



**THE REGIONAL MUNICIPALITY OF PEEL
HEALTH SYSTEM INTEGRATION COMMITTEE**

REVISED AGENDA

HSIC - 2/2018

DATE: Thursday, May 17, 2018

TIME: 9:30 AM – 11:00 AM

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

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

ADVISORY MEMBERS: B. Carr; M. DiEmanuele; B. MacLeod; S. McLeod

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

- 1. DECLARATIONS OF CONFLICTS OF INTEREST**
- 2. APPROVAL OF AGENDA**
- 3. DELEGATIONS**
- 4. REPORTS**
 - 4.1. Peel Housing and Homelessness Plan and Mental Health (Oral)
Presentation by Aileen Baird, Director, Housing Services and Sue Ritchie,
Manager, Program Design and Development
 - 4.2. Mental Health and Addictions System and Supports in Peel (For information)
 - 4.3. Physical Activity Among School-Aged Children and Youth (For information)
 - 4.4. Health System Integration Committee Summary Report (For information)
Presentation by Dawn Langtry, Program Director, Operational Policy and
Program Design
 - 4.5. Overview of the Butterfly Project (Oral)
Presentation by Cathy Granger, Director, Long Term Care

5. **COMMUNICATIONS**

6. **IN CAMERA MATTERS**

7. **OTHER BUSINESS**

8. **NEXT MEETING**

To be determined

9. **ADJOURNMENT**

Peel Housing and Homelessness Plan and Mental Health

Health Services Integration Committee
May 17, 2018



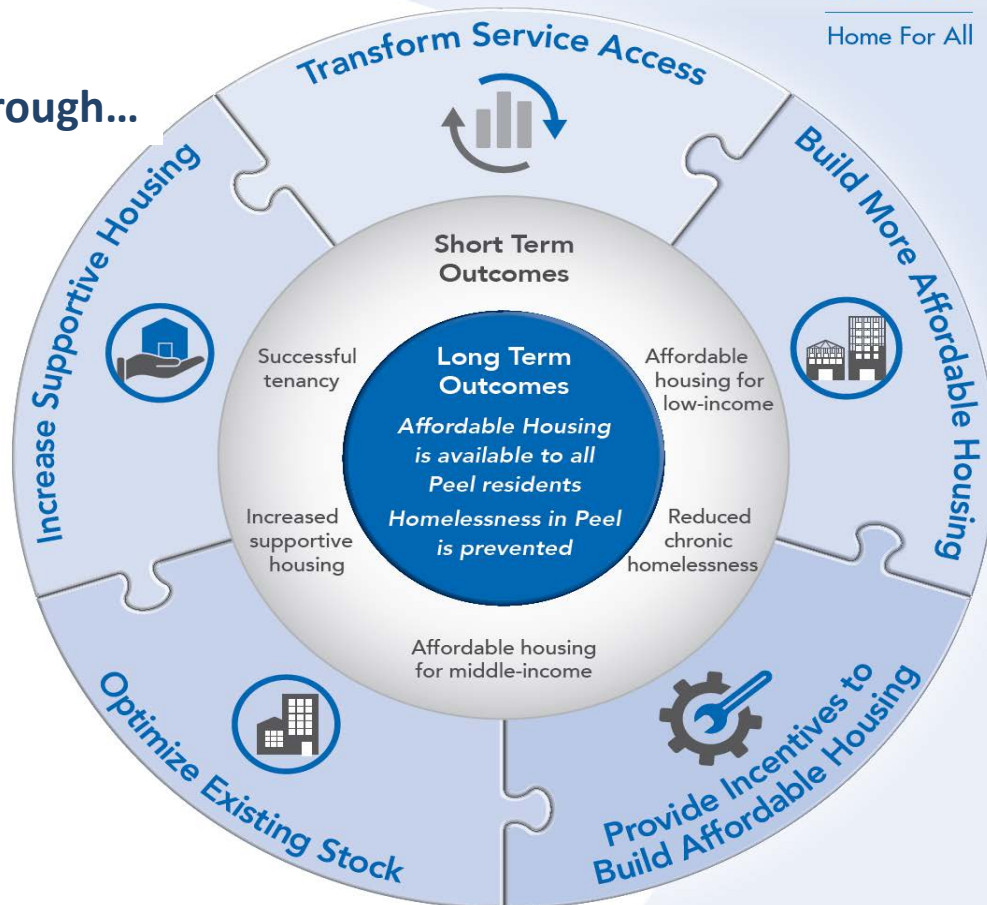
PHHP 2018-2028

4.1-2



Delivering results through...

- ✓ Systems thinking
- ✓ Evidence-informed decision making
- ✓ Working with clients and stakeholders to co-design
- ✓ Innovation



Transforming Service Pathway

- Reorienting services to focus on a Housing First approach
- Working with community partners to implement a By-name Priority List for Services
- Coordinated Access to services
- Action Plan Toward Ending Youth Homelessness

Objectives

4.1-4

Available and accessible quality housing that meets people's needs and preferences throughout their lives

An environment that helps people secure and maintain housing at very stage of life

An integrated system that supports people's housing needs efficiently and effectively

Outcomes



1.1. There is no wait list for persons requiring supportive housing.



2.1. Supportive housing options are individualized and adaptable to meet people's changing needs while maintaining housing.



3.1. The system of housing and supports is seamless and is easy to navigate for persons requiring supportive housing.



1.2. Persons requiring supportive housing and their caregivers are supported throughout their journey.



2.2. Communities are inclusive: people requiring supportive housing are part of the community, where natural support systems thrive.



3.2. There is a shared voice for enhanced supportive housing in Peel.

4.1-5 Working Together

- Housing First – Access to ACT Teams
- By-name Priority List – Participating in case planning
- Planning transitions from health care and mental health services
- Primary Care – Improved access for people experiencing homelessness
- Supportive Housing Waitlist
- Coordinating Capital and Operating Funding
- Better supporting tenants to preserve tenancies and reduce unnecessary readmissions



For questions or further information, please contact:

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Sue Ritchie, Manager, Housing Development

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For Information

DATE: May 7, 2018

REPORT TITLE: **MENTAL HEALTH AND ADDICTIONS SYSTEM AND SUPPORTS IN PEEL**

FROM: Nancy Polsinelli, Commissioner of Health Services
Janice Sheehy, Commissioner of Human Services
Jessica Hopkins, MD MHScc CCFP FRCPC, Medical Officer of Health

OBJECTIVE

To provide an overview of mental health and addictions supports in Peel, including the Region's role and ongoing opportunities for enhancement.

REPORT HIGHLIGHTS

- In Peel, the Local Health Integration Networks and Peel Children's Centre have primary responsibility for planning and coordinating mental health and addictions services, with the Region having limited policy levers to influence mental health and addictions service levels and delivery.
- As a partner in the system and with Council's leadership, the Region has supported the system through advocacy to address local needs with funding, system planning and coordination of services.
- As of March 2018, both LHINs serving Peel had longer wait times than the provincial averages across a number of services (e.g. counselling and treatment, and case management for substance abuse).
- The Region plays a role in a population-based approach to mental health and addictions by addressing social determinants of health (e.g. income, housing, and employment), promoting good mental health through Public Health programs, and supporting the system through advocacy and community outreach.

DISCUSSION

1. Background

At the February 15, 2018 meeting of the Health System Integration Committee (HSIC), staff was requested to report back on the Region's current role in addressing mental health and addictions in response to a resident's proposal regarding the need for wrap around addictions supports with housing in the community. A copy of the proposal was also shared with the Central West and Mississauga Halton Local Health Integration Networks for consideration as they have a role in system level planning.

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MENTAL HEALTH AND ADDICTIONS SYSTEM AND SUPPORTS IN PEEL

Previous discussions and direction of Council recognize the complexity of the mental health and addictions system. As highlighted in Appendix I, there are many stakeholders providing supports along a continuum. The Region's primary roles include:

- Creating supportive living environments (e.g. housing and homelessness supports, employment and income supports, and healthy and age-friendly planning);
- Mental health promotion and illness prevention (e.g. Public Health programs for young families and other services targeted at vulnerable residents);
- Community outreach and referral (e.g. Peel Outreach Team, Needle Exchange Program); and
- System supports (e.g. Advocacy on behalf of the peel community, capacity building of system partners).

Funding, system planning and coordination of mental health and addictions services in Ontario are responsibilities shared between the Ministry of Health and Long-Term Care (adult services, and addictions services) and the Ministry of Children and Youth Services (child and youth mental health services). At a local level, service coordination is the responsibility of the Local Health Integration Networks (Central West and Mississauga Halton) for adult services, and the Peel Children's Centre for child and youth services. The system map included as Appendix II provides a visual overview of the roles and responsibilities of the various levels of government from the Region's perspective.

At the October 20, 2016 HSIC meeting, underfunding was highlighted as a key challenge, as allocations to both the Central West and Mississauga Halton Local Health Integration Networks (LHINs) for mental health and addictions services were below the provincial average. Similarly, delegates shared that funding for Peel's children and youth mental health services were not equitable on a per capita basis compared to other jurisdictions. From a system integration perspective, delegates spoke to the challenges associated with planning and coordination of services, and having two "systems" for mental health service funding and delivery – one for adults and one for children and youth. As a result, services remain difficult to navigate and transitions from child and youth to adult services are particularly challenging. Following the meeting, Council endorsed two advocacy positions (Resolution 2016-958):

- **Mental Health and Addictions Funding:** The provincial government should address historical inequities in funding for mental health and addictions services in Peel to support improved access to services within the community and ensure that funding matches community needs and reflects demographic changes.
- **Mental Health System Integration:** The provincial government should integrate mental health and addictions system planning and service delivery to ensure seamless access to services across the entire age continuum (children to seniors) and work across ministries on the basic social needs required for mental health promotion and recovery, such as housing.

2. Findings

a) Current Mental Health and Addictions Services in Peel

With leadership from the two LHINs serving Peel and the Peel Children's Centre, a number of local providers including both primary care professionals and community

4.2-3

MENTAL HEALTH AND ADDICTIONS SYSTEM AND SUPPORTS IN PEEL

based agencies deliver a variety of services. Appendix III provides a list of the community-based agencies delivering services in Peel, organized by their major funder. It should be noted, that this list does not include private sector services, as information was not available at the time of writing this report.

Specific to addictions services, there are currently 9 agencies delivering 31 different addictions programs and services in Mississauga, Brampton and Caledon.¹ Further, in September 2017, both LHINs received funding to expand front line services under the provincial opioid strategy. In Peel this funding has been utilized to enhance harm reduction and addictions services both in emergency departments and the community.

b) System Performance

The prevalence and impact of mental health and addictions issues can be challenging to quantify, and is often underreported. Current available evidence suggests that nearly one in three individuals will experience a mental health or addictions issue in their lifetime, with approximately two million Ontarians (20 per cent) being affected each year². In Peel, this could translate to almost 290,000 people experiencing mental health and addictions issues annually. Furthermore, one-third of Ontarians who identified themselves as needing mental health and addictions services reported not getting help, or having their needs only partially met.³

One commonly used measure of system performance for addictions services currently available is data collected on wait times. Wait times in Peel are currently shorter than last reported to Council in 2016, but continue to exist. As of March 2018, both LHINs serving Peel had longer wait times than the provincial averages across a number of services. For example⁴:

- Mississauga Halton LHIN reported longer average wait times for residential treatment for addictions (103 days) compared to the provincial average (41 days).
- Central West LHIN's (Malton, Brampton and Caledon), average wait times for mental health supports within housing (457 days) is well above the provincial average (252 days).
- Both the Mississauga Halton and Central West LHINs have wait times above provincial averages for counselling and treatment (45 days and 38 days respectively), and case management for substance abuse (67 days and 157 days, respectively).

Further, as of March 2018 in the child and youth sector, the Peel Children's Centre reports wait times for counselling and therapy services that range from six to eight

¹ ConnexOntario Health Services Information Database (2018). "Programs in the ConnexOntario Database by Organization" (for the Central West and Mississauga Halton LHINs). Extracted on March 28, 2018.

² Health Quality Ontario and the Institute for Clinical Evaluative Studies (2015). Taking Stock: A report on the quality of mental health and addictions services in Ontario [Internet]. Toronto, ON. Available from: <http://www.hqontario.ca/System-Performance/Specialized-Reports/Mental-Health-and-Addictions-Report>

³ Canadian Community Health Survey, 2011/2012, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care.

⁴ ConnexOntario Health Services Information Database (2018). "Current Average Wait Times (in Days) for Services funded by the Ministry of Health and Long-Term Care by County" (for Peel). Extracted on March 5, 2018.

MENTAL HEALTH AND ADDICTIONS SYSTEM AND SUPPORTS IN PEEL

months, with some youth (ages 14-24 years) waiting twelve to fourteen months for youth-specific or specialized services.

