

# INTRODUCTORY SESSION Collaborative Governance

Ontario Support Program
Workshop for OHT Collaborative Leaders

Wednesday, December 15, 2021 Thursday, December 16, 2021



#### **ADVANCE Program**

Accountability, Shared Leadership and Governance





### Land Acknowledgement









### **ADVANCE Program Faculty**



**G. Ross Baker** is a professor in the Institute of Health Policy, Management and Evaluation at the University of Toronto and was founding Program Lead in Quality Improvement and Patient Safety at IHPME. Ross had led a number of projects in Quality Improvement and Patient Safety and was Co-Lead for the IDEAS program (Improving and Driving Excellent Across Sectors). He currently chairs the Quality and Safety Committee for the UHN board.



**Paula Blackstien-Hirsch** is a consulting facilitator and coach who focuses on Governance, Leadership and Quality Improvement across multiple sectors. She is also core faculty for the Masters in Quality and Safety, University of Toronto, and is a member of the Sinai Health Board where she also Chairs the Board Quality Committee.



**Heather Graham** is a consultant, facilitator and coach who works in the not-for-profit sector to build capacity in the areas of collaboration, governance and leadership, strategic planning and community engagement. She has been involved in several collaboration research and policy initiatives including Strengthening Collaboration in the Not-for-Profit Sector for which an online tool was developed (collaborationcoach.ca).







### Objectives for Today

- Introduce frameworks that inform our understanding of 'Collaborative Governance and Leadership', and examine what it means in the development of integrated care delivery by OHTs
- Explore tensions that are likely to emerge when leading collaboratively
- Introduce early enablers for OHT success during a multi-year leadership/governance evolution
- Provide an overview of the key elements highlighted in the ADVANCE series and the relationship between the Leadership modules and Coaching Academy







4

### Virtual Meeting Etiquette

- Video on (unless connection issues)
- Microphones muted unless speaking
- Scheduled feedback opportunities
- Disruptions & distractions happen







#### Dalla Lana School of Public Health

# Setting the Context for Collaborative Governance





### Integrated Care Definition

Patient care that is coordinated across professionals, facilities, and support systems; continuous over time and between visits; tailored to the patients' [and caregivers] needs and preferences; and based on shared responsibility between patient and caregivers for optimizing health.

Sara Singer et al



The most important determinants of success include establishing partnerships, building trust among providers, engaging clinicians and sharing data across systems to inform care







#### Population Health Management Defined

Population health management refers to the process of improving clinical health outcomes of a defined group of individuals through improved care coordination and patient engagement supported by appropriate financial and care models.

https://www.aha.org/center/population-health-management

Source: Trillium Health

Partners: Institute for Better Health









# Health Programs & Interventions for Population Health Management

Source: Trillium Health

Partners: Institute for Better Health

High Risk Care Management,
Palliative Care Programs



High Risk Care Management

MEDICALLY COMPLEX / HIGH RISK

Chronic Illness Care & Collaborative Care Programs, Care Coordination

**RISING RISK** 

Engagement, Screening & Counselling Navigation

**HEALTHY PATIENTS** 







#### OHTs in this Cohort participating in ADVANCE

#### Cohort 1 & 2 Approved Teams

- KW4: Kitchener, Waterloo, Wellesley, Wilmot & Woolwich
- Mid-West Toronto
- Sarnia Lambton

#### **Newly Approved Cohort 3 Teams**

Teams Comprised of 1+
previously independent groups;
requested by MOH to join as a
Single OHT Team

- Upper Canada, Cornwall, and Area
- Ottawa West Four Rivers
- Network 24
- Hastings Prince Edward

Teams Applying for the Second
Time but Not Combined with
Previously Independent Groups

- Elgin
- Grey Bruce
- North Simcoe
- Barrie and Area

#### Prior Approved Teams + New Groups (In-Development)

- Ottawa East
- Brantford and Brant County
- Guelph Wellington







#### The Five Conditions of Collective Impact

Common Agenda All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed upon actions

