

**An Overview of Voluntary Integration  
at Toronto Central LHIN**

**'Voluntary Integration Roadmap'**

Updated September 2012

## **Introduction**

In the current environment, agencies have a unique opportunity to transform the Ontario health system. There is a growing sense of urgency about the need to address central issues of person-centred care, quality, sustainability and value in healthcare and integration is increasingly looked upon as an essential means to enable this transformation. The potential of integration is in its ability to address both sides of the value equation – improving health outcomes and the experience of care for those using the health system, while at the same time reducing duplication or lack of coordination that can lead to unnecessary costs.

Both the MOHLTC's *Action Plan for Health Care* and the *Commission on the Reform of Ontario's Public Services* ("the Drummond Report"), highlight integration as a key priority for the coming years and signal the government's plans to introduce further reforms to promote more seamless local integration "*to ensure we have a system truly structured around the complex needs of an aging population*"

Under the Local Health System Integration Act, 2006 (LHSIA), the definition of 'integration' includes the following kinds of activities:

1. Coordination of services<sup>1</sup> and interactions
2. Partnering with others in providing services or in operating
3. Transferring, merging, or amalgamating services, operations, or entities
4. Starting or ceasing to provide services
5. Ceasing to operate

The LHIN and health service providers have different responsibilities depending on the type of integration, which include:

- Voluntary integration, self-initiated by a health service provider
- Facilitated and negotiated by the LHIN
- Required by the LHIN or Ministry, to provide, cease, or transfer services

The purpose of this document is to describe:

- The process and requirements for TC LHIN funded health service providers (HSPs) intending to *voluntarily* integrate services, operations or entities
- The requirements for preparing and submitting a Notice of Intended Voluntary Integration and the supporting documentation

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<sup>1</sup> A "service" is broadly defined to include all services or programs provided by HSPs to the public and could include:

- A service or program offered directly to people (e.g., clinical or home care services)
- A service or program that supports a direct service (e.g., diagnostics)
- A function that supports an organization that provides either a direct or a supporting service or program (e.g., payroll services; data management)

The process outlined in this document targets “transferring, merging, or amalgamating services, operations, or entities,” however, the TC LHIN strongly encourages all agencies to consult with the TC LHIN early in the process of *any* LHSIA-defined integration activity. There are different requirements associated with different types “integration” that reflect the size and complexity of the change. The TC LHIN will work closely with agencies to provide guidance on the appropriate course of action

***What is the Toronto Central LHIN’s approach to Integration?***

The LHIN’s goal is to **facilitate and enable** integrations that will improve patient care, system performance and sustainability.

Our role is to provide oversight to integrations to ensure they are in the interest of the public and patient care and that those affected including patients, community members, staff and other providers participate and have input into the process.

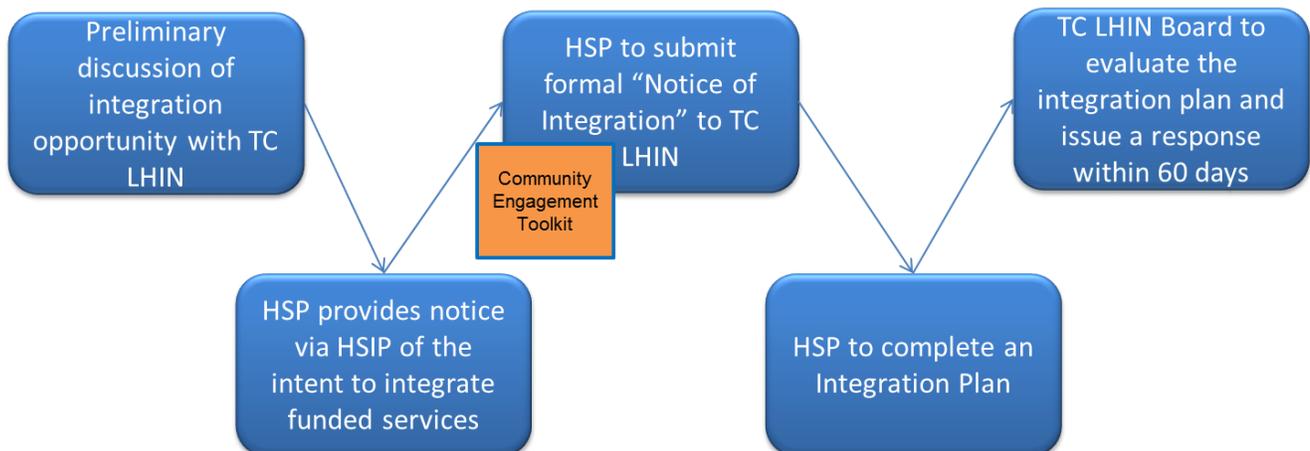
Acknowledging that **one size does not fit all**, the LHIN will assess Voluntary Integration proposals according to their risk, size and scope, and impact on the health system. We will work with HSPs to modify the requirement to reflect these factors.

