Toronto Central **LHIN**

CEO Report to the Board

Q1 & Q2 – 2016/17

Ontario
Local Health Integration Network

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1. Introduction

Over this past summer, the Toronto Central Local Health Integration Network (LHIN) has been actively moving forward to advance our key strategic priorities and reach our goal of a healthier Toronto.

Our strategic plan set us on a course aligned to the government's Patients' First Act that was reintroduced into the legislature on October 6, 2016. The proposed legislation points to several system level changes with the aim of improving local connections and communication between all care providers and sectors. The Toronto Central LHIN had previously identified transforming primary health and community care as a priority and has taken steps creating conditions that empower patients to get the care they need with ease. The LHIN is working towards system improvements that ensures equitable access, provides seamless navigation and coordination for patients and clients, drives integrated service delivery, and provides clear and consistent communications. The LHIN established a *One Team, One Plan* approach to support achievement of these goals through an intentional, focused approach to planning and implementation.

To launch this work, we have established Local Collaboratives that are comprised of local service providers and partners within each sub-region. The Toronto Central LHIN has hosted sessions in each sub-region to strengthen partnerships between providers and sectors, and review neighbourhood level data to better understand communities with a population-health focus.

Early in 2015, Toronto Central LHIN launched a third party review of integrations with an aim of improving the success of the voluntary integration process, as well Toronto Central LHIN-led or facilitated integrations. The integration review was led by a committee of cross sector health service provider representatives. The final report, *Advancing the Integration Conversation* is available on our website and seven recommendations to have been submitted for consideration by the Toronto Central LHIN Board.

Lastly, the Toronto Central LHIN was pleased to release our newsletter, *TC-LINK - Connecting You With Local Health Matters*. This publication highlights work, events and resident stories that support the LHIN's strategic plan. We have successfully delivered three issues since its launch in April with each issue receiving on average open rate of about 500 people. As the work of the LHIN continues to evolve we look forward to keeping our partners, providers and citizens of Toronto informed of our work through the newsletter.

2. MOHLTC Updates

Bill 41 – Patients First Act, 2016

Ontario reintroduced the Patients First Act, 2016 in September 2016 that would, if passed, improve access to health care for patients and their families.

The proposed legislation replaces the previously introduced Bill 210, and would increase access to care with better coordination and continuity, and bring a greater focus on culturally and linguistically appropriate services. This includes:

- Giving Ontario's 14 Local Health Integration Networks (LHINs) an expanded role in improving and integrating planning and delivery of front line health care services, directing more funding to patient care within the existing system.
- Improving access to primary care for patients, such as a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner close to home.
- Improving local connections and communication between family doctors, nurse practitioners, inter-professional health care teams, hospitals, and home and community care to ensure a smoother patient experience.
- Ensuring that patients only have to tell their story once, by enabling health care providers to share and update their health care plans.
- Providing better patient transitions between acute, primary, home and community, mental health and addictions, and long-term care.
- Improving consistency of home and community care across the province.
- Strengthening health planning and accountability by monitoring performance and outcomes.
- Establishing a formal relationship between LHINs and local boards of health, to ensure local communities have a stronger voice in health planning.

More information about the Bill 41, Patients First Act, 2016 can be found here.

Hospice Funding

Ontario is increasing its annual investment in Emily's House by $625,600 to support the opening of four new children's palliative care beds in Toronto.

Emily's House is a hospice that operates within the Toronto Central LHIN and services children with complex, life-limiting, chronic conditions and prognoses. Emily's House provides respite, pain and symptom management, end-of-life care, transition care, and bereavement support for siblings and parents.

Emily's House currently has six beds supported through provincial funding. Ontario's new investment will help fund the operation of four new beds, bringing the total annual government funding of Emily's House to over $1.56 million. These four new beds could allow for approximately 150 more admissions to Emily's House each year.

To learn more about this investment in Emily's House please click here.

Behavioural Supports Ontario

On August 18, 2016 Minister Hoskins announced $10 million in new funding for Behavioural Supports Ontario (BSO) to better meet the needs of seniors with challenging and complex behaviours associated with dementia, mental health, substance use and/or other neurological conditions.

This funding was provided to LHINs with the intent of hiring new and sustaining existing BSO specialized staffing in addition to the $44 million annual investment in BSO. The Behavioural Supports Ontario initiative was created in 2011 to enhance health care services for older adults living at home and in long-term care residences. Through the program, specialized teams improve the quality of life for people with chronic mental health conditions and their caregivers by identifying triggers that can lead to agitation or aggressive behaviours before they start.