Diverse Voices \* Responsive \* Community Aspiration

Shared Measurement Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable

Exploring \* Alignment \* Tracking Progress \* Results

Mutually Reinforcing Activities

Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action

Weaving \* System \* Supportive \* Centered

Continuous Communication

Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation

Trust \* Transparency \* Ongoing \* Engagement

Backbone Support Creating and managing collective impact requires a dedicated staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies

Facilitate \* Convener \* Coordinate \* Movement

Source: FSG



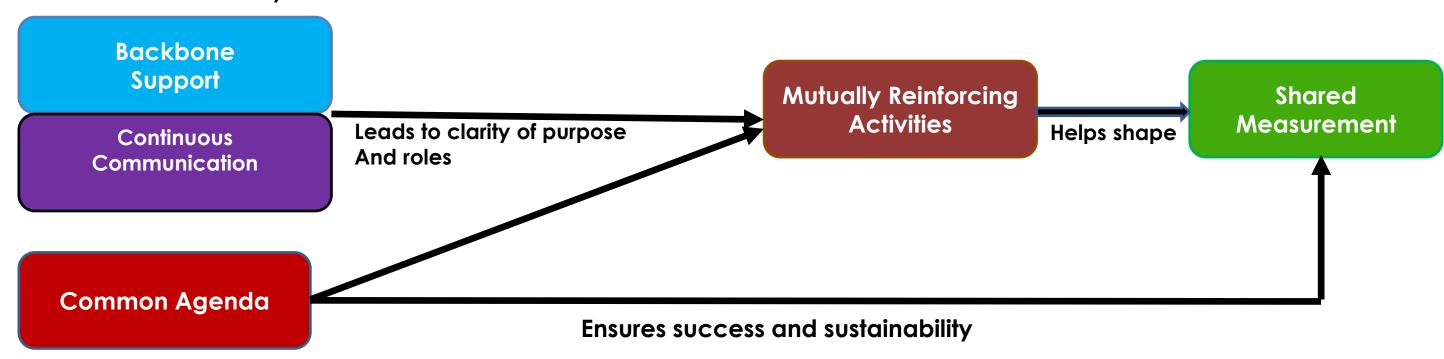




### Effective Implementation:

#### Understanding the Relationship Between the 5 Conditions

Foundational Conditions: Invest in These Early



NOTE: These conditions are inter-connected and bidirectional (e.g. shared measurement will inform the identification of new goals and different supports as the collaboration matures/develops).







#### **Key EARLY Considerations for OHTs**

COMMON AGENDA

- Are partners working together to: negotiate shared directions; ensure alignment between organizational and OHT goals; and demonstrate commitment to the work of the OHT?
- Do boards of partner organizations understand and support this common agenda?

BACKBONE
 SUPPORT

- Have partners jointly negotiated neutral, dedicated & sufficient staff/resources to ensure success moving forward?
- Have you considered the core skill sets required to 'move' both the strategic and operational work ahead?

CONSISTENT &
 OPEN
 COMMUNICATION

- Who has primary access to information (i.e. from funders) and when do they get access relative to others? How does this impact trust and relationships?
- How will Leadership Council ensure timely and open communication with multiple constituencies, including sector leaders not at Leadership Council, Working Group Leads, partner Boards, the broader community?







## POLL: Examining Conditions of Collective Impact within OHTs

REFLECTING ON THE CONDITIONS OF COLLECTIVE IMPACT:

How much work has your OHT done for each of the 5 conditions of Collective Impact?

