Toronto Central **LHIN**

ANNUAL REPORT 2015-2016

Ontario
Local Health Integration Network

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Message from the Board Chair and the CEO

Angela Ferrante
Board Chair

Susan Fitzpatrick
CEO

This past year was a pivotal one for the Toronto Central Local Health Integration Network (LHIN). We are pleased to present an overview of our achievements over the year in the Toronto Central LHIN's 2015/2016 Annual Report.

This year marks a decade of local health system planning, funding, engagement and integration and the first year of implementing our new Strategic Plan, 2015-2018. This Plan focuses on three overarching goals – building a healthier Toronto, ensuring positive patient experiences, and creating a more innovative and sustainable local health care system – and is intended to guide our work as we enter a new era of health system renewal in Ontario.

Toronto Central LHIN remains steadfast in our commitment to plan for not only those who come through the doors of the health care system, but to take a proactive and targeted approach to designing a system that meets the diverse needs of our entire population.

Additionally, our work to improve patient experiences is well underway and has been complemented by an encouraging trend in the health care system towards the active involvement of patients, caregivers and residents in health care planning. Our organization's intent is to ensure health services in the LHIN reflect and represent the local perspective, and as part of our commitment we have launched a brand new Toronto Central LHIN Citizens' Panel.

Toronto Central LHIN has also enhanced the sustainability of our health care system through our active support of the voluntary integration of services across the city. To guide further work in this area, we commissioned a third-party report that provides valuable recommendations on how we can broaden and deepen the impacts of integration in the coming years.

While we recognize there is still work to be done to ensure our system reflects the needs and realities of all those who live in or access care in the Toronto Central LHIN, the below offers some insights to the progress we have made this year. We will continue to work towards a seamless system, to support timely access to high quality care and to build solutions that focus on long-term system sustainability.

These are just a few of the highlights from an exciting year that set us firmly on the path toward the realization of our Strategic Plan, and perhaps most importantly, a healthier Toronto.

Angela Ferrante
Board Chair

Susan Fitzpatrick
CEO

Toronto Central LHIN Profile

Uniquely Urban

Toronto Central LHIN represents a diverse population of 1.2 million people. Toronto has become North America's fourth largest city and the population is growing; in fact the downtown core is growing at four times[1] the rate of the rest of the City of Toronto. Some key characteristics to note:

- The fastest-growing age group in the City is seniors[2] and this group is expected to make up 22.6 percent of Toronto's population by 2041[3].
- Toronto remains a multicultural hub with the highest percentage of immigrants in Canada[4]. One-third of Toronto's immigrants arrived in Canada within the last 10 years[5]. 140 languages and dialects are spoken in Toronto[6].
- Approximately 5,000 people are homeless in the City of Toronto[7].
- This unique LHIN is home to some of the richest and poorest neighbourhoods in Canada. Roughly a quarter (26%) of Toronto's population is considered to be low income[8].
- Toronto Central LHIN's population includes 59,000 Francophones; the largest lesbian, gay, bisexual and transgender community in Canada; and a rapidly growing urban Indigenous population, many with complex health needs.

These characteristics shape how people interact with the health care system and consequently affect how we design the system to meet their needs.

There are many factors that contribute to the health of the population, some of which are a direct result of, or are compounded by, the unique characteristics of urban environments. These factors, which include geographic isolation, high population density, socio-economic status, language and cultural barriers, can contribute to poor access to primary care and community services. The challenges that these factors present for the health of our communities can be mitigated by smarter, more efficient delivery of services that are specifically targeted to reflect the needs of local communities.

What is also unique about Toronto is it is home to world class physicians, hospitals, and health research institutes; these assets and strengths can be leveraged to improve the health of its population.

High Growth in the Toronto Central LHIN

Since 2006 Toronto's downtown core has grown by 18 percent, four times the rate of the remainder of the city, while the

population south of Queen Street has doubled in recent years. Approximately 128,650 dwelling units have been built in the past decade, averaging 12,865 units per year over the last ten years.

The impact of this population surge has been felt by health service providers, to the point that hospitals now regularly operate in excess of 100 percent of their bedded capacity. For example, in recent years St. Michael's hospital reports a 60 percent increase in high acuity cases in its emergency department, with 8 percent of these being admitted, and the University Health Network indicates a 12 percent increase in admissions from the emergency department.

Capacity Challenges

Population growth in downtown Toronto has led to the commensurate increase in property values. As a result, when Long-Term Care (LTC) facilities need to be replaced or expanded, the provincial model for financing these important projects finds itself severely under-resourced in the face of the cost of land within the LHIN. This poses the risk of having insufficient infrastructure to support this vital resource as the population continues to grow.

To help address these issues, the Toronto Central LHIN is working closely with the other four LHINs in the Greater Toronto Area, as well as with the City of Toronto. The LHIN has created a new relationship with the City's Lead Planner, in order to have health concerns at the forefront of future development in the region. Basing future infrastructure investments on data-driven planning will help ensure that the unique challenges faced in delivering health care to the city's core are taken into account, while also retaining the ability to honour the LHIN's commitment to support specialized care to patients across the province.

OUR PEOPLE: A DIVERSE POPULATION

Toronto Central LHIN has worked to identify key populations and more specifically, the challenges that certain populations experience in accessing or benefiting from services. These challenges result in gaps in health outcomes relative to the rest of the population. Recognizing that demographics provide significant insight to the current and future health care needs of a community, the LHIN has been working to ensure that its planning and implementation activities are reflective of both the local demographics, as well as the social determinants of health.

Seniors

Within our boundaries, those aged 65 years and older account for 15 percent of the population. Seniors are living longer than ever before. While this is testament to the successes of modern medicine, it also brings with it tremendous social and economic pressures. Health care use rises as people age and most costs are incurred during people's final years of life. With the large cohort of aging baby boomers reaching their senior years, health care costs will inevitably continue to grow. Our challenge is to manage the rate at which those costs grow by improving the quality and efficiency of care and investing in services that add value.

Indigenous Peoples

Indigenous communities have significant health disparities when compared to non-indigenous populations, and have been historically marginalized within the

mainstream health system[9]. In addition, there is limited information about the health status and health care use of Indigenous peoples for a variety of reasons. For example, census data often does not include Indigenous people as this population group is highly mobile and has increased housing instability and homelessness.

According to *Our Health Counts Toronto*, the population of the Indigenous community is 34,000 to 69,000 for the City of Toronto[10]. This number is climbing; between 1971 and 2011, the Indigenous population grew 487 percent, compared to the overall Canadian total of 57 percent[11]. Collecting accurate health and social determinants of health data regarding their use of health care services and health status is an essential step in tailoring services for this population.

Recent findings from *Our Health Counts Toronto* also revealed that the number of Indigenous people living below the low-income cut-off is about 90%[12]. According to Statistics Canada, the low-income cutoff is when a family spends 20% or more (of their total income) on food, shelter and clothing than the average Canadian.

Francophones

Toronto's Francophone population is rich in diversity and is dispersed across the city. Likewise, French language health services are scattered across the LHIN, which contributes to challenges navigating the health care system for this particular population. According to Statistics Canada (2011), many Francophones are recent immigrants and/or visible minorities[13]. Almost half were born outside of Canada and may not be familiar with the Ontario health care system, making it more difficult to access timely and appropriate care.

Newcomers

Newcomers often encounter barriers to care, particularly if they do not speak English. Evidence shows that people with limited proficiency in English tend to stay longer in hospital, as do those who are unable to communicate with care providers in their first language.

- Toronto is home to 52.6 percent of all immigrants living in the Greater Toronto Area and 36 percent of all immigrants living in Ontario[4].
- 8 percent of immigrants in Toronto arrived in Canada between 2006 and 2011[4].
- 5 percent of Toronto's population reports no knowledge of either official language[4].

Refugees

Refugees are a vulnerable group in need of quick and sustained access to health care, as well as resources and services related to mental health. In 2015/16 Toronto's health and social service providers worked hard to meet the health needs of thousands of refugees from all over the world, including more than 3,000 from Syria. Providing a boost to these efforts was the recent re-instatement of the Interim Federal Health Program, a program that provides temporary health benefits to refugees.

LGBT

The Toronto Central LHIN is home to the highest number of gay, lesbian, bisexual and transgender (LGBT) people in Canada. LGBT communities have some unique health concerns and may be at increased risk for certain health problems. Although some supports are in place, many gaps in care remain for this community. For example, the accumulated impact of stigma, prejudice, discrimination and isolation

affects the mental health of LGBT people, leading to higher rates of depression, anxiety and suicide than the general population. Substance use such as alcohol and drugs is also higher among LGBT populations.

Another area of health concern for the LGBT community is in long-term care. Research shows that older LGBT people are five times less likely to use health and social services for fear of discrimination. Additionally, many people have diminished support networks and relocating to long-term care homes can be stressful.

People Affected by Mental Health and Addictions

Mental health and addictions (MHA) affects a considerable proportion of Toronto Central LHIN's population who require ongoing treatment and supports. The prevalence of MHA issues is much higher among the top high cost users of the system and varies by Health Link. In 2012/2013, 80,759 (8.4 percent) of adults 20 years and older had MHA visits to physicians. However, this figure drastically underestimates the prevalence of mental health issues as it does not include non- Ontario Health Insurance Plan (OHIP) claims or people who do not seek treatment for their conditions.

The Toronto Central LHIN reported 42,549 mental health and substance use-related visits to the Emergency Department (ED) which accounted for approximately 4.1 percent of all ED visits (FY 2013/14). For the same year, the average length of stay in Toronto Central LHIN hospitals for mental health/substance abuse patients was 38.1 days. Repeat visits to the ED for mental health and substance use are high. The most recent data available (FY 2014/15, Q3) indicates a rate of 27.9 percent for mental health and 41.7 percent for substance use.

OUR HEALTH SERVICE PROVIDERS

Toronto Central LHIN has the highest concentration of health services in Canada, with 172 unique health service providers offering 202 unique programs and services. The following breakdown of services is based on the 2013-2014 fiscal year:

- 17 hospitals with a total of 2,163,008 inpatient days;
- 17 community health centres (CHCs) providing an estimated 449,759 face-to-face encounters;
- 61 agencies providing community support services (CSS) totaling an estimated 1,128,079 community visits and 924,799 resident days;
- 70 agencies that provide community mental health and addictions (CMHA) and problem gambling services totaling an estimated 1,409,503 visits;
- 1 Community Care Access Centre (CCAC) providing an estimated 164,124 visits for case management services; and
- 36 long-term care (LTC) homes accounting for almost 6,723 approved long-term care beds (equivalent to 2,453,235 bed days available for admission).

In 2014/15, Toronto Central LHIN's total budget transferred to health service providers was $4.76 billion. Hospitals accounted for 80 percent of Toronto Central LHIN funding, followed by long-term care homes at 6 percent, the CCAC at 5 percent and community agencies at 5 percent.

STRATEGIC PLAN FOR 2015-2018

Launched in June 2015, Toronto Central LHIN's Strategic Plan will be guided by three overarching goals:

1. **A Healthier Toronto**
2. **Positive Patient Experiences**
3. **Innovation & System Sustainability**

We have also adopted four strategic priorities that will guide our investments and activities to drive the reforms needed to achieve our goals:

I. **Designing Health Care for the Future**
II. **Taking a Population Health Approach**
III. **Transforming Primary Health and Community Care**
IV. **Achieving Excellence in Operations**

The graphic below illustrates Toronto Central LHIN's strategic direction for the next three years.

2015/2016: Year at a Glance

It is only through sustained efforts to build infrastructure, knit together existing resources and the spread of innovation across the LHIN and beyond our borders that we will achieve a high performing, sustainable system of care. This year, we highlight four areas of work with examples to illustrate how the LHIN executes its role in system reform:

- Strategic partnerships and collaboration;
- Turning opportunity into innovation;
- Integration of the local health care system for more coordinated patient care; and
- Responding to emerging health system needs.

Strategic Partnerships and Collaboration

Joint Planning with the City of Toronto

Toronto Central LHIN recognizes that in order to improve health and health outcomes, we must partner with organizations that provide services to support the social determinants of health, such as housing and income. To broaden our reach, we have convened various planning tables and committees to better serve the diverse needs of people and communities.

For example, Toronto Central LHIN has partnered with several departments of the City of Toronto to strengthen our planning and to better coordinate our shared work and responsibilities. This work is supported by the collaborative efforts of the GTA and five LHINs Planning Table. Co-chaired by Toronto Central LHIN and the City of Toronto, this leadership table consists of senior leaders from the City of Toronto and the five LHINs located in the GTA: Central East, Central, Central West, Mississauga Halton and Toronto Central LHINs.

The purpose of the Planning Table is to identify health and social issues that jointly impact the City and the five LHINs. The Planning Table meets twice annually to discuss and agree upon the joint systemic issues to be addressed by the group. Once issues are identified, joint working groups are convened to develop action plans and carry out the work.

Last year, we continued to strengthen a bilateral planning relationship with the City with a focus on demographic patterns and the impact of urban growth on health care. Specifically, Toronto Central LHIN, City Planning, and Toronto's seven Acute Care Hospitals started conducting an analysis of the impact of urban growth on hospital visits and admissions. A report will be completed in the 2016/17 fiscal year, and action plans will be developed to address the recommendations.

