Central East LHIN

Improving our Collaborative Partnership

Report from the Collaborative Chairs' Retreat

Central East LHIN Board Meeting

April 21, 2009

Engaged Communities.
Healthy Communities.

Ontario
Local Health Integration Network

Attendees to the Retreat

December 2008

Chairs of Collaboratives

- Bill Eull – Durham North Central
- Bob Frankford – Scarborough Agincourt/Rouge
- Mark Graham – Peterborough City and County
- Joyce Irvine – French Language Health Service
- Janet Irvine – Northumberland Havelock
- Linda Gallacher – Durham East
- Candace Chartier – City of Kawartha Lakes
- Vaij Chari – Scarborough Cliffs-Centre
- Brock Hovey – Durham West
- Jane Rosenberg – Haliburton Highlands

CE LHIN Staff

- James Meloche
- Jeanne Thomas
- Kate Reed
- Brian Laundry

The original intent of the Collaboratives

Terms of Reference for the Collaboratives

The scope and feasibility of the Terms of Reference (TOR)

The Mandate

- Advise the CE LHIN on the healthcare needs of their community – local priority setting, planning and evaluation
- Identify opportunities for integration and coordination of healthcare services

By:

- Building relations within the community
- Sharing information across the Collaboratives

Functions

1. Advising on the needs of the population
2. Matching CE LHIN priorities to local needs – identifying and assessing how to close gaps
3. Identifying emerging local health needs
4. Advising on opportunities for improved healthcare efficiencies and cost effectiveness
5. Assisting LHIN/local providers in implementing and monitoring the Integrated Health Services Plan (IHSP)
6. Liaising with LHIN wide and sub-LHIN disease and issues-based delivery networks
7. Serving as a resource to local service providers/ agencies in their planning and engagement needs

Discussion: The original intent of the Collaboratives

Key constructs of the original vision of Collaboratives were to create a model whose key attributes of connectedness and integration would influence a ‘shift in power’ from the traditional healthcare silos of providers by emphasizing the importance of addressing the healthcare needs and perspectives of the people/patients living in the community. The intent was to broaden opportunities for a new dialogue, centered on community, on cooperation and on integration of needs analysis, planning and the provision of services.

We agreed that the original intent of the Collaboratives was to represent their geography, by:

- Building relations within the Community and HSPs to engage them in Health Services planning
- Advising on communities health care needs, and prioritizing those needs
- Participate in planning and provide advice on evaluating the provision of Health Services against local needs
- Identifying opportunities to coordinate and integrate Health care planning and service delivery
- Make the LHIN concept come alive in communities

Is the vision for and work of the Collaboratives changing?

What's unchanged?

- Importance of knowing what's similar or unique at the planning zone level
- The need to be versed in and bring forward the interests and needs of the clients/patients in the identification of LHIN priorities and strategies for IHSP
- CE LHIN will identify priorities and seek strategies that optimize funding while addressing need
- Creative strategies/problem-solving on how to meet needs and provide services with less/stable funding.
- Potential to be 'overwhelmed' by administration challenges, new performance metrics, competition, balancing strategic and day-to-day work, requirements for funding etc

What can or needs to change?

- Service provision models need to change as patients needs have changed and requesting clients to make individual change is often difficult (i.e. improve the integration of care for clients to meet complex or co-morbid conditions, supporting clients to build self-management skills)
- Some of the Health care provision is outside the LHIN's formal authority (e.g. Family Health Teams, Emergency Medical Services etc.) but we have to encourage HSPs to engage diverse partners in dialogue to influence and gain buy in of opportunities such as the 1% challenge.
- Strengthen the capacity/ability of Collaboratives to support the LHIN in making informed decisions and leveraging the 'power/authority' of the LHIN to effect change (e.g. Accountability Agreements, performance targets).

