Local Health Integration Network / Health Service Provider

Governance Resource and Toolkit for Voluntary Integration Initiatives

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Glossary of Terms

Terms used in this Toolkit have the following meanings:

"**Act**" means the *Local Health System Integration Act*, 2006.

"**Board**" means a board of directors.

"**collaborate**" and "**collaboration**" means a mutually beneficial well-defined relationship entered into by two or more organizations to achieve common goals. Collaboration is the process of various individuals, groups or systems working together but at a significantly higher degree than through co-ordination or co-operation. Collaboration typically involves joint planning, shared resources and joint resource management. Collaboration occurs through shared understanding of the issues, open communication, mutual trust and tolerance of differing points of view. To collaborate is to "co-labor".

"**community**", in the context of LHIN community engagement, means patients, other individuals in the LHIN's geographic area, health service providers, other providers that provide services in or for the local health system, and employees involved in the local health system.

"**health service provider**" means the following persons and entities:

1. a person or entity that operates a public hospital under the *Public Hospitals Act* or a private hospital under the *Private Hospitals Act*,

2. a person or entity that operates a psychiatric facility under the *Mental Health Act*, unless the facility is an institution under the *Mental Hospitals Act*, a correctional institution operated or maintained by Cabinet other than the Minister or a federal prison or penitentiary,

3. The University of Ottawa Heart Institute,

4. an approved corporation that operates and maintains an approved charitable home for the aged under the *Charitable Institutions Act*,

5. each municipality or a board of management maintaining a home for the aged or a joint home for the aged under the *Homes for the Aged and Rest Homes Act*,

6. a licensee under the *Nursing Homes Act*,

7. a community care access corporation within the meaning of the *Community Care Access Corporations Act*, 2001,

8. a person or entity approved under the *Long-Term Care Act*, 1994 to provide community services,

9. a not-for-profit corporation that operates a community health centre,

10. a not-for-profit entity that provides community mental health and addiction services, and

11. any other person or entity or class of persons or entities cited in the regulations.

“**Health System Improvement Pre-proposal**” and “**H-SIP**” means the process established by the LHINs to assist them in making a preliminary assessment of any request or activity contemplated by a health service provider that requires LHIN approval.

“**integrate**” and “**integration**” includes:

- to co-ordinate services and interactions between different persons and entities,
- to partner with another person or entity in providing services or in operating,
- to transfer, merge or amalgamate services, operations, persons or entities,
- to start or cease providing services, and
- to cease to operate or to dissolve or wind up the operation of a person or entity.

“**integrated health service plan**” means the plan that a LHIN develops under section 15 of the Act for the local health system.

“**LHIN**” means a local health integration network.

“**local health system**” means the part of the health system that provides services in the geographic area of a LHIN, whether or not the services are provided to people who reside in the geographic area.

“**Minister**” means the Minister of Health and Long-Term Care.

“**Ministry**” means the Ministry of Health and Long-Term Care.

“**Service Accountability Agreement**” means the service accountability agreement that a LHIN and a health service provider are required to enter into under section 20(1) of the Act.

“**service**”, for the purpose of voluntary integration initiatives, means:

a. a service or program provided directly to people (e.g. health care service),

b. a service or program that supports a health care service (e.g. ancillary service), or

c. a function that supports a health service provider (e.g. back office service).

“**voluntary integration initiative**”, as used in this Toolkit, means integration activities voluntarily initiated by health service providers.

Introduction to the Toolkit

This material provides general information only, and should not be relied upon as legal advice or opinion. The contents of this document are subject to the interpretation of the Local Health System Integration Act, 2006 by the Courts and Boards of Arbitration, subject to other applicable legislation, and subject to existing (and future) obligations under relevant collective agreements and your Service Accountability Agreement. It should also be noted that all notice and consultation provisions in your collective agreements will still need to be followed. It is strongly recommended that in the event of a voluntary integration initiative, the appropriate human resource professionals are consulted and independent legal advice is sought, in order to ensure compliance with the Local Health System Integration Act, 2006, other legislation, your Service Accountability Agreement, and the relevant collective agreements.

Background

The *Local Health System Integration Act*, *2006* (the "Act") was passed to:

> *"provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, co-ordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level by local health integration networks."*[1]

Under the Act, LHINs are charged with the planning, funding and integration of the local health system, including the following health service providers:

- long-term care facilities,
- community care access corporations,
- hospitals,
- community support services,
- community health centres, and
- addiction and mental health agencies.

The Act 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 in how services are to be planned, managed and delivered. These new expectations have led to the need for strategic dialogue between LHIN and health service provider Boards and among health service provider Boards.

[1] *Local Health System Integration Act, 2006*, S.O. 2006, c. 4, Section 1. The official legal text of the Act is available at <http://www.e-laws.gov.on.ca/index.html>.

Integration of the health system provides the principal rationale for the Act. The successful implementation of integration initiatives will constitute a challenge for both LHINs and health service providers. While the Act provides LHINs with the absolute authority to require health service providers within their geographic areas to integrate[2], it also places a direct responsibility on health service providers, separately and in conjunction with the LHINs, to identify integration opportunities. To ensure that health service providers develop voluntary integration initiatives acceptable to their LHINs, co-operation and collaboration between LHINs and health service providers and among health service providers is essential.

LHIN and health service provider Boards share a common interest in working together. Many voluntary integration initiatives might require new relationships and realignment of services that have operational implications for human and financial resources and facility utilization that will require considerable skill in their planning and execution. In this environment, it is essential that there is effective Board leadership to demonstrate commitment, collaboration and community engagement to ensure voluntary integration initiatives achieve their intended goals.

Purpose

LHIN Boards have established a variety of processes to engage in strategic dialogue with health service provider Boards on approaches to implement their respective integrated health service plans, including use of voluntary integration initiatives. This has resulted in a recognition of the need for a resource and sample tools for health service provider Boards to:

- assist health service provider Boards to understand evolving LHIN practices, processes and expectations arising from interpretation and application of the Act, as illustrated by the experience of the participating LHINs, and

- 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 with the LHIN Boards on voluntary integration initiatives.

Ultimately, it is intended to maximize health service providers' opportunities to initiate voluntary integration initiatives that are aligned with LHIN expectations rather than to be left to respond to LHIN or Ministerial ordered integration.

This Toolkit is intended 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 LHIN Boards on voluntary integration initiatives.

Significant diversity in the size, corporate structures and governance approaches between and among the various health service providers leads to considerable challenges and defies any "cookie cutter" approach to Board governance. Recognizing this diversity, the guidance provided by this Toolkit is intended to assist the range of health service provider Boards in addressing their

[2] "Integrate" is defined on page viii.

responsibilities and in working through the governance complexities and uncertainties inherent in the identification, development and implementation of voluntary integration initiatives.

This Toolkit is a governance tool for health service provider Boards. Detailed operational information on LHIN planning processes and requirements related to voluntary integration and other types of integration is beyond the scope of this document but can be obtained from the Ministry Reference Guide to the Act and from each individual LHIN.[3]

Sponsorship of Toolkit

This Toolkit has been co-sponsored by a Project Steering Committee, whose members are:

- the Board Chairs of five LHINs, being the Central LHIN, Central East LHIN, Central West LHIN, Erie-St. Clair LHIN and South East LHIN,
- the Chair and three health service provider Board representatives of the Ontario Health Provider Alliance,
- a Board representative of the Ontario Association of Community Care Access Centres, and
- a representative of the LHIN Liaison Branch of the Ministry of Health and Long-Term Care.

Contents of Toolkit

Part 1 – The Relationship Between LHIN and Health Service Provider Boards addresses the relationship between LHIN and health service provider Boards in voluntary integration initiatives. In recognition of the early stages of LHIN development, and the evolving experience of LHINs and health service providers in generating and dealing with integration proposals, **Part 1** has been developed as a collection of approaches and examples of processes used by contributing LHINs to implement integration across their health systems. It is not intended to be a policy document or interpretation of the Act being applied to all LHINs.

Section 1 summarizes the Act's requirements for health service providers concerning voluntary integration activities.

Section 2 illustrates LHIN expectations for LHIN and health service provider Board oversight of planning, development, approval, implementation and follow-up assessment of voluntary integration initiatives.

Section 3 provides examples of LHIN decision-making processes and evaluation criteria for voluntary integration initiatives.

[3] See Ministry of Health and Long-Term Care/LHIN Working Group, *Reference Guide to the Local Health System Integration Act, 2006: Integration, Labour Relations and Devolution*, December 2007 found in Appendix 1.1.1.

Section 4 provides examples of LHIN expectations concerning approaches to community engagement.

Section 5 provides examples of LHIN/health service provider governance relationships.

Section 1 *of* ***Part 1*** *was developed by the Project Team.* Sections 2 through 5 were developed by the LHIN members of the Project Steering Committee.

Part 2 – Health Service Provider Board Leadership supports health service provider Boards in providing appropriate leadership to their organizations and, where appropriate, in working effectively together at the Board level with other health service provider Boards to achieve a broader health system approach toward the identification, development and implementation of joint voluntary integration initiatives. The checklists, templates and tools provided in **Part 2** are not meant to be prescriptive. They are provided as recommended best practices for you to consider implementing, as adapted to suit the particular circumstances of your organization.

Section 1 addresses health service provider Boards' accountability for voluntary integration initiatives and provides a sample Board policy and checklists designed to assist Boards in ensuring compliance with the Act, LHIN expectations and strategic plans.

Section 2 addresses the continuum of health service provider Board involvement in the identification, development and implementation of voluntary integration initiatives, describes possible mechanisms for interaction between health service provider Boards and provides sample Terms of Reference for a Joint Health Service Provider Board Task Force.

Section 3 identifies some key success factors for collaboration at the Board level among representatives of health service provider Boards where direct Board to Board involvement is appropriate in identifying, developing and implementing voluntary integration initiatives.

Section 4 describes some possible mechanisms to implement the different kinds of integration activities identified in the Act and is intended to assist health service provider Boards in understanding what is possible along the continuum of arrangements from informal to formal.

Section 5 provides a checklist for, and an example of, a partnering agreement between health service providers on a voluntary integration initiative.

Section 6 addresses how to measure the success of a voluntary integration initiative.

Sections ***1*** *through* ***6*** *were developed by the Project Team.*

Part 1

The Relationship Between LHIN and Health Service Provider Boards

Part 1 of this Toolkit addresses the relationship between LHIN and health service provider Boards in voluntary integration initiatives. In recognition of the early stages of LHIN development, and the evolving experience of LHINs and health service providers in generating and dealing with integration proposals, Part 1 has been developed as a collection of approaches and examples of processes used by contributing LHINs to implement integration across their health systems. It is not intended to be a policy document or interpretation of the Act being applied to all LHINs.

Section 1 – The Act's Requirements For Voluntary Integration Initiatives

Introduction

As defined in the Act, "integrate" and "integration" includes:

- to co-ordinate services and interactions between different persons and entities,
- to partner with another person or entity in providing services or in operating,
- to transfer, merge or amalgamate services, operations, persons or entities,
- to start or cease providing services, and
- to cease to operate or to dissolve or wind up the operation of a person or entity.

Integration activities can be:

- self initiated by a health service provider under sections 24 and 27 of the Act ("**voluntary integration initiatives**"),
- facilitated and negotiated by a LHIN under section 25 of the Act,
- resulting from changes in funding under section 19 of the Act,
- required by a LHIN under section 26 of the Act, or
- ordered by the Minister under section 28 of the Act.

***This section summarizes the rights and obligations of health service providers concerning voluntary integration initiatives.*[4]**

The Rules

Planning and Community Engagement

Under section 16(6) of the Act, health service providers must engage the "*community of diverse persons and entities*" where they provide services when they develop plans and set priorities. The Act does not define "*community of diverse persons and entities*" for health service providers. Some guidance is found in section 16(2) of the Act, which defines the LHIN "*community*" as:

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[4] See *Local Health System Integration Act, 2006*, S.O. 2006, c. 4 at http://www.e-laws.gov.on.ca/index.html.

- patients and other individuals in the LHIN's geographic area,

- health service providers and others that provide services in or for the local health system, and

- employees involved in the local health system.

Some LHINs interpret the health service provider "*community*" to also include funders.[5]

Regardless of their size, budget or mandate, in many instances health service providers will engage their "*community*" when they develop plans for voluntary integration initiatives. The Act, however, does not prescribe when or how such community engagement must take place. Suggestions for community engagement approaches are outlined in Part 1, Section 4 of this Toolkit.

Voluntary Integration Initiatives

Under the Act, all health service providers must identify opportunities to integrate the services of the local health system for the purpose of providing appropriate, coordinated, effective and efficient services. Health service providers must perform this obligation both individually and collectively with the LHINs. A health service provider may integrate its services with another health service provider or with another person or entity.[6]

> ***Health System Improvement Pre-proposal (H-SIP) Process***[7]
>
> After the Act was passed, the LHINs developed a Health System Improvement Pre-proposal or H-SIP process, which is meant to enable:
>
> - health service providers to gauge the LHIN's concerns early in the development stage of the voluntary integration initiative, and
>
> - LHINs to make a preliminary assessment of any voluntary integration initiative proposed by health service providers.
>
> The H-SIP process is meant to take place before a health service provider files a Notice of Integration under section 27 of the Act. Please refer to Part 1, Section 3 of this Toolkit and to Appendix 1.3.1 for details on the H-SIP process.

