

NEW

Directions

August 9, 2007

Deputy Minister goes on the road to discuss stewardship



A video of Deputy Minister Sapsford's tour presentation, a sampling of questions and answers from audience members, and the full text of his speech can be viewed at the A New Direction section on INFOweb. Follow the [Deputy Minister Tour](#) link.

Deputy Minister Ron Sapsford launched a series of tours last month to speak with and hear from employees about the changes taking place within the ministry under the transition to stewardship.

"There are two big questions about the changes that are affecting all of us as we move into our stewardship role. First, why is the ministry moving to a stewardship role? And what, exactly, is stewardship?" said Sapsford, during the first series of the tours, held in Toronto and Kingston in July. Each one-hour session began with a presentation by Sapsford providing details about what stewardship means to the ministry. This was followed by a short presentation by an Assistant Deputy Minister discussing an example of stewardship. The second half of each session was devoted to a question and answer period.

Why move to a stewardship role?

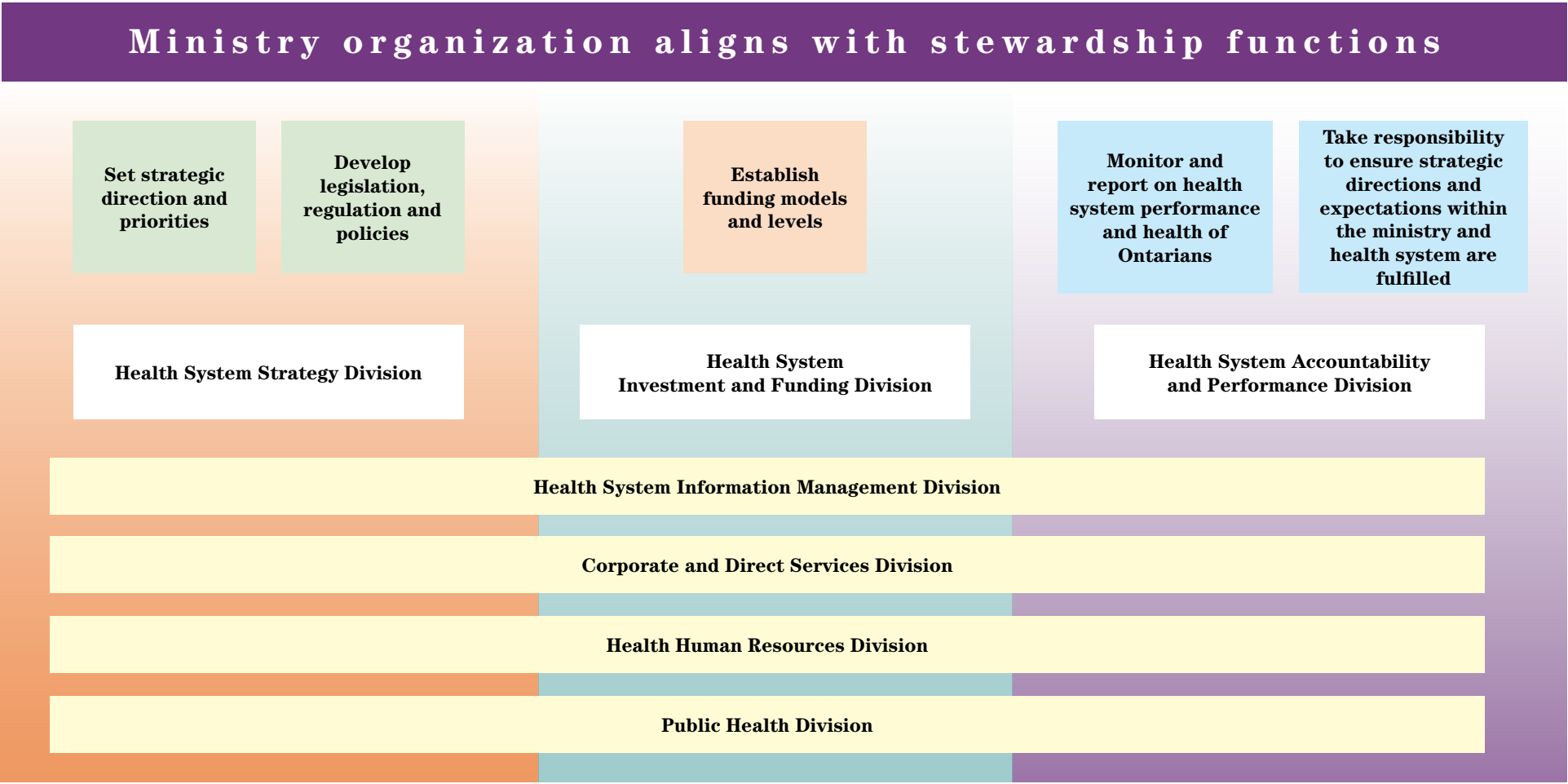
Sapsford highlighted that over the years, the role of the ministry in overseeing the health care system has evolved as MOHLTC adapted to changes in health care and learned from research and best practices.

