



Hamilton

INFORMATION REPORT

TO:	Mayor and Members Public Health Committee
COMMITTEE DATE:	June 12, 2023
SUBJECT/REPORT NO:	Collective Impact: Healthy and Safe Communities and the Greater Hamilton Health Network 2023 Update (BOH23020) (City Wide)
WARD(S) AFFECTED:	City Wide
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SIGNATURE:	

COUNCIL DIRECTION

Not Applicable.

INFORMATION

In follow up to the August 19, 2019 Board of Health Report BOH19020(a), regarding the Ontario Health Team Update, the purpose of this Information Report and presentation is to provide an update on the collaborative work between the City, as the Healthy and Safe Communities Department (HSC), and the Greater Hamilton Health Network (GHHN). This update includes an overview of the development of the GHHN as Hamilton's Ontario Health Team (OHT), examples of early collective outcomes this partnership has achieved to-date, and highlights the importance of continued collaboration. This update will be provided to the Public Health Committee on an annual basis.

Development of Ontario Health Teams

In 2018, the Ontario government created a new vision for health care delivery in the province. The goal was to create a more integrated system that is centred around

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patients, caregivers and providers.¹ On a local level, this meant developing teams of health care and social service providers known as OHTs. The idea is that local providers, irrespective of the care they provide or where they provide care, work as one coordinated health team and deliver a full continuum of care to the populations they serve.¹ The approach is designed to enhance partnerships between local health care providers to deliver high-quality, coordinated care for their patients, while also supporting providers to be more responsive to the diverse health needs of the communities that they serve.¹

Development of the Greater Hamilton Health Network

In 2019, in response to Ontario Health's call to develop OHTs, a group of over 20 health care and social service providers from across Hamilton came together to complete the self-assessment and application process. A steering committee, which included representation from HSC and Corporate Services, co-designed a strategy and plan to implement the OHT model at the local level. This plan was approved by the Ministry of Health in late 2019, making the GHHN one of the first OHTs in Ontario (BOH19020(a)). Although the original application focused on service provision in Hamilton, in 2021 the Ministry of Health advised the Hamilton OHT to integrate with the Haldimand OHT. With this, the network rebranded from the Hamilton Health Team to the Greater Hamilton Health Network, to reflect their new geographic scope which includes Hamilton, Haldimand, and Niagara North West. The Ministry of Health has defined OHT expectations for each stage of growth related to issues addressing patient experience, patient partnership, community engagement, population health outcomes, performance measurement, governance, and fiscal responsibilities.¹

The GHHN continues to evolve and expand to incorporate new members. Currently, member representation includes over 40 local health and social service organizations that span the continuum of care and are responsible for contributing their unique expertise to guide the overall direction of the GHHN. The GHHN governance structure, including a list of the GHHN's current partners, supporters, and collaborators, are included in Appendix "A" to Report BOH23020. Effective collaboration acknowledges that each member organization brings a different set of assets to the network and has a specific role in improving the health of the community.

Within the network, the GHHN plays a service system manager role. In this role, the goal is that the GHHN will lead the coordination of local planning and operation of health care services. At maturity, the GHHN will be accountable for achieving the outcomes

¹ Ministry of Health and Long-Term Care. (2019). Ontario health teams: Guidance for health care providers and organizations.

https://health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/guidance_doc_en.pdf

put forward by Ontario Health and will play a role in allocating funding based on local needs.

The HSC General Manager and the Medical Officer of Health are members of the GHHN's Board of Directors. As Board members, they have contributed their expertise by informing the overall direction of the network, including the development of a governance strategy that resulted in the GHHN becoming the first incorporated not-for-profit OHT in the province. In late 2022, the Ministry of Health announced this model as the gold standard model all OHTs should adopt.

Greater Hamilton Health Network's Strategic Priorities

The GHHN's collective vision for Hamilton, Haldimand, and Niagara North West is to work towards healthier communities and provide an equitable and seamless continuum of care that actively improves population health and meets the individual needs of our community.

