



**REALIZING THE POTENTIAL OF LHINS:**

**Brief on Bill 36**

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Standing Committee on Social Policy

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## SUMMARY

The Local Health Integration Networks are an ambitious project. And they are part of an even more ambitious agenda to transform Ontario's health care system.

We entirely agree with the need for comprehensive reform:

- too many people -- especially the most marginalized and vulnerable – do not have prompt and equitable access to the health care and support they need;
- too many communities do not have access to a full and seamless continuum of care, and too many people are falling between the cracks of the current system;
- increasing emphasis on health protection and promotion and addressing poverty, inadequate housing and other broader social determinants of health can prevent unnecessary hospitalization and improve health for all.

The LHINs could make significant contributions in all these areas. They have the potential to support more integrated service coordination and planning, and to ensure more equitable access to a full and seamless continuum of care. But this potential will only be realized if the LHINs really do engage local communities in planning and priority setting, develop plans and allocate resources in ways that meet local needs and expectations, support innovation and experimentation, provide an effective forum for providers and agencies to work together, and pull all of this into a coherent and integrated system.

## Recommendations

We recommend that the following policy actions be taken to realize the potential of the LHINs. In all cases, we show the positive outcome that will result from the particular actions.<sup>1</sup> Bill 36 should be amended:

- to require that specific community engagement processes and targets be built into all accountability agreements with LHINs;
- to create specific lines in LHINs' budgets for such community engagement – and to tie funding allocations to meeting the defined engagement targets and outcomes;
- to require each LHIN to set up local or neighbourhood advisory committees or planning forums to ensure local needs and perspectives are effectively fed into region-wide planning;
- to require each LHIN to include details on how it will build on existing coordination and service networks in their integrated health service plans -- and to include an inventory of existing networks in its first plan;
- to create specific expectations and funding formulas that require each LHIN to fund and support local experiments and pilot projects in innovative service delivery. The Ministry should create the necessary communications,

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<sup>1</sup> This is based upon a much more comprehensive analysis; for our detailed technical paper and other resources see [http://www.wellesleycentral.com/ip\\_lhins.csp](http://www.wellesleycentral.com/ip_lhins.csp)

IT and other infrastructure to ensure successful local experiments are shared among LHINs and scaled up where appropriate;

- to require each LHIN to build into its overall planning exactly how it will address the broader social determinants of health.

And we make three recommendations beyond the Bill:

- The LHINs will need to build solid research and evidence into their planning, continually assess the impact of their work and the performance of the overall health system in their region, and adjust plans and priorities as needed. These types of planning cycles and performance management will need to be specified in LHINs' accountability agreements with the Ministry. Ontario has the chance to be innovative here. Performance indicators and targets need to be more than simply activity or institutional statistics, but need to capture the most important results from community and consumer points of view as well. For example, among the evidence that should drive planning is what consumers define as the most important components of a continuum of care and how effectively they feel they have access to all these components. The province can ensure the most effective and responsive performance management system is created by conducting extensive consultations and involving the widest range of stakeholders in defining the most appropriate measures and techniques.
- The role of for-profit delivery, contracting out and competitive bidding has been controversial in recent health reforms. Extensive public consultations should be held on this issue and the province should indicate its own analysis of the relative costs and benefits of different funding models and provider mixes. It should not allow for-profit delivery of care until this debate has been held.
- A comprehensive analysis of the implementation and early impact of the LHINs initiative should be held in 2008. This will allow funding, planning and service delivery to be effectively adjusted in relation to experience and research.

## **THE WELLESLEY**

Wellesley Central is an independent non-profit, non-partisan research and policy institute. We arose out of the community campaign to save the Wellesley Hospital, which fell victim to the restructuring of the 1990s, and we work to carry on its legacy as a catalyst for progressive and community-driven change in urban health.

