

CENTRAL EAST LHIN Board to Board Collaboratives TERMS OF REFERENCE

BACKGROUND AND MANDATE

Local Health Integration Networks (LHINs) are not-for-profit agencies that are accountable for planning, integrating and funding local health services in 14 different geographic areas of Ontario. LHINs are intended to be the local steward for health services that are delivered in hospitals, long-term care facilities, community health centres, Community Care Access Centres, community support services and mental health and addiction agencies. Through the Integrated Health Service Plan (IHSP), LHINs will articulate the health service priorities of the local health system. The priorities will be executed through funding and accountability agreements between the LHIN and Health Service Providers. The Central East LHIN, will seek to build partnerships with community residents and organizations who provide social and health services to their communities to achieve provincial and local goals.

Central East LHIN Commitment to Community Engagement and Collaboration

The Central East LHIN has developed a “Framework for Community Engagement and Local Health Planning” (the Framework) to articulate how it will work in partnership with the broad health care community. The Framework represents the Central East LHIN’s commitment to place collaborative engagement at the centre of its activities. It describes a process by which consultation and collaboration will drive the creation, implementation, and evaluation of the Central East LHIN’s Integrated Health Service Plan.

LHINs, Health Care Governance and New Expectations

The Ontario model of devolution of health care management is unique in that community-based volunteer governance of health organizations has been left intact. LHINs present a new opportunity for all health service boards to build and strengthen relationships and networks across the system through engagement with their communities.

This transformation of the health care system in Central East thus requires the active involvement, commitment, and strategic support of Health Service Provider (HSP) organizations in the LHIN, working towards a common vision, direction, and health priorities. To this end, health service providers are expected to:

- **Align** their strategic and service planning within the overall LHIN framework, with specific reference to the priorities identified in the 2006-2010 Integrated Health Service Plan;
- **Participate in LHIN planning exercises** and provide the input and necessary **information** for the development of LHIN plans;
- Identify **integration opportunities** and demonstrate continuous improvement in service integration, coordination and quality; and
- Implement the directions for integration laid out in the **accountability** agreements with LHINs
- **Engage** their communities and other health care providers when devising or implementing health care plans.

As stewards of the health care system in the Central East, the CE LHIN Board has recognized the importance of effectively engaging the governance leadership across the health service providers (HSPs) within the LHIN.

Purpose

The Purpose of the B2B Collaboratives is to support the following goals and objectives:

As defined by *LHSIA*,

- “to develop strategies and to co-operate with health service providers to improve the integration of the provincial and local health systems and the co-ordination of health services”;
- “to disseminate information on best practices and to promote knowledge transfer among local health integration networks and health service providers” with a specific focus on governance;
- to pursue/explore strategic opportunities for voluntary integration or the achievement of performance standards “health service providers that receive funding from the network”.

More specifically to the Central East LHIN, the purpose of the B2B Collaboratives is to:

- Support the goals of the *Central East LHIN Strategic Directions*:
 - Transformational Leadership
 - Quality and Safety

- Service and System Integration
- Fiscal Responsibility
- Assist in the implementation of the strategies and performance expectations as defined in the *Central East Integrated Health Services Plan*

Functions

Local Health System Integration Act (LHSIA) outlines broad parameters for the LHIN and health service provider governance. The Act defines the role of the LHIN Board as an agent of government. The governance engagement process must respect the LHIN's devolved authority for the health system, as per legislation.

The B2B Collaboratives are to:

- Consider the Central East LHIN strategic priorities and objectives, work with healthcare providers, local and regional networks and consumers to identify local service gaps and opportunities for improved coordination and integration of healthcare services
- Review LHIN-wide priorities and objectives against local strengths and gaps in capacity;
- Identify emerging local health needs and future health care priorities;
- Advise the LHIN and other health service providers on opportunities for improved health care efficiencies and cost effectiveness;
- Promote knowledge exchange and leading practices in health care governance and community engagement; and
- Respect/leverage the roles and responsibilities of other Central East LHIN Planning Partners, including local Collaboratives, LHIN-wide Networks and Task Groups

GOALS AND OBJECTIVES

Advisory Role

While the B2B Collaboratives may provide formal advice to the CE LHIN, the real thrust of this initiative is to generate support, sharing and advice between health service providers.

The purpose of the B2B Collaboratives is refined in the following goals and objectives:

Goals	Objectives/Deliverables
<p>A. Foster a culture of cooperation and coordination of care within the LHIN that will advance the LHIN's Strategic Directions and the IHSP</p>	<p>A. Board-to-Board Collaboratives will meet as self-functioning planning partners</p> <p>B. Development of joint strategic planning in line with the LHIN's Strategic Directions and the IHSP</p> <p>C. HSP Boards will think in terms of long-term system benefit and sustainability</p> <p>D. Local decisions around the re-allocation/reinvestment of 1% of the acute sector to the community sector (see 1% Challenge Project Charter)</p> <p>E. Voluntary Engagement Opportunities</p>
<p>B. Create opportunities for providers to learn and propose integration opportunities across provider "silos"</p>	<p>A. Introduction of HSP Board Chairs within each Board-to-Board Collaborative</p> <p>B. Submission of voluntary integration opportunities</p>
<p>C. Create opportunities for the LHIN Board to meet with provider Boards and learn of their strengths, challenges, and opportunities</p>	<p>A. Board-to-Board Collaborative-organized session to collectively inform the LHIN Board delegates of emerging issues and opportunities in the region</p>
<p>D. Serve as a vehicle for dissemination of governance best practices to support transformational leadership</p>	<p>A. Local and LHIN-wide educational events on governance best practices through B2B meetings and the annual LHIN Symposium</p> <p>B. Identification of educational topics at the Board-to-Board Collaborative level</p> <p>C. Board effectiveness measured by through lens of quality and safety</p>