As previously reported to the HSIC in the report dated June 29, 2017 and titled, "Update on Regional Mental Health Advocacy", these unmet needs may show up as emergency department visits or interactions with the police, and over the past several years, this trend has been evident in Peel.

c) Opportunities in Peel

In response to the delegation at the February 2018 meeting of the HSIC, staff were also asked to report back on potential opportunities related to addictions supports and homelessness programming. In recognition of the Region's role, ongoing opportunities across health and human services include:

- Targets for new supportive housing units were included in the new Regional Official Plan and were recently approved by Regional Council as a component of the Peel Housing and Homelessness Plan. The Region is currently in negotiation to build 40 to 60 new units to support persons with mental health and addiction issues and exploring opportunities to increase transitional housing options.
- As part of the Peel Housing and Homelessness Plan, a table of community providers of homelessness services is being convened to plan and co-ordinate services and address systems gaps.
- As reported to the HSIC on January 19, 2017, the Supportive Housing Roundtable (including representatives from the Ministry of Community and Social Services, Ministry of Housing, Ministry of Health and Long Term Care and both LHINs) is a venue to advance coordination of services. A current priority for the Roundtable is creating a process to align operational and capital funding.
- Continued work in prevention and health promotion include programs that build resiliency and healthy family relationships starting from birth. Staff continue to work in partnership with schools, the LHINs, and other community agencies to build on available programs, and enable positive mental health across the lifespan.
- Staff are working collaboratively to develop an opioid strategy for Peel in response to the current opioid crisis. The strategy will include health promotion and prevention initiatives to reduce the risks of drug misuse and addiction and work with the LHINs to improve access to effective addictions and mental health treatment services in Peel.
- Staff continue with efforts to enhance access to, and integration of, Regional services targeted at the most vulnerable residents in our community (e.g. employment, housing, and income supports). An important aspect of this work is building the capacity of housing and homelessness programs to appropriately serve people with mental health and addiction issues, and leveraging capacity of mental health and addiction services to address housing and service needs seamlessly.

MENTAL HEALTH AND ADDICTIONS SYSTEM AND SUPPORTS IN PEEL**3. Advocacy and Provincial Update**

With Council's support and leadership, the Region continues to advocate for equitable funding for mental health and addictions services in Peel and improved service planning and system integration both provincially and locally.

The provincial government has made a number of recent commitments to improving the mental health and addictions system. This includes an additional \$2.1 billion investment over the next four years included in the 2018 budget. This represents a \$17 billion total investment over four years, with \$175 million focused towards school-based supports and \$425 million for supportive housing units, including 525 units dedicated for individuals with mental health and addictions issues.

CONCLUSION

The Region of Peel plays a role in a population-based approach to mental health and addictions through services that address the social determinants of health to promote mental health and wellbeing; and efforts to support the sector through advocacy, community outreach and collaboration. Opportunities to enhance access to services in the community and ensure that services meet the needs of our residents are continuously being explored.



Nancy Polsinelli, Commissioner of Health Services



Janice Sheehy, Commissioner of Human Services



Jessica Hopkins, Medical Officer of Health

Approved for Submission:


D. Szwarc, Chief Administrative Officer

MENTAL HEALTH AND ADDICTIONS SYSTEM AND SUPPORTS IN PEEL

APPENDICES

Appendix I - Continuum of Mental Health and Addictions Services

Appendix II - Overview of Government-funded Mental Health and Addictions Programs and Services

Appendix III - Mental Health and Addictions Agencies in Peel Region by Funding Source

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

Authored By: Sharon Williams and Nicole Britten, Strategic Policy & Projects

**APPENDIX I
MENTAL HEALTH AND ADDICTIONS SYSTEM AND SUPPORTS IN PEEL**

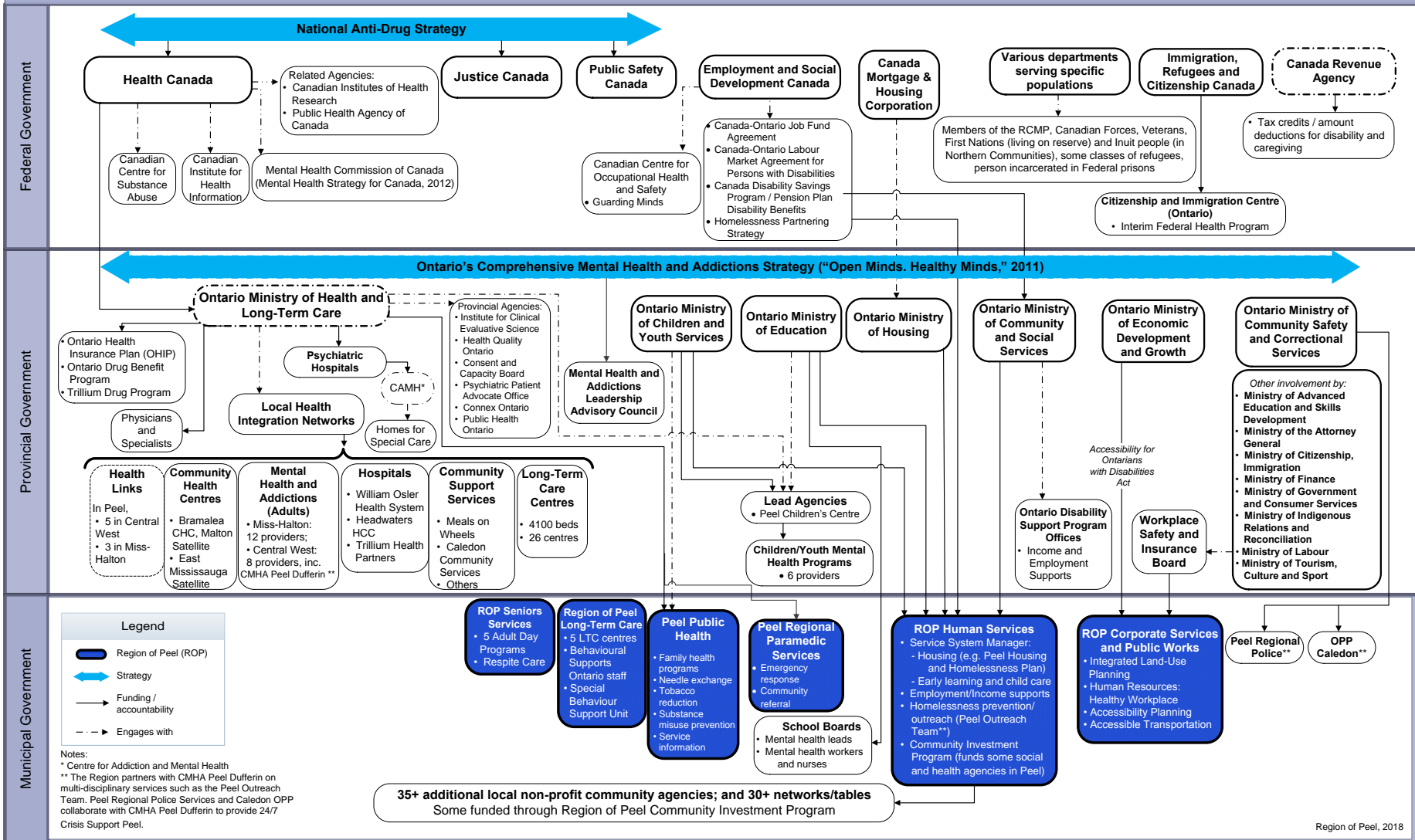
Continuum of Mental Health and Addictions Services

Supportive Living Environments	Mental Health promotion and illness prevention	Early intervention and self-management	Community referral, treatment and support	Intensive community treatment and support	Specialized treatment and support
Focus: General Public.	Focus: General Public.	Focus: Individuals with emerging or unidentified problems.	Focus: Individuals with an identified mental health and addiction problems.	Focus: People with moderate to severe mental illness and addiction problems.	Focus: Individuals with complex or severe problems or combinations of problems.
Conditions and supports that help improve living situations and access to basic resources for all.	Programs are targeted to the general public to promote healthy lifestyles and communities and prevent development of mental illness and addictions.	Programs and services can help intervene when a mental health issue is identified early on; and /or can help individuals manage their symptoms.	Programs and supports help manage symptoms and reduce risk. These services may also act as a "gateway" to other services, depending on client need and preference.	Programs and services are usually provided in the community by staff with specialized skills and training.	Specialized programs are provided in community or hospital settings (inpatient and outpatient).
<p>Examples:</p> <ul style="list-style-type: none"> Income Housing Education Employment Community safety Recreation facilities 	<p>Examples:</p> <ul style="list-style-type: none"> Health promotion / public education Mental illness and addiction prevention Service information provision 	<p>Examples:</p> <ul style="list-style-type: none"> Crisis telephone lines Info & referral Outreach and engagement Initial screening Referral, eligibility determination and client registration (intake) Initial assessment and care planning Primary care Counseling Peer support Family support Emergency departments Harm reduction 	<p>Examples:</p> <ul style="list-style-type: none"> Ongoing assessment and service planning Primary care Counseling Peer support Family support Case management Social and recreational programs Brief intervention Crisis response Educational and vocational supports Withdrawal management Needle exchange 	<p>Examples:</p> <ul style="list-style-type: none"> Outpatient counselling Intensive case management Supports to housing Early psychosis intervention Concurrent disorder services Dual diagnosis services Psychogeriatric services Court support/ court diversion services Specialized mobile crisis/outreach teams Community addiction treatment Residential services Community-based withdrawal management Methadone and buprenorphine treatment 	<p>Examples:</p> <ul style="list-style-type: none"> Specialized inpatient and outpatient services Assessment, treatment and support for highly complex concurrent substance use and mental health problems. Residential or hospital-based services for the treatment of concurrent disorders Eating disorders services Intensive treatment services in selected correctional facilities
System Supports					
Focus: Systems and organizations.	Providing leadership and stewardship to enable system functioning (e.g. funding, policy decisions), support organizations (e.g. funding, capacity building, training) and facilitate positive changes (e.g. advocacy, knowledge exchange).	<p>Examples:</p> <ul style="list-style-type: none"> Policy, governance and leadership Performance management and accountability Capacity building and training Resources and funding Information management and data Quality improvement Knowledge exchange 			

APPENDIX II MENTAL HEALTH AND ADDICTIONS SYSTEM AND SUPPORTS IN PEEL

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Overview of Government-Funded Mental Health and Addictions Programs and Services – A Region of Peel Perspective



4.2-9

APPENDIX III

MENTAL HEALTH AND ADDICTIONS SYSTEM AND SUPPORTS IN PEEL

Mental Health and Addiction Agencies in Peel Region by Funding Source

The following is a list of agencies that provide some mental health and addictions support in Peel Region as of March 2018. Some agencies listed have larger roles in mental health and addictions support than others. The agencies are grouped by the primary funder, but it should be noted that some services are delivered across LHIN boundaries. While some agencies receive funding from more than one source, unless Region of Peel Community Investment Program funding is noted, the agency is only mentioned once.

Agencies funded by the Central West Local Health Integration Network	
<ul style="list-style-type: none"> • Canadian Mental Health Association (CMHA) Peel Dufferin¹ • Punjabi Community Health Services • Friends & Advocates Peel • Supportive Housing In Peel 	<ul style="list-style-type: none"> • William Osler Health System • Family Transition Place • Salvation Army (Hope Acres) • Peace Ranch (amalgamated with SHIP)
Agencies funded by the Mississauga Halton Local Health Integration Network	
<ul style="list-style-type: none"> • The Peel Addiction Assessment and Referral Centre • Punjabi Community Health Services • Services and Housing in the Province 	<ul style="list-style-type: none"> • Trillium Health Partners (Community Mental Health) • Plus various Halton-based organizations
Agencies funded by Ministry of Children and Youth Services (Oversight by Peel Children’s Centre as lead agency)	
<ul style="list-style-type: none"> • Associated Youth Services of Peel • Nexus Youth Services • Peel Children’s Centre² 	<ul style="list-style-type: none"> • Rapport Youth and Family Services • Trillium Health Partners • William Osler Health System
Agencies receiving 2017/18 funding from the United Way of Peel Region	
<ul style="list-style-type: none"> • African Community Services of Peel • Brampton Caledon Community Living • Brampton Multicultural Community Centre • Caledon Meals on Wheels • Canadian Hearing Society - Peel • Catholic Cross-cultural Services • Catholic Family Services Peel-Dufferin • Dixie Bloor Neighbourhood Drop-In Centre • East Mississauga Community Health Centre • Elder Help Peel • Elizabeth Fry Society of Peel-Halton • Family Association for Mental Health Everywhere (FAME) 	<ul style="list-style-type: none"> • Family Services of Peel • John Howard Society- Peel-Halton-Dufferin • Malton Neighbourhood Services • MIAG Centre for Diverse Women & Families • Our Place Peel • Sexual Assault/Rape Crisis Centre of Peel (Hope 24/7) • Spectra Community Support Services • Victim Services of Peel

¹ In 2014/15, the Region of Peel provided 10% of CMHA Peel Dufferin’s revenue. The Region partners with CMHA Peel Dufferin on multi-disciplinary services such as the Peel Outreach Team. Peel Regional Police Services and Caledon OPP collaborate with CMHA Peel Dufferin to provide 24/7 Crisis Support Peel.

