

# Continuing the path to the Twenty Year Vision – A Refreshed Three Year Strategic Plan 2015-2018

## Introduction and Context

In 2010, the London InterCommunity Health Centre undertook a visioning process that resulted in a Twenty Year Strategic Vision and a Three Year Strategic Plan to begin the journey of reaching that vision. Strategic Plan 2015-2018 builds upon the previous strategic plan to continue to progress towards achieving the goals of the vision for 2030 while aligning with the Health Centre's vision, mission, and core values.

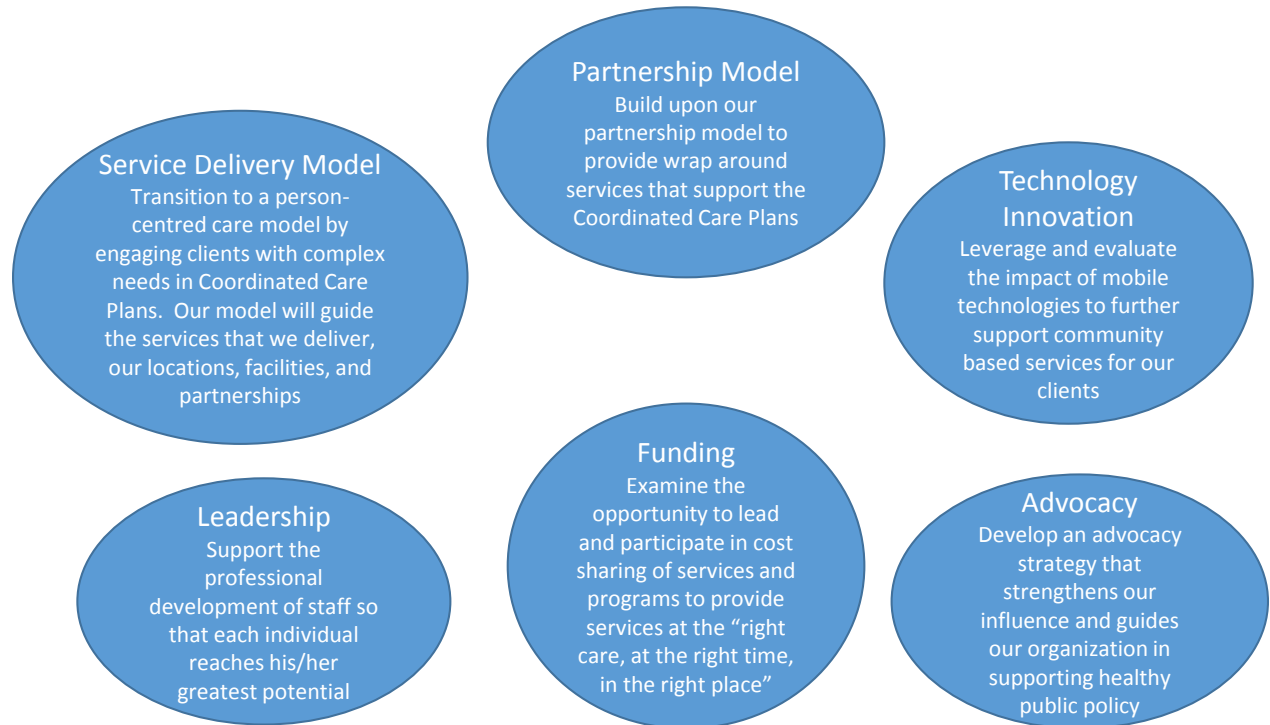
In the three years since the last strategic plan there have been a number of changes in the health and social sector landscape that have had a significant impact on the operating environment of the Health Centre.

- In July 2014, the Liberal government was elected and with it came changes within the Ministry of Health and Long-Term Care (MOHLTC), including a new Minister of Health, Dr. Eric Hoskins, and Deputy Minister of Health, Dr. Bob Bell.
- Following the retirement of the Medical Officer of Health and Chief Executive Officer after an 18 year tenure at the London-Middlesex Public Health Unit, in 2013 Dr. Christopher Mackie was selected for the position.
- The South West Local Health Integration Network (South West LHIN) released its third Integrated Health Services Plan (IHSP) 2013-2016
- There were changes in the local London government with the election of Mayor Matt Brown in October 2014 along with 14 new Councillors.