***When should the Toronto Central LHIN be notified of a Voluntary Integration?***

The LHIN should be informed as early as possible about any potential voluntary integration. Early notification allows the TC LHIN to consider the integration from a system perspective and to provide preliminary guidance.

Based on the scope of the proposal, the TC LHIN will apply a decision framework (refer to Appendix A) to guide the extent to which the LHIN engages in the integration process and outcomes.

***What are the steps and submissions towards Voluntary Integration?***



### Health Service Provider Responsibilities

Before providing a formal notice of voluntary integration, HSPs are strongly encouraged to contact the LHIN in order to discuss their intended voluntary integration.

HSPs should notify their primary contact at the LHIN and/or Nello Del Rizzo, Interim Senior Director, Health System Integration, Design and Development at [nello.delrizzo@lhins.on.ca](mailto:nello.delrizzo@lhins.on.ca) or 416-969-3318.

In addition, the TC LHIN encourages HSPs to review an integration toolkit developed by WoodGreen Community Services. The toolkit is designed as a resource for organizations exploring integrations as a way to strengthen services for their communities. The toolkit may be download at: <http://db.tt/hqGGefP4> or online at: <http://www.woodgreen.org/Resources/IntegrationToolkit.aspx>

In addition, Bellwoods Centres for Community Living has generated a briefing to provide to the organization Board outlining the high level phases and commitments that the agency will follow through the integration process. Please refer to appendix D - **Voluntary Integration Phases – Board Overview**

Following a discussion with the LHIN, HSPs will be asked to provide additional information through a Health System Improvement Pre-proposal (H-SIP).

The HSIP enables a preliminary assessment of any request or activity contemplated by a health service provider that requires the TC LHIN's approval.

The TC LHIN will use the HSIP to obtain a general understanding of the proposed integration and provide assistance to the health service provider with the specific process and requirements to formally proceed with a voluntary integration

A template for this form can found on the LHIN's website at [Voluntary Integration HSIP Form](#)  
Guidelines for completing this form can be found in appendix B of this document.

The LHIN will then ask the HSPs to provide **formal notification to the LHIN** by submitting a letter to the TC LHIN CEO indicating the HSPs' intent to integrate.

Concurrently, or prior to the formal notification, HSPs may be required to provide to the LHIN a **Community Engagement / Consultation Report** and a complete **Integration Plan**.

Samples and/or templates for these documents can be found in the appendices and on the LHIN's website at [Voluntary Integration templates](#)

#### **The Letter of Intention to Voluntarily Integrate** (Appendix C)

- Represents a formal notice of intended voluntary integration.
- Summarizes the intended voluntary integration.
- Identifies each of the health service providers involved.
- Provides the date of the notice, name of contact for further information.
- Signed by the health service provider CEO or other binding authority.

**A Community Engagement/Consultation Plan and Report** (Appendix D)

- Description of the plan to engage communities affected by the integration following the principles and checklist in the Community Engagement Toolkit for HSPs and the TC LHIN. The plan should reflect your commitment to continuously engage your identified communities, partners, and the TC LHIN. This includes using targeted and ongoing strategies to engage the different communities and incorporating their feedback into the planning and implementation activities, as appropriate.
- A report on engagement activities that have taken place (e.g., input from Strategic Planning session) that have informed the voluntary integration proposal and how specific input has been considered in the process. The report should identify where there is support for the proposal as well as issues and concerns raised and the process for addressing these concerns.

**Integration Business Plan** (Appendix E)

- A comprehensive description, rationale and due diligence of the process to arrive at the recommended voluntary integration. This expands upon the HSIP.

Once the LHIN, or LHINs involved, receive formal notice, they have 60 days to review the proposal. The TC LHIN will assess the merits of the integration using the decision making framework as a reference. (Appendix A)

During that period the LHIN(s) can decide to stop the voluntary integration. HSPs can begin implementing the voluntary integration after this 60-day period is over.