² Peel Children’s Centre is also a service provider (in addition to its role as lead agency for the child and youth mental health sector in Peel).

4.2-10

APPENDIX III

MENTAL HEALTH AND ADDICTIONS SYSTEM AND SUPPORTS IN PEEL

Other agencies (various sources of funding)

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|---|--|
| <ul style="list-style-type: none">• Centre for Addiction and Mental Health (FACT Peel Clinic)• Distress Centre Peel• Indus Community Services• Jean Tweed Treatment Centre | <ul style="list-style-type: none">• Four Corners Community Health Centre• Newcomer Centre of Peel• Various Homes for Special Care• YMCA Greater Toronto |
|---|--|

Agencies funded by the Region of Peel Community Investment Program

- | | |
|--|--|
| <ul style="list-style-type: none">• African Community Services of Peel• Caledon/Dufferin Victim Services• Canadian Mental Health Association Peel/Dufferin• Catholic Cross Cultural Services• Catholic Family Services of Peel-Dufferin• Elizabeth Fry Society of Peel-Halton• Family Association for Mental Health Everywhere• Family Services of Peel | <ul style="list-style-type: none">• John Howard Society of Peel Halton-Dufferin• Peel HIV/AIDS Network• Punjabi Community Health Services• Salvation Army• Hope 24/7• Spectra Community Services• The Bridge Prison Ministry• Victim Services of Peel• Rapport Youth and Family Services |
|--|--|

For Information

DATE: May 7, 2018

REPORT TITLE: **PHYSICAL ACTIVITY AMONG SCHOOL-AGED CHILDREN AND YOUTH**

FROM: Nancy Polsinelli, Commissioner of Health Services
Jessica Hopkins, MD MSc CCFP FRCPC, Medical Officer of Health

OBJECTIVE

To provide an overview of how school-aged children and youth in Peel are meeting the 24-hour movement guideline, and to identify opportunities to increase child and youth daily physical activity in schools.

REPORT HIGHLIGHTS

- The Canadian 24-Hour Movement Guidelines for Children and Youth: An Integration of Physical Activity, Sedentary Behaviour, and Sleep (2016) address the movement of children and youth (ages 5 to 17 years) during a typical 24-hour day.
- Recent data indicate that only one in five Peel students (grades 7 to 12) reported 60 minutes of daily physical activity; approximately one-third (33 per cent) of Peel students in grades 7 to 12 spend two hours or less per day on recreational screen time; and less than half of Peel students (36 per cent) report eight or more hours of sleep on an average school night.
- Schools offer an ideal setting to promote and support physical activity, as most children and youth in Peel attend a publicly-funded school.
- The Peel Public Health works with various partners, including both school boards, to deliver physical activity programs and initiatives in Peel schools.
- Opportunities for further action include advocating to the Ministry of Education and Ministry of Health and Long-Term Care, scaling up the Healthy Communities Initiative and exploring other partnerships for before- and after-school programs.

DISCUSSION

1. Background

The Canadian 24-Hour Movement Guidelines for Children and Youth: An Integration of Physical Activity, Sedentary Behaviour, and Sleep (Appendix I), released by the Canadian Society for Exercise Physiology in 2016, are the first evidence-based guidelines that address the movement of children and youth (ages 5 to 17 years) during a typical 24-hour day. These guidelines integrate daily movement behaviours of children and youth under the concept that “the whole day matters” for optimal health benefits. For children and youth, aged 5 to 17, a healthy 24 hours includes:

PHYSICAL ACTIVITY AMONG SCHOOL-AGED CHILDREN AND YOUTH

- An accumulation of at least 60 minutes of moderate-to-vigorous physical activity (MVPA) per day involving a variety of aerobic activities. Several hours per day of a variety of structured and unstructured light physical activities (LPA).
- Limited sedentary behavior including no more than 2 hours per day of recreational screen time and limited sitting for extended periods.
- Uninterrupted 9 to 11 hours of sleep per night for those aged 5 to 13 years and 8 to 10 hours per night for those aged 14 to 17 years, with consistent bed and wake-up times.

The health benefits of following the guidelines include: better body composition (e.g., fat, bone, and muscle percentages); heart, lung, and musculoskeletal fitness, academic achievement and cognition, emotional regulation, pro-social behaviours, cardiovascular and metabolic health, and overall quality of life.

2. Peel Data

Current levels of physical activity, sedentary behaviour and sleep among school-aged children and youth in Peel are cause for concern. In 2015, only one in five Peel students (grades 7 to 12) reported 60 minutes of daily physical activity (light and moderate-to-vigorous physical activity)¹.

Levels of active travel to school, including walking and cycling, in Peel have declined among 11 to 13-year-olds from 64 per cent in 1986 to 41 per cent in 2011. Active travel among 14 to 17-year-olds also declined in this time period from 46 per cent to 35 per cent².

Nearly two-thirds (65 per cent) of Peel students in grades 7 to 12 spend more than two hours a day on recreational screen time³.

Less than half (36 per cent) of Peel students in grades 7 to 12 report eight or more hours of sleep on an average school night⁴.

3. Schools as a Setting for Physical Activity

Schools are an important setting to influence children and youth movement because physical activity and sedentary behaviour are woven throughout the school day (e.g., travel to and from school, in-class, recess, before- and after-school programs and extra-curricular activity). Schools are also able to reach parents, caregivers, teachers, administrators, trustees and the broader community.

Public Health has a formalized partnership with the Dufferin-Peel Catholic District School Board (DPCDSB) and the Peel District School Board (DPSB) to work on creating and sustaining healthy school environments and school communities for student well-being. Current agreed upon priority areas for joint work include healthy eating, physical activity, and mental well-being.

¹Ontario Student Drug Use and Health Survey, 2015. Centre for Addiction and Mental Health. Region of Peel–Public Health.

²Metrolinx, 2015. *School Travel in the GTHA: Report on Trends*. Available at http://smartcommute.ca/wp-content/uploads/2016/03/SchoolTravelReport_GTHA_Print.pdf

³Ontario Student Drug Use and Health Survey, 2015. Centre for Addiction and Mental Health. Region of Peel–Public Health.

⁴Ontario Student Drug Use and Health Survey, 2015. Centre for Addiction and Mental Health. Region of Peel–Public Health.

PHYSICAL ACTIVITY AMONG SCHOOL-AGED CHILDREN AND YOUTH

As part of the modernized Ontario Public Health Standards (see report “Updated Ontario Public Health Standards,” February 8, 2018), Boards of Health are required to work with school boards and schools to develop and implement interventions that support meeting the 24-Hour Movement Guidelines.

As part of Ontario’s Achieving Excellence: A Renewed Vision for Education in Ontario (2014), the Ministry of Education’s Foundations for a Healthy School (2014) is a comprehensive approach to developing a healthier school to promote student well-being through supportive policies, programs and initiatives.

4. Considerations

Promoting physical activity through playground equipment in schools requires thoughtful consideration of the curriculum, injury prevention, risk and liability, and funding. For example, playground equipment is expensive to install and requires ongoing maintenance and inspection to meet specific requirements related to safety, design and spacing, surface quality and accessibility. Injury prevention involves consideration of factors related to the student (e.g., age and skill), activity (e.g., technical difficulty and rules), equipment (e.g., maintenance and spacing) and environmental (e.g., playing surfaces and weather).

The school board and principal fall within the statutory definition of an occupier, and therefore hold the legal obligations and responsibilities of occupiers as stipulated in the *Ontario Occupiers’ Liability Act (1980)*. Because the school boards and principals are responsible for the maintenance and upkeep of the location, they control the quality of the premises, and if a child is injured on school property, the principal or school may be liable.

Grant funding is available through the Ministry of Education and non-profit organizations but requires significant effort to prepare the application, may only apply to specific programs, and is not a sustainable source of revenue.

Through consultation with Peel Public Health, the DPCDSB and PDSB identified their approach to injury prevention, risk and liability, and funding when considering playgrounds on school property.

a) Peel District School Board

The PDSB supports the establishment of new creative playgrounds on school sites. Construction of these playgrounds requires Board approval based on pre-determined requirements. Some of these requirements include ensuring the site is suitable, properly prepared, that the materials and designs meet the Board’s Health and Safety requirements, and the playground is specified, designed and constructed for student safety. Board staff guides the principals and community members (i.e.: School Parent Councils) in selecting age appropriate structures, as well as equipment that meets the needs of students, without compromising safety. The PDSB assists in facilitating the process for construction of the playground. The community, in cooperation with the school principal, assumes responsibility for preparation of a plan for the new playground project.

4.3-4

PHYSICAL ACTIVITY AMONG SCHOOL-AGED CHILDREN AND YOUTH

The PDSB does not fund new creative playground structures. The community is responsible for all costs associated with the project. The Board encourages community and corporate involvement to raise funds.

Once the playground is in place on school property, the PDSB assumes responsibility for all future inspections and required maintenance work on the creative playground during its lifetime.

b) Dufferin-Peel Catholic District School Board

The Dufferin-Peel Catholic District School Board (DPCDSB) does not install playground equipment in newly built schools due to the on-going maintenance, inspection and code requirements. There are also liability issues for schools, as the DPCDSB does not offer supervision of students using playground equipment.

Many schools within the jurisdiction of the DPCDSB are situated near public parks, which contain playgrounds. As such, there are occasions throughout the school year when, during instructional time, schools may make local decisions to permit students to access the playgrounds for physical activity under teacher supervision. Parental permission is required for all such activities.

The DPCDSB Fundraising General Administrative Procedure does allow for schools to fundraise for playground equipment. Once a school has identified as such, the Planning and Operations Department is consulted to ensure the feasibility of the playground.

5. Public Health Approach

Playground equipment is one way that students can be physically active during the school day; however, there are other ways that require less consideration to liability and funding. For example, Peel Public Health works with various partners (see Appendix II), including both school boards, to deliver physical activity initiatives, beyond playgrounds, in Peel schools. These programs, policies, infrastructure supports and partnerships aim to increase physical activity at various times throughout the school day, including travelling to and from school, in-class, and during recess.

a) Programs

- The **School Travel Planning** (STP) program is a three-year, five-step program for elementary schools to increase physical activity, reduce traffic congestion, and increase school and community engagement. Public Health Nurses engage school administrators, teachers, students, parents and community members to create and implement school-level action plans to encourage active transportation to and from school. Schools who complete an action plan are provided with free bike rack(s) for safe and secure bike parking for students.
- The **Playground Activity Leaders in Schools** (PALS) program is an elementary school playground leadership program which encourages students to engage in physical activity-promoting games during recess. In the 2016/2017 school year, 242 schools participated in the PALS program and 5,278 PALS leaders have been trained.

PHYSICAL ACTIVITY AMONG SCHOOL-AGED CHILDREN AND YOUTH

- The **Painted Playgrounds** program is delivered in support of the PALS program. Painted Playgrounds enhances a school's outdoor physical environment by using paint to revitalize a school's outdoor space to promote student physical activity.
- In partnership with the Central West Local Health Integration Network (CW LHIN), the Healthy Communities Initiative (HCI) seeks to mobilize the community to decrease diabetes by empowering residents to make healthy decisions and lifestyle changes. The HCI is implemented in 25 schools in northeast Brampton, an area with the highest diabetes rates in Peel.

b) Policy

The 2017 Policy/Program Memorandum No. 138: Daily Physical Activity (DPA) in Elementary Schools, Grades 1 to 8 (P/PM 138) requires students achieve a minimum of twenty minutes of sustained moderate-to-vigorous physical activity (MVPA) each school day during instructional time.

The Ontario Curriculum for Health and Physical Education requires all elementary school students in grades one to eight to complete a Health and Physical Education course each year. Secondary school students in grades 9 to 12 are required to earn only one compulsory credit in Health and Physical Education to earn their Ontario Secondary School Diploma.

c) Infrastructure

In October 2017, Peel Public Health launched the Healthy Living Supports Program pilot to fund projects that support infrastructure changes related to the promotion of physical activity or healthy eating across the broader community (see report "Update on Creating Supportive Environments for Healthy Living in Peel," September 18, 2017). The pilot has a total budget of \$150,000 (2018). Within the selected projects for 2018 funding, eight schools will receive a combined amount of \$89,261 for school-based infrastructure enhancements that will impact physical activity and healthy eating opportunities for students.

6. Opportunities

Future opportunities for advocacy to the Ministry of Education, include a review of the requirement for only one physical activity credit in secondary school, collaboration with the Ministry of Health and Long-Term Care to provide physical activity solutions through the curriculum; additional funding to support innovative strategies to increase physical activity opportunities in schools (e.g., naturalized outdoor play spaces, physical activity tracking using technology, running/walking programs, dance classes), and/or to augment existing facilities and infrastructure.