Joint planning between the City and the GTA LHINs has also led to the identification of priority initiatives where LHIN and City funding could align to have a greater impact on the health of Toronto's population. Due to be finalized in 2016/17 fiscal year, this report will outline a number of recommendations for consideration by both parties.

City of Toronto System Reform Table

Toronto Central LHIN is a member of the City's System Reform Table. Convened in

2015/16, this leadership table is linked to the City's Specialized Interdivisional Enhanced Response (SPIDER) initiative. The SPIDER initiative develops coordinated, interdivisional responses to complex and unresolved health and safety risks that involve vulnerable Torontonians, their homes or property, and their neighbours. Specifically, the System Reform Table provides a forum for discussion of key systemic barriers and challenges that arise in the resolution of SPIDER cases.

Although in its infancy, the System Reform Table is already making a difference, and problems with hoarding serve as a good example of the Table's effectiveness. Hoarding is a common problem for the SPIDER initiative. Given the prevalence of hoarding in SPIDER cases, the detrimental impact it can have on a person's health status and the challenge in accessing appropriate services, Toronto Central LHIN has partnered with Toronto Public Health to co-chair a working group to develop a response model to hoarding cases. Development of the model is underway.

As part of the model's development, Toronto Central LHIN facilitated a partnership between the Frederick W. Thompson Anxiety Disorder Centre at Sunnybrook, LOFT Community Services and Toronto Community Housing to test a novel group-based cognitive behavioural therapy approach to supporting hoarders to change their behaviours and to engage in de-cluttering and home maintenance programs. Currently, there are 10 hoarders residing in a Toronto Community Housing seniors building who are enrolled in the program. Facilitators are being trained to perform hoarding interventions, and a program evaluation is underway. Based on results to date, it is expected that in the future this group-based program could be expanded across the city, preventing further evictions and improving quality of living and health outcomes for vulnerable residents.

Toronto Community Housing

Toronto Central LHIN has continued to strengthen its partnership with Toronto Community Housing to help vulnerable tenants improve their health outcomes. In partnership with the Centre for Research on Inner-City Health (CRICH), we supported an evaluation of the site-based mental health and addictions teams situated in high risk Toronto Community Housing buildings. This evaluation helped us better understand the key components of effective site-based models, a cross-sector community of practice and a tool to assist with quality improvement and spread of these services across future sites. Our partnership with Toronto Community Housing has resulted in reduced emergency department visits for residents in participating buildings, fewer evictions, and has improved access to community and primary health care services for those who need them.

Our partnership with Toronto Community Housing has also provided opportunities to work directly with local health service providers to positively impact residents and the local health care system. For example, this partnership allowed us to move 10 alternate level of care (ALC) patients from hospital to assisted living, whereby ALC patients are placed in designated vacancies provided by Toronto Community Housing with existing assisted living services. While the site-based teams reach hundreds of residents at a time, this more targeted service will ensure that a small number of people with intense needs can access the

care they require from a specially trained staff team.

Turning Opportunity into Innovation

New Supportive Housing in Toronto Central LHIN

New supportive housing rarely becomes available in Toronto; however, when the opportunity arose in 2015/16, we partnered with the Ministry of Health and Long-Term Care and the City of Toronto to ensure that physically disabled adults and adults with an acquired brain injury (ABI) would be housed in the fully-accessible legacy units from the 2015 Pan Am Games' Athletes Village. With rent supports confirmed from the City, Toronto Central LHIN's Board of Directors approved the 2015/16 annualized allocation of $2.97 million to March of Dimes Canada, PACE Independent Living and Accommodation Information and Support, which are local Toronto Central LHIN funded health service providers. We are pleased to report that in 2016/17, 45 adults with physical disabilities, acquired brain injury and mental health conditions will be appropriately housed and fully supported within this new housing stock.

Emergency Planning

Toronto Central LHIN was chosen by the Ministry of Health and Long-Term Care to lead a review and reinforcement of emergency preparedness within the health and community sectors inside the geography affected by the 2015 Pan Am and Parapan Am Games. Working in concert with the Central, Central East, Central West, Mississauga Halton, Hamilton Niagara Haldimand Brant and North Simcoe Muskoka LHINs, the intent has been to incorporate best practices and achieve sustained emergency preparedness across the system as a legacy of the Games.

One key accomplishment flagged by the review was the creation of an Emergency Management Communications Tool (EMCT). This dashboard-type, internet-based technology allows LHINs, hospitals, Emergency Medical Services, Public Health Units, the Ministry's Emergency Management Branch, Criticall Ontario (a 24-hour-a-day emergency consultation and referral service for physicians across the Province of Ontario) and other partners to share information in a secure, near real-time system. This improved situational awareness, reducing our dependence on lengthy teleconferences, helping create a shared picture of incidents throughout an emergency, and facilitating the documentation of actions, and promote accountability.

The EMCT was successfully implemented in seven LHINs and used during the Pan Am and Parapan Am Games and it continues to be used to manage other key events (e.g., flu season, arrival of Syrian refugees). The remaining seven LHINs have agreed to support the expansion of the system to their areas, and discussions are underway with the Ministry of Health and Long-Term Care on expansion of the system to a provincial entity.

Integration of the Local Health Care System

Health Service Provider Integrations

Integrations have the most direct impact on the patient as exemplified through increased volumes of service, enhanced access to services and improved client satisfaction with services. They also improve the quality of the service or the way services are

provided. The benefit to the system as a whole is realized when health service providers identify ways their work impacts other health service providers in other sectors.

In 2015-16, Toronto Central LHIN supported four voluntary integrations. The table below shows the integrations that took place in 2015-16 along with the range of expected improvements and enhancements for each of these integrations. The expected results are our indicators of success for the voluntary integrations. The timeline for voluntary integrations to reach their targets is typically 24 months. These organizations are currently operating within their post integration period and we continue to monitor progress towards the achievement of integration objectives and targets every six months.

All the completed voluntary integrations to-date have produced process efficiencies within the integrated organizations resulting in savings in ongoing operating costs. To date, the projected savings in the community integrations are $1,268,473, and for hospital integrations are $8,800,000. These projected savings are reinvested in services for clients and patients on a perpetual basis.

Voluntary Integrations

Health Service Providers	Integration Objectives	Target	Results To-Date	Timeline
Community Resource Connections Toronto and Fred Victor Centre	Increase Service Volume for Case Management. Increase number of clients with combined case management and housing support services. Set target for high risk clients receiving case management within 24 hours of assessment.	**20%** increase in volume **30%** increase in volume **100%** of high risk clients.	**4** out of **4** service volume targets met (100%) • Mental Health Case Management • Housing Support Case Management • Case Manager Assigned to High Risk Clients • Staff Training and Education on Care Coordination Service volume, client and staff satisfaction, and health equity monitoring continues.	**April 2018** **IN PROGRESS**
Clarendon Foundation and PACE Independent Living	Unlike the other 2015/16 health service provider integrations, the integration of Clarendon Foundation and PACE Independent Living was considered a funding transfer and as such all we expect is a continuation of existing services at the current levels.			

Health Service Providers	Integration Objectives	Target	Results To-Date	Timeline
Kensington Health and Second Mile Club	Increase Service Volume for elderly persons and congregate dining programs Maintain Community Service Volumes Improved Professional Development for Staff	Operating in **6** locations **Maintain** **100%** participation - professional development training	6-month post-integration progress report is due June 1, 2016.	**November 2018** **IN PROGRESS**
University Health Network and Michener Institute	Enhanced learning opportunities for students by linking educational programs with clinical practice	**Enhanced student satisfaction and employment opportunities**	Indicators will be aligned with Ministry of Training Colleges and Universities targets.	**December 2017** **IN PROGRESS**

Evolving our Integration Approach

While supporting the strategic integration of services/organizations to strengthen the local health care system continues to be a priority for the Toronto Central LHIN, in 2014/15 our Board of Directors recommended we undertake a third party review of our completed integrations and approach to maximize the impact of our efforts.

Launched last year, the aim of the review was to recommend a course of action to improve on the success of the voluntary integration process, and a course of action for Toronto Central LHIN-led or facilitated integrations. Specifically, the purpose of the integration review was threefold:

1. To obtain the insights and analysis from an independent third party on the current integration process;
2. To receive a series of recommendations on integrations as a tool for planning, performance improvement and program/service changes to support health system transformation, stability and coherence.
3. To understand the systemic and strategic impact integrations can have in delivering system change and redesign.

A final report was completed containing a set of clear recommendations to improve the current voluntary integration pathways, to establish a facilitated integrations pathway, and recommendations on how integrations can deliver system change and redesign aligned with the Toronto Central LHIN Strategic Plan. In 2016/17 the Toronto Central LHIN will develop an action plan in response to these recommendations.

Responding to Local Health System Needs

Local Settlement of Syrian Refugees

In the fall of 2015, the newly elected federal

government pledged to relocate 25,000 refugees from Syria to Canada. Early on, Toronto Central LHIN recognized our obligation to ensure that refugees destined for, or transiting through, Toronto were welcomed by a health care system ready to address their needs. Toronto Central LHIN took a leadership role in facilitating the coordination of a number of partner organizations to buttress the health system and provide refugees with the wide variety of services required. Some examples of our work to support the health of Syrian refugees include:

- Funding a coordinator position at Women's College Hospital: This new position helped more than 30 different primary care providers offer care to the new arrivals.
- Working with CAMH to provide online training for health care workers: The goal of this training was to better prepare providers to be able to respond to some of the challenges experienced by Syrian refugees.
- Participating as a member of the City of Toronto's Syrian Refugee Task Force: As an active member of this group, we were able to coordinate the efforts of the five GTA LHINs in assisting the refugees with access to health care.
- Liaising between COSTI Immigration Services, Access Alliance Multicultural Health and Community Services, the Red Cross, Toronto Public Health, NGOs such as Lifeline Syria, and many other stakeholders: By working with many different groups, Toronto Central LHIN was able to coordinate both information and service delivery to more than 5,000 refugees who settled in the Toronto area.

As we move forward and welcome an estimated 1,000 additional Syrian refugees to Toronto, Toronto Central LHIN will continue to seek out ways to best ensure service delivery specific to this population, while integrating them into the system as a whole.

Strategic Updates: *Designing Health Care for the Future*

Ontario's health care system is undergoing a fundamental shift in the way we think about, plan for and fund health care services. Our standard of excellence is no longer a system where each provider does a first-rate job on their discrete piece of patient care. We are now focused on whole episodes of care, ones that better reflect the way that patients see their journey through the system as they move from primary health care, to hospitals, to the community.

Redesign of services has already begun with collaborative multi-sector tables that bring together all relevant players to deliver more effective, integrated and seamless care for cardiac, palliative, stroke and orthopedic patients.

The system of the future is one that is designed to leverage the best available evidence identified through organizations such as Health Quality Ontario (HQO) or Provincial Expert Panels. This evidence is then brought to life by our health service providers who apply it to the local context. Our future system is characterized by the seamless flow of information and warm

handoffs of patients as they move from one provider to another. It is designed through the incorporation of a diverse set of patient perspectives and is only complete if it manages to relieve suffering by reaching beyond the clinical interventions to capture many facets of the patient experience.

This redesigned system will be enabled by structural changes that align incentives with the objectives that have been set out. These include the continued implementation of new provincial funding models; strategic integration of services and health service providers; and new accountability measures introduced at the provincial and LHIN levels designed to measure integration of care.

Last year, we began putting some necessary pieces in place to be able to begin redesigning the health care system. The following sections show some of our main accomplishments as we move forward this Strategic Priority.

Citizens' Panel

Effective and meaningful engagement of patients and community members is central to the success of our strategic plan. To help us better understand the needs, priorities and perspectives of our diverse population, we have created a Citizens' Panel. This group of patients, caregivers and residents will work in partnership with the LHIN to improve local health care planning, delivery and evaluation.

Launched in March 2016, the Panel is one of the ways we ensure a voice for the residents of Toronto – the patients, caregivers, family members and communities – is at the centre of our health care system. Still in its infancy, the panel will be co-chaired by the Toronto Central LHIN CEO, and a panel member.

Citizens' Panel members will work with Toronto Central LHIN to identify projects that provide an opportunity to positively impact the patient experience, including improvements around access, navigation and communications. We look forward to working with the panel to ensure that our strategies and initiatives are informed by what matters most to the individuals, families and communities we serve.

Integrated Funding Models

The Integrated Funding Model approach conceptually groups the funding spent on a patient population from several organizations and/or sectors, and creates a common governing structure to deliver the best quality care and patient experience with the total combined funding allotment. This "bundling" of funds has been used in several other jurisdictions, and is meant to provide greater flexibility to health service providers to work together to deliver patient-centred care. In 2015/16, the MOHLTC funded six Integrated Funding Model (IFM) Pilot Projects across Ontario to help make the system more coordinated and less fragmented for the patient between transitions. A Toronto Central LHIN health service provider is the lead for one of these projects: *One Client, One Team: Central and Toronto Central LHIN Integrated Stroke Care.*

In this project, four hospitals and two CCACs in the Toronto Central and Central LHINs have collaborated to redesign stroke care with an Integrated Funding Model approach. In the final quarter of 2015/16, health service providers began recruiting patients into this new model of care. The first phase focused on patients that move from an acute care hospital directly to home. Going forward, the partners have

expanded the model to include patients that move from an acute setting to home via some form of rehabilitation services. This broadening of focus will increase the potential number of eligible participants, and allow more people to benefit from integrated health care service delivery.

