

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

MODULE 2:

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

This is the second 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.**

The full Toolkit is on-line at:

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

THE CONTENTS OF THE TOOLKIT

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

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

The legislative requirements for voluntary integration initiatives

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

This is what Module 3 describes

This is what the current presentation ("Module 2") describes

This is what 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)

EXPECTATIONS OF LHIN BOARDS IN VOLUNTARY INTEGRATION INITIATIVES

- **produce and disseminate an integrated health service plan (IHSP) in broad consultation with the community**
- **enable and leverage integration by virtue of the LHIN's planning, coordinating and funding roles**
- **ensure the LHIN focuses on productive effective integration initiatives (as opposed to creating administrative barriers)**
- **ensure voluntary integration initiatives are implemented, monitored and refined to achieve proposed benefits and outcomes**
- **amend LHIN-health service provider service accountability agreements to reflect voluntary integration initiatives and responsibilities**
- **develop and disseminate a policy to clearly indicate consequences arising from non-participation or lack of implementation of voluntary integration initiatives (e.g., funding reallocations).**

EXPECTATIONS OF HEALTH SERVICE PROVIDER BOARDS IN VOLUNTARY INTEGRATION INITIATIVES

- **ensure proposed voluntary integration initiatives are approved by the Board and submitted to the LHIN**
- **ensure consultation in collaboration with the LHIN and the community for voluntary integration initiatives**
- **ensure staff develop proposals for voluntary integration initiatives consistent with the IHSP and with LHIN processes**
- **join with the LHIN to amend the service accountability agreement to reflect voluntary integration initiatives**
- **monitor, evaluate and amend voluntary integration initiatives as required to achieve proposed benefits and outcomes.**

SUGGESTED “GOVERNANCE OVERSIGHT” QUESTIONS A BOARD SHOULD ASK ITS MANAGEMENT LEADERSHIP ON A REGULAR BASIS

- 1. Are there proposed changes to our programs and services that would constitute integration under the Act?**
- 2. What programs, services or actions have been selected for implementation of the integrated health service plan in collaboration with our LHIN partners (including the LHIN, other health service providers and other persons and entities) and the community we serve?**
- 3. What results have been achieved to meet our responsibilities for integration as described in the Act and our service accountability agreement with the LHIN?**

