RISE
Rapid-Improvement Support and Exchange

RISE brief 30: Examining intersections between Ontario Health Teams and broader human services
(Last updated 17 March 2022)

Overview and challenges

Ontario's health system is undergoing a transformation to enable population-health management through the creation of Ontario Health Teams (OHTs). OHTs are expected to provide a complete continuum of care to their populations through their networks. To be approved as an OHT, this must include – at a minimum – primary, home and community and hospital-based care. However, many OHTs see the transformation as an opportunity to explicitly leverage the critical role that broader human services play in determining individual and population health. As a result, some Ontario Health Teams have partnered with organizations that provide broader human services. Some examples of these partnerships include:

- municipal governments that are responsible for providing employment supports and childcare services, among others
- organizations that provide emergency shelter and food services
- organizations that provide advice and supports to new immigrants
- Indigenous-led organizations, such as the Ontario Indigenous Friendship Centres that deliver children and youth, education, mental health and healthy living services to urban Indigenous communities.

Box 1: Coverage of OHT building blocks

This RISE brief addresses **all eight** building blocks
1) defined patient population
2) in-scope services
3) patient partnership and community engagement
4) patient care and experience
5) digital health
6) leadership, accountability and governance
7) funding and incentive structure
8) performance measurement, quality improvement, and continuous learning

We use the phrase 'broader human services' to highlight the range of services and programs that exist beyond the health system that aim to improve the economic and social well-being of individuals and families. These services could be related to children's and early years services, developmental and community services, employment and income supports, homelessness services, supportive housing and other community programs. At the provincial level, two ministries are largely responsible for funding and/or administering these programs. The Ministry of Municipal Affairs and Housing works with Ontario's 444 municipalities, 47 service managers and two Indigenous Program Administrators to fund and deliver affordable housing and homelessness prevention programs administered by the service managers and Indigenous Program Administrators. The Ministry of Children, Community and Social Services is responsible for administering key programs for social assistance including the Ontario Disability Support Program and Ontario Works. They also co-fund other human services that are planned for and overseen by 47 service-system managers and delivered by a range of organizations. In addition, human services may also be provided by not-for-profit and charitable organizations, which vary in the nature of any partnerships with municipal and provincial governments.

In relation to OHTs, broader human services have the potential to play two important roles – one focused on improving care for the individual and the other on population-wide interventions (see Figure 1). The first role is to partner with health-service providers to deliver 'wrap-around' care to individuals in the top tiers of an OHT's population-health management pyramid (Figure 1). This role aims to improve the care provided to those individuals

within the attributed population who are already accessing services from both health and broader human-service providers. The second role is to work with OHTs to develop population-level interventions that can, over time, improve the health and well-being of the entire attributed population. Examples of this approach include providing preventive screening and vaccination pop-up clinics at local community centres, or re-designing local infrastructure to improve walkability and physical activity.

