



North Simcoe Muskoka
Community Support Services

STRATEGIC PLAN 2016-2018

(APPROVED February 11, 2016)



Table of Contents

Contents

NORTH SIMCOE COMMUNITY SUPPORT SERVICES3

STRATEGIC PLAN DEVELOPMENT4

MISSION7

VISION7

VALUES.....7

STRATEGIC OBJECTIVES.....8

STRATEGIC PRIORITIES & DIRECTIONS (PROVINCIAL / REGIONAL)..... 12

IMPLEMENTATION 13

OUTCOMES 14

REFERENCES..... 15

GLOSSARY 17

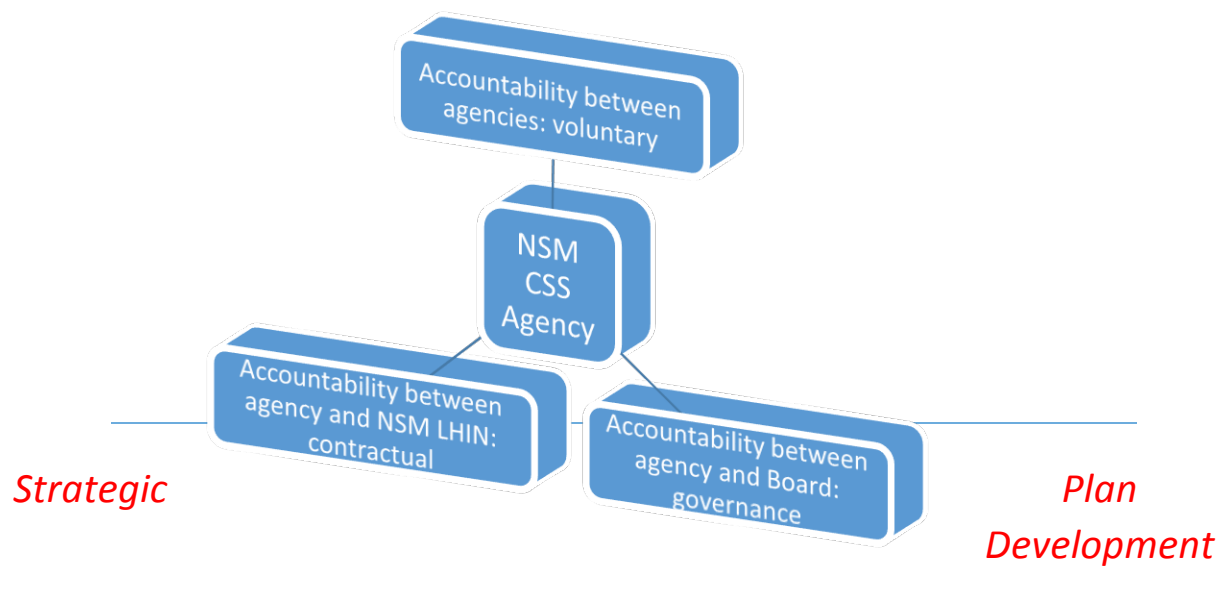


North Simcoe Community Support Services

The North Simcoe Muskoka Community Support Services Collaborative (NSM CSS) is a group of community agencies that provide support services throughout North Simcoe Muskoka. These non-profit agencies have a number of funding relationships that can include receiving funds from the North Simcoe Muskoka Local Health Integration Network (NSM LHIN), other LHINs, from a different Ministry, and from community donations. They provide a variety of services ranging from meals to transportation, disability assistance, and supportive housing. Agencies may focus on a specific physical need (for example deafness, visual impairment, physical disability) or on a population (for example seniors, people with a terminal illness), or on a type of service (for example attendant care, fitness). These agencies range in size from small, which offer local programs, to large organizations offering national programs. This diversity is indicative of the priorities and needs of individual communities.

While the CSS sector accounts for approximately 1.6% of the overall NSM LHIN budget, it plays an important role as part of an integrated health care system (North Simcoe Muskoka LHIN, 2014). The sector is a critical provider of relatively low cost programs and services that help people stay in their own homes and, thus, reduce unnecessary use of hospital beds and visits to the emergency room. It continually improves the scope and efficiency of sector services to ensure sustainability, while helping people stay healthy in their communities.