Toronto Central LHIN has engaged several health service providers to explore how the Integrated Funding Model approach could be used with different patient populations, and how it could be scaled up and spread across the LHIN. A proposal is being developed internally for a Toronto Central LHIN Integrated Funding Program for early 2016/17.

Commitment to Improving Quality

In collaboration with Health Quality Ontario, we recruited a new Toronto Central LHIN Clinical Quality Lead, Dr. Andrea Moser. The Quality Lead will have the opportunity to influence positive change with respect to quality health care. The ultimate goal is to align the quality agenda, and engage the Toronto Central LHIN community to build on, and help accelerate, existing efforts to promote a culture of quality. This culture of quality will enable improved patient outcomes, experience of care and value for money.

Through the establishment of Regional Quality Tables, Health Quality Ontario and the LHINs are collaborating to advance clinical quality in a coordinated way across the province to support quality improvement in ways that are meaningful to patients. As Chair of the Toronto Central LHIN's Regional Quality Table, Dr. Moser will be leading a group of local quality experts who will work to ensure there is consistent and high-quality health care across the entire LHIN. Advice from this Table will be critical as the LHIN organizes its geography into five LHIN sub-regions in order to more effectively implement its strategic plan.

Telehomecare

Last year, a total of 659 new clients enrolled in the Telehomecare program. This program provides self-management and in-home virtual monitoring support for persons with chronic disease such as Chronic Obstructive Pulmonary Disease (COPD) or congestive heart failure.
Program-level data shows that clients enrolled in the Telehomecare service increase their confidence in self-management of their chronic disease; and have reduced emergency department visits and hospital admissions.

Digital Health

Hospital Report Manager

Hospital Report Manager is a technology that automatically transfers reports (e.g., discharge summaries) out of hospital systems directly into primary care provider electronic medical records. It ensures discharge summaries and other notes are immediately available to primary care to support timelier decisions positively impact on patient care.

Hospital Report Manager improves the continuity of patient care from hospitals to primary care who can follow up with patients more quickly as they receive reports sooner. It also generates administrative and operational savings by reducing the manual processes (printing, filing, scanning) associated with paper reports.

As of the end of the last fiscal year, five hospitals in Toronto Central LHIN are now sending reports through Hospital Report Manager (St. Joseph's Health Centre, Toronto East Health Network, West Park Healthcare Centre, St. Michael's Hospital,

and Baycrest) and over 600 clinicians in our Toronto Central LHIN are receiving reports in their electronic medical records. Work continues to expand the number of hospitals and receiving clinicians live on Hospital Report Manager, with the majority of Toronto Central LHIN hospitals expected to have completed their implementation by the third quarter of 2016/17.

ConnectingGTA

ConnectingGTA captures lab and medical reports (including discharge summaries) from GTA hospital systems & the CCAC, and makes the information available for others to view in a secure fashion. The implementation of wave one hospitals is complete; Connecting GTA has been implemented at the Toronto Central CCAC, University Health Network, St. Michael's Hospital, Sunnybrook and Sinai Health System in 2015/16. This project continues to progress as planned and during 2016/17, the plan is to have 14 out of 16 hospitals in Toronto Central LHIN implement ConnectingGTA.

Strategic Updates: *Taking a Population Health Approach*

Our mandate is to deliver quality health care to all and this commitment is reinforced by Ontario's *Excellent Care for All Act*. The act states that we "[s]hare a vision for a Province where excellent health care services are available to all Ontarians, where professions work together, and where patients are confident that their health care system is providing them with excellent health care." Toronto Central LHIN aims to fulfill this vision by addressing the needs of everyone who lives in or receives care within our geographic boundaries.

Planning across the health care system has generally been focused on meeting the needs of those actively receiving health care. Evidence suggests that adopting a population health approach and proactively planning for the health needs of all people will benefit both patients and the system. In taking this approach we are reorienting the work of Toronto Central LHIN towards activities that aim to improve the health status of the population as a whole, as well as its many sub-populations.

This work requires us to divide populations into sub-groups (or sub-populations) and understand the unique needs and challenges faced by specific sub-groups. Some of this work has already begun. For example, in 2012 the LHIN established nine Health Links across the city that focus on meeting the unique needs of the most complex clients and patients in the communities they serve (the top 1% and 5% of users of the system). This work will continue and be further refined to ensure our efforts and investments are directly benefitting patients. Lessons learned will be applied to other sub-populations. It is this type of targeted care that is required in order to address the unique needs of specific groups of people. Health care is personal and requires tailored approaches to be most effective.

We believe that good health is more than the absence of disease. Reorienting the health care system to take into consideration the broader social determinants of health that go beyond clinical and curative services is a major shift that can only be achieved through long-term strategic partnerships. This includes non-traditional partnerships with organizations outside the health care system, such as shelters, police, housing and employment

centres, to work toward addressing the full range of factors that impact health.

Last year, we made many strides as we continued to take a population health approach to our planning. The following sections offer a snapshot into these accomplishments.

Health Equity at the Toronto Central LHIN

Toronto Central LHIN's Strategic Plan 2015-2018 places renewed emphasis on the importance of taking a population health approach to regional health planning. Integral to our population health approach is the application of a health equity lens, which is required for a detailed understanding of population-based disparities in access to quality care and health outcomes. Given the diversity of the population we serve, improving health equity is an overarching priority for the Toronto Central LHIN.

Health Equity Symposium

In September 2015, the LHIN hosted a Health Equity symposium, *"Pushing the Boundaries: Partnering to Reduce Local Health Disparities."* This event provided a forum for key health and non-health partners to discuss the role of the Toronto Central LHIN in advancing health outcomes for the entire population of Toronto. It also provided an opportunity for attendees to inform the development of Toronto Central LHIN's Health Equity Roadmap. Over 150 attendees actively participated in the roundtable discussions at the symposium. A broad cross-section of organizations and sectors were represented, including hospitals, community health service providers, primary care, long-term care, and public health. Also present were partners from outside of health care, including those in housing, education and social services. Other LHINs, the Ministry of Health and Long-Term Care, Health Quality Ontario, provincial and national organizations and patient and consumer groups also provided their input. The roadmap that emerges from these consultations will contain several key commitments and related actions for Toronto Central LHIN, allowing the LHIN to play a constructive role in closing gaps in health outcomes between populations.

The symposium report contains six recommendations organized under each of the three pillars of our health equity strategy (Leadership and Culture Change, Data and Analytics, and Local Innovations), for a total of 18 targeted recommendations.

Moving forward on the Health Equity Agenda

Based on the recommendations from the Symposium report, in 2015/16 several health equity initiatives were supported by the LHIN. Some examples of equity-related activities undertaken include:

- We funded the development of the Refugee Mental Health Training Course. Developed by CAMH, this course provided training to 300 health and social service providers in the Toronto Central LHIN. This training increased service provider capacity to effectively support refugees by equipping trainees with knowledge of the complex and multiple factors impacting refugees' mental health, help-seeking behaviors and treatment preferences.

- We funded the event “Refugee Mental Health: Responding to current needs through strengthened collaboration.” Organized by CAMH, more than 150 service providers learned about risk and protective factors for refugee mental health; refugee resilience; and treatment and support for refugee populations including special considerations for Syrian refugees.

- We supported Community Health Centres (CHCs) to increase their equity data collection. In order to improve CHC’s understanding of the populations they serve and to ensure that services are delivered in an equitable way, CHCs have augmented their existing business intelligence environment by adding new health equity data fields. These new data fields will allow CHCs to build the necessary reports linking electronic medical record clinical data and will enable CHCs to meet our health equity reporting requirements. The four new fields that have been added are racial or ethnic group, disability, gender and sexual orientation.

Health Links

Five percent of patients, who often have multiple, complex conditions, account for two-thirds of health care costs. These patients continued to be an area of priority for Toronto Central LHIN in 2015/16. By linking local health care providers to coordinate their services and provide patient-centred solutions, Health Links improve transitions between primary care providers, specialists, hospitals, home care, long-term care and community agencies.

One key responsibility of Health Links is the creation of Coordinated Care Plans (CCPs) for clients. These plans help ensure people get the care they need, when they need it. In 2015/16, Toronto Central Health Links targeted the development of 1,725 CCPs. In fact, Health Links exceeded this target and developed 2,610 CCPs, significantly surpassing our annual target.

What are Coordinated Care Plans (CCPs)?

CCPs are a shared plan among health care providers working together to meet complex patients’ health care needs.

Toronto Central LHIN’s Health Links program model has been a catalyst and enabler of system integration, whereby both health and non-health providers have worked collaboratively with patients and their caregivers to develop CCPs and attach patients to primary care. In addition, several regional initiatives were undertaken to promote the spread and scale of local innovations designed to optimize the service delivery and experience of complex patients and providers.

This year, the spread of the Solo Physicians In Need Program (SPIN) and SCOPE are examples of initiatives that were developed through Health Links.

Solo Physicians in Need (SPiN)

Patients with chronic illness, co-morbidities, and socioeconomic challenges are the

greatest consumers of health care services. Often, physicians can identify social needs impacting health outcomes, but do not have the capacity or access to the support required to provide comprehensive care. Furthermore, connecting providers and facilitating the necessary communications to provide comprehensive care is a challenge. To address this gap in care, the Solo Physicians in Need (SPiN) program was created. This direct referral program allows family physicians to connect complex patients to services available within a network of CHCs as an extension of their primary care. Community Health Centres offer culturally-adapted programs for socioeconomic factors, as well as the needs and preferences of the communities they serve. The SPiN program aims to offer a solution to the disparity between needs and capacity, allowing primary care and community providers with diverse expertise to work together as a team to support patients and communities.

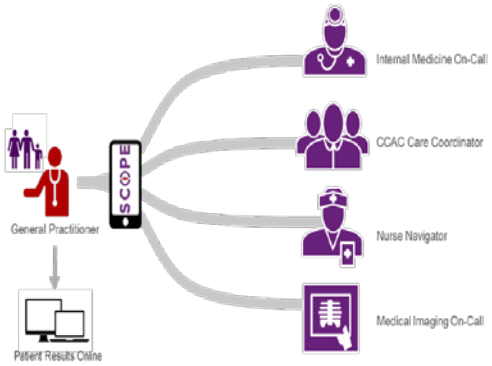
SCOPE (Seamless Care Optimizing the Patient Experience)

The SCOPE initiative provides cross-sector interventions to high needs patients by bringing together primary care providers, acute care, Toronto Central CCAC and experts from a network of designated specialty clinics and services. SCOPE enhances the communication pathway and expectations between hospital, primary care and community care to reduce emergency department visits and hospitalizations for high risk patients.

SCOPE is a quality improvement collaborative between hospital and community providers located in downtown Toronto. SCOPE shifts the delivery of health care to an interdisciplinary model.

Primary Care Providers now call a single SCOPE phone number to access:

- A navigation hub for assistance in system navigation from a resource nurse navigator and CCAC care coordinator;
- A general internal medicine specialist on-call for expedited phone consultation and referrals to an acute ambulatory care unit at WCH; and
- A diagnostic imaging consultant on-call for advice on appropriateness of imaging, interpretation of results and expedition of urgent imaging.



Since 2012 there have been more than 5000 requests for SCOPE patient services, and this initiative has impacted patients and the community in the following ways:

- Expansion to support 123 primary care providers with average of 1500 patients per practice (seamless primary care provider recruitment);
- 100% registered physicians have picked up the phone to use SCOPE services;
- 62% of calls to the SCOPE line were deemed by the SCOPE team to have avoided an emergency department visit;
- physician and patient experience describe high satisfaction and improved patient outcomes; and
- SCOPE is expanding to offer more specialty services (e.g. gynecology, psychiatry) across more institutions (such as St. Joseph's and Sinai Health System).

Targeted Planning and Investments for the Indigenous Community

Toronto Indigenous Health Advisory Circle (TIHAC)

Developed in partnership with Toronto Public Health and Anishnawbe Health Toronto, the Toronto Indigenous Health Advisory Circle (TIHAC), held a strategic planning session in October to kick off the development of a five-year strategic plan.

These partners hosted a community feast in late March 2016 to launch the first ever community-driven and holistic Indigenous Health Strategy for Toronto Central LHIN, which was created by the TIHAC.

Launched in January 2015, the mandate of the TIHAC is to provide oversight, guidance and advice to the Toronto Central LHIN and Toronto Public Health in the identification, planning, implementation, funding, research and evaluation of culturally based, culturally secure health programs and services for Toronto's Indigenous community.

Toronto Central LHIN is committed to reducing health disparities for the Indigenous community. Toronto Central LHIN will use the Toronto Indigenous Health Strategy as a blueprint for making funding decisions that will positively impact Indigenous health. This informed approach is aligned with our focus on population health and health equity, an integral part of our Strategic Plan.

Indigenous Cultural Competency

Moving forward on the Toronto Central LHIN's commitment to ensure the local health system is providing culturally competent care to the Indigenous population, we have supported Indigenous cultural competency training. Over 3000 people received Cultural Competency Training from 103 separate organizations over the past 3 years. We have also made this training available to Toronto Central LHIN staff; as of March 31, 2016, 68% of Toronto Central LHIN staff and Board members have attended the training.