The Act's requirements and processes for voluntary integration initiatives are summarized below.

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[5] See Part 1, Section 4 of this Toolkit at page 15.

[6] See Part 2, Section 4 for a description of possible integration mechanisms and Part 2, Section 2 for some examples of integration.

[7] The H-SIP process does not form part of the Act.

Notice of Integration to the LHIN

If a health service provider wishes to integrate its services with those of another person or entity and if the proposed integration relates to services that the LHIN funds (in whole or in part), the health service provider must first give notice of the proposed integration to the LHIN ("Notice of Integration").[8]

If the proposed integration relates to services that are not funded by the LHIN, then no such notice is required and the health service provider may proceed with the integration.

> *For example, two community mental health agencies that receive funding for certain services from the Ministry of Community and Social Services would not need to inform the LHIN if they wished to integrate those services by creating a common referral and outreach centre.*[9]

The Act has an exception to the Notice of Integration requirement by allowing for the development of a regulation that would exempt certain kinds of integration. No such regulations exist on the date of publication of this Toolkit. If such a regulation were made, however, a health service provider could proceed with an intended integration that fell into the exemption without providing the Notice of Integration to the LHIN.

When the health service provider gives a Notice of Integration to the LHIN, it triggers a series of processes, requirements and rights, described below.

LHIN Consideration of Proposed Integration

Once a LHIN receives a Notice of Integration from a health service provider, the LHIN may consider if the proposed integration is in the public interest. This will include consideration of whether the proposed integration is consistent with the LHIN's integrated health service plan and any other relevant matter.[10]

If the LHIN determines that the proposed integration is **not** in the public interest, the LHIN has the power to order the health service provider not to proceed with the integration. In this way, the LHIN can ensure that integration activities are conducted for the benefit of the local health system as a whole.

If the LHIN determines that the proposed integration is in the public interest, it may choose to take no action or to notify the health service provider that it does not intend to issue a decision stopping the integration.

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[8] A template for this notice is found in Appendix 1.1.1 at pages 47-48.

[9] See footnote 3 at page 19.

[10] A list of examples of what the LHIN would consider to be in the public interest is found in Appendix 1.1.1 at pages 40-41.

A LHIN's decision not to stop a proposed integration concerning LHIN-funded services does not prevent the LHIN from facilitating or negotiating the integration nor does it prevent the LHIN from issuing a decision requiring the parties to undertake certain integration activities in relation to the proposed integration.

LHIN Process Where it has Concerns about the Proposed Integration

A LHIN can prevent the integration or a part of it from proceeding if it has concerns about it.

In doing so, the LHIN would follow this process:

- The LHIN would, within 60 days of receiving the Notice of Integration, provide the health service provider with a notice that it proposes to issue a decision ("**Section 27 Decision**")[11] ordering the health service provider not to proceed with the integration or a part of it.

- The LHIN would provide the health service provider with a copy of the proposed Section 27 Decision and would make a copy of it available to the public.

    > When the LHIN issues a proposed Section 27 Decision, a health service provider or any other person may make written submissions about it within 30 days of the LHIN making it available to the public. This provides an opportunity for any interested party to provide input to the LHIN.

- The LHIN may set conditions on the integration; that is, order the health service provider not to proceed with the integration (or a part of it) unless certain conditions are met.

    > If the LHIN issues a Section 27 Decision ordering a health service provider not to proceed with a part of the proposed integration or if the LHIN sets conditions on the integration, the health service provider may choose not to proceed with any part of the proposed integration.[12]

- If more than 30 days but no more than 60 days have passed after the LHIN provides the health service provider with a notice that it proposes to issue a Section 27 Decision and after the LHIN has considered any written submissions received about it, the LHIN may, if it considers it in the public interest to do so, issue a Section 27 Decision.

    > A Section 27 Decision may be different from the proposed decision described in the notice of Section 27 Decision.

Proceeding or Not Proceeding with Integration

If the LHIN does not provide the health service provider with a notice that it intends to issue a Section 27 Decision, the health service provider must wait until 60 days have passed since the

[11] A template Section 27 Decision is found in Appendix 1.1.1 at pages 54-56.

[12] See Appendix 1.1.1 at page 26.

health service provider gave the Notice of Integration to the LHIN before proceeding with the integration.

If the LHIN does provide the health service provider with a notice that it intends to issue a Section 27 Decision, the health service provider must then wait until 60 days have passed since the LHIN gave that notice.

If the LHIN issues a Section 27 Decision, then 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, and
- the LHIN the power to seek a court order requiring a health service provider to comply with the Section 27 Decision.

A flowchart on the required process is attached at Appendix 1.1.1 at pages 28 and 46.[13]

LHIN Involvement in Integration Activities through Negotiation or Facilitation

The LHIN could become involved in an integration activity voluntarily initiated by one or more health service providers by assisting with negotiation or facilitation of the activity. When a LHIN negotiates or facilitates the integration of entities, at least one of the entities must be a health service provider but not all those involved need to be. When a LHIN negotiates or facilitates the integration of services, this can be done between two or more health services 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 it is not required to do so.

> *There may be circumstances where public input is particularly important and other circumstances where the nature of the negotiation warrants greater confidentiality. The LHIN would exercise its best judgment in weighing the principles of transparency and consultation with the need for confidentiality in the particular situation.*[14]

The LHIN must issue an integration decision when it has facilitated or negotiated an integration that the parties have agreed upon.

[13] See footnote 3 at pages 23 and 41.

[14] See footnote 3 at page 14.

Relevant Sections of the Act

Section 2 (Definitions), particularly: Act, health service provider, integrated health service plan, integration, LHIN, services

Part II (LHINs), section 5(a) (Objects)

Part V (Integration), sections 16, 23, 24, 25, 27, 29

Section 2 – LHIN Expectations for Board Oversight of Voluntary Integration Initiatives

Introduction

LHINs have been given the responsibility of implementing some critical components of Ontario's health system transformation. The LHINs' combined responsibilities of planning, funding, coordinating and integrating the services of six major health service provider sectors in the system have inherent contradictions and competing forces.

To achieve the system improvement and efficiency anticipated from integration, organizations need to remove the functional silos among them, and to work together to share information and coordinate services.

This section outlines LHIN expectations for LHIN and health service provider Board oversight of planning, development, approval, implementation and follow-up assessment of voluntary integration initiatives.[15]

Expectations of the LHIN Board

Expectations concerning the roles and responsibilities of the LHIN Board include functioning in an open and transparent manner to:

- produce and disseminate an integrated health service plan in broad consultation with the "community", which includes:
  - patients/clients and other individuals in the LHIN geographic area,
  - health service providers and other persons or entities that provide services in or for the local health system, and
  - employees involved in the local health system,
- enable and leverage integration by virtue of the LHIN's planning, coordinating and funding roles,
- ensure the LHIN focuses on productive and effective integration initiatives (as opposed to creating administrative barriers),

[15] These expectations reflect the perspectives of the participating LHINs, and do not constitute policy for all LHINs across the province. Health service providers should contact their respective LHINs for additional information.

- ensure appropriate voluntary integration initiatives are implemented, monitored and refined as necessary to achieve proposed benefits and outcomes,

- amend LHIN-health service provider service accountability agreements to reflect voluntary integration initiatives and resultant responsibilities, and

- develop and disseminate a policy to provide clear indication of consequences arising from non-participation or lack of implementation of voluntary integration initiatives (e.g. funding reallocations).

Expectations of the Health Service Provider Board

Expectations concerning the roles and responsibilities of the health service provider Board, as contemplated under the Act, include:

(a) ensure proposed voluntary integration initiatives are approved by the Board and submitted to the LHIN,

(b) ensure consultation in collaboration with the LHIN and the "community" for voluntary integration initiatives,

(c) ensure staff develop proposals for voluntary integration initiatives consistent with the integrated health service plan and prescribed LHIN processes,

(d) join with their LHIN to execute appropriate amendments to the service accountability agreement to reflect voluntary integration initiatives, and

(e) monitor, evaluate and amend voluntary integration initiatives as required to achieve proposed benefits and outcomes.

Suggested "governance oversight" questions for a health service provider Board to its management leadership on a regular basis include:

1. Are there any changes being proposed to our programs and services that would constitute an integration under the Act?

2. What specific 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?

Section 3 – LHIN Decision-Making Processes and Evaluation Criteria[16]

Introduction

When developing and approving voluntary integration proposals, it is important for health service provider Boards, CEOs and planning staff to understand the decision-making process and evaluation criteria used by their particular LHIN so that they are better able and positioned to align their proposals with the direction and priorities of the LHIN.

This section identifies a decision-making process and evaluation criteria in use by LHIN Boards and staff participating in the development of this Toolkit to guide fair, transparent and consistent consideration of voluntary integration initiatives.

Decision-Making Process

In Spring 2007, the LHIN CEOs developed a common tool, the Health Service Improvement Pre-proposal ("H-SIP") for the identification of health service improvement initiatives (including integration) by health service providers.[17] The first step in the decision-making process for all LHINs is the receipt and review of the H-SIP form from the sponsoring health service provider(s).

Upon receipt of an H-SIP form, LHIN staff will review the information outlined in the form. Dependent upon LHIN staff's preliminary evaluation of that information, the LHIN will follow-up with the health service provider on its estimate of the value of pursuing the voluntary integration initiative and the LHIN's requirements for additional information or expanded partnering arrangements. LHIN staff and health service providers may work together to ensure that due diligence is undertaken to positively support their LHIN's decision-making framework. LHINs do not have a common decision-making framework, however, the framework will reflect the requirements of the Act, and support the individual integrated health service plan.

Upon completion of the planning and development process, the health service provider will then submit a Notice of Integration to the LHIN under the Act, and the supporting materials will be brought to the LHIN Board for consideration within the timeframe allowed under the Act. The process described in Part 1, Section 1 will then be followed.

In Fall 2007, Central LHIN health service providers requested assistance from the Central LHIN in determining what constituted a Notice of Integration requiring LHIN Board consideration

[16] These expectations reflect the perspectives of the participating LHINs, and do not constitute policy for all LHINs across the province. Health service providers should contact their respective LHINs for additional information.

[17] This tool may be accessed through the public websites of all LHINs.

under the Act. In response, the Central LHIN developed *Guidelines for Identifying Integration Proposals*.[18]

A LHIN-Ministry workgroup also developed materials for use by LHIN Boards and staff to support integration. In September 2007, an *Integration, Labour Relations, and Devolution* document was developed to provide the legislative context and policy intent for integration activities.[19]

There is a plan to create a public central repository of approved integration decisions that all LHINs would be able to access to monitor activities throughout the provincial healthcare system.

Evaluation Criteria

The H-SIP form outlines general information to be supplied by a health service provider to the LHIN, including contact information, a project summary, whether a capital component is required, the project's alignment with the integrated health service plan, the project's rationale, benefit to the community, collaboration, sustainability and funding requirements.

The H-SIP process is intended to support health service providers in submitting proposals across LHINs and to provide some general information on the factors on which the proposal will be evaluated in order to move to the next phase of the decision-making process. The H-SIP process is to be used by health service providers to request new funding, reallocation of funding, as well as integration.

Building on the stated purpose of the Act[20] and subsequent Ministry guidance to the LHINs, voluntary integration initiatives should at a minimum include or result in:

- improved access and quality of care,
- coordinated healthcare,
- improved navigation through the continuum of care,
- effective and efficient service delivery,
- alignment with the integrated health service plan, and
- a consideration of the public interest.

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[18] This document is posted on the Central LHIN website.

[19] See Appendix 1.1.1.

[20] See footnote 1, page ix and footnote 3, page xi.

Materials reviewed from other LHINs indicate that the LHINs are applying the above-noted criteria. Additional evaluation criteria might be applied by each LHIN reflecting the priorities of the local integrated health service plan. For example, the four *System Goals of the Central LHIN* are the main criteria against which voluntary integration proposals will be assessed: access, coordination, quality and efficiency.

Factors that have been developed by the Central LHIN to further consider in each criterion include:

- Access:
    - volumes relative to population health indicators,
    - wait times relative to provincial targets,
    - distance (for primary, secondary or tertiary services), and
    - choice.
- Coordination:
    - Does the proposal advance coordination and collaboration?
    - Has the continuity and coordination of services for the patient/client across the continuum of care been improved or adequately addressed?
    - Have impacts on other affected services been addressed and improved (e.g. emergency departments)?
    - Have impacts on complementary services been addressed and improved (e.g. obstetrics and paediatrics)?
    - Is there a positive impact on the local health system?
- Quality:
    - consistency with patient/client centred health care,
    - patient/client and workforce safety,
    - critical mass for program competence and sustainability,
    - evidence of clinical best practice and high health outcomes,
    - defined responsibility for system, organizational and clinician quality, and
    - quality measurement plan.

