

South East Local Health Integration Network Integrated Health Services Plan

EXECUTIVE SUMMARY

DISCUSSION DRAFT

July, 2006

1.0 *Background and Objectives*

The Government of Ontario has established the South East Local Health Integration Network and has given it the mandate for local health system transformation.

The Government of Ontario has made better health care a key priority. It has established the South East Local Health Integration Network (SE LHIN) and has given it the mandate for local health system transformation through community engagement and enhanced local capacity to plan, coordinate, integrate and fund the delivery of most publicly funded health services.

The South East LHIN encompasses the areas of Hastings, Prince Edward, Lennox & Addington, Frontenac, Leeds and Grenville Counties, the cities of Kingston, Belleville and Brockville, the separated towns of Smiths Falls and Prescott, and parts of Lanark and Northumberland Counties. The South East LHIN is home to 480,127 people, or 3.8% of the population of Ontario (2004)¹. The population reside in 45 municipalities in South Eastern Ontario.

IHSP developed through engagement and consultation with local communities, health services providers and health service agencies.

A key activity of the SE LHIN will be the development and continued refinement of an Integrated Health Services Plan. This is the first version of the plan for the South East LHIN. It has a 3 year horizon and provides an initial perspective on directions for change and includes the LHIN's vision, priorities and strategies for enhancing health care delivery through better horizontal and vertical integration of services within the South East LHIN.

This Integrated Health Services Plan (IHSP) has been developed through engagement and consultation with the local communities in the LHIN, health services providers and health service agencies under the jurisdiction of the LHIN and analysis of supporting population health and health planning data. It is expected that this DRAFT IHSP will be refined through further consultation with the communities and providers in the LHIN.

2.0 *Vision for Health and Health Care*

We propose to work with our partners to create a vision for health and healthcare in the SE LHIN.

Our vision for health and health care services will guide our work in the immediate future. We propose to work with our partners to create a vision for health and healthcare in the SE LHIN that may include the following concepts:

¹ Population estimates provided from Ontario Health Data Warehouse by Ontario MOHLTC LHIN Information Management Support Centre

- Accessibility
- Patient Centredness
- Integration
- High Quality
- Sustainability

The vision and initial IHSP of the SE LHIN are rooted in the vision and strategic directions of the MOHLTC for the health care system in Ontario.

The vision and this initial IHSP of the South East LHIN will be firmly rooted in the vision and strategic directions of the Ministry of Health and Long-Term Care for the health care system in Ontario. The provincial vision is:

“A health care system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren.”

The South East LHIN IHSP is supportive of the related draft² strategic directions of the MOHLTC. These have been articulated by the Minister to be:

1. Renewed community engagement and partnerships in and about the health care system;
2. Improve the health status of Ontarians;
3. Ontarians will have equitable access to the care and services they need no matter where they live or their socio/cultural/economic status;
4. Improve the quality of health outcomes, and
5. Establish a framework for sustainability that achieves the best results for consumers and the community.

3.0 Key Findings from the Environmental Scan

Findings from the environmental scan have informed and guided our priorities for change.

The following are key findings from the environmental scan that have informed and guided our priorities for change. The full environmental scan including the findings from the community engagement and stakeholder consultation processes and the quantitative analysis of population health and health service utilization are presented as appendices to the IHSP.

² These are draft strategic directions of the MOHLTC. Final strategic directions are expected in the Spring of 2007.

3.1 Population Health

Because of low population density (there are only 24.2 residents per square kilometer) the SE LHIN is the only one of the 12 southern LHINs considered to be rural under a definition developed by the Ontario Joint Policy and Planning Committee.

The population of the SE LHIN is older than other LHINs.

The population of the South East LHIN is older than other LHINs. A smaller percent of the South East LHIN population is in the 25 to 49 year old age range compared to the provincial average. The South East LHIN has the highest percent of the population aged 65 years and older of any LHIN in the province³.

The population of the SE LHIN has a significant burden of illness.

The population of the South East LHIN has a significant burden of illness. The reported prevalence of chronic conditions for South East residents is significantly higher than the Ontario average for arthritis/rheumatism, high blood pressure, asthma, diabetes, heart disease, and chronic bronchitis. The reported prevalence of arthritis/rheumatism and heart disease is the highest of all of the 14 LHINs.

Life expectancy at birth for the population of the SE LHIN is in the lowest quartile for the province.