(Major Amount, Moderate Amount, Minimal Amount, Don't Know)

- Common agenda
- Continuous communication
- Backbone support
- Mutually reinforcing activities
- Shared measurement

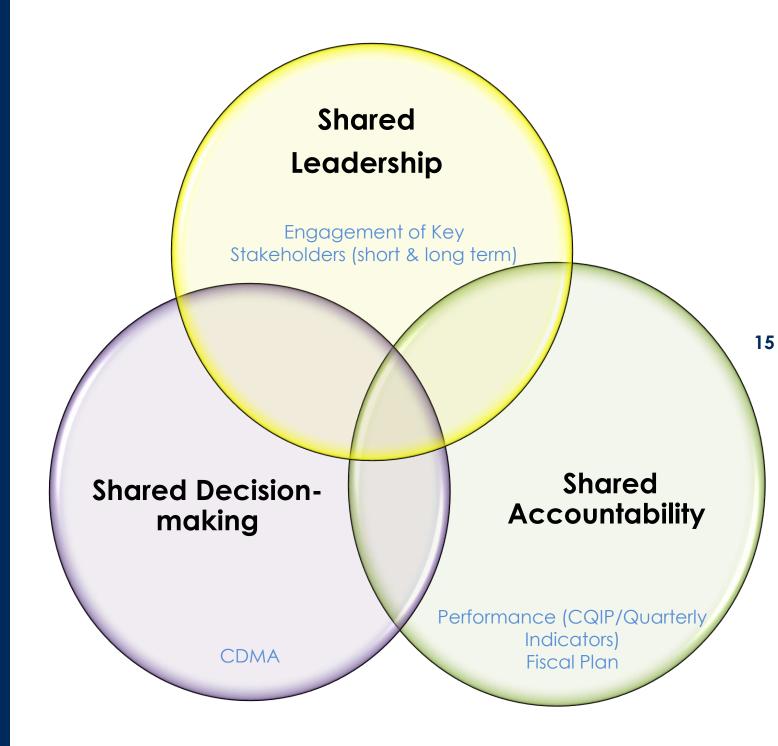








# What do we mean by 'collaborative governance' in the context of OHTs?'





#### **Defining Governance**

#### Why is governance important?

Governance is about who has a <u>voice in making decisions</u>, <u>how decisions are made</u> and <u>who is ultimately accountable</u>.

SOURCE: RISE Brief #3, August 2019 SOURCE: Institute on Governance. Available at: https://iog.ca/what-isgovernance/

- Within any organization: Boards share with organizational leaders the responsibility for strategy; and hold fiduciary responsibilities to monitor operations and provide stewardship for assets to ensure that resources are deployed wisely
- Within OHTs: Because of the need for coordination across sectors, OHT Leadership Councils share evolving responsibilities for governance (small "g" Governance):
  - Collaboratively engaging in strategy (setting priorities & evolving system design)
  - Collectively fulfilling a fiduciary role through oversight of OHT resource use and performance