- We fund a great deal of community-based research. Two recent innovative projects have been from the Dream Team, a consumer/survivor group, investigating the neighbourhood impacts of supportive housing for people with mental health challenges, and Street Health, a long-established agency providing nursing and other support to homeless people, assessing the specific health problems and programme barriers facing homeless people.
- We work to enhance communities by delivering 40+ capacity building workshops a year, to over 4,000 service providers, community members and other change agents to date. These workshops will soon be delivered in other Canadian communities and virtually.
- Working with local partners, we are transforming the Wellesley lands to include a recently opened long-term care facility, integrated supportive housing for people with HIV/AIDS and the elderly, a park and mixed housing.
- We develop workable and realistic policy alternatives for pressing problems of urban health. And that brings us to the LHINs.

## **REALIZING THE POTENTIAL OF LHINS**

There is an opportunity for the LHINs to:

- support more effective coordination and integration of all health care providers, institutions and community agencies:
  - so that a real continuum of care is created – with easy entry and navigation for patients between care providers and settings;
  - so that waste and duplication is reduced and resources can be most effectively utilized;
- better tap into community needs and interests:
  - to better identify service and investment priorities for particular regions and neighbourhoods;
  - to better allocate scarce resources where they will have the most impact;
- foster pilot projects and experiments within their regions and share these lessons across the system;
- by creating more integrated and responsive planning and delivery, make an important contribution to the overall reform of the health care system.

The challenges the province and individual LHINs will face are significant:

- having the imagination and commitment to stay focused on ultimate goals;

- finding creative, responsive and effective ways to ensure community participation in planning;
- balancing regional flexibility with provincial standards, provider with consumer interests, different types of practice, short-and long-term projects, health promotion and treatment, and all the other complexities of a modern health care system;
- coordinating resources and care across a complex and fragmented system and weaving together the myriad of practitioners, community providers, hospitals and other institutions into a coherent and integrated system;
- creating a new culture of innovation and cooperation among diverse providers and institutions.

The LHINs will be able to realize their potential only **if** they:

- are able to effectively represent the diversity of interests and communities in their regions and prove themselves accountable to those communities;
- develop planning, priority setting and resource allocation processes that reflect community interests and encourage wide participation;
- successfully build on the coordinating networks and other local initiatives that have been built up over the years, fill gaps, foster innovations and experiments in each and every LHIN, and share the insights and lessons gained in those innovations widely;
- really do create a seamless and responsive continuum of care for all; and
- address the pervasive social and economic inequality that has such an adverse impact on health at the same time as they are developing more integrated and responsive care.

The LHINs will not succeed if they:

- fail to establish clear and actionable priorities, priorities that have been determined with full community participation;
- fail to seriously engage with their local communities;
- allow wasteful competition among providers;
- cannot secure the active buy-in of physicians, nurses and other health care providers; hospitals and other major institutions; and community health centres and other front-line delivery agencies;
- do not share knowledge and insight amongst themselves – if they come to operate as just another ‘silo’ in a still fragmented system.

## **COMMUNITY-DRIVEN PLANNING AND PRIORITY SETTING**

The Minister has emphasized that devolving authority to the LHINs is intended to “give real power to communities and people.” The idea is that local communities will better understand local needs and be able to make better resource and planning decisions than offices far away. This is never going to be simply a question of scale: some of the LHINs in the north in particular cover huge areas and others such as Toronto Central will be dealing with incredibly diverse

communities and complex health and medical systems. What will be needed is very different types of planning to ensure that community needs and priorities really do drive planning.

### **What Community-Driven Planning Will Need**

The Bill emphasizes community engagement but without indicating concrete ways in which this will be achieved. Being able to identify priorities that reflect the needs, preferences and expectations of local communities and building these priorities into service planning and resource allocation will require:

- involving large numbers of people and community groups, which represent the full diversity and complexity of local populations;
- forums that will create plans that are practical and effective;
- plans and priorities that are seen by local communities as reflecting their needs;
- community involvement in monitoring impact and implementation.

There must also be a proactive responsibility on all LHINs and the Ministry to provide communities and citizens with the information, tools and resources they need to be able to effectively and meaningfully participate in planning and priority setting. This will require:

- access to reliable and understandable information on LHIN operations and health care delivery;
- this must not just be masses of service statistics and raw data, but well-organized information related to defined objectives and indicators;
- significant community involvement in establishing appropriate indicators and measurements in the first place;
- funding and support so community groups can build up their own capacities to analyze health delivery information and provide independent input to planning and evaluation.