Relative to other LHINs, the population of the SE LHIN is in the upper quartile of age standardized⁴ mortality rates for: Circulatory Disease, Neoplasms, Respiratory System Disease, External Causes of Mortality (e.g. Accidents), Endocrine, Nutritional and Metabolic Diseases.

Also, the life expectancy at birth for the population of the SE LHIN is in the lowest quartile for the province.

Canadian studies of First Nations health care have consistently shown that First Nations populations have reduced life expectancy and poor health status compared to the general Canadian population.

³ While the current percent of population aged 65 and older is high in the South East, the projected percent growth in this age group from 2006 to 2016 (31.2%) is below the provincial average (34.6%).

⁴ An adjusted rate that represents what the crude rate would have been in the study population (e.g. the South East LHIN) if that population had the same age and gender distribution as the standard population. The standard population used in this report is the Ontario 2004 population. Age-gender standardized rates can be compared across LHINs.

3.2 Utilization of Health Services

SE LHIN residents repeatedly reported difficulties in accessing both primary care and specialist physicians.

The Institute for Clinical Evaluative Sciences (ICES) concluded that “when all adjustments are considered, the East’s physician supply appears similar to the provincial average”⁵. However, residents repeatedly reported difficulties in accessing both primary care and specialist physicians throughout the LHIN.

The rate of hospital admission of patients with ambulatory care sensitive conditions for South East LHIN residents is fourth highest among the 12 LHINs in southern Ontario.

Residents of the SE LHIN have the highest rate of Emergency Department visits of the southern Ontario LHINs.

Residents of the South East LHIN have the highest Emergency Department (ED) visits per population of the southern Ontario LHINs. Non-Urgent and Semi Urgent care explain most of this difference in ED use. The semi-urgent ED visit rate for the residents of the SE LHIN is the highest in Ontario, 60% above the provincial average, and more than triple the rates in four of the Greater Toronto Area LHINs.

The overall age-gender standardized hospital utilization rate for residents of the South East LHIN is 5th highest in the province and highest among LHINs where the majority of acute care is provided by academic health science centres⁶.

Use of Tertiary/Quaternary inpatient hospital care by residents of the SE LHIN is second highest in the province.

Although South East LHIN residents use Primary and Secondary level inpatient acute hospital care at a rate that is approximately equal to the provincial average, their use rate for inpatient Tertiary/Quaternary acute care is second highest in the province.

The residents of the LHIN rely on Kingston General Hospital, Quinte Healthcare-Belleville and Brockville General Hospital for almost 70% of their inpatient hospital care.

The use of inpatient hospital rehabilitation by residents of the South East LHIN is more than 40% below the provincial average.

The rate of alternate level of care days for South East LHIN residents is the highest of any of the LHINs outside northern Ontario.

The age/gender standardized rate of alternate level of care (ALC) days per 10,000 population for South East LHIN residents is the 3rd highest of all LHINs, and the highest of any of the LHINs outside northern Ontario. Almost 60% of

⁵ ICES Investigative Report, “Supply and Utilization of General Practitioner and Family Physician Services in Ontario”, August 2005.

⁶ The SE LHIN is home to the South Eastern Ontario Health Sciences Centre.

patient days spent in hospital waiting for an alternate level of care are waiting for some form of residential long-term care.

The SE LHIN ratio of people waiting in the community for admission to a long term care to the total number of LTC beds the third highest of all of the LHINs in Ontario.

The average number of people waiting in the community for admission to a long term care facility in September 2005 was equal to 29.5% of the total number of LTC beds in the South East LHIN. This is the third highest ratio of community wait list to available beds of all of the LHINs in Ontario.

However, the number of beds in Long-Term Care Homes per population aged 75 years and older in the South East is 102.5 which is higher than the provincial average of 99.7.

4.0 Priorities for Change

For the most part, the health system in the SE LHIN is working well.

The analysis of the health status of the population, the utilization of health services, the capacity and capability of health service providers in the LHIN and importantly the community engagement and stakeholder consultation processes undertaken as part of the development of this DRAFT Integrated Health Services Plan for the South East LHIN have convinced us that, for the most part, the local health system is working well. However, we have identified several key priorities for change that will allow the system to respond even more expeditiously and comprehensively to the health services needs of the population. These are discussed briefly in the following paragraphs.

4.1 Access to Care

Residents of the SE LHIN report some difficulties in accessing needed health services.