Seniors Crisis Line

Often interventions (i.e. help from community/service providers) at home can prevent unnecessary visits to hospital emergency departments, allowing seniors to remain in their homes with additional services and supports. Our Seniors Crisis line, a "one-number-to-call", Toronto-wide crisis program for seniors, is a collaborative effort amongst all of the GTA LHINs. A senior, family member, health care provider, concerned neighbour or friend can call the Seniors' Crisis Line requesting help from the service. A Seniors' Crisis line worker will assess the risk and, if needed, will dispatch a crisis team to the senior's home. In 2015/16, it is estimated that the Senior's Crisis Line helped avoid 239 emergency department visits.

Seniors Crisis Line Resulting in Cost Savings

According to the Canadian Institute for Health Information (CIHI), an emergency room visit in the Toronto Central LHIN costs $219 per visit on average. With Seniors Crisis Line helping avoid 239 emergency room visits, this program has helped save $52,341 in unnecessary health care spending.

Diabetes Screening for Marginalized Populations

With funding from Toronto Central LHIN, Unison Health & Community Services, Flemingdon Health Centre, and Anishnawbe Health Toronto are offering diabetes prevention programming for high-risk populations. In 2015/16, 2,204 individuals from high-risk populations participated in diabetes risk assessments, exceeding the target of 2,150. Preventing the on-set of diabetes is important because, according to the Public Health Agency of Canada, complications of diabetes can result in lower limb amputation, vision loss and blindness, kidney disease, and cardiovascular disease.

Language Services Toronto

With 140 languages spoken across the LHIN, there is an enormous need for translation services to ensure accurate and safe transfer of information to patients and non-English speakers. With help from a telephone interpreter, Toronto Central LHIN's Language Services Toronto initiative continued to link non-English speaking patients in the GTA with health professionals during the 2015/16 fiscal year.

The availability of this program is important for a number of reasons, including:

- Patients using the service no longer have to bring a relative or friend to medical appointments;
- Patients don't have to disclose sensitive information to their families to get help communicating to health care providers;
- Patients don't have to impose the burden of being a go-between on young children; and
- Patients believe the quality of the care they receive is better when they can communicate without fear of being misinterpreted by their health-care provider.

This program has led to a 129% increase in medical interpretation calls per month. Evidence from a Centre for Research and Inner-City Health shows that the program has greatly improved accessibility to health services for patients with little or no English, and the majority of users are satisfied with the service.

Tele-opthalmology

Evidence suggests that increased eye screening rates among vulnerable populations living with diabetes will lead to earlier detection of eye disease, fewer complications and hospital admissions, and fewer cases of blindness. In 2015/16, the program offered tele-ophthalmology screening to 235 individuals. Of those screened, 65% of people were identified with pathology, leading to the development of a treatment plan. This project has achieved a steady level of performance this year and new initiatives are underway to significantly improve reach and screening volumes though partnerships with additional primary care teams.

Oakwood/Vaughan Priority Neighbourhood

Toronto Central LHIN identified Oakwood-Vaughn and the surrounding neighbourhoods as an area that would benefit from a model of enhanced integrated health service delivery. In 2015, we commissioned a gap analysis report, which revealed that access to basic health care services (including

primary care) are challenges in this area and lead to poor health outcomes.

University Health Network's Family Health Team (FHT) is preparing to expand its services to improve access to health services for local residents. New primary care services will be the starting point for enhancing the service and support compliment in this area, and the satellite expansion of the FHT into Oakwood-Vaughan is planned for Fall 2016.

Targeted Investments for the Francophone Community

Toronto Central LHIN's initiatives to improve health care delivery for Francophones received honourable mention in the French Language Services Commissioner's 2015/16 Annual Report. Specifically, the following two initiatives were recognized.

In 2015/16, Toronto Central LHIN funded an initiative to help Francophone immigrants better understand how to navigate the mental health system, reduce stigma and improve access to care. The funding helped Reflet Salvéo, the French Language Health Planning Entity, achieve the following:

- Launch a marketing campaign, with an animated video and other promotional tools, to remove stigma attached to the term "mental health."
- Equip providers of mental health services and community relations with tools for initiating a culturally and linguistically sensitive discussion on the topic of mental health.
- Deliver training on Peer positive approach with a focus on francophone immigrants. In cooperation with CAMH, this training was designed to support organizations to continuously engage individuals and families with lived experience as equal partners in the design, delivery and review of mental health and addictions services.

Toronto Central LHIN also funded an initiative to help build the capacity of Action Positive, a newly designated Francophone Agency serving Francophones living with HIV/AIDS, enabling them to effectively deliver their services. Among many other goals such as heightening HIV/AIDS awareness and reducing stigma, this project will connect French-speaking people living with HIV or hepatitis C, at-risk communities, health care providers and community organizations with knowledge, resources and expertise to reduce transmission and improve quality of life. This project will also continue to streamline the referral process to health service providers delivering care in French.

Strategic Updates: *Transforming Primary Health and Community Care*

For most patients, community-based care is the best option and is often less costly than institution-based care. Demand for community-based care is on the rise and, even with increased government spending in this sector, further investments in infrastructure will be required so the community can shoulder its increasing share of responsibilities.

A patient's long-term relationship with their primary health care team is the cornerstone of care. This relationship has the potential to

anchor efforts to drive integration and coordination of the patient journey. In order for primary health care to make a meaningful contribution to system integration, the LHIN will need to find ways to engage primary health care providers in a shared accountability for patient outcomes.

Transforming primary health and community care means creating conditions that empower patients to get the care they need with ease. The LHIN will invest in strategies that make “every door the right door”, simplifying access and driving integration.

We will focus on building common infrastructure, common spaces, shared services for IT and decision support in order to bring providers together.

Toronto Central LHIN is leveraging new investments from the provincial government to establish innovative models of care that are both patient-centered and cost-effective.

This is an ambitious yet pragmatic plan. The following sections show how we are began to make a difference in the last fiscal year.

Primary Care

Building a strong foundation for primary health care, a key component of Toronto Central LHIN’s Strategic Plan, is important in order to improve coordination and access for patients and providers across the system, and strengthen patient-centred care.

During the 2015/16 year, engagement sessions were conducted with local primary care physicians in each of the five sub-regions. These sessions provided a forum for the Toronto Central LHIN to begin a dialogue with physicians while hearing about their successes, challenges and what changes would be important to them. More details on these engagement sessions are provided on page 30 of this annual report.

We also began to establish initial governance structures (such as the Primary Care Transitional Steering Committee, and the Resource Partners Steering Committee) to commence the planning of:

- the local and regional governance structures; resource supports, and
- the vision and goals and objectives of primary health care.

These initial structures will work together to operationalize local governance structures in each sub-region in early 2016/17. The initial task of the local structures will be to develop work plans for each sub-region to advance the planning and implementation of the primary health care strategy.

Toronto Ride

Launched in 1998, Toronto Ride is a collaborative partnership of thirteen not-for-profit, community support service agencies that provides assisted door-to-door transportation to seniors 55 and over, and adults with disabilities who are not eligible for Wheel-Trans. In an attempt to avoid hospitalization, Toronto Ride continues to positively impact both clients and the local health care system by offering increased coordinated transportation services in the Toronto Central LHIN to access outpatient services. Last year, Toronto Ride provided 186,902 rides to 4661 clients in Q3 (1786 of these clients were unique). In addition, the number of emergency department visits was averted by 1109 visits, the rate of hospitalization was reduced by 4099 days and the alternate level of care was decreased by 722 days for this particular population.

Implementation of expanded peer and family supports for MHA complex clients

Peer support programs and family driven programs are aimed at providing people with the skills, knowledge and assistance required to navigate the system, make informed decisions and build strong support networks. Access to training and employment are key elements to many people's recovery. Individuals who are engaged in meaningful activities have improved health outcomes and utilized formal services less often.

Over the last two years, the LHIN has funded a series of programs focused on implementing and/or expanding peer and family supports for clients with mental health and addictions. All of the programs are fully operational.

In 2015/16, there were more than 2,248 participants in these family support programs. 74 individuals participated in the training and employment programs and there were more than 811 participants in peer support programs.

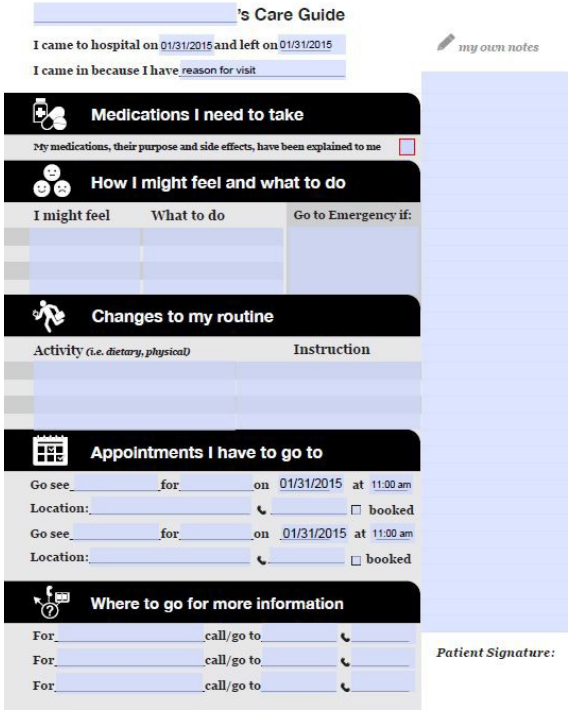
The Patient Oriented Discharge Summary (PODS)

The Patient Oriented Discharge Summary (PODS) project was successfully completed last year. The PODS initiative is aimed at making the discharge process more patient-centred through the delivery of a hospital discharge summary that is patient, rather than provider oriented.

Designed according to best practices by providers, caregivers, and patients, specifically hard-to-reach patient groups such as those with language barriers, mental health issues, and limited health literacy, PODS is easier for patients to understand and act on.

Roll out continues in Toronto Central LHIN hospitals and hospitals in other LHINs. The PODS website and related materials have been updated to ensure sustainability of the project and support for any hospitals that may be interested in continuing to implement PODS. The website also includes a discussion board to facilitate the exchange of knowledge through a community of practice.

Example of a Patient Oriented Discharge Summary:


's Care Guide

I came to hospital on 01/31/2015 and left on 01/31/2015

I came in because I have reason for visit

my own notes

Medications I need to take

My medications, their purpose and side effects, have been explained to me

How I might feel and what to do

I might feel | What to do | Go to Emergency if:

Changes to my routine

Activity (i.e. dietary, physical) | Instruction

Appointments I have to go to

Go see ____ for ____ on 01/31/2015 at 11:00 am

Location: ____ ____ booked

Go see ____ for ____ on 01/31/2015 at 11:00 am

Location: ____ ____ booked

Where to go for more information

For ____ call/go to ____

For ____ call/go to ____

For ____ call/go to ____

Patient Signature:

While many positive impacts for patients are anticipated from PODS, a randomized controlled trial received Research Ethics Board approval and is now underway to evaluate PODS' impact on patient outcomes.

Drug and Alcohol Recovery Programs

The link between housing and health is well-established and documented. Toronto Central LHIN is home to a number of sub-populations who experience a heavy burden of housing insecurity and related poorer health. People living with mental illness and addictions, for example, are disproportionally affected by the intersection of housing and health. Through our investment in local drug and alcohol recovery programs, we aim to the use of emergency department and withdrawal management services (and improve health outcomes for homeless men with addictions issues). Of the 368 participants in 2015/16, 75% of the homeless men connected to stable housing through the post-treatment program.

Transitional-Aged Youth Capacity Building

Transitional-Aged Youth is a term used to describe youth and young adults between the ages of 16 to 25. It is recognized as a stage of the life span between adolescence and adulthood, which encompasses late adolescence and early adulthood. Our work to build capacity for managing transitional aged youth with mental health and addictions is making a difference. Last year, 204 youth participated in programs (100% of whom have achieved their co-written goals relating to the social determinants of health).

Palliative Care

Local Palliative Strategy Update

In 2014, Toronto Central LHIN announced an ambitious, three-year palliative care strategy aligned with pan-LHIN goals of increasing the number of Ontarians who receive palliative care outside of an acute hospital bed, and improving the palliative care experience of clients and caregivers. The Toronto Central CCAC, our partner in this strategy, is working to increase the number of palliative care patients discharged to home with appropriate supports.

As of the end of December 2015, this work has resulted in 42.8% of patients now receiving palliative care in an acute care hospital, which is an improvement from Toronto Central LHIN's 2014/15 performance of 46.7%. Work continues with the Toronto Central CCAC to increase the number of individuals that receive palliative care outside of acute care.

Launch of the Ontario Palliative Care Network

In March 2016 the new Ontario Palliative Care Network (OPCN) was officially launched by the Ministry of Health and Long-Term Care. This launch signals a new direction for palliative care in the province where programs will be more aligned, quality and performance will be measured and patients and families will have a voice at the decision tables.