#### Collaborative Governance in OHTs: WHO?

Strategic Decisions & Fiduciary Responsibility

PARTNER BOARD COORDINATION

Strategic & Operational Decisions & Fiduciary Responsibility

LEADERSHIP COUNCIL

Input into Strategic Decisions

**SECTOR CONSTITUENCIES** 

Operational Decisions & Implementation

WORKING GROUPS

Strategic & Operational Advice

**ADVISORY GROUPS** 





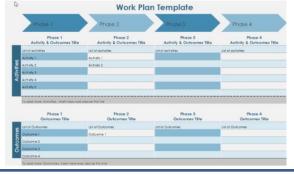


**STRATEGY** 

Multi-Year Initial: Priority Populations



Annual Work Plan



Collective Impact

Common Agenda

SUPPORT SUCCESSFUL EXECUTION Oversee
Progress on
Outcome
Measures



Problem
Solve &
Remove
Barriers



Shared Measurement

Mutually Reinforcing Activities

Design &
Coordinate
Care
Delivery







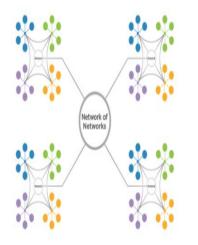


#### Collaborative Governance in OHTs - HOW?

SHARED LEADERSHIP Value the diverse perspectives/ expertise of partners



Create a
Distributed
Leadership
Infrastructure



Engage & Empower



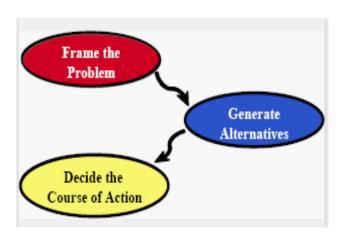
Collective Impact

> Mutually Reinforcing Activities

Continuous Communication

#### **DECISION-MAKING MODELS & APPROACHES**

SHARED DECISION-MAKING Negotiate/ Agree on Approach to Collaborative Decisions











#### Collaborative Governance in OHTs - HOW?

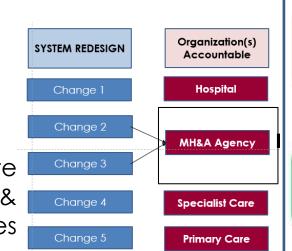
#### Collective Impact

SHARED ACCOUNTABILTY

Navigate multiple accountabilities



Clarify & negotiate individual & organizational roles



Mutually Reinforcing Activities

Shared Measurement







#### **POLL:** Current Status of OHTs

Which of these statements best describes the current progress of your OHT? (Choose all that apply)

- The size and composition of our Leadership Council supports effective collaborative decision-making.
- Our Leadership Council is using an Annual Work Plan that aligns with our OHT goals to develop our Council agendas.
- Our Leadership Council has agreed on ground rules for how we will make collaborative decisions.
- We take the time necessary to hear and value the perspectives of all members of Leadership Council.
- Our Leadership Council is delegating responsibilities for operational work on the design of care to Working Groups.
- When work is delegated to Working Groups, there is clarity on the roles & responsibilities of each organization on the Working Group.







### Dalla Lana School of Public Health



# Tensions Inherent in Collaborative Relationships





#### Broader Tensions Between OHT Partners/Leaders

Different organizations/partners bring different cultures, values, styles and mindsets

| COMMON TENSIONS                                     | HOW THEY MANIFEST  |
|---|--|
| Inclusion vs Agility/Speed                          | Intention to include many voices vs. the need to make decisions in a timely manner   |
| Distinct organizational cultures and imperatives    | Hierarchical and risk-adverse vs. collaborative and tolerance for measured risk  |
| Clarity vs. Ambiguity                               | Desire for clarity and formal structure vs. tolerance for ambiguity and evolving structures and processes                        |
| Organizational vs. Evolving System Accountabilities | The need for shared accountability (OHT) vs the need to ensure individual organizational accountabilities are met                |
| Downstream vs. Upstream                             | Work and focus on illness care and institutional outcomes vs. illness prevention/health promotion and population health outcomes |







#### SMALL GROUP DISCUSSION

- 1. Assign a recorder to capture highlights on the worksheet provided, and a reporter who will share <u>one key insight</u> with the large group
- 2. Discuss the following:
  - > What tensions are evident in your Collaborative Leadership Team?
  - > How has your OHT worked to surface and resolve some of these tensions?
  - What further supports are required to help your OHT successfully navigate these tensions?









#### Orange Debrief slide

- ➤ What tensions are 'top of mind' for your Collaborative Leadership Team?
- ➤ How has your OHT worked to surface/resolve some of these tensions?
- What supports are required to help your OHT successfully navigate these tensions?