- Efficiency:
  - impact on use of resources and health system sustainability,
  - cost (initial and ongoing) and availability of resources,
  - cost-benefit (e.g. the greater the volume, the lower the price), and
  - impact on labour and employment relations.

Further to that, the principles that help guide the decision-making process may include:

- No surprises – the purpose of the H-SIP form is to identify integration opportunities at a very early stage in the process, to inform the LHIN of the potential partnership, and to ensure that due diligence requirements are met by both the LHIN and the health service provider.
- Ethical.
- Equity – equity does not deal with the issue of ideal supply of services, but rather about levelling the field, even when services are in short supply. Ensure that any one person's level of access is reasonable relative to all others who need the service.
- Diversity or cultural competence.
- Public accountability and transparency.
- Alignment with provincial priorities.
- Cooperation and coordination.
- Innovation – may include partnerships with non-traditional and/or private providers.
- Evidence-based decision making – ensures that decisions about health and health care are based on the best available knowledge.

The Central LHIN has developed a decision tool to further evaluate proposals and their impact on the population affected and the funding requirements as well as strong patient/client focus, quality and safety, motivation and readiness, level of health risk mitigated, resource requirements, clarity in roles of partners, working relationships and health human resources.

The Toronto Central LHIN includes additional criteria for inclusiveness and responsiveness, accountability for outcomes, stability and continuous improvement, quality of life and participation in society, and building support to help people, especially seniors, stay in their homes and communities as long as possible.

Section 4 – Approaches to Community Engagement[21]

Introduction

The Ontario model of devolution of health care management is unique in that community-based volunteer governance of health service providers has been left intact. This is because the government recognizes the valuable diversity of experience and perspectives offered by community members to their local Boards. LHINs present a new opportunity for health service provider Boards to build and strengthen relationships and networks across the system.

This section reviews evolving LHIN approaches to community engagement and LHIN expectations for community engagement by health service provider Boards and provides some tools for consideration in the development of community engagement strategies.

Definition of Community Engagement

Community engagement is a complex undertaking that employs different tools and processes to inform the community and obtain input, feedback and validation from the community.

"Community", for the purpose of community engagement by the LHIN, has been defined in section 16(2) of the Act as:

(a) patients and other individuals in the geographic area of the LHIN,

(b) health service providers and any other person or entity that provides services in or for the local health system, and

(c) employees involved in the local health system.[22]

There is no similar provision in the Act concerning the extent of engagement required by health service providers. An inclusive definition in line with the Act's definition is to consider community engagement as involving all those members/stakeholders of the healthcare "community", including health service providers, health care professionals, patients/clients, consumer support groups, funders and residents in broad health care planning.

[21] These expectations reflect the perspectives of the participating LHINs, and do not constitute policy for all LHINs across the province. Health service providers should contact their respective LHINs for additional information.

[22] Health service providers are encouraged to familiarize themselves with the judgment of the Ontario Superior Court of Justice (Divisional Court) in *Ontario Public Service Employees Union v. Central East LHIN and Rouge Valley Health System* (August 22, 2008).

Engagement thus most effectively happens at all levels, from governance to the front lines and community residents. Engagement unlocks and leverages system planning expertise to create real solutions; incorporates knowledge about health needs, experiences and satisfaction; provides a means for emerging trends to be identified; and ultimately can stimulate collective responsibility towards the health system.

Approaches to Community Engagement by LHINs

Section 16(1) of the Act states that " a local health integration network shall engage the community of diverse persons and entities involved with the local health system about that system on an ongoing basis, including about the integrated health services plan and while setting priorities." As a result, LHIN Boards play an active and direct role in engaging the community. LHIN Boards, alone and occasionally with health service provider Boards, will engage:

- elected representatives, cultural and community leaders, and French language and Aboriginal and First Nations Peoples and health planning entities, and

- the community directly on specific issues that have a resonance with the public.

The purpose of this engagement is to develop local intelligence on emerging issues, strategic directions, and issues and barriers to equitable access. Engagement processes are developed based upon local need and capacity, and may include focus groups, task/working groups, open forums, advisory bodies and town halls.

There are different approaches and techniques to "engagement", each one may be appropriate for different engagement objectives, outcomes and capacities. The table below provides a sample framework of techniques and levels of engagement developed by the Central East LHIN. These various approaches are not mutually exclusive, nor are they meant to represent a "checklist" of techniques. Instead, these approaches should be seen as a "tool-kit" of community engagement practices across a continuum. In general, the more complex the issue, and the greater the need for stakeholder buy-in, the more multi-faceted the engagement activities should become.

ISSUE COMPLEXITY	Engagement Level and Purpose	Toolbox	DEGREE OF INVOLVEMENT
LOW	**Inform and Educate** To provide accurate, timely, relevant and easy to understand information to the community. This level of engagement will provide information about the LHIN, and offers opportunities for community members to understand the problems, alternatives and/or solutions. There is no potential to influence final outcome as this is one-way communication.	• Fact/Information Sheets • Newsletters/brochures • Websites • Open forums and meetings • Public Service Announcements • Paid advertising • Media Publicity	LOW
	Gather Input To obtain feedback on analysis and proposed changes. This level of engagement provides opportunities for community to voice their opinions, express their concerns and identify modifications. There may be potential to influence the final outcome.	• Surveys or questionnaires • Focus Groups • Open forums and meetings • Written submissions • Community or stakeholder research	
	Consult To seek out and receive the views of community stakeholders on policies, programs or services that affect them directly or in which they may have a significant interest. This level provides opportunities for dialogue between community and the LHIN. Consultation may result in changes to the final outcome.	• Small group workshops • Focus groups / task groups • Online consultation • Public meetings o Collaboratives o Health Interest Groups or Networks o Health Professionals Advisory Committee (HPAC) o Strategic Planning Council o Board activities	
HIGH	**Involve** To work directly with stakeholders to ensure that their issues and concerns are consistently understood and considered, and to enable residents and communities to raise their own issues. In this level, community stakeholders may provide direct advice as this is a two-way communication process. This level will influence the final outcome and encourage participants to take responsibility for solutions.	• Action planning event • Negotiation tables • Collaborations • Panels o Collaboratives o Health Interest Groups or Networks o HPAC o Strategic Planning Council o Board activities	HIGH

Table 1: The Levels and Toolbox of Engagement[23]

Irrespective of the engagement method employed, there will be a consistent commitment to the following principles and purposes.

[23] Source: http://www.centraleastlhin.on.ca/uploadedFiles/Home_Page/Integrated_Health_Service_Plan/Framework.pdf.

LHIN Goals

To renew and maintain a focus on the people who use health care – Our health system is owned and used by the people of Ontario, yet so often we lose focus on who the system is designed to serve. A patient/client focused health system must engage the end-user in the planning process as they are most knowledgeable about their needs, experience and satisfaction with health care services.

Enhance local responsiveness and accountability – Engagement will enhance accountability at the local level by improving transparency and providing direct opportunities for input into decision-making. Furthermore, in promoting shared accountability for the coordination of service delivery and consumer outcomes, the LHIN will spread ownership through involvement.

Balance priorities – Informing and engaging the public is the best approach to address community needs and responsibilities. Health care is a complex web of interdependencies. Through dialogue we aim to foster a shared understanding and balance amongst competing priorities.

Develop system capacity and sustainability – Communities are the best source of knowledge about their own needs and their own solutions. We will harness this knowledge and capacity to identify needs and gaps, and help build sustainable, long term solutions. Where necessary, we will work with our partners to enhance their capacity for collaborative consultation.

Build confidence in our public health care – Ontario has world class health care made possible by the tireless efforts of front-line health providers, administrators and volunteers. By engaging the community we not only learn, but start to mould a new culture of awareness, behaviour and coordinated action that is necessary for public confidence in the health system.

Other Key Objectives

In addition to the broad goals outlined above, the LHIN needs to accomplish other practical but essential objectives:

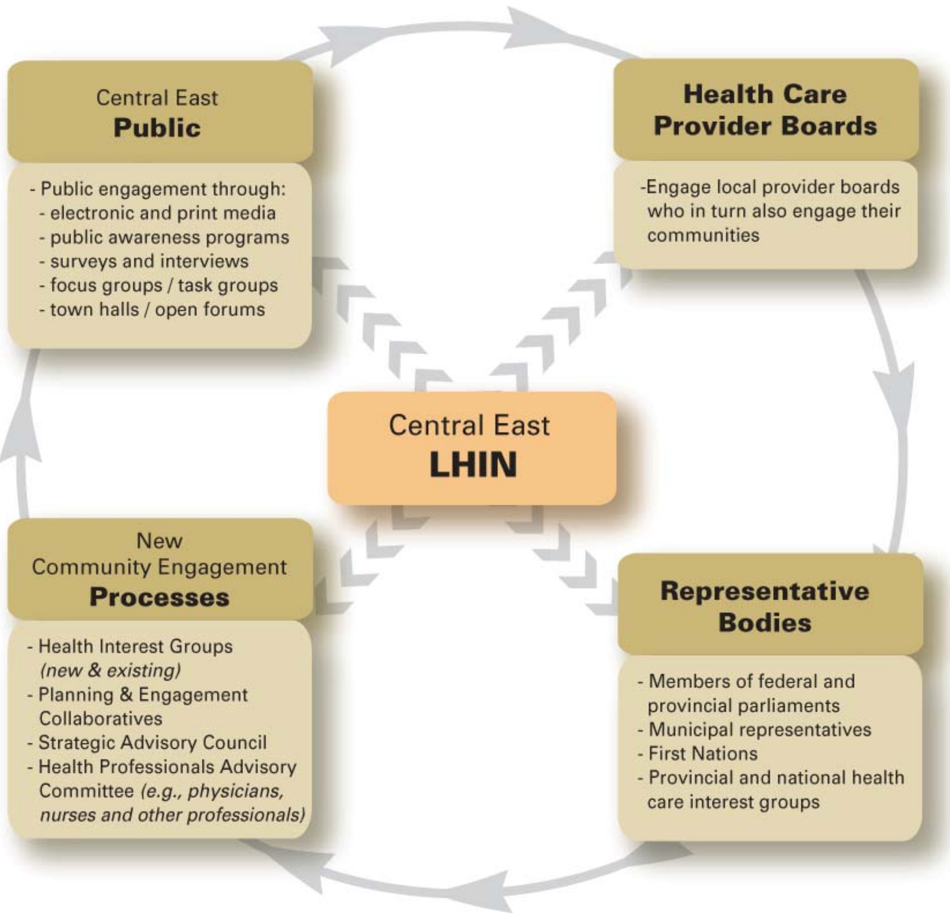
- To fulfill the LHIN mandate to engage the community in regional health system priority setting and planning.
- To work directly with the community to ensure that community concerns are consistently understood and considered, and to gather intelligence and leverage expertise in local challenges and opportunities to improve access to consumer care, the integration of health services, and the overall effectiveness of the health system.
- To leverage expertise and people in the development, implementation, and evaluation of the integrated health services plan.
- To provide the community with balanced and objective information to assist them in understanding the role and mandate of the LHIN and the responsibilities and expectations of all stakeholders.
- To confirm the role of current and future advisory networks with the LHIN.

- To coordinate LHIN plans for community consultation with existing processes in use with health service providers and their Boards, health councils or other representative entities.

Community/Stakeholder Engagement Frameworks

Each LHIN has developed a detailed Framework for Community/Stakeholder Engagement and it is expected that health service providers will familiarize themselves with their LHIN's framework.[24] These frameworks are working documents detailing each LHIN's approach to their mandate for community engagement. While the various strategies are developed to match local capacities, needs and geographic, socio-demographic and health-based communities, there are several commonalities across the LHINs. Among these commonalities are the establishment of regional and/or health-priority oriented advisory bodies and work groups.

The following is sample of a community engagement process within the Central East LHIN:



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[24] These are found on each LHIN's website. See Appendix 1.4.1 for the Central LHIN Stakeholder Engagement Strategy as an example. This document contains additional tools and techniques for engagement under the heading, "Expectations for Health Service Providers Concerning LHIN Community Engagement".

Figure 1: The Continuum of Community Engagement Tools, Relationships, and Processes among the LHINs and HSP Boards

Expectations for Health Service Providers Concerning LHIN Community Engagement

Health service providers are expected to participate in, and take advantage of, LHIN engagement activities and planning exercises. Ongoing engagement allows for emerging trends to be identified in support of existing or future LHIN priorities. Furthermore, engagement with the LHIN provides opportunities to unlock and leverage system planning expertise from the LHIN office and network as a whole.

