1. DECLARATIONS OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. DELEGATIONS

4. REPORTS

4.1. Status Update on Future Committee Activities (Oral)
    Presentation by Janette Smith, Commissioner of Health Services

4.2. Health System Integration Committee Membership

5. COMMUNICATIONS

6. IN CAMERA MATTERS

7. OTHER BUSINESS
8. **NEXT MEETING**

    Thursday, October 29, 2015, 1:00 p.m. – 3:30 p.m.
    Council Chamber, 5th Floor
    Regional Administrative Headquarters
    10 Peel Centre Drive, Suite A
    Brampton, Ontario

9. **ADJOURNMENT**
Health System Integration Committee (HSIC)

Overview and Action Items

Janette Smith, Commissioner Health Services

September 10, 2015
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.

• Priorities of the Committee will be developed through policy discussions about the role that Regional programs play in relation to the province, Local Health Integration Networks and other partners.
## Action Items Directed by HSIC

<table>
<thead>
<tr>
<th>Direction</th>
<th>Suggested Action</th>
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</table>
| 1. Committee membership expanded to include health system partners | • Staff report to approve proposed additional members in advisory capacity:  
    - CEO, Mississauga/Halton LHIN;  
    - CEO, Central/West LHIN;  
    - CEO, Mississauga/Halton CCAC;  
    - CEO, Central/West CCAC;  
    - President & CEO, Trillium Health Partners; and  
    - President & CEO, William Osler Health Centre |
# Action Items Directed by HSIC

<table>
<thead>
<tr>
<th>Direction</th>
<th>Suggested Action</th>
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<tbody>
<tr>
<td>2. Update on hospital offload delay</td>
<td>• Presentation by Chief Peter Dundas and hospital representatives Oct. 29</td>
</tr>
<tr>
<td>3. Identify advocacy priorities for HSIC</td>
<td>• Staff report tabled at HSIC meeting following Oct. 29 meeting</td>
</tr>
</tbody>
</table>
## Follow-up on Action Items Directed by Council

<table>
<thead>
<tr>
<th>Direction Received</th>
<th>Suggested Action</th>
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</thead>
<tbody>
<tr>
<td>1. HSIC to explore policy options related to ambulance patient co-payment (Fees)</td>
<td>• Staff update on Oct. 29</td>
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</tbody>
</table>
| 2. Update on all regional hospital capital plans as a follow-up to presentation to Council by Trillium Health Partners | • Presentation from President & CEO, William Osler Health Centre and CEO of Central/West LHIN on Oct. 29  
• Accompanying staff report |
Proposed Oct. 29th HSIC Meeting Agenda

Introductions of New Members

Delegations / Presentations
1. Central/West LHIN Hospital Capital Plans Update
   • President & CEO, William Osler Health Centre and CEO of Central/West LHIN
2. Hospital Offload Delay Update
   • Peter Dundas, Chief of Paramedic Services and hospital representative

Reports
1. Hospital Capital Plans (accompanying report)
2. Ambulance Patient Co-Payment Fees
DATE: August 12, 2015
REPORT TITLE: HEALTH SYSTEM INTEGRATION COMMITTEE MEMBERSHIP
FROM: Janette Smith, Commissioner of Health Services

RECOMMENDATION

That the Chief Executive Officer (CEO), Mississauga Halton Local Health Integration Network; CEO, Central West Local Health Integration Network; CEO, Mississauga Halton Community Care Access Centre; CEO, Central West Community Care Access Centre; President & CEO, Trillium Health Partners; and President & CEO, William Osler Health System, be invited to join the Health System Integration Committee, in an advisory capacity, for the 2014-2018 term of Council;

And further, that the revised Terms of Reference, attached as Appendix I, to the report of the Commissioner of Health Services, titled “Health System Integration Committee Membership”, be approved.

REPORT HIGHLIGHTS

- At the inaugural meeting of the Health System Integration Committee (HSIC) on June 4, 2015, it was recommended that its membership include external stakeholders.
- Considering current issues, partnerships and potential opportunities, staff recommends representation from the Local Health Integration Networks, Community Care Access Centres and the two area hospital corporations.
- The Committee’s Terms of Reference has been revised as a result of the change in membership (Appendix I).

DISCUSSION

Background

At the inaugural meeting of the Health System Integration Committee on June 4, 2015, the Committee agreed to expand its membership to include external stakeholders from the broader health system. Staff were asked to provide recommendations for the Committee’s consideration.
Findings

In recommending additional members, staff considered several factors that related to the overall purpose of the Committee which is to advise and provide direction on issues related to Peel’s health system in order to advance the integration of Regional programs. Therefore consideration was given to potential opportunities for future work, important relationships, and the interconnections of the Region’s role within the health system in general (Appendix II).

Other considerations included the recognition of existing partnerships with the Region of Peel and health stakeholders. For example, the work on paramedic offload delay, community paramedicine and the implementation of the Council endorsed Aging Population Steering Committee recommendations (Peel Manor seniors hub model, the potential expansion of Community Support Services for seniors, policy related to senior’s housing, etc.). Finally, it should be noted that because the LHIN boundaries do not align with municipal boundaries, residents in the Region of Peel are serviced by two LHINs, the Central West LHIN and Mississauga Halton LHIN. The Central West LHIN serves all of Brampton, Caledon, Dufferin County, parts of Mississauga (Malton), Toronto (Rexdale) and York Region (Woodbridge). The Mississauga Halton LHIN serves most of Mississauga (excluding Malton), Halton Region and parts of Toronto (south Etobicoke).