### **Expectations for LHINs**

Clear expectations for engaging local communities in planning and priority setting should be set out for all LHINs. These expectations should include clear success indicators – these should only be developed with community participation, of course, but could include the number of individuals and community groups involved in consultations and planning forums, how this input reflects community diversity and demography, the % of community recommendations that are acted on, research on how community members feel their voices are being heard, etc. And there should be clear requirements that LHINs regularly report back to their communities on progress against these community engagement objectives. In our larger policy paper we suggested community conferences and other concrete mechanisms to make this work.

There are two key ways in which these expectations can be ensured:

- build concrete requirements for community participation in planning, priority setting and resource allocation and specific success indicators and outcome measurement for this involvement into accountability agreements with each LHIN;
- one of the most persistent problems with reform in many jurisdictions has been that policy change has not always been tied to the specific incentives and levers that actually make the health care system work. In this case, the Ministry should create specific lines in LHIN budgets for community engagement forums and processes, and funding allocations in this line must be contingent on the LHIN successfully meeting the defined targets and outcomes for community engagement.

Policy Action Recommendation	Expected Outcomes
Amend Section 18 so that specific requirements and indicators for community engagement must be included in accountability agreements with LHINs.	Community driven planning; Significant and ongoing participation and support for the planning process from a wide range of community health service providers and partners.
Amend Section 17 (1) to require that specific lines or envelopes to support community participation and engagement are included in LHINs' financial allocations, and that funding depends upon meeting defined expectations and indicators.	This will back up the proactive responsibility on all LHINs to engage their local community in planning and priority setting with concrete funding incentives and evaluation processes.

## Local and Regional Planning

A major challenge will not just be providing the most effective forums, tools and incentives, but figuring out which level is best for planning which kinds of issues. The LHINs will be identifying region-wide priorities and needs and allocating resources accordingly. This in turn requires more locally-based planning and consultation for two reasons:

- the particular health care needs, interests and preferences of local neighbourhoods and communities vary a great deal, and planning and needs assessment has to start at this concrete level;
- service delivery takes place at these local levels as well, so performance management and programme evaluation also need to be centred at sub-regional levels.

Ways are going to have to be found to ensure that the LHINs become well connected to local communities; so they can effectively represent their diversity of interests and perspectives in decision-making, and are accountable to communities for their operations. Many other provinces developed various forms

of local advisory committees or forums underneath the Regional Health Authorities that feed local issues and interests back up into RHA planning. Ontario LHINs will also want to create effective and responsive means of local participation and engagement. They will then need to integrate these local priorities and issues into region-wide planning, and build effective feedback loops between local evaluation and assessment back up to the regional level.

There is no contradiction in Bill 36 to these considerations; its provisions are certainly wide and permissive enough to allow significant local and neighbourhood involvement. But this may not be enough; especially in the context of such widespread uncertainty among front-line providers and community groups. It would be far better to specifically require processes for local planning.

Policy Action Recommendation	Expected Outcomes
<p>Amend Section 16 (1) to require each LHIN to create local neighbourhood or community advisory committees or planning forums, and develop planning processes that ensure local perspectives are fed into their region-wide planning.</p> <p>While the legislation should require that such mechanisms be established, the Ministry should be very flexible as to their exact form, and allow appropriate variation between regions.</p>	<p>Increased local engagement in LHIN planning;            Planning and priorities that more effectively represent the full diversity of local needs.</p>

### One Size Won't Fit All

A major challenge will be balancing LHIN authority and autonomy, and provincial standards, strategy and powers. Bill 36 requires that the LHINs operate within the province's strategic plan, but it does not include specific mechanisms for how this can most effectively be linked into planning for local needs, expectations and conditions. The Ministry will need to ensure, especially in negotiations around LHIN accountability agreements:

- sufficient flexibility to recognize:
  - the particular challenges of huge distances, diverse populations and economic vulnerability in the North;
  - the very different, but no less daunting, challenges of greater concentrations of hard-to-serve people in the major cities and tremendous social and cultural diversity;
  - the fact that many LHINs encompass these kinds of variations from rural under-populated areas to diverse urban neighbourhoods within their boundaries;

- while at the same time, guarding against:
  - inequitable disparities in resources, access and quality of services;
  - inefficient variations in practice and delivery;
  - overly local or parochial priorities;
- and ensuring that all the LHINs are effectively coordinated with each other.