The GHHN's Strategic Plan identifies five focus areas that are a blend of both local and provincial priorities; they include: integrated population health, governance, primary care leadership and engagement, COVID-19 response and recovery, and patient navigation/digital care. These focus areas are influenced by three overarching principles: equitable healthcare approaches, environmentally sustainable healthcare, and patient and community engagement. The GHHN delivers these focus areas through specialized working groups. Staff from across HSC divisions participate in these working groups. Representation is based on alignment with a division and/or program mandate, and where their expertise is most valued in supporting the GHHN's priorities. More information on HSC's involvement in various GHHN tables and working groups can be found in Appendix "B" to Report BOH23020.

The GHHN and HSC are committed to advancing health equity. Both partner organizations understand the importance of addressing the unique needs of vulnerable populations facing the highest barriers to health in order to improve the health of the entire community. As one of the GHHN's three overarching principles, the network has created a Health Equity Council. Through this Council, the GHHN's Health Equity Framework was developed to advance the equitable health agenda community-wide. This framework identifies 24 actions items that are based on anti-oppressive and anti-racist principles. GHHN's full Health Equity Framework is included in Appendix "C" to Report BOH23020.

Healthy and Safe Communities within the Greater Hamilton Health Network

Municipalities, often in partnership with community organizations, play a critical role in supporting health in communities by providing essential services such as social and community programming, supportive housing, community outreach and engagement,

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and substance and addictions support services. As such, HSC staff and leaders have played an important role in supporting the GHHN in achieving their vision. Contributions range from informing GHHN's strategic direction, sharing population health data and intelligence, coordinating relevant City service partners and participating in collective impact activities to achieve shared goals. A key component of health system transformation is transitioning from individual level care to one that emphasizes a population health approach, impacting the entire community through population-based policies and interventions. This approach moves beyond individual factors that impact health to explore the social factors that have the greater potential to influence the health of the community, such as income, education and race. It also uses a more comprehensive understanding of health, incorporating physical, mental and social wellbeing as well as quality of life.² In order to achieve this, it requires integrating all aspects of the healthcare spectrum, from health promotion, prevention and protection to diagnosis and treatment, over the lifespan.³

Through population health assessment, PHS plays a key role in identifying and monitoring community health needs. Assessing population health produces important information about emerging health issues, health inequities and priority populations that informs planning and decision-making (Report BOH23002). In order to address the health issues and inequities identified, this information needs to be shared broadly with the community to influence and inform planning and delivery of local services.² Locally, PHS is responsible for sharing this information within internal and external stakeholders, including the GHHN and their members. This data will guide the network's strategic planning and support their collective action. This process ensures resources are spent in a way that will have a greatest return on investment and positive impact in our community.

Update for the Transfer of the Physician Recruitment and Retention Program to the GHHN

With the development of OHTs, there are responsibilities that once rested with HSC that now fall within the GHHN's new mandate. Given the GHHN's service system manager role, most health system-wide planning and coordination now sits under the GHHN's mandate. On August 12, 2022 Hamilton's City Council approved the transfer of the

² Ministry of Health (2021). Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards).
https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

³ Ministry of Health and Long-Term Care. (2018). Population Health Assessment and Surveillance Protocol.
https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Population_Health_Assessment_Surveillance_2018_en.pdf

Physician Recruitment and Retention program to the Greater Hamilton Health Network (GHHN) (Physician Recruitment and Retention Steering Committee Report 23-001). The move of the program to the GHHN is designed to address some of the challenges with the program structure by increasing clarity on accountability and operational oversight, reducing operational and reporting inefficiencies, and stabilizing funding agreements and staffing structure.