The Toronto Central LHIN will be developing an implementation plan for funding in the fall for submission to MOHLTC. To learn more about the BSO investment, please click here.

Dementia Care Strategy

The Ministry of Health and Long-Term Care is continuing the development of a dementia strategy to support people with dementia and their care partners in living well. Developing Ontario's Dementia Strategy: A Discussion Paper touches on the following six key themes that will guide the development of the strategy:

- Supports for people living with dementia
- Accessing dementia services
- Coordinated care
- Supports for care partners
- Well trained dementia workforce; and
- Awareness, stigma and brain health

More information on how to provide feedback can be found here

Home and Community Care

On July 19, 2016 the government announced that it is investing approximately $100 million this year to enhance support for home care clients with high needs and their caregivers.

This investment will help clients and caregivers most in need, including $80 million for enhanced home care and $20 million for caregiver respite. Home care patients and those who care for them will benefit from approximately:

- 350,000 additional hours of nursing care
- 1.3 million additional hours of personal support
- 600,000 additional hours of respite services for caregivers
- 100,000 additional hours of rehabilitation.

The LHIN will be working with health service providers to ensure this investment is allocated to support enhanced care for clients with high needs and respite for caregivers who need it the most. More information about this funding announcement can be found here.

Community Infrastructure Renewal Fund (CIRF)

Premier Wynne and Minister Hoskins held an announcement on Community Infrastructure Renewal Fund (CIRF) at South Riverdale Community Health Centre (CHC) on Monday, September 29, 2016. This year the Government will be announcing just over $4M to fund 59 providers and 86 projects. These projects have been identified through a pilot approach in which the local LHINs identified high needs project in their respective areas.

In the Toronto Central LHIN, 18 organizations were recipients of CIRF totaling over $1.5 million in funding. More information about CIRF in available here.

Shingles Vaccine for Eligible Seniors

On September 15th Minister Hoskins was at Davenport Perth Community Health Centre (CHC) to announce that the government would be offering the shingles vaccine free of charge, saving eligible seniors approximately $170 and helping them stay healthy. More information about this announcement can be found here.

3. Strategic Plan Priorities

i.) Designing Health Care for the Future

Put patients and caregivers at the forefront of our program design

In March 2016, the Toronto Central LHIN launched its Citizen's Panel to engage residents, residents, patients, families and caregivers and inform the planning of health service delivery through community engagement.

At their meeting on May 25, 2016, the Toronto Central LHIN Citizen's Panel welcomed a community facilitator from Toronto Public Health who supported the Panel to identify a vision for health care in Toronto Central LHIN. Panel members identified key themes to support the LHIN in achieving this vision including:

- Increase in access and navigation including a good connection between patients and their health care provider
- System redesign including patients accessing care based on need
- Continued consultation and engagement in terms of understanding the needs of all communities we serve and have a plan to address these needs; and
- Improved communications, transparency and accountability which describes how health service providers perform so patients can make choices based on performance.

In September, the Citizen's Panel provided valuable advice and feedback into the development of sub-region geographies for planning purposes and their input was incorporated into the Toronto Central LHIN's submission on Sub-Region Geographies to the Ministry of Health and Long Term Care.

Complete capacity planning in order to support patients / clients in appropriate setting

Toronto Central LHIN is keenly interested in the impacts of urban growth on our local health care system, as outlined in our 2015-18 Strategic Plan. The City of Toronto has seen rapid growth from residential and non-residential development in recent years. Since 2006, the population of Toronto has grown by over eighteen per cent with population growth in the downtown area growing 4-times faster than the rest of the City. Since 1979, the residential population in the downtown core (area bounded by Lake Ontario, Don River, Bathurst, and Davenport/Rosedale Valley Road) has doubled to over 200,000, with a daytime population well over 800,000.

In an effort to better understand how this growth is affecting hospital volume, Toronto Central LHIN commissioned a report Impact of *Urban Growth on Acute Care Hospitals in Toronto Central LHIN* to review the growth in emergency department visits and admissions in all Toronto Central LHIN acute care hospitals since 2006.