The OPCN is a partnership of community stakeholders, health service providers and health systems planners who are developing a coordinated, standardized approach for delivering palliative care services in the province. Currently, the OPCN is gathering information through surveys and environmental scans to support the formation of 14 Regional Palliative Care Programs. Toronto Central LHIN and partners will continue moving forward on the three-year strategy, and once we know

more about the OPCN's provincial direction, we will ensure alignment of our work.

Palliative Care Training in Long-Term Care Homes

Last year, we surveyed local long-term care homes, and identified an opportunity to support capacity building to help enhance knowledge and skills with respect to provision of palliative care services.

In response, we organized three two-day Learning Essential Approaches to Palliative care (LEAP) workshops, training 60 long-term care home staff in palliative care. We believe it will be one way for us to see more of the palliative care improvements we want and need in the system.

What are attendees saying about this training?

"The LEAP LTC course provided an opportunity for an interactive learning experience about a very important topic. The program was well designed and provided front line workers from different disciplines the tools necessary to provide quality care. I gained practical knowledge and skills in working with residents and families on palliative and end-of-life care. The course improved my knowledge and enabled me to provide better quality support."

- Training participant

The audience was comprised of a mix of physicians, nurses, personal support workers, recreation and spiritual care staff. This training, called LEAP Long-Term Care, supports best practice to include the full inter-professional care team, including champion Personal Support Workers (PSWs) and Health Care Aids (HCAs) in formalized training.

Evaluations have shown that LEAP learners demonstrate significant improvement in knowledge, comfort and attitudes after training. With this added training, long-term care staff are better equipped to meet the needs of their residents and improve their quality of life.

Caregiver Support Programs

Peer support programs and family driven programs are aimed at providing people with the skills, knowledge and assistance required to navigate the health system, make informed decisions and build strong support networks. Access to training and employment are key elements to many people's recovery. Evidence shows that Individuals who are engaged in meaningful activities have improved health outcomes and utilize formal services less often.

Over the last two years, Toronto Central LHIN has funded a series of programs focused on implementing and/or expanding peer and family supports for clients with mental health and addictions.

In 2015/16, there were more than 2,248 participants in these family support programs. 74 individuals participated in the training and employment programs and there were more than 811 participants in peer support programs.

Strategic Updates: *Excellence in Operations*

2016/17 Operational Plan

Last year, Toronto Central LHIN published its Board-approved 2015-2018 Strategic Plan. This ambitious plan required a pragmatic operational plan to pave the way for its success. This operational plan identified programs, work steams, deliverables, timelines, performance measurement framework that included outcome measures and resources. During 2016/17, Toronto Central LHIN will report on its progress toward successfully achieving what is outlined in this operational plan.

Performance Framework

Similar to the need for an operational plan, Toronto Central LHIN's 2015-2018 also required a mechanism to evaluate the LHIN's efforts to achieve its goals. Last year, the Toronto Central LHIN developed a performance framework to provide a link between health system and organization performance, and the strategic goals and priorities set out in the strategic plan. The approach to developing this performance framework was focused on:

- Clearly defining what our strategic goals mean, and how we can measure success against those goals over the longer term.
- Creating a vision and performance objectives for each of our strategic priorities.
- Integrating our Ministry-LHIN Accountability Agreement (MLAA) measures and Toronto Central LHIN quality indicators within our strategic performance framework.

This new and robust performance framework provides a clear accountability mechanism for Toronto Central LHIN to measure its impact on improving the local health care system and the health of Torontonians. It will in turn allow us to clearly demonstrate our progress in achieving our goals and priorities.

Effective Communications

Back in the fall of 2016, Toronto Central LHIN engaged all of its over 170 health service providers, and one common theme that heard was an opportunity to improve the LHIN's communication and transparency. We listened to this important feedback, and launched a newsletter for wide, external distribution, entitled *TC-LINK: Connecting You With Local Health Matters.* Through this newsletter, Toronto Central LHIN will keep a broad range of stakeholders informed, with an aim to increase transparency in our work and decision making, and share our progress toward achieving our strategic priorities.

HSP360

Since the launch of HSP360 in spring 2015, continued efforts have been made to improve use and function of the system to support transparent sharing and monitoring of performance measures. This includes increased access to more health service provider users as well as enhancements to the technology for quicker access to data. Most notably, efforts have been made this past year to support the rollout of HSP360 to two other LHINs: North East and Central. This is an important undertaking as it will enable our LHIN and those participating to see and promote performance improvement beyond our boundaries.

Community Engagement

Effective and inclusive community engagement is integral to the successful implementation of the Toronto Central LHIN Strategic Plan. Evidence tells us that engaging patients and their families in the design of the health care system helps to ensure that the system is more effective in improving patient outcomes. Our vision of a health care system that is equitable, cost-efficient, high-quality, and easy to navigate requires the active participation of a range of stakeholders, including patients and their families, in its design and evaluation. Our goal is to ensure that all Toronto Central LHIN strategies and initiatives are grounded in, and guided by what matters most to the individuals, families and communities we serve.

Our stakeholders include the public, health service providers, health professionals/workers, strategic partners, government and elected officials, interest groups and priority communities. We tackle health inequities by targeting specific populations who are underserved, marginalized or vulnerable to ensure that their voices are heard and integrated into our planning efforts. These groups may include newcomers, Indigenous people, LTBTQ communities, those living on a low income, those who are under-housed, people with poor connections to the healthcare system and those with mental health and/or addiction challenges.

Our approach to community engagement is a two-way process that involves providing a broad range of stakeholders with the information they need to understand and engage in dialogue with us about the issues the affect their health. Our engagement activities range from simply keeping our stakeholders informed about system level developments that may have implications for them, to partnering with a group of residents to collaborate on a new joint initiative. We use our website and social media to inform, focus groups and town halls to consult, and project planning tables and workshops to involve our stakeholders in the decision-making process.

2015/16 was a very active year for engagement activities at the Toronto Central LHIN. A great deal of effort went into planning, delivering and evaluating meaningful and worthwhile community engagement initiatives. The valuable insights we gained though these engagements has provided us with an accurate and up-to date understanding of the needs, values and expectations of those we serve.

Patients First

In December 17, 2015 the Ministry of Health and Long-Term Care released a discussion paper entitled “Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario”, which proposed several changes for our health care system. Anchored in enhanced accountability of LHINs, the proposed changes are aimed at more effective integration and greater equity; timely access to primary care and seamless linkages between primary care and other services; consistent and accessible home and community care; and creating stronger linkages between population and public health and other health services.

All LHINs were asked by the Ministry to lead multiple local engagements as part of a broader Ministry led Patients First consultation process. Throughout January and February, the Toronto Central LHIN sought the opinions and suggestions of over 480 health service providers, patients, caregivers and residents. Applying the core principles of quality community engagement, over 20 consultation sessions were carried out. The feedback received through this consultation process was shared with the Ministry and is being used by the Toronto Central LHIN to guide the implementation of our Strategic Plan.

Applying our population-health approach, Patients First consultations were held with health service providers, patients and residents in each of the five LHIN sub-regions. Participants were provided with an overview of the proposal's key components together with a series of questions and exercises designed to solicit meaningful feedback on the proposal content. The degree of health system level detail provided and the nature of the questions were tailored to each audience to ensure that the sessions were meaningful and worthwhile for all participants.

Given the diversity of Toronto's population, engagements were held with targeted groups to ensure the inclusion of those who are vulnerable or underserved and may face barriers to participation. The Toronto Central LHIN partnered with several community providers that serve marginalized and vulnerable residents to carry out seven consultation sessions with their patients and community members. Through these sessions we captured the perspectives of Indigenous and Francophone communities, ethno-racial groups including Greek seniors and newcomer populations, those with mental health and addiction challenges, youth, homeless and under-housed individuals, and people living with HIV/AIDS.

The feedback received through this consultation process will allow us to deliver in more innovative and effective ways, with both new and existing partners, and always with the patients, caregivers, families, and residents at the centre of our health system.

In addition to the face-to-face consultations, more than 100 people provided feedback through the on-line Patients First survey which remained active on the Toronto Central LHIN website for four weeks.

Primary Care Physician Engagements

Over the course of five sessions held at Bridgepoint, Providence, St. Joseph's, Baycrest, and Women's College Hospital, over 200 primary care physicians who practice within the boundaries of the Toronto Central LHIN were introduced to the LHIN's proposed vision for developing an integrated primary care system. This vision forms the basis for our population health approach to health service planning and delivery. Toronto Central LHIN physicians provided feedback and advice to the LHIN to help us plan, coordinate, and support the provision of primary care in our shared and diverse urban setting. These sessions resulted in a number of concrete recommendations which will help to guide the implementation of an effective, population health primary strategy in local geographic areas.

Select Populations

Indigenous Community

The City of Toronto has one of the largest and most diverse Indigenous populations in Ontario, who despite their tremendous strength and resilience, have the poorest health outcomes. Understanding and responding to the needs of this diverse group requires ongoing, targeted engagement of members of the Indigenous community. An important forum for understanding the needs and priorities on this population is the Toronto Indigenous Health Advisory Circle. The Circle meets monthly to provide advice and direction to the Toronto Central LHIN regarding health issues that affect the Indigenous community. A major accomplishment this year was the launch of the inaugural Toronto Indigenous Health Strategy (2016-2021) which was shared with the community in March at a community event and traditional feast. The strategy has three broad Strategic Directions: Reduce Health Inequities for Indigenous Peoples, Influence the Social Determinants of Health, and Harmonize Indigenous and Mainstream Health Programs and Services.

In addition, the Patients First consultations included two separate Indigenous Circles which were held at the Queen West Central Toronto Community Health Centre and at Anishnawbe Health Toronto. These sessions were facilitated by a member of the Indigenous community to ensure alignment with traditional teachings and culturally appropriate approaches to problem solving.

Francophone Community

Toronto LHIN continues to actively engage with our diverse Francophone population in partnership with Reflet Salvéo, the French language health planning entity in our region, and other community partners. The two-way dialogue between the Toronto Central LHIN and our French language partners informs the implementation of our 2015-18 Strategic Plan, ensuring that we meet our commitments to cultural competency for improved French language service delivery and strengthen active offer of French language services through on-going dialogue with Francophone stakeholders.

In order to ensure that feedback on the Ministry's Patients First proposal contained the perspective of Toronto's Francophone population, two consultations were arranged with members of the French speaking community. Centres d'accueil heritage hosted an engagement with Francophone seniors and representatives of community health organizations that serve Francophones in Toronto. A second Patients First session was hosted by Action Positive, an organization which supports Francophone seniors living with HIV/AIDS.

Mental Health and Addictions Consultations

Toronto Central LHIN continues to strive for an integrated access and service delivery structure for mental health and substance use. In order to gain insight into the next phase of detailed design for this model of access and service delivery, the Central LHIN and Toronto Central LHIN conducted a broad engagement of community-based providers, other providers and users of the mental health and substance use system in March, 2016. Across 16 focus groups, 300 people were engaged for their insights about the next phase of design and how to

bring the system changes most effectively to life.

The conversations were constructive, detailed and informed by both expertise and experience. The results of this consultation will be integrated into the re-design of mental health and addictions services in the Toronto Central and Central LHINs.

Community Support Services (CSS) Consultations

This past year, Toronto Central LHIN also engaged its stakeholders in the transformation of the community support services (CSS) sector, to discuss what changes would be required and conditions that need to be in place to facilitate the successful implementation of the Toronto Central LHIN Strategic Plan.

Toronto Central LHIN engaged nearly 200 stakeholders, comprised of CSS providers, the TC CCAC, patients, caregivers and families, and staff from community mental health and addictions, primary care and hospitals. The findings from the engagement will be drawn upon as Toronto Central LHIN furthers its plan for community transformation.

Special Initiatives

CLEAN Meds

The CLEAN Meds (Carefully seLected Easily Accessible at No charge Medications) research project is testing the effects of providing patients with access to a carefully selected set of medications without charge. The study may help inform public policy decisions related to medication access. The Toronto Central LHIN is has been providing funding to the CLEAN Meds Community Guidance Panel - a group of 8 to 12 community members who are partnering with the research team to make important decisions about the design, delivery and evaluation of the research project. This diverse group of citizens have been meeting monthly since the spring of 2015 to discuss, debate and provide guidance on various aspects of the study. The Panel has played a central role in deciding which study outcomes should be measured, which new research staff should join the study and how the findings of the study should be disseminated to maximize impact and potential for policy change. Lessons from engaging this diverse group of community members in the research process can inform future engagement efforts.

St. Michael's Hospital Residents' Health Service Panel

This year the Toronto Central LHIN supported St. Michael's Hospital as they recruited a 28 member Residents' Health Services Panel. Based on data from the city of Toronto and key stakeholders, the panel was assembled to reflect the demographics and diversity of Mid-East Toronto. Through this initiative, the panel members have had the opportunity to learn more about their local health system, have liaised with other residents, health service providers and senior hospital staff to identify local health care priorities, and will help design new services that respond to local needs. In their first meetings, panel members worked together to draft a set of guiding principles for health services in their community and identified key local health care issues to be debated, discussed and to inform system change.

