

# Building Governance Relationships to Advance IHSP Implementation

Presentation to  
Champlain LHIN  
Collaborative Governance Sessions of  
Health Service Providers  
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# Presentation Overview

- ◆ Bill 36: New Realities and Relationships
- ◆ The Case for Governance Collaboration in IHSP Implementation
- ◆ Building HSP Board Capacity for Collaboration in Voluntary Integration Initiatives
- ◆ What questions do Provider Boards need to ask?
- ◆ Key Messages

# Bill 36: New Realities and Relationships

- ◆ Sections 16 (1) and (6) re Statutory obligation of community engagement by each LHIN and each health service provider in planning and priority setting
- ◆ Section 20 re LHIN negotiation of service accountability agreements with providers
- ◆ Section 24 re statutory obligation of each LHIN and each health service provider “separately and in conjunction with each other” to identify integration opportunities
- ◆ Section 26 re power of the LHIN to direct integration of services

# Dynamic Cultural Change

- ◆ Day-to-day business will be between the LHINs and the provider organizations
- ◆ All “health service providers” will be required to engage with LHIN and other providers to identify integration opportunities and meet new accountability requirements regardless of size, budget or mandate
- ◆ The implementation of integration initiatives to advance the IHSP will require a collaborative planning process and new working relationships among providers under the leadership of the LHIN

# Governance Relationships in Transition

## ◆ LHIN Governance of Health System Integration

- regional plan for health system integration (IHSP)
- negotiation with providers on role in achieving health system plan
- allocation/re-allocation of resources to providers for implementation
- hold providers accountable for defined inputs and outcomes through service accountability agreement

## ◆ Provider Governance of Health Services Delivery

- continued responsibility for strategic/operating plan but negotiated within context of LHIN integrated health system plan
- negotiation/collaboration with LHIN and other providers in developing integration initiatives
- identification to LHIN of resources required for implementation
- execute service accountability agreement with the LHIN for resources allocated and services provided

# Collaborative Governance Defined

- ◆ “Boards Working Effectively Together”\* to achieve a common goal
- ◆ LHIN and HSP Boards must
  - understand and respect each other’s distinct mandates
  - define their working relationship
  - develop a shared stake in health services integration
  - jointly plan and co-ordinate services to advance integration
- ◆ The common goal? Successful implementation of the LHIN Integrated Health Services Plan (IHSP) and other integration opportunities

\* Florence Campbell, Presentation to Community Support Services Network of Southeastern Ontario, March 19, 2007

# Integration Defined\*

- ◆ To co-ordinate services and interactions between different persons and entities (health service providers)
- ◆ To partner with another person or entity in provider services or in operating
- ◆ To transfer, merge or amalgamate services, operations, persons or entities
- ◆ To start or cease providing services
- ◆ To cease to operate or to dissolve or wind up the operation of a person or entity

*\*Local Health System Integration Act, Part 1-Definitions*

# New Roles of LHIN and Provider Boards

## LHIN Board

- ◆ Provide strategic leadership to health system integration
- ◆ Lead community engagement
- ◆ Establish LHIN decision process and criteria for integration initiatives in context of IHSP
- ◆ Approve and allocate resources to integration initiatives
- ◆ Sign accountability agreement with provider Boards
- ◆ Monitor performance and outcomes of IHSP and integration initiatives

## Provider Board

- ◆ Provide strategic support of the organization for system integration
- ◆ Participate in LHIN community engagement and initiate as required for new initiatives
- ◆ Establish guiding principles/policy direction for integration initiatives with other providers to align with IHSP
- ◆ Approve integration initiatives at the level of the organization
- ◆ Sign accountability agreement with LHIN and monitor performance
- ◆ Monitor performance and outcomes of integration initiatives

# New roles of LHIN and Provider Management

## LHIN Management

- ◆ design and manage/support LHIN community engagement process
- ◆ manage implementation of the IHSP
- ◆ collaborate with providers in identifying and developing integration initiatives
- ◆ recommend to LHIN Board resources required by providers to support IHSP implementation and integration initiatives

## Provider Management

- ◆ design and manage/support provider community engagement process
- ◆ contribute expertise to the implementation of the IHSP
- ◆ collaborate with LHIN and other providers in identifying and developing integration initiatives
- ◆ implement integration initiatives within the policy direction/ resources allocated by the Board and LHIN Board