The Toronto Central LHIN sees this report as the first of several future projects aimed at understanding the impact of urban growth on health care services. Additional projects may focus on understanding the impact of growth from other communities in North York, Scarborough and Etobicoke; as well as the impact of growth on other parts of the health care system, such as community and primary care. More information including the full report can be found here

ii.) Taking a Population Health Approach

Establish LHIN sub-regions by bringing together sectors

The Toronto Central LHIN launched a One Team, One Plan approach for intentional, focused, and aligned planning and implementation. This approach supports the achievement of the Toronto Central LHIN's strategic priorities and goal through nine (9) work streams. One of these work streams is the development of Local Collaboratives in each of the five (5) sub-regions across the LHIN.

As the Toronto Central LHIN begins to formalize its sub-region approach to planning health care, we have invited stakeholders from across the LHIN to meet and develop local partnerships. This work began at our initial Cross-Collaborative meetings this past summer and has evolved into Local Collaborative Tables. Our most recent meetings advanced the discussions from May/June 2016 and focused on building strong partnerships between providers, partners and the residents within the Local Collaborative, and gaining a better understanding of the communities served. This work included a deeper dive into the data that captures the unique needs of each sub-region as well as the neighbourhoods and groups of people that live within these communities. Local Collaboratives also discussed the significance of engaging patients and community members to validate community profiles and to provide perspectives that cannot be captured through data alone.

The Local Collaboratives met throughout October 2016, hosted by broad spectrum of local providers, with approximately 200 providers in attendance. Toronto Central LHIN staff had the opportunity to provide critical information about our sub-region approach, as well as our population health strategy and neighbourhood level data.

Attendees had an opportunity to network with local providers, identify a shared vision for their sub-region and come together to develop a better understanding of local needs. We will continue to build on this work over the coming months to ensure we have a strong local partnerships in each sub-region that serve as a focal point for population health based planning, service alignment and integration, and performance improvement.

Introduce a LHIN sub-region population framework that integrates analytics with planning, investment decisions, and evaluation

Expert consultations on the application of the population health approach within the Toronto Central LHIN sub-region context resulted in a draft framework and strategy. Early concepts from the framework including approach to analytics of data and prioritization of needs is being shared through meetings with Local Collaboratives in each of the five (5) LHIN sub-regions.

The LHIN is in the process of launching a Population Health and Health Equity table that will provide advice to the LHIN regarding the implementation of the population health and equity framework and the plan.

Work with vulnerable, marginalized, and priority neighbourhoods and / or population segments to plan appropriate and flexible models of care and support (health equity)

Following the last presentation to the Board of Directors, the Toronto Central LHIN has been working with the Toronto Indigenous Health Advisory Circle (TIHAC) and Toronto Public Health (TPH) to secure meetings with government representative in order to share the Toronto Indigenous Health Strategy (THIS). Meetings have been held with the Associate Deputy Minister of Health and Long-Term Care, the Minister of Indigenous Affairs and Reconciliation, as well as Senior Advisors to the Premier and Minister of Health and Long-Term Care.

The recommendations outlined in TIHS and presentation were well received by government representatives. In response to discussions at these meetings, the TIHAC in partnership with the LHIN and TPS prepared a proposal for funding to support implementation of the recommendations which was submitted in late September.

The Toronto Central LHIN is in the process of preparing an action plan in response to the recommendations of in the TIHS working with our Indigenous health partners and Toronto Public Health.

Indigenous cultural competency and safety training has been funded by the Toronto Central LHIN for the last 4 years to advance cultural competency for health service providers across the LHIN. This year, the LHIN has provided approximately $145,000 to the Ontario Federation of Indigenous Friendship Centres (OFIFC) to continue to deliver this important training aligned with provincial direction and recommendations in the Toronto Indigenous Health Strategy.

iii. Transforming Primary Health and Community Care

Support the development of primary care networks within LHIN sub-regions

Patients today are getting quality care, but their providers want to be able to do more. Strengthening the connections between primary care providers and the health care system is the pivotal next step to ensuring better care for Ontarians and their families.

STRONGER CONNECTIONS BETTER HEALTH
THE FUTURE OF HEALTH CARE IS LOCAL

To do this, the Toronto Central Local Health Integration Network (LHIN) is aiming to improve access to and integration of primary and community care at the local level. Toronto Central LHIN has identified a group of primary care leaders and local champions, our Primary Care Clinical Leads, to co-design a way forward that will meet community needs. Primary Care Clinical Leads have been recruited into leadership positions in five sub-regions within the Toronto Central LHIN. These Leads will partner with primary care providers, other local health service providers and organizations to improve access to care, co-ordination and service integration.

Physicians have a unique perspective of the health care system, which gives them the potential to drive integration and coordination of the patient journey. Our first step will be to engage all the primary care providers within the City of Toronto and build, networks at the sub-region level that include all care sectors.