Access to care is a major issue within the South East LHIN. Different populations and different geographies have different issues, but residents throughout the LHIN report that they experience some difficulties in accessing needed health services.

4.1.1 Access to Primary Health Care

The relatively large number of people in the SE LHIN with chronic diseases and the relatively high rate of hospitalization for ambulatory care sensitive conditions suggest a need for improved primary health care services, especially for health education and disease management.

Access to family physicians was identified as a priority issue in all parts of the LHIN, except Prince Edward County.

However, difficulty in gaining access to primary care physician services was overwhelmingly identified by both the general public and health services providers as a priority issue in all areas of the SE LHIN, except Prince Edward County. An inadequate supply of family physicians was reported as the cause for these difficulties. Importantly, there appears to be

significant variation in physician supply across the LHIN such that some areas of the SE LHIN may have more or less access to GP services than others.

There is a need for health education and chronic disease management services.

The apparent shortage and lack of access to primary care physicians are likely impediments to effective primary health care in the SE LHIN. In addressing this issue, consideration should be given to integrated, multi-disciplinary models of primary health care that have been shown to be effective, especially as vehicles for delivering health education and disease management services for people with chronic diseases.

4.1.2 Access to Specialty Care

There are significant geographic barriers to accessing specialist physicians and supporting services.

The ability to access specialist physician care was identified as a concern in all communities, whether urban or rural. Geographic barriers to accessing specialist physicians were routinely identified, no matter how near or distant the community from the urban centres where specialists practice. With very few exceptions, patients are required to travel to Kingston, Belleville, Trenton or Ottawa to access specialist care. The need to travel, particularly if multiple appointments are required, becomes a significant barrier to accessing needed specialist care.

Once patients are able to access a specialist physician, access to hospital treatment is as good as elsewhere in the province.

Supply issues, as well as issues of geographic access were identified as being barriers to access. Specialty groups most commonly indicated as in short supply included psychiatry, obstetrics and gynecology, dermatology, rheumatology, paediatrics and plastic surgery.

However, it appears from the data regarding rates of hospitalization for secondary and tertiary hospital care, that once patients are able to access a specialist physician, access to inpatient and outpatient hospital treatment is as good as elsewhere in the province.

4.1.3 Access to Mental Health Services

There are difficulties in accessing the entire continuum of mental health services.

There are reported difficulties in accessing the entire continuum of mental health services, from crisis care to longer term community support in all communities within the SE LHIN.

Crisis care services were identified as a particular challenge in many communities. Communities outside of the urban centres of Kingston and Belleville are relying on telephone access to psychiatrists and crisis teams in those cities to support crisis psychiatric care in the local ED. Although this support is

available, they report that it is difficult to gain access to inpatient psychiatric care when it is required.

People with long term or chronic mental health problems also identified issues with accessing services, especially ambulatory care and community support services. Access issues were reported to be especially problematic with respect to psycho-geriatric services, child and adolescent psychiatry, people with concurrent disorders, homeless people with mental health problems and forensic psychiatry.

4.1.4 Access to Addiction Services

People have a significant problem in accessing addiction services throughout the region.

It is reported that people have a significant problem in accessing addiction services throughout the region. These patients often have to leave their home community to access treatment. Outside of the urban settings, there are no local withdrawal management or detoxification options available. It was reported that transportation is difficult to obtain or prohibitively expensive for patients who do seek services outside their local community. Also, patients have difficulty with medication management because they often lack family physicians for follow-up and treatment management. It is reported that supportive housing options to help these patients stay in the community are inadequate throughout the South East.

4.1.5 Access to Rehabilitation Services

There appears to be a shortage of hospital inpatient rehabilitation services in the South East LHIN compared to other communities in Ontario. Residents of the SE LHIN use inpatient rehabilitation at a rate far below the provincial average and it is reported that there is a problem in accessing inpatient rehabilitation services.

There are significant deficits in the availability of and access to community rehabilitation services.

This might not be a significant problem were there is adequate access to community rehabilitation services. However, it is reported that there are also significant deficits in the availability of and access to community rehabilitation services. Importantly, health service providers indicate that the demand for insured or publicly funded in-home rehabilitation services exceeds the supply, and patients must wait for care. Constraints on hospital budgets limit their ability to provide outpatient rehabilitation services. Hospital outpatient services are further limited by difficulties in attracting therapists, especially in the smaller, more rural hospitals.

