

## MEMORANDUM

**To:** Membership of the NE LHIN's Planning Area Health System Round Tables

**From:** Terry Tilleczek, Interim CEO

And

Chairs and Co-Chairs of the Planning Area Health System Round Tables  
(Algoma, Cochrane, Manitoulin-Sudbury, Nipissing, Parry Sound and Timiskaming)

**Date:** January 14, 2010

**Subject:** **Retirement of the Planning Area Health System Round Table (HSRT) Structure**

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We wish to advise you that the NE LHIN will begin the process to retire the local planning area HSRT structure that has been in place since mid-2007. This decision and next steps were reviewed and supported by the RT chairs on January 12<sup>th</sup>. The directional document detailing this decision is attached to this memo.

In so doing, we would like to note that the NE LHIN will retain the seven (7) Planning Areas as a critical component of continued community and provider engagement activities. The local networking and dialogue that was facilitated through the HSRT structure needs to be maintained. Our new approach relies on the recognition that there are a number of existing and long-standing groups in most Planning Areas that can be leveraged to ensure that dialogue on our health system's needs continues.

In moving forward, the NE LHIN consultants assigned to each Round Table will help to facilitate the process of transitioning the RTs. It is hoped that each RT will schedule a meeting over the next four weeks to provide you with further insight into this decision, review potential transitional issues and, if required, draft a plan to retire the RT in alignment with this new direction.

Please accept our sincere THANK YOU! We sincerely value the time and commitment that you gave as members of the NE LHIN Health System Round Tables and we look forward to continuing to work closely with you as we embark on this new direction.

*Enclosure: NE LHIN Health System Round Tables: Evaluation and Future Direction*

## NE LHIN Health System Round Tables: Evaluation and Future Direction

January 6, 2010

### Background/Context

The six planning area Health System Round Tables (HSRTs), formerly known as the CEO Round Tables, were established by the NE LHIN in mid-2007 as a mechanism that could provide “system-level advice, perspectives and recommendations to the North East LHIN on the health care needs of their communities”. It was also hoped that the HSRTs would be able to identify opportunities for the integration/coordination of local health care services and provide the NE LHIN with local perspectives on the priorities stemming from the Integrated Health Services Plan (IHSP).

Engagement with the HSRTs was a component of the NE LHIN’s cyclical planning process which involved:

- 1) System management and performance evaluation;
- 2) Engaging stakeholders in examining the health system needs; and
- 3) Prioritizing of local/regional health system needs.

HSRTs were resourced by NE LHIN staff consultants, and had representation from NE LHIN funded partners as well as other allied health sectors and key stakeholders as outlined in *Toward Unity for Health*. While it was recognized that there were existing local planning groups within the planning areas, it was felt at this formative time that the NE LHIN needed its own mechanism for a more consistent planning approach that was accountable to the NE LHIN.

Following the first year of operation all of the tables were brought together in March 2008 by the NE LHIN to look back over the past year to determine what was working and what challenges the Tables continued to face. The terms of reference were also reviewed at that time. A commitment was made by the NE LHIN to conduct a more formal evaluation of the HSRTs within a year.

### Round Table Evaluation 2009

In June 2009, the NE LHIN engaged the services of a private consultant to conduct an evaluation of the six HSRTs. The specific objectives for the project included: reviewing documentation related to the six Round Tables; conducting a survey of Round Table members and NE LHIN staff members; conducting key informant interviews with selected representatives of the LHIN, Round Tables and communities served; and

preparation of the final report and recommendations. The final report was submitted to the NE LHIN in July 2009 and included some of the following comments by the author:

- *The evaluation indicated that while some participants felt the HSRTs were effective overall, participants rated the tables as being at the midpoint between effective and not effective.*
- *Participants recognized that the role of the Round Tables was to provide input and collaboration, yet many were not sure about how their input was forwarded to the LHIN Board.*
- *In general, those interviewed did not feel that the Round Tables were effective. They indicated that the idea of having local groups providing feedback was promising but that the structure did not support that goal.*
- *Most participants reported that the Round Tables do not always ensure consideration of all local planning needs throughout their districts. Those living in the more rural communities described feelings of “always [being] left out of loop.”*
- *Many participants were in favour of keeping six planning tables. Among their reasons were that “we need to need to have some ability to discuss issues locally” and that “because of geography, it would be difficult to do it with less (i.e. fewer HSRTs)” though some participants supported having fewer Round Tables.*
- *Another concern expressed was related to the significant amount of work expected from the members of the Round Tables and the fact that their organizations are expected to subsidize expenses related to attending and hosting the meetings.*
- *Most people reported that the greatest success of the Round Tables was the opportunity for people to work with and learn about each other. “Fostering collaboration” and “recognizing the cross-sectoral impacts of the same action” were some of the benefits noted.*

