

# PCN Leadership and Governance Peer Learning Session - Summary

January 20/26

The ALIGN team (Advancing' Leadership and Integrative Governance Networks) sees the evolution of OHT/PCN relationships in several stages, including important steps in 'Forming' and 'Norming' these partnerships. In this session, Dr. Ross Baker outlined 3 critical steps early in this partnership journey, and guests from 3 OHTs and PCNs shared their experiences relating to these steps (outlined below).

## 1. Developing a shared purpose

Shared Purpose is the glue that binds organizations together. It is also the critical driver of change and is essential for large scale change efforts such as the development of team-based care and the shift to integrated care. Shared purpose binds partnerships, enables effective collaboration, and provides energy to achieve successful change. Shared purpose is neither the “what” or the “how” but rather focuses on the “why” programs and organizations have committed to collaboration.

Organizational partnerships are more effective when they agree on the overarching goals of their collaboration - without shared purpose it is difficult to create collective impact.

- Jodi Colwill (Guelph Wellington OHT) highlighted the value of having an existing homogenized team-based care foundation, strong relationships between executive directors/leaders within the sector and representation from NPs, GPs and allied health.
- Lori Webel-Edgar & Dr. Kim McIntosh (Couchiching OHT) described the value of early in-person gatherings, and the importance of Indigenous elders in co-designing culturally safe system change and seeing clinician engagement as a "return on investment".

## 2. Identifying a common agenda for the partnership

Once collaborations have a shared purpose, they can work on developing a common agenda. Collective impact is hard. Really hard. In addition to the evolving healthcare context, leaders implementing and maintaining a common agenda can be challenged by strategy drift (e.g. veering away from agreed upon goals/losing sight of outcomes), missing accountability (e.g. not addressing poor performance or ensuring partner commitment) and failing to develop adaptive leadership. These problems are often not related just to individual performance but rooted in organizational cultures.

- Lori Webel-Edgar (Couchiching OHT) shared how her team, early on, dedicated time/resources to understanding challenges facing their PCN membership (e.g. HHR, programs/service) and using that to develop their common agenda.

## 3. Formalizing leadership and governance roles that oversee the partnership

When there are major shifts in priorities and strategies, organizations need to review their leadership structures and responsibilities. The recent focus on primary care attachment has resulted in the need for closer ties and collaboration between OHTs and Primary Care Networks to achieve better primary care for their communities, but the starting points for this collaboration differ depending on prior relationships, local leadership and the willingness to change existing structures and practices.

Linking leadership and governance structures across organizations requires sensitivity. While better communication and closer collaboration can be effective approaches in partnerships with clear and relevant goals, it can be more challenging when goals are less clear or where one or more partners are unwilling to shift priorities, requiring focused reflection on purpose, the nature of the common agenda, and the capability of leaders to manage change.

- Melissa Linesman (Middlesex London PCN) highlighted how primary care needs to be seen as the base of and key partner within healthcare systems. They walked through how this view has informed the representation of primary care within their OHT.
- Amber Alpaugh-Bishop (Middlesex London OHT) described the importance of relational work prior to formalizing processes and structures, and how voice and representation are critical in co-design. MLOHT priorities are largely primary care focused or connected, and PCN and OHT strategic plans overlap with some alignment.

We have come to understand that regardless of developmental stages, PCNs and OHTs need to occasionally revisit these steps, particularly when contexts, priorities and teams continue to evolve.

Thank you again to our guests from Guelph Wellington, Couchiching, and Middlesex London OHTs and PCNs for sharing your experiences with your peers!

### Coming up!

Next peer learning session **March 6th, 2026 (1200-1330)**. Based on your feedback, this session will focus on considerations for building and maintaining engagement, and strengthening leadership, within PCNs. More to share closer to the date. If you or your team have something you would like to share with others, please be in touch.

Registration link here: [https://utoronto.zoom.us/meeting/register/itZegEbGTEiK\\_whDI6qp6Q](https://utoronto.zoom.us/meeting/register/itZegEbGTEiK_whDI6qp6Q)