"The challenges we face in the future are also a driving factor behind the move to a stewardship role," Sapsford said.

These include challenges stemming from changes in technology, an aging population and a population that is changing culturally and ethnically. Furthermore, Ontario citizens are becoming more knowledgeable consumers of health care services.

In addition, organizational research overwhelmingly shows that better health care is provided when health services are planned and delivered by the health care providers closest to recipients of those services.

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What is stewardship?

“Stewardship means driving strategy and performance, making the most of our resources, making the health system accountable for outcomes and ultimately making the health system more sustainable,” Sapsford said.

With the LHINs now in place, the ministry is moving quickly from program management to developing health-service-delivery strategies that will guide the LHINs and their communities in their local decision making.

“We’re starting to remove the policy barriers and controls that have stood in the way of seamless access to health care and the integration of health care services. Now, the ministry is looking at what we have to accomplish in the future . . . five, ten, fifteen years down the road,” Sapsford said.

He highlighted that as stewards, the ministry will:

- ensure the health system is driven by the needs of the population now and in the future
- set the direction and enable the choices that others will make to improve the health system
- guide and direct the health system through strategy development, planning and evaluation
- partner with other health care providers, including the LHINs.

With the restructuring under stewardship, MOHLTC is going to be an organization of interdependent divisions.

In his talk, Sapsford detailed the key operations that the ministry will be responsible for in its stewardship role. They are:

- establishing overarching strategic directions and priorities for Ontario’s health system
- developing legislation, regulations, standards, policies, and directives to support strategic directions and priorities
- planning and establishing levels of funding and funding models for health care
- monitoring and reporting on the performance of the health system and on the health of Ontarians
- taking responsibility for making sure that strategic directions and expectations are fulfilled, both within the ministry and within the broader health system.

“These stewardship principles apply across the ministry. There’s no one working in this ministry who

won’t be playing a stewardship role. Every one of us is responsible and we need to work together to achieve the goals of the health system,” said Sapsford, adding that the ministry’s organizational chart aligns with the functions of the ministry’s new role. (See chart above.)

Stewardship culture

Adopting a stewardship role involves changing the ministry’s culture, which Sapsford acknowledged will be a bigger challenge than changing its organizational structure. He also said working in partnerships is key to achieving the goals of stewardship.

“Stewardship means a change in how we think about our work, how we do our work and how we work together. We need to work in partnerships to achieve the goals we’ve set for ourselves. This includes partnerships within the ministry and partnerships involving external groups, including the LHINs.”

With the restructuring under stewardship, MOHLTC is going to be an organization of interdependent divisions.

In the past, a project was developed and implemented within a single division. Staff from other divisions would typically be consulted but would have no formal accountability.

“Now, even though a project will begin in one division we will have to work in cross-divisional teams because staff in the new functional divisions have the specialized knowledge and vital skills needed to achieve our goals. That’s why we have to engage with our colleagues and work in partnerships,” Sapsford said.

Sapsford said to make these partnerships work, the ministry needs to ensure: the establishment of purpose, the right to say no (a partnership of yes people will get us nowhere); joint responsibility; absolute honesty; and no abdication of responsibility.

“And all of this depends on building strong relationships — that means talking to each other, having open conversations and drawing on the creativity and innovation of every member of the partnership,” he said.