Figure 1: Role of broader human services in a population-health management approach
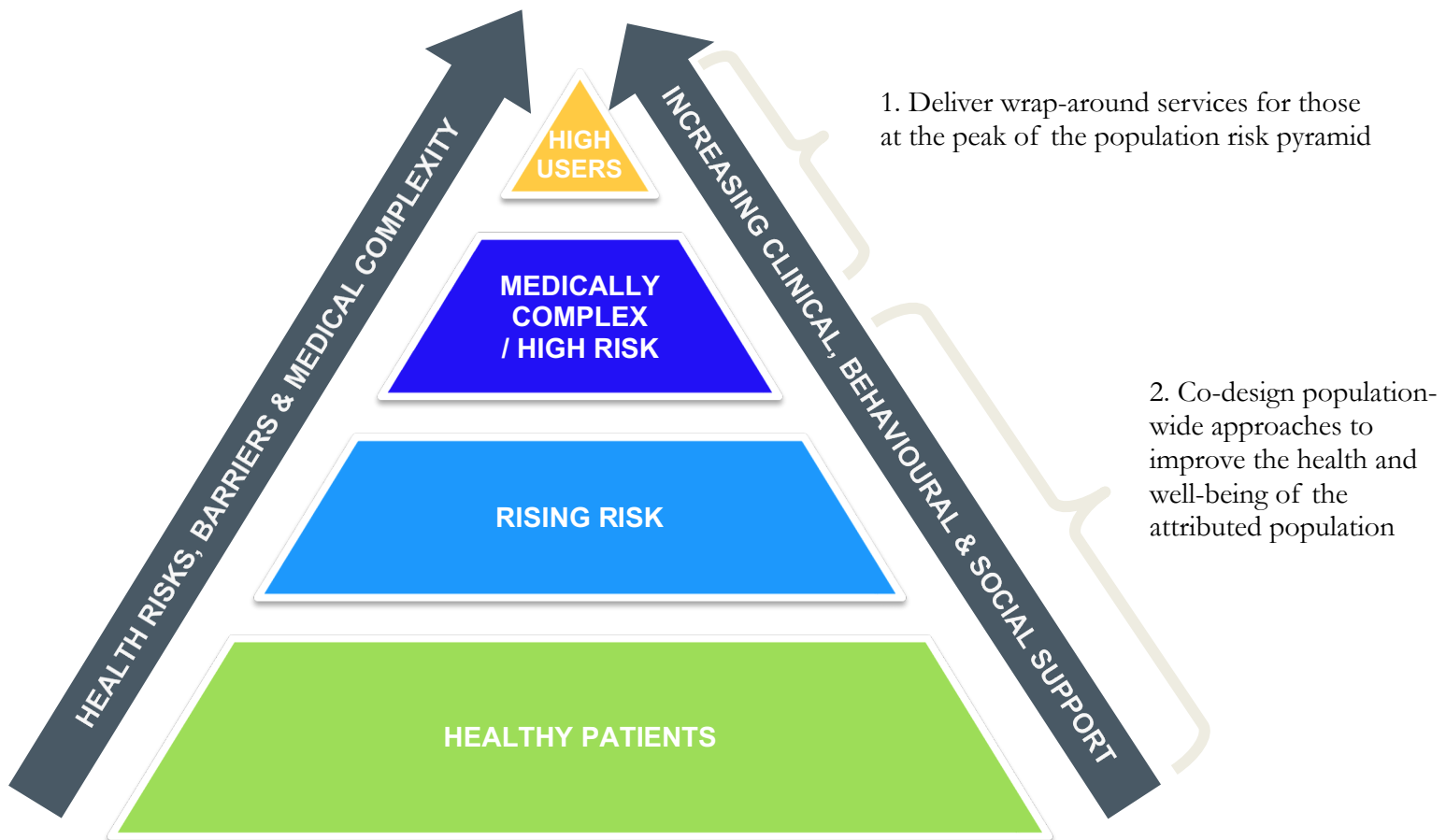
At present, individuals seeking support from both health and broader human-service providers may face challenges including:

- historic separation of health and broader human services, including accountability to different levels of government and separate budgets
- long-standing differences in access to human and financial resources, with health tending to benefit from more staff and larger budgets
- inconsistency in the availability of services between communities, particularly for broader human services that are governed and planned by the not-for-profit sector
- lack of awareness by health providers about the available broader human-service providers in their community, and vice versa
- differing 'language' and culture between providers in the health system and providers of broader human services
- challenges in sharing patient information and ensuring continuity in care due to privacy laws and a lack of common digital tools.(1-4)

Many OHTs have already taken important steps to establish partnerships with broader human-service providers, while others are working with their regional colleagues at Ontario Health to support arrangements across OHTs located in the same municipality. While these are critical steps to improve the care provided to Ontarians, they bring a new set of challenges in planning for the evolution of OHTs, including:

- lack of defined expectations for which broader human services should be included in the OHT model
- variability across OHTs with respect to the broader human services their partners provide, and as a result variation in the type of care that attributed populations can expect to receive
- power and resource differences between large health providers and community-based broader human-service providers that can be challenging to address when developing new partnerships
- uncertainty around future funding arrangements and accountabilities for OHTs and whether and how this will influence how health and broader human services work together.