**NSM CSS
Agency
Accountability
Links**



The North Simcoe Muskoka Community Support Services Collaborative Strategic Plan has been prepared through a series of steps designed to ensure the broadest possible base of input from all agencies.

- March, 2015. A facilitated workshop on Writing the Strategic Plan was held at Kempenfelt Centre with participation from Executive Directors, senior staff, and board members (Mings E. J., 2015).
- April, 2015. Facilitator Jerry Mings led the Collaborative through an overview of the Ministry road map, role, and possible future options for the sector.
- May, 2015 A facilitated Strategic Planning Workshop was held at Kempenfelt Centre, again with Executive Directors, senior staff, and board members (Mings E. J., 2015)

- September, 2015. A working group of Executive Directors, Council representation, senior staff, and board members met to craft the vision, refine the mission, clarify the values, and establish well-defined strategies. Through an on-going process of input and revisions, the plan was developed.¹
- October, 2015. The Strategic Plan was circulated to the CSS Collaborative Council for additional comments and input before next revisions are completed.
- November, 2015. The Strategic Plan was discussed at the professional development day held at the Kempenfelt Centre (facilitator Jerry Mings)
- December, 2015. The working group and Collaborative Council continued to refine the draft plan based on feedback received from Collaborative members and further strategic directions outlined by the Ministry of Health and Long-Term Care.

The NSM CSS Strategic Plan has been developed to align with priorities outlined in the following:

- **Patients First: Proposal to Strengthen Patient-Centred Health Care in Ontario** (Ministry of Health and Long-Term Care, 2015)
- **Patients First: Action Plan for Health** (Ministry of Health and Long-Term Care, 2015)
- **Patients First: Background** (Ministry of Health and Long-Term Care, 2015) ▪ Trillium grant deliverables
- North Simcoe Muskoka LHIN Strategy Map (2015-2016) including advancing wellness, develop and expanding integrated networks of care (North Simcoe Muskoka LHIN, 2015).
- **Bringing Care Home** (Donner, McReynolds, & Smith, 2015).
- Ministry of Health and Long Term Care strategic directions (access, connect, inform, and protect)
- **2014 Mandate letter: Health and Long-Term Care** (Wynne, 2014) Providing the right care, place, time; redesigning home and community care; integrated and
- coordinated patient centred care; and increased health and wellness and protecting vulnerable population

¹ Members include Sandra Dunham, Sandra Winspear, Rob Soczka, Darryl Taylor, Mardi Taylor, Val Dickson, Michelle Pauze, Brian Young, Irena Pozgaj, Wayne Yuristy,



Additional considerations include:

- **Community Care Access Centres – Financial Operations and Service Delivery** (Lysyk, 2015)
- Survey results of LHIN experiences and approaches to collaborative governance.
- Health Links initiatives
- valuations of current NSM CSS initiatives including the 211 Pilot Project, the accreditation project
- NSM CSS Terms of Reference
- Previous studies (i.e. People Plan, Difficult to Serve Project, Human Resources Retention Project, Access and Awareness Project) undertaken by the NSM CSS
- Remarks to the 2015 HealthAchieve Conference, Hon. Dr. Eric Hoskins (Hoskins, 2015)
- *Community Care Access Centres likely to be dismantled* (Boyle, 2015)
- Accreditation Canada (Accreditation Canada, 2013)



Mission

To leverage the collective resources, capacity, and expertise of member agencies toward continually improving access to appropriate care, throughout North Simcoe Muskoka.

Vision

The Collaborative speaks with one voice and fosters the collective growth required for a strong and responsive Community Support Services sector.

Values

The North Simcoe Muskoka Community Support Services Collaborative is distinguished by:

Excellence

The CSS Collaborative leverages the collective knowledge of its members to continually help analyze sector performance and undertake systematic initiatives to improve it.

Social responsibility

The CSS Collaborative works with member agencies and stakeholders to build efficiencies and innovation in the delivery of consistent and accessible home and community care as part of an integrated health care system.

Collaboration

The CSS Collaborative values working in harmony; developing alliances and partnerships while respecting the autonomy and diversities of member agencies.

