



*Building community  
health together.*

## **Greater Hamilton Health Network and Haldimand Health**

### **Frequently Asked Questions and Background Information for Partners**

September 8, 2021

Overall key points:

- 1) Support for planning the partnership between Haldimand Health and the GHHN. We have applied for a Full-Time Integration Lead staff position from the Ministry of Health to support the development of this partnership. We believe this funding will be forthcoming shortly, and the answers to these questions are likely to evolve and mature as we spend more time clarifying the partnership with the integration lead in place.
- 2) Collective Impact and Shared Projects. The Greater Hamilton Health Network is operating based on a “collective impact” model: encouraging organizations and stakeholders with similar patient interest and care pathways to work together in innovative ways to improve integrated care.
- 3) No change in funding relationships are expected. While there was discussion of “integration of funding” during the first few months of the OHT’s being announced, there has been no indication that any change in funding to any agency is forthcoming. We have agreed to notify boards immediately if there is any change in our understanding. All partners in the GHHN can assume their current funding relationship will continue with the former LHIN, Ontario Health, or the Ministry of Health.
- 4) There is a great deal of uncertainty in OHT development. To our knowledge, the Haldimand Health and GHHN partnership is the first provincial example of an approved OHT joining with an in-development team. There is not a blueprint, best practice, or template for this work, and we have received very little direction from the MOH about how this should proceed.

### Questions:

#### **How do the GHHN and Haldimand Health see Haldimand and rural healthcare providers fitting in with the existing GHHN?**

Our goal is to have Haldimand and rural healthcare providers become formal members of the GHHN. This will allow Haldimand providers to join and participate in the existing working groups of the GHHN (already being done with Digital Health, Primary Care, Governance). We will also create a Haldimand-specific “Stakeholder Council” that will encourage and allow for Haldimand stakeholders to address local and regional concerns.

**Is the Haldimand Team in discussions/negotiations with Hamilton Health? Are these discussions about integration with Hamilton or to establish a partnership with Hamilton? What is the difference?**

The Haldimand team has been in discussion with the GHHN since early 2021 when the Ministry of Health directed the two groups to merge together. Members of the Haldimand team have joined the digital health committee, the governance working group, the primary care governance working group, and the bi-weekly primary care town halls. Regarding “integration” or “partnership”, the answer is we are talking about both. We will need our member health care providers to be deeply integrated and working collaboratively, while respecting the autonomy and unique health care challenges in both Haldimand and Hamilton.

**What is the vision for a partnership and how would that work? What is the status of the discussions/negotiations?**

The Greater Hamilton Health Network is working toward incorporation as a non-profit corporation with a Board of Directors. This decision was based on an extensive consultation led by Ernst and Young with the GHHN members about the most effective, accountable, and transparent way to build toward the future. While the final structure will not be in place until early 2022, we anticipate Haldimand would have a seat on the Board of Directors, as well as a Stakeholder Council, which would provide advice and guidance on issues related to Haldimand Health.

A governance sub-committee has been working on a draft set of by-laws, articles of incorporation, and a Board manual over the summer. Haldimand Health is a member of the planning sub-committee.

**Is there a Board of Directors with community representatives in place or planned?**

Yes. Because Ontario Health Teams are relatively new, and none are incorporated (yet), we are envisioning incorporation as the next step in our evolution as a formal organization. We are planning a Board with a mix of sector representatives and at-large Directors. As mentioned above, Haldimand would have a reserved seat on the Board.

**How would health care service planning for Haldimand be accomplished?**

Ontario Health Teams have been directed by the Ministry of Health to identify priority populations and work on shared projects as an initial step toward developing larger-scale integrated care systems. For the GHHN, we have identified people with mental health and addictions and/or vulnerable seniors who are living in congregate settings as our priority.

We will be working with Haldimand Health to determine which priority populations will be identified and the related service planning issues. Over time, we will continue to rely on Haldimand health service providers to identify the most pressing health care service planning issues.

### **How will operations funding take place?**

There will be no changes to organizational funding that we are aware of. All contracts with Ontario Health or Ministry of Health are expected to remain in place. The GHHN has no direction or authority to make any changes to organizational funding.

The GHHN has received Implementation Funding from the Ministry of Health that runs through March 2022. This funding supports the activities and planning of the GHHN. We have requested additional funding to provide planning support during this integration and partnership development.

The Ministry of Health Implementation Funding stated that any expenses related to health service operations were not eligible costs.

### **How will regional hospitals leadership be involved?**

There is a long history of partnership and collaboration between the regional hospital systems. The GHHN will continue to build on this partnership, and regional hospital leadership will continue to be key partners in the development of the GHHN.

### **How will the Hamilton/Haldimand partnership be the best model of patient care (throughout the continuum) for our Haldimand communities?**

The goal of the GHHN's care is for people to get the right care at the right place at the right time. We want patient experience to be at the centre of our collective efforts. The GHHN has been co-chaired by two patient advisors since its inception, and we are developing an in-depth patient engagement framework that is based in the Patient Declaration of Values.

Additionally, our Framework for Health Equity provides an excellent guide to ensuring that people with barriers to health care are provided the appropriate support to access and receive care.

### **What is the structure of a partnership/integration? What are the timelines?**

This partnership and integration is already underway (as described above). Haldimand providers are regularly participating in the digital health and primary care working groups, as well as the governance working group, and the larger Partnership Council.

There remains a substantial piece of work to determine how the GHHN can support the specific needs in Haldimand and what role the GHHN has to address them. The GHHN has requested funding support to create a full-time staff position to complete this work. The timelines depend to a great degree on when this work can be completed.

**What support (financial/human resources) is Haldimand receiving to develop the partnership?**

Haldimand Health and the GHHN have requested a full-time staff position to develop this partnership. Both Haldimand Health and the GHHN are dedicating substantial in-kind human resources to this work.

**How are rural healthcare organizations adequately represented at management and governance tables?**

The GHHN Health Equity Framework and Action Plan identified the unique challenges in health care faced by rural communities. As a result, there will be an ongoing effort to monitor and adjust (if necessary) the participation and representation of rural healthcare organizations at all levels of the GHHN.

For more information, please contact:

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