With those factors in mind, staff recommend that the additional members be the following:

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

These additional members will be invited to join in an advisory capacity, and would therefore hold no voting rights and would not count toward quorum. This would allow them to participate without having a perceived conflict of interest.

The Terms of Reference, attached as Appendix I, have been revised to reflect the expanded membership of six additional advisory members and provide for the members to send a designate in their place if they are unable to attend a Committee meeting.

Each of the advisory leaders play key roles in the provision and integration of broader health services within Peel Region. They will provide the Committee with opportunities to engage in policy discussions to better serve Peel residents across their lifespan.
Next Steps

Upon approval by Council, staff will invite the additional advisory members to join the October 29, 2015 Committee meeting.

Janette Smith, Commissioner of Health Services

**Approved for Submission:**

D. Szwarc, Chief Administrative Officer

**APPENDICES**

1. Appendix I: Terms of Reference
2. Appendix II: Overview of the Health System - A Region of Peel Perspective

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

*Authored By: Claudine Bennett and Dawn Langtry*
HEALTH SYSTEM INTEGRATION COMMITTEE MEMBERSHIP
Appendix I

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 at least seven members of Regional Council and not more than six 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;
- Chief Executive Officer, Mississauga Halton Community Care Access Centre;
- Chief Executive Officer, Central West Community Care Access Centre;
- 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.

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 Council 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 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 II
Overview of the Health System: A Region of Peel Perspective

ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE
Provide health system stewardship and overall strategic direction. Develop and administer province-wide policy, planning and funding frameworks for health system.

FUNDING & OVERSIGHT

LOCAL HEALTH INTEGRATION NETWORKS (14)
Plan, coordinate and integrate the local health system.
- Central West LHIN (Brampton, Caledon, Malton)
- Mississauga Halton LHIN (Mississauga)

PROVINCIAL AGENCIES
- Public Health Ontario
- Cancer Care Ontario
- eHealth Ontario
- Health Quality Ontario
- ConnexOntario

HEALTHY BABIES
HEALTHY CHILDREN
FUNDING (100%)

CHILD AND YOUTH MENTAL HEALTH PROGRAMS
- Community service agencies
- Hospital-based outpatient programs

REGION OF PEEL
- 5 Adult Day Programs
- Respite Care

Ontario Ministry of Children and Youth Services
Develop and administer policy and programs related to children and youth 0-18 years, including healthy child development and children and youth at risk

FUNDING & OVERSIGHT (75%, SOME 100%)

FUNDING & OVERSIGHT (COST-SHARED OPERATING 50%)

FUNDING & OVERSIGHT (LHIN INPUT ON NEW FACILITIES)

SERVICE ACCOUNTABILITY AGREEMENTS & FUNDING

PARAMEDIC SERVICES
Region of Peel operates land ambulance services in Peel

PUBLIC HEALTH UNITS
Peel Regional Council is the Board of Health

LONG-TERM CARE B ED S
- 4100 beds
- 26 homes

COMMUNITY SUPPORT SERVICES
- Cdn Red Cross
- Meals on Wheels
- Caledon Community Services
- Peel Senior Link
- Others

COMMUNITY CARE ACCESS CENTRES
- Central West CCAC
- Mississauga-Halton CCAC

COMMUNITY MENTAL HEALTH CENTRES
- Bramalea CHC
- Malton Satellite
- East Mississauga Satellite (part of Lakeshore Area Multiservice Project (LAMP) CHC

MENTAL HEALTH AND ADDICTIONS PROGRAMS (Adults)
- Cdn Mental Health Association
- Supportive Housing in Peel
- Peel Assessment and Referral Centre

Hospitals
- Trillium Health Partners - Mississauga and Credit Valley Sites (MH LHIN)
- William Osler Health System - Brampton Civic Site (CW LHIN)
- Headwaters Health Care Centre (CW LHIN)

Community Health Centres
- Bramalea CHC
- Malton Satellite
- East Mississauga Satellite (part of Lakeshore Area Multiservice Project (LAMP) CHC

Community Health and Wellness
- Central West CCAC
- Mississauga-Halton CCAC

LHIN-FUNDED PROGRAMS IN PEEL (MOST 100% + DONATIONS)

Primary Care
Family physicians, group practices (Family Health Teams) and other care teams delivering primary care services

Independent Health Facilities
- Diagnostic Facilities (diagnostic imaging, pulmonary function or sleep study tests)
- Ambulatory Care Facilities (dialysis, surgical procedures, MRI/CT and PET/CT scans)

Region of Peel
- 703 beds
- 5 centres

Child and Youth Mental Health Programs
- Community service agencies
- Hospital-based outpatient programs

Healthy Babies
Healthy Children
- Funding (100%)

Healthy Babies Healthy Children
Funding (100%)

Healthy Kids Strategy, Smoke-Free Ontario

Central West LHIN (Brampton, Caledon, Malton)

Mississauga Halton LHIN

Lakeshore Area Multiservice Project (LAMP) CHC

LHIN Funded Programs in Peel (Most 100% + Donations)