The Primary Care Provider Census was developed to address the gaps in primary care physician data, assist with future planning, and provide an improved understanding of the primary care landscape within Toronto Central. Project development began with the collection, synthesis, and analysis of available data from a variety of sources, and will expand to include data collection from primary care physicians across the Toronto Central area.

Currently, the project is in the midst of piloting the census with a smaller group of randomly selected physicians from across the LHIN that includes representation group models of practice as well as solo practitioners across all five sub-regions. Several completed censuses have been submitted to the LHIN and the pilot has given us significant key learning to apply to the full launch later this Fall. Additionally, work is underway to developing a long-term primary care database in partnership with other LHINs.

Implement and evaluate a model of integrated home and community-based care

Toronto Central LHIN is developing an integrated community care strategy as part of our 2015-18 Strategic Plan and in partnership with the work underway to strengthen primary care. A move toward integrated community care requires collaboration across many stakeholders, and must be guided by a shared vision for health service delivery that responds to local need. This initiative will call on representation from across the broader community sector to co-design a strategic vision, goals, and priorities for an integrated home and community care sector.

On September 16, 2016 the Toronto Central LHIN has hosted an initial meeting bringing together people from across the community care, as well as primary care, long-term care and key leaders, such as Gail Donner (Chair, Expert Group on Home and Community Care) and Dr. Samir Sinha (Mount Sinai Hospital's Director of Geriatrics) to help scope the initiative and get their best advice on approach.

As a critical first step, the Toronto Central LHIN has announced Stacey Daub, CEO of the Toronto Central CCAC as Executive Lead for the integrated community care strategy. Stacey will work with home and community care providers across the LHIN, in partnership co-facilitators Mohamed Badsha from Reconnect Community Health Services and a client/patient representative with the goal of supporting community care that is easy to access, high quality care and delivers needs-based navigation and care coordination.

This initiative will call on representation from across the broader community sector to co-design a strategic vision, goals, and priorities for an integrated home and community care sector. The great improvement and integration work that has been done in Community Support Service, Mental Health and Addiction, and the CCAC, will come together under a single vision to improve access and outcomes for our clients, and put a plan in motion with some practical first steps to advance this vision.

In the weeks ahead, we will be announcing Community Care Leads within each sub-region to engage community partners and to help facilitate change in their respective communities. As this work progresses, Toronto Central LHIN will be looking to local expertise for input and support in aligning this work in the sub-regions, with primary care and our regional planning.

Community Care Leads

On September 23, 2016 the Toronto Central LHIN released a Community Lead Expression of Interest (EOI) seeking five (5) or more leadership positions with representation from across the community sector, to act as advisors in each of the Toronto Central LHIN's sub-region planning areas.

The selected Leads will be active participants in the Primary and Community Care Committee (Chaired by the Primary Care Clinical Leads) and the Local Collaborative table in their respective sub-region planning area. They would also be expected to be active participants to any future engagement process organized by the Executive Lead for Integrated Community Care.

Community Care Leads will be responsible for transparent communication, collaboration, and coordination with Community Support Services and Community Mental Health and Addiction providers and bringing forward the range of perspectives to LHIN-wide planning exercises, and represent on-the-ground intelligence through their experience in providing community services within respective sub-region planning areas. As well, these Leads will perform an integral "connector" role and advance bi-directional communication: from local community care stakeholders and patient groups to the LHIN and various working groups so as to inform system change, and back from the LHIN. This communication will be transparent and support decision-making.

The EOI closed on October 3, 2016 and there were a number of excellent responses from providers across the Toronto Central LHIN. The evaluation process is underway and Community Care Leads are expected to be announced in October.

iv. Achieving Excellence in Operations

Ministry LHIN Accountability Agreement Performance Improvement

The Toronto Central LHIN continues to work with our partners to develop and implement initiatives targeted at improving the Ministry-LHIN Accountability Agreement (MLAA) performance measures. Over the last several months, the LHIN has undertaken comprehensive root cause analyses on selected performance indicators including demand, supply and capacity which has led to new strategies and prioritization of action items.

As well, the Toronto Central LHIN has been working closely with other LHIN's to identify promising practices across the province for all performance indicators including a collaboration with Champlain LHIN to better understand the Mental Health and Addictions readmission data. The LHIN is also working with the Ministry of Health and Long-Term Care to assess capacity related to MRI/CT wait times in order to develop targeted solutions to improve access for residents.