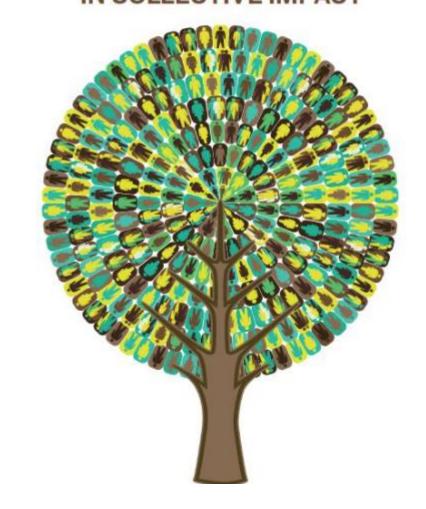
#### **BACKBONE:**

# A KEY ENABLER FOR SOCIAL IMPACT



Browse the SSIR website: www.ssireview.org

## BACKBONE ORGANIZATIONS

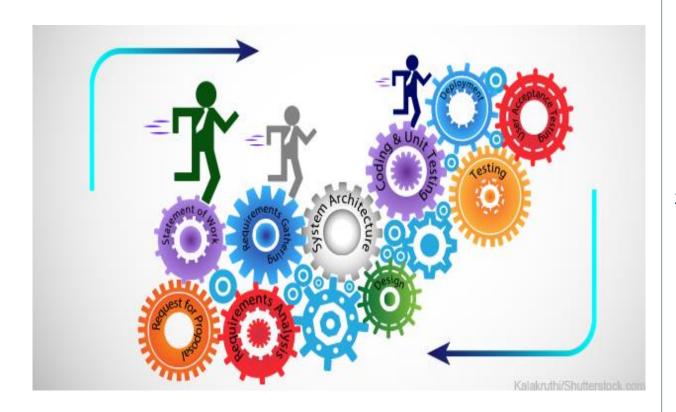




### Key Considerations for Developing OHT Backbone

### Planning...to determine how the OHT will support integrated care...now, and into the future

- <u>Competencies</u>: Support both for Leadership/Strategy and Operations
- Capacity:
  - Amount of Resource required & approach to staffing
  - Funding: Sources, formula for partner contributions, dollars or in-kind investment);
  - Regardless of who/how much contributed, shared accountability and thus shared decision-making
- Neutrality & an Enabling Resource
   (ownership & credit sit with partners)



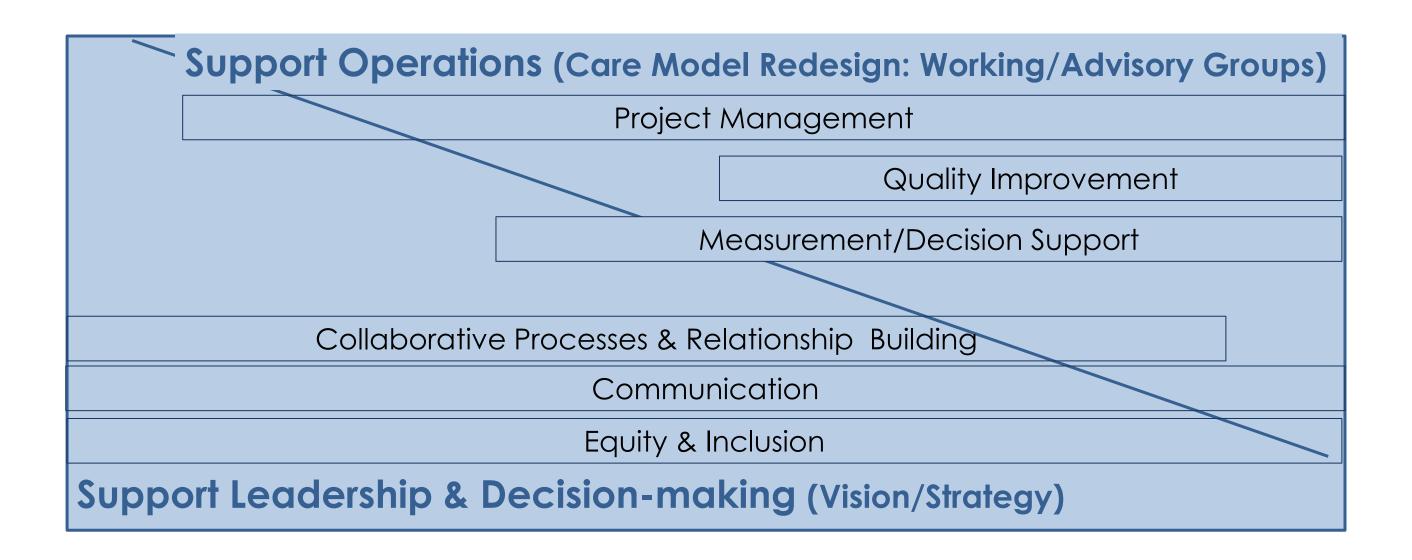
Brown, Kania & Kramer: Channeling Change: Making Collective Impact Work, 2012