During the review period, the LHIN may continue to work with the HSPs to undertake certain activities to facilitate the integration process.

***What happens after the integration?***

The post-integration reporting process will track the system impacts and progress on the voluntary integration over time. Progress reports may be required at intervals mutually agreed upon. (e.g., 6, 12, 18 and 24 months). These reports may be made public.

The reports may include progress on ongoing/follow-up community engagement; service levels compared to baseline (beginning of voluntary integration); update on savings/efficiencies and reinvestment; update on any other issues including human resources and infrastructure; update on quality of services including client satisfaction.

### *Tools and Reference Documents to Support the Voluntary Integration Process*

The following are tools and documents that HSPs may find useful as they consider and/or participate in a voluntary integration:

- A. Decision Making Framework** – TC LHIN assess the merits of the proposed integration against the criteria defined in the decision making framework. Voluntary integrations should strive to align with these criteria.
- B. Guidelines for completing the HSIP** – the HSIP serves as a documented overview of the integration
- C. Sample Letter of Intention to Voluntarily Integrate**
- D. Voluntary Integration Phases – Board Overview**
- E. Community Engagement Toolkit for Health Service Providers and the TC LHIN** – outlines how stakeholders and the broader community are to be engaged
- F. Integration Business Plan** – articulates the due diligence leading to the proposed integrated service and outlines the plan to transition services to the new integrated model; provides more detail than presented in the HSIP

**A. Decision Making Framework**

Domain	Criteria	Definition	Comments
Strategic Fit	Alignment with TC LHIN Strategic Plan	Advances TC LHIN priorities and objectives	
	Community Engagement	Degree to which community engagement is completed and feedback is incorporated into the plan	
	Equity	Impact on health status or access to services of recognized sub-populations with a known health status gap	
Common Principles	Quality Outcomes	Anticipated health status changes to patients / clients as it relates to safety, effectiveness and satisfaction.	
	Transitions of Care	Service referrals and/or acceptance from all health system providers will increase or not decline	
	Better Access	Impact on addressing gaps in service due to geographic or capacity constraints Continuity or increase of services	
	Increased Accountability	Degree to which monitoring and evaluation of the outcomes / outputs is planned	
		Leadership and governance model is reasonable and endorsed by both organizations and LHIN	
Value for Money	Extent to which integration contributes to efficient utilization of clinical, financial, capital and human resource capacity		
System Value	Innovation	Evidence of generation, transfer or application of new knowledge to solve health system problems	
	Partnerships	The number and range (consider size, complexity, relationships, sector etc) of partners involved	
Agreement that partnerships with current HSPs will be honored, enhanced, and monitored			

## B. Guidelines for completing the HSIP

In **section 1.5** 'Type of Improvement,' HSPs must check 'Integration Activity'

In **section 2.1** 'Project Description,' HSPs should include:

Description of the intended integration

Environmental scan

- *Profile of population health*
- *Inventory of the available resources, need and system capacity as they relate to the integration*

Explanation of how the integration is in the public's best interest

- *How the integration will result in the provision of appropriate, coordinated, effective and efficient health services*
- *How the integration will support the goals of LHIN and/or MOHLTC*
- *How the integration will improve the quality of services, patient care and access*

In **section 2.2** 'Population Impacted,' HSPs should include:

- Impact of the integration on the population of the LHIN and any specific sub-populations
- Impact of the integration on labour and employment relations and volunteers
- Impact of the integration on other HSPs or organizations providing services in the LHIN
- Impact of the integration on government and organizations that provide funding to HSPs

In **section 2.3** 'Community Consultation,' HSPs should identify:

- Any community engagement and/or consultation that occurred
- Results of any engagement activities
- Specific groups or populations engaged and methods of engagement used
- Evidence of community/stakeholder support

In **section 2.4** 'Benefit to the Population Served and the Healthcare System' HSPs should include:

- How the proposed integration will improve the quality of services provided, patient care, and access
- How the proposed integration will promote efficient and effective use of resources

In **section 3.2** 'Budget Estimate' should include:

- How the integration will be financed

In **section 3.2 and 3.3** 'Budget Estimate' and 'Sustainability,' HSPs should include:

- How the proposed integration will contribute to overall health system sustainability

### C. Sample Letter of Intention to Voluntary Integrate

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Chief Executive Officer  
Toronto Central Local Health Integration Network  
425 Bloor St East, Suite 201  
Toronto, ON M4W 3R5

Dear [LHIN CEO]

We are pleased to inform you that the Board of Directors at [HSP 1] and [HSP 2] have signed a Memorandum of Understanding that sets out the core principles for proceeding towards a voluntary integration of activities and operations under a single corporation.

