



**Grand River Healthy Communities
Systems Forum on Health and Well-
Being
Summary Report**

November 22, 2017

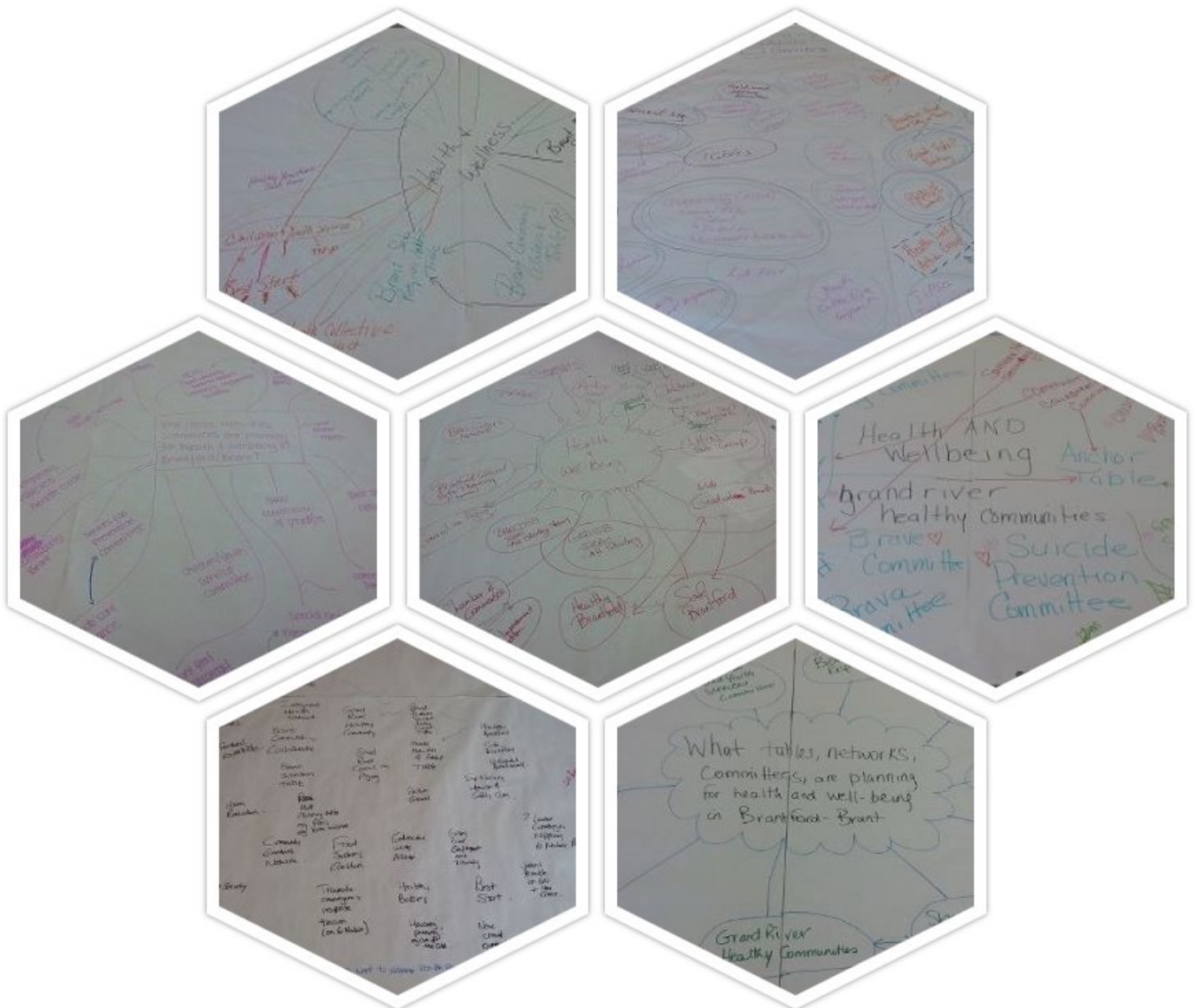
System Mapping: Cluster Map

In order to get a sense of the current system of planning for health and well-being, small groups developed a cluster map. They did this by:

- Writing the topic in the middle of a page of paper (Topic: What tables, networks, committees are planning for health and well-being in Brantford-Brant and neighbouring First Nations?)
- Writing down all planning tables (that they are aware of) that relate to health and well-being (all the parts that make up the “planning” system)
- Drawing connections between the planning tables

The cluster maps that were produced by the small groups are shown below.

Reflection Questions



After the mapping activity, small groups reflected on five questions:

1. What are the key areas of interconnection in our system of planning tables?
2. What system strengths can we leverage/build on?
3. What system challenges need to be addressed to shift the system to make it the way you want it to be?
4. What three new insights have evolved from the activity?
5. What are the top three actions we should take to develop a more interconnected planning system for health and well-being?

The responses to these questions from each of the small groups are noted in the table below.

What are the key areas of interconnection in our system of planning tables?	<ul style="list-style-type: none">• Disease (i.e. diabetes)• Age/demographic• Limited connection to Haldimand/Norfolk• Interconnected members• Case tables not informing planning tables with authority and responsibility• No obvious service pathway map• Similar planning tables with different geography footprint (City, County, LHIN 4, Provincial, Federal (Indigenous))• People and agencies sitting on multiple tables• Specialized focus• Politics• Common needs• Limited connection with more among the children and youth services• There are still many silos• Services and people we serve
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<p>What system strengths can we leverage/build on?</p>	<ul style="list-style-type: none"> • Including key partners from surrounding communities • Strong voices/advocates for change • Reduce number of planning tables as same people sit on multiple tables • Create systems directory • Create systems that are client centred (focus of committees should be on client advocacy) • A lot of interest and hope of things getting better • Manageable size • Depth of experience and commitment of people • A lot of recognition there is a need to act • A lot of awareness of the problems • Fair representation at the planning tables • High participation in collaborative activities • Commitment of agencies around the table • Strength of the networks • Passion of individuals and varied roles
<p>What system challenges need to be addressed to shift the system to make it the way you want it to be?</p>	<ul style="list-style-type: none"> • Indigenous communities are an afterthought • Partners sitting on multiple planning tables without effective mandate, direction/knowledge • Political drawbacks • Funding – flavour of the year/decade/month • Communication and connectedness • Big issues with lots of complexity • Money • Time • Personnel/staff • An overall planning body instead of many smaller groups (Grand River Healthy Communities) • Working together toward a broad goal • Multi-pronged evaluation recognizing numerous outcomes • Improve communication • Reduction of duplication • Need to work in collaboration • Transportation – challenge for seniors • Poverty/health care

<p>What three new insights have evolved from the activity?</p>	<ul style="list-style-type: none"> • Interdisciplinary approach to service coordination is lacking • Patient/client care can be accessed anywhere, but communities are lacking communication • Connecting with neighbouring communities (i.e. Haldimand-Norfolk to discuss best practice) • Turnover, sustainability • Gap in knowledge • How to connect • Volume of groups • Lack of formal communication between groups • Gaps in planning collaboration in health care/ long term care/social • Gaps result in detriments to health and well-being
<p>What are the top three actions we should take to develop a more interconnected planning system for health and well-being?</p>	<ul style="list-style-type: none"> • Indigenous worldview to be considered and integrated effectively into systems planning • Get closer alignment of tables, bodies, and funders to make joint activity and funding for outcome achievement (e.g. LHIN tables for healthy communities) • Involve patient, family, community engagement • Need to connect all – Community Collaborative • Overall planning group to establish priorities and the outcomes (Collective Impact) • Streamline committees accordingly • Establish connections • Reaching out to all sectors for planning • Networking improvements/involve agencies • Clear mandates and actionable items