LHINs will need to really understand all their local neighbourhoods and diversity. The planning forums recommended above will be crucial in their regard. Community-based research also has great potential for the necessary local and nuanced understanding of health needs, and for involving communities actively in defining their own needs and priorities.<sup>2</sup> The province will need to support enough flexibility for LHINs to be able to build this detailed local understanding and priorities into their overall planning.

## **INTEGRATION FROM THE FRONT-LINE UP**

One of the driving goals of integrated LHIN planning will be to coordinate the many hospitals, clinics, long-term care facilities and other institutions, and the myriad of community service providing agencies to ensure the most effective dovetailing of delivery and use of financial, human and other resources.

### **Build On Existing Strengths**

When launching the LHINs initiative, the Ministry asked for public input on several key questions, including examples of existing integration networks. The response revealed over a thousand local service coordination and planning networks, many active for years. The LHINs should build on the best of what is already taking place.

No doubt there is duplication, gaps and probable inefficiencies amongst all these networks. But they also indicate a clear front-line recognition that integration is important and a solid commitment to doing the necessary coordinating and planning work. The challenge will be to incorporate the best of these efforts, help all planning processes become more effective and responsive, fill in the gaps and roll all of these local efforts up into efficient regional planning and integration.

Building on existing coordination efforts and knowledge must be incorporated into each LHINs' integration planning. Each LHIN should begin by developing an inventory of coordinating and planning efforts and resources already underway in their region.

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<sup>2</sup> Wellesley Central has a great deal of experience with community-based research implementation and training, and we would be happy to share this expertise with LHINs and the Ministry.

Policy Action Recommendation	Expected Outcomes
<p>Amend section 15 (1) so that one component of integrated health service plans must be specifying how the LHIN will relate to coordinating and service networks already existing across the province.</p> <p>More specifically, each LHIN should:</p> <ul style="list-style-type: none"> <li>• beginning from the consultations and research done by the Ministry as LHINs were first being established, develop an inventory of coordinating and service networks in their region;</li> <li>• include in its first integrated health services plan how the best of these networks will be incorporated into ongoing planning and delivery.</li> </ul>	<p>Already existing planning and coordinating forums and mechanisms will be effectively built upon;</p> <p>Already committed providers will buy-in to the new LHINs initiative if they see their coordinating efforts taken seriously.</p>

## Foster Innovation

Efficiency is not just about improved coordination and the most cost-effective use of finite human and financial resources. The Minister also emphasized "...a simple concept. If one hospital or long-term care home has a great idea, hundreds of patients benefit. But if that hospital shares that great idea with every hospital and health provider, millions of Ontarians reap the rewards of innovation." To this end:

- the province will need to make innovation an explicit part of LHINs' mandate;
- there will need to be dedicated funding lines or envelopes to encourage pilot projects and service experimentation;
- they should not all be expected to yield immediately positive outcomes -- in fact, a 'glorious failure' may yield significant insights.

To build on successful pilot projects and innovations will require forums in which what experiments worked, what didn't, and why can be analysed, and mechanisms by which these 'lessons learned' can be shared among LHINs from across the province. This is really knowledge management on a large scale.

- there could be many small working conferences on particular types of innovations or service issues among the LHINs -- for example, on the most effective ways to develop home-based chronic care management for people with diabetes or other conditions;

- these workshops could be hosted on a rotating basis by the different LHINs. It is possible that some LHINs would become particularly expert at certain things – mini centres of excellence – and this would need to be explicitly encouraged and funded;
- effective and consistent knowledge exchange among the LHINs and beyond will need to be supported centrally by the province, especially through an effective IT infrastructure.