While the 20 Year Strategic Vision continues to guide the organization, the strategic context in which the Health Centre operates has changed since 2010. The organization has grown significantly with the addition of family health team (FHT) funding that was converted to Community Health Centre (CHC) funding, its capital planning submission was also approved by the MOHTLC. In response to these changes, the Health Centre undertook a process to develop a new set of strategic objectives for 2015-2018. This strategic plan, as with subsequent strategic plans until 2030, is aligned with the 20 Year Vision while reflecting the current strategic environment.

The strategic objectives outlined in the diagram below that the Health Centre will achieve by March 31, 2018.

### Refreshed Strategic Objectives to Be Attained by March 31 2018.



### Continuing on the Path to the 20 Year Strategic Vision

#### Hindsight from 2030 (Developed in 2010)

In 2030, the London InterCommunity Health Centre offers vital services to often marginalized individuals, families and neighbourhoods with a philosophy of care that is uniquely equitable and inclusive. The Health Centre's Vision, Mission and Values have remained core to our organization in much the same form they were twenty years ago. In 2011-2012, we developed a service model to define the essential services that the Centre offered, and from that point on we have determined our scope of services on a regular, iterative basis. We continue to reach clients that experience barriers to accessing health services and we regularly identify and define the factors that prevent people from accessing care.

#### *Funding and Allocation*

We have grown considerably in both budget and resources in response to the needs of the community.

Compared to 2010, we have a much more diverse portfolio of funders and less of our budget comes from the Ministry of Health. We are still primarily funded by various government sources but we are now recipients of private funding as well. Our strategic fundraising efforts over the past twenty years, such as our successful capital fundraising campaign, led to the development of a new facility that better serves our clients and community.

Clinical and non-clinical services have retained the same relative emphasis that they have had historically. However, we have also invested significant resources in research and training through strengthened ties with academic partners. This enabled us to become internationally known for our contribution to health care research regarding the social determinants of health and factors that influence populations who experience barriers to care.

#### *Human Resources*

As a result of a careful reconsideration of staffing models, and the creation of flexible roles for staff, the Health Centre is an employer of choice. Our staff members stay with us longer because of increased opportunities to develop new initiatives, change roles and advance within the organization.

#### *Location and Facilities*

We committed to keeping our primary location in the east downtown area and we designed a facility that ensures continuity and recognition for the organization. We established multiple points of presence in key neighbourhoods throughout London by co-locating with partners and establishing satellite locations. In an effort to provide more mobile services to our clients, we also developed alternative service delivery methods that are more portable. This has helped us reach more clients in their own space – especially clients with mobility challenges.

One of the greatest successes of the past twenty years was maintaining our grassroots feel so that we can continue to truly participate in, and be a part of, the community. An important contributor to this was our willingness to give satellite sites the autonomy to develop a culture congruent with their respective neighbourhoods.

#### *Research and Innovation*

We have prioritized social innovation. Technology has been used strategically and effectively and we have changed programs and resourcing based on a business case analysis of staffing and program reach. We have continued to develop and lead eHealth initiatives for Ontario CHCs. As a result of strategic decisions, we have an operational, community-based, cross-disciplinary academic affiliation that allows us to train students in a wide range of disciplines.

We collaborate in research that explores the complexities of the demographic served by our health centre specifically and CHCs in general. These academic partnerships have influenced our practices and created opportunities for research to leverage information collected by our staff as part of our regular programming and operations.

#### *Advocacy*

For forty years now, the Health Centre has been a strong and effective advocate at community planning and policy making tables where the decisions that affect community health and the broad determinants are made. We have shaped policies that have increased the health-enhancing qualities of our built environment. We have also constructed community partnerships that enable us to offer economic development initiatives and find sustainable ways to improve our clients' ability to make a living.

## *Boards*

Our Board of Directors has evolved to meet the needs of the Health Centre – collaborating across community organizations, fundraising for programs when necessary, and continuing to represent the changing demographics of our community. Our board members are leaders in the community, advocating for public policy changes