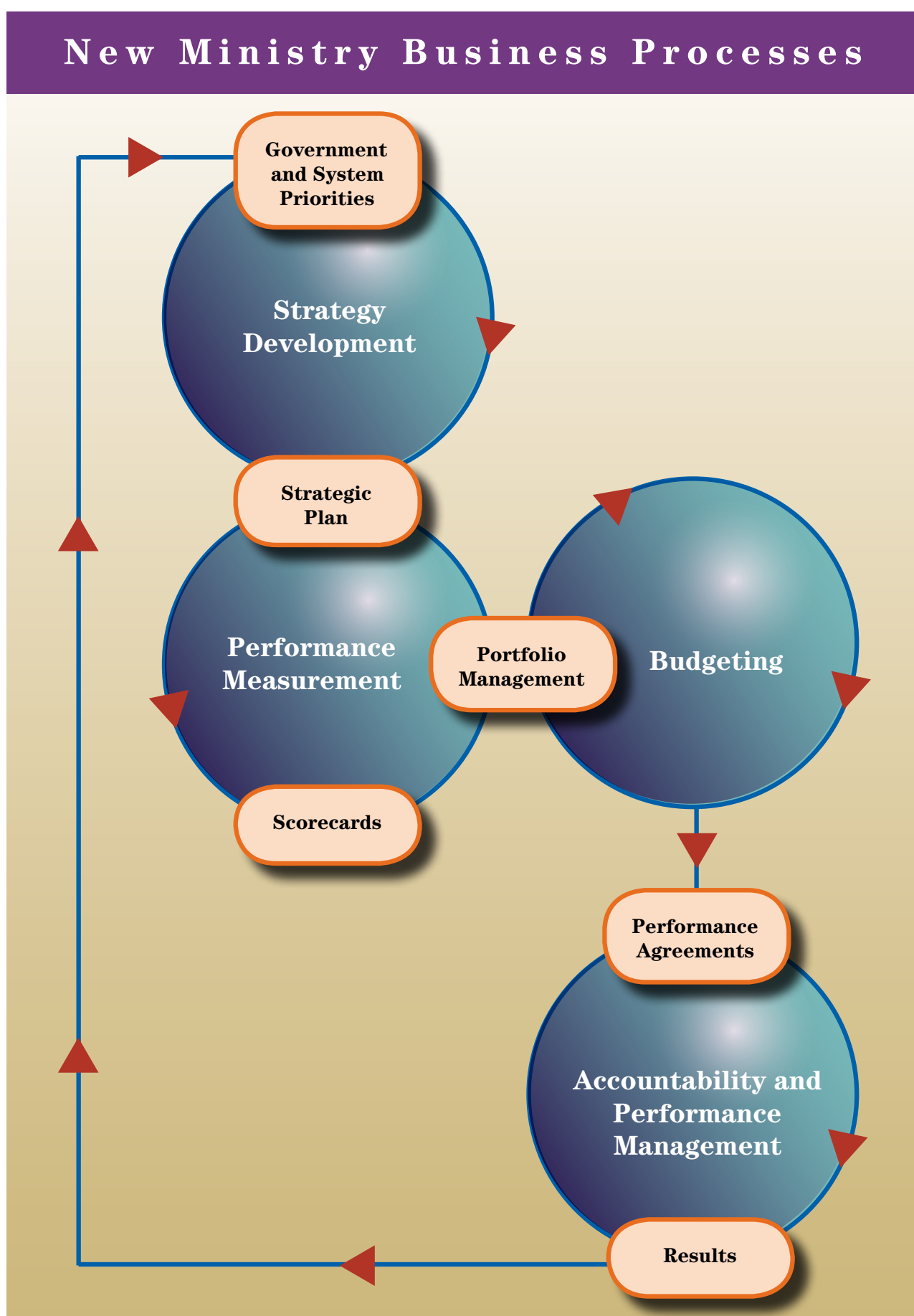
New business processes

Sapsford outlined the business processes that will drive the ministry’s future work (see illustration on this page). The first starts with responding to the government’s directions, along with advice received from the provider community and the public, to identify priorities and set strategies to achieve them.

The Health System Strategy (HSS) is leading the work on a 10-year strategic plan. Sapsford said the strategic plan will chart the course for the health system and provide direction for ministry staff and for the many institutions and the thousands of people delivering health services in Ontario.