Approaches to Community Engagement by Health Service Providers

Section 16(6) of the Act requires health service providers to "engage the community of diverse persons and entities in the area where it provides health services when developing plans and setting priorities for the delivery of health services." Beyond this brief statement, the Act does not specify the scope, purpose or processes for community engagement by health service providers. Consequently, individual LHINs have developed guidelines for community engagement by health service providers, which may include such things as:

1. advise the LHIN as early as possible of its planned community engagement activity or process for a proposed integration or significant change to a program or service delivery, including:

    (a) integration opportunity, and

    (b) local barriers impacting on improved services,

2. engage LHIN planning partners/work groups/advisory bodies (specific to each LHIN) for expert advice and information in support of meeting local needs, advancing new ideas, or in the preparation of business plans,

3. align planning partnerships to specific tasks outlined in the LHIN's integrated health service plan,

4. ensure that health service provider partners, and particularly those that will be potentially impacted by the integration, are informed as early as possible, and invited to participate in community engagement events and discussions. When two or more health service provider Boards are collaborating in the development of an H-SIP or voluntary integration initiative, these community engagement events should be collaboratively planned and organized,

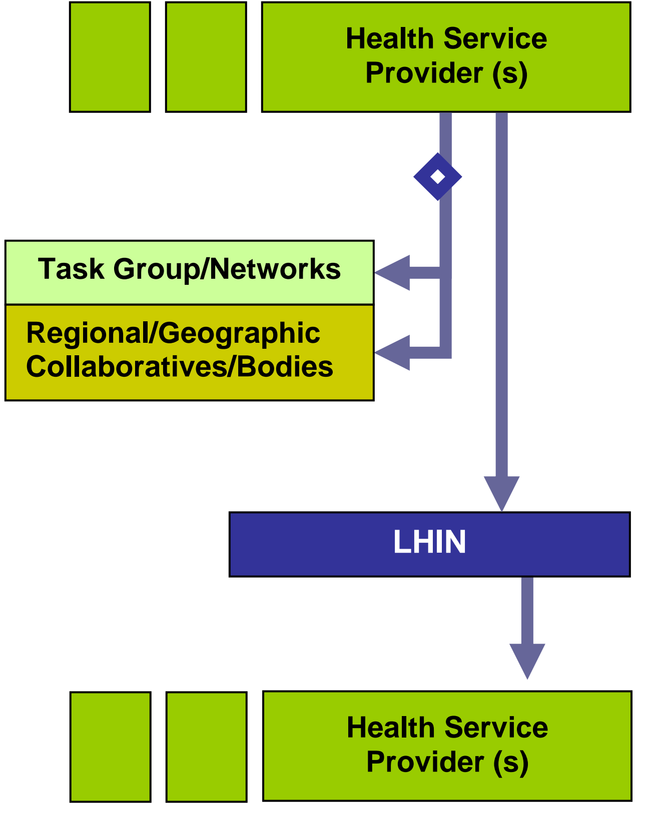
5. share evidence with the LHIN of activities and processes that demonstrate the health service provider's community engagement and dialogue,

6. request an opportunity to present to and obtain input from the LHIN, and

7. consult with the LHIN and keep the LHIN advised of emerging issues and pressure points.

Examples of Community Engagement by HSPs on Voluntary Integration Opportunities and Service Enhancement/Initiation

Health service providers submitting to the LHIN H-SIP forms and business cases identifying opportunities for integration and/or new or enhanced services and programs are expected to demonstrate consultation with the LHIN's planning partners/engagement structures and with other members. An example of this engagement expectation from the Central East LHIN is illustrated in the Figure below:



- Health service provider(s) engage local and LHIN planning partners for expert advice, information and/or support in the development of a business plan
- Health service providers may plan for a voluntary integration initiative
- Health service providers submit business plan (with demonstrated engagement of LHIN planning partners) to the LHIN for further consideration.
- LHIN may implement plan through service accountability agreements (SAA) with service providers, or integration decisions (see below)

Figure 2: Planning Expectations for consultation by HSPs[25]

Health service providers are strongly encouraged to incorporate community engagement throughout the development of an H-SIP submission. They are expected, where appropriate, to demonstrate community engagement prior to the submission of a Section 27 Notice of Integration.[26]

[25] Source: Central East LHIN.

[26] See Part 1, Section 1 for a summary of the Act's requirements.

Section 5 – LHIN-Health Service Provider Governance Relationships

Introduction[27]

Ontario is unique among Canadian jurisdictions in establishing an approach to health system integration that includes two levels of governance. LHIN Boards have been established to assume responsibility for the overall governance of the health system in 14 geographic areas across Ontario. Within the 14 LHIN geographic areas, hundreds of health service provider Boards continue to maintain the responsibility and authority for the governance of their individual organizations.

This approach is intended to build on the strength and commitment of voluntary governance among Ontario's health service providers while at the same time introducing expectations of a constructive dialogue toward co-operation and collaboration between the LHIN and health service provider Boards in achieving an integrated health system.

Section 16(1) of the Act requires the LHIN to engage its communities including health service providers and the public in its planning and priority setting. Section 24 requires the LHIN and health service providers to separately and in conjunction with each other identify opportunities to integrate the services of the local health system to provide appropriate, co-ordinated, effective and efficient services.

These requirements have provided the impetus for a number of LHINs to establish processes for dialogue with the Board leadership of their health service provider organizations on how to work effectively together at the Board level in advancing health system integration.

This section:

- ***explains the underlying rationale for establishing governance relationships between LHIN and health service provider Boards,***
- ***identifies the issues that different LHINs have considered in establishing their processes for dialogue with health service provider Boards, and***
- ***provides sample terms of reference for the mechanisms that have been established for LHIN/health service provider governance relationships. The samples have been taken from the Erie St. Clair LHIN, Central LHIN and SE LHIN.***

[27] See PowerPoint presentation on Building Governance Relationships to Advance Health System Integration: Changing Expectations for additional details found at Appendix 1.5.1.

Rationale for Establishing a Governance Relationship between LHIN and Health Service Provider Boards

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.

For the governance relationship between LHIN and health service provider Boards to be successful, LHIN and health service provider Boards must have an opportunity for dialogue to:

- understand and respect each other's distinct mandates,
- clearly define and understand their working relationship,
- develop a shared understanding of and stake in integration and commitment to the implementation of the integrated health service plan,
- enable health service provider Boards to understand the LHIN's expectations of health service providers and processes for decision-making, and
- support health service provider Boards to provide governance leadership to their organizations to jointly plan and co-ordinate services to advance integration.

While no single approach is being taken by the 14 LHINs to establishing governance relationships with health service provider Boards, the overall purpose of Governance Councils, Governance Advisory Councils and Collaborative Governance Development Teams is to provide a forum for dialogue to develop relationships between the leadership of the LHIN and health service provider Boards to meet the objectives outlined above.

Considerations for Establishing LHIN/Health Service Provider Governance Relationships

As noted above, the development of mechanisms for dialogue between LHIN and health service provider Boards is evolving among the LHINs and different structures are being established across the province. These include:

- Periodic LHIN-wide forums for dialogue between the LHIN and health service provider Boards as a first step in building health service provider understanding of the LHIN and identifying opportunities to work effectively together (e.g. Champlain LHIN, Northeast LHIN, Waterloo Wellington LHIN),
- LHIN Governance Councils/Governance Advisory Councils as ongoing formal mechanisms for dialogue between representatives of the LHIN and health service provider Boards (e.g. Erie St. Clair, Central LHIN), and

- LHIN/Health Service Provider Governance Development Team as an ongoing formal planning mechanism to determine the most appropriate mechanism for a formal ongoing governance relationship between the LHIN and health service provider Boards and to identify needs of health service provider Boards for health system planning and integration (e.g. Southeast LHIN).

In the case of the LHINs that have established more formal ongoing mechanisms, a core set of considerations have guided each LHIN in establishing its structure:

- **the need for clarity of mandate of the mechanism for LHIN/health service provider governance relationships** – these mechanisms are not intended to replace the governance responsibility and authority of either the LHIN or health service provider Board but are clearly defined as advisory to the LHIN and respective health service provider Board,

- **differentiation between governance and management/operations** – in most cases the members of the mechanisms for LHIN/health service provider Board dialogue are the Board Chair or other elected member of the Board to ensure a focus on governance rather than operational matters. Therefore CEOs/Executive Directors of the LHIN and health service providers have generally not been included but are actively engaged in other LHIN planning processes that address operational planning matters,

- **sector specific or inter-sectoral mechanisms** – generally the mechanisms for LHIN/health service provider governance relationships have been structured to include Board representatives from all six health service provider sectors (i.e. hospitals, community care access centres, long term care facilities, community health centres, addiction and mental health agencies, community support services) to facilitate a greater awareness of each others' mandates and of the potential for inter-sectoral integration opportunities. In some cases, additional forums have been established for more focused discussion of hospital specific issues,

- **geographic units** – in some cases, depending on size of the LHIN and the number of agencies, the mechanisms for dialogue between LHIN and health service provider Boards are LHIN-wide. In others, the mechanisms have been organized in geographic sub-units within the LHIN geographic area to facilitate interaction between health service providers who would more likely have an opportunity to establish ongoing relationships within their communities,

- **frequency of meeting** – recognizing that the health service provider Board representatives are volunteers who are now being asked to commit time to building relationships with the LHIN as well as governing their own organizations, the frequency of the meetings has generally been limited to a few per year,

- **provincial organizations** – health service provider organizations that are governed at the provincial rather than the regional or local level within the LHIN are expected to designate a local representative to serve on the LHIN-health service provider mechanism, and

- **long-term care facilities** – within this sector there are multiple corporate structures and governance structures including private facilities with international, national or provincial Boards or in some cases without Boards and not-for-profit facilities governed by municipalities or local Boards. Recognizing this range of governance models, the approach has generally been to have these organizations represented by the individual who has been delegated the authority to sign the service accountability agreement with the LHIN on behalf of their organization.

As noted above, LHINs have a common mandate in which they are required to engage health service provider Boards, but the structure and processes are still evolving and will differ from LHIN to LHIN. Therefore, health service providers should contact their LHIN to determine the structures and processes that are in place or under development in their geographic area.

Sample Terms of Reference and Related Documents

The following sample terms of reference, presentations and summaries of proceedings are intended to illustrate the evolving approach to building LHIN-health service provider governance relationships across Ontario.

Please refer to the links found on pages 68 to 69 to access the following documents:

SE LHIN Governance Committee Terms of Reference

SE LHIN Working Together For Better Health – Final Report

SE LHIN Collaborative Governance in a LHIN Environment Slide Deck

Erie St. Clair LHIN Governance Advisory Council Terms of Reference

Central LHIN Community Governance Council Terms of Reference

Central LHIN Governance Councils – Summary of Discussions

Central LHIN Hospital Governance Council Slide Deck

Central LHIN Governance Council Slide Deck

Central LHIN Letter to Board Chairs

Central LHIN Governance Council Meeting Slide Deck

Central LHIN Hospital Governance Council Meeting Slide Deck

Part 2

Health Service Provider Board Leadership

Part 2 of this Toolkit supports health service provider Boards in providing appropriate leadership to their organizations and, where appropriate, in working effectively together at the Board level with other health service provider Boards to achieve a broader health system approach toward the identification, development and implementation of joint voluntary integration initiatives. The checklists, templates and tools provided in Part 2 are not meant to be prescriptive. They are provided as practices for you to consider implementing, as adapted to suit the particular circumstances of your organization.

Section 1 – Health Service Provider Board Accountability for Voluntary Integration Initiatives

Introduction

A health service provider Board has three essential roles:

- to establish policy to guide the day-to-day operations of the organization by the CEO/Executive Director,
- to make decisions that must be made at the Board level, and
- to oversee the ongoing performance of the organization.

Board Roles:

- ***policy-making***
- ***decision-making***
- ***oversight***

A health service provider Board also has a range of responsibilities, including:

- establishing the organization's strategic direction, including vision, mission, values and strategic plan,
- ensuring high levels of executive management performance,
- ensuring the quality of organizational performance,
- ensuring the organization's financial viability,
- ensuring the Board's own effectiveness, and
- building relationships with others within and outside the organization.

Board Responsibilities:

- ***strategic direction***
- ***executive management performance***
- ***quality***
- ***financial viability***
- ***Board effectiveness***
- ***building relationships***

Board Roles and Responsibilities

The following table[28] illustrates Board roles and responsibilities in the context of voluntary integration initiatives:

Roles/Responsibilities	Policy-making	Decision-making	Oversight
Strategic Direction	Establish vision, mission and core values Determine approach to integration planning (including community engagement) and establish Board policy on voluntary integration initiatives	Annually review/revise strategic plan to ensure it addresses integration requirements	Ensure key integration goals are formulated in annual operating plans
Executive Management Performance	Provide direction to CEO/ED on Board expectations concerning the integration planning process	Reflect this understanding in CEO/ED's performance agreement (if applicable)	Review CEO/ED performance re integration
Quality		Consider/approve specific voluntary integration initiatives recommended by CEO/ED to advance strategic plan	Retain overall accountability for performance Monitor performance of approved voluntary integration initiatives against defined indicators
Financial Viability		Consider/approve specific voluntary integration initiatives recommended by CEO/ED to advance strategic plan	Retain overall accountability for performance Monitor performance of approved voluntary integration initiatives against defined indicators
Board Effectiveness	Inform self of Act, LHIN IHSP and LHIN integration policy and activities		Evaluate Board effectiveness in working with other health service providers and providing oversight to the initiative
Building Relationships	Identify key stakeholders	Establish a mechanism for dialogue with other Boards related to specific integration initiatives Establish a mechanism for building a relationship with the LHIN	Receive reports and oversee relationship with LHIN

[28] Adapted by the Project Team from Dennis D. Pointer & James E. Orlikoff, San Francisco: Board Work: Governing Health Care Organizations, Jossey-Bass Inc., 1999.