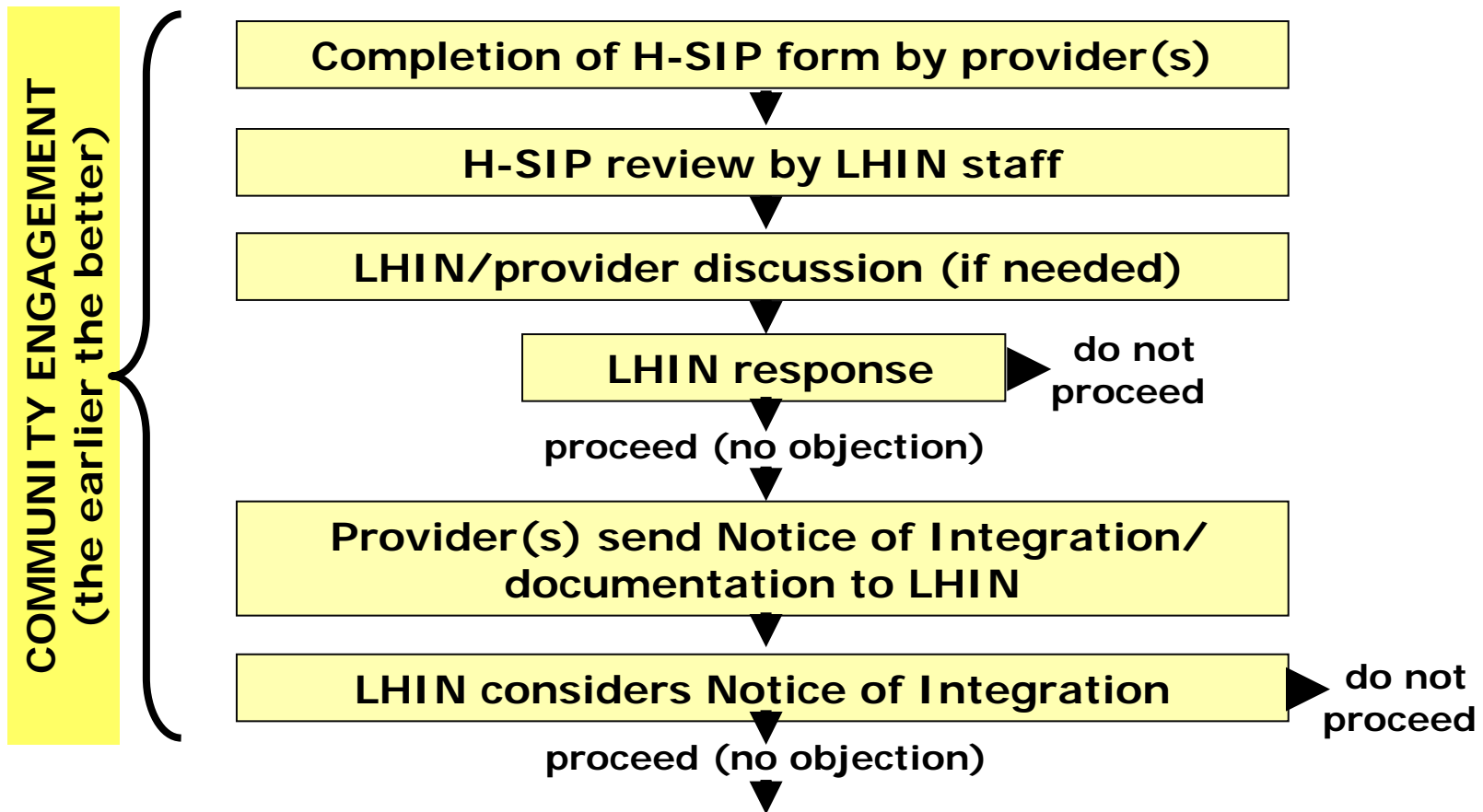
H-SIP: A COMMON TOOL

In 2007, LHIN CEOs developed a common tool, the Health Service Improvement Pre-proposal (“H-SIP”) for identification of health service improvement initiatives (including integration) by health service providers.

The H-SIP helps determine the extent to which a proposed integration includes or results in:

- 1. improved access and quality of care**
- 2. coordinated healthcare**
- 3. improved navigation through the care continuum**
- 4. effective and efficient service delivery**
- 5. alignment with the integrated health service plan**
- 6. a consideration of the public interest.**

GETTING STARTED ON VOLUNTARY INTEGRATION



**INTEGRATION IS PLANNED AND IMPLEMENTED AS PER THE ACT
(e.g., via service accountability agreements or integration decisions)**