CONCLUSION

The majority of Peel students are not meeting the guidelines for physical activity, sedentary behaviour and sleep as identified in the Canadian 24-Hour Movement Guidelines for Children

PHYSICAL ACTIVITY AMONG SCHOOL-AGED CHILDREN AND YOUTH

and Youth (2016). Schools offer an ideal setting to promote and support physical activity, as most children and youth in Peel attend a publicly-funded school. Peel Public Health works with various partners, including both school boards, to deliver physical activity programs and initiatives in Peel schools. Opportunities for further action include advocating to the Ministry of Education, considering expansion of the Healthy Communities Initiative pilot based on evaluation results, and exploring partnerships with local municipalities, private enterprises and public agencies for before- and after-school programs to ensure all children have access.



Nancy Polsinelli, Commissioner of Health Services



Jessica Hopkins, MD MHScc CCFP FRCPC, Medical Officer of Health

Approved for Submission:



D. Szwarc, Chief Administrative Officer

APPENDICES

- Appendix I – The Canadian 24-Hour Movement Guidelines for Children and Youth
- Appendix II – The Region of Peel - Public Health Partnerships

For further information regarding this report, please contact Paul Sharma, Director, Chronic Disease and Injury Prevention, ext. 2013.

Authored By: Kim McAdam, Analyst, Research & Policy, Chronic Disease and Injury Prevention

The Canadian 24-Hour Movement Guidelines for Children and Youth

CANADIAN 24-HOUR MOVEMENT GUIDELINES FOR CHILDREN AND YOUTH:

An Integration of Physical Activity, Sedentary Behaviour, and Sleep

PREAMBLE

These guidelines are relevant to apparently healthy children and youth (aged 5–17 years) irrespective of gender, race, ethnicity, or the socio-economic status of the family. Children and youth are encouraged to live an active lifestyle with a daily balance of sleep, sedentary behaviours, and physical activities that supports their healthy development.

Children and youth should practice healthy sleep hygiene (habits and practices that are conducive to sleeping well), limit sedentary behaviours (especially screen time), and participate in a range of physical activities in a variety of environments (e.g., home/school/community; indoors/outdoors; land/water; summer/winter) and contexts (e.g., play, recreation, sport, active transportation, hobbies, and chores).

For those not currently meeting these 24-hour movement guidelines, a progressive adjustment toward them is recommended. Following these guidelines is associated with better body composition, cardiorespiratory and musculoskeletal fitness, academic achievement and cognition, emotional regulation, pro-social behaviours, cardiovascular and metabolic health, and overall quality of life. The benefits of following these guidelines far exceed potential risks.

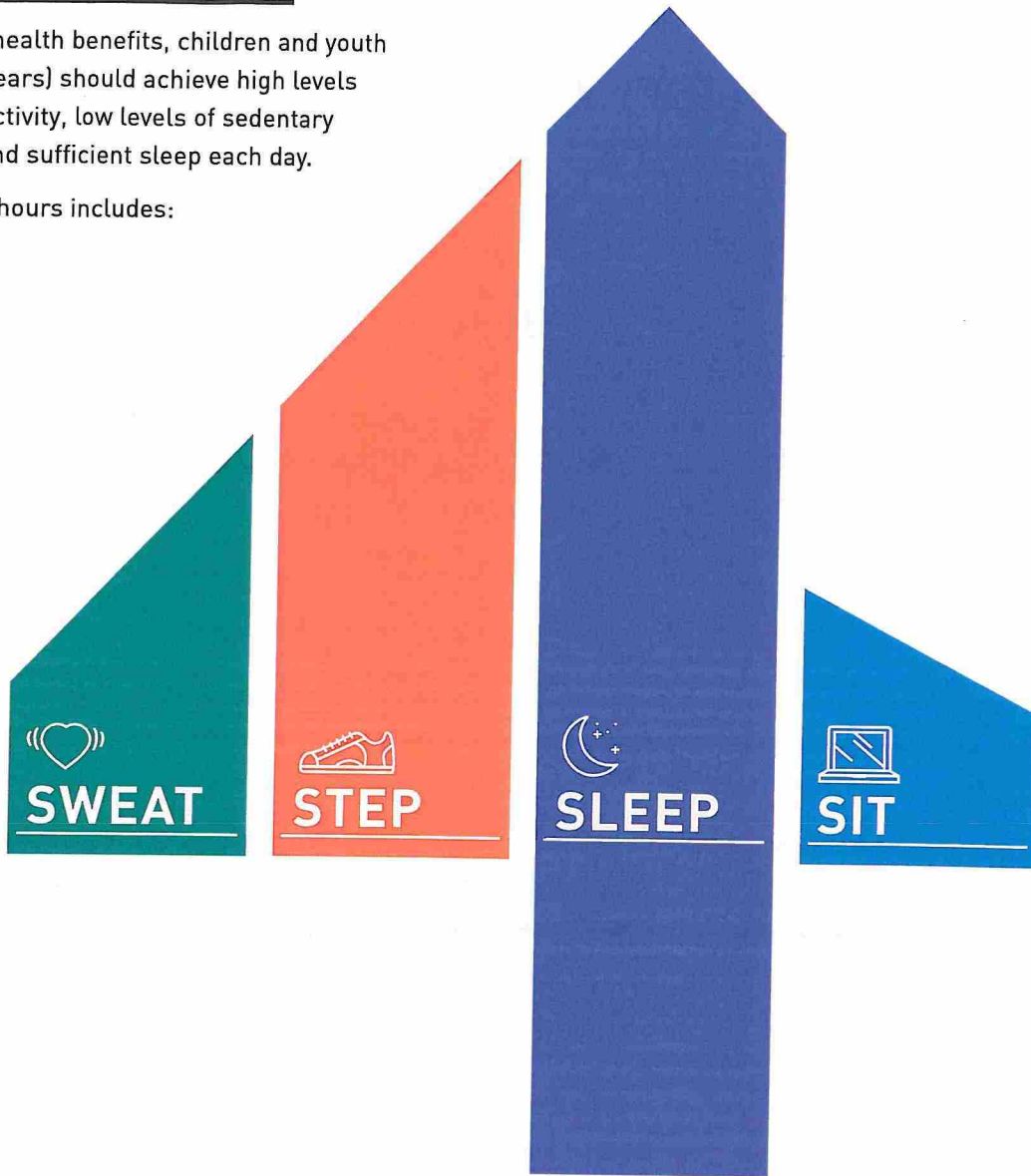
These guidelines may be appropriate for children and youth with a disability or medical condition; however, a health professional should be consulted for additional guidance.

The specific guidelines and more details on the background research informing them, their interpretation, guidance on how to achieve them, and recommendations for research and surveillance are available at www.csep.ca/guidelines.

GUIDELINES

For optimal health benefits, children and youth (aged 5–17 years) should achieve high levels of physical activity, low levels of sedentary behaviour, and sufficient sleep each day.

A healthy 24 hours includes:



SWEAT

MODERATE TO VIGOROUS PHYSICAL ACTIVITY

An accumulation of at least 60 minutes per day of moderate to vigorous physical activity involving a variety of aerobic activities. Vigorous physical activities, and muscle and bone strengthening activities should each be incorporated at least 3 days per week;

STEP

LIGHT PHYSICAL ACTIVITY

Several hours of a variety of structured and unstructured light physical activities;

SLEEP

SLEEP

Uninterrupted 9 to 11 hours of sleep per night for those aged 5–13 years and 8 to 10 hours per night for those aged 14–17 years, with consistent bed and wake-up times;

SIT

SEDENTARY BEHAVIOUR

No more than 2 hours per day of recreational screen time; Limited sitting for extended periods.

Preserving sufficient sleep, trading indoor time for outdoor time, and replacing sedentary behaviours and light physical activity with additional moderate to vigorous physical activity can provide greater health benefits.

**APPENDIX II
PHYSICAL ACTIVITY AMONG SCHOOL-AGED CHILDREN AND YOUTH**

The Region of Peel – Public Health Partnerships

Initiative	Partners and Stakeholders
Healthy Communities Initiative (HCI)	<ul style="list-style-type: none"> • Schools boards (Dufferin-Peel Catholic District School Board, Peel District School Board) • Central West Local Health Integration Network (CW LHIN) • William Osler Health System • City of Brampton • Other community organizations in Brampton
School Travel Planning / Peel Safe and Active Routes to Schools (PSARTS)	<ul style="list-style-type: none"> • Internal departments (Public Works) • Schools boards (Dufferin-Peel Catholic District School Board, Peel District School Board) • Local area municipalities (City of Brampton, City of Mississauga, Town of Caledon) • Traffic Safety Councils (Brampton, Mississauga) • Student Transportation of Peel Region (STOPR) • Community and non-profit organizations (Ontario EcoSchools, Bike Brampton, Community Bike Centre and Ecosource) • Peel Regional Police • Ontario Provincial Police • Metrolinx
Physical activity promotion in schools	<ul style="list-style-type: none"> • Schools boards (Dufferin-Peel Catholic District School Board, Peel District School Board)

For Information

DATE: May 2, 2018

REPORT TITLE: **HEALTH SYSTEM INTEGRATION COMMITTEE SUMMARY REPORT**

FROM: Nancy Polsinelli, Commissioner of Health Services

OBJECTIVE

To provide an overview of discussions and outcomes from the Health System Integration Committee.

REPORT HIGHLIGHTS

- The Health System Integration Committee (HSIC) was established on April 9, 2015 with a mandate to advise and provide direction on issues related to Peel's health system in order to advance integration of Regional programs.
- The Committee served as a catalyst to advancing broader policy and integration discussions related to system planning as part of the *Patients First Act*, paramedic system pressures and mental health and addictions challenges.
- Staff across many Regional programs including Public Health, Long Term Care, Housing, Planning and, Transhelp continue to work with local partners to support health system improvements, improve integration of policies and processes and address ongoing challenges locally through advocacy.

DISCUSSION

1. Background

The local health system is complex, with many stakeholders and all orders of government filling various roles. Appendix I provides a visual overview of the local health system, from the Region of Peel's perspective. Furthermore, it is important to consider health system planning in the context of additional socioeconomic factors that reflect the broad determinants of health (e.g. income, housing, planning), recognizing that the Health System Integration Committee (HSIC) was established by Regional Council on April 9, 2015 under Resolution 2015-221 for the 2014-2018 term of council.

The endorsed mandate of the Committee (Appendix II) is to advise and provide direction on issues related to Peel's health system in order to advance integration of Regional programs, and serve as a forum for the Region and key health systems partners to discuss and explore local capacity and challenges facing the health system in Peel. The Committee provides a venue for discussions and engagement with services across the Corporation that intersect with the health system, including Human services, Public Works, Planning, Long Term Care and Public Health.

HEALTH SYSTEM INTEGRATION COMMITTEE SUMMARY REPORT

In order to facilitate discussions with key partners, the Committee membership was expanded to include local health system stakeholders in an advisory capacity. These members include executive leadership from the Local Health Integration Networks (LHINs) serving Peel, local hospitals and former Community Care Access Centres (CCACs).

2. Committee Activities and Outcomes

Over the course of the term of Council, the Committee met eleven times and addressed a number of policy issues. As the Committee is aware, the last several years have included a number of structural and functional changes to the health system initiated through the enactment of the *Patients First Act*. Some of these changes include an enhanced role for the LHINs in health system planning and delivery, dissolution of the CCACs and stronger linkages between LHINs and public health units. These changes formed the foundation for a number of Committee meetings focused on three themes:

- System-level planning related to the *Patients First Act* and its intersections with Regional programs;
- System pressures for paramedic services; and
- Mental health and addictions.

Appendix III provides details of Committee meetings, highlighting the topics discussed and outcomes achieved. Some of the highlights include:

- Regional response to province's "Patient First: A Proposal to Strengthen Patient-Centred Care in Ontario;" the consultations that supported the development of the *Patients First Act*, passed December 8, 2016. This response served as the basis for ongoing advocacy related to the role of paramedics in the health system including challenges with the dispatch system, underfunding of the home and community care sector, and mental health services for seniors.
- Policy direction not to pursue further advocacy regarding the current ambulance user co-payment in Ontario.
- Input into Regional policy initiatives related to Transhelp, psychological health and safety, and supportive housing.
- Policy direction on the development of two advocacy positions related to mental health funding and system integration that were referred to the Government Relations Committee and endorsed as Regional priorities.
- Policy direction to guide the redevelopment of the Peel Manor Long Term Care Home and Seniors Health and Wellness Village, and advocacy for provincial funding.
- Continued ambulance dispatch reform advocacy including a recently renewed approach to ensure dispatch reform is a priority over new models of care enacted through changes to the *Ambulance Act*.

a) Ongoing Advocacy Priorities

While advocacy is not within the Committee's mandate, outcomes of some of the policy discussions focused on advocacy. Within the health system, the Region of Peel is not the "service system manager" like it is in other programs like housing and homelessness and childcare; it is therefore limited to advocate to other levels of government to affect change. Examples include:

HEALTH SYSTEM INTEGRATION COMMITTEE SUMMARY REPORT

- Provincial ambulance dispatch system reform
- Mental health and addictions funding and system integration
- Funding for Peel Manor redevelopment
- Funding inequities in the home and community care sector

To facilitate action and leverage windows of opportunity for influence, staff continue to use a multi-pronged approach to advocacy that includes both traditional tactics, such as formal letters and meetings with public officials within other levels of government, and more informal methods of influence, such as development of strategic partnerships and alliances to support positive directions at the local, provincial and/or federal levels. Further details on Committee endorsed advocacy efforts are included in Appendix IV.