Corporate Structures and Delegation of Authority

Diversity in size and governance approaches (i.e. governance principles, structures and processes) among health service providers defies any cookie cutter approach to Board governance of voluntary integration initiatives. To add to this complexity, health service providers operating in Ontario have diverse corporate structures. For example:

- CCACs are incorporated under a special act called the *Community Care Access Corporations Act, 2001* (Ontario),
- public hospitals are incorporated either by way of their own special act or the *Corporations Act* (Ontario),
- community support services, community health centres and addiction and mental health agencies tend to be incorporated under the *Corporations Act* (Ontario), and
- long-term care facilities have corporate structures varying from:
    - multi-national,
    - publicly traded,
    - Real Estate Investment Trust (REIT),
    - municipal,
    - for-profit corporations,
    - non-profit corporations,
    - partnerships, to
    - sole proprietorships.

No common approach to Board policy-making, decision-making, oversight and Board delegation currently exists among health service providers as diverse as these. Nonetheless, all health service provider Boards, regardless of their differences, must address their roles, responsibilities and accountabilities and provide appropriate leadership to their organizations when pursuing voluntary integration initiatives.

Note: The matters identified in the Board Roles and Responsibilities table are those matters concerning voluntary integration initiatives for which the Board should not typically delegate authority to the CEO/Executive Director or other senior management. However, historically, some Boards have delegated similar matters because of their complex corporate structures or their chosen governance model. Where delegation of authority concerning voluntary integration initiatives to the CEO/Executive Director or other senior management has taken place, it is important that:

- the LHIN and other affected Boards understand they will not be interacting with the delegating organization at the Board level,
- the delegating organization informs the LHIN and others of the extent of the delegated authority, and
- any partnering agreement entered into with the delegating organization confirms the delegating organization's authority.[29]

Sample Board Policy and Checklists

Under the Act, each health service provider, regardless of size, budget, type of service provided or governance framework, must identify opportunities for integration.

As a first step in fulfilling this requirement, the Board should establish a Board policy that:

- outlines the Board's commitment to working with the LHIN, other health service providers and the community to integrate services,
- defines the Board's role in policy-making, decision-making and oversight concerning voluntary integration initiatives, and
- identifies the extent of authority for voluntary integration initiatives delegated to the CEO/Executive Director.

This section provides a sample Board policy and checklists designed to guide health service provider Boards in ensuring that their organization's integration planning process is compatible with the Act and that they have met the expectations of the LHIN and their own strategic plans.

These tools can be adapted by health service provider Boards to address their own particular circumstances.[30]

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[29] This confirmation would be found in a representation and warranty of the partnering agreement. See also Page 60.

[30] See Appendix 2.1.1 for a relevant excerpt from a Board Member Workbook developed by the Alzheimer Society concerning integration.

Sample Board Policy

Under section 24 of the Act, the board of directors (“Board”) of [**name of health service provider**] commits the organization to build relationships and collaborate with the [**name of LHIN**] (the “LHIN”), other health service providers and the community to identify opportunities to integrate the services of the local health system for the purpose of providing appropriate, coordinated, effective and efficient services.

The Board, with the support of the CEO/Executive Director, will:

- be fully informed of the principles of health system integration, the organization’s rights and obligations under the Act and the LHIN’s integrated health service plan,
- designate a member(s) of the Board to collaborate with the LHIN and participate on behalf of the Board in all LHIN governance forums with health service providers and report back to the Board,
- annually review the strategic plan and revise it as necessary to ensure it addresses the integration requirements of the Act and respects key service integration principles and objectives pursued by the LHIN,
- provide direction to the CEO/Executive Director on the Board’s expectations concerning the integration planning process and reflect this understanding in the CEO/Executive Director’s performance agreement,
- annually consider and, if appropriate, approve specific voluntary integration initiatives, for consideration by the LHIN, as recommended by the CEO/Executive Director to advance the implementation of the strategic plan,
- establish a mechanism for dialogue with other health service provider board(s) and other persons and entities as required related to specific types of integration initiatives, and
- periodically monitor the performance of approved voluntary integration initiatives against defined indicators.

The Board delegates responsibility to the CEO/Executive Director to:

- provide for Board education concerning the Act and the LHIN’s integrated health service plan,
- provide regular updates on LHIN integration policy and activities,
- prepare an annual review and update of the strategic plan in relation to the LHIN integrated health service plan and other voluntary integration initiatives,
- include specific performance objectives in his/her annual performance plan concerning collaborating with the LHIN, other health service providers (or other persons and entities) and the community toward the integration of services,
- collaborate with staff of related health service providers and the LHIN to identify opportunities to integrate the services of the local health system for the purpose of providing appropriate, coordinated, effective and efficient services and inform the Board of these activities,
- recommend specific voluntary integration initiatives for consideration and approval by the Board,
- identify performance indicators to monitor specific voluntary integration initiatives, and
- report to the Board periodically on the performance and outcomes of specific voluntary integration initiatives.

Checklist for Board Accountability for Voluntary Integration Initiatives

✔

1. Has the Board been fully briefed on the Act (including the principles behind health system integration and the organization's rights and obligations concerning voluntary integration initiatives) and on the LHIN's integrated health service plan? ☐

2. Does the Board receive regular updates on LHIN integration policies and activities? ☐

3. Has the Board established a Board policy on voluntary integration initiatives? ☐

4. Has the Board passed a resolution designating a member(s) of the Board to collaborate with the LHIN and to participate on behalf of the Board in all LHIN governance forums with health service providers and to report back to the Board? ☐

5. Does the Board annually review the strategic plan and revise it as necessary to ensure it addresses the integration requirements of the Act and respects key service integration principles and objectives pursued by the LHIN? ☐

6. Does the Board provide direction to the CEO/Executive Director on its expectations concerning the integration planning process and reflect this understanding in the CEO/Executive Director's performance agreement? ☐

7. Does the Board receive a proposed integration plan that is consistent with the strategic plan and the integrated health service plan and that addresses the matters outlined in the Integration Plan Checklist[31] from the CEO/Executive Director annually? ☐

8. When necessary, does the Board designate a person or persons or establish a committee to address Board requirements arising from the integration plan? ☐

9. Does the Board review and approve, amend or reject the integration plan? ☐

10. Where involvement with other health service provider Boards is appropriate, does the Board establish a Board to Board process? ☐

11. Does the Board receive regular briefings on the progress of an approved integration plan? ☐

12. Does the Board ensure the LHIN is kept fully advised of the planning process and does the Board follow a "no surprises policy" to guide its relationship with the LHIN and other potentially impacted health service providers or other persons or entities? ☐

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[31] See page 35.

Checklist for Board Review of Strategic Plan Alignment with LHIN Integrated Health Service Plan and Potential Integration Opportunities

Does the [insert name of health service provider] strategic plan address:

1. How/where does our organization fit within the LHIN integrated health service plan priorities/strategic directions? ☐

2. How does our current strategic plan and mission align with the integrated health service plan priorities/directions? What changes are required? ☐

3. How does our plan reflect the principles of: ☐

   - improved access and quality of care,
   - coordinated services,
   - improved navigation through the continuum of care,
   - effective and efficient service delivery,
   - alignment with the integrated health service plan,
   - considering and addressing the public interest, and
   - effective consultation with the community?

4. What specific core competencies/strengths can we contribute and build on to advance the integrated health service plan priorities/directions? ☐

5. What are the gaps in our services that can be advanced through a voluntary integration initiative? ☐

6. What collaboration has occurred at the management level with other health service providers to identify voluntary integration initiatives? ☐

7. Who are the stakeholders whose interests need to be considered in inter-organizational decisions? ☐

8. What health service providers, other persons or entities and community members should we work with to develop a voluntary integration initiative that maximizes our combined strengths and bridges the service gaps? ☐

Section 2 – Health Service Provider Board Involvement in a Voluntary Integration Initiative

Introduction

The Act requires each LHIN and each health service provider to "*separately and in conjunction with each other identify opportunities to integrate the services of the local health system to provide appropriate, co-ordinated, effective and efficient services*."

Generally, the identification, development and implementation of most voluntary integration initiatives will occur at the operational level of participating health service providers, involving management teams, direct service providers and planning staff. These individuals' relationship with one another may either be episodic or ongoing depending on the nature of the integration.

There are, however, specific types of voluntary integration initiatives where collaboration between participating health service providers at the Board level may be appropriate, and this might involve direct interaction among representatives of their Boards, supported by their operational teams.

This section examines issues concerning the continuum of health service provider Board involvement in the identification, development and implementation of voluntary integration initiatives.

Board Involvement in Voluntary Integration Initiatives: A Continuum

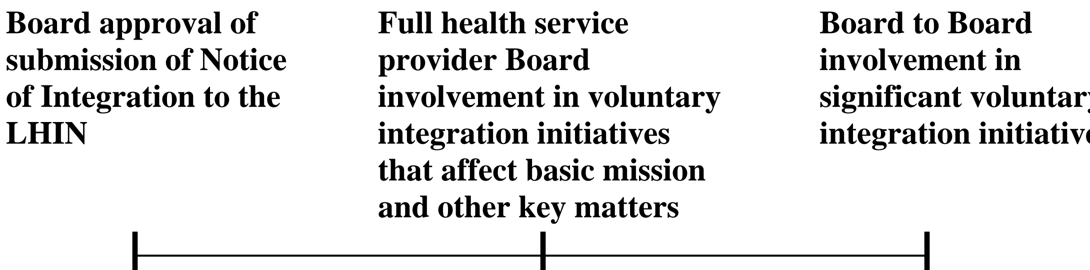
There is a continuum of potential Board involvement in a voluntary integration initiative.

At a minimum, all voluntary integration initiatives initiated by management should be approved by participating health service provider Boards before submission of a Notice of Integration to the LHIN.[32]

Moving along the continuum, health service provider Boards should be fully involved in voluntary integration initiatives that affect the basic mission of the organization and other considerations outlined below.

At the other end of the continuum, health service provider Board to Board involvement in the identification, development and implementation of a voluntary integration initiative might be appropriate where the integration is complex, difficult or significant.

[32] See Part 1, Section 1 (Corporate Structure and Delegation of Authority).



Board Approval Only

For many voluntary integration initiatives involving:

- co-ordinating services and interactions,
- starting to provide a service,
- where simple and not controversial, partnering with others in providing a service or in operating, or
- transferring a service to others,

the initiative might not require any Board involvement beyond approving a well developed proposal that is presented by management.

More complex or controversial initiatives might call for full involvement of the health service provider Board and potentially some Board to Board involvement.

Example:

Co-ordinating Services – Board Approval Only

Facts: *Three community support service agencies decide to enter into a shared services agreement to provide common human resources management and financial administration to their respective agencies. As this is an administrative operational matter, this voluntary integration initiative is appropriately developed by the CEOs/Executive Directors and their teams for the individual approval by their respective Boards.*

Considerations:

- *No jobs will be lost.*
- *There is no access to service issue.*
- *Controversy is unlikely.*
- *The integration is straightforward.*

Level of Board Involvement: *In these circumstances, Board time is probably better spent on other matters as there is no need for Board involvement beyond review and approval.*

Full Health Service Provider Board Involvement

Full health service provider Board involvement might be appropriate for certain types of voluntary integration initiatives due to the nature of the implications of the proposed integration. These include voluntary integration initiatives where a health service provider is contemplating:

- ceasing operations, dissolving or winding up its operations,
- merging or amalgamating operations or entities with others,
- transferring all or substantially all of its operations or entities to others, or
- a complex partnering arrangement with others in providing a service or in operating.

The above matters address the fundamental essence of the corporation.

Board to Board Involvement

Board to Board involvement in the development of a voluntary integration initiative is appropriate where a health service provider is contemplating:

- merger or amalgamation, or
- transfer of all or substantially all of its operations to another,

given the extent of the proposed integration and its impact on the corporate missions of the organizations involved.

Factors to be Considered by the Board in Determining Whether Board to Board Involvement is Appropriate

The decision on whether Board to Board involvement is appropriate will generally be at the call of the health service provider Board on the advice of management taking into account all the circumstances of the proposed integration.

Board time is valuable and Board to Board involvement should be considered in those cases where the voluntary integration initiative is important to the credibility and success of the organization. Many, if not most, voluntary integration initiatives can be efficiently managed by the CEO/Executive Director and effective oversight may be carried out without Board to Board involvement. However, as the Board remains directly accountable, direct contact at the Board level in some situations will constitute the best practice.

