

Local Health Integration Network / Health Service Provider Governance Resource and Toolkit for Voluntary Integration Initiatives

MODULE 1: The legislative requirements for voluntary integration initiatives

This is the first of three modules describing the Toolkit for Voluntary Integration Initiatives

VERSION 1

WHY THIS TOOLKIT WAS DEVELOPED

The *Local Health System Integration Act, 2006* has resulted in two levels of governance of the local health system:

- **system level governance – the responsibility of the LHIN – and**
- **organizational level governance – the responsibility of the health service provider.**

This has led to new expectations by the Ministry and the LHINs about how services will be planned, managed and delivered.

THE PROCESS OF CREATING OF THIS TOOLKIT

Several local health integration networks (LHINs) and health service provider associations decided to work together to create guidelines for the roles of these LHINs, based on their current practices and processes. as well as the roles of health service provider boards, in voluntary integration.

This led to the creation of a Governance Resource and Toolkit for Voluntary Integration Initiatives in September 2008.

THE PURPOSE OF THIS TOOLKIT

This Toolkit is intended to support health service provider Boards in:

- **understanding their roles and responsibilities**
- **providing leadership to their organizations**
- **developing strategies to work with one another and with LHIN Boards on voluntary integration initiatives.**

HOW CAN YOU VIEW THE ONLINE *GOVERNANCE RESOURCE AND TOOLKIT FOR VOLUNTARY INTEGRATION INITIATIVES?*

Please go to:

<http://www.centraalhinc.on.ca/page.aspx?id=3860>

THE CONTENTS OF THE TOOLKIT

Part 1: Relationship between LHIN and health service provider Boards in voluntary integration

The legislative requirements for voluntary integration initiatives

LHIN expectations for board oversight, decision making processes and community engagement

Part 2: Health service provider Board leadership, supports and tools

This is what Module 3 describes

This is what Module 2 describes

This is what the current presentation ("Module 1") describes

THE ACT GOVERNING LHIN-RELATED INTEGRATION

**LHIN activities related to integration
are governed by:**

***The Local Health System
Integration Act,
2006***

(called “the Act” throughout this presentation)

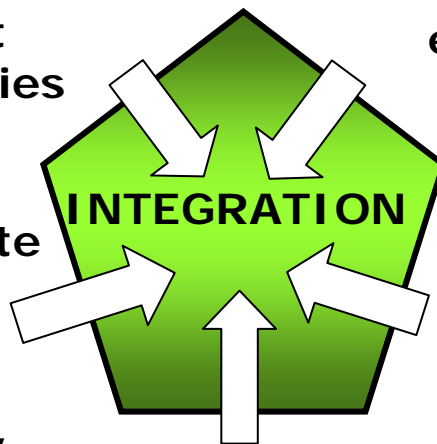
The Act can be accessed at:

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_06l04_e.htm

AS DEFINED IN THE ACT, "INTEGRATE" AND "INTEGRATION" INCLUDE:

1. to co-ordinate services and interactions between different persons and entities

5. to cease to operate or to dissolve or wind up the operation of a person or entity



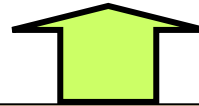
2. to partner with another person or entity in providing or operating services

3. to transfer, merge or amalgamate services, operations, persons or entities

4. to start or cease providing services

INTEGRATION ACTIVITIES CAN:

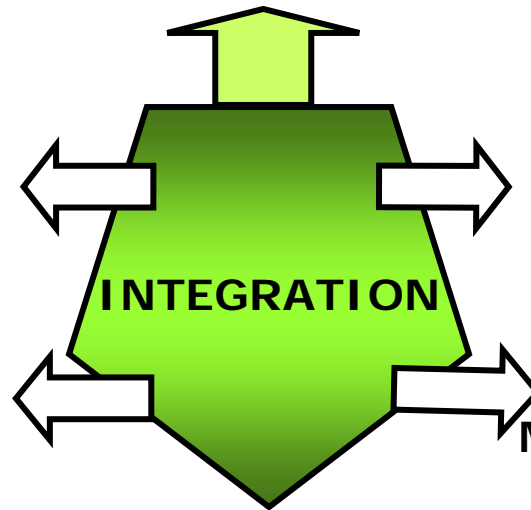
THIS IS THE FORM OF INTEGRATION ADDRESSED BY THE TOOLKIT.



be self initiated by a health service provider under sections 24 and 27 of the Act (“voluntary integration initiatives”)

be facilitated and negotiated by a LHIN under section 25 of the Act

be required by a LHIN under section 26 of the Act



result from changes in funding under section 19 of the Act

be ordered by the Minister under section 28 of the Act

ACTIVITIES IN VOLUNTARY INTEGRATION

- **Community engagement by the health service provider**
- **Proponents notify the LHIN**
 - **Health System Improvement Pre-proposal (H-SIP) Process**
- **LHIN consideration of proposed integration based on whether the integration is in the public interest, including whether it is consistent with the LHIN's integrated health service plan and any other relevant matter**
- **Integration proceeds or does not proceed, depending on the LHIN decision**

IF A LHIN DOES NOT APPROVE A PROPOSED INTEGRATION

- Within 60 days of receiving the Notice of Integration The LHIN gives the provider a notice that it proposes to issue a “Section 27 Decision” ordering the provider not to proceed with the integration or a part of it.
- The LHIN gives the provider a copy of the proposed Section 27 Decision and makes a copy available to the public.
- A provider or anyone else may make written submissions within 30 days of the LHIN making the proposed decision available to the public.
- The LHIN may set conditions on the integration; i.e., order the provider not to proceed with all or part of the integration unless certain conditions are met.

IF A LHIN DOES NOT APPROVE A PROPOSED INTEGRATION (continued)

- If the LHIN issues a Section 27 Decision ordering a provider not to proceed with a part of the proposed integration or if it sets conditions, the provider may choose not to proceed with any part of the integration.
- More than 30 days but no more than 60 days after the LHIN gives the provider a notice that it proposes to issue a Section 27 Decision and after the LHIN has considered written submissions, the LHIN may issue a Section 27 Decision (it may be different from the proposed decision described in the notice of a Section 27 Decision).

COMPLIANCE PROVISIONS OF THE ACT

- If the LHIN issues a Section 27 Decision, the health service provider must not proceed with the integration and must comply with the Section 27 Decision.
- The Act gives health services providers the necessary powers to comply with the Section 27 Decision.
- The Act gives the LHIN the power to seek a court order requiring a health service provider to comply with the Section 27 Decision.

LHIN INVOLVEMENT IN INTEGRATION ACTIVITIES THROUGH NEGOTIATION OR FACILITATION

- A LHIN can become involved in an integration activity voluntarily initiated by one or more health service providers by assisting with negotiation or facilitation.
- When a LHIN negotiates or facilitates the integration of entities, at least one entity must be a health service provider but not all those involved need to be. When a LHIN negotiates or facilitates the integration, this can be done between:
 - two or more health service providers
 - or between a health service provider and another entity if the parties reach an agreement.
- The LHIN may advise the public and other stakeholders about a negotiated or facilitated integration but is not required to do so.

OTHER AVAILABLE RESOURCES

Starting on page 67, the Toolkit provides extensive additional resources and material.

As well, appendices to the toolkit, accessible at <http://www.centralhin.on.ca/page.aspx?id=4204>, provide valuable resources.