The Toronto Central LHIN is developing supplementary indicators to the MLAA Indicator Report submitted to the Board on a quarterly basis, to fully understand the complexity of performance in some of the clinical areas and provide a clearer picture of what is driving performance from a broader perspective. A Clinical Effectiveness and Clinical Utilization (CECU) committee chaired by Dr. Barry McLellan, CEO of Sunnybrook Health Sciences Centre and Josie Walsh, CEO of Providence Health Care, provides ongoing clinical leadership and oversight on initiatives and activities to improve MLAA results. In 16/17, the CECU is focused on improving readmission rates (specifically for Chronic Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD)) Orthopaedic Surgery Wait Times and Alternate Level of Care (ALC) performance. Activity is being prioritized by community engagement with health service providers, partners and patients to better understand the current state and inform targeted strategies for implementation in this fiscal year.

Improving Digital Communications

In effort to improve transparency and communications, the Toronto Central LHIN is aiming to better utilize their website and social media channels as a resource for our providers and the public on our ongoing work. With a newly improved website at our disposal, our aim is to ensure that critical information is being shared in a timely manner and key stakeholders are able to access the information they need easily. The communications team internal to the Toronto Central LHIN has expanded to include a Digital Specialist Communications position to work with staff on disseminating our work externally through our public facing vehicles.

4. Performance Management & Accountability

MLAA Performance Summary Dashboard (1 of 2)

Not Meeting Target | Within 10% of Target | Meeting Target

TC LHIN is meeting targets for 0 of 14 MLAA indicators and is within 10% of meeting targets for 5 indicators

*Indicator targeted for improvement in FY 16/17

MLAA Category	Indicator	Trend	FY 16/17	Data Release: Aug 2016				Adjusted Indicator (If Applicable)		
		Trend over 8-reporting periods	TARGET	**Result**	Vs Target	Provincial Results	TC LHIN Vs Provincial	Description	Value	% change from Result
Home and Community Care	Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services*		95.00%	**85.99%**	WITHIN 10%	85.96%	BETTER	*Percentage of home care clients with complex needs who received personal support services beyond 5 days because of client preference or because they were not available to receive care – measured by patient availability date (PAD)*	91.00	+5%
	Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services*		95.00%	**92.92%**	WITHIN 10%	93.76%	WITHIN 10%	*Percentage of home care clients who received personal support nursing services beyond 5 days because of client preference or because they were not available to receive care – measured by patient availability date (PAD).*	96.0	+3%
	90th percentile wait time from community for community care access centres (CCAC) in-home services: application from community setting to first CCAC service (excluding case management)		21 days	**27 days**	NOT MEETING	29 days	BETTER	N/A		
System Integration and Access	90th percentile emergency department (ED) length of stay for complex patients		8.00 hours	**12.40 hours**	NOT MEETING	9.98 hours	WORSE	N/A		
	90th percentile ED length of stay for minor/uncomplicated patients		4.00 hours	**4.48 hours**	NOT MEETING	4.12 hours	WORSE	N/A		
	Percent of priority 2, 3 and 4 cases completed within access target for MRI scan		90.00%	**32.11%**	NOT MEETING	42.33%	WORSE	*Percent of priority 2 & 3 cases completed within access target for MRI scans*	54.00	+22%
	Percent of priority 2, 3 and 4 cases completed within access target for CT scan		90.00%	**63.43%**	NOT MEETING	73.49%	WORSE	*Percent of priority 2 & 3 cases completed within access target for CT scans*	66.00	+3%

MLAA Performance Summary Dashboard (2 of 2)

Not Meeting Target | Within 10% of Target | Meeting Target

*Indicator targeted for improvement in FY 16/17

MLAA Category	Indicator	Trend	FY 16/17	Data Release: Aug 2016				Adjusted Indicator (If Applicable)		
		Trend over 8-reporting periods	TARGET	**Result**	Vs Target	Provincial Results	TC LHIN Vs Provincial	Description	Value	% change from Result
System Integration and Access	Percent of priority 2, 3 and 4 cases completed within access targets for hip replacement*		90.00%	**86.42%**	WITHIN 10%	77.78%	BETTER	N/A		
	Percent of priority 2, 3 and 4 cases completed within access target for knee replacement*		90.00%	**88.39%**	WITHIN 10%	75.87%	BETTER	N/A		
	Percentage of alternate level of care (ALC) days*		9.46%	**11.48%**	NOT MEETING	15.39%	BETTER	N/A		
	ALC rate*		12.70%	**12.97%**	WITHIN 10%	14.54%	BETTER	N/A		
Health and Wellness of Ontarians – Mental Health	Repeat unscheduled emergency visits within 30 days for mental health conditions		16.30%	**27.63%**	NOT MEETING	19.81%	WORSE	*TC LHIN recommends that these indicators are risk-adjusted. Pending review.*		
	Repeat unscheduled emergency visits within 30 days for substance abuse conditions		22.40%	**40.83%**	NOT MEETING	31.67%	WORSE	*TC LHIN recommends that these indicators are risk-adjusted. Pending review.*		
Sustainability & Quality	Readmissions within 30 days for selected HIG conditions*		15.50%	**17.27%**	NOT MEETING	16.49%	WITHIN 10%	N/A		