In the “Summary Report Regarding Proposal to Transfer Program into the Greater Hamilton Health Network” (attached as Appendix “D” to Report BOH23020) the Ad-Hoc Working Group reported on various components of the transfer and the following is an update regarding those components:

1. Transfer of Funds Currently Held by the City of Hamilton to the GHHN:

The funds held by the City of Hamilton have not been transferred yet; however, the parties are very close to finalizing the Funding Agreement. In current state, the GHHN is working closely with St. Joseph’s Healthcare Hamilton (“St. Joe’s”) who will be holding onto the funds on behalf of the GHHN. The funding agreement is being amended to take into consideration this model and to ensure proper insurance is in place. With regards to the annual funding contributions from other community partners, the program continues to work with partners on their yearly funding agreements.

2. Transfer of Physician Retention and Recruitment Staff to GHHN:

St. Joe’s has hired the Director for the Physician Recruitment and Retention and will be doing all the payroll administration and expense reimbursement until further notice. The base role of the Director of Physician Recruitment is with St. Joseph’s Healthcare Hamilton. The Director is seconded to the GHHN and reports directly to the GHHN Executive Director. St. Joseph’s Healthcare Hamilton provides back office support for human resources and finance.

3. Co-Location Agreement with McMaster’s Department of Family Medicine:

Staff currently have office space at the David Braley Health Sciences Centre, which is provided as an in-kind contribution from the McMaster University Department of Family Medicine, under a co-location agreement that extends to December 31, 2023. A new co-location agreement has been finalized between the GHHN and the McMaster University Department Family of Medicine effective March 1, 2023 to December 31, 2023.

4. Transfer of Hamilton Physicians Property:

Property purchased by the Physician Recruitment and Retention Program, including office equipment, supplies, and furniture have been transferred to the

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GHHN, effective March 1, 2023.

5. Key Performance Indicators:

Key performance indicators will be reported to the Executive Council of the GHHN on an annual basis. In August 2022, Physician Recruitment and Retention Metrics for 2021-2022 were reported (Physician Recruitment and Retention Steering Committee Report 22-008). Moving forward the Physician Recruitment and Retention Program will report on key performance indicators annually through this report to the Public Health Committee.

Examples of Collective Impact

The GHHN is working to achieve outcomes that are aligned with the Quadruple Aim framework. In this framework, the GHHN has prioritized patient experience, provider experience, value and population health outcomes.⁴ Key examples highlighting how the GHHN is beginning to achieve these outcomes are:

1. Better Patient Experience

When it comes to improving the clinical experience for our local population, the GHHN's long term goal is to ensure that patients have easy access to the supports they need, when and where they need them.³ This includes receiving wrap-around care where all members of the patient's care team are engaged, informed and working together to address the patient's concerns. A considerable amount of change is needed to achieve this goal for the entire local population, however the GHHN has had success with certain priority populations. For example, in 2021 the GHHN coordinated the Women's Health Drop-In Day clinics to better support women who are homeless. These clinics coordinate multiple local health care and social service partners to co-locate together and create a "one-stop shopping" experience for women seeking support, reducing access and navigation barriers in a more seamless way. HSC contributes to these clinics by offering a variety of supports to patients including COVID-19 and flu vaccinations, sexually transmitted infection (STI) testing and education, naloxone training and kits, housing supports, food, clothing, and social activities. To date, these clinics have been held once a quarter at different shelter locations and have served 480 homeless and precariously housed women across Hamilton. Notably, in 2022, this service delivery model was recognized for excellence and positive community impact by winning a top award at the International

⁴ Premier's Council on Improving Healthcare and Ending Hallway Medicine. (June 2019). A healthy Ontario: Building a sustainable health care system. <https://files.ontario.ca/moh-healthy-ontario-building-sustainable-health-care-en-2019-06-25.pdf>

Conference of Integrated Care in Denmark.

