follows:

## Our Strategic Priorities by IHSP Planning Priority Areas and Key Enablers





# Strategic Directions by Capability Areas

As we look forward towards building our capabilities for integration, service and adaptability, the strategic directions defined as what we want to accomplish in each of the strategic priority areas will guide the further development of annual objectives and initiatives over the next three years.

## Strategic Directions for Building Integration Capability

Sector Priority	IHSP Alignment	What We Want to Accomplish in the Long-term
<b>RAI-CHA Expansion and Community of Practice</b>	<ul style="list-style-type: none"> <li>✓ Reduce ED/ALC</li> <li>✓ Chronic Disease Management &amp; Prevention</li> <li>✓ Mental Health &amp; Addictions</li> <li>✓ Health Equity</li> </ul> <p><b>Enablers</b></p> <ul style="list-style-type: none"> <li>✓ Decision Support</li> <li>✓ E-health</li> </ul>	<ul style="list-style-type: none"> <li>• Establish Rai-CHA assessment as standard practice in the seniors and disability sectors for assisted living, day programs, homemaking and personal support clients</li> <li>• Develop client screening that will identify appropriate need for RAI-CHA assessment of clients in other programs</li> <li>• Establish appropriate linkages with CCAC for shared clients</li> <li>• Improve understanding of the sector’s client profile, needs and outcomes as they relate to system priorities and support program planning</li> <li>• Further develop assessment practice and care planning competency to support clients with chronic disease, mental health and addictions and at-risk populations</li> </ul>
<b>Personal Support Worker Recruitment and Training Collaborative</b>	<ul style="list-style-type: none"> <li>✓ Reduce ED/ALC</li> <li>✓ Chronic Disease Management &amp; Prevention</li> <li>✓ Mental Health &amp; Addictions</li> <li>✓ Health Equity</li> </ul> <p><b>Enablers</b></p> <ul style="list-style-type: none"> <li>✓ Human Resources</li> </ul>	<ul style="list-style-type: none"> <li>• Build quality and capacity of the PSW workforce to reduce risk, improve public confidence &amp; outcomes</li> <li>• Ensure that there are sufficient numbers of personal support workers with the training, skills and aptitude to support the expanding needs for community care in the future</li> <li>• Establish common standards for recruiting, training, and performance management</li> <li>• Demonstrate the linkages between HR practices and service quality</li> <li>• Establish partnerships with specialty providers and other health care disciplines to provide training on needs of specialized target populations</li> <li>• Establish partnership strategy with educational institutions, PSNO and provincial, federal employment initiatives</li> <li>• Build relationships and support to move ahead on broader shared HR management services for interested organizations</li> </ul>

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<b>Hospice Volunteer Development</b>	✓ Reduce ED/ALC  <b>Enablers</b> ✓ Human Resources	<ul style="list-style-type: none"> <li>• Maximize the volunteer contribution to support people dying at home so that they do not require hospitalization</li> <li>• Re-develop hospice volunteer training to be more responsive to the current needs of volunteers and improve responsiveness to referrals</li> <li>• Establish volunteer co-ordination ratios to effectively support volunteers to meet needs of clients</li> </ul>
<b>Information Management Capacity</b>	✓ Reduce ED/ALC  <b>Enablers</b> ✓ E-health	<ul style="list-style-type: none"> <li>• Improve data quality and decision support to measure performance &amp; outcomes</li> <li>• Develop information systems and data standards to improve service access, co-ordination and performance benchmarking</li> <li>• Establish shared IT/IM back-office including purchasing, maintenance, training, for interested organizations</li> <li>• Maximize functionality of Rai-CHA module to support common client information</li> <li>• Complete Goldcare database implementation with interested organizations and establish ongoing management role to include data analysis and reporting</li> <li>• Improve performance/MIS data quality through benchmarking analysis and standardized interpretation of functional centres</li> <li>• Maintain centralized hosting of Goldcare and Sharepoint databases to support potential for continued development</li> </ul>