Considerations That Could Influence Board to Board Involvement

Some of the considerations that could influence whether Board to Board involvement in a voluntary integration initiative is appropriate are as follows:

- Is the integration central to the current mission and future strategic direction of one or more of the participating organizations?
- Will the integration result in a significant change in the community's access to services?
- Will the integration result in ongoing dependency by one health service provider on another for an important service to its patients/clients?
- Will the integration result in formal, ongoing accountability relationships between the organizations?
- Does the complexity of the integration require the Boards to be satisfied that they are "on the same page"?
- Will the challenges and degree of difficulty of the integration dictate that direct contact with one another at the Board level is essential to ensure comfort with the outcome?
- Is the integration likely to be controversial to the extent that Boards may need to share responsibility for it and speak with a common voice?

Health service provider Boards have a shared responsibility for satisfying themselves of the feasibility and appropriateness of the proposed integration. Whether or not they opt to engage directly with one another, the Board decision to approve the integration and the oversight of its successful implementation requires thorough due diligence.[33]

[33] See Part 1, Section 1 (Corporate Structure and Delegation of Authority).

The following are examples of Board to Board involvement in different types of voluntary integration initiatives:

Partnering – Board to Board Involvement

Facts: *Due to the restructuring of mental health and addition services within the geographic area and the establishment of the local LHIN, three community mental health associations collaborate to enhance the integration of services and administrative functions; to improve access to services; to enhance services through increases in internal efficiencies; to engage the broader community of services providers; and to play a lead role in health system transformation in the area.*

Considerations: *No specific voluntary integration initiative has yet been identified for LHIN review and consideration; however, the Boards of the participating associations have determined that they wish to provide strategic direction to their respective staff in jointly exploring specific voluntary integration initiatives.*

Level of Board Involvement: *The associations' initiative results in the establishment of a Joint Collaboration Committee composed of a minimum of two Directors from each association's Board as well as other persons.*

Sample terms of reference for such a committee is found at page 45. The Partnering Agreement for the initiative is found at Appendix 2.6.1.

Partnering – Board to Board Involvement

Facts: *Hospital A and Hospital B both have substantial paediatric services that involve considerable overlap. Some sub-specialty services could achieve critical mass only if they combined them. To provide greater depth of service and expand their menu of services they agree to jointly develop a paediatric partnering agreement under which they will both continue to provide services but rationalize the delivery between their two sites. This will mean transfers of certain sub-specialty services and common credentialing by both hospitals of the clinical staff. It is not expected to be controversial as the medical staffs in both hospitals are supportive and the community will see expanded service.*

Considerations:

- *The proposal results in a significant change in the community's current access to services.*
- *The proposal results in formal, ongoing accountability relationships between the organizations.*
- *Clinical complexity is considerable.*

Level of Board Involvement: *Governance is a very important element as both Boards will share accountability for the new combined operation. Little controversy is expected. The realignment is clinically complex. Therefore, the integration is best managed by senior management of the two hospitals. However, because of the joint accountability and the need for common credentialing it is important that the two Boards find common cause and understanding in how they will approach the joint responsibility so some Board to Board involvement seems desirable.*

Transferring all or Substantially all – Board to Board Involvement

Facts: *Four community hospitals within a LHIN geographic area have extended care beds. The CEOs/Executive Directors of the hospitals agree to recommend to their Boards that three of the four hospitals transfer all of their extended care beds to the fourth hospital, which will in future provide all of the extended care services for patients/clients within the LHIN area. While the three hospitals that transfer these services will no longer provide extended care, their current patients/clients will be transferred to the new beds and future patients/clients will still require referral for extended care to the fourth hospital. Therefore, the three referring hospitals and their patients/clients will be dependent on the fourth hospital to maintain or enhance the quality and access to services that are currently provided by all four hospitals. The management team can work out the potential operational arrangements without Board to Board involvement. Patients/clients will have to be moved and many families will have to travel further. While the fundamentals of the proposed integration may be sound, the initiative could fail without the full commitment of all involved Boards.*

Considerations:

- *The integration results in a significant change in the community's current access to services.*
- *The integration results in ongoing dependency by one health service provider on another for an important service to its patients/clients.*
- *The integration will likely be controversial.*

Level of Board Involvement: *These considerations would lead to the desirability* of *Board to Board involvement at least to the extent that the Boards are confident that they are of like mind concerning the intended outcome.*

Approaches to Board Interaction

Depending on the nature and complexity of the voluntary integration initiative and its significance to the health service provider, if direct interaction at the Board level is determined appropriate, the interaction could range from:

- a single joint briefing of the participating Boards, to
- one or more meetings between representatives of the participating Boards, to
- an ongoing formal relationship between the participating Boards.

Where significant Board to Board involvement is appropriate, Boards may consider establishing a Joint Health Service Provider Board Task Force for a Voluntary Integration Initiative.

The Terms of Reference found on page 44, which include the purpose, membership and reporting requirements of a Joint Health Service Provider Board Task Force may be adapted by health service providers to suit their own specific circumstances. These Terms of Reference may also be adapted for less formal Board interactions.

Checklist for Board Review of Specific Voluntary Integration Initiatives

In reviewing a proposal for a voluntary integration initiative, the Board may wish to consider the following:

1. What initiatives in the integration plan are[34]: ☐
   - Internal initiatives that require only Board approval, submission of the H-SIP or Notice of Integration to the LHIN?
   - Internal initiatives that require liaison with other health service providers or other persons or entities before Board approval, submission of the H-SIP or Notice of Integration to the LHIN for approval?
   - Initiatives with other health service providers or other persons or entities that require their agreement/participation before Board approval, submission of the H-SIP or Notice of Integration to the LHIN?
   - Initiatives that require Board to Board involvement with other health service providers or other persons or entities?
     - If direct Board to Board involvement is appropriate, what is the proposed process to provide joint direction of the integration?
2. When should an H-SIP be submitted? ☐
3. What would patients/clients gain from the proposed integration and what are the anticipated effects on stakeholders and the community served? ☐
4. What formal agreements will be required with others and with the LHIN? ☐
5. How would the proposed integration build public confidence? ☐
6. What are the anticipated barriers? ☐
7. Is community engagement required to support the proposed integration? If so, what is the appropriate process? ☐
8. What is the detailed communications plan to: ☐
   - address the different needs of internal and external stakeholders, and
   - deal with leaks or rumours that suggest final decisions are being made while the integration is still in the preliminary planning and feasibility stages?
9. What oversight mechanism is required for the integration on completion to measure performance and ensure success? ☐
10. What indicators will be used to monitor performance of the completed integration? ☐
11. What are the anticipated labour relations and employment issues arising out of the integration? ☐

[34] See Part 2, Section 2 for a discussion of when the health service provider Board might become involved in a voluntary integration initiative.

Sample Terms of Reference for a Joint Health Service Provider Board Task Force for a Voluntary Integration Initiative[35]

1. The Boards of [**insert name of health service providers**] authorize the establishment of a governance Task Force to confirm the feasibility of and to provide strategic direction and oversee transition planning toward the [**describe integration**] to provide appropriate, coordinated, effective and efficient services.

2. The Boards of [**insert name of health service providers**] authorize the establishment of an Operations Group/Committee of their CEOs/Executive Directors to plan and report to the Task Force on the proposed integration.

3. The Task Force is to be comprised of an equal number of representatives including the Board Chair or designate from each participating organization as a full voting member.[36]

4. The members will select the chair of the Task Force (may include independent chair, rotating chair, co-chairs).

5. The Task Force will be guided by the [**insert name of LHIN**] (the "LHIN") integrated health service plan and the [**strategic plans / joint planning framework document**] of the participating organizations.

6. The voting members of the Task Force will keep the Boards of their respective organizations fully informed and seek direction as required from their Boards in a timely fashion so as to expedite the work of the Task Force.

7. The Task Force will collaborate as required with the LHIN:

    - for communication purposes, and
    - to determine the level of the LHIN's participation on the Task Force, if any.

8. The Task Force will meet [**insert frequency**] and will submit its recommendations to the Boards of the participating organizations by [**date**].

9. Costs associated with the work of the Task Force will be shared by the participating organizations.

10. The Task Force will present its report and recommendations to the Boards of the participating organizations for approval.

[35] The Board of each participating health service provider should approve any Terms of Reference adapted for use.

[36] The Task Force membership would only include a small number of Directors and could include the CEO/Executive Director from each organization.

Challenges to Successful Integration

Agreement and enthusiasm among participants may be sufficient to launch a voluntary integration initiative but a number of potential challenges can impede its development and in some cases bring it to a halt. These challenges must be identified and plans must be put in place to address them as a fundamental part of the integration planning process established to advance the initiative.

Common challenges include:

1. Resistance to loss of power and control.

2. Lack of common agreed upon integration goals.

3. Lack of coordination among the participants and between participants and the LHIN.

4. Premature disclosure of plans to the public during planning and feasibility stages.

5. Lack of understanding of the funding mechanisms and how they will need to be adjusted.

6. Lack of information system compatibility.

7. Lack of a human resources plan.

In approving a voluntary integration initiative, health service provider Boards should be assured that these challenges have been addressed in the integration plan.

Section 3 – Key Success Factors for Board Collaboration in Voluntary Integration Initiatives

Introduction

The Act requires each LHIN and health service provider to "*separately and in conjunction with each other identify opportunities to integrate the services of the local health system to provide appropriate, co-ordinated, effective and efficient services*." While not explicit in the Act, this requirement implies that LHINs and health service providers will collaborate in identifying, developing and implementing voluntary integration initiatives.

Collaboration is defined as:

> *"A mutually beneficial well-defined relationship entered into by two or more organizations to achieve common goals. Collaboration is the process of various individuals, groups or systems working together but at a significantly higher degree than through co-ordination or co-operation. Collaboration typically involves joint planning, shared resources and joint resource management. Collaboration occurs through shared understanding of the issues, open communication, mutual trust and tolerance of differing points of view. To collaborate is to "co-labor".*[37]

Generally, the identification, development and implementation of most voluntary integration initiatives will occur at the operational level of participating health service providers, involving management teams, direct service providers and planning staff. These individuals' relationship with one another may either be episodic or ongoing depending on the nature of the integration.

There are, however, specific types of voluntary integration initiatives where collaboration between participating health service providers at the Board level may be appropriate, and this may involve direct interaction among representatives of their Boards, supported by their operational teams. The circumstances in which collaboration at the Board level may be appropriate is discussed in Part 2, Section 2.[38]

An extensive body of literature exists on key success factors for collaboration in integration. These are summarized in a recent Ministry of Health and Long-Term Care publication entitled *Integration: A Range of Possibilities, Module 4 of The Health Planner's Toolkit, 2007*.[39]

[37] http://www.nccev.org/resources/terms.html.

[38] See also Part 2, Section 1 (Corporate Structure and Delegation of Authority) for a discussion of when a health service provider Board might not get involved.

[39] Section 5, pages 23 to 26 and Appendices E and F. These are attached as Appendices 2.4.1 and 2.4.3.

The purpose of this section is not to repeat this literature but to identify key success factors for collaboration at the Board level among representatives of health service provider Boards concerning voluntary integration initiatives where direct Board to Board involvement is appropriate.

The following key success factors are drawn from the Project Team's experience of facilitating Board level collaboration in health sector mergers/amalgamations. While these success factors are equally applicable to other types of integration where Board to Board involvement is appropriate, the level of formality and duration of the relationship at the Board level may vary depending on the integration initiative.

Key Success Factors For Collaboration

1. Select Board representatives who are consensus builders, team players, strategic and system thinkers, and who are prepared to commit the time necessary to fulfill their responsibilities.

2. Take the time to get to know one another as individuals.

3. Take the time to learn about the other's integration goals and expectations for the dialogue (from the Board's perspective).

4. Recognize each other's concerns, fears and vulnerabilities, which might relate to the mission/mandate, history, size and profile of the organization, differences in organizational culture and priorities or differences in perceived or real organizational resources and authority. Open and candid discussion of these concerns will facilitate an environment of transparency and trust and enhance the participants' ability to assess the feasibility and appropriateness of proceeding with a voluntary integration initiative.

5. Where a joint Board Task Force is established:

   (a) develop clear guidelines/ground rules[40] for the working relationship within the Joint Board Task Force that will foster a level playing field, bring the interests together and build trust between the participants and their organizations, and

   (b) develop clear Terms of Reference for the Joint Board Task Force[41] that define the roles of the Board representatives and their CEO/Executive Director/management teams for the specific voluntary integration initiative and that clearly identify membership, deliverables and timelines for approval by the Boards.

6. Provide for staff and other resources to support Board interaction and, if necessary, retain an external facilitator to enable Board representatives to participate fully and equally.

7. Develop a shared vision of the outcome to be achieved by the integration to give focus and unity of purpose.

8. Consider developing a partnering agreement[42] that reflects the specific undertakings of the participants to the voluntary integration initiative for approval by the Boards.

9. Consider establishing a mutually agreed process for joint communication to the Boards and others as appropriate at key stages of the process.

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[40] See page 51 for sample guidelines.

[41] See page 44 for sample terms of reference.

[42] See Part 2, Section 5.