A DEFINITION OF COMMUNITY ENGAGEMENT

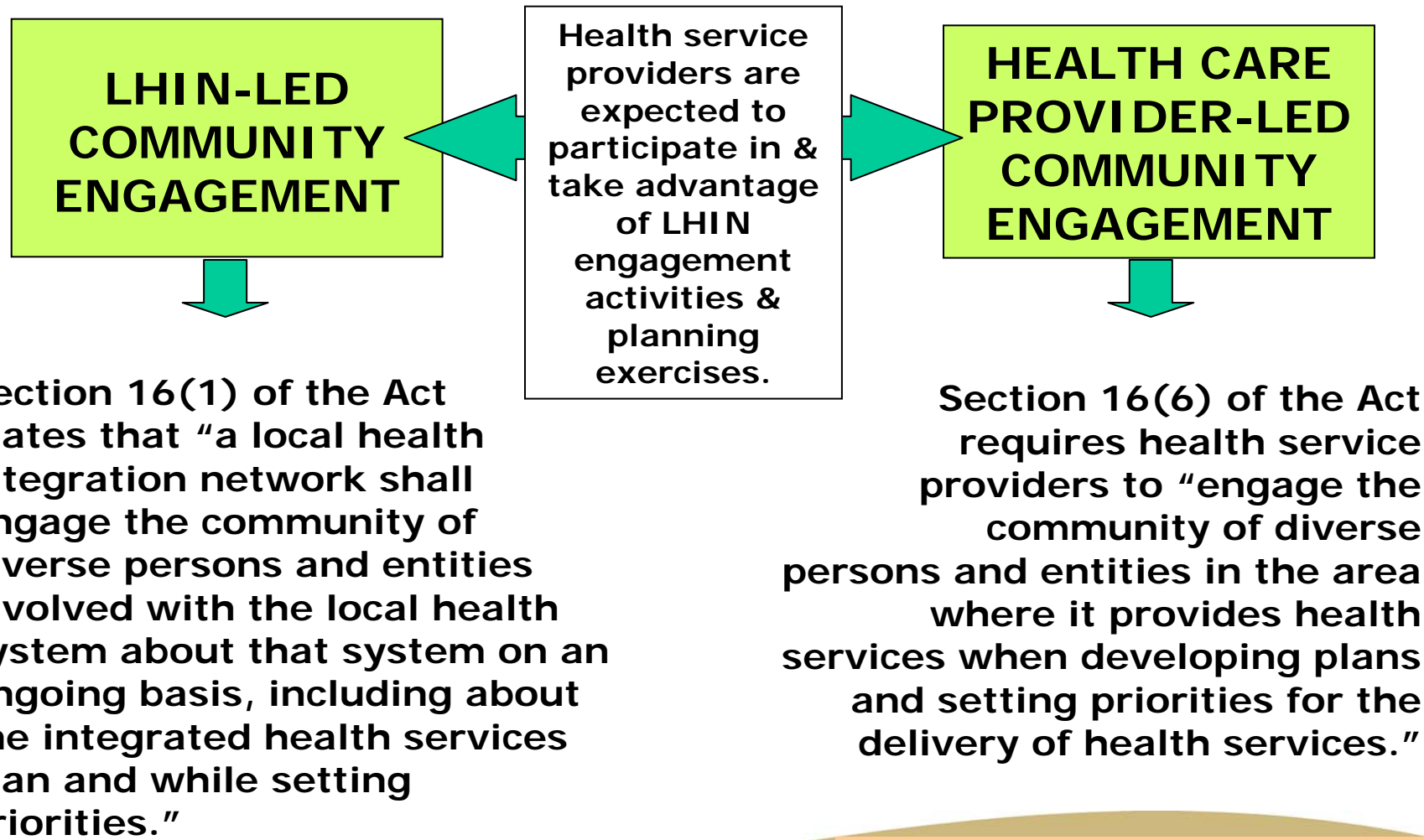
Involvement

of all members/stakeholders of the healthcare community (including health service providers, employees, health care professionals, patients/ clients, consumer support groups, funders & residents)

in broad health care planning.

(source: Local Health Integration Network/Health Service Provider Governance Resource and Toolkit for Voluntary Integration Initiatives, page 15)

TWO CONTEXTS FOR COMMUNITY ENGAGEMENT



EXAMPLE OF LEVELS OF COMMUNITY ENGAGEMENT: CENTRAL EAST LHIN

Source: see page 17 of Toolkit and

http://www.centraleastlhin.on.ca/uploadedFiles/Home_Page/Integrated_Health_Service_Plan/Framework.pdf

ISSUE COMPLEXITY	ENGAGEMENT LEVEL & PURPOSE	TOOLBOX	DEGREE OF INVOLVEMENT
LOW ↑	<u>INFORM & EDUCATE:</u> To provide accurate timely & easy to understand information about the LHIN	<ul style="list-style-type: none"> • fact/information sheets • newsletters/brochures/websites • open forums & meetings • public service announcements • paid advertising • media publicity 	LOW ↑
	<u>GATHER INPUT:</u> To obtain feedback & proposed changes	<ul style="list-style-type: none"> • surveys & questionnaires • focus groups, open forums, meetings • written submissions • community & stakeholder research 	
	<u>CONSULT:</u> To seek out & receive views of stakeholders	<ul style="list-style-type: none"> • small group workshops • focus groups/task groups • online consultation • public meetings 	
HIGH ↓	<u>INVOLVE:</u> To work directly with stakeholders to ensure their issues are understood & to enable them to raise their own issues	<ul style="list-style-type: none"> • action planning event • panels & negotiation tables • collaborations • panels 	HIGH ↓

SOME ADVICE ON COMMUNITY ENGAGEMENT

- Each LHIN has its own framework for community engagement. Please consult with your LHIN when planning your own community engagement activities.
- Some LHINs require evidence of community engagement when a provider submits an H-SIP and when it submits a Notice of Integration – so please engage your community:
 - *early*
 - *consistently*
 - *thoroughly.*

TWO LEVELS OF ENGAGEMENT

Boards must ensure that community engagement takes place

and

Boards can also engage each other, via collaboration, in identifying opportunities for voluntary integration

A GOVERNANCE RELATIONSHIP BETWEEN LHIN AND HEALTH SERVICE PROVIDER BOARDS

From the Toolkit's Glossary of Terms (page vii):

Governance

is the exercise of authority, direction and control of an organization to ensure its purpose is achieved.

Collaboration

is a mutually beneficial well defined relationship entered into by two or more organizations to achieve common goals... at a significantly higher degree than through co-ordination or co-operation.

WHY DOES INTER-BOARD COLLABORATION MATTER?

Collaboration gives LHIN and provider Boards an opportunity to:

- **understand and respect each other's mandates**
- **define and understand their working relationship**
- **develop shared understanding of and stake in integration and commitment to implementing the integrated health service plan**
- **help provider Boards to understand LHIN expectations and decision-making processes**
- **support provider Boards to lead their organizations in jointly planning and co-ordinating services.**

EXAMPLES OF BOARD COLLABORATIVE MECHANISMS

- **Periodic LHIN-wide forums for dialogue between the LHIN and provider Boards** (e.g. Champlain LHIN, Northeast LHIN and Waterloo Wellington LHIN)
- **LHIN Governance Advisory Councils as ongoing mechanisms for dialogue between the LHIN and provider Boards** (e.g., Erie St. Clair LHIN and Central LHIN)
- **LHIN/Health Service Provider Governance Development Team to choose a mechanism for a formal ongoing relationship between the LHIN and provider Boards and to identify needs of provider Boards for system planning and integration** (Southeast LHIN)

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.