Policy Action Recommendation	Expected Outcomes
<p>Amend Section 18 to require that accountability agreements include concrete expectations that LHINs will support and fund pilot projects and service delivery experiments;</p> <p>Amend Section 17 (1) to include specific funding formulas for such experimentation, and tie levels of funding to successful achievement of defined experimentation and innovation outcomes.</p> <p>In addition, the Ministry should develop policies and programmes that foster innovation and share best practices among all LHINS. It must provide the necessary infrastructure, resources and funding incentives for LHINs to be able to effectively share knowledge among themselves and with their wider communities.</p>	<p>A working culture of innovation and experimentation will be created and sustained → service innovations will be constantly developed and implemented; Innovations will be shared throughout the system.</p>

## Monitor Results and Adjust Plans

Ontario and all other governments have increasingly emphasized the need to set clear performance targets for the health care system and to carefully monitor performance against these goals. Ontario has the chance to be innovative in expanding the kinds of evidence and measures used and the ways in which they are deployed in LHINs' performance management and decision-making:

- this evidence must never be solely statistical and institutional data such as numbers of procedures, patients served or wait times, as important as these indicators can be;
- for example, if a central goal is providing responsive and appropriate care from the patient's point of view then community-based research can be an important tool in assessing what facets of care and delivery are most

important to consumers and how well they see the system to be meeting their needs;

- assessing and bringing insights from front-line service experience into planning and decision-making will also be critical.

More fundamentally, the LHINs and Ministry will need to involve community stakeholders and citizens in helping to define what good performance looks like from their point of view and what measures and indicators should be used to assess performance and results.

All of this is particularly important because the LHINs initiative is so new and complex. Programmes and plans will inevitably not work exactly as envisioned and will need to be refined with experience. The point of collecting performance and results data is to feed them into continual planning cycles so that priorities and resource allocations can be effectively and quickly adjusted where needed. Here again, it will be vital that front-line providers and community stakeholders are involved in this continual assessment of performance and results and refinement of plans and priorities. The LHINs will need to develop creative and responsive forums in which this broad-based planning can take place.

Policy Action Recommendation	Expected Outcomes
<p>The province should initiate a wide consultative process to develop effective indicators to measure and monitor LHIN and system performance.</p> <p>All LHINs should create effective and responsive forums to involve their communities in adjusting plans and priorities on the basis of ongoing performance measurement and needs assessment.</p>	<p>Systematic planning, evaluation and refinement of service delivery.</p>

## **ENSURING THE MOST EFFECTIVE FUNDING MODEL AND PROVIDER MIX**

The LHINs will have broad powers to fund and enter into service agreements with health care providers. Some stakeholders have expressed concern that the government will move towards the type of split purchaser-provider model used in the UK, in which the government purchases services from a wide range of providers through competitive bidding and in which there is extensive for-profit provision. Research indicates significant problems with the UK experience in terms of higher overall administrative costs, quality of care and working conditions. There has also been some academic research indicating similar

problematic effects of competitive bidding and for-profit contracting of home care and other services through CCACs in Ontario.

A related area of concern is the impact of competitive bidding among hospitals and other providers for LHINs service contracts. The danger is that low cost and/or high volume become the sole factors in determining service mix. But what of long-standing community agencies who have created distinctive niches by supporting particular cultural or language communities, which may be small or isolated, or by focussing on marginalized or hard-to-serve groups that no one else was supporting? While of irreplaceable value to the people and communities who depend upon them, such providers may not be the most 'cost-effective' in narrow technical terms. It is widely expected that competitive contracting could lead to centralization of specialized services in larger hospitals in the main cities. This would mean travel and dislocation for patients from outlying areas. But people in the region may value local provision higher than purely cost or technical factors. How would these kinds of non-quantifiable or non-priced considerations be factored in to service decisions?

