

**“Working Together for Better Health”**  
**Results and Recommendations**  
**SE LHIN Collaborative Governance Development Team**  
**December 2008**

**BACKGROUND:**

In January 2007, the Board of the South East Local Health Integration Network established a Collaborative Governance Development Team, with representation from its own board and from the seven health sectors funded by the LHIN. The role of the team is “to provide advice to the SE LHIN in the area of collaborative governance for the purpose of advancing the improvement of health system integration and coordination across the LHIN”, as mandated in the Local Health Integration Services Act.

In September 2007, the Collaborative Governance Development Team sponsored a LHIN-wide series of meetings for members of all health service provider boards funded by the SE LHIN. These sessions, entitled “*Working Together for Better Health*”, were held in Belleville, Bancroft, Kingston, Perth and Brockville. The agenda, common to each session, was designed to serve several purposes: to provide practical information to continue a shared understanding of governance roles in health services integration; to provide the latest information on the Integrated Health Services Plan; and to share ideas on further assistance required by boards to achieve the goal of an integrated health care system.

In October/November 2008 the CGDT sponsored a second series of meetings for members of health service provider boards, “*Working Together for Better Health 2008*”. The prime purpose of these sessions was to support health service provider boards in understanding their respective roles and responsibilities, in providing appropriate leadership to their organizations and in developing strategies to work with one another and the SE LHIN Board on voluntary integration initiatives. The Local Health Integration Network/Health Service Provider Resource and Toolkit for Voluntary Integration Initiatives, developed jointly by a consortium of provincial health provider associations and five LHINs (including the SE LHIN), served as a valuable resource for these sessions. An overview of the SE LHIN’s Vision and Strategic Plan provided additional context for group discussion about roles and responsibilities.

A second important purpose of the meetings was to encourage increased networking among health service provider board members and with the SE LHIN Board. Several members of the SE LHIN Board attended all of the sessions; and in total, 227 members of health service provider boards and their Chief Executive Officers/Executive Directors participated in *Working Together for Better Health 2008*.

**RESULTS OF SESSIONS: ANALYSIS OF EVALUATION FORMS**

The five sessions were attended by 227 health service provider board members and staff: Bancroft – 15; Smiths Falls – 29; Belleville – 80; Brockville – 55; Kingston – 48. Evaluation forms were completed by 124 participants.

80% of those who responded to the evaluation questionnaire indicated that they were satisfied or very satisfied with the session. 9% indicated that they were dissatisfied or very dissatisfied. 10% indicated that they were neither satisfied nor dissatisfied.

## OBSERVATIONS ARISING FROM 2008 SESSIONS

**Note: SE LHIN Board members and Collaborative Governance Development Team members who participated in both *Working Together for Better Health 2007* and *2008* commented on the significant recurrence of concerns and suggestions expressed by participants from one year to the next. A number of observations and recommendations contained in the 2007 “*Working Together for Better Health Results and Recommendations*” still hold true in 2008.**

- Board members who serve as volunteers on the health service provider boards of South Eastern Ontario care passionately about their organizations and about health care in their communities. Both long-serving board members and those new to the role (and a fair number of them attended the 2008 sessions) want to better understand their governance roles and obligations under the Local Health Services Integration Act.
- Regular communication between the LHIN and provider boards, especially pertaining to expectations concerning integration, along with possible strategies and supports, continues to be seen as crucial.
- Approximately 76 of the 124 organizations funded by the LHIN were represented at *Working Together* sessions this year. Members of the Collaborative Governance Development Team are concerned that the board members of some organizations did not receive information about the sessions; and see the need to have a mechanism which ensures that all members of all boards are aware of these ongoing and important, training sessions.
- The strong interest in best integration practices and success stories expressed in 2007 is even stronger in 2008. Participants suggested that much integration work had already been done among their community agencies, even before the establishment of LHINs. They believe that the results of those efforts need to be affirmed by the LHIN, shared with others, and used as the basis for further integration efforts. They also believe that the best hope for more, and successful, integration initiatives lies in learning from the best of what has already been done. “Give us concrete examples of what we need to do,” was a comment made over and over again during the 2008 *Working Together* sessions.
- Participants continue to value the opportunity to work, and network, with board members on other provider boards. They appreciate the LHIN's initiative in holding these sessions; and expect the LHIN to continue to show leadership by supporting groups of health service providers coming together to learn from each other and from LHIN staff and Board. They especially see the need for small groups of cross-sector representatives to be brought together at the community, sub-LHIN level to explore specific integration possibilities. Mechanisms to support easier communication (e.g., an e-mail directory of SE LHIN health service provider board chairs/members) would be very much appreciated.
- All health service provider boards/organizations are subject to the same legislative requirements; but boards/organizations differ significantly in their capacity to direct resources, especially staff resources, to address those requirements. A number of small organizations, which rely heavily on volunteers to do their work, commented on what they see as increased paperwork/bureaucracy subsequent to the creation of the LHINs. Strategies to share resources and to coordinate work need to be actively pursued.