Even when patients are able to pay for privately funded services, it is reported that the shortage of therapists makes timely access to these private services difficult; especially rehabilitation services delivered in a person's residence.

4.1.6 *Transportation To and From Care*

Emergency transportation services are well provided across the region.

Stakeholder consultation revealed a consensus that emergency transportation (ambulance) services are well provided across the region. However, participants were quick to note that while it is relatively easy to get a patient to emergency services, transporting them back from services when they are no longer emergencies can be a particular challenge.

Transportation to non-emergency medical care is a concern in all SE LHIN communities.

Similarly, transportation to non-emergency medical care was identified as a concern in all communities. Those without their own transportation must rely on other transportation options, which are reportedly lacking in most communities or inaccessibly expensive. Only the large urban centres have public transportation options. Although private medical transportation services and taxis are available in most communities, and some transportation services are available through community support services, these options are reportedly inadequate to meet current demand. Moreover, it is reported that wheelchair or stretcher accessible transportation options are not available in many communities. People in need of these services must rely on (and pay for) private medical transportation services to provide transportation.

4.2 *Availability of Long Term Care Services*

People in the South East LHIN need to wait for residential long-term care services.

People in the South East LHIN need to wait for residential long-term care services (complex continuing care, nursing homes and homes-for-the-aged). Almost 60% of patient days spent waiting for an alternate level of care are waiting for residential long-term or continuing care. People in the community are also waiting for admission to long term care homes. The ratio of the people waiting for admission to the number of beds available in the SE LHIN is the third highest of all the LHINs in Ontario, and it has been increasing.

Residential care beds are only one component of the long-term care continuum. Private retirement homes, supportive housing units, and in-home services are all other ways that long-term care needs can be met. However, it is reported that these alternative modalities of long-term care services are also in short supply in all communities in the SE LHIN.

4.3 *Integration of Services Along the Continuum of Care*

Improvement in the integration of services and service provision along the continuum of care will be especially important for the large number of people with chronic diseases in the SE LHIN.

Integration of services and service provision along the continuum of care is especially important for the large number of people with chronic diseases in the SE LHIN. Because of the nature of their diseases, many of these people have ongoing rather than episodic interaction with multiple rather than individual elements of the health system. Better integration of services along the continuum of care will improve the quality of their care and minimize the disruptions in the quality of their life and health that are often caused by discontinuities in the health system.

Participants in the community engagement and stakeholder consultation process stressed the importance of improving coordination of care along the continuum of care within the health care system in the SE LHIN. The ‘hand-offs’ of patients between providers were thought to be most problematic. Examples of the hand-offs that are seen to be particularly problematic are those from a primary health care provider to the hospital emergency department; from one hospital to another; from hospital back to a primary health care provider, and from hospital to a geographically remote home care provider. There was consensus that there is a need for more coordinated transitions across sectors and between providers within the system. It was suggested that these could be improved by focusing on standardization of processes, sharing of patient information and reduction of duplicate information and processes.

4.4 *Engagement with Aboriginal Communities*

First Nations populations have reduced life expectancy and poor health status compared to the general Canadian population.

Canadian studies of First Nations health care have consistently shown that First Nations populations have reduced life expectancy and poor health status compared to the general Canadian population. The LHIN will need to develop and implement a framework for ongoing dialogue with the First Nations and off-reserve First Nations communities within the LHIN.

4.5 *Ensuring French Language Services*

Lack of access to French language services likely may be affecting the health of francophone residents of the South East LHIN.

It is reported that there is a lack of health professionals (family doctors, surgeons, specialists and nurses) who can provide services in French. This is believed to be a significant barrier to accessing health services for the francophone population in the region. It is likely that the lack of access to French language services in the South East LHIN is affecting the

quality of health services and the health of francophone residents.

4.6 Integration of E-Health

Sharing information along the continuum of care is especially important in addressing the needs of the large number of people with chronic diseases in the SE LHIN.

The findings of the Ontario Hospital Association 2005 Electronic Health Record (EHR) Readiness Survey suggest that hospitals in the South East LHIN are relatively less prepared for sharing patient information with providers other than hospitals than are hospitals in other parts of the province. This finding was also described in our stakeholder consultation sessions. Other agencies are apparently no better prepared for electronic sharing of patient information. Most health services providers indicated the need for an electronic patient record to make current patient information available to all providers. Without such a tool, there will be duplication, inefficiencies and potentially errors. It was suggested that sharing information is especially important in addressing the needs of the large number of people with chronic diseases as they receive services along the continuum of care.