The LHINs will not actually be funding services for several years, so there is plenty of time to fully consider the best funding options and service mix. If the government does favour a UK-type model, it should set out its review of the pros and cons of British and other experience and its analysis of the relative cost-benefits of different funding models. More importantly, there is time to conduct this analysis and debate in a public and transparent fashion, in keeping with the government's emphasis on community engagement.

Policy Action Recommendation	Expected Outcomes
<p>The province should conduct public consultations on the most effective funding models for the LHINs and what, if any, role for-profit provision should play. Alternatively, this Committee should consider special hearings on this issue.</p> <p>The province should issue a report with its proposed funding model or options by December 2006. It should not endorse or allow for-profit delivery of care until then.</p>	<p>A research-based and fully debated decision → more effective funding model and provision; Community engagement will be furthered by public debate on a critical and contentious issue.</p>

## LHINS AND WIDER REFORM

### **Beyond Health Care Reform: Tackling the Social Determinants of Health**

A wide and solid range of health care research and practice has demonstrated that poverty, inequality, early childhood development, housing, social inclusion and many other social and economic factors have a pervasive impact on health.<sup>3</sup> If the ultimate goal is improving the health of all Ontarians, then these broader determinants must be addressed at the same time as health care delivery and planning is being reformed.

One problem in addressing the social determinants of health is the structure of government itself. Policies and programmes dealing with income, housing, racism or supporting community building are scattered throughout many Ministries and agencies, often working in isolation of each other. In addition, the new Ministry of Health Promotion has focussed solely on promoting healthier and more active individual lifestyles; an important challenge, but one that does not address more fundamental structural determinants. In important ways, the health system is charged with fixing the adverse health impacts of public policy elsewhere.

There are three implications that follow. First of all, the provincial government must take overall responsibility for developing cohesive policies and programmes to address inequality, homelessness and other determinants that have such an adverse impact on the health of so many. This means addressing the cross-sectoral disincentives to addressing broad issues such as the social determinants of health. A good current example is the controversy over special diet provisions for people on social assistance with particular medical conditions. The underlying issue is that research has incontrovertibly demonstrated that social assistance levels do not allow people to buy a nutritious diet, and that the resulting poor nutrition contributes directly to ill health. However, policy solutions – such as increasing the basic level of social assistance – are a cost to the Ministry of Community and Social Services, even while this could potentially lower preventable costs of ill health incurred by MOHLTC. The silo structure of contemporary government can create unfortunate disincentives to making expenditures whose benefits – and political credit -- are felt elsewhere.

Secondly, the most effective way for health care providers and institutions to address the social determinants at a front-line level is to work in partnerships and joint initiatives with community groups working in poverty reduction, immigrant settlement, employment support, homelessness and addressing other social and economic inequality. For example, CHCs, hospitals and others who deal with the

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<sup>3</sup> See Richard Wilkinson and Michael Marmot, eds, *Social Determinants of Health, The Solid Facts* World Health Organization, Europe, 2<sup>nd</sup> edition, 2003; Richard Wilkinson, *The Impact of Inequality How to Make Sick Societies Healthier* New York, The New Press: 2005; Dennis Raphael, ed, *Social Determinants of Health, Canadian Perspectives* Toronto, Canadian Scholars Press: 2004; and Canadian Population Health Initiative, *Improving the Health of Canadians*, Ottawa: the Institute, 2004.

health problems homeless people have should work with housing providers and advocates. A national survey found that 80% of RHAs in other provinces were working or planning to work with agencies from outside the health sector.

Thirdly, health care providers must provide innovative programmes that address the impact of social and economic inequality; that provide better care for marginalized communities and people. For example, as primary care is being restructured, what would effective and responsive primary care for homeless people look like? What kinds of cultural and language competencies must be integrated into delivery to adequately support isolated immigrant seniors with little English? What about when these particularly vulnerable people are scattered across large suburbs with poor public transport?

So, can the LHINs be accountable for reducing homelessness? Broadly no. But should LHINs build analyzing the impact of homelessness and other determinants into their health planning and build partnerships with front-line housing agencies into the fabric of their service delivery? Absolutely. Can the LHINs be accountable for developing innovative and responsive programmes that ensure that homeless and ill-housed people have adequate access to the health care services they need. Absolutely.