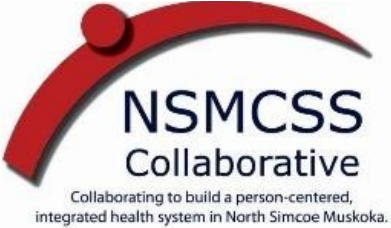
Strategic Objectives

1. **We will improve the sector capabilities and system sustainability by working together with our member agencies, and with our partners in the health care system.** To do this we will:

- Conduct an internal resource analysis to identify resource gaps.
- Create work groups around identified gaps and pool knowledge, funding, and resources to help improve service quality and consistency.
- Enhance the sector’s capabilities to respond to system level proposals and changes.
- Recruit and engage all agencies in the Collaborative, with a focus on refreshing and energizing participation.
- Develop and support standardized training where common needs are identified.
- Investigate and adopt best practices and ideas from CSS collaborative in other LHINS.

Success for Strategic Direction 1 will be measured by:

- There is a gap analysis that identifies resource weaknesses (i.e. lack of IT specialist, Privacy Officer)
- There are reports from specific work groups that highlight current best practices in sharing resources and streamlining practices, and provide additional proposals to improve service quality and coordination.
- The Collaborative supports member agencies in their ability to participate in CSS Collaborative and Council activities (location and timing of meetings, recognition of limited staff, web-based meetings, on-going evaluations)
- Member agencies can access a database of training currently available; coordinated standardized joint training where feasible; and developing training as required for the sector, including Executive Directors, Boards, and staff.



- Ensure the Collaborative and working groups meet on a regular basis to share information in a timely manner. Investigate use of technology to enable members to participate from a distance and to join discussions that are relevant to their needs.
-

2. We will create a broad communications strategy and response mechanism to ensure the Collaborative has a unified voice on sector issues and engages in a meaningful way with all stakeholders. To do this we will:

- Identify and track relevant NSM LHIN and sector initiatives, developments, trends or government initiatives and/or strategies with the purpose of providing sector input, as necessary.
 - The Collaborative will develop and utilize, as necessary, linkages with key stakeholders including the general public, clients, caregivers, service clubs, and community agencies outside the CSS sector, and others as appropriate to proactively seek opportunities to share information and market the CSS. Key stakeholders include the Ministry, the NSM LHIN, and umbrella organizations linked to our agencies (i.e. OCSA, provincial palliative care networks)
 - The CSS sector will maintain a list of relevant LHIN, local and regional committees where CSS representation is required or desired. CSS representatives on these committees will seek input as required from member agencies and provide updates in a timely manner.
 - Create tracking mechanisms to identify speaking/input opportunities.
-

Success for Strategic Direction 2 will be measured by:

- CSS Collaborative input is developed by Council and working groups established for issue-specific tasks on a defined time basis, for priorities identified by Council and/or member agencies.





- A member-accessible record of this input towards changing or developing priorities is available on the Collaborative website and regularly updated (changes to the CCAC, funding following clients, low risk seniors, lead agencies/role of primary care, basket of services)
- Recruitment materials to promote the CSS sector as a workplace of choice are available to all member agencies for distribution.

The CSS sector is adequately represented on NSM LHIN committees, Health Link, agency umbrella organizations, and with other relevant health care partners, and that all agencies participate in this representation process as fully as possible.



Strategic Priorities & Directions (Provincial / Regional)

Provincial Ministry of Health and Long Term Care	
MOHTC Strategic Goals	ACCESS CONNECT INFORM PROTECT

Provincial: Pan LHIN	
Pan-LHIN Strategic Initiatives	Transform the patient experience through a relentless focus on quality Tackle health inequities by focusing on population health Drive innovation and sustainable delivery
Pan-LHIN Priority Areas	Health Links Long term Care Redevelopment Home and Community Care End-of-Life Palliative Care Mental Health and Addiction Services

Regional: NSM LHIN			
NSM LHIN Strategic Objectives	Improve Access to Appropriate Care	Build Capacity and Enhance Coordination	Drive System Sustainability
NSM LHIN Priority Areas	Senior Services Primary Care & Health Links Technological Integration Mental Health & Addiction Services	Home and Community Care Long-Term Care Redevelopment End-of-Life Palliative Care	