Strengths, ‘Weaknesses’, Opportunities and Threats Collaboratives

An assessment of the journey to date, and

opportunities going forward

An input to the meeting on the Strengths, 'Weaknesses', Opportunities and Threats of the Collaboratives' journey so far

STRENGTHS

- Passion and competencies of the members
- Involvement at symposia and some training opportunities
- Access to LHIN announcement and alerts
- The regional zone structure supports meeting the needs of the diverse communities within the CE LHIN
- Networking with other members - discussion and sharing ideas within the Collaborative
- Contributing to the transition to a provincial LHIN system, e.g. responding to the IHSP
- Successful projects and engagements in feedback opportunities, e.g. the Self Management Project, response to the RVHS Mental Health Strategy

WEAKNESSES

- Lack of clear directives, short term goals and performance measurement
- Lack of engagement at the right time on some matters of policy
- Lack of role clarity for the Collaboratives
- Lack of clarity on level of decision authorities for the Collaboratives'
- Collaboratives are unsure of how to engage with the public or HSPs- what's the process and role that the Collaborative should be playing?
- Who's the 'driver on the bus'?

OPPORTUNITIES

- Defining the process and role to engage with the local community
- Being more Collaborative - sharing lessons learned, approaches and ideas
- Realize the Collaboratives' potential
- Input into key LHIN priorities, e.g. the 1% Challenge
- More members from the community and consumer constituencies
- Helping the public to understand the Collaboratives' aims and role
- An annual workplan and priorities list so Collaboratives can engage at the right time on right things
- Improved integration and partnership among the service providers
- Identifying emerging health needs

THREATS

- Insufficient direction from the LHIN
- Overwhelming amount of information from the LHIN and other sources
- Being prepared for some of the longer term, more complex issues, e.g. standardization across the LHIN
- Full agendas at the Collaborative meetings... are we focused on the right things?
- The FHTs are in their own silo - how do we engage them?
- Maintaining membership from a voluntary constituency
- Understanding how to work with the HCSPs without 'burning' precious agenda/working time

Discussion: Capture of additional insights at the meeting

STRENGTHS

- Participation in the symposia
- Creating the Project Charter (s) is an additional role to the TOR, and although hard work it clarifies and engages
- The CE LHIN and the role of the Collaboratives is evolving and is a partnership
- The Collaboratives are helping to inject reality, and build trust and engagement in their communities - geographic touchstone
- Increasing the 'collective good'
- The partnership should bring all parts of the system together and help to break down silos
- Beginning to be heard in the communities, and able to speak to the LHIN from the communities' perspectives

WEAKNESSES

- The amount of diversity in the geographic scope of CE LHIN can be a challenge to manage
- Ensuring that all the 'passengers' on the Collaborative 'bus' are actively navigating and participating
- Why are members 'getting off the bus'?
- Collaboratives need to renew their purpose
- Need to ensure a balance of membership - increase community members
- Increase working and sharing knowledge across Collaboratives
- Desired outcomes need to drive how we organize the Collaboratives - meeting structure, frequency, agenda management
- Charters can stretch resources - too many roles as a member?
- Do the communities know how to access the Collaboratives?

OPPORTUNITIES

- Develop a marketing and communications process/roles to engage key stakeholders in the community
- Review the roles and responsibilities of the Collaboratives, product of our evolution
- Balance the Collaborative roles with LHIN staffing challenges as their tasks have increased and capacity diminished
- Improve planning and execution, e.g. on 1% challenge - Collaboratives could be more of a catalyst, an integrating force to reduce silos
- Partner with the LHIN on culture change to engage / influence HCPs
- Improve the Collaboratives' knowledge of best practice son the priority issues and services

THREATS

The Role of the Collaboratives

Discussions in the meeting

Discussion: The role of the Collaboratives – clarity on the TOR

- Liaising with the community to gather information, insights and to represent those inputs in planning Health care services
  - Where ‘community’ is defined as 3 key stakeholder: Health Service Providers, Health Services professionals and Patients and their families
- In reaching into the community for perspectives many times those perspectives will be represented by the members of the Collaboratives (and further engagement in the general public is unnecessary)
- Gather community needs and balance against objective data
- Develop a stakeholder engagement and management plan that supports the key events (and deliverables) calendar for the Collaborative
  - Identify the level of engagement required for the 3 key stakeholders in the community
  - Identify when to go beyond the members to more broadly engage with the public
  - Leverage the CE LHINs tools for stakeholder management and communications
- The CE LHIN does not need a representative at all the Collaboratives’ meetings