## Strategic Directions for Building Service Capability

Sector Priority	IHSP Alignment	What We Want to Accomplish in the Long-term
<b>Centralized Sector Intake &amp; Referral</b>	<ul style="list-style-type: none"> <li>✓ Reduce ED/ALC</li> </ul> <p><b>Enablers</b></p> <ul style="list-style-type: none"> <li>✓ e-Health</li> </ul>	<ul style="list-style-type: none"> <li>• Establish standard processes that Increase focus on client needs and risk identification including specialty needs</li> <li>• Re-position Doorways to Care, related initiatives and current intake resources to establish one-stop sector referral and make access easier for all, including health care providers.</li> <li>• Meet new referral demands from ED/ALC and shifting client referrals from CCAC for personal support/homemaking needs</li> <li>• Improve alignment with Central CCAC and Toronto Central CNAP initiative to reduce duplication of effort</li> <li>• Integrate Central LHIN transportation strategy as indicated</li> <li>• Explore potential to integrate centralized intake in RAI-CHA module as an interim measure</li> <li>• Improve understanding of sector demand, capacity and waitlists</li> </ul>
<b>Seniors Services Guidelines</b>	<ul style="list-style-type: none"> <li>✓ Reduce ED/ALC</li> </ul> <p><b>Enablers</b></p> <ul style="list-style-type: none"> <li>✓ Decision Support</li> </ul>	<ul style="list-style-type: none"> <li>• Clients receive similar services and quality across providers</li> <li>• Standardize best practice and increase capacity of targeted CSS services to serve a higher need target population</li> <li>• Develop and implement new personal support/homemaking service model in partnership with CCAC to transition appropriate clients to the CSS sector</li> <li>• Ensure equitable access to a core basket of services receiving LHIN funding (assisted living, in-home personal support/homemaking, adult day programs)</li> <li>• Transportation and meals on wheels</li> <li>• Support the sector to adopt the triple AIM quality framework</li> <li>• Evaluate performance to sector standards and service delivery consistency towards public reporting</li> <li>• Identify funding inequities and re-allocation opportunities as practices become standardized</li> <li>• Advocate on a province-wide basis to collaborate on the establishment of common practices</li> <li>• Support MOHLTC Assisted Living strategy</li> </ul>
<b>Prevention &amp; Wellness/Health Equity Strategy</b>	<ul style="list-style-type: none"> <li>✓ Reduce ED/ALC</li> <li>✓ Chronic Disease Management &amp; Prevention</li> <li>✓ Mental Health &amp; Addictions</li> <li>✓ Health Equity</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a comprehensive approach to address access, prevention and wellness of vulnerable populations served by the CSS sector</li> <li>• Remove access barriers so that individuals with high social risks are able to access the services they need (eg., fees, transportation, eligibility) moving towards standardized eligibility and fee policies</li> </ul>

## Strategic Directions for Building Sector Adaptability

Sector Priority	IHSP Alignment	What We Want to Accomplish in the Long-term
<b>Sector Value and Relationships</b>	<ul style="list-style-type: none"> <li>✓ Reduce ED/ALC</li> <li>✓ Chronic Disease Management &amp; Prevention</li> <li>✓ Mental Health &amp; Addictions</li> <li>✓ Health Equity</li> </ul>	<ul style="list-style-type: none"> <li>• Establish appropriate structures and linkages with the broader health sector to increase contribution and value of the CSS sector and sub-sectors</li> <li>• Collaborate with all stakeholders to gain access to available planning data and determine shifts in demand and priorities to identify changing service needs in the sector</li> <li>• Establish a formal agreement to define roles and relationship with Central CCAC, Central LHIN and other networks</li> </ul>
<b>Sector Leadership Development</b>	<p><b>Enablers</b></p> <ul style="list-style-type: none"> <li>✓ Human Resources</li> </ul>	<ul style="list-style-type: none"> <li>• Invest in leadership development, succession and change management strategy that supports Board leaders and senior management</li> <li>• Continue to build shared resources and knowledge exchange through network activities and continued development of sharepoint site</li> </ul>
<b>Compensation Equity</b>	<p><b>Enablers</b></p> <ul style="list-style-type: none"> <li>✓ Human Resources</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce compensation inequities within the community support sector and broader health sector</li> <li>• Support the Ontario Community Support Association sector compensation strategy and survey findings</li> <li>• Collaborate with the Central LHIN HHR Advisory Group to address compensation inequities within the CSS sector</li> </ul>
<b>General Shared HR Services</b>	<p><b>Enablers</b></p> <ul style="list-style-type: none"> <li>✓ Human Resources</li> </ul>	<ul style="list-style-type: none"> <li>• Improve human resources capacity and efficiency</li> <li>• Provide support to adopt human resources best practices to attract and retain qualified staff and volunteers</li> <li>• Identify 3-4 CSS agencies to establish HR shared services pilot</li> <li>• Continue to build common practice through HR Share model and standardized sector training</li> </ul>

## Sector Risks

The risks to the sector's ability to execute a sector-wide strategy include the following:

1. **Health Human Resources** – the ability to recruit and retain personal support workers (PSW) who anchor much of the sector's program delivery. *We will address this risk by determining how to partner with each other, colleges and others as appropriate to ensure that there are sufficient numbers of well trained PSW's available throughout the sector as one of four strategic priorities.* The sector is also aware that we have an aging senior leadership cadre and must identify and groom the next generation of agency leaders with a skill set that involves collaborative decision making as a core competency.
2. **Financial Resourcing** – given future funding constraints and sustainability concerns expressed by the Ontario government, MOHLTC and Central LHIN, the sector will have to balance the competing priorities of individual agencies with sector-wide strategic priorities and service gaps.
3. **Sector Leadership and Change Management** – the sector will have to identify a leadership and organizational model that will best facilitate required change, help to clarify priorities and actions plan, provide the resourcing need to get the work accomplished and hold participants to their objectives, timelines and budgets. There is a short history of CSS agencies within the Central LHIN working together to support change initiatives and as such the leadership for these changes and the work to be done is a key success factor. There is a risk that without a focused group of strong leaders, progress may be difficult.
4. **Partner Relationships** – to achieve progress on the Central LHIN strategic priorities and to effect the most rationale and client-focused changes to programs, services, underlying economies of scale, and efficiencies, the sector recognizes that alignment and integration means working with partners (potentially within Central LHIN and across adjacent LHIN's). The sector will need to be aware of objectives changes activities and opportunities of working with the CCAC, hospital providers, cross-LHIN boundary partners and others as required.