2. Better Provider Experience

When it comes to improving the experience for health care and social service providers, the GHHN is beginning to advance work that makes it easier for providers to support their clients.³ For example, the GHHN's Digital Health Strategy creates patient-facing digital tools to enhance patient experience and reduce barriers to accessing care as well as offering tools to connect providers from different sectors. This includes initiatives to link hospital medical record systems and integrating an electronic referral platform. As this technology continues to expand, it will help providers make referrals to HSC programs and services more easily and allow HSC staff to be more active inpatient care teams. To date, the GHHN has supported 16 digital health initiatives spanning acute and community care, supported by an engaged and diverse Digital Health Working Group and a \$2M digital funding grant received in 2022. As the Digital Health Strategy continues to be implemented, digital systems will continue to be more connected, resulting in efficiencies and system improvements for service providers.

3. Better Value

When it comes to reducing healthcare spending, the GHHN contributes to reducing health care costs per capita, while maintaining the quality of care and patient experience.³ To achieve this, the GHHN is working to provide more coordinated care to clients, especially those with complex health and social needs who require large care teams. When health care and social service providers work together in a more integrated way, it reduces redundancies in care and connects clients directly with the most appropriate service provider of the care team. For example, the GHHN has implemented a Let's Go Home Program (LEGHO) that connects priority populations to bundled community services to reduce hospital admissions. This program works with patients that frequently access hospital emergency departments and may benefit from ongoing, personalized, patient centred and community-based care. Patients are connected to community programs and services, including those offered through HSC, such as housing supports, income supports, recreation services and a variety of public health services.

4. Population Health Outcomes

During the COVID-19 pandemic response, Public Health Services led collaborative planning efforts through the Hamilton COVID-19 Response Table (HCRT) and the Vaccine Readiness Network. GHHN leadership and membership was involved in these planning tables. The HCRT was established to plan and execute a collaborative, multi-sectoral response to COVID-19 including

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monitoring and surveillance, assessment and testing, infection control practices, capacity planning, and vaccination. Meanwhile, the Vaccine Readiness Network was responsible for addressing equitable access to both vaccine information and appointments. Applying a population health approach, Public Health Services provided ongoing population health data and insights that informed the planning and decision-making of these two networks.⁵ This information helped to identify priority populations who were disproportionately impacted by COVID-19 and the populations who were underrepresented during vaccine roll out. Additionally, this information was used by the GHHN, including primary care providers and long-term care homes, to develop focused strategies to best support priority populations and reduce barriers when accessing care for COVID-19.

Next Steps

This Information Report highlights several key examples of the collective impact between the GHHN and HSC. As the GHHN continues to evolve, strengthen and expand their partnerships and take on further responsibilities, this collective impact will continue to grow. The need for a collaborative and efficient health care system has never been greater as our region is facing immense pressure to address the growing health care shortages and waitlists; it is critical that cross sectoral approaches are applied to manage complex health and social issues within our community. Currently, complex local issues and demands are placing significant pressure on our health and social services system. This includes approximately 55,000 residents without a primary care provider, growing wait lists for mental health and substance use supports, and the need for integrated supportive housing environments. The GHHN and HSC will continue to prioritize as these demands increase while remaining nimble enough to respond to ongoing system and community pressures and work to improve the OHT model. Rather than function as individual organizations, it is important that the GHHN and HSC continue to work together to improve the health of the community by leading local health system transformation, resulting in a healthier community for everyone.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH23020

Greater Hamilton Health Network
Governance Structure and Current
Membership

⁵ Covid-19 data. City of Hamilton. <https://www.hamilton.ca/people-programs/public-health/diseases-conditions/coronavirus-covid/covid-19-data#social-determinants>

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Appendix "B" to Report BOH23020	Greater Hamilton Health Network Tables and Working Groups; HSC Participation by Division
Appendix "C" to Report BOH23020	Greater Hamilton Health Network Health Equity Report
Appendix "D" to Report BOH23020	Summary Report Regarding Proposal to Transfer Program into the Greater Hamilton Health Network

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