Discussion: The role of the Collaboratives – (2 of 3)

- Clarify the process for reporting back to the LHIN on mandates that require input form the community – ensure that the Collaboratives understand the outcomes and that the process to report back to the LHIN is clear
  - Many times the role of the Collaboratives will be to synthesize the community inputs and to develop recommendations to the CE LHIN
- Clarify the Collaboratives' role in the communications process, generally the Collaboratives will need to:
  - Agree on the communications requirements/outcomes and key messages/principles with the CE LHIN
  - Clarify the key roles in communication: who is leading the creating of local messages; writing; edit and review. Most frequently, role of the CE LHIN in communications is to develop key communications messages from LHIN wide perspective.
  - Collaboratives to advise on stakeholder engagement and approach within their geographies
  - Identify roles and responsibilities for delivery of communications, and process to provide feedback/synthesized feedback to the LHIN
- Clarify the role of the Collaboratives in the case of a spontaneous or unsolicited request for communications/response from the community stakeholders (part of next steps form this meeting)

Discussion: The role of the Collaboratives – (3 of 3)

- Role of the Collaboratives in the Integrated Health Service Plan:
  - Plan and coordinate a response from the agreed to/identified constituencies
  - Respond to unsolicited and spontaneous feedback form the local community groups
  - Identify the type of communications that will be required to support the IHSP in the community
  - Representatives from each Collaborative to attend meetings of the Boards of Health Service Providers to understand reactions and hear the questions (part of the next steps from this meeting)

Discussion: What should the Collaboratives focus on?

- Meeting the scope as in the Terms of Reference (TOR)
- Communicating the LHIN vision for Collaboratives and the expectations internally within their membership and externally to the 3 key community stakeholders
- Gathering inputs, liaising and communicating to and from the 3 key stakeholders as defined by ‘community’
- Identifying new and emerging needs in the community – confirming existing needs
  - Assessing the implications for Health care services in the geography
- Identify opportunities to integrate and coordinate the Health Care Providers’ services, where possible partnering with those providers to make recommendations to the CE LHIN.
- Responding to the Collaboratives’ mandate with recommendations for structure, tools, resources and support required to meet the priorities in the annualized IHSP

Input to meeting: The roles of the Collaborative and CE LHIN as per the TOR

ROLE OF THE COLLABORATIVE	ROLE OF THE CE LHIN
Align to the CE LHIN IHSP priorities, measures and timelines	Provides the IHSP and priorities, and guidance to the Collaboratives
Identifies potential members for the Collaborative	Approves candidates of membership to the Collaborative
Structures the Collaborative meetings – agendas, venues	Requests to provide local community advice, needs and priorities
Appoints a Recording Secretary at each meeting (revolving) – sends notes to LHIN	Distributes Collaboratives' notes/ outcomes to all others
Chair Approves agenda items	Provides agenda items requests
Invites CE LHIN staff to all formal Collaborative meetings	Staff attend and provide updates or expert advice from planning or performance
Works with local HCSPs to organize venues, parking, logistics etc	Identifies supporting tools, e.g. technology (web portal for sharing)
Manages consensus on issues, priorities and decisions	Makes decision when consensus cannot be reached
Liaises between the community and the LHIN	Appoints a LHIN representative to liaise with the Collaborative
Communicates and gathers feedback from the community Delivers consistent messaging	Input to Collaboratives' communications; Develop consistent messaging/key messages
Joint role to develop the Indicators of Effectiveness	
Joint – consideration of requests for help or advice from the community	
Creates Project Charters to scope issues for consideration: objectives, funding, resources and work plan for Approval	Approves recommendations for Collaboratives to assist in implementing