#### Backbone focus evolves over time...









#### Your progress on Backbone to date...

PART 1 - Annotate

Other Quality Dialogue on Issues re: **Project** Improvement/ Data Relationships, Decision-Management Design & **Analytics** making, Distributed **Implementation** Leadership, Accountability

PART 2 – Use CHAT

Type in approaches you are using/planning to fund Backbone Supports







### Modules 2 – 6: What can you expect?

- MODULE 2: Authentic Collaboration & Agile Participatory Structures
- MODULE 3: Shared Decision-making (Who makes What Type of Decisions?
   Principles and Models for making Shared Decisions)
- MODULE 4: Leadership & Accountability (Principles for Size/Composition of Leadership
  Council, Competencies & Enablers for Shared Leadership, Tools for
  Leadership/Governance Oversight)
- MODULE 5: Big "G" Governance The Involvement of Partner Boards (Information Sharing,
  Dialogue on Assets/Risks over Time, OHT Governance Structure)
- MODULE 6: OHT Collaborative Governance Roadmap (Self-assessment on areas for further dialogue and development)







# POLL: From your perspective, what are the biggest obstacles to effective Collaborative Governance in your OHT?

- Lack of expertise/experience leading collaboratively
- Inability to commit the time necessary to fulfill Leadership Group obligations
- Unresolved tensions/power dynamics among the partners in the Leadership Group
- Lack of clarity regarding partner expectations
- Lack of alignment between my organizational priorities and those of the OHT
- Lack of dedicated 'backbone' funding
- Other (use chat feature)







#### Materials for Discussion/Reflection with Leadership Council

| Key<br>Messages:<br>Module #1 | <ul> <li>Achieving transformative change will be a journey, not a sprint.</li> <li>Enabling effective collaborative governance requires a focus on culture, people/dynamics, processes AND structure.</li> <li>The conditions for collective impact help to define what success looks like; paying attention to the early enablers (common agenda, backbone &amp; communication) NOW is important.</li> </ul> |
|-------------------------------|---|
|                               | <ul> <li>Partners/leaders must learn to tolerate ambiguity, be open to different ways of<br/>thinking/working, and be courageous about raising and negotiating the tensions<br/>inherent in the OHT environment/design.</li> </ul>  |
| Reflection<br>Questions:      | Looking at the conditions of collective impact, where has your OHT done the most work? And where should you focus additional attention?  Trans your personative what are the biggest elected to effective Colleberative.  |
|                               | <ul> <li>From your perspective, what are the biggest obstacles to effective Collaborative<br/>Governance in your OHT?</li> </ul>  |
|                               | What tensions are 'top' of mind for your Team, and how have you worked to surface or resolve these?   |







#### Materials for Discussion/Reflection with Leadership Council

#### **Practices**

<u>Common Agenda</u>: Our partners have agreed on a shared vision for integrated care based on a common understanding of the population health problems we are addressing.

<u>Shared Measurement</u>: Our Collaborative Leadership Council has established specific, measurable aims for each of our priority population goals, with relevant and meaningful outcomes to assess progress on these aims.

<u>Mutually Reinforcing Activities</u>: We have identified the roles/activities for each partner (for existing and new service delivery) based on the expertise that each brings to the collaboration, and have determined how these activities will be coordinated through a mutual plan of action.

<u>Continuous Communication:</u> We have established mechanisms for both timely and transparent communication, ensuring that all partners have access to the information they need to inform good decision-making.

<u>Backbone Support</u>: We have acknowledged the importance of Backbone supports to achieve our OHT goals and have put plans into place to resource & engage the required competencies.

#### Resources

Note: Resources available at: <a href="https://hspn.ca/advanceoht/advance-resource-repository/">https://hspn.ca/advanceoht/advance-resource-repository/</a>







# Thank you!