TERMS OF REFERENCE

Three B2B Collaboratives

There will be three self-sustaining and geographically based B2B Collaboratives within the Central East LHIN:

- Scarborough
- Durham Region
- Regions of Haliburton, Peterborough County & City, Kawartha Lakes and Northumberland County (“HKPR”)

Membership

While membership in a B2B Collaborative is voluntary, participation is intended to reflect a diversity of governance representatives from LHIN funded health care providers. Criteria for membership are as follows:

- Director, Owner and/or Municipal Representative of a LHIN-funded health service provider within the geographic catchment area of the B2B Collaborative, including:
 - Hospitals
 - Long-Term Care Homes
 - Community Service Providers
 - Community Mental Health and/or Addictions
 - CCAC
 - Community Health Centres
- One delegate per health service provider, as chosen by the board of the health service provider

Exceptions

- Where the health service provider is multi-regional in nature, (e.g., the Central East Community Care Access Centre, Rouge Valley Health System, Whitby Mental Health Centre), that health service providers may choose to select a delegate to more than one B2B Collaboratives based on their service delivery area.
- While not LHIN-funded Health Service providers, the B2B Collaborative may include a delegate from:
 - Public Health
 - Regional Emergency Management Services
 - Aligned models of primary care, including FHT, FHG, FHN, FHO
 - Health Service Provider – Related Foundations

Limitations:

- Board representatives from vendors, suppliers and contractors of health care services are not eligible for membership
- There is no limit to the number of B2B Collaborative membership
- Members may participate in only one B2B Collaborative at a time.

Members participate in a Collaborative as individuals with knowledge of their field and experience in the geographic zone covered by the collaborative. It is preferred, but not required, that members of the Collaborative be resident in the Collaboratives geographic zone. Health service provider governance representatives must be registered before becoming a member of the Collaborative.

Central East LHIN Involvement

A minimum of three Central East LHIN Board members will participate in the meeting of each B2B Collaborative. Central East LHIN Staff may attend in support of the LHIN Board members, for example by sharing information to the B2B Collaborative.

Member Recruitment and Selection

Membership is open. The Chair of the B2B Collaborative, with the support of other members, will endeavour to maintain a core complement of membership that reflects the diversity of the region and the health system.

The CE LHIN will consider a centralized membership registration process (among other supports, such as a centralized calendar) enabled through its website.

Leadership

The initial Chair of each B2B Collaborative will be recruited by CE LHIN Board. The Chair will rotate every 12 months, as marked by the annual CE LHIN Symposium. The Chair will provide leadership during meetings of the Collaborative. As required, the Chair will be a central point of contact for the Central East LHIN.

Proposed agenda items or additional meeting requests from the Central East LHIN, Collaborative members, or other parties will be discussed with, and approved by the Chair.

The selection of a co-chair, or vice-chair is left to the discretion of individual Collaboratives.

At each meeting, members of the B2B Collaborative will identify a Recording Secretary, selected from amongst the attendees, to record meeting notes and/or action items. With the agreement of the members, a member may volunteer a staff member from their organization to assist in the role of Recording Secretary.

Agreement by Consensus

Members of the B2B Collaborative are expected to participate in open and objective dialogue reflecting upon the best interests of the residents of their particular geographic zone, the Central East LHIN and the Province of Ontario. Members should come prepared to contribute constructively (e.g., solutions orientation) to the work of the Collaborative.

B2B Collaborative advice forwarded to the Central East LHIN will be reached by consensus. Consensus is defined as general or widespread agreement amongst all members. Reaching common agreement need not require the formal practice of “consensus decision-making” (which may reward individual recalcitrant behaviour), but an understanding that every member's reasonable opinion has been given appropriate time for consideration. Once a decision is made it is important to trust in members' discretion in follow-up action. In the ideal case, those who wish to take up some action want to hear those who oppose it, because they count on the fact that the ensuing debate will improve the consensus.

Where consensus cannot be reached, the B2B Collaborative will present a summary of its deliberations to the Central East LHIN.

Any recommendation, including voluntary integration opportunities, arising from the advice of the B2B Collaboratives requires approval of the Central East LHIN prior to implementation.

Quorum

To constitute a formal meeting, 50% of the registered members must be present. B2B Collaboratives will not forward any advice/recommendations to the Central East LHIN on issues without the support of quorum.

Collaborative Supports

Participation in the Collaborative is voluntary. No honorariums will be paid to members and there is no membership fee to participate in the Collaboratives.

The business of the B2B Collaborative is intended to be self-sustained through the mutual contributions and efforts of health service providers. While such coordination may be onerous, it provides another opportunity for health service providers to coordinate their efforts and share resources.

Centralized information technology and other technological solutions will be explored to help facilitate interaction. This includes using the Central East LHIN website to disseminate information, sharing calendars, and member registration.

The Central East Project Management Office, a new initiative in the LHIN to promote a standardized approach to planning across health service providers, may also be resource to the B2B Collaborative.

B2B Collaborative members will seek the assistance within its membership to support/provide meeting logistics (e.g., meeting venues, parking, light refreshments).

Meeting Frequency

At a minimum, the B2B Collaboratives will meet three times annually, with one of those meetings being the annual Governance Leadership Forum held within the CE LHIN Symposium.

Evaluation

There will be an on-going evaluation process of the B2B Collaboratives. Indicators of effectiveness will be established and measured jointly by the B2B Collaborative members and the Central East LHIN.

The Terms of Reference for the Planning and Engagement Collaboratives will be reviewed annually.

Approved: Board of Directors Meeting – December 16, 2008