Based on the evaluation findings, the following overall recommendations were put forward by the third-party consultant:

- *That the NE LHIN continue to support the planning area Round Tables in order to strengthen continued input from local service providers and work towards local functional integration.*
- *That the NE LHIN clarify the role and expectation of members to gather and share information.*
- *That the NE LHIN ensure continuity and consistency among the Round Tables.*

- *That the Health System Regional Round Table, as described in the 2008 Terms of Reference, be formalized with representation from each of the planning areas.*

### **Current Contextual Issues**

A review of planning-related initiatives in the NE LHIN since the 2007 inception of the HSRTs raises a number of evolving issues that have had an impact on the current need for, and effectiveness of, the RTs. These include:

- We recognize the efforts of existing planning groups (often with years of planning experience) that meet and plan for the local health needs of their constituents (e.g. Cochrane Network 13, Algoma - Sault Ste. Marie Regional Care Steering Committee, various district mental health & addiction planning groups, West Parry Sound Health and Social Services Support Network, Nipissing Interim Strategies Group, Sudbury ALC Community Steering Group) that are apart from the NE LHIN HSRTs.
- Some areas have implemented (and/or have been contemplating the establishment of) their own planning and engagement groups in order to fill a perceived gap in local planning.
- In many instances it is the same individuals participating on numerous groups in addition to the HSRTs.
- NE LHIN consultants frequently report that MOHLTC time pressures and tight deadlines do not allow for HSRT consultation.
- The formation of a number of NE LHIN region-wide mandated groups (e.g. HHR, HPAC, FLS and Aboriginal Planning Committees, Aging at Home, Surgical Optimization, ED Network, Mental Health Regional Advisory Panel) that were not established in 2007 now provide for solid regional engagement and input to the NE LHIN.
- The project management framework being implemented by the NE LHIN allows for more short-term ad hoc / time-limited project teams to be utilized within the local health system to support the advancement of our IHSP priorities.
- The increasing workload demands have made it difficult for NE LHIN staff to adequately resource the HSRTs.

## Future Directions - Assumptions

- The NE LHIN needs to take integrative and opportunistic actions i.e. pursue activities and projects that will both span and bind the services and sectors into a cohesive system.
- Leverage what is already happening (locally, regionally and provincially).
- Based on all of the “inputs” in the development of the IHSP, the LHIN has attempted to identify where it can work with groups to have the greatest impact.
- The LHIN does not / cannot own all of the planning work. The LHIN encourages groups to work on locally relevant opportunities that support the IHSP.
- Community engagement is part of planning (whether the LHIN does the planning directly or another group takes the lead and the LHIN monitors).
- There are limits to what we can do.
- LHIN planning will be action oriented through the implementation of a project management methodology.

## Proposed Future Directions

Although the HSRTs are seen as helpful by some planning areas, in light of insights gained from the formal evaluation and an analysis of the current / evolving planning environment, the following direction is proposed:

Local Planning Areas:

- Retire the planning area HSRTs as a formal part of the NE LHIN planning and engagement structure in early 2010, **but** the LHIN is not retiring the planning areas. PICE and PCA leads will be maintained for each planning area as points of contact with the NE LHIN.
- HSP engagement remains a LHIN priority – the mechanisms to undertake this need to evolve.

- Provide options to all planning areas:
  - 1) HSRTs that wish to continue to meet under their own auspices for networking and information sharing purposes are welcome to do so.

OR

  - 2) Existing local planning groups can be encouraged to:
    - continue to identify their health care needs and priorities, and communicate this information to the LHIN.
    - collaborate with other health care entities / networks / committees in their planning area and include engagement with allied health care agencies as well as key stakeholder groups outside of the health system i.e., education, social services, criminal justice etc.
- In order to fulfill its mandate under the MLAA, the NE LHIN will host annual or semi-annual planning area consultations (apart from the yearly NE LHIN Governance and Stakeholder Forums) that engage HSPs and community stakeholders in an exchange of information relevant to each planning area vis a vis the 2010/2013 IHSP.
- In keeping with NE LHIN project management approach, create ad hoc / time-limited planning groups when necessary to complete project specific work.

#### Regional:

- Continue to utilize regional NE LHIN planning and advisory groups that have been established re. specific projects or topics.
- Establish a Regional Health System Round Table similar to what was proposed in the 2008 terms of reference. This group can function as a system level focus group mechanism for the LHIN. Membership details need further discussion.

#### Operations / Management:

- NE LHIN senior management, in consultation with staff will evaluate this new direction annually and make necessary changes as needed.
- The NE LHIN communications staff will develop and disseminate messaging that will articulate the NE LHIN's decision to retire the HSRT structure and the new direction / approach going forward.