Evaluating our Engagement Efforts

Toronto Central LHIN is committed to improving our community engagement processes and practices as we strive to provide meaningful and inclusive opportunities for stakeholders to participate in health care decision making. This process of quality improvement involves the ongoing evaluation of our engagement efforts and includes an assessment of the planning, execution and impact of our engagement work. In order to understand what is working and what needs improvement, we made a conscious effort in 2015/16 to build an evaluation component into our community engagement planning. Asking participants to evaluate, among other elements, the extent to which they understood the purpose of the engagement, felt their views were heard and understood how their input would be applied, provided valuable information that we were able to incorporate into subsequent engagements to improve the process and outcome for all involved.

2015/16 Performance Results

Toronto Central LHIN is held accountable to the Ministry on expected performance levels detailed in the Ministry-LHIN Accountability Agreement (MLAA). This is monitored through Performance Indicators and Monitoring Indicators. In 2015/16 all LHINs were given standardized provincial targets to focus performance improvements that enabled equitable access and quality for all Ontarians.

Performance Indicators

The table below lists the MLAA Performance Indicators, their provincial targets and the Toronto Central LHIN's 2015/16 results.

#	Performance Indicator	Provincial Target FY 15/16	TC LHIN FY YTD 2015/16 Result	TC LHIN 14/15 Results
HOME AND COMMUNITY CARE				
1	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%	85.21%	85.39%
2	Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	95.00%	93.68%	93.71%
3	90th percentile wait time from community for CCAC in-home services: application from community setting to first CCAC service (excluding case management)	21.00 Days	26.00	29.00

#	Performance Indicator	Provincial Target FY 15/16	TC LHIN FY YTD 2015/16 Result	TC LHIN 14/15 Results
SYSTEM INTEGRATION AND ACCESS				
4	90th percentile emergency department (ED) length of stay for complex patients	8.00 Hours	12.18	10.13
5	90th percentile ED length of stay for minor/uncomplicated patients	4.00 Hours	4.50	4.03
6	Percent of priority 2, 3 and 4 cases completed within access target for MRI scan	90.00%	32.53%	41.75%
7	Percent of priority 2, 3 and 4 cases completed within access target for CT scan	90.00%	63.89%	77.77%
8	Percent of priority 2, 3 and 4 cases completed within access targets for hip replacement	90.00%	80.19%	81.51%
9	Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.00%	84.05%	79.76%
10	Percentage of alternate level of care (ALC) days	9.46%	10.01%	14.35%
11	ALC rate	12.70%	11.97%	13.70%
HEALTH AND WELLNESS OF ONTARIANS - MENTAL HEALTH				
12	Repeat unscheduled emergency visits within 30 days for mental health conditions	16.30%	28.82%	19.62%
13	Repeat unscheduled emergency visits within 30 days for substance abuse conditions	22.40%	43.87%	31.34%
SUSTAINABILITY AND QUALITY				
14	Readmissions within 30 days for selected HIG conditions	15.50%	18.40%	16.60%

With the new provincial MLAA targets, Toronto Central LHIN's 2015/16 performance is below target on many indicators; however, the performance results demonstrate fairly stable system performance when compared to 2014/15 performance, despite increased volume pressures. In many indicators, our performance is closely aligned to provincial performance.

Home and Community Indicators

Wait times for patients to receive in-home services remained consistent from prior years, including for nursing and personal support services. For all three indicators we are meeting or exceeding provincial

performance. Two of these indicators (nursing and personal support worker service) is a focused area of performance for the next fiscal year.

System Integration & Access

- Emergency Department performance remains constant despite increasing volumes.
- Access to Medical Imaging (MRI/CT) is a challenging target for the province and the Toronto Central LHIN. Our performance on this indicator mirrors trends at the provincial level and reflects the increasing demand for medical imaging to guide treatment plans, especially in hospitals that manage complex diseases such as advanced cardiac disease and cancer.
- Access to Orthopaedic Surgery (Hip and Knee Replacement) is generally good in Toronto Central LHIN, which is similar to provincial performance and approaching the provincial target.
- Alternate Level of Care (ALC) performance continued to be a priority in Toronto Central LHIN and our LHIN is one of the best performing LHINs on this indicator. Maintaining stable performance requires continued efforts by partners across the continuum. Toronto Central LHIN has engaged acute and post-acute hospitals to identify new opportunities for improvement and further implementation of consistent practices to keep ahead of the mounting pressures to ensure patients are in the right place of care.

Health & Wellness of Ontarians – Mental Health

Repeat unscheduled emergency visits for mental health and substance abuse conditions indicators both have declined in performance with a difference within the range of 2-5% since last fiscal's performance. These measures continue to be a challenge for Toronto Central LHIN and warrant focused attention. Subsequent analysis of the data showed that, among other findings, we have experienced a 20% increase of mental health visits since 2009/2010. The approach for us in the upcoming year will be to identify discrete opportunities to improve on these measures. This will require an evidence-based approach including how to get greater data accuracy, adjusting for patient complexity.

Sustainability & Quality

Readmission rates for patients with select chronic conditions remain relatively unchanged, and a focus on existing best practices and performance evidence through Quality Based Procedures are intended to driving decreasing readmissions in 2016/17.

Monitoring Indicators

Monitoring Indicators are indicators that LHINs are expected to monitor to ensure performance remains stable and it is important to note that many of these indicators do not have provincial targets at this point.

The three indicators that have provincial targets continue to demonstrate consistent performance without significant variation. Toronto Central LHIN continues to meet the cardiac surgery target and remains near

expected performance for cancer surgery and cataract surgery.

Of the five monitoring indicators without provincial targets, Toronto Central LHIN is exceeding provincial performance on four. The remaining indicator (*CCAC wait times from application to eligibility determination for long-term care home placements: from acute-care setting)*, is currently at 9 days while the provincial performance is at 8 days.

#	Performance Indicator	Provincial Target FY 15/16*	TC LHIN FY YTD 2015/16 Result	TC LHIN 14/15 Results
MONITORING INDICATORS				
15	Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery	90.00%	87.50%	87.02%
16	Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery	90.00%	94.00%	96.01%
17	Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00%	86.55%	91.93%
18	CCAC wait times from application to eligibility determination for long-term care home placements: from community setting	14.00*	5.00	14.00
19	CCAC wait times from application to eligibility determination for long-term care home placements: from acute-care setting	8.00*	9.00	8.00
20	Rate of emergency visits for conditions best managed elsewhere per 1,000 population	12.86*	4.90	19.56
21	Hospitalization rate for ambulatory care sensitive conditions per 100,000 population	235.64*	183.94	320.78
22	Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge	46.58%*	50.74%	46.09%

*Some monitoring indicators do not have established provincial target therefore we are reporting average provincial performance for FY 15/16.

The Path Forward

As the Toronto Central LHIN evolves as an organization, so does our approach to planning. We are now taking a population health approach to improving the health of our Toronto Central LHIN residents. This will involve working with our providers to continue building a world class health care system that will benefit all those receiving health care.

Health care is in a constant state of transformation, and we welcome the chance to bring fresh eyes to old problems and apply creative and innovative solutions. Our staff, health services providers and Board of Directors are all deeply committed to changing the system for the better. While change is a fundamental part of our credo, we also acknowledge what is working well, and are committed to sustaining, and building on those gains as we move forward on our 2015-2018 Strategic Plan.

Opportunity is a concept that will be front of mind to the Toronto Central LHIN as we began delivering on our 2015-2018 Strategic Plan, and work to implement system priorities that will emerge in the coming years. For example, we will be looking at new ways to understand and engage patients and populations in the most culturally appropriate way. This critical underpinning will guide us in our approach going forward.

Last year, the Office of the Auditor General of Ontario (OAGO) released its 2015 Annual Report, including a LHIN value-for-money audit. We welcome the recommendations put forward by the Auditor General and have already started working with the Ministry of Health and Long-Term Care and other LHINs on implementation. The solutions that arise from the recommendations will be part of the path forward as we further strengthen the performance and quality of the local health system.

We know that difficult decisions are ahead of us, and we will certainly face challenges as we work to fulfill our mandate, goals and strategic priorities. Achieving our objectives in the context of a constrained fiscal environment and a full agenda of sometimes competing priorities will require a thoughtful, balanced and disciplined Strategic Plan to guide our decision-making, as well as close collaboration with all of our partners.

In the years ahead, Toronto Central LHIN hopes to have a more integrated, responsive, and sustainable health care system – one that can better meet the needs of *everyone* who lives in, or receives care in our catchment area. With the support of our partners and communities, we feel confident that we will be able to deliver on our vision, and help make Ontario the healthiest place in North America to grow up and grow old.

Toronto Central LHIN Board of Directors

Name	Position	Appointed	End of Current Term	Length of Term
Angela Ferrante	Chair	November 3, 2010 November 3, 2013	November 2, 2013 May 27, 2016	3 years 3 years
John Fraser	Vice Chair	June 27, 2011 June 27, 2014	June 26, 2014 June 26, 2017	3 years 3 years
Carol Perry	Director	June 2, 2011 June 2, 2014	June 1, 2014 June 1, 2017	3 years 3 years
Cynthia Pay	Director	December 21, 2012	December 20, 2015	3 years
Maurice Hudon	Director	April 10, 2013 April 10, 2016	April 9, 2016 April 9, 2019	3 years 3 years
Yasmin Meralli	Director	September 8, 2014	September 7, 2017	3 years
Christopher Hoffmann	Director	October 22, 2014	October 21, 2017	3 years
Felix Wu	Director	October 22, 2014	October 21, 2017	3 years
Vacant				

2015-2016 Audited Financial Statements

Financial statements of

Toronto Central Local Health Integration Network

March 31, 2016

Toronto Central Local Health Integration Network

March 31, 2016

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Independent Auditor's Report

To the Members of the Board of Directors of the
Toronto Central Local Health Integration Network

We have audited the accompanying financial statements of the Toronto Central Local Health Integration Network (the "LHIN"), which comprise the statement of financial position as at March 31, 2016, and the statements of operations, change in net debt, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the LHIN as at March 31, 2016, and the results of its operations, change in its net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Chartered Professional Accountants
Licensed Public Accountants
May 30, 2016

Toronto Central Local Health Integration Network

Statement of financial position
as at March 31, 2016

	2016	2015
	$	$
Financial assets		
Cash	**1,416,307**	1,011,834
Due from Local Health Integration Networks ("LHINs") (Note 3)	**79,564**	132,107
Due from Ministry of Health and Long-Term Care ("MOHLTC") regarding HSP transfer payments	**18,030,794**	34,279,012
Harmonized Sales Tax receivable	**301,196**	453,182
	19,827,861	35,876,135
Liabilities		
Accounts payable and accrued liabilities	**1,896,288**	1,666,185
Due to HSPs	**18,030,794**	34,279,012
Due to MOHLTC (Note 4b)	**4,707**	2,807
Deferred capital contributions (Note 5)	**1,514,992**	2,213,523
	21,446,781	38,161,527
Net debt	**(1,618,920)**	(2,285,392)
Commitments (Note 15)		
Non-financial assets		
Prepaid expenses	**103,928**	71,869
Tangible capital assets (Note 6)	**1,514,992**	2,213,523
	1,618,920	2,285,392
Accumulated surplus	**-**	-

Approved by the Board

Director

Director

The accompanying notes to the financial statements are an integral part of these financial statements.

Toronto Central Local Health Integration Network

Statement of operations
year ended March 31, 2016

	Budget (Note 7)	2016 Actual	2015 Actual
	$	$	$
Revenue			
Ministry of Health and Long-Term Care (“MOHLTC”) funding	**5,535,121**	**5,535,121**	5,256,532
Ministry of Health and Long-Term Care (“MOHLTC”) funding to LHINC	**670,000**	**792,000**	670,000
MOHLTC Funding to LHIN Shared Services Offices ("LSSO")			-
Health Service Provider (“HSP”) transfer payments (Note 8)	**4,761,002,833**	**4,799,105,830**	4,761,002,833
Project Initiatives (Note 9)			
Enabling Technologies (Note 3)	**510,000**	**440,000**	510,000
Emergency Department (“ED”) Lead	**75,000**	**75,000**	75,000
Aboriginal Health Transition Planning	**20,000**	**20,000**	20,000
Emergency Room and Alternate Level of Care ("ER/ALC")	**100,000**	**100,000**	100,000
Critical Care ("CC") Lead	**75,000**	**75,000**	75,000
Resources Matching Referrals Leads	**125,000**	**125,000**	370,000
French Language Health Services ("FLHS")	**106,000**	**106,000**	106,000
French Planning Entities	**568,713**	**568,713**	568,713
Primary Care Lead	**75,000**	**75,000**	75,000
Diabetes Regional Coordination Centre	**1,106,715**	**1,106,715**	1,129,301
Pan and Parapan Am Games	**207,249**	**207,249**	414,498
Emergency Management Communication Tool ("EMCT")	**500,000**	**500,000**	800,000
Amortization of deferred capital contributions (Note 5)	**1,379,579**	**1,280,484**	1,379,579
Amounts recovered/recoverable from the LHINs to LHINC	**709,000**	**617,500**	662,071
Amounts recovered/recoverable from the LHINs to LSSO	**5,663,296**	**4,379,679**	4,382,157
	4,778,428,506	**4,815,109,291**	4,777,596,684
Funding repayable to the MOHLTC related to operations (Note 4a)	**-**	**(1,900)**	(2,807)
	4,778,428,506	**4,815,107,391**	4,777,593,877
Expenses			
Transfer payments to HSPs (Note 8)	**4,761,002,833**	**4,799,105,830**	4,761,002,833
General and administrative (Note 10)	**5,739,463**	**5,849,492**	5,458,067
LHIN Shared Services Office (Note 11)	**6,703,304**	**5,276,278**	5,422,165
LHIN Collaborative (Note 12)	**1,514,229**	**1,477,114**	1,467,300
Project Initiatives (Note 9)			
Enabling Technologies	**510,000**	**440,000**	510,000
Emergency Department (“ED”) Lead	**75,000**	**75,000**	75,000
Aboriginal Health Transition Planning	**20,000**	**20,000**	20,000
Emergency Room and Alternate Level of Care ("ER/ALC")	**100,000**	**100,000**	100,000
Critical Care ("CC") Lead	**75,000**	**75,000**	75,000
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French Planning Entities	**568,713**	**568,713**	568,713
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Diabetes Regional Coordination Centre	**1,106,715**	**1,106,715**	1,129,301
Pan and Parapan Am Games	**207,249**	**207,249**	414,498
Emergency Management Communication Tool ("EMCT")	**500,000**	**500,000**	800,000
	4,778,428,506	**4,815,107,391**	4,777,593,877
Annual surplus and accumulated surplus, end of year	**-**	**-**	-

The accompanying notes to the financial statements are an integral part of these financial statements.