4.7 Regional Health Human Resources Plan

The LHIN should take a leadership role in developing an overall health human resources plan for the region.

There is recognition within the health care system that the availability of sufficient and qualified health care workers across numerous disciplines and occupation groups is one of the leading issues. Until recently, no appropriate systems or structures existed to support human resource planning and development at the national, provincial or local level. Most participants in the stakeholder consultation sessions felt that the LHIN should take a leadership role in developing an overall health human resources plan for the region.

5.0 LHIN Priorities and MOHLTC Strategic Directions

The following exhibit shows the relationship of the priorities for change of the South East LHIN with the draft strategic directions set out by the Ministry of Health and Long Term Care. As can be seen each SE LHIN priority for action addresses one or more of the MOHLTC strategic directions, and all of the MOHLTC strategic directions are addressed by the SE LHIN priorities for change.

MOHLTC Draft Strategic Directions	SE LHIN Priorities for Change						
	1 ACCESS TO CARE	2 AVAILABILITY OF LONG TERM CARE SERVICES	3 INTEGRATION OF SERVICES ALONG CONTINUUM	4 ENGAGEMENT WITH ABORIGINAL COMMUNITIES	5 ENSURING FRENCH LANGUAGE SERVICES	6 INTEGRATION OF E-HEALTH PLAN	7 REGIONAL HEALTH HUMAN RESOURCES PLAN
Renewed community engagement and partnerships in and about the health care system:	X		X	X			
Improve the health status of Ontarians:	X		X	X	X		X
Ontarians will have equitable access to the care and services they need no matter where they live or their socio/cultural/economic status	X	X	X	X	X		X
Improve the quality of health outcomes	X		X			X	
Establish a framework for sustainability of the health care system that achieves the best results for consumers and the community	X	X	X			X	X

6.0 Action Plan

Working with our partners, we will establish specific targets and timelines for improvement.

Over the next 3 years, the South East LHIN commits to the following initiatives that will focus on developing plans and implementing system changes to address each of its priorities and resolve issues related to these priorities. Working with our partners, we will establish specific targets and timelines for improvement appropriate to each change initiative. We will report on our progress in achieving our objectives for each initiative.

6.1 Access to Care

6.1.1 Access to Primary Health Care

We will focus on further developing integrated, multi-disciplinary models of primary health care.

The SE LHIN will develop and implement regional and sub-regional strategies to:

- increase the supply of primary health care providers, and
- increase the service capacity of primary health care providers.

These strategies will focus on further developing integrated, multi-disciplinary models of primary health care in the SE LHIN that have been shown to be effective vehicles for delivering primary health care services, especially for people with chronic diseases. Focusing on the use of multi-disciplinary teams should expand the capacity of primary health care within the region by allowing professionals, in addition to physicians, to be involved, within their scope of practice, in responding to the needs of patients.

6.1.2 Access to Specialists

The LHIN will work with providers to enhance the recruitment of necessary additional medical specialists and subspecialists.

The SE LHIN will develop and implement regional strategies to:

- selectively increase the local supply of medical specialists, and
- improve access to medical specialists for consultation.

It has been suggested that increasing the supply and capacity of primary health care providers will reduce the use of specialists in providing primary health care type assessments and follow up care. By reducing the referral rate from primary health care providers, the wait times to access a specialist for assessments and treatment planning should be reduced.

Selectively, and based on its Health Human Resources Plan, the LHIN will work with providers to recruit necessary additional medical specialists, subspecialists. This, too, should reduce the wait time to access specialists for assessment and treatment planning

6.1.3 Reduce Wait Times for Treatments

Our focus will be improving the queuing mechanisms for accessing services to ensure patients with highest need have priority.

Wait time for treatment is a function of availability of human resources, technologies and facilities and the queuing models used for accessing these resources. Over the next three years the LHIN will investigate the types of service that have lengthy wait times for necessary care. For these services, in concert with the provincial wait times strategy, the LHIN will work with providers to develop plans to reduce wait times for services. The focus of these initiatives will be improving the queuing mechanisms for accessing services, improving management of the queues for services to ensure patients with highest need have priority access, improving the efficiency of service delivery and as necessary, increasing the capacity to provide services.