Facilitation Tools for Successful Meetings

Many factors affect a decision to engage an external facilitator to support discussions among Board representatives related to a voluntary integration initiative. These factors include:

- the complexity of the proposed voluntary integration initiative,
- the current relationship between the participants at the Board or operational level,
- the financial resources available to support the process, and
- the complexity of project management associated with the anticipated scope and duration of the Board to Board involvement.

An alternative to retaining an external facilitator is for the parties to reach agreement on alternating chairs or co-chairs to ensure there is a level playing field among participants in the joint Board process.

The following are tips for facilitating successful meetings:

Tips for Facilitating Successful Meetings

1. At the initial group meeting, ask the participants to:
   - identify themselves,
   - state their background and experience that is relevant to the task of the group, and
   - identify their expectations for the process.
2. A representative of each participant should establish (with the facilitator, when one exists) and pre-circulate to the participants an agenda for each meeting, which clearly identifies:
   - the topics for discussion and, where appropriate, the specific decisions to be reached,
   - the specific time allocation for each topic,
   - the person who is to lead discussion of each topic,
   - the messages to be communicated from the meeting, and
   - next steps.
3. At the beginning of each meeting, the participants should review the established guidelines for working together.
4. At the completion of each topic, the [**chair/co-chairs/facilitator**] confirms with the group the agreements reached and next steps.
5. At the conclusion of the meeting, the [**chair/co-chairs/facilitator**] asks the participants to provide feedback on the meeting concerning process and outcomes.
6. [**The chair/co-chairs/facilitator/administrative support**] prepare a summary of proceedings/minutes that clearly documents the participants, topics discussed, agreements reached, messages to be communicated and next steps for timely circulation to the group and approval at the next meeting.

Sample Guidelines for Working Together on a Joint Board Task Force[43]

[Insert title] Voluntary Integration Initiative

As members of the Joint Board Task Force we will:

- be honest, open and respectful in our interactions with one another,
- commit to participate actively in the process with the understanding that each representative has an equal voice in the planning and decision-making process,
- work to achieve consensus and explore options to reach consensus,
- respect the consensus of the Joint Board Task Force in our external communications and not attribute the position of individual representatives,
- focus on creating a new opportunity to "*integrate the services of the local health system to provide appropriate, co-ordinated, effective and efficient services*"[44] while being respectful of the traditions, goals and expectations of the participants,
- understand the best interest of our organization(s) as effectively meeting the needs of our patients/clients and the communities to be served through improved care,
- focus on finding the right solution,
- recognize the potential for conflict of interest and determine steps to address this as required in the decision-making process,
- provide the necessary resources to support the planning and decision-making processes,
- jointly determine the messages to be communicated to our internal and external stakeholders, and
- look to our [**chair/co-chairs**] to manage the process fairly, stay on track and provide advice and recommendations on substantive and process issues that are critical to the success of the integration.

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[43] These Guidelines may also be adapted for less formal Board interactions.

[44] See section 24 of the Act.

Section 4 – Possible Integration Mechanisms

Introduction

LHINs were designed to create an integrated health system by removing any gaps and areas of duplication in health services at both the provincial and local levels. Doing so is intended to improve the health care encounters and health outcomes for all Ontarians. The Act also aims to ensure the system is efficient and sustainable in the long term.

This section describes some possible mechanisms to implement the different kinds of integration activities identified in the Act. This is intended to assist health service provider Boards in understanding what is possible along the continuum of arrangements, from informal to formal. The possible mechanisms described below are provided by way of example only. Specific examples of these mechanisms are found in Part 2, Section 2 of this Toolkit.

Each of the mechanisms described involves unique legal and risk management considerations and processes that should be discussed in detail with your legal counsel and other appropriate advisors. In particular, reference must be made to human resources issues, such as obligations, restrictions and notice requirements arising out of collective agreements and applicable legislation (such as the *Labour Relations Act*). All such issues should be discussed with the relevant professionals, and independent legal advice should be sought.

Possible Mechanisms for Integration

Coordinating Services and Interactions

This involves informal collaboration between participants for the purpose of coordinating services, eliminating duplication, becoming more effective and efficient service providers, and improving health care encounters and outcomes for patients/clients.

> For example, a patient/client has knee surgery at a community hospital. Following discharge from the hospital, the patient/client requires some home care from a CCAC, outpatient physiotherapy services at a rehabilitation hospital and transportation services to attend at the rehabilitation hospital. The coordination of services would occur where the community hospital, CCAC, rehabilitation hospital and transportation service provider collaborate with one another on an informal basis (without entering into any contracts) to determine the best course of action to take concerning the patient/client (i.e., a determination of the required length of stay in the community hospital, requirements for physiotherapy and home care, availability of transportation to enable the patient/client to attend physiotherapy sessions on an outpatient basis, etc.). Through coordination of these services, the participants have an opportunity to provide an effective and efficient continuum of patient/client-centred care.

Partnering with Others to Provide Services

This involves a formal arrangement (usually involving a contract) between and among the participants. With partnering arrangements, health service providers retain their individual identities (i.e. their corporate structure is not affected). Partnering can take various forms including the following examples:

- *Advisory Committee Model*

Health service providers (and other persons and entities) could establish an Advisory Committee (comprised of administrative and professional staff, senior management and members of the community, among others) and develop a process for the Advisory Committee to provide advice to the participants on the provision of a selected service. While a contract would not be required, a Board resolution[45] and Terms of Reference for the Advisory Committee is advisable. The Advisory Committee would be accountable to participants for the provision of advice in accordance with its mandate. The Advisory Committee cannot impose any of its decisions on the participants. Each participant decides if it will accept the advice given by the Advisory Committee and retains decision-making control and accountability for its decisions concerning the provision of a service. Advisory Committees allow participants the opportunity to interact with each other without any direct risk to their programs, services and corporate structure.

- *Joint Venture/Partnering Model*

Health service providers and other persons and entities could enter into a formal joint venture or "partnering" arrangement for the provision of a selected service. (Note that a true partnership is created where the parties involved enter into an arrangement with a view to making a profit. If the health service providers are not-for-profit entities, they do not form a true legal partnership but instead enter into a "partnering arrangement".) The relationship of the participants is established by contract[46] and is subject to applicable laws. A written contract that sets out the terms and conditions of the "partnering" arrangement is advisable. The contract should set out the mandate, accountability, decision making process, dispute resolution process, conduct of affairs and rights and responsibilities of each participating health service provider.

- *Shared Services Corporate Governance Model*

Health service providers and other persons and entities could incorporate a not-for-profit shared services corporation to govern and manage the provision of a selected service. The corporation would be a legal entity separate from the participants, which are its members. The participants would exercise control over the corporation through the election of directors. The board of directors of the corporation would make governance decisions. Required documentation would include Articles of Incorporation, Corporate By-laws and other necessary agreements between

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[45] Some health service providers would not seek a Board resolution. See Part 2, Section 1 (Corporate Structures and Delegation of Authority) for more detail.

[46] See Part 2, Section 6 for a checklist for a Partnering Agreement.

and among the participants. The corporation would be accountable to its members for the provision of the service.

Transfer, Merger or Amalgamation of Services, Operations or Entities

In their most general sense, the terms “transfer”, “merger” and “amalgamation” of services, operations or entities refer to some form of integration of services.

In the current context, an integration might take the form of:

- **Amalgamation**: This involves a statutory amalgamation of two or more health service providers or other corporate entities under the *Corporations Act* (Ontario), who have the same or similar objects and who continue their operations as a single corporation under the terms and conditions of an amalgamation agreement. Upon amalgamation, the newly amalgamated corporation has all the rights and assets, and is subject to all the debts and liabilities, of the amalgamating corporations. The amalgamating corporations automatically cease to exist. One of the most significant areas for discussion in an amalgamation is the establishment of a new governance structure for the amalgamated corporation.

- **Asset Transfer**: This involves a transfer by one health service provider (or other person or entity) of some or all of its assets to another. The transfer could be preceded by the incorporation of a new corporation under applicable law to which the assets are transferred. The transfer could also be followed by the winding up or dissolution of a transferring health service provider (or other entity).

Starting or Ceasing to Provide a Service

In addition to the opportunities to start or cease to provide a service under the mechanisms described above:

- a health service provider might simply start to provide a service when the LHIN provides it with new funding for the new service, or

- a health service provider might simply cease to provide a service when the LHIN no longer provides funding for the service.

Cease to Operate

A health service provider might cease to operate, wind up its business and dissolve as a result of any of the foregoing integration possibilities.

Section 5 – Sample Partnering Agreement between Health Service Providers on Voluntary Integration Initiatives

Introduction

In this Toolkit, reference has been made to the importance a Partnering Agreement plays in the implementation of voluntary integration initiatives.[47]

A Partnering Agreement legally creates the partnering arrangement through the process of contract, and identifies the major rights, duties and obligations of the parties to the arrangement.

The actual content of a Partnering Agreement will vary from one arrangement to another; however, the key components of any Partnering Agreement would include:

- the purpose of the arrangement,
- the contribution, roles and responsibilities of each participant,
- the governance, management, performance and monitoring of obligations, and
- the financial, record-keeping and reporting requirements.

The nature, size and complexity of the voluntary integration initiative together with the sophistication of the parties will determine the detail in which the Partnering Agreement is prepared.

This section provides a checklist for a Partnering Agreement, which is meant only as a guide to putting a Partnering Agreement together.

A sample Partnering Agreement for the integration of mental health services in the Erie-St. Clair LHIN geographic area is found in Appendix 2.6.1.

The appropriate professional services, such as qualified legal counsel, should be consulted when developing a Partnering Agreement.

[47] See pages 31, **Error! Bookmark not defined.**, 49 and 55 of this Toolkit.

Checklist

- ✓ The date as of which the Agreement is effective

> ***Sample Language:*** *This Agreement is made as of April 1, 2008….*

- ✓ The name and identification of each party

> ***Sample Language:*** *This Agreement is made as of April 1, 2008 between ABC, a corporation incorporated under the Corporations Act (Ontario) and DEF, a corporation incorporated under the Corporations Act (Ontario).*

- ✓ The background to the Agreement, including a brief introduction of the parties, their integration goals and details of the proposed integration

> ***Sample Language:*** *[Introduce parties, their guiding principles and goals. If desired, mention ongoing autonomy of the Boards and joint policy direction through an accountable Joint Board Task Force. Describe details of the integration.] … Whereas, after careful study, the parties wish to form an Alliance that promotes the provision of appropriate, coordinated, effective and efficient Services to the Community, upon the terms and conditions set out in this Agreement.*

- ✓ The definitions of terms used in the Agreement

> *For example, define Agreement, Alliance, Community, Joint Board Task Force, Joint Quality Committee, Key Performance Indicators, Services, etc.*

- ✓ The establishment of the arrangement

> ***Sample Language:*** *The parties agree to form an Alliance to be effective as of the date of this Agreement, and each party agrees to take all necessary steps to establish and implement the Alliance, in accordance with the provisions of this Agreement.*

- ✓ The name under which the Alliance will provide the Services, if appropriate

> ***Sample Language:*** *The Alliance shall provide the Services under the name • or such other name or names as the parties may determine from time to time.*

- ✓ The purpose and scope of authority of, and accountability for, the Alliance

> ***Sample Language:*** *The purpose of the Alliance is: •. [Insert description of integration, scope of authority of Alliance and description of accountability for Services.] Any party may merge, amalgamate or otherwise integrate services with other health service providers or other persons or entities, provided that [insert preconditions, e.g. prior notice, consultation, etc.].*

✓ The governance and operation of the Alliance

> ***Sample Language:*** *The Alliance shall be governed and managed by the • and • in the manner and to the extent set out in this Agreement. [Insert description of Board roles and responsibilities concerning the Alliance. Establish governance and management structure and processes for the Alliance. If a new governance and operating Committee are established, insert provisions re a regular meeting schedule, notice of meetings, quorum and voting.*

✓ The record-keeping and reporting requirements for the Alliance

> ***Sample Language:*** *Insert provisions concerning regular financial, statistical, administrative and progress reporting for the appropriate control and management of the Services. Insert provisions re preparation and approval of joint operating plan for the Service.*

✓ The minimum requirements concerning quality and quantity of Services

✓ The key performance indicators of the Alliance

> ***Sample Language:*** *Each of the parties understands and is committed to the Key Performance Indicators described in Schedule • of this Agreement.*

✓ The relevant provisions for quality assurance, quality improvement and risk management purposes

> ***Sample Language:*** *The Alliance will maintain, monitor and keep current, to the satisfaction of the board of directors of each party, a common quality assurance, quality improvement and risk management program for the Services and related activities. The Alliance will report regularly to the board of directors of each party, through the Joint Quality Committee on quality assurance, quality improvement and risk management issues.*

✓ The relevant provisions on health human resources and employee matters

✓ The relevant provisions on joint medical staffs, if appropriate

✓ Provisions concerning a budget, funding, banking, books and records, financial reporting, financial statements, audits, and assets to be used, acquired or disposed of by the Alliance, prohibitions against transfers and encumbrances on the assets, etc.