The Future & Next Steps

Inputs at meeting: Key notes on the Integrated Health Services Plan (IHSP)

- The role of the Collaboratives will be to
    1. Help the CE LHIN to identify the 'big green dot' – namely the system level target that we will set and measure to assess progress
    2. Engage the Collaboratives in developing strategies for implementation
    3. Collaboratives to then assess their own and communities resourcing needs (one off, recurring, different sources of resources, deploying the networks, task groups etc)
- The CE LHIN will develop the IHSP, working with the Collaboratives on key inputs:
    - LHIN to develop the Strategic directives, and define the assumptions
    - LHIN to define the 'big green dots' (Note: the 'dots' will be CE LHIN wide but likely weighted by geography based on inputs form the Collaboratives, (e.g. for Scarborough a 'green dot' may be a target % increase in new immigrants accessing healthcare)
    - Jointly develop the approaches to implementation (LHIN partnering with the Collaboratives)
- Key events timeline for the IHSP (high level):
    - End Jan/ early Feb hold web-ex on Triple Aim, and connecting the 'dots'
    - Feb 1 to April – develop strategic goals
    - May 1 finalize the 'green dots' with the Collaboratives
    - Mid May 09 – hold Annual Symposium

Next Steps

1. Review and revise the TOR based on agreements and clarifications (as per notes). Recommend any associated changes to membership criteria, structure, roles and responsibilities to meet goals of next 12-24 months (as known). Specific suggestions:
   - Process for conducting exit interviews
2. Draft the stakeholder engagement plan (template provided); engagement principles and role of Collaborative members and LHIN in communications (the how the 'pipeline' works) namely:
   - Define stakeholders (e.g. public, HSPs, HC Professionals, municipalities, others)
   - Develop a stakeholder management framework (tool) for the LHIN geography and zone level (with reference to various levels of engagement – see Community Engagement Framework document)
   - Document/recommend our understanding on 'engagement with the community' as discussed and definition of 'community'for Collaboratives
3. Create a communications plan to support the operating/engagement plan – aligned to roles and responsibilities as above.

Next Steps

4. Collaboratives to provide input and response to the Integrated Health Services Plan. Areas of focus:
    1. Input on priorities by planning zone/geographies
        - Emerging/existing Needs;
        - What's our Zone's and/or LHIN's "big green dot" (common goal)? (e.g. ED visits that can be managed elsewhere?)
    2. Defining the resources needed (structure and capabilities) to support the 12-24 month activities/priorities (e.g. ongoing and project based resourcing)
        - Collaboratives activity/resourcing to align with those of the networks, task groups and Collaboratives to utilize resources most effectively.
5. Include/invite a Collaborative member in/to presentations to HSP Boards of Governors – e.g. Clinical Services Plan, including Change Management and Communications plan (share the timeline for the Board presentations)
6. 1% challenge – Collaboratives take leadership on creating a zone level 'forum'/approach for wave 2 – applicable in various geographies; scope & develop a process, engagement and event plan. Draft approach/plan for engagement amongst providers, for discussion with LHIN staff

Next Steps

7. Build a matrix to display 2 axes –on horizontal axis to plot the objectives and timelines of the LHIN(i.e. next year's IHSP requirements) and on the vertical axis plot the roles of the Collaboratives
8. Identify the resourcing requirements, networking and community level data/information needed to support development of the next IHSP
9. Develop proposal on options for the 'green dots' Goals for LHIN - Collaboratives respond to How we might 'move the green dot'
10. Provide education to members on Triple Aim prior to the symposium (March/April 09)
11. Identify and propose key priorities to focus on in the IHSP - due mid May 09
12. Identify key Agenda Items for upcoming meetings based on key events for LHIN and IHSP timeline
13. Explore feasibility of coinciding multiple Collaboratives meetings (same day/time) some at same location; webcast/teleconference/videoconference for portion would support LHIN representatives joining in, cross Collaborative discussion and then provide opportunity for Collaborative to continue to meet individually.