6.1.4 Access to Mental Health Services and Addictions Services

Particular attention will be paid to developing and implementing models to ensure access to appropriate and timely mental health care and addiction services for residents of the more remote parts of the SE LHIN.

The LHIN will further investigate, develop plans and work with providers to reduce barriers to accessing existing mental health services and addiction services and to increase the supply of these services across the region. The LHIN will devote efforts toward expanding the capacity to provide mental health services and addictions services. Particular attention will be paid to developing and implementing models to ensure access to appropriate and timely mental health care and addiction services for residents of the more remote parts of the SE LHIN.

An important component of this initiative (and in conjunction with the initiative to increase the capacity to provide primary health care) will be the investigation of a ‘shared-care’ model for mental health services that relies heavily on primary health care providers to be integral components of the system for maintaining and restoring mental health.

6.1.5 Access to Rehabilitation Care

The SE LHIN will investigate the dimensions of the apparent deficit in rehabilitation services and develop strategies to increase capacity.

The apparent shortage of hospital inpatient rehabilitation services is a disadvantage for residents of the South East LHIN and is creating system flow issues as patients wait in acute care hospitals for access to rehabilitation services. The SE LHIN will investigate the dimensions of this apparent service deficit and the types of services in need of increased capacity. Similarly, the community is concerned about access to and the affordability of outpatient and in-home rehabilitation services. The SE LHIN will investigate the dimensions of this issue and develop plans, within the funding framework of the Ministry of Health and Long-Term Care, to address the concerns and needs of the population of the SE LHIN for these services.

6.1.6 Transportation To and From Care

The SE LHIN will develop plans to improve access to transportation for care.

The SE LHIN will investigate the issues surrounding transportation to and from elective care and develop plans to improve access to transportation for care. The SE LHIN will also investigate and develop strategies to address the problem of securing and paying for appropriate transportation home after an episode of emergency care when personal means of transportation are unavailable or inappropriate.

6.2 Availability of Long Term Care Services

The SE LHIN will develop a plan to realign current capacity to better meet the needs of the population and/or to increase the capacity of one or more long-term care modalities.

The SE LHIN will work with health service providers to investigate the appropriateness of the use and the adequacy of the availability of different modalities of long-term care, including:

- Home Support
- Home Care
- Supportive Housing
- Long Term Care Homes
- Complex Continuing Care

As necessary, the SE LHIN will develop a plan to realign current capacity to better meet the needs of the population

and/or to increase the capacity of one or more long-term care modalities.

6.3 Integration of Services Along the Continuum of Care

The LHIN will work with providers to identify and adopt best practice models for eliminating barriers and improving the flow of patients along the continuum of care.

The LHIN will work with providers to identify and adopt best practice models in Ontario and beyond for eliminating barriers and improving the flow of patients along the continuum of care. The focus of these initiatives will be facilitating the movement of patients between providers in different geographies within a sector (e.g. acute care hospitals) and between providers in different sectors within or across geographies. Integration of services will be especially important for patients with chronic diseases who have ongoing rather than episodic interaction with multiple rather than individual elements of the health system.

6.4 Integration of E-Health

The SE LHIN will work with providers to implement an integrated strategy for acquiring and deploying e-health technologies within the LHIN.

The SE LHIN will work with providers in the SE LHIN to first develop and then implement an integrated strategy for acquiring and deploying e-health technologies within the LHIN. The SE LHIN will then assist and monitor the performance of health service providers in the implementation of the e-health strategy. The objective of this initiative will be to improve the sharing and exchange of patient information among providers along the continuum of care in support of the care for individual patients.

6.5 Regional Health Human Resources Plan

SE LHIN will develop a model for the most effective and efficient deployment of health human resources in the different sub-areas of the LHIN.

The SE LHIN will initiate activities to develop a model for the most effective and efficient deployment of health human resources in the different sub-areas of the LHIN. It will develop an inventory of existing health human resources and a strategy for recruiting additional needed resources and for deploying the resulting complement of health human resources in relation to SE LHIN's new model for the delivery of care.

Health Human Resource Planning will also need to focus on improving the availability of French language services within the South East LHIN.

6.6 Engagement with Aboriginal Communities

We will engage with the Aboriginal communities within the SE LHIN to ascertain issues and identify opportunities to improve health services and the health of the Aboriginal population in the SE LHIN.