



**Wellington-Guelph Health and Housing
Community Planning Table**

Terms of Reference

Approved by the WG HHC Planning Table on March 21, 2025

1.0 Purpose

Health and housing services in Wellington-Guelph were not designed with intention nor capacity to address the current magnitude and complexity of need that currently exists in our community. Services have instead evolved in response to repeated crises and emerging opportunities. As a result, the essential task of coordinating, optimizing and aligning efforts across the health and housing continuum is inherently complex. A whole-of-community approach is required to develop a 'Wellington-Guelph Health and Housing Community Plan' to address the needs of people experiencing homelessness and precarious health and housing in Wellington-Guelph. The Health and Housing Community Planning Table will support partners across the health and housing systems to optimize use of existing, and advocate for additional, resources to support equitable access to health and housing services and realize improved health and social outcomes for people experiencing homelessness and precarious health and housing in Wellington-Guelph.

2.0 Mandate

The Wellington-Guelph Health and Housing Community Planning Table (the Table) will provide advice, oversight and actively contribute leadership to support both planning and action towards a vision and community plan to integrate health and housing services in Wellington-Guelph based on consultation with/input from those with lived and living experience.

3.0 Scope

The vision and plan will consider health and housing in both the City of Guelph and the County of Wellington as well as the needs of families, youth, adults and seniors. The vision and plan will support the development of an integrated and equitable spectrum of social, housing and health supports to address prevention as well as the needs of those:

- at risk of crisis due to the intersectionality of health and housing issues (prevention and diversion)
- in crisis (acute intervention/support)
- emerging from crisis and in need of on-going health and housing and social supports to maintain housing in order to continue on their journey to health, wellbeing, and independence

As the vision for integrated health and housing services in Wellington-Guelph (as informed by the January and April 2024 Health and Housing Integration Symposiums and other consultations) is finalized, the Wellington-Guelph Health and Housing Community Planning Table will provide advice, guidance and oversight to the development of a community plan to achieve the vision for integrated health and housing services including:

- Inventory of existing tables working to address the needs/issues facing this population
- Mapping existing and needed health and housing services along the continuum
- Prediction/forecasting future needs and resources
- Identification of opportunities to further integrate health and housing functions including those identified in existing plans



- Opportunities to secure funding for new resources to address identified gaps in services
- Cost benefits analysis of investment in upstream prevention
- Identify facilitators and barriers to integrated care
- Other(s)

Once developed, the Table will oversee execution and evaluation of the plan. An evaluation framework (including KPIs) will be developed to support the on-going evaluation of progress of the Community Plan and vision.

The Wellington-Guelph Health and Housing Community Planning Table will also provide support and oversight to advance practical, real-time opportunities and activities to advance integrated health and housing, including:

- Coordinated access
- Planning and operationalization of changes to existing services and/or new initiatives/services that involve both health and housing services/partners
- Meeting the basic needs of people experiencing homelessness
- New shared services funding (eg.10 Shelldale)
- Strategize and collaborate to address emerging issues and opportunities
- Clarifying and improving Personal Health Information sharing/flow including the development of an approach to shared care planning
- Other(s)

The Health and Housing Community Planning Table will be supported by and support/oversee the work of the County of Wellington Community Planning Project Manager.

4.0 Responsibilities - Members of the Community Table will:

- Be jointly and collectively accountable to each other and persons with lived experience for achievement of the vision, plan and realization of improved health and social outcomes for persons with health and housing needs in Wellington-Guelph.
- Contribute bold and transformative leadership to find new, radically collaborative ways to address the integrated health and housing needs of the persons served by the health and housing system in Wellington-Guelph.
- Employ a strength-based approach to partnership development and maintenance by supporting and leveraging the strengths that each partner brings to the collaborative partnership table.
- Foster the development of culturally appropriate services
- In acknowledgement of the complexity of the system and issues that exist, will employ complexity theory and be intentional in designing a complex adaptive system of health and care and social supports and one that support the delivery of complex capable care/support.