Key findings from citizen panels

We hosted three citizen panels on 3 and 4 March 2022 to elicit perspectives on these issues. One panel was made up of individuals with experience simultaneously accessing health and broader human services, while the other two panels included individuals with direct experience supporting OHTs or other health organizations in advisory roles.

Participants agreed with the challenges above, but highlighted additional challenges affecting their experiences receiving health and broader human services, including:

- lack of supports to navigate between health and broader human services, which places a significant burden on caregivers and family members to fill this gap
- need to repeat one's medical history and experience with broader human services to many different providers
- services designed based on the provider (rather than patient) perspective
- confusion about how health and broader human services should fit together.

Key findings from jamboree participants

On 25 March, 2022 stakeholders from the ministries of health and of children, community and social services, OHTs, municipal associations, and broader human-service providers met to have an open deliberation about how OHTs intersect with broader human-services.

In addition to agreeing with the lists above, jamboree participants highlighted challenges related to the intersections between OHTs and broader human services, including:

- differing structures for social service planning across municipalities (i.e., single-service municipalities versus consolidated municipal service managers) and misalignment between the geographic focus of municipalities and the attributed population focus of OHTs, which complicates the development of a common approach to engagement and partnership
- time-limited nature of pandemic funding, which has supported the emergence of innovative models between OHTs and broader human services (e.g., community ambassadors for outreach) but is now being reduced
- limited sharing of knowledge about existing examples of intersections between OHTs and broader human services that could be leveraged for adaptation and scale-up across the province
- existing inequities within the OHT model and awareness of the value of culturally and equity-based leadership that reflects the needs of the communities.

In addition, participants spoke about the need to "flip the population-health management pyramid upside down" or to adopt a 'cliff analogy' (i.e., flip the pyramid on its side) to ensure the focus of work on intersections with broader-human services is more upstream towards populations who are at rising risk and who can most benefit. That said,

participants did acknowledge the importance of wrap-around services for those at the top of the population-health management pyramid but noted how those with rising risks are frequently left behind.

What existing opportunities are there for OHTs to work with broader-human services?

The initial version of this brief featured lessons learned from five different models for how OHT-like initiatives have formed intersections with broader-human services in Ontario, Quebec, England, Germany, and the United States. However, during the jamboree, it was noted that there are important opportunities for OHTs and broader-human services to align their work with existing planning and policy reviews taking place. Given how actionable this work is – and that many of the plans have already been produced but still need to be implemented – we have revised this section to focus attention on the immediate actions that OHTs and those working in broader human services can take to align their planning. The five models that were initially featured in the brief have been moved to the rapid synthesis that underpins this RISE brief and may still be used by teams to inform future strategies for how to intersect with broader-human services. Table 1 presents opportunities to align OHT planning with existing broader human service plans, as well as with one OHT deliverable. Table 2 highlights ongoing or recently completed policy reviews that may be critical for OHTs to consider given their implications for population-health management and future service planning.

Table 1. Opportunities to align OHTs with existing work for broader human services

Plan	Organization responsible	Description	Review timeline (and status)
Community safety and well-being plans	Municipalities	"An integrated approach to community-safety planning that extends beyond the police and sets strategic goals for how the municipality and social systems can serve their local populations"	Produced every 10 years (many municipalities are currently working on their implementation plan)
10-year local Housing and homelessness plans	Municipal Service Managers	"Provide a framework for integrated local planning to address housing affordability, coordination of homelessness and related support services and homelessness prevention"	Produced every 10 years based on when the last plan was approved (with yearly progress reporting)
Children's service plans	Municipalities (though may be coordinated by consolidated municipal service managers)	"A guide to the planning and delivery of early learning and child-care services in municipalities"	Produced every five years based on when the last plan was approved
Population Health Management and Equity Plan (also referred to as the OHT Plan)	Ontario Health Teams	"Operational blueprint for how teams will achieve their required TPA deliverables/outcomes over the course of their agreement."	Due in July 2022 for Cohort 1 OHTs (with opportunities to report progress on TPA Reports due in October 2022, April 2023, and October 2023)