CONCLUSION

With leadership from Council, the Region of Peel continues to work with both of the LHINs serving Peel (Central West and Mississauga Halton), the local hospitals, and other key partners to make system improvements, and address ongoing challenges. The Health System Integration Committee has played a catalyst role in supporting these efforts by identifying areas of intersection to benefit Peel residents.



Nancy Polsinelli, Commissioner of Health Services

Approved for Submission:



D. Szwarc, Chief Administrative Officer

APPENDICES

- Appendix I – Overview of Health System
- Appendix II – HSIC Terms of Reference
- Appendix III – Summary of HSIC Meetings
- Appendix IV – Update on Current Advocacy Priorities

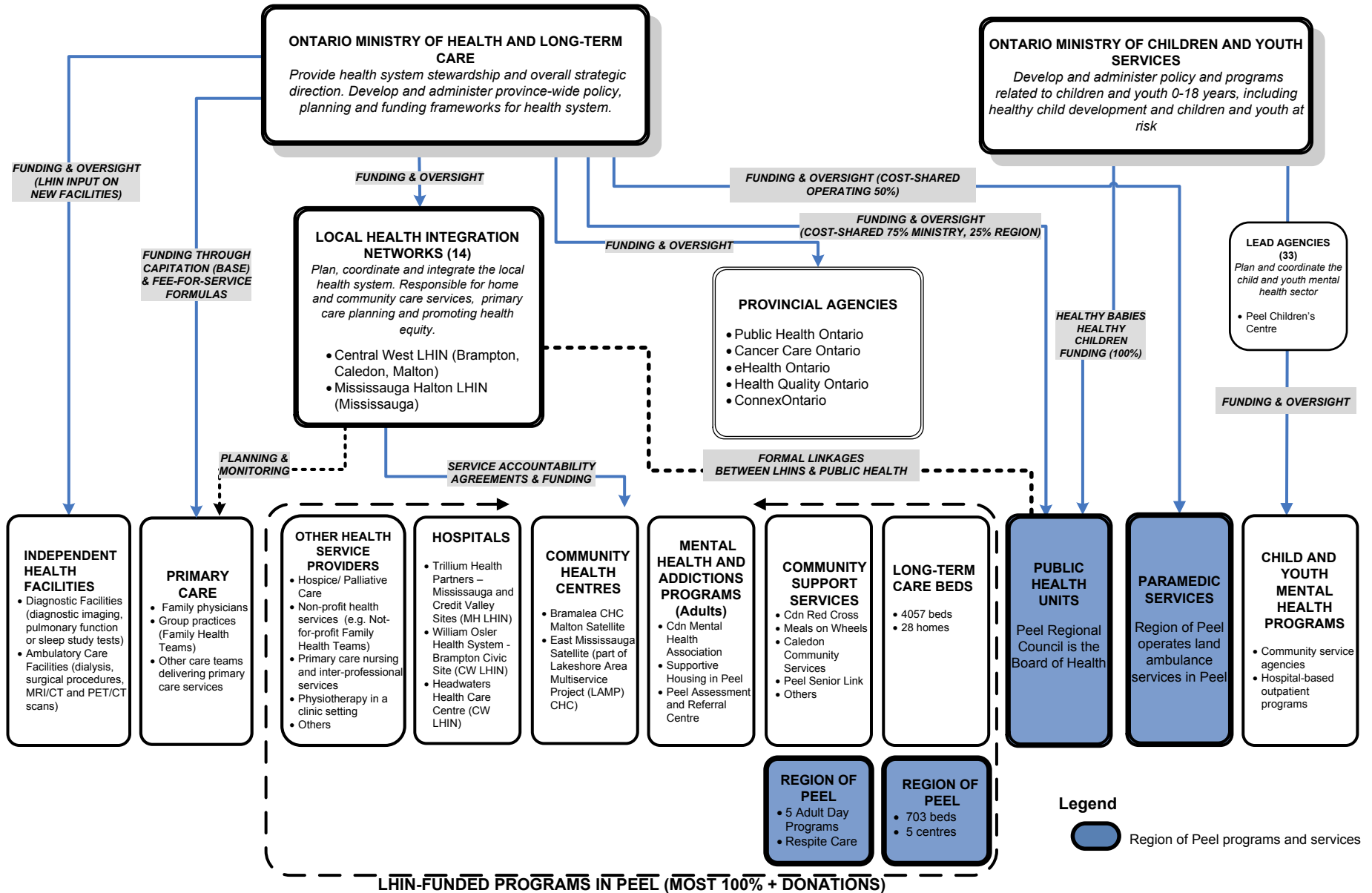
For further information regarding this report, please contact Dawn Langtry, Director, ext. 4138, dawn.langtry@peelregion.ca.

Authored By: Sharon Williams and Nicole Britten, Strategic Policy & Projects

APPENDIX I
HEALTH SYSTEM INTEGRATION COMMITTEE SUMMARY REPORT

Overview of the Health System: A Region of Peel Perspective

September 2017



**APPENDIX II
HEALTH SYSTEM INTEGRATION COMMITTEE SUMMARY REPORT**

Health System Integration Committee Terms of Reference

Revised: October 19, 2017

Name:

Health System Integration Committee shall be referred to herein as “the Committee”

Mandate:

The purpose of the Committee will be to advise and provide direction on issues related to Peel’s health system in order to advance integration of Regional programs. The priorities of the Committee will be developed through policy discussions about the role that Regional programs play in relation to the province and the Local Health Integration Networks (LHINs), and how the integration of those services that fall outside of the LHIN’s framework (e.g. Paramedic Services and Public Health), can be improved to better serve the health requirements of Peel residents across the lifespan.

Membership:

The Committee will be comprised of at least seven members of Regional Council and not more than four external stakeholders in an advisory capacity as outlined below:

- Chief Executive Officer, Mississauga Halton Local Health Integration Network
- Chief Executive Officer, Central West Local Health Integration Network
- President & Chief Executive Officer, Trillium Health Partners; and
- President & Chief Executive Officer, William Osler Health Centre

The external stakeholders listed above are appointed in an advisory capacity and therefore would hold no voting rights and would not count towards quorum. These stakeholders may send a designate if they are unable to attend a meeting.

Ad hoc senior level executives with relevant expertise to meeting agendas will be invited in an advisory capacity.

Term of Appointment:

Members of the Committee shall be appointed for a term ending upon the dissolution of the Committee or at the end of the term of Council, whichever comes first.

Chair and Vice-Chair (elected June 4, 2015):

- **Chair:** Councillor P. Saito, City of Mississauga, Ward 9
- **Vice Chair:** Councillor B. Shaughnessy, Town of Caledon, Ward 1

Quorum:

Quorum will consist of the majority of the total number of Council members on the Committee

Reporting Function:

The Committee will report to Regional Council. The minutes of each Committee meeting will be placed on the next available Council Agenda for approval.

Meeting Frequency:

The meeting frequency will be determined by the committee.

**APPENDIX II
HEALTH SYSTEM INTEGRATION COMMITTEE SUMMARY REPORT**

Meeting Structure:

The Committee meeting structure will follow the same rules as laid out in the Region of Peel's current Procedure by-law.

In-Camera:

The Committee reserves the right to go in-Camera for matters that meet the requirements of an in-camera discussion.

Staff Resources:

The Committee will be supported by staff from the Office of the Regional Clerk and the Health Services department.

**APPENDIX III
HEALTH SYSTEM INTEGRATION COMMITTEE SUMMARY REPORT**

Summary of HSIC Meetings (June 2015 – May 2018)

Meeting Date <i>(agenda Linked)</i>	Topics Discussed	Delegations/Speakers	Meeting Outcome(s)
June 4, 2015	<ul style="list-style-type: none"> Committee Role Aging Population Preparedness Planning Paramedic Health and Safety Update 	<ul style="list-style-type: none"> Janette Smith, Commissioner Bill McLeod, CEO, MH LHIN Scott McLeod, CEO, CW LHIN 	<ul style="list-style-type: none"> Chair & Vice Chair elected. Recommendation HSIC-4-2105: To include some external stakeholders as advisory members on this Committee. Recommendation HSIC-5-2015: Procurement for power load stretchers, funding considerations and evaluation of program. <p><u>Directions to Staff:</u></p> <ul style="list-style-type: none"> Request made to Commissioner to provide a full update report and presentation at next meeting on offload delay. Request for a list of priority areas for potential advocacy positions be prepared for next meeting.
September 10, 2015	<ul style="list-style-type: none"> Committee membership and activities 		<ul style="list-style-type: none"> Recommendation HSIC-7-2015: Approval of HSIC membership including advisory members (or designates).
October 29, 2015	<ul style="list-style-type: none"> Paramedic Offload Delay Update CW LHIN & WOHS Hospital Capital Planning Ambulance Patient Co-Payment 	<ul style="list-style-type: none"> Peter Dundas, Director Scott McLeod, CEO, CW LHIN Matthew Anderson, Pres & CEO, WOHS Janette Smith, Commissioner 	<ul style="list-style-type: none"> Recommendation HSIC-9-2015: Shift advocacy efforts from ambulance patient co-payment to dispatch reform.
February 4, 2016	<ul style="list-style-type: none"> Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario Ambulance Communications and Dispatch Services Advocacy 	<ul style="list-style-type: none"> Sharon Lee Smith, Associate Deputy Minister, Policy & Transformation, MOHLTC 	<ul style="list-style-type: none"> Recommendation HSIC-2-2016 – Endorsement of ROP response to the Patients First proposal. Recommendation HSIC-3-2016: That the Ministry of Health and Long-Term Care be requested to expedite improvements to the ambulance dispatch system.
June 2, 2016	<ul style="list-style-type: none"> Service and Funding Shortages faced by Adults with Cognitive Disabilities (resident delegation) Mental Health (resident delegation) LHIN Integrated Health Services 	<ul style="list-style-type: none"> D. Daniel, Resident W. Edwards & C. Pender, Residents Liane Fernandes, Senior Director, MH LHIN Mark Edmonds, Acting Senior 	<ul style="list-style-type: none"> Resident delegations received and delegates were provided with staff contacts for follow-up assistance. LHIN representatives expressed support in working with the Region of Peel on creative solutions for accessible transportation.

**APPENDIX III
HEALTH SYSTEM INTEGRATION COMMITTEE SUMMARY REPORT**

Summary of HSIC Meetings (June 2015 – May 2018)

Meeting Date <i>(agenda Linked)</i>	Topics Discussed	Delegations/Speakers	Meeting Outcome(s)
	<ul style="list-style-type: none"> Plans & Update on Provincial Directions Related to Patients First • Workplace Psychological Health and Safety • Transhelp Eligibility Changes • Ambulance Offload Advocacy Update • Future Meeting Planning 	<ul style="list-style-type: none"> Director, CW LHIN • Stephanie Grenier, Principal Consultant, Mental Health Innovations • David Margiotta, Program Manager • Aislin O'Hara, Project Advisor • Janette Smith, Commissioner 	<ul style="list-style-type: none"> • Validation of future meeting plans and quarterly meeting frequency. <p><u>Directions to Staff:</u></p> <ul style="list-style-type: none"> • Design a future meeting around a broader discussion related to the mental health system in Peel.
October 20, 2016	<ul style="list-style-type: none"> • Sheridan Villa's Special Behaviour Support Unit • Overview of Mental Health System in Peel • Provincial Mental Health Strategy • LHIN Role in the Mental Health and Addictions System • Lead Agency role for Child and Youth Mental Health Services in Peel • Overview of CMHA Peel Dufferin's work in Peel and with the Region of Peel 	<ul style="list-style-type: none"> • Dawn Langtry, Director • Sharon Lee Smith, Associate Deputy Minister, Policy & Transformation, MOHLTC • Suzanne Robinson, Senior Director, CW LHIN • Monica Bettazzoni, Program Director, Mental Health, Halton Healthcare • Humphrey Mitchell, CEO, Peel Children's Centre • David Smith, CEO, CMHA Peel Dufferin 	<ul style="list-style-type: none"> • Recommendation HSIC-6-2016: Approval of temp staff hours for Sheridan Villa's SBSU and ongoing health system partnership. • Mental health advocacy positions referred to Government Relations Committee to be included as Regional priority positions. • Request that Associate Deputy Minister Sharon Lee Smith relay to the province that Peel deserves greater recognition and support from the province given our population and contributions made to Ontario. <p><u>Directions to Staff:</u></p> <ul style="list-style-type: none"> • Provide mental health system overview presentation to all of Regional Council.
January 19, 2017	<ul style="list-style-type: none"> • Overview of Challenges and Opportunities Facing the Home and Community Care Sector • Supportive Housing Demand and Supply Analysis and Action Plan • Patient's First Act – New Legislation that Enacts Health System Reform • Overview of Community Care and Housing Services in Peel • Seniors Health & Wellness Village 	<ul style="list-style-type: none"> • Robert Varga, Vice President of Corporate Services, CW CCAC • Caroline Bereton, CEO, MH CCAC • Sue Ritchie, Manager • Stella Danos-Papaconstantinou, Director 	<ul style="list-style-type: none"> • Recommendation HSIC-1-2017: Sharing of information with MPs and MPPs (including HSIC agendas and minutes). • Recommendation HSIC-2-2017: Invitation to all 905 municipalities to participate in a Region of Peel-organized conference to advocate for fair funding. • Recommendation HSIC-3-2017: Convert temporary Adult Day Services staff to permanent status and continue advocacy regarding funding inequities in home and community care.

