



THE REGIONAL MUNICIPALITY OF PEEL

REGIONAL COUNCIL

ADDITIONAL AGENDA

Thursday, April 9, 2015

11. ITEMS RELATED TO HEALTH

Chaired by Councillor E. Moore or Vice-Chair Councillor G. Gibson

11.2 Emergency and Protective Services Committee Update

DATE: April 15, 2015

REPORT TITLE: **EMERGENCY AND PROTECTIVE SERVICES COMMITTEE UPDATE**

FROM: Janette Smith, Commissioner of Health Services

RECOMMENDATION

That the Emergency and Protective Services Committee be discontinued;

And, further, that a Health System Integration Committee, as outlined in the report of the Commissioner of Health, titled "Emergency and Protective Services Committee Update" be established;

And further, that the Terms of Reference for the Health System Integration Committee, as outlined in Appendix II of the subject report, be approved;

And further, that those Members of Council seeking appointment to the Health System Integration Committee, be appointed by Regional Council at April 9, 2015 meeting.

REPORT HIGHLIGHTS

- The Emergency and Protective Services Committee (EPSC) was established in 2001, with a mandate to guide and support the downloading of paramedics to municipalities.
- Today, the issues facing Paramedic Services relate to the broader health system, and the need for greater integration and coordination with health system partners.
- By expanding the scope of the EPSC, the proposed "Health System Integration Committee" could provide advice and direction around how Paramedic Services and other Regional programs can further integrate with the rest of the health system.

DISCUSSION

1. Background

On January 15, 2015, Regional Council passed a resolution to suspend the existing Emergency and Protective Services Committee (EPSC) until after the Term of Council Priorities and Strategic Plan exercise is complete. On March 26, 2015, staff were directed to reopen the discussion for potential reappointment of the Committee.

The EPSC was established in 2001, when paramedics were first downloaded to municipalities. The mandate of the EPSC was, therefore, shaped by the issues that needed to be addressed at that time. This included decisions related to how the Region of Peel would deliver the Paramedic Services to residents (i.e. through direct delivery or contract

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with a private vendor), the service delivery model that would be used and the development of the first 10-year capital plan. This enabled the Region to effectively take on its new responsibility as the land ambulance operator.

Today, the issues impacting Paramedic Services relate to the interconnectedness to the rest of the health system. For example, Council is aware of the ongoing work Paramedics are doing with our hospital partners to address systemic issues related to offload delay and the work that Paramedics have done with our Local Health Integration Network (LHIN) and Community Care Access Centre (CCAC) partners to explore opportunities to better connect patients to the health care services they need through our community paramedicine priority.

Other issues were highlighted in two delegations received by Regional Council on March 26, 2015 by Dr. Sheldon Cheskes, Medical Director for Peel Regional Paramedic Services through his Annual Medical Directors Update and Michelle DiEmanuele, President and CEO, and Edward Sellers, Board Chair for Trillium Health Partners on the health care needs of our changing and diverse community. Both delegations highlighted the importance of health system integration and the need for the Region to increase efforts, through research and innovation, to lead and work with our health system partners to see that Peel receives its fair share of provincial funding and that Peel residents have access to and receive services in a seamless way.

a) Peel's Local Health System

The local health system and the role of Regional services within this system is complicated. Some Regional programs, such as Public Health and Paramedic Services, receive funding directly from the Ministry of Health and Long-Term Care (MOHLTC). Others, such as Long Term Care and Seniors Community Support Services, receive Provincial funding through the Local Health Integration Networks (LHINs) of which there are two in Peel (see Appendix I for a depiction of the local health system).

The funding and accountability framework within the local health system has encouraged the development of silos. In an effort to break down these barriers, the Region and other partners have and continue to work together to improve the health of Peel's community. Engagement in these discussions from a Regional perspective extends beyond the Region's Health Services Department and includes the Region's roles in Planning, Human Services and Transportation Services.