OHT 24/7 navigation support model	Ontario Health	"Developing a model and associated tools for OHTs to support 24/7 patient navigation (which could include broader human services)"	In progress

Table 2. Ongoing strategies and policy reviews for broader human services

Policy review	Organization responsible	Description	Review timeline (and status)
Social assistance renewal	Ministry of Children, Community and Social Services	Outlines plans to build a more responsive, efficient, and person-centred social assistance system which aims to improve access to employment and training services and modernize service options.	In progress
Human services integration maturity model	Ministry of Children, Community and Social Services	Outlines a shared vision for system development across provincial ministries and municipal service managers by providing a tool to assess progress towards a shared desired end state of a fully integrated human services system.	In progress
Community housing renewal strategy	Ministry of Municipal Affairs and Housing	"Strategy that outlines how the Ministry proposes to work with community housing providers, Indigenous providers of community housing, and municipal governments to stabilize and grow the community housing sector"	Released in 2019 (implementation ongoing)
Poverty reduction strategy	Ministry of Children, Community and Social Services	"Outlines a cross-government plan that builds on the response to COVID-19 to prevent people from falling into poverty and dependence on social assistance while supporting economic recovery"	Released in 2020 (implementation ongoing)
Child welfare redesign	Ministry of Children, Community and Social Services	"Strategy to transform child and family services to strengthen families through a focus on prevention, early intervention and finding more permanent homes for children and youth in care when they cannot stay in their homes or communities"	Released in 2020 (implementation ongoing)

How could this be used to support OHTs?

Aligning with these planning processes and strategy documents will take careful considerations from OHTs, barriers to which may include:
- lack of sufficient resources (including people) to support alignment process
- lack of trust among partners, and differences in aims and objectives of working across health and broader human-service providers

- power imbalances among partners
- lack of information and data exchange between health and broader human-service partners.(1-4; 16; 17)

However, we also know that there are factors that can help with establishing intersections between health and broader human services. These include:
- partnering across organizations and sectors, particularly for those with previous experience working together that have established trusting relationships
- clarifying leadership, roles and responsibilities for each partner
- establishing shared values, vision of care, and common understanding
- developing goals in a cooperative and coordinated manner
- adequate resourcing across broader human services
- having supportive policies that encourage innovation and flexibility.

Key findings from citizen panels

Citizen panel participants identified barriers to establishing intersections between OHTs and broader human services, including:
- workloads of health and broader-human service providers post-pandemic, which may mean they do not have time to contribute to ongoing transformation efforts
- limited availability of money given the significant health-system spending during the pandemic
- political pressures to emphasize speed over taking the time to establish the necessary trust and working relationships
- uncertainty regarding the future of OHTs.

Citizen panel participants identified ways they believed OHTs could 'get further, faster', including:
- having all partners commit to putting the 'person' at the centre
- building on 'informal' or 'time-limited' efforts that were established during the pandemic
- expanding initiatives that are known to work well, such as including social workers in Family Health Teams or mental-health providers in schools.

Key findings from the jamboree

Jamboree participants agreed with the above implementation barriers and identified two additional concerns, including:
- incongruence between funding and program expectations, whereby funding is frequently directed to address a relatively narrow issues (e.g., virtual care pathways), while the programmatic expectations remain on population-health management
- uncertainty about how to meaningfully use the data provided to OHTs (including both initial data packages provided to OHTs and data provided by support partners) to inform intersections with broader human services.

Jamboree participants suggested the following next steps:
- leverage existing planning processes and policy reviews to, where possible, align local OHT strategies with existing work within broader human services
- highlight examples of strong working relationships between health and broader human services – community hubs, community health centres, and sharing of planning and other data (e.g., building development plans, municipal services GIS mapping) – that can be built on
- address the lack of systematic evaluation and learning from these approaches (e.g., through Ontario Health's social determinants guidance document development.)

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