**APPENDIX III
HEALTH SYSTEM INTEGRATION COMMITTEE SUMMARY REPORT**

Summary of HSIC Meetings (June 2015 – May 2018)

Meeting Date <i>(agenda Linked)</i>	Topics Discussed	Delegations/Speakers	Meeting Outcome(s)
	<ul style="list-style-type: none"> at Peel Manor Update Community Support Services Funding 		<ul style="list-style-type: none"> Recommendation HSIC-4-2017: Approve, in principle, Seniors Health and Wellness Village at Peel Manor recommendations and actively advocate for provincial funding to support the redevelopment.
April 20, 2017	<ul style="list-style-type: none"> Overview of Key Challenges and Opportunities facing Peel Regional Paramedic Services Update on Provincial Dispatch Reform Advocacy Update on Psychological Health and Safety Initiatives being implemented by Paramedic Services Update on Implementation of Patients First Act and Implications for Peel (deferred) 	<ul style="list-style-type: none"> Peter Dundas, Director Dave Wakely, President, OPSEU Local 277 Dan Paterson, Superintendent Jill Ferras, Paramedic Bill MacLeod, CEO, MH LHIN Kim Delahunt, Senior Director, CW LHIN 	<ul style="list-style-type: none"> Chair Dale suggested that further correspondence from the Region related to health system advocacy positions be copied to the provincial leaders and opposition health critics. Patients First Act presentation by the LHINs deferred to the next meeting (June 29). <p><u>Directions to Staff</u></p> <ul style="list-style-type: none"> Report back to Regional Council with analysis of the challenges related to provincial driver's licence review process for paramedics and recommend options for advocacy.
June 29, 2017	<ul style="list-style-type: none"> Update on Implementation of Patients First Act Update on the modernization of the Emergency Health Services System 	<ul style="list-style-type: none"> Kim Delahunt, Senior Director, CW LHIN Odelia Andrea, Director, Strategy Management & Planning, MH LHIN Patricia Li, Associate Deputy Minister, MOHLTC Donna Piasentini & Steven Haddad, MOHLTC 	<ul style="list-style-type: none"> LHIN representatives indicated that future announcements from the province will be coming regarding funding formulas for sub regions. Committee reinforced need to consult with front line paramedics. Recommendation HSIC-7-2017: Mental health advocacy approach for needs based funding and coordination of service planning across the lifespan.
February 15, 2018	<ul style="list-style-type: none"> Proposal for improved addictions supports in Peel (resident delegation) Update on LHIN's Progress with Sub-Region Planning and Priorities and an Integration between the Region of Peel Public Health and LHINs Update on Provincial Dispatch 	<ul style="list-style-type: none"> P. Gillespie, Resident Scott McLeod, CEO, CW LHIN Angela Burden, Vice President Health System Strategy, Integration and Planning, MH LHIN Dr. Jessica Hopkins, Medical Officer of Health, Region of Peel 	<ul style="list-style-type: none"> Recommendation HSIC-2-2018: That staff report back on mental health and addictions supports in Peel, and that the Central West and Mississauga Halton LHINs be requested to review the resident proposal. Recommendation HSIC-3-2018: A renewed focus on dispatch reform advocacy including a request to meet with the Minister of Health, and focus on implementing dispatch

**APPENDIX III
HEALTH SYSTEM INTEGRATION COMMITTEE SUMMARY REPORT****Summary of HSIC Meetings (June 2015 – May 2018)**

Meeting Date <i>(agenda Linked)</i>	Topics Discussed	Delegations/Speakers	Meeting Outcome(s)
	Reform Advocacy and Emergency Health System Modernization		reforms before any new models of care.

**APPENDIX IV
HEALTH SYSTEM INTEGRATION COMMITTEE SUMMARY REPORT**

**Update on Current Advocacy Priorities of the HSIC
Current Health System Advocacy Positions endorsed by the Health System Integration Committee**

ADVOCACY POSITION	PROGRESS & RECENT ACTIVITY	POTENTIAL UPCOMING OPPORTUNITIES
<p>1. Provincial Ambulance Dispatch System Reform</p> <p>The Ministry of Health and Long-Term Care should expedite the improvements related to the ambulance dispatch system by implementing Medical Priority Dispatch System across the province. The Mississauga Dispatch Centre, given the call volumes, should be a priority for implementation.</p> <p><i>HSIC report (Feb 4, 2016): Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario – Region of Peel Response. Approved by Regional Council, February 25, 2016 (2016-143).</i></p> <p><i>Government Relations Committee (GRC) report (Nov 10, 2016) Aligning the Region of Peel's Advocacy with the Strategic Plan and Term of Council Priorities. Approved by Regional Council, December 8, 2016 (2016-958).</i></p> <p>That the Ministry of Health and Long Term Care, in recognition of next steps with emergency health service system modernization, prioritize the evidence-informed improvements to the ambulance dispatch system over implementing amendments to the <i>Ambulance Act</i> by:</p> <ul style="list-style-type: none"> • Immediately moving forward with implementation of the new triage tool in all dispatch centres, starting with the Mississauga Central Ambulance Communication Centre, as an urgent priority; and • Proceeding with additional technology and business process improvements in dispatch centres as outlined in the 2015 report of the Provincial Municipal Land Ambulance Dispatch Working Group. <p><i>HSIC report (Feb 15, 2018): Update on Provincial Dispatch Reform and Emergency Health Service System Modernization. Approved by Regional Council, March 8, 2018 (2018-163).</i></p>	<ul style="list-style-type: none"> • Public commitment from Ministry to replace triage tool, and that the Mississauga Central Ambulance Communication Centre (CACC) will be the first site for implementation (June 2017). • Patricia Li, Assistant Deputy Minister (ADM) responsible for paramedic issues and Ministry staff delegated at the HSIC meeting on the modernization of emergency services in Ontario, including the pending improvements to the dispatch system (June 2017). • Participation in MOHLTC's consultation on amendments to Ambulance Act including a letter indicating that Dispatch should be first priority (July 2017). • Written submission to Standing Committee on General Government reiterating the Region's position that dispatch reform should remain first priority and be implemented before any new models of care (November 2017). • Letter to the Minister of Health and Long Term Care requesting a joint meeting with Halton to discuss next steps with moving dispatch reform forward (March 2018). • In April 2018, the Ministry indicated that a vendor agreement had been signed and staff were being brought on to oversee implementation (April 2018). 	<ul style="list-style-type: none"> • Continued monitoring of positive progress and engagement with Ministry staff to ensure Regional insights inform current and future dispatch improvements including: implementation of the new triage tool, access to real-time data and accountability agreements with CACC (Ongoing). • Consistent engagement with Ministry staff on implementation of the new triage tool will provide additional opportunities to advance other dispatch reform issues (access to real time data, accountability) through partnership and staff relationships (through Spring 2018). • Should a new provincial government come into power in June 2018, staff will need to ensure dispatch reform continues to move forward (Summer 2018).

**APPENDIX IV
HEALTH SYSTEM INTEGRATION COMMITTEE SUMMARY REPORT**

Update on Current Advocacy Priorities of the HSIC

ADVOCACY POSITION	PROGRESS & RECENT ACTIVITY	POTENTIAL UPCOMING OPPORTUNITIES
<p>2. Mental Health and Addictions Funding</p> <p>The provincial government should address historical inequities in funding for mental health and addictions services in Peel to support improved access to services within the community and ensure that funding matches community needs and reflects demographic changes.</p> <p><i>GRC Report (Nov 10, 2016): Aligning the Region of Peel's Advocacy with the Strategic Plan and Term of Council Priorities. Approved by Regional Council, December 8, 2016 (2016-958).</i></p> <p><i>Referred by HSIC (Oct 20, 2016)</i></p>	<ul style="list-style-type: none"> • Sharon Lee Smith, Associate Deputy Minister (ADM) responsible for mental health and addictions, delegated at the October 2016 HSIC meeting, providing an overview of provincial progress with the Ontario's Open Minds Healthy Minds Strategy (October 2016). • Ministry of Children and Youth Services has committed to a needs-based funding formula, to be rolled out in 2018. • The Ministry of Health and Long-Term Care has yet to demonstrate they are moving forward with a similar needs-based formula. • Meeting with the Chief Executive Officer of Peel Children's Centre regarding anticipated provincial funding model changes and local impacts (June 2017). • Letter from the Regional Chair to the Minister of Health and Long Term Care and the Minister of Children and Youth Services highlighting mental health and addictions underfunding as an advocacy priority for the Region of Peel (July 2017). • Meeting with MOHLTC staff to discuss progress related to mental health funding (Fall 2017). • Mental health and addictions underfunding and needs-based allocation across the lifespan was highlighted in the Region's pre-budget submission to the province (January 2018). • The Liberals pre-election budget included a \$2.1 B investment over 4 years in mental health and addictions services and a commitment to implementing the new funding model for child and youth services which will have positive impacts in Peel (March 2018). 	<ul style="list-style-type: none"> • Mental health and addictions has emerged as a key provincial election issue, and ongoing conversations at the provincial level may present opportunities for further advocacy (Spring 2018). • Follow up with the MOHLTC, encouraging the Province to move forward with a needs-based funding model for mental health services across the lifespan (Spring/Summer 2018).
<p>3. Mental Health System Integration</p> <p>The provincial government should integrate mental health system planning and service delivery to ensure seamless access to services across the entire age continuum (children to seniors) and work across ministries on the basic social needs required for</p>	<ul style="list-style-type: none"> • Efforts to plan mental health services at the local level for both the child/youth (Peel Children's Centre) and adult sectors (Central West & Mississauga Halton LHINs) are ongoing. • Future LHIN planning for mental health and addictions will be focused at the sub-region level and mental health has 	<ul style="list-style-type: none"> • Mental health and addictions has emerged as a key provincial election issue, and ongoing conversations at the provincial level may present opportunities for further advocacy (Spring 2018). • Continue to support mental health system planning locally and identify opportunities for coordinated

**APPENDIX IV
HEALTH SYSTEM INTEGRATION COMMITTEE SUMMARY REPORT**

Update on Current Advocacy Priorities of the HSIC

ADVOCACY POSITION	PROGRESS & RECENT ACTIVITY	POTENTIAL UPCOMING OPPORTUNITIES
<p>mental health promotion and recovery, such as housing.</p> <p><i>GRC Report (Nov 10, 2016): Aligning the Region of Peel's Advocacy with the Strategic Plan and Term of Council Priorities. Approved by Regional Council, December 8, 2016 (2016-958).</i></p> <p><i>Referred by HSIC (Oct 20, 2016)</i></p>	<p>been identified as a priority for sub-region planning.</p> <ul style="list-style-type: none"> • Staff are working to support linkages between the Peel Children's Centre and the Central West and Mississauga Halton LHINs, and encourage alignment of service planning efforts (Ongoing). • Meeting with the Chief Executive Officer of Peel Children's Centre to identify opportunities to leverage his provincial role in sector reform to support alignment of children and youth mental health planning with the adult mental health sector (June 2017). • Meeting with MOHLTC staff to discuss progress with system integration, or insights into the provincial focus for the next phase of the Provincial strategy (Fall 2017). 	<p>planning with other system partners at a regional level (Ongoing).</p> <ul style="list-style-type: none"> • Identify opportunities to encourage the integration of mental health services with other supports across the lifespan, such as supportive housing, and ensure that the needs of seniors are adequately integrated with adult services (Ongoing).
<p>4. Peel Manor Funding</p> <p>That the Ministry of Health and Long-Term Care partner with the Region of Peel to fiscally support the Peel Manor redevelopment into a Seniors Health and Wellness Village comprised of a long-term care home, expanded Adult Day Service and a seniors' hub to help older adults age in place for as long as possible.</p> <p><i>HSIC Report (January 19, 2017): Seniors Health and Wellness Village at Peel Manor – Project Update. Approved by Regional Council, on February 9, 2017 (2017-102).</i></p>	<ul style="list-style-type: none"> • Staff have been consistently informed that Peel Manor is ineligible for funding available for redevelopment through the Enhanced Long Term Care Home Renewal Strategy. • Staff continue to work with Ministry and LHIN staff to explore additional opportunities for partnership and to obtain provincial capital funding. • Letter to the Minister of Health and Long-Term Care, and the Central West LHIN requesting a partnership with the province that includes a financial contribution to redevelopment of Peel Manor (July 2017). • Briefing on Peel Manor issue shared with opposition leaders at AMO conference (meeting request was not granted) (August 2017). • Visit from the Premier at Peel Manor, with the opportunity to send a letter directly to the Premier's office regarding Peel Manor's funding needs (October 2017). • Follow up letter from the Premier directing the Minister of Health and Long-Term Care to respond to Peel's request (October 2017). • Seniors Health and Wellness Village at Peel Manor was highlighted at the Region's breakfast for MPP candidates, where Sylvia Jones, MPP Dufferin Caledon offered to bring 	<ul style="list-style-type: none"> • Follow up letter to Minister of Health and Long-Term Care about partnership and funding opportunities in response to the Premier's direction (Winter 2018). • Continued relationship building and exploration of other partnership and funding opportunities with provincial staff and CW LHIN staff (ongoing).

