

## Topic Overview

### Improving Leadership Capacity in Community Care in Ontario

#### Stakeholder Dialogue 6 November 2015

The McMaster Health Forum convened a stakeholder dialogue on the subject of improving leadership capacity in primary and community care in Ontario. With the support of the Government of Ontario (through a Ministry of Health and Long-Term Care Health System Research Fund grant entitled *Harnessing Evidence and Values for Health System Excellence*), the dialogue brought together 15 participants – 1 policymaker, 9 leaders from the primary and community care sectors, 2 healthcare professional leaders, and 2 researchers from Ontario and -- to examine the problem, options for addressing it, and key implementation considerations.



#### Deliberation about the problem

Dialogue participants built on the insights developed in a previous dialogue focused on strengthening leadership capacity in primary and community care in Ontario. This dialogue focused more intently on which problems were most pressing in the context of community care. While many similar challenges were identified across primary and community care, participants identified four interrelated aspects of the problem as most salient: 1) the heterogeneity in community-care providers, services and settings makes it challenging to clarify the types of leaders (and leadership) required to transform the system; 2) leadership capacity in community (and primary) care organizations exists, but there are deficiencies in the extent to which emerging leaders in these settings are supported, and uncertainty about the best ways to help them thrive; 3) there is a misconception about the imbalance between the leadership capacity in community (and primary) care settings on the one hand, and acute-care settings on the other hand, with little cross-pollination of leadership capacity across sectors; and 4) current health system arrangements create additional challenges.

*The views expressed in the evidence brief and dialogue summary are the views of the authors and should not be taken to represent the views of the funders.*





Participants drawn from government and from health, professional and research organizations gather during a McMaster Health Forum event on 6 November 2015

## Deliberation about an approach

Participants began deliberations about viable options to address the problem by adjusting two of the three options that had been reframed in the previous dialogue (and captured in the corresponding dialogue summary) and adding a new (third) option. While deliberations about the options did not result in a clear preference for any specific approaches, the following themes were raised with some consistency: 1) establishing a new provincial committee is not essential, whereas informal, distributed models of ownership over the leadership-improvement process can help the sector to achieve the results it wants; 2) focusing on strengthening community (and primary) care will provide ample opportunities for leadership-capacity development (because leaders will emerge in a more robust environment, and strong leaders will be attracted to work in the sector); 3) leadership-training opportunities that meet the specific needs of community (and primary) care are needed, but should also be integrated with leadership training for other sectors to avoid isolation from these sectors; and 4) leadership-training opportunities should include an array of formal and informal approaches and opportunities to practice new skills, while serious consideration should be given to selecting a common leadership framework to underpin formal training initiatives (e.g., LEADS).

## Deliberation about next steps

While participants committed to a diverse range of next steps, there was general agreement on two important overarching considerations that should help drive action now. First, participants felt that it was essential to recognize that recent political developments have created unique opportunities to act at this time, and that it was important to ‘seize the day’ and take advantage of the current focus on community (and primary) care. Second, while there was a considerable amount of debate surrounding each of the options considered in the dialogue, it is important to stop debating, pick an approach, and move forward before the opportunity is missed.

## Dialogue deliverables

To learn more about this topic, consult the [evidence brief](#) that was presented to participants before the dialogue, the [summary](#) of the dialogue, and [view the interviews](#) with dialogue participants.

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