Performance Notes

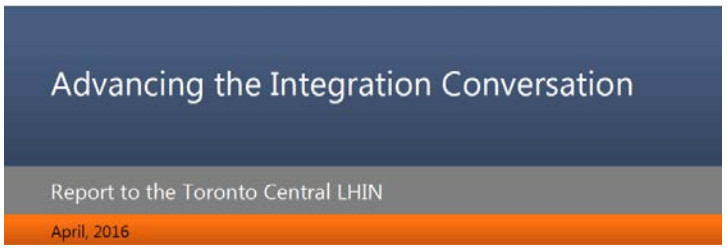
- Overall, TC LHIN is **within 10%** of meeting targets on **five of the 7 indicators being targeted for improvement** this fiscal;
- **Six of 14 indicators** are performing **better than the provincial average** for the latest reporting period; two other indicators are within range (<10% from provincial average)
- Adjusted indicators showed a positive change in performance, ranging from +3 to +22% increase in performance from results for the respective indicators;
- Specifically for the 'nursing visits within 5 days' measure, performance is meeting the target when excluding clients that were not available to be scheduled within the 5 days;

5. Integration

Integration is a fundamental part of our work at the Toronto Central Local Health Integration Network (LHIN) and since our creation in 2006 we have supported and encouraged integration activity with the goal to produce better outcomes for patients and clients. We believe that advancing the closer integration of health care services around patients and clients is key to achieving a healthier Toronto, as outlined in our 2015-18 Strategic Plan.

In December 2015, Toronto Central LHIN launched a third party review of integrations. The aim of the review was to make recommendations to improve on the success of the voluntary integration process, as well as how success can be achieved in Toronto Central LHIN-led or facilitated integrations. The integration review was led by a committee of cross sector health service provider representatives. The final report *Advancing the Integration Conversation* is available on our website for your information and use.

The report contains seven recommendations to Toronto Central LHIN and a work plan has been developed which will be circulated to all health service providers. In the meantime, I encourage you to read the review report and consider the following thoughts:



- **Integration activity is about improving services to patients and clients**. As such, all health service providers and LHINs have an obligation to consider integration opportunities.

- **Integration consists of a spectrum of activity**, as outlined in the Report. This spectrum ought to be considered by all providers and LHINs, both individually and collectively, as part of continuous quality improvement efforts for patient and client services, as well as regular strategic and operational planning processes.

To learn more please click here.

6. Communications & Community Engagement

Over this past summer, the Toronto Central LHIN made significant progress on our strategic priority of transforming primary health and community care. With a focus on better access, seamless navigation, and improved communication, the Toronto Central LHIN engaged our providers, partners and patients in local planning and health system design to develop an integrated primary health and community care strategy.

In order to share our progress and broaden our reach, the LHIN launched a new section on our Toronto Central LHIN website Transforming Primary Health and Community Care. This new site includes links to a webinar hosted by the our CEO, Susan Fitzpatrick for health service providers, partners, board members and our Citizen's Panel on our strategy, and provide an opportunity for questions. Over 100 participants joined this webinar and Q&A from the session was also posted to our website as part of the LHINs commitment to transparency and ongoing engagement.

As well, our website redesign included a new section on Sub-Regions which provides links to a webinar hosted by the Toronto Central LHIN in August 2016 outlining our approach and methodology to sub-region development. Based on feedback received from our providers, the LHIN has also provided a map of the sub-regions with links to detailed data and analysis to support planning and engagement within these regions.

Other updates to our website have included:

- Citizen Panel biographies added to our website
- An overview of the Toronto Central LHIN Performance Indicators added to our website
- Presentations from the Cross-Sector Collaborative meetings held in May and June 2016 added to the website

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