In order to explore options and identify the best ways for Regional programs and services to work together and integrate with our health system partners and to support Paramedic Services' new reality, staff are recommending that a new committee of Council be created to expand the role of the EPSC. This new "Health System Integration Committee" could provide advice and direction around how the Region can further integrate and coordinate with the rest of the system.

2. Proposed Health System Integration Committee

The establishment of a Health System Integration Committee by Regional Council could provide the opportunity to discuss and explore the capacity and system issues facing the local health system in Peel. This could include exploring impacts on programs and services

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and how we can work with our partners to improve the function and sustainability of the system as a whole. For example, the Committee, if approved, could look at issues related to the role of Paramedic Services, particularly in relation to health system sustainability. Some areas of potential focus from a Paramedic Services perspective include:

- Opportunities to develop alternative pathways for patients to be seen by paramedics, instead of always providing transport to local emergency rooms;
- Opportunities to work with Health Links, which are managed by the LHINs, that bring together a diverse group of health service providers to develop integrated care plans for the top 5 to 10 percent of the population who use the most health care services; and
- Community paramedicine opportunities, like community referrals with our Community Care Access Centre partners.

Beyond paramedics, the committee also has the potential to discuss and provide advice on other Regional roles and programs where there could be integration opportunities with the broader health system. This could include:

- Implementation of some Aging Population Steering Committee endorsed recommendations. For example, age friendly community planning, and partnership development opportunities for evolving the Region's long term care homes into seniors' services hubs.
- Impact of the Local Health Integration Networks' community capacity planning for seniors on Regional program sustainability.

These discussions will help to identify how the Region can support capacity building within the local health system from a municipal perspective. The proposed committee is not intended to replace the Health Section in Council meetings, through which all health related reports (Long Term Care, Public Health, Paramedics and any reports from the proposed committee) will be channelled to Council. Recommendations to Council arising from the Committee, therefore, may include an advocacy plan, policy decisions or a partnership engagement strategy.

a) Mandate

A draft Terms of Reference is included in Appendix II.

At a high level, 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 their lifespan.

b) Membership and Committee Structure

The Committee will be comprised of members of Regional Council. The first meeting of the Committee will be scheduled by the Office of the Regional Clerk, following the

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appointment of the Councillors to the Committee at the April 9, 2015 Regional Council meeting. Members of the Committee will be appointed for a term ending upon the dissolution of the Committee or at the end of the term of Council, whichever comes first.

The Chair and Vice-Chair will be determined by members of the Committee at the first meeting. The meeting frequency, structure of the meetings and all procedural issues will also be determined at the first meeting.

Formal minutes from the Committee will be submitted for approval at a subsequent Council meeting.

FINANCIAL IMPLICATIONS

There are no financial implications for the development of the Committee at this time.

CONCLUSION

If Council approves to proceed, staff will prepare materials to support the work of the Committee, and will arrange all necessary communications to the membership ahead of the first meeting of the Health System Integration Committee.



Janette Smith, Commissioner of Health Services

Approved for Submission:



D. Szwarc, Chief Administrative Officer

APPENDICES

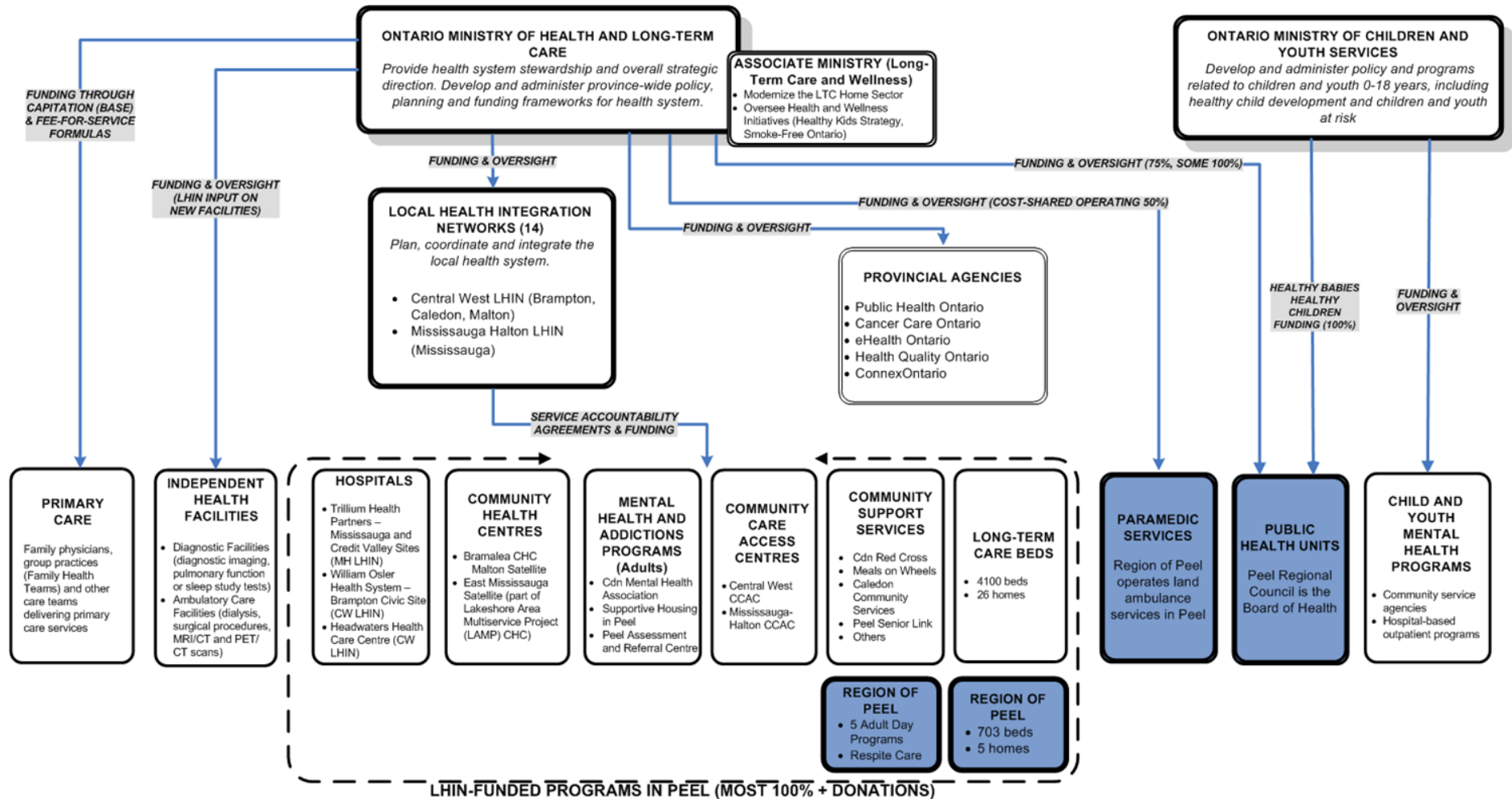
Appendix I: Overview of the Local Health System in Peel – A Region of Peel Perspective

Appendix II: Draft Terms of Reference

For further information regarding this report, please contact Dawn Langtry, Director of Strategic Policy, Planning, and Initiatives, Ext. 4138.

Authored By: Dawn Langtry

Appendix I
Overview of the Local Health System in Peel – A Region of Peel Perspective



Appendix II
Draft Terms of Reference

Name:

The 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 their lifespan.

Membership:

The Committee will be comprised of members of Regional Council, appointed at the April 9, 2015 Regional Council meeting.

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:

Chair and Vice Chair of the Committee will be elected at the first meeting of the Committee.

Quorum:

Quorum will consist of the majority of the total number of members of 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 for the Committee will be determined by the Committee at the first meeting.

Meeting Structure:

The Committee meeting structure will follow the same rules as laid out in the Procedural 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.