Policy Action Recommendation	Expected Outcomes
Amend Section 5 to include addressing the social determinants of health as one of the crucial objects of the LHINs.	Health care reform and planning will be more comprehensive and effective.
<p>Amend Section 15 (1) and 13 (1) to require that each LHIN build analysis of the social determinants of health into its planning framework, including its first integrated health services plan and all subsequent plans and annual reports;</p> <p>Amend Section 18 to require that details on how the LHIN will address the social determinants be part of accountability agreements.</p>	LHINs will develop their own programmes and build links to local efforts already underway in addressing the social determinants of health.
More broadly, the province should report on how its health care transformation will address poverty, inequality, exclusion, homelessness and other broader social determinants of health.	Health care reform will be more comprehensive and effective.

## Ensuring the Most Effective Scope for the LHINs

Ontario will want to learn lessons from the decade of regionalization in other provinces. Regional Health Authority officials, practitioners, academics, background studies for the Romanow Royal Commission and other health policy experts have all concluded that the impact of RHAs in overall system reform has been limited by their scope:

- many practitioners felt that they did not have enough autonomy from their province to deliver good planning;
- the arguably most important resources and drivers of the health care system – physicians, pharmaceuticals and payment/incentive schemes – are beyond their control;
- they have not been able to force structural change or overcome provider and/or institutional opposition.

Among this expert analysis has been:

- An Institute for Research on Public Policy Task Force emphasized that “reallocation of authority and responsibility for the management/operation of services must be all or nothing. Incomplete devolution of responsibility for common services perpetuates their duplication, sustains the incidence of patients falling through the cracks, and allows continued fragmentation of the continuum of care.”<sup>4</sup>
- Leading health law expert Colleen Flood and Duncan Sinclair, chair of the restructuring commission of the 1990s, argued that ...”fiscal responsibility for key elements, such as physician services and determining the rates of pay for all providers and employees (or the drug budget) has not been devolved to any regional health authority. Who can manage effectively without control of all the significant levers?”<sup>5</sup>

The government has decided on the scope it wants for the LHINs initiative and it is too late to alter their basic structure for now. But this caution from the history of other provinces – that the impact of the LHINs could be significantly limited until they have authority over the full continuum of services and providers – should not be forgotten

The way to do so is to incorporate this question of the impact of the scope of the LHINs into an overall assessment of their initial impact. The LHINs are an enormous and complex undertaking, and how they will actually unfold and their full impact cannot be entirely foreseen. A wise strategy would be to build an assessment of implementation and initial operations in from the start. This likely cannot be a sunset-type review, as the initiative is too large to turn back. But it should be a comprehensive analysis of the early impact of the LHINs, problems

<sup>4</sup> Institute for Research on Public Policy, Task Force on Health Policy, *Recommendations to First Ministers*, Montreal: the Institute, 2000: pp 15-16.

<sup>5</sup> “Devolution – A Solution for Ontario: Could the Lone Wolf Lead the Pack? *Healthcare Papers* 5:1 2004: 66; their argument that Ontario should move to regional planning as part of comprehensive reform was made before the LHINs policy was unveiled.

and challenges that have been faced in setting them up, lessons learned in initial operations, and policies, structures and principles that need to be refined so the LHINs can really achieve their potential.

Policy Action Recommendation	Expected Outcomes
<p>The impact and implementation of the LHINs should be revisited in 2008. This could include:</p> <ul style="list-style-type: none"> <li>• extensive consultations with LHINs boards, management and staff, community and neighbourhood planning forums, health service providers and community service agencies and other stakeholders;</li> <li>• special public hearings of this Committee;</li> <li>• independent analysis of LHIN implementation and outcomes by the Provincial Auditor or other appropriate body.</li> </ul>	<p>A comprehensive and independent assessment of the implementation and impact of the LHINs initiative → adjustments of planning and service delivery in response to these findings; More effective planning and delivery.</p>