[HSP 1] and [HSP 2] are leaders in the community care sector and share a common vision and mission in serving the community. Both organizations have a long track record working collaboratively on new initiatives to provide seniors services.

Both have been successful in expanding supportive and assisted housing services for seniors. Each organization also brings complementary expertise to building an expanded seniors operation. [HSP 1] has expertise in accreditation and use of information technologies and [HSP 2] brings expertise in housing, immigrant services, mental health and developmental services and elder abuse awareness and prevention. Both organizations also provide Adult Day Programs, supportive housing, wellness clubs, case management and social work.

For these reasons, [HSP 1] and [HSP 2] agree is makes to come together as a single organization under the same of [HSP]

As such, we are formally providing you with notice of voluntary integration. Please find attached our signed MOU, joint integration business case, Board Resolutions, and other supporting documents for your review.

Sincerely,

[HSP 1] Executive Director

[HSP 2] Executive Director

**D. Voluntary Integration Development Phases – Board Briefing**

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**PHASE 1 – PRELIMINARY DETERMINATION OF FEASIBILITY  
OF SUCCESSFUL VOLUNTARY INTEGRATION**  
*Two to Three Months*

**Due Diligence - Determination of organizational compatibility**

- a. **Through confidential processes including individual research and joint meetings of representatives of each Board and senior management, each organization ensures appropriate due diligence:**
- Review of own organizational status and sustainability
  - Review of own consumer needs and service delivery status
  - Recognition of an existing natural relationship between organizations
  - Review of information about another organization(s)
  - Development of an agreed-upon governance model and key principles for a successful integration

**Phase 1 Deliverables**

- a. **Development of the joint community engagement/stakeholder consultation plan and critical path**
- Each organization has clients, staff and external stakeholders to be consulted in Phase 2 regarding the integration being considered
  - Prior to any announcement of intention, representatives develop the community engagement plan for community consultations for each organization
  - Community engagement includes the joint communication plan for the integration
- b. **Submission of Health System Improvement Pre-Proposal (H-SIP) to TCLHIN stating the intention of both organizations to work together towards a voluntary integration**
- The H-SIP includes an outline of the proposed integration model and key cost considerations, together with a funding request if necessary
- c. **Board approval of legal agreements by each Board of Directors**
- A Confidentiality Agreement is signed by each Board/representative member at the launch of Phase One meetings
  - A Memorandum of Understanding is signed by each Board of Directors at the end of Phase One prior to any joint announcement of intention
- d. **Joint public announcement by both organizations of the intention to work together towards voluntary integration**
- With each Board's approval and signing of the Memorandum of Understanding, a joint public announcement is issued of the intention to work together towards voluntary integration

**PHASE 2 – BUSINESS CASE AND FORMAL COMMUNICATIONS**

*Two to Three Months*

**Due Diligence - Organizational Impacts**

**a. Assessment of operational Impacts by organizational teams**

- Identify and address operational impacts of integration in areas such as Client Services, Financial and Human Resources
- Development of implementation plans for each area of the organizations

**b. Implementation of community engagement/stakeholder consultation**

- The two Boards carry out the planned community engagement, seeking input from the community, local leaders, service partners, consumers and families and other stakeholders

**Phase 2 Deliverables**

**a. Business Case for Integration**

- The two Boards develop a business case for integration
- Each Board and membership of each organization approves voluntary integration, based on the finalized business case

**b. Joint Formal Communication to TCLHIN**

- With approval from each organization, the two Boards send a joint formal letter and the business case to TCLHIN, to announce the integration plans with planned implementation date

**PHASE 3 – TCLHIN REVIEW AND INTEGRATION IMPLEMENTATION**

***Two Months***

**Review of Integration Plan by TCLHIN**

- TCLHIN reviews the request, ensuring that required processes are complete and anticipated outcomes are positive

**Joint Public Announcement of voluntary Integration to all Stakeholders**

- If TCLHIN responds positively, the Boards make a joint formal public announcement of integration implementation and start date
- Various modes of communication used to announce the integration implementation including email, website, mail and others

**Integration Implementation**

- Preparatory processes start for the established start date e.g. April 1, 2013
- Implementation begins on start date e.g. April 1, 2013

August 2012

**E. Community Engagement Toolkit for Health Service Providers and the TC LHIN**

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The community engagement toolkit aims to support a health service provider’s community engagement efforts. An important means of achieving the health system’s goals is through listening to and communicating with a wide range of people including health consumers, the public, peer health service providers, community leaders, and other partners. Input and feedback obtained from engagement activities is one of several sources of information used to support integration planning.