- Practice distributed leadership by:
 - Ensuring bi-directional communication and engagement with their staff, boards and other stakeholders
 - Seeking, representing and empowering the voices, perspectives and wholistic needs of the persons served by their respective organizations as well as the staff who serve those individuals
- Support the development of a relational foundation and a “One Team” approach/culture by:
 - adopting and advancing a population health approach to planning and service delivery including equitable access to integrated health and housing within and across the in-scope resources
 - representing/supporting the Table’s shared purpose, objectives, directions, decisions and common voice.
- Relentlessly seek data and evidence to support decisions and directions
- Contribute to:
 - the development and distribution of Key Messages after each Community Planning table meeting.
 - a quarterly ‘Community Partner Meeting’ to engage enabling and impacted partners in the work of the Planning Table.

5.0 Governance and Decision Making

The planning table is self-governing and is accountable to the community. Consensus will be sought for all decisions. Consensus involves collaboration, not compromise; it requires focus on developing the relationships among stakeholders.

- If consensus cannot be reached, the decision will be made by voting – specifically, by majority (i.e., 50% plus 1) support from voting members in attendance.
- If after thorough review and discussion, a decision still cannot be reached by consensus, the (co)-chair(s) will put the issue to a vote.
- For decisions requiring a vote, each Direct Core Partner organization will be entitled to one vote.

If a decision is required/requested before a next scheduled Planning Table meeting, a decision will be sought via e-mail. If consensus cannot be achieved by e-mail, the decision will either be deferred to the next scheduled Community Planning Table meeting or a special meeting will be arranged to support the required decision.

6.0 Conflict of Interest

Each member will, to the best of their ability, eliminate or minimize any conflict between the work of the Planning Table and its other contractual and service obligations and relationships. If a member becomes aware of any fact or circumstance that may harm that or another member’s ability to perform its roles and responsibilities, as described in this document, it will promptly notify the co-chairs of the Planning Table of the nature of the conflict and its anticipated impact so that the members of the Planning Table may consider how to remedy, mitigate, or otherwise address the fact or circumstance



7.0 Membership

Membership of the Table will include executive decision makers from partners that have a primary mental health and addictions and/or housing mandate. Members will make a strong commitment to attend meetings. When attendance isn't possible, members may designate a consistent delegate with decision making authority on behalf of their respective organization.

Position	Organization
Director of Transformation	Guelph Wellington OHT
Social Services Administrator	County of Wellington
Housing Services Director	County of Wellington
Housing Stabilization & Interim Supports Manager	County of Wellington
President and CEO	Wellington Health Care Alliance
Team Leader	Rural Wellington Community Team
Councillor*	City of Guelph Council
Executive Director	Wyndham House
CEO	Guelph Community Health Center
CEO	Stonehenge Therapeutic Community
Executive Director	Stepping Stone
CEO	Canadian Mental Health Association of Waterloo Wellington
VP Community Health and Wellness	Wellington-Dufferin-Guelph Public Health
Councillor*	County of Wellington Council
CEO	Thresholds Homes and Supports
Emergency Department and SA/DV Program Director	Guelph General Hospital
Chief of Psychiatry	Homewood Health Centre
Director	Guelph & Wellington Task Force for Poverty Elimination
Deputy CAO Public Services (on behalf of Guelph Wellington Paramedic Services)	City of Guelph
Chief Executive Officer	East Wellington Community Services
Executive Director	Community Resource Centre of North and Centre Wellington

*Elected officials are ex-officio members and represent interests of community/electorate

Representatives from stakeholder groups may be invited to attend meetings on an as needed basis.

Sub-working groups may be developed to address specific functions/activities in support of the community plan. However, the Table is committed to minimizing complexity and looking first at the mandate, membership etc. of existing groups to consider if/how existing groups could support then needed functions/work.

7.0 Terms of Reference Review

Terms of Reference will be reviewed annually.