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## Clinical Services Plan Bulletin

The Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) is in the process of developing its Clinical Services Plan (CSP). Leading this project are [Steve Isaak](#), Team Lead, Planning and Integration and [Dr. Jennifer Everson](#), Physician Lead, Clinical Planning and Integration.

### WHAT IS A CLINICAL SERVICES PLAN?

The [Clinical Services Plan](#) is a plan that will provide a long-range picture of what the health system in the HNHB LHIN should look like to meet the needs of our residents both now and in the future. Once complete, this plan will help identify where health care dollars would best be spent to build a sustainable health care system.

The CSP will answer three main questions:

- What are the health needs of our population?
- What services are required to meet those needs?
- Who will provide those services?

The CSP will consider the entire continuum of care. In other words, it will address services

offered by community providers, smaller community hospitals and larger health care institutions at all stages of life – from birth to death.

A [Steering Committee](#) was established in January to guide the CSP. The committee, chaired by Brant Community Healthcare System President Richard Woodcock, is made up of a diverse group of health care and community leaders from across the LHIN who were selected based on their skills.

### THE CSP PROCESS

There will be many opportunities for communities to be involved and provide input to the CSP. Regular updates will be issued to keep our communities in-the-know. In addition, a series of open houses will be held in October to provide opportunities for community review and comment.

The CSP will take a three-step approach:

**1. Data and Analysis:** A profile of the HNHB LHIN will be developed using a population health framework. The framework considers population characteristics and health

determinants, population health status, and health system use. Existing evidence such as best practices will also be built into the framework.

**2. Expert/Provider Input:** Planning Advisory Groups (PAGs) and Reference Groups will be engaged for advice. PAGs will include clinical and administrative leadership from across the LHIN, including viewpoints from primary care, community and allied health professionals, and urban and rural hospitals. Key agencies will also be included where appropriate.

Reference Groups will address issues that cross health program areas. Examples of these groups include the French Language Health Services Interim Advisory Committee ([FLHSAC](#)), the Long-Term Care Home Network, and Health Opportunities for Aboriginal People ([HOAP](#)) and the Aboriginal Health Network.

PAGs and Reference Groups will provide expert insight that will help shape the future of

service delivery. We want to ensure the right care is available, at the right time, in the right place, with the right resources.

**3. Synthesis:** Once the PAGs have completed their work the information and feedback will be collected and presented to the Steering Committee for their review and recommendations. The final CSP report will be presented to the HNHB LHIN Board in November.

[Frequently Asked Questions](#) about the CSP.

For more information on the CSP, please visit [www.hnhblhin.on.ca](http://www.hnhblhin.on.ca) or contact:

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*The CSP Bulletin is a monthly publication designed to keep you informed about the Hamilton Niagara Haldimand Brant LHIN's Clinical Services Plan. It is available in electronic and paper format and online at [www.hnhblhin.on.ca](http://www.hnhblhin.on.ca).*

*If you would like to be added to the distribution list, please contact Kathy Gilchrist at [Kathy.Gilchrist@lhins.on.ca](mailto:Kathy.Gilchrist@lhins.on.ca).*