The following check list provides a high level guide of areas to include in the development of a community engagement plan and report.

Sample reports are available upon request.

Please refer to the following link to access the full toolkit:

[Community Engagement Toolkit for Health Service Providers and the Toronto Central LHIN](#)

	Which communities and individuals are affected?
	How will you engage individuals and communities affected?
	How were the ideas and feedback recorded and considered in planning and decision making?
	What is the process for communicating back to communities about how their input and ideas were used and decisions made?
	How will you assess the community engagement process?

## F. Integration Business Plan

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The Integration Business Plan builds upon the HSIP and provides a robust review of all aspects of the integration.

Sample reports are available upon request.

## Executive Summary

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Who is involved?

What's being integrated?

What got you here? (environmental scan, consultation, other?)

Why is this a good thing?

- Improved service delivery
- Consistent with the LHIN's Integrated health Services Plan/Strategic priorities for the health care system
- Consistent with the Ministry of Health and Long-Term Care (MOHLTC) priorities
- Evidence, i.e., clinical best practices

What are the potential impacts?

- Access to health services
- Population health
- Labour & employment
- Volunteers
- Other HSPs
- Finances & resource utilization

How are you going to know if it's working?

- Measurement & performance

## A. Developing the Foundation for Integration

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### I. Introduction

- Who is involved and what is being integrated

### II. Environmental Scan

- Profile of population health, relative to the scope of the integration
- Inventory of the available resources for the population, need and system capacity as they relate to the integration

### III. Principles, Vision and Goals

- Principles will guide the process and outcomes and are used to test options and ideas throughout the process. It is useful to identify principles under categories such as service delivery, process and end state. The foremost principle should be a focus on the client and how best to meet their needs. It is important not to commit any party at the outset of the integration so principle statements should not be written as specific outcomes.
- Vision and Goals for the organization post-integration

### IV. Aligning Services to LHIN Priorities and Need

Explanation of how the integration is in the public's best interest

- How the integration will improve the quality of services, patient care and access
- How the integration will support the goals of LHIN and/or MOHLTC
- How the integration will result in the provision of appropriate, effective and efficient health services

### V. Cost Effectiveness

- What fiscal savings can reasonably be expected; (where will savings come from such as back office; when will they be realized, and how will they be reinvested. Comment on any other efficiencies and assumptions for what, how and when these efficiencies will be realized.

### VI. Risk Management Plan

*(Sample from adapted from Northumberland Hospice Services Integration)*

#### Risk Identification

The following risks and related responses have been identified:

Risk ID	Likelihood Low/Moderate/High	Impact Low/Moderate/High	Risk Response
1. Discontinuation or disruption of services to current hospice clients throughout the transition	L	H	Development and approval of an Integration Plan
2. Refusal by hospice clients to have care/support	L	H	Ensure clients and other stakeholders needs are addressed and promote the continued quality of the

delivered by CCN			service by CCN. HNL and PCC to advocate for the integration and the integrated service provided by CCN
3. Large loss of trained hospice volunteers.	L	H	Advise volunteers of the importance of their continued support of hospice clients. . Emphasize that the existing Coordinator staff will continue employment with CCN in the same communities and that the Coordinator/Volunteer relationship will be maintained
5. Perception by the public and key stakeholders that hospice services will somehow be inferior under CCN management.	L	H	Address public/stakeholder concerns through targeted communications.
6. Rejection of the Integration Plan by the Boards of HNL, PCC, CCN and the CE LHIN.	L	H	Ensure Boards (Sponsors) are engaged throughout the integration planning process and there are no surprises when the Integration Plan is presented for their approval. Schedule information/education event for Board members
8. Delays in the implementation of the Integration Plan beyond December 15, 2010.	L	H	Development of a detailed transition plan, establish an implementation team to manage the transition, ensure ongoing monitoring and reporting to Sponsors as the plan is implemented
9. Annualized operating costs of integrated service exceed CE LHIN allocation by more than 10%.	L	H	Develop a detailed budget and cash flow of ongoing operating costs. Separately identify unique one-time costs to be addressed as costs of transition. Ensure additional fundraising process in place to supplement program costs
10. Some services not immediately available to potential new clients	L	M	Establish a policy/procedure to triage potential new clients. if necessary delay services to least at risk individuals
12. Inability to operate without Northumberland United Way funding	L	L	Funds are not required for operation of hospice services. Maintain partnership and ongoing relationship with the United Way where appropriate
13. Addition of new service within CCN places stress on management and back office support functions	L	M	Integration Plan enhances finance and administration with the addition of 1 staff member. Integration Plan identifies a Regional hospice Coordinator to manage the hospice program. CCN Board to address any additional management issues
14. Large decline in other (non United Way) fundraising/donor support	L	H	Advise donors of the importance of their continued support of hospice services. Meet directly with large/long-time donors and reassure them their donations will go to hospice operations.
15. Loss of hospice identity within CCN and community	L	M	CCN to revise mandate/mission to reflect hospice clients. Develop hospice branding within CCN
16. Disruption to existing CCN services	L	H	Continue to assign a priority to uninterrupted services throughout the transition. . Identify opportunities to delay hospice transition activities

