



**WELLESLEY INSTITUTE**  
advancing urban health

Backgrounder

# Overview: Key Challenges Facing the LHINs

## Potential

The LHINs have great potential. More effective coordination and integration of health care providers, institutions and community agencies could help create a real continuum of care and ensure that resources can be most effectively utilized.

The LHINs could tap into community needs and interests to better identify service and investment priorities for particular regions and neighbourhoods, and allocate scarce resources where they will have the most impact. They could also foster innovations within their regions and share these lessons across the system. Finally, by creating more integrated and responsive planning and delivery, the LHINs could make an important contribution to the overall reform of the health care system.

But the LHINs will only be successful if they are driven by community needs and priorities; develop effective, responsive and innovative governance and community engagement mechanisms; build on existing coordination networks and accumulated knowledge; foster innovation and spread the best of what is working well throughout the system; integrate service delivery and planning to improve overall equity, diversity, quality and efficiency; build service provider, stakeholder and public momentum for change; and coordinate the myriad of hospitals, clinics, health care providers and community agencies into a coherent system.

By the summer of 2007, the LHINs have been pretty well established for a year or so, although close to fully staffed far more recently. They all held extensive consultations to define their initial priorities and produced their first Integrated Health Services Plans early in 2007. Funding and accountability responsibilities are gradually being transferred over to the LHINs, and they are all elaborating and institutionalizing their planning and ongoing community engagement processes.

The Wellesley Institute will continue to develop backgrounders and policy analysis papers on the challenges facing the LHINs and will continue to work in a range of community collaborations and partnerships that link into the LHINs. This backgrounder identifies key policy and program challenges the LHINs will be facing in the coming months and years. It does not offer alternatives or solutions to these policy challenges. Rather, it is specifically designed as a brief overview to the other more specific backgrounders and policy challenge papers on LHINs in these pages.

## Challenges

The following is not meant as an exhaustive list. Rather I try to identify some lynch-pin issues that offer the opportunities for making significant reforms and improvements to the way health is delivered. While issues are separated out and grouped, in practice, many will be inter-dependent.

## Integration Towards What?

The health system is incredibly complex, and better coordinating and integrating its many institutions, providers and stakeholders is bound to be a multi-faceted and long process. This makes it all the more important that the goals of integration be very clear. The challenge will be balancing goals directed towards:

- the highest quality and most responsive care;
- efficiency and coordination in delivery and planning;
- a smooth and seamless continuum of care – and community/consumer involvement in defining exactly what that means;
- enhancing and concentrating service delivery where it will reduce health disparities the most;
- services that reflect and meet the needs of an increasingly diverse population;
- effective resource allocation.

Setting these kinds of overall strategic directions and parameters will be the primary responsibility of the Province. One of the immediate problems is that the LHINs have had to develop their initial priorities before the Province has released its new strategic plan. This poses a further immediate challenge:

- the LHINs will need to respond to the new provincial plan (due in the spring) within six months;
- while not replicating the extensive community consultations of 2006, the LHINs will want to utilize their advisory committees and other forums to canvass community input on the new provincial plan.

## Equity and Diversity

These fundamental principles are bound to be central to the new provincial strategy and have been highlighted in many of the IHSPs. Specific challenges to come will include:

- how to ensure that LHIN governance, service delivery and health utilization reflect the complex diversity of their populations;
- how to reduce pervasive health disparities of access and outcomes;
- how to ensure that the social determinants of health are effectively incorporated into health care planning and delivery, and that the health care system is linked into housing, education, child development, social services and other spheres to put a social determinants approach into practice.

## Community Engagement

The LHINs will want to build on the good start in which they all mounted intensive consultations to help define their initial priorities. Challenges will include:

- how to create effective and responsive forums and processes where the full range of competing community and institutional needs and interests can be considered and balanced;
- how to involve all residents and communities – including the most vulnerable and marginalized whose voices are seldom heard in policy debate -- in planning and priority setting; and:
- most fundamentally, how to institutionalize community involvement in regular budget and priority setting processes, and in the ongoing refreshment of LHINs plans and priorities.

## Support Innovation

The goals of integration will not be simply to do existing things more effectively, but to develop new ways of delivering and planning health care. This will mean finding ways:

- to build on the dense existing networks and partnerships that have been built up over the years:

- this means being inventive and flexible in how to adapt these networks to the new LHIN environment;
- while, at the same time, being rigorous in assessing how well the networks are actually achieving their objectives -- to build on the strengths of those working well and to fix or drop those that aren't;
- to encourage local service delivery and organizational innovations:
  - this will require dedicated budget allocations for experimentation and assessment;
  - there will also need to be more flexible application and funding regimes so that service leaders are spending their time thinking, researching and piloting new services, not in excessive administration;
  - expectations to support local innovations and pilot projects will need to be built into the funding and performance management agreements between the Ministry and LHINs;
- to share the best of these innovations -- and the lessons learned from what didn't work as well -- among all the LHINs and throughout the health care system:
  - again, this will need clear expectations built into the agreements with each LHIN that they monitor and report on innovations within their spheres;
  - and this will require provincial level resources and infrastructure to share examples, assess their effectiveness, assess if and how they could be generalized and scale up innovations where appropriate.

## Effective and Responsive Governance

The various LHINs have been developing a wide range of advisory councils, forums and other ongoing processes to remain engaged with their communities:

- this highlights the challenge of:
  - balancing local flexibility to develop advisory processes that best suit local conditions with clear provincial expectations that significant community involvement is vital;
  - learning from what is working well in community involvement in planning and governance, and sharing these lessons learned among LHINs and those participating in their community advisory processes;
- part of this will be implementing challenges noted above:

- e.g. if diversity is to be a priority, then it will only be implemented if concrete expectations and indicators in relation to community engagement, access barriers, service utilization and quality of care are built into the cascading expectations from the Ministry to the LHINs and to institutions and agencies;
- e.g. reducing identified health outcome and access disparities by defined percentages will need to be built into expectations as well.

## LHINs and Overall Health Reform

The LHINs are one important part of a much wider transformation agenda underway in Ontario. The over-riding challenge will be how to connect LHINs to other reform efforts underway:

- in front-line delivery – such as primary care and the expansion of Community Health Centres;
- in ‘up-stream’ health promotion, prevention and chronic care management – all of which has to be dramatically enhanced; and
- in the foundations of system change – such as electronic health records and incorporating community-driven standards into performance expectations.