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Update on Current Advocacy Priorities of the HSIC

ADVOCACY POSITION	PROGRESS & RECENT ACTIVITY	POTENTIAL UPCOMING OPPORTUNITIES
	the issue forward in the legislature (March 2018).	
<p>5. Funding Inequities in Home and Community Care Sector</p> <p>The Ministry of Health and Long-Term Care should ensure that historical inequities in funding for home and community care services are addressed using a provincial resource allocation strategy that recognizes the needs of high growth communities, increased capacity needs of the home and community sector, and supports caregivers.</p> <p><i>HSIC report (Feb 4, 2016): "Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario – Region of Peel Response" (4.1). Approved by Regional Council, Feb 25, 2016 (2016-143).</i></p>	<ul style="list-style-type: none"> • In May 2017, the provincial government announced an additional \$ 85 million over three years (on top of the \$ 250million allocated from a previous budget announcement). The province also announced an additional \$40 million in October 2017 to support transitional spaces and home care supports in the community. • In June 2017, the Province allocated \$20 million to address funding inequities for the lowest funded LHINs (which included the Central West and Mississauga Halton LHINs). • Meeting with the Director of the Home and Community Care branch at MOHLTC to understand funding allocations and next steps related to home care (November 2017). • Regional response to recent Seniors Action plan highlighted underfunding of home and community care and the importance of supports for daily living (January 2018). • Home and community care underfunding was highlighted in the Region's pre-budget submission to the province (January 2018). • The Liberals pre-election 2018 provincial budget included an additional \$650 million over three years. An allocation strategy for this funding is not yet clear (March 2018). 	<ul style="list-style-type: none"> • Ongoing health system reforms enacted through the <i>Patients First Act</i> may create further opportunities for the Region to influence funding models (Ongoing). • Staff gathering and collating data and intelligence on this issue to better understand how additional investments are meeting growing demand for home and community care and addressing the historical gaps in funding experienced by the CW and MH LHINs (Ongoing). • Staff building relationships and exploring opportunities with system partners (e.g. CW LHIN, MH LHIN, Ontario Community Support Association) to advance advocacy in this area (Ongoing).

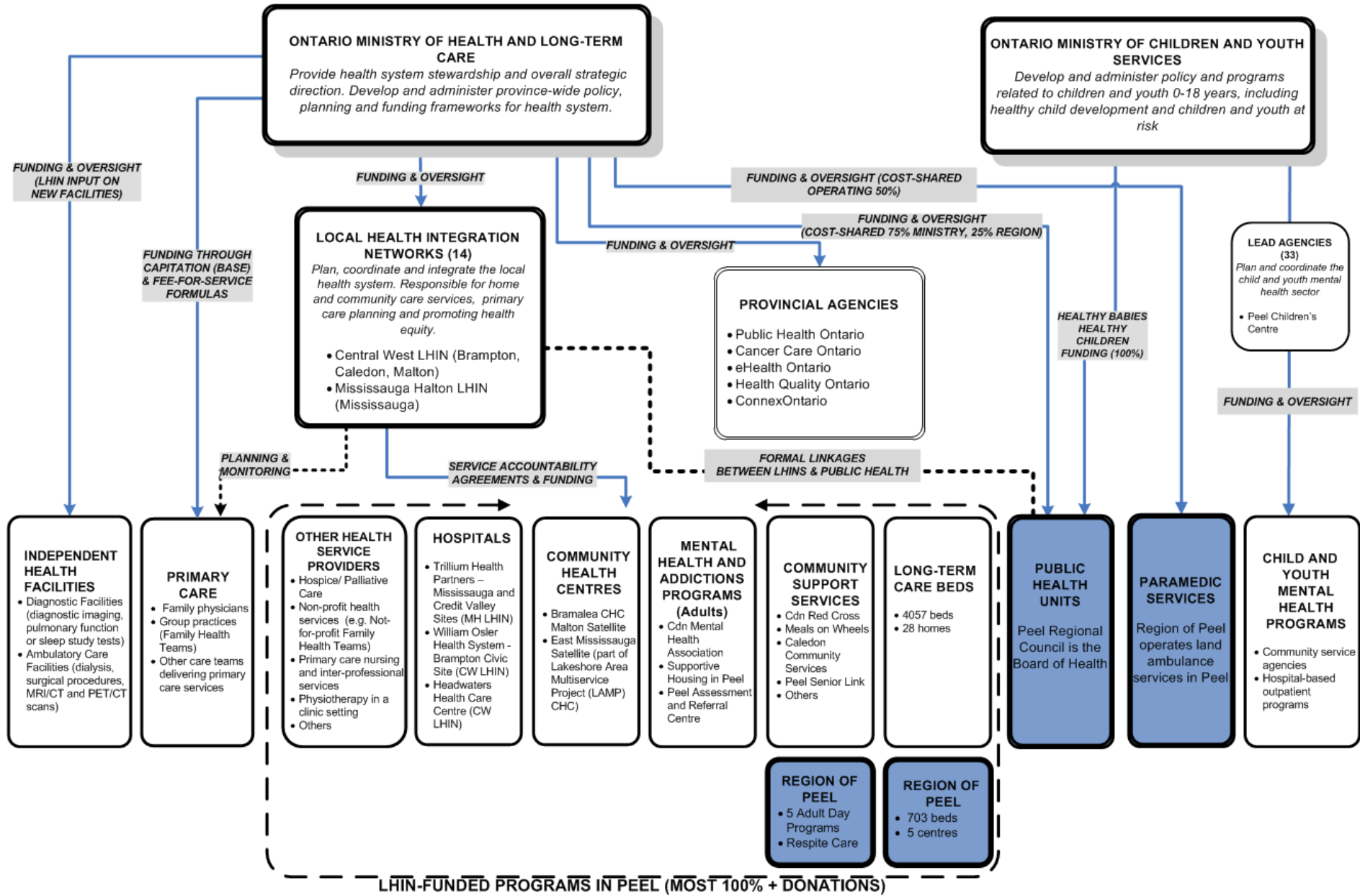
Health System Integration Committee Summary of Directions and Outcomes

Dawn Langtry

Presentation to Health System Integration Committee
May 17, 2018

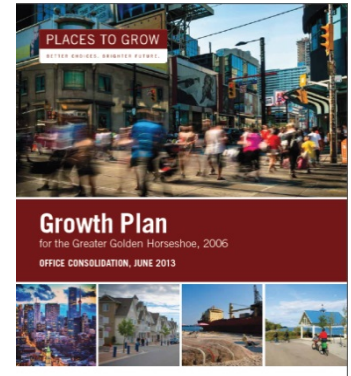
Overview of the Health System: A Region of Peel Perspective 4.4-16

September 2017

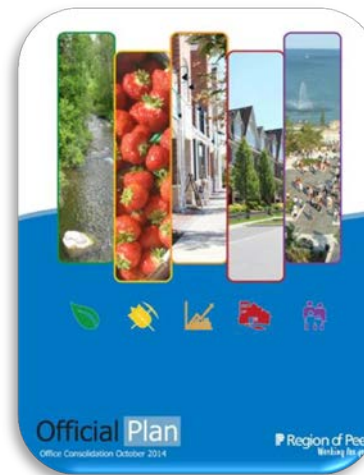


Other Regional Programs and Services

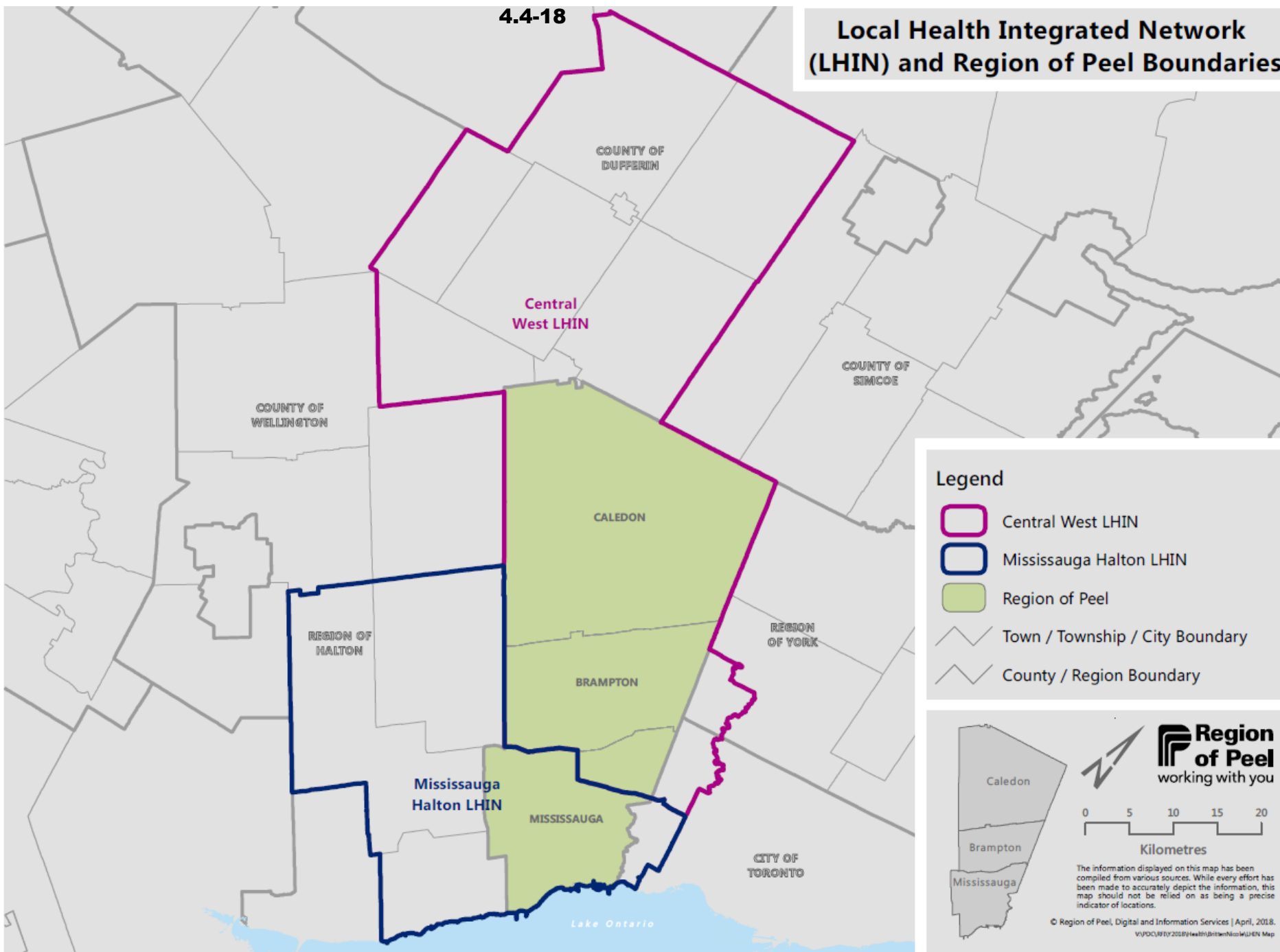
- Housing and Homelessness
- Employment & Income Supports
- Early years & child care
- Transportation Planning
- TransHelp
- Growth Management



Ontario Early Years Centres




Local Health Integrated Network (LHIN) and Region of Peel Boundaries

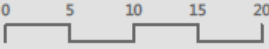


Legend

-  Central West LHIN
-  Mississauga Halton LHIN
-  Region of Peel
-  Town / Township / City Boundary
-  County / Region Boundary



Region of Peel
working with you



0 5 10 15 20
Kilometres

The information displayed on this map has been compiled from various sources. While every effort has been made to accurately depict the information, this map should not be relied on as being a precise indicator of locations.

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V:\POC\RF\2018\Health\HealthNetwork\LHIN Map

Health System Integration Committee Mandate

- To provide advice and direction on how the Region can further partner/integrate with the rest of the health system.
- Provide a forum for the Region and key health systems partners to discuss and explore local capacity and challenges facing the health system in Peel.