## **IMPLICATIONS FOR HEALTH SERVICE PROVIDER BOARD MEMBERS**

As part of *Working Together for Better Health 2008*, participants were asked, in roundtable discussions, to identify the implications for them of what they had heard at the sessions and what they had read in the toolkit materials. Following is a summary of what they said:

- Board members recognize that there have been significant changes in the demands placed on governing boards over the last several years, resulting in increased expectations and requirements for board members. These changes have created both challenges and opportunities for boards in their recruitment and retention practices. Participants expressed the need for ongoing LHIN sponsored governance training for current and incoming members.
- Board members are certainly mindful of the increased emphasis on such things as accountability, risk management, efficiency and effectiveness etc and the need to look for board members with specific skills. They do not want to lose sight, however, of the need to continue to seek out people who have a sincere desire to help others and to give back to their communities, as these are the motives which most often attract people to serve on boards in the first place (especially public sector volunteer boards).
- Board members need to have an understanding of the Local Health Service Integration Act. Responsibility for understanding is a shared one: the LHIN has a responsibility to communicate clearly its expectations regarding implementation of the Act; CEOs/EDs have a responsibility to inform their boards; and board members have a responsibility to seek information.
- There is a need for more dialogue among health service provider boards to learn what other organizations do and to explore integration opportunities. Health service provider boards need to develop connections and relationships with other health service provider boards. Integration should be a standing item on the agenda of all health service provider boards. (Integration questions need to be posed in real and human terms: e.g., what did our organization do last month to work with others to help people? What did our agency do last month to work with others to reduce the cost of doing business?)
- Boards need to review their organizations' mission, vision, and strategic plans to ensure alignment with the Integrated Health Services Plan.

## **IMPLICATIONS FOR THE LHIN**

As part of their roundtable discussion about implications for their boards, participants also identified a number of implications for the SE LHIN Board/Staff. Essentially, participants emphasized the need for the SE LHIN to demonstrate system leadership in a variety of ways:

- by setting the tone (e.g., with a clear and specific focus on encouragement and support for vertical and horizontal integration initiatives);
- by facilitating integration initiatives (e.g., by bringing groups of chairs and CEOs/EDs together to explore integration opportunities);
- by sharing and communicating good integration practices (e.g., by creating and sharing an inventory of integration initiatives already in place in the SE LHIN and in other LHINs);
- by providing clear direction regarding requirements for integration (e.g., by offering training on the process);
- by providing ongoing education and training opportunities for board members of health service provider boards.

## IDENTIFICATION OF INTEGRATION OPPORTUNITIES

Participants at each *Working Together* session discussed possible integration opportunities, and strategies to support increased integration. These have been “clustered” to suggest general directions for both health service provider boards and the LHIN.

- Inter agency/board sharing was a recurring theme: e.g., sharing of space, human resources (e.g., accounting/bookkeeping services), “back office” services, ideas (e.g., visions and strategic plans) and best practices (e.g., policies and procedures), training of staff and volunteers, information forums.
- Enhancing the knowledge base of board members and front line workers about the interconnectedness of the work of health service providers would assist integration efforts. Board members need to have specific knowledge about the services their own organization provides; they also need to be aware, in a more general way, about the services provided by other community-based health service providers. Attending other health service provider board meetings, inviting presentations from other providers, and sharing agenda/minutes were identified as strategies which would support increased inter-board understanding. At the staff level, training for all “front line” workers re mental health and addictions issues was identified as a critical need for all health service provider workers, regardless of their agency affiliation.
- Providing and communicating clear descriptions of the health services that are available by community and by region, to both health care providers and to users of health care, would support integration, improved access, and a better informed public. Broad availability of such material in pamphlet form (such as the SE LHIN’s reader-friendly Annual Report) and on LHIN and HSP web pages would be highly useful.
- Regional Surgical Services, Transportation, Information Technology and Improved Alignment at the Provincial Ministry level were also identified as areas where integration opportunities need to be acted upon.

## RECOMMENDATIONS FOR THE SOUTH EAST LHIN

The Collaborative Governance Development Team has reviewed the statistical and anecdotal data from the five *Working Together for Better Health* sessions. The team has also reflected on what its members have learned from each other, and from SE LHIN personnel over the last year, about the needs and concerns - and the successes - of the seven health sectors funded through the LHIN. The Collaborative Governance Development Team, therefore, on the basis of its deliberations, makes the following recommendations to the Board of the SE LHIN for its consideration: **(It should be noted that a number of these recommendations are similar to those made in last year's report.)**

It is recommended that:

1. The SE LHIN provide ongoing development and training for health service provider boards re their governance roles and responsibilities within a new system environment;
2. The SE LHIN survey its 124 health service provider boards to help determine and address boards' specific training needs;
3. The SE LHIN create and maintain an accurate e-mail contact list of all health service provider board chairs, and offer the opportunity for all interested board members to be included in such a list.
4. The SE LHIN request each health service provider board to designate a governance liaison person for its board, in addition to its chair, to support improved communication between boards and the SE LHIN Board/ Collaborative Governance Development Team.
5. The SE LHIN provide for health service provider boards an inventory of collaboration and integration initiatives from within and across LHINs;
6. The SE LHIN highlight successful integration initiatives in its communications with boards (e.g., through a dedicated area on the website or through an integration newsletter);
7. The SE LHIN convenes meetings of board chairs and chief executive officers/executive directors within local communities/regions as soon as possible to discuss potential integration initiatives and ways in which the LHIN can support such initiatives.
8. The SE LHIN encourage its health service provider boards to explore ways to develop new connections and working relationships with other boards (e.g. through the creation of networks such as the Rural Health Sciences Network or the Lennox and Addington Health and Community Services Coalition).

The recommendations in this report were received by the SE LHIN Board at its regular meeting of January 26, 2009. Implementation implications and strategies are now being considered by both the Board and its Collaborative Governance Development Team.