“The strategic plan, which is a legislative commitment under the Local Health System Integration Act, 2006, is currently a work in progress,” he said. “I’ll be keeping ministry employees updated as it moves towards completion.”

To support stewardship and help the ministry navigate its course, it will use



health-system scorecards — quality and financial performance indicators — to measure its progress. In addition to other methods of measurement (e.g. hospital report cards, public wait times website), the first of two key scorecards for the ministry will be the recently introduced health system scorecard, which measures the impact and outcomes of health care programs to determine their performance. The other is a new internal scorecard to measure the work of the ministry.

“Each of these measurement methods serves a different function and our future challenge will be to align the various scorecards so we can understand the impact our policies and initiatives are having on the health

system. These scorecards will also provide us with the information we need to determine if our work should be revised, refocused or reversed,” Sapsford said.

Sapsford also discussed the new portfolio management function that’s designed to ensure the province receives the best value for its health care dollars. A portfolio consists of programs and investments that are grouped together because they are related, such as a chronic disease management portfolio.

By grouping initiatives with common goals, it will be easier to compare which investments in each portfolio are

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adding value to the health care system and determine where, if necessary, funding should be reallocated.

The eventual goal is to align all ministry programs with the strategic plan, the ministry scorecards and portfolio management. “At that point, you’ll be able to see how your work contributes to health system goals,” Sapsford told the audience.

Performance agreements are another key component of the new ministry business processes.

“Performance agreements with the various agencies and service-delivery organizations will, in time, reflect the strategic direction for the health care system, supported by the scorecards and portfolios,” Sapsford explained. “As stewards of Ontario’s health care system, it will be our job to make sure that these hundreds of agencies and organizations, along with the services delivered directly by the ministry, operate in a coordinated manner.”

“I want to personally thank all ministry employees for their patience and for their contributions to the transition process.”

Transition takes time

Sapsford acknowledged that the transition to stewardship is not an easy one. “I know it’s taking time, but it’s important that we get this process right and create a ministry that works better for us and for all Ontarians,” he said.

“I want to personally thank all ministry employees for their patience and for their contributions to the transition process. The goal is to have a sustainable, integrated health system that best serves the needs of the province and I’m pleased to be working

in a partnership with our employees to achieve that.”

Sapsford strongly encouraged MOHLTC staff to attend the sessions on stewardship he will be giving during the next few months on his continuing tours.

He also encouraged employees to attend future sessions of the Stewardship in Action — FYI Series, to be held this fall. In addition, more open sessions of the Stewardship Awareness program will be scheduled for September. Please watch *NEW Directions* for upcoming dates. ■

Sapsford wants to hear from ministry employees

Deputy Minister Ron Sapsford wants your feedback about the transition process to stewardship.

Sapsford is holding a series of tours across the province to give MOHLTC employees more details about stewardship and the changes taking place at the ministry (see adjacent feature article).

At his first talk about stewardship, Sapsford began by thanking ministry employees for their feedback since he announced the transition in January 2006.

“I appreciate your feedback because I need to know what information and what tools you need to help you move to the stewardship model and apply it to your work. It’s in response to staff comments and queries that I’m talking with you today,” Sapsford said.

Sapsford would like to know if these stewardship sessions are proving helpful to employees. Are the sessions answering all questions employees have about stewardship? If questions remain among employees, what are they? What should future stewardship sessions by Sapsford focus on?

Employees can forward their questions or comments about the tour sessions, or about organizational change and the transition to stewardship, to Deputy Minister Sapsford by:

- Calling the stewardship feedback line at 1-888-862-0528, or TTY at 1-800-387-5559
- E-mailing questions and comments to the feedback account at: **anewdirection@ontario.ca**.

NEW Directions, published for employees of the Ministry of Health and Long-Term Care by the Communications and Information Branch, can be read on-line at INFOweb at <http://intra.moh.gov.on.ca/>.

Elaine Lurie, *editor* | 416-327-4363
W. D. Lighthall, *writer* | 416-327-4760
Maureen Murray, *writer* | 416-212-1884

Do you have questions about the organizational change?

- Ask your manager
- E-mail your questions or comments to the feedback account at anewdirection@moh.gov.on.ca
- Call the feedback line at 1-888-862-0528 or TTY: 1-800-387-5559