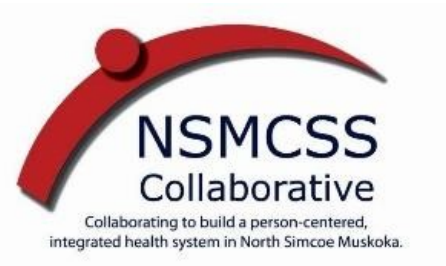
Regional: NSM Community Support Services	
NSM CSS Strategic Objectives	Continually improve and develop expertise in delivering quality service within our sector and with our partners in the health care system. Work on creating a broad communications strategy to ensure the Collaborative speaks with one voice on sector issues and engages in a meaningful way with all stakeholders.
NSM CSS Priority Areas	Conduct a service gap analysis Recruit & engage all agencies Develop & support standardized training Develop position statements Identify speaking & input opportunities Ensure CSS Representation



Implementation

The North Simcoe Muskoka Community Support Services strategic plan will be published on the sector’s web site and made available to all agencies for inclusion of their respective web sites. The plan will help provide direction and guidance for the sector for next two years (2016 – 2018). The CSS Collaborative Council is responsible for the final approval and implementation of the Strategic Plan. It will be revisited every six months by the Council or more frequently as necessary. Updates to the sector will be provided at quarterly Collaborative meetings and on the website. This timeline may be modified to meet emerging priorities. As specific activities are developed and/or modified, these will be communicated to all members and health care partners in a timely fashion.





Outcomes

The 2015 NSM CSS Strategic Plan will provide a framework for the sector to further strengthen its capabilities and to improve system sustainability. The plan will help support the sector as an integral partner providing sustainable health care in North Simcoe Muskoka.

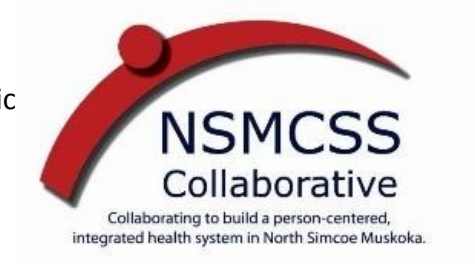
The two major strategic directions that have been identified will move the sector forward to address the question members were asked “What will the collaborative look like in 5 – 8 years?” (Mings E. J., 2015)

The responses indicated the collaborative will:

- Work together for best collective outcomes for clients and community
 - Hear, evaluate, and speak with a unified voice
 - Share knowledge to collaborate
 - Measure and communicate the impact of the collaborative
 - Support, develop and deliver standardized training
 - Develop ways to ease the workload on individual agencies.

References

- Accreditation Canada. (2013). *Accreditation Canada: Better Quality. Better Health*. Retrieved from Accreditation Canada: Better Quality. Better Health.: https://www.accreditation.ca/becomeclient?gclid=CNPpkZu_gckCFQccaQodj-olfg
- Boyle, T. (2015, November 6). Community Care Access Centres likely to be dismantled. *Toronto Star*. Retrieved from http://www.thestar.com/life/health_wellness/2015/11/06/community-careaccess-centres-likely-to-be-dismantled.html
- Donner, G., McReynolds, J., & Smith, D. K. (2015, March). *Bringing Care Home*. Retrieved from Bringing Care Home: http://health.gov.on.ca/en/public/programs/ccac/docs/hcc_report.pdf
- Hoskins, D. E. (2015, November). *HealthAchieve Speech*. Retrieved from Ontario Ministry of Health and Long-Term Care: http://www.health.gov.on.ca/en/news/speech/2015/sp_20151106.aspx
- Lysyk, B. (2015, September). *Community Care Access Centres - Financial Operations and Service Delivery*. Retrieved from Office of the Auditor General of Ontario: http://www.auditor.on.ca/en/reports_en/CCACs_en.pdf
- Mings, E. J. (2015). *Inside the Strategic Planning Process, Participants Report*.
- Mings, E. J. (2015). *Summary Notes - Vision Planning Day*.
- Ministry of Health and Long-Term Care. (2015, May). *Patients First: A Roadmap to Strengthen Home and Community Care*. Retrieved from Ontario Newsroom: http://health.gov.on.ca/en/public/programs/ccac/docs/hcc_report.pdf
- Ministry of Health and Long-Term Care. (2015, December 15). *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario, Discussion Paper*. Retrieved from http://www.health.gov.on.ca/en/news/bulletin/2015/docs/discussion_paper_20151217.pdf
- Ministry of Health and Long-Term Care. (2015, February). *Patients First: Action Plan for Health Care*. Retrieved from http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_patientsfirst.pdf
- North Simcoe Muskoka LHIN. (2014). *Annual Report 2013-2014*. Retrieved from North Simcoe Muskoka LHIN: www.nsmihin.on.ca/~media/sites/nsm/.../NSM%20AR1314E.pdf?la=en