Toronto Central Local Health Integration Network

Statement of change in net debt
year ended March 31, 2016

	2016	2015
	$	$
Annual surplus	**-**	-
Acquisition of tangible capital assets	**(581,953)**	(1,090,044)
Amortization of tangible capital assets	**1,280,484**	1,379,579
Acquisition of prepaid expenses	**(103,928)**	(71,869)
Use of prepaid expenses	**71,869**	75,150
Decrease in net debt	**666,472**	292,816
Net debt, beginning of year	**(2,285,392)**	(2,578,208)
Net debt, end of year	**(1,618,920)**	(2,285,392)

The accompanying notes to the financial statements are an integral part of these financial statements.

Toronto Central Local Health Integration Network

Statement of cash flows
year ended March 31, 2016

	2016	2015
	$	$
Operating transactions		
Annual surplus	-	-
Less: items not affecting cash		
Amortization of tangible capital assets	1,280,484	1,379,579
Amortization of deferred capital contributions (Note 5)	(1,280,484)	(1,379,579)
	-	-
Changes in non-cash operating items		
Due from LHINs	52,543	(111,420)
Harmonized Sales Tax receivable	151,986	113,189
Due from MOHLTC regarding		
HSP transfer payments	16,248,218	6,546,403
Accounts payable and accrued liabilities	230,103	(303,102)
Due to HSPs	(16,248,218)	(6,546,403)
Due to MOHLTC	1,900	(10,800)
Prepaid expenses	(32,059)	3,281
	404,473	(308,852)
Capital transaction		
Acquisition of tangible capital assets	(581,953)	(1,090,044)
Financing transaction		
Increase in deferred capital contributions (Note 5)	581,953	1,090,044
Net change in cash	404,473	(308,852)
Cash, beginning of year	1,011,834	1,320,686
Cash, end of year	1,416,307	1,011,834

The accompanying notes to the financial statements are an integral part of these financial statements.

1. Description of business

The Toronto Central Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Toronto Central Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the City of Toronto. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry-LHIN Performance Agreement ("MLPA"). These financial statements reflect the terms of the MLPA related to this funding.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed HSPs in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2016.

The LHIN financial statements do not include any MOHLTC managed programs.

The LHIN is also funded for the Diabetes Regional Coordination Centre ("RCC") program in accordance with the Ministry-LHIN Performance Agreement. The operational mandate, functions and funding for delivery of the RCC Program were transferred to the LHIN in the 2012/13 fiscal year.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund expenditures that are recorded as tangible capital assets, are initially recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under “revenue” in the Statement of operations, is in accordance with the amortization policy applied to the related capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Office furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method

For assets acquired or brought into use during the year, amortization is calculated for a full year.

Segmented financial reporting

The financial statements of the LHIN include the accounts of the LHIN Shared Services Office (the “LSSO”) and LHIN Collaborative (the “LHINC”) which are its divisions. Separate schedules of LSSO and LHINC financial position and financial activities are presented in the attached schedules to the financial statements.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimate and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

3. Related party transactions

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs is responsible for providing services to all LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHINs at year end are recorded as a receivable (payable) to (from) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs.

The LHIN Collaborative (the "LHINC") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LHINC is responsible for providing advice to all LHINs in the areas of planning integration and community engagement, allocation methodologies, accountability performance and system alignment and co-ordination. Any portion of the LHINC operating costs overpaid (or not paid) by the LHIN at the year-end are recorded as a receivable (payable) to (from) the LHINC. This is all done pursuant to the LHINC Agreement the LHINC has with all the LHINs.

Enabling Technologies for Integrated Project Management Office

Effective April 1, 2013, the LHIN entered into an agreement with the Central, Central West, Central East, Mississauga Halton and North Simcoe Muskoka LHINs (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Management Offices for its Cluster and related expenses. During the year, the LHIN received MOHLTC funding through the Central West LHIN of $440,000 (2015 - $510,000).

4. Funding repayable to the MOHLTC

In accordance with the MLPA and the Transfer Payment Agreement ("TPA"), the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to the current activities is made up of the following components:

			2016	2015
	Funding received	**Eligible expenses**	**Excess funding**	Excess funding
	$	**$**	**$**	$
Transfer payments to HSPs	**4,799,105,830**	**4,799,105,830**	**-**	-
LHIN operations	**5,851,392**	**5,849,492**	**1,900**	2,807
LHINC	**792,000**	**792,000**	**-**	-
E-Health	**440,000**	**440,000**	**-**	-
ED Lead	**75,000**	**75,000**	**-**	-
Aboriginal Health Transition Planning	**20,000**	**20,000**	**-**	-
ER/ALC	**100,000**	**100,000**	**-**	-
Critical Care Lead	**75,000**	**75,000**	**-**	-
ALC Resources Matching	**125,000**	**125,000**	**-**	-
FLHS	**106,000**	**106,000**	**-**	-
French Planning Entities	**568,713**	**568,713**	**-**	-
Primary Care lead	**75,000**	**75,000**	**-**	-
Diabetes RCC	**1,106,715**	**1,106,715**	**-**	-
Pan and Parapan Am Games	**207,249**	**207,249**	**-**	-
EMCT	**500,000**	**500,000**	**-**	-
	4,809,147,899	**4,809,145,999**	**1,900**	2,807

During the year, the LHIN was provided net funding of $568,713 (Note 9) (2015 - $568,713) from the MOHLTC for the French Planning Entities which was flowed directly to "Entité de planification pour les services de santé en français de Toronto Centre".

b) The amount due to the MOHLTC related to current activities at March 31 is made up as follows:

	2016	2015
	$	$
Due to MOHLTC, beginning of year	**(2,807)**	(13,607)
MOHLTC payment	**-**	13,607
Funding repayable to the MOHLTC related to current year activities (Note 4a)	**(1,900)**	(2,807)
Due to MOHLTC, end of year	**(4,707)**	(2,807)

5. Deferred capital contributions

	2016	2015
	$	$
Balance, beginning of year	**2,213,523**	2,503,058
Capital contributions received during the year	**581,953**	1,090,044
Amortization for the year	**(1,280,484)**	(1,379,579)
Balance, end of year	**1,514,992**	2,213,523

6. Tangible capital assets

			2016	2015
	Cost	**Accumulated amortization**	**Net book value**	Net book value
	$	**$**	**$**	$
Office furniture and fixtures	**560,463**	**450,952**	**109,511**	171,266
Computer equipment	**6,786,290**	**5,380,809**	**1,405,481**	1,872,336
Leasehold improvements	**2,032,454**	**2,032,454**	**-**	169,921
	9,379,207	**7,864,215**	**1,514,992**	2,213,523

7. Budget figures

The budget figures reported in the Statement of operations reflect the initial budget at April 1, 2015. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. Budget amount for amortization is included for comparison purposes.

The following reflects the adjustments for the LHIN during the year:

	$
Initial HSP Funding budget	**4,761,002,833**
Adjustment due to announcements made during the year	**38,102,997**
Total HSP Funding	**4,799,105,830**

The total HSP funding is $4,799,105,830.

TC LHIN operating budget, excluding HSP Funding is $9,003,798.

8. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $4,799,105,830 (2015 - $4,761,002,833) to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2015-2016 as follows:

	2016	2015
	$	$
Operation of hospitals	**3,580,546,410**	3,584,903,808
Long-term care homes	**274,101,551**	267,424,716
Community care access centre	**250,907,414**	244,702,630
Community support services	**104,091,661**	93,459,523
Assisted living services in supportive housing	**57,894,669**	53,669,470
Community health centres	**93,491,259**	91,699,161
Community mental health addictions program	**138,782,566**	127,118,591
Addictions program	**38,299,857**	37,861,791
Specialty psychiatric hospital	**260,990,443**	260,163,143
	4,799,105,830	4,761,002,833

9. Operations of LHIN - Project Initiatives

The LHIN received funds for various initiatives listed in the Statement of operations. The following table classifies the initiatives expenses by object:

	2016	2015
	$	$
Salaries and benefits	**2,287,025**	3,102,353
Professional services	**158,180**	197,164
Funding transferred (Note 4)	**568,713**	568,713
Other	**384,759**	375,282
	3,398,677	4,243,512

Diabetes Regional Coordination Centre operational expenses included in the project fund expenses above are as follows:

	Actual 2016	Actual 2015
	$	$
Salaries and benefits	**930,944**	954,043
Others	**175,771**	175,258
	1,106,715	1,129,301

10. General and administrative expenses

The Statement of operations presents the expenses by function; the following classifies general and administrative expenses:

	2016	2015
	$	$
Salaries and benefits	**4,239,667**	3,954,564
Occupancy	**387,313**	263,686
Amortization	**316,271**	204,342
Shared services	**235,978**	317,718
LHINC	**47,500**	50,929
Consulting services	**206,106**	77,246
Translation services	**48,371**	55,390
Professional services	**15,560**	15,900
Supplies	**45,398**	48,865
Computer expenses	**27,397**	144,955
Governance	**56,884**	39,346
Mail, courier and telecommunications	**33,099**	42,131
Other	**189,948**	242,995
	5,849,492	5,458,067

The following lists the Board Chair and Directors per diem costs as well as their travel and development expenses, which are included in governance expense in the general and administrative expenses above.

		2016	2015
	Budget	**Actual**	Actual
	$	**$**	$
Board Chair per diem cost	**36,408**	**17,675**	15,050
Directors per diem cost	**61,677**	**38,375**	23,950
Board travel and development expenses	**1,915**	**834**	346
	100,000	**56,884**	39,346

11. LHIN Shared Services Office

The following presents the financial position and financial activities, by object, of the LHIN Shared Services Office (LSSO) for the year:

LHIN Shared Services Office
Statement of financial position
as at March 31, 2016

	2016	2015
	$	$
Financial assets		
Cash	**543,202**	326,821
Due from LHINs	**70,118**	132,107
Harmonized Sales Tax receivable	**172,071**	235,921
	785,391	694,849
Liabilities		
Accounts payable and accrued liabilities	**863,577**	649,741
Due to TC LHIN*	**10,109**	96,153
Deferred capital contributions	**1,087,211**	1,401,857
	1,960,897	2,147,751
Net debt	**1,175,506**	1,452,902
Non-financial assets		
Prepaid expenses	**88,295**	51,045
Tangible capital assets	**1,087,211**	1,401,857
	1,175,506	1,452,902
Accumulated surplus	**-**	-

* Amounts due to/from TC LHIN and LHINC are eliminated upon combination.

11. LHIN Shared Services Office (continued)

LHIN Shared Services Office
Statement of financial activities
year ended March 31, 2016

		2016	2015
	Budget	Actual	Actual
	$	$	$
Revenue			
Amounts recovered/recoverable from the LHINs	**5,663,296**	**4,761,343**	4,783,818
Amortization of deferred capital contributions	**1,040,008**	**896,599**	1,040,008
	6,703,304	**5,657,942**	5,823,826
Expenses**			
Salaries	**1,821,346**	**1,501,996**	1,603,744
Benefits	**375,643**	**287,247**	299,551
Supplies	**29,314**	**28,266**	29,164
Telecommunications	**19,055**	**10,479**	11,357
Recruitment and staff development	**10,623**	**36,884**	20,040
Consulting fees	**8,000**	**21,275**	21,244
Professional services	**23,500**	**20,580**	21,970
Meeting expenses	**7,479**	**1,114**	1,582
Amortization	**1,040,008**	**896,599**	1,040,008
Occupancy	**184,185**	**145,620**	167,812
Other	**35,715**	**31,432**	20,530
Outsourcing services and computer expense	**3,148,436**	**2,676,450**	2,586,824
Total common LHIN services expenses	**6,703,304**	**5,657,942**	5,823,826
Less: inter-entity transactions eliminated on combination***	**-**	**(381,664)**	(401,661)
	6,703,304	**5,276,278**	5,422,165

** Included in total expenses above are $755,297 (2015 - $750,151) related to legal department expenses, of which $658,794 (2015 - $637,313) are salaries and benefits expenses.