HSIC Discussions & Outcomes

3 Overarching Themes



Patients
First Act
(2016)



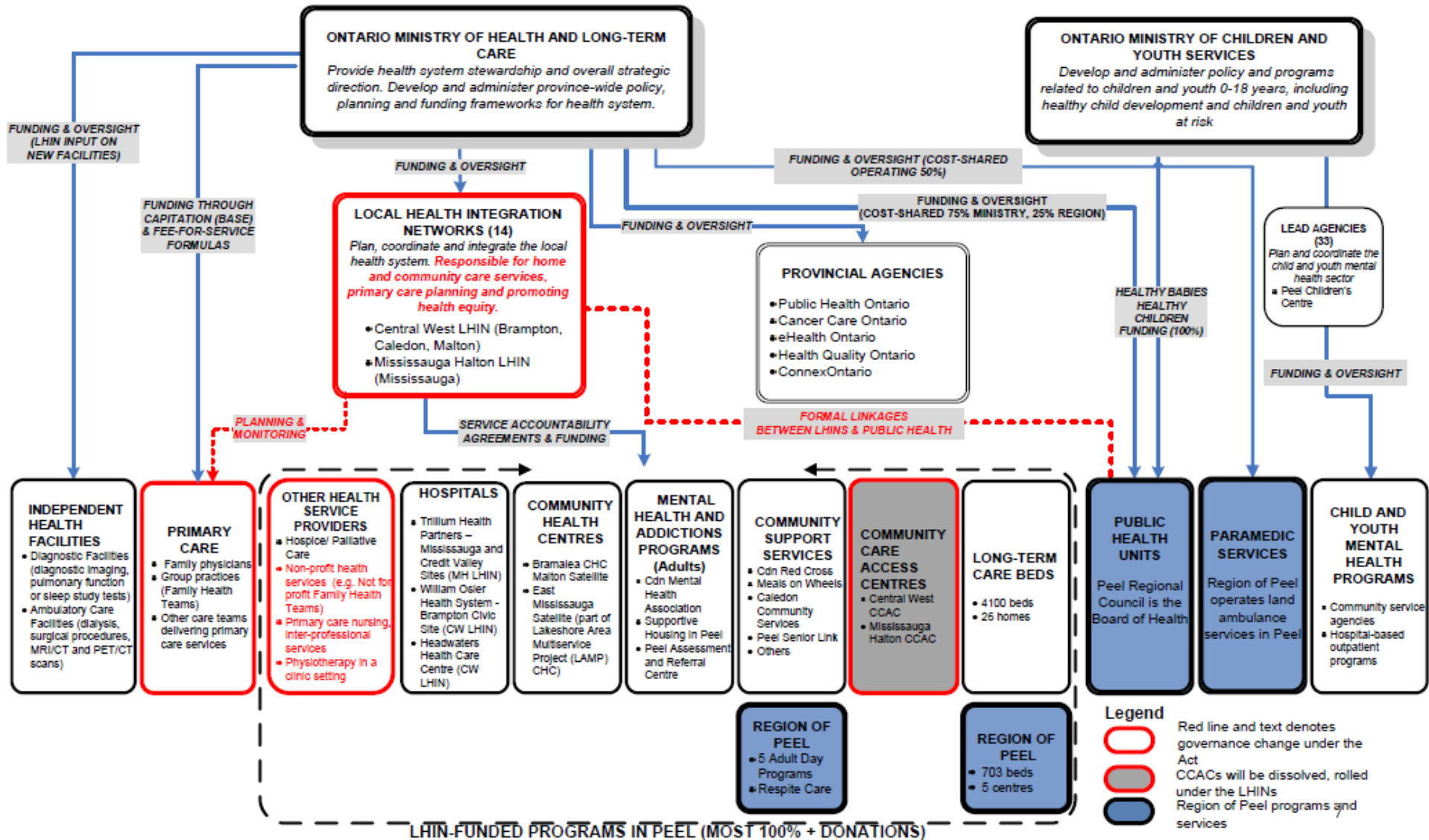
Paramedic
Services
System
Pressures



Mental
Health &
Addictions



Patients First Act (2016)



Patients First Act (2016)

Committee Outcomes:

- Region's response to the *Patients First Act*
 - Funding and integration of home & community care
 - Mental health system integration
 - Role of paramedics in the health system (incl. dispatch)



Paramedic Services System Pressures

- Ongoing challenges with ambulance dispatch
- Modernization of Emergency Health Services
 - Amendments to the Ambulance Act (i.e. New models of care for paramedics)



Paramedic Services System Pressures

Committee Outcomes :

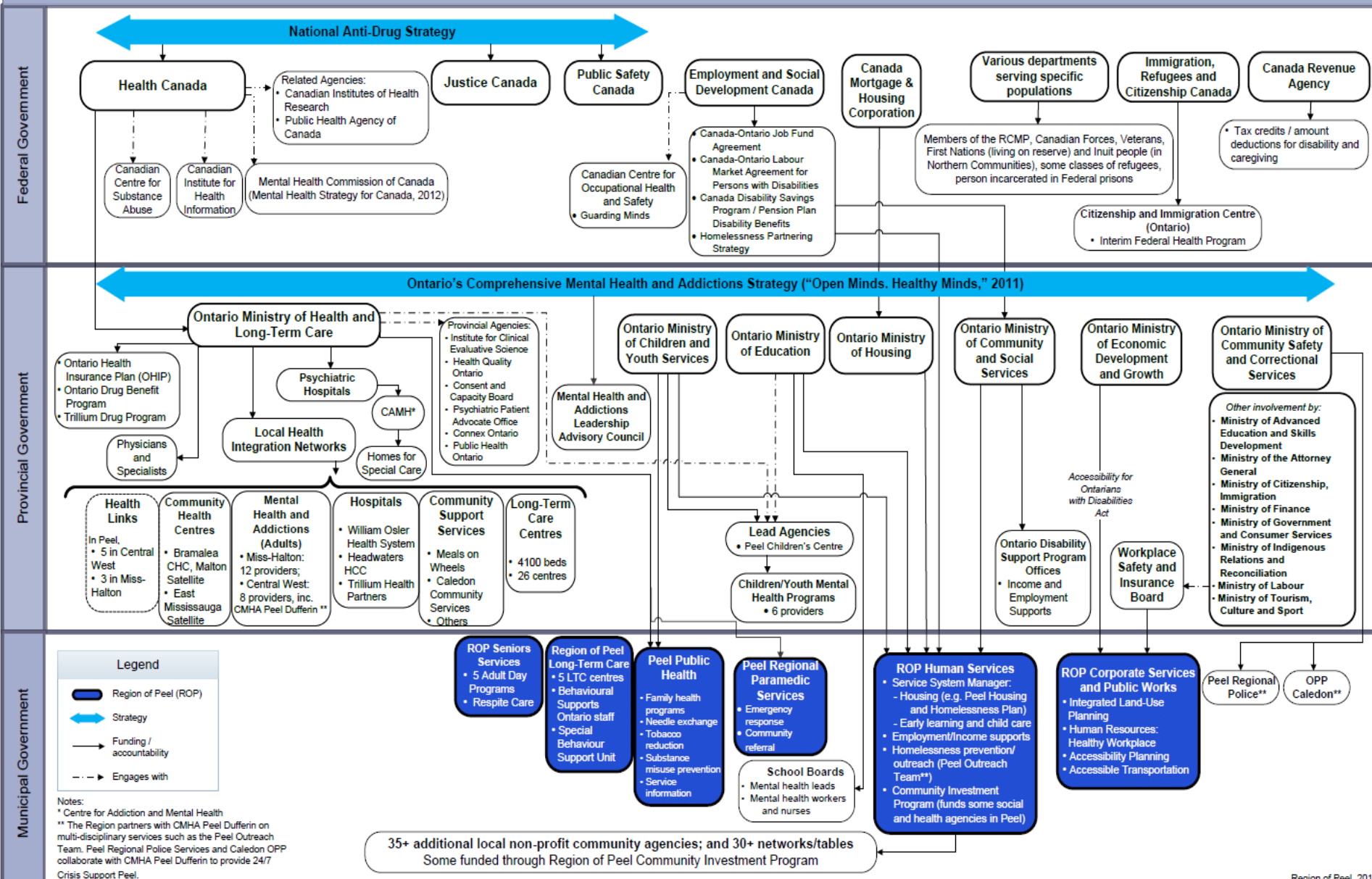
- Provincial dispatch reform advocacy
- Offload delay
- Psychological health and wellness



Mental Health and Addictions

4.4-25

Overview of Government-Funded Mental Health and Addictions Programs and Services – A Region of Peel Perspective



Mental Health & Addictions

Committee Outcomes:

- 2 advocacy positions endorsed as Regional priorities

Mental Health and Addictions Funding

The provincial government should address historical inequities in funding for mental health and addictions services in Peel to support improved access to services within the community and ensure that funding matches community needs and reflects demographic changes.

Mental Health System Integration

The provincial government should integrate mental health system planning and service delivery to ensure seamless access to services across the entire age continuum (children to seniors) and work across ministries on the basic social needs required for mental health promotion and recovery, such as housing.



In Summary

- Provincial policy reforms were key drivers of change
- HSIC served as a forum and catalyst for local policy discussions, partnership and advocacy opportunities



Butterfly Project

**Health System Integration
Committee
Peel Regional Council**

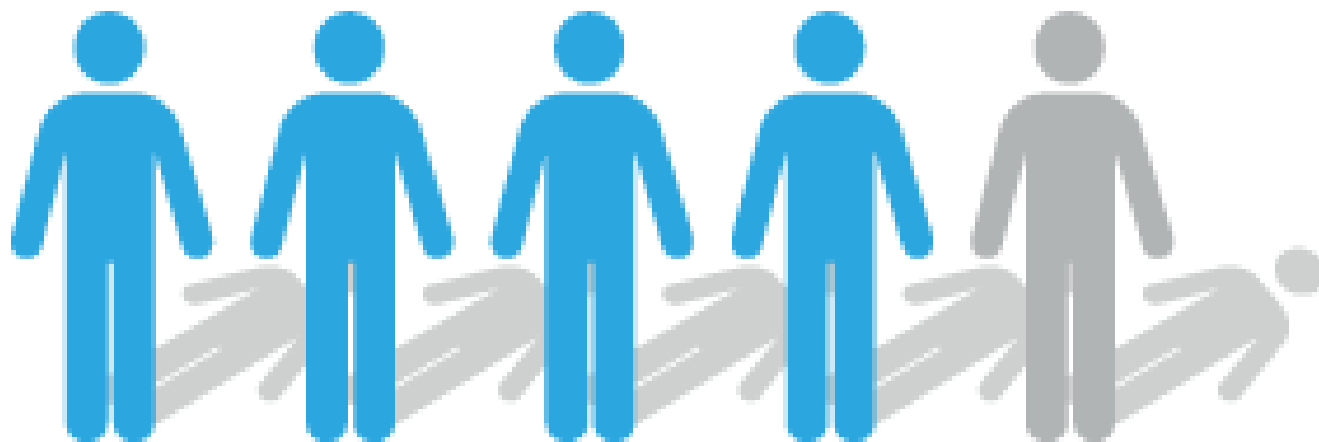
Cathy Granger,
Director, Long Term Care
Region of Peel

The Challenge



People Living in Peel Long Term Care

- Four out of every five people extensively or totally dependent on staff (82 per cent)
- Four out of every five people living with some level of cognitive impairment (83 per cent), including dementia



Dementia

- Progressive illness
- Affects the brain and erodes the ability to communicate, organize thoughts and interpret the world
- Often unable to advocate for themselves
- Unmet needs lead to responsive behaviours:
 - crying out
 - repetitive behaviours
 - aggression



State of Long Term Care



Peel Long Term Care

- Home areas with 25 people at different levels of acuity living in one space
- Environment prioritizes safety, disease prevention, efficiency
- Heavy regulation – process, task and documentation focused
- Programmed activities

Result for People Living with Dementia

- Clinical needs met
- People are safe
- Bodies nourished
- Unmet emotional needs
- Lack of continuous engagement, boredom
- Responsive behaviours
- Antipsychotic medications
- Staff incidental sick time

Enter Butterfly



Butterfly Household Model of Care

- Culture change
- Home-like environment
- Staff training
- Intimate knowledge of people living in the home
- Constant personalized interaction and engagement
- Meaningful occupation
- Loving touch and connection
- All staff participate



Not Just Paint...

Butterfly is a model of care that focuses on changing the culture from a task oriented one to one focused on understanding and meeting the real human needs of people with dementia



Connection

Engagement

Purpose

Affection

Results

- From assessment level 9 to level 2
- First Butterfly Home in Ontario
- Higher social engagement
- Reduced number of people who fell
- Decreased antipsychotic drug use
- Fewer cases of worsened depression
- Higher family engagement
- Improved staff satisfaction
- Fewer hours of incidental sick time



Spreading Butterfly



By 2021

- A fully functional Butterfly Home at each Peel Long Term Care centre – six in total
- 1000+ staff trained to provide emotional care for people with dementia
- Additional staff to support people with dementia



System Change and Advocacy



System Change

- Increase funding allocation to reflect the staffing levels needed to truly support the emotional needs of people living with dementia
- Change regulations to prioritize emotional well-being
- Obtain funding for staff training and culture change related to emotional care for people living with dementia



Region of Peel Butterfly Project

peelregion.ca/ltc/butterfly-home