North Simcoe Muskoka LHIN. (2015, November). *Integrated Health Service Plan*. Retrieved from North Simcoe Muskoka LHIN: <http://www.nsmhlin.on.ca/goalsandachievements.asp>

Ontario Community Support Association. (2015, December 21). *OCSA Response to Health Transformation Proposal*. Retrieved from Ontario Community Support Association: <http://www.ocsa.on.ca/news/ocsa-response-to-health-transformation-proposal>

Wynne, K. (2014, September). *2014 Mandate letter: Health and Long-Term Care*. Retrieved from Premier's instructions to the Minister on priorities for the year 2014: <https://www.ontario.ca/page/2014-mandate-letter-health-and-long-term-care>

Glossary

Implementation: The carrying out, or execution of a plan, idea, model, design, specification, standard, algorithm, or policy. Implementation is an essential part of strategic planning, and must include a process for applying the plan.

Mandate: An official order, command, or authorization to act in a certain way. As it relates to the health sector, it directs the actions of public and private providers within a province, or region. Mandates affect policy creation and objective fulfillment specific to a health issue or public health initiative.

Mission Statement: Clarifies the purpose, goals/agenda, and measurable objectives of an organization as a concise message. In a health care setting, a mission statement is intended for organizational leaders, stakeholders, employees, clients, and the general public. It should identify what the entity does, how it does this, what sets it apart, and what additional value it brings.

Outcome: This is something that follows an action, dispute, or situation that resolves as an end result or consequence. As it applies to a health care strategic plan, it is the culmination of work implemented in concrete and measureable ways that may, or may not, have met the original goal. Outcomes can be assessed, evaluated, and used to revise strategy.

Strategic Goal(s): These are goals created to identify the intended accomplishment of a business strategy. When health care agencies (or networks) create strategic goals, they directly identify what they see as the projected outcome of their efforts. They are most commonly implemented when trying a new approach to business and service delivery.

Values Statement: A list of principles and/or ethics that guide an organization, network, or entity in its behavior and conduct. Values play an important role in determining how the organization confronts problems and issues. They may be identified from the organization's leadership, best practices, insight from its stakeholders, clients, or from other sources.

Vision Statement: An aspirational description of what an organization would like to achieve, or accomplish, in the future. For a health related entity, a vision statement should acknowledge the group it serves, and reveal what the organization hopes to be known for. A vision statement is brief, and does not detail methods for accomplishing its goal.



What is the difference is between a 'collaborative' and a 'network':

A collaborative implies interdisciplinary collaboration, which is not considered common in settings where health care entities consider themselves specific and separate based on the clients they serve. A collaborative ideally engages cohesively by bringing together various agencies and resources to address the multifactor needs of a client or issue.

(WHEREAS)

A network is an interconnected or interrelated chain, group, or system, which is usually an informally interconnected group or association of persons (as friends or professional colleagues).

Do they work differently?

A collaborative works differently than a network in that there is an effort made to pool resources and streamline activities with an understanding that working together can be more efficient for the client. A network can be informal, or collated into a database by one or more of the entities, but without a specific mandate to act in unity. It may simply exist out of necessity based on interactions involving similar clients or situations.

How are they the same?

They are the same in that they both involve interactions with their respective members that serve the needs of a client or situation. They also focus more energy, time, and resources on a given issue than if individual agencies, or health care entities, were trying to care for the client alone.