# Future Governance Imperatives

- ◆ Reframe understanding of the scope of governance to include inter-dependence and shared accountability with other providers for integration initiatives within the LHIN region
- ◆ Understand “best interest of corporation” as collaborating with others to improve the integration of health services delivery to effectively meet community health needs
- ◆ Leadership is essential at the governance level in establishing the expectation of relationships with other providers – “tone at the top”
- ◆ New governance structures and formal agreements may be required to facilitate
  - alignment of provider organizations with LHIN expectations
  - co-operation and co-ordination in provision of shared services among community providers and/or between hospitals and community providers
  - joint accountability with other providers for specific integration initiatives

# Evolution of Two Levels of Collaboration

- ◆ Forums for dialogue between the LHIN Board and HSP Boards to forge a new culture of working differently and working together, discuss mutual expectations and develop a shared commitment to advance IHSP implementation and other integration opportunities
- ◆ Mechanisms between HSP Boards to provide joint strategic direction, approvals and ongoing oversight of the implementation of voluntary joint integration initiatives

# The Case for LHIN- Provider Governance Collaboration

- ◆ to ensure that provider Boards are involved in broader health system planning beyond individual organizations
- ◆ to facilitate systems thinking among provider Boards and transition from governance of facilities to governance of services
- ◆ to build commitment to co-operate in the alignment of strategic directions with IHSP
- ◆ to enable provider Boards to understand LHIN decision-making criteria and processes
- ◆ to avoid surprises and ensure that Provider integration initiatives meet LHIN expectations for integrated service delivery and receive support by the LHIN Board
- ◆ to avoid end-runs by the Boards of provider organizations to the Minister related to a service integration decision of the LHIN

# The case for Collaboration between Provider Boards in IHSP Integration Initiatives

- ◆ to align strategic direction and plans with the LHIN IHSP and with those of partners in IHSP integration initiatives
- ◆ to provide joint Board policy direction and oversight of provider or LHIN initiated integration initiatives
- ◆ to enter into joint Accountability Agreements with LHIN on joint integration initiatives
- ◆ to oversee and manage risks associated with LHIN service rationalization and re-allocation of resources among provider organizations

# Building HSP Board Capacity for Collaboration in Voluntary Integration Initiatives

- ◆ Ensure Directors understand the *LHSI Act* and changing expectations for collaboration and integration of health services delivery
- ◆ Establish Board policies to enable and guide integration initiatives with LHIN and other HSPs

# Building HSP Board Capacity for Collaboration in Voluntary Integration Initiatives

- ◆ Engage in systems thinking in the context of the LHIN IHSP by critically evaluating:
  - your current mandate
  - strategic direction
  - program quality and effectiveness
  - potential new relationships
- ◆ Challenge Management and the Board to explore opportunities to build upon existing relationships and new opportunities for integration with other HSPs
- ◆ Develop inter-Board relationships, alliances and networks to advance specific integration opportunities

# What questions should Provider Boards ask?

- ◆ How/where does our organization fit within the LHIN IHSP priorities/ strategic directions?
- ◆ How does our current strategic plan align with the IHSP priorities/ directions? What changes are required?
- ◆ What specific core competencies/ strengths can we contribute and build on to advance the IHSP priorities/ directions?
- ◆ What are the gaps?
- ◆ Who should we be working with to develop an integration initiative which maximizes our combined strengths and bridges the gaps?
- ◆ What process will we put in place to move forward?

# What questions should Provider Boards ask?

- ◆ If our organization is committing itself to a joint integration initiative, does our Board need to approve it and be directly involved?
- ◆ What are our specific accountabilities as a Board?
- ◆ What mechanism is required with our partners to provide joint direction and oversight?
- ◆ What formal agreements do we require with each other and with the LHIN?
- ◆ How will we measure success?

# Key Messages

- ◆ LHINs are fundamentally changing the dynamics of health system governance
- ◆ An effective working relationship between LHINs and Provider Boards is essential to align expectations and actions to advance IHSP implementation
- ◆ An effective working relationship among provider Boards is essential to align policy direction, decision-making and oversight of joint integration initiatives
- ◆ Serious commitment, new relationships and new mechanisms are essential to governance relationships at both levels
- ◆ Toolkits and resource support for LHINS and provider Boards will be essential to success

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