			should they interfere with other service delivery
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## VII. Communication and Community Engagement

- The importance of a thorough community engagement and communications plan is required to ensure all key stakeholders are informed throughout the integration process, have an opportunity to provide their perspectives and input and have this input considered at key points.
- The community engagement plan included in the business case should articulate the engagement activities undertaken with each type of stakeholder – i.e, staff, clients, community members, volunteers, partners, corporate members – during each of three phases (pre-integration, integration and post-integration). It should also highlight examples of main input received from different stakeholders and how this input was considered in decision making and planning.
- All risks should be identified and mitigation strategy described
- Follow the principles and cover the aspects of the checklist provided in the Community Engagement Toolkit [Community Engagement Toolkit for HSPs and the Toronto Central LHIN](#)

## VIII. Health Equity Impact Assessment (HEIA) Tool

- Identify unintended potential health impacts (positive or negative) resulting from the integration, on vulnerable or marginalized populations.

## B. The Integration Process

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### I. Programs and Services

- What programs and services will be delivered and how will these objectives be achieved
- Outline specific targets including volumes, individual clients served
- Describe specifically why the services selected for service expansion were selected; how these areas contribute to TC LHIN’s priorities (i.e., focus on Assisted Living, Adult Day Programs) how specifically you will achieve greater service levels (assumptions and when these expansions will take effect)

### II. Human Resources

- Evidence that there is an HR and labour relations plan that is being followed and implications have been identified and are being addressed
- Identify any risks or key considerations such as:
  - Human resource settlements
  - Equalization of staff salaries
  - Recruitment and/or training impacts/requirements, i.e.,:
    - Volunteer recruitment, orientation and training
    - Training required to implement new models of service
    - Bringing all staff to same skill level
    - Overall training costs and time

### III. Governance

- Board
- Senior Management

## IV. Infrastructure Support

### Information and Technology

For some integrations technology changes are required. Also, integrating IT systems (e.g. back office IT, Finance, HR or clinical) can support the goal of making our health care system more sustainable by enabling effective and efficient use of system resource and capacity. With changes to technologies associated costs and time for implementation need to be scoped during the planning phase.

This section should describe IT impacts including any costs, timeframe for costs as well as anticipated savings and timeframe for realizing efficiencies and savings. Considerations include:

- New phone lines/connection between offices
- Migration to a single server, new hardware (e.g. computers), or network infrastructure (e.g. connection between offices)
- New software or programming changes to existing software
- Training for staff on new IT systems
- Costs to connect systems across offices
- Resources to help plan for transition to, and implementation of, IT infrastructure

### Capital Planning

- Are there any physical infrastructure investments that may be required to support relocation, expanded or new services

### Finance, Administration and Other, e.g.,

- Legal agreements
- Rebranding
- Vendor contract penalties
- Alignment of policies and procedures

## C. Post-Integration

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### I. Evaluation Process and Reporting

- What indicators to measure outcomes of the integration
- Collect baseline data
- How to measure the integration process

#### Reporting

- The post-integration reporting process represents a mechanism to track system impacts and progress on the voluntary integration over time.
- The Business Case should reflect the agency's commitment to report to the LHIN at 6, 12, 18 and 24 months and that these reports will be made public.
- The reports will include progress on the community engagement plan and any issues; service levels compared to baseline (beginning of voluntary integration); update on savings/efficiencies and reinvestment; update on any other issues including HR and infrastructure; update on quality of services including client satisfaction.