*** Included in total expenses above are $381,664 (2015 - $401,661) related to inter-entity transactions and are eliminated upon combination.

12. LHIN Collaborative

The following presents the financial position and financial activities, by object, of the LHIN Collaborative (LHINC) for the year:

LHIN Collaborative
Statement of financial position
as at March 31, 2016

	2016	2015
	$	$
Financial assets		
Cash	**90,893**	188,446
Harmonized Sales Tax receivable	**578**	1,055
	91,471	189,501
Liabilities		
Accounts payable and accrued liabilities	**87,323**	46,229
Due to TC LHIN*	**5,051**	149,596
Deferred capital contributions	**-**	67,614
	92,374	263,439
Net debt	**903**	73,938
Non-financial assets		
Prepaid expenses	**903**	6,324
Tangible capital assets	**-**	67,614
	903	73,938
Accumulated surplus	**-**	-

* Amounts to TC LHIN are eliminated upon combination.

12. LHIN Collaborative (continued)

LHIN Collaborative
Statement of financial activities
year ended March 31, 2016

	2016 Budget	2016 Actual	2015 Actual
	$	$	$
Revenue			
Amounts recovered/recoverable from the LHINs	**709,000**	**665,000**	713,000
MOHLTC funding	**670,000**	**792,000**	670,000
Amortization of deferred capital contributions	**135,229**	**67,614**	135,229
	1,514,229	**1,524,614**	1,518,229
Funding repayable to the MOHLTC related to operations	**-**	**-**	-
	1,514,229	**1,524,614**	1,518,229
Expenses**			
Salaries	**932,452**	**1,038,056**	984,087
Benefits	**189,633**	**201,543**	197,613
Supplies	**17,456**	**11,157**	5,292
Telecommunications	**10,283**	**7,638**	8,589
Recruitment and staff developments	**17,474**	**10,370**	5,231
Computer expense	**7,596**	**8,356**	3,696
Consulting fees	**32,885**	**27,871**	8,871
Meeting expenses	**13,826**	**5,271**	7,547
Amortization	**135,229**	**67,614**	135,229
Occupancy	**95,044**	**94,406**	111,454
Other	**17,951**	**7,932**	6,220
Shared services	**44,400**	**44,400**	44,400
	1,514,229	**1,524,614**	1,518,229
Less: inter-entity transactions eliminated on combination	**-**	**(47,500)**	(50,929)
	-	**1,477,114**	1,467,300

** Included in total expenses above are $47,500 (2015 - $50,929) in inter-entity transactions that are eliminated upon combination.

MOHLTC funding of $30,000 (2015 - $30,000) was attributed to the Provincial End-of-Life Network.
MOHLTC funding of $122,000 (2015 - nil) was attributed to the Personal Support Service Initiative.

13. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 62 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2016 was $598,304 (2015 - $616,320) for current service costs and is included as an expense in the Statement of operations. The last actuarial valuation was completed for the plan as of December 31, 2015. At that time, the plan was fully funded.

14. Guarantees

The LHIN is subject to the provisions of the Financial Administration Act. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the Financial Administration Act and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the Local Health System Integration Act, 2006 and in accordance with s. 28 of the Financial Administration Act.

15. Commitments

The LHIN has commitments under various operating leases related to building and equipment. Lease renewals are likely. Minimum lease payments due over the remaining term of existing leases is as follows:

	$
2017	690,158
2018	726,478
2019	755,250
2020	763,749
2021	386,059
	3,321,694

The LHIN also has funding commitments to some HSPs associated with accountability agreements for fiscal 2016 and 2017. The actual amounts, which will ultimately be paid, are contingent upon actual LHIN funding received from the MOHLTC.

Toronto Central Local Health Integration Network

Combined statement of financial position and operations by division - Schedule 1
as at March 31, 2016

Combined statement of financial position and operations by division - Schedule 1	**2016**	2015	**2016**	2015	**2016**	2015	**2016**	2015
	Toronto Central		**Shared Services Office**		**Collaborative**		**Total**	**Total**
	$	$	**$**	$	**$**	$	**$**	$
Financial assets								
Cash	**782,212**	496,567	**543,202**	326,821	**90,893**	188,446	**1,416,307**	1,011,834
Due from LSSO/LHINC/TC LHIN*	**15,160**	245,749	**-**	-	**-**	-	**15,160**	245,749
Due from Local Health Integration Networks ("LHINs")	**9,446**	-	**70,118**	132,107	**-**	-	**79,564**	132,107
Due from MOHLTC regarding HSP transfer payments	**18,030,794**	34,279,012	**-**	-	**-**	-	**18,030,794**	34,279,012
Harmonized Sales Tax receivable	**128,547**	216,206	**172,071**	235,921	**578**	1,055	**301,196**	453,182
	18,966,159	35,237,534	**785,391**	694,849	**91,471**	189,501	**19,843,021**	36,121,884
Liabilities								
Accounts payable and accrued liabilities	**945,388**	970,215	**863,577**	649,741	**87,323**	46,229	**1,896,288**	1,666,185
Due to LSSO/LHINC/TC LHIN*		-	**10,109**	96,153	**5,051**	149,596	**15,160**	245,749
Due to HSPs	**18,030,794**	34,279,012	**-**	-	**-**	-	**18,030,794**	34,279,012
Deferred capital contributions	**427,781**	744,052	**1,087,211**	1,401,857	**-**	67,614	**1,514,992**	2,213,523
Due to Ministry of Health and Long-Term Care ("MOHLTC")	**4,707**	2,807	**-**	-	**-**	-	**4,707**	2,807
	19,408,670	35,996,086	**1,960,897**	2,147,751	**92,374**	263,439	**21,461,941**	38,407,276
Net debt	**442,511**	758,552	**1,175,506**	1,452,902	**903**	73,938	**1,618,920**	2,285,392
Non-financial assets								
Prepaid expenses	**14,730**	14,500	**88,295**	51,045	**903**	6,324	**103,928**	71,869
Tangible capital assets	**427,781**	744,052	**1,087,211**	1,401,857	**-**	67,614	**1,514,992**	2,213,523
	442,511	758,552	**1,175,506**	1,452,902	**903**	73,938	**1,618,920**	2,285,392
Accumulated surplus	**-**	-	**-**	-	**-**	-	**-**	-

* Amounts due from/to the LHIN Shared Services Office, due from/to the LHINC and due from/to TC LHIN are eliminated upon combination.

The accompanying notes to the financial statements are an integral part of these financial statements.

Toronto Central Local Health Integration Network

Combined statement of financial position and operations by division - Schedule I (continued)
year ended March 31, 2016

Combined statement of financial position and operations by division - Schedule I (continued)	2016		2015	2016		2015	2016		2015	2016	2015
	Toronto Central Operations			Shared Services Office			Collaborative				
	Budget	Actual	Actual	Budget	Actual	Actual	Budget	Actual	Actual	Total	Total
	$	$	$	$	$	$	$	$	$	$	$
Revenue											
Amounts recovered/recoverable from the LHINs	-	-	-	5,663,296	4,761,343	4,783,818	709,000	665,000	713,000	5,426,343	5,496,818
MOHLTC funding	5,535,121	5,535,121	5,256,532	-	-	-	670,000	792,000	670,000	6,327,121	5,926,532
HSP transfer payments (Note 8)	4,761,002,833	4,799,105,830	4,761,002,833	-	-	-	-	-	-	4,799,105,830	4,761,002,833
Enabling Technologies funding (Note 3)	510,000	440,000	510,000	-	-	-	-	-	-	440,000	510,000
Emergency Department ("ED") Leads (Note 9)	75,000	75,000	75,000	-	-	-	-	-	-	75,000	75,000
Aboriginal Health Transition Planning (Note 9)	20,000	20,000	20,000	-	-	-	-	-	-	20,000	20,000
Emergency Room and Alternate Level of Care (ER/ALC) (Note 9)	100,000	100,000	100,000	-	-	-	-	-	-	100,000	100,000
Critical Care ("CC") Lead (Note 9)	75,000	75,000	75,000	-	-	-	-	-	-	75,000	75,000
Resources Matching Referrals (Note 9)	125,000	125,000	370,000	-	-	-	-	-	-	125,000	370,000
French Language Health Services (Note 9)	106,000	106,000	106,000	-	-	-	-	-	-	106,000	106,000
French Planning Entities (Note 9)	568,713	568,713	568,713	-	-	-	-	-	-	568,713	568,713
Primary Care Lead (Note 9)	75,000	75,000	75,000	-	-	-	-	-	-	75,000	75,000
Diabetes Regional Coordination Centre (Note 9)	1,106,715	1,106,715	1,129,301	-	-	-	-	-	-	1,106,715	1,129,301
Pan and Parapan Am Games (Note 9)	207,249	207,249	414,498	-	-	-	-	-	-	207,249	414,498
Emergency Mgmt Comm Tool (Note 9)	500,000	500,000	800,000	-	-	-	-	-	-	500,000	800,000
Amortization of deferred capital contributions (Note 5)	204,342	316,271	204,342	1,040,008	896,599	1,040,008	135,229	67,614	135,229	1,280,484	1,379,579
	4,770,210,973	4,808,355,899	4,770,707,219	6,703,304	5,657,942	5,823,826	1,514,229	1,524,614	1,518,229	4,815,538,455	4,778,049,274
Funding surplus repayable to the MOHLTC related to operations (Note 4(a))	-	(1,900)	(2,807)			-	-	-	-	(1,900)	(2,807)
	4,770,210,973	4,808,353,999	4,770,704,412	6,703,304	5,657,942	5,823,826	1,514,229	1,524,614	1,518,229	4,815,536,555	4,778,046,467
Expenses											
General and administrative (Note 10)	5,739,463	5,849,492	5,458,067	-	-	-	-	-	-	5,849,492	5,458,067
Common LHIN Services* (Note 11)	-	-	-	6,703,304	5,657,942	5,823,826	-	-	-	5,657,942	5,823,826
LHIN Collaborative** (Note 12)	-	-	-			-	1,514,229	1,524,614	1,518,229	1,524,614	1,518,229
Transfer payments to HSPs (Note 8)	4,761,002,833	4,799,105,830	4,761,002,833	-	-	-	-	-	-	4,799,105,830	4,761,002,833
Enabling Technologies (Note 3)	510,000	440,000	510,000	-	-	-	-	-	-	440,000	510,000
Emergency Department ("ED") Leads (Note 9)	75,000	75,000	75,000	-	-	-	-	-	-	75,000	75,000
Aboriginal Health Transition Planning (Note 9)	20,000	20,000	20,000	-	-	-	-	-	-	20,000	20,000
Emergency Room and Alternate Level of Care (ER/ALC) (Note 9)	100,000	100,000	100,000	-	-	-	-	-	-	100,000	100,000
Critical Care ("CC") Lead (Note 9)	75,000	75,000	75,000	-	-	-	-	-	-	75,000	75,000
Resources Matching Referrals (Note 9)	125,000	125,000	370,000	-	-	-	-	-	-	125,000	370,000
French Language Health Services (Note 9)	106,000	106,000	106,000	-	-	-	-	-	-	106,000	106,000
French Planning Entities (Note 9)	568,713	568,713	568,713	-	-	-	-	-	-	568,713	568,713
Primary Care Lead (Note 9)	75,000	75,000	75,000	-	-	-	-	-	-	75,000	75,000
Diabetes Regional Coordination Centre (Note 9)	1,106,715	1,106,715	1,129,301	-	-	-	-	-	-	1,106,715	1,129,301
Pan and Parapan Am Games (Note 9)	207,249	207,249	414,498	-	-	-	-	-	-	207,249	414,498
Emergency Mgmt Comm Tool (Note 9)	500,000	500,000	800,000	-	-	-	-	-	-	500,000	800,000
	4,770,210,973	4,808,353,999	4,770,704,412	6,703,304	5,657,942	5,823,826	1,514,229	1,524,614	1,518,229	4,815,536,555	4,778,046,467
Annual surplus and accumulated surplus, end of year	-	-	-	-	-	-	-	-	-	-	-

* These amounts will be adjusted by $381,664 for Toronto Central LHIN transactions. These numbers reflect LSSO operations on behalf of all 14 LHINs (Note 11).
** These amounts will be adjusted by $47,500 for Toronto Central LHIN transactions. These numbers reflect LHINC operations on behalf of all 14 LHINs (Note 12).

The accompanying notes to the financial statements are an integral part of these financial statements.

Endnotes

1. Keesmaat, Jennifer. Planning for Complete Communities. Paper Presented at Deputy Minister meeting, February 17, 2015.
2. City of Toronto, 2012. City of Toronto Backgrounder, 2011 Census Age and Sex Counts. Available from: https://www1.toronto.ca/city_of_toronto/social_development_finance__administration/files/pdf/censusbackgrounder_ageandsex_2011.pdf
3. City of Toronto Social Development, Finance and Administration Division, Toronto Seniors Demographic Snapshot, 2006 2008. Available from: https://www1.toronto.ca/city_of_toronto/social_development_finance__administration/files/pdf/seniors_pres_2006_census_nov08.pdf
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** Please note the immigration statistics are for the whole City of Toronto and are taken from the National Household Survey which has data limitations.*

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