✓ The term of the Alliance and when and how the Alliance is to be terminated

> ***Sample Language:*** *The term of this Agreement shall be unlimited, subject to termination as provided herein. [Consider and insert appropriate Event of Default provisions, including Ministerial order, LHIN decisions, bankruptcy or insolvency of a party, etc. Insert provisions concerning winding up, final performance and financial statements for the Alliance.]*

- ✓ The required representations and warranties of the parties

> ***Sample Language:*** *ABC represents and warrants as follows and acknowledges and confirms that DEF is relying on such representations and warranties in entering into this Agreement: [for example only] ABC is a corporation duly incorporated and organized and subsisting under the laws of the Province of Ontario; ABC has the power and authority to enter into and be bound by this Agreement; the execution and delivery of this Agreement and all of the terms and conditions provided for herein have been duly authorized.*

- ✓ Provisions concerning MOHLTC approval, if required

> ***Sample Language:*** *The parties agree that if Ministerial approval is required, the Agreement shall be conditional upon obtaining this approval.*

- ✓ Provisions concerning liability, indemnification and insurance; specify the type of insurance to be carried and clearly define the liabilities that are to be insured against by each party
- ✓ Provisions concerning confidentiality and conflicts of interest
- ✓ Provisions concerning community engagement, public disclosures and press releases
- ✓ Provisions concerning dispute resolution
- ✓ A statement about the relationship of the parties

> ***Sample Language:*** *This Agreement does not constitute a party to be an agent, legal representative, joint venturer, partner or employee of the other party for any purpose whatsoever and it is deemed understood between the parties that each party shall be an independent contractor of the other. Nothing contained in or arising from this Agreement shall be construed to confer on any party any authority or power to act for, or to undertake any obligation or responsibility on behalf of, any other party, except as otherwise provided in this Agreement.*

- ✓ General contract provisions:
    - further assurances

> ***Sample Language:*** *Each party agrees to perform all such acts and execute all such further documents, conveyances, deeds, assignments, transfers and the like, and will cause the doing of all such acts and will cause the execution of all such further documents as are within its power to cause the doing or execution of, as the other parties may from time to time reasonably request be done and/or executed as may be required to consummate the transactions contemplated under this Agreement or as may be necessary or desirable to effect the purpose of this Agreement or any document, agreement or instrument delivered under this Agreement and to carry out their provisions or to better or more properly or fully evidence or give effect to the transactions contemplated under this Agreement, whether before or after the execution of this Agreement by the parties.*

- entire agreement

> ***Sample Language:*** *This Agreement, including the Schedules, together with the agreements and other documents to be delivered under this Agreement, constitutes the entire agreement between the parties relating to the Alliance and supersedes all prior agreements, understandings, negotiations and discussions, whether oral or written, among the parties with respect thereto.*

- amendments

> ***Sample Language:*** *No amendment of this Agreement shall be binding unless in writing and signed by the parties.*

- severability

> ***Sample Language:*** *If any provision of this Agreement shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions of this Agreement shall not in any way be affected or impaired thereby and such invalid, illegal or unenforceable provision shall be severable from the remainder of this Agreement.*

- waiver

> ***Sample Language:*** *No waiver by a party of any breach of any of the provisions of this Agreement by any other party shall be binding upon the party unless in writing and signed by the party.*

- assignment

> ***Sample Language:*** *Neither this Agreement nor any rights or obligations under this Agreement shall be assignable by any party without the prior written consent of the other parties. This Agreement shall enure to the benefit of and be binding upon the parties and their respective successors and permitted assigns.*

- notices
- excusable delay (if appropriate)

> ***Sample Language:*** Where a party is delayed in performing an obligation under this Agreement that is to be performed by a specified date or within a particular time by reason of “excusable delay”, the date or period of time by which the party is to perform the obligation will be extended by a period of time equal to the duration of the delay. “Excusable delay” means any delay in a party’s performance of an obligation that occurs as a consequence of or attributable to any circumstance that is beyond the reasonable control of the party and that is not caused by an act or omission of the party and is not avoidable by the exercise of reasonable effort or foresight by the party and includes strikes, labour or industrial disturbances, civil disturbances, acts, orders, legislation, regulation or directives of any governmental or other public authorities, acts of public enemies, war, riots, sabotage, shortages of materials and suppliers, shortages of health human resources or labour, lightning, fire, storms, floods, acts of God and delays caused by any other party.

- counterparts

> ***Sample Language:*** This Agreement may be executed by the parties in separate counterparts, each of which when so executed and delivered shall be an original and all such counterparts shall together constitute one and the same instrument.

✓ Insert signature lines

Section 6 – Measuring the Success of a Voluntary Integration Initiative

Introduction

There are two key aspects to ensuring a successful voluntary integration initiative:

- be guided by the key success factors for collaboration[48], and
- monitor performance of the integrated service to ensure that integration goals are met and that adjustments are made when they are not fully realized.

The following table shows examples of some integration goals:[49]

Integration Goals

	Process goals			Outcome goals
Ultimate goals	• Increased efficiency • Evidence-based decision-making • Ongoing stakeholder engagement		lead to	• Improved population health outcomes • Improved individual health outcomes • Holistic and personalized attention to health needs • Clients experience services as seamless: boundaries between organizations are not apparent • Improved access • Reduced wait times • Improved match between single services provided and multiple needs of clients and families • A sustainable health care system
lead to ↑				
Intermediate goals	• Coordinated care • Continuity of care • Teamwork • Flexible service provision • Budget pooling • Participatory and inclusive decision making	• Improved knowledge transfer • Shared understanding of issue(s) • Shared planning • Health needs assessment • Service inventory	lead to	• Risk factor reduction • Cost reduction • Profit enhancement • Gain and keep market power • Shared values • Innovation
lead to ↑				
Immediate goals	• Processes to produce intermediate and/or ultimate goals • Structures to produce intermediate and/or ultimate goals			

[48] See Key Success Factors For Collaboration at page 49 of this Toolkit.

[49] Source: Ministry of Health and Long-Term Care, *Integration: A Range of Possibilities, Module 4 of the Health Planner's Toolkit*, 2007, page 5.

A health service provider will have made a substantial policy decision in advancing integration and will have justified it in accordance with the LHIN's integration objectives. Against this background, it is the health service provider Board's responsibility to ensure that the integration goals have been met and, where they fall short, to take appropriate action.

This section discusses the essentials in ensuring that integration goals are met through performance monitoring.

Processes and Key Performance Indicators to Measure the Success of the Voluntary Integration Initiative

Measuring the success of a voluntary integration initiative begins with the development of the initiative. If the initiative is to succeed it should be consistent with the purpose of the Act to improve the health of Ontarians through:

- improving access to allow people to move more easily through the health system,
- improving the match between services provided and the multiple needs of patients/clients, and
- making the health system more sustainable and accountable and promoting service innovation by enabling effective and efficient use of system resources and capacity.

The success of the integration must be guided by its established goals. These goals should form the basis for the development of key performance indicators to be monitored upon completion of the integration.

When developing the voluntary integration initiative, the participants must agree on their strategic objectives in bringing it forward to the LHIN and how it will advance the objectives of the LHIN and the integrated health service plan. At this time, questions must be asked that will ensure an appropriate performance measurement plan is subsequently put in place. The questions could include:

- What are the key success factors and how do we measure them?
- What is known about the performance of the service before the integration?
- Can the existing performance information be used as a base line in assessing improvement in the integrated service?
- What are the performance expectations of the integrated service and what measures can be put in place to track progress against them?

Key performance indicators can address such basics as the impact of the program from the perspective of the resources applied, productivity improvement, quality enhancement and greater ease of public access and satisfaction.

For example, where a voluntary integration initiative combines two services it is important in the planning to have baselines on the cost of the two separate services and their utilization of human resources and equipment, the patient/client load, access and satisfaction. This information could then be the starting point for establishing key performance indicators to measure the performance of the integrated service against the integration goals.

The ability to measure progress against past performance and the objectives of the initiative would provide information:

- to advance improvements, and
- to apply in assessing the feasibility of other future initiatives.

Other Available Resources

1. *Local Health System Integration Act*, 2006, S.O. 2006, c. 4, <http://www.e-laws.gov.on.ca/index.html>.

2. Ministry of Health and Long-Term Care, *Reference Guide to the Local Health System Integration Act, 2006: Integration, Labour Relations and Devolution*, December 2007.

3. Ministry of Health and Long-Term Care, *Reference Guide to the Local Health System Integration Act, 2006: Local Health Integration Networks: Governance*, December 2007.

4. Ministry of Health and Long-Term Care, *Integration: A Range of Possibilities, Module 4 of the Health Planner's Toolkit, 2007.*

5. Alzheimer Society, *Integration and Amalgamation: A Discussion Paper*, February, 2007.

6. Alzheimer Society, *Integration and Amalgamation: A Discussion Paper, Board Member Workbook*, February 2007.

7. Maureen A. Quigley and Graham W.S. Scott, *Hospital Governance and Accountability in Ontario: A Report for the Ontario Hospital Association*, 2004.

8. Maureen A. Quigley and Graham W.S. Scott, *Narrowing the Gap between Not-for-Profit and Public Company Boards*, Director Newsletter, Institute of Corporate Directors, April 2006.

9. Ontario Hospital Association, *Guide to Good Governance*, 2005.

10. *Central LHIN Guidelines for Identifying Integration Proposals*, <http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governance_Toolkit/Appendix_2-1.3.2GuidelinesforIdentifyingIntegrationProposals.pdf>.

11. *Central LHIN Integration Decision – Pre-Proposal*, <http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governance_Toolkit/Appendix_2-1.3.4CentralLHINIntegrationDecision-Pre-Proposal.pdf>.

12. *Central LHIN Decision Model*, <http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governance_Toolkit/Appendix_2-1.3.5CentralLHINDecisionModel.pdf>.

13. *Central LHIN – Integration Criteria Development*, <http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governance_Toolkit/Appendix_2-1.3.6CentralLHIN-IntegrationCriteriaDevelopment.pdf>.

14. *Toronto Central LHIN – Board Meeting Priority Setting*, <http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governance_Toolkit/Appendix_2-1.3.7CentralLHINBoardMeetingPrioritySetting.pdf>.

15. *Central East LHIN Decision-Making Framework*,
<http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governan
ce_Toolkit/Appendix_2-1.3.8CentralEastLHINDecision-MakingFramework.pdf>.

16. *Central East LHIN Project Charter*,
<http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governan
ce_Toolkit/Appendix_2-1.3.9CentralEastLHINProjectChapter.pdf>.

17. *Central LHIN Stakeholder Engagement Strategy – A Framework*,
<http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governan
ce_Toolkit/Appendix_2-1.4.1CentralLHINStakeholderEngagementStrategy.pdf>.

18. *SE LHIN Governance Committee Terms of Reference*,
<http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governan
ce_Toolkit/Appendix_2-1.5.2SELHINGovernanceCommitteeTermsofReference.pdf>.

19. *SE LHIN Working Together for Better Health Final Report*,
<http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governan
ce_Toolkit/Appendix_2-1.5.3SELHINWorkingTogetherforBetterHealthFinalReport.pdf>.

20. *SE LHIN Collaborative Governance in a LHIN Environment Slide Deck*,
<http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governan
ce_Toolkit/Appendix_2-1.5.4SELHINCollaborativeGovernanceinaLHINEnvironmentSlideDeck.pdf>.

21. *Erie St. Clair LHIN Governance Advisory Councils Terms of Reference*,
<http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governan
ce_Toolkit/Appendix_2-1.5.5ErieStClairLHINGovernanceAdvisoryCouncil-TOR.pdf>.

22. *Central LHIN Community Governance Council Terms of Reference*,
<http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governan
ce_Toolkit/Appendix_2-1.5.6CentralLHINCommunityGovernanceCouncilTermsofReference.pdf>.

23. *Central LHIN Governance Council Meetings – Summary of Discussions*,
<http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governan
ce_Toolkit/Appendix_2-1.5.7CentralLHINGovernanceCouncils-SummaryofDiscussions.pdf>.

24. *Central LHIN Hospital Governance Council Slide Deck*,
<http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governan
ce_Toolkit/Appendix_2-1.5.8CentralLHINGovernanceCouncilSlideDeck.pdf>.

25. *Central LHIN Community Governance Council Slide Deck*,
<http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governan
ce_Toolkit/Appendix_2-1.5.9CentralLHINGovernanceCouncilSlideDeck.pdf>.

26. *Central LHIN Letter to Board Chairs*,
<http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governan
ce_Toolkit/Appendix_2-1.5.10CentralLHINLettertoBoardChairs.pdf>.

27. *Central LHIN Governance Council Meeting Slide Deck*, <http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governance_Toolkit/Appendix_2-1.5.11CentralLHINGovernanceCouncilMeetingSlideDeck.pdf>.

28. *Central LHIN Hospital Governance Council Meeting Slide Deck*, <http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Board_of_Directors/Corporate_Governance_Toolkit/Appendix_2-1.5.12CentralLHINHospitalGovernanceCouncilMeetingSlideDeck.pdf>.

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