



Board to Board Engagement Final Review

Presentation to the CE LHIN Board

June 6, 2008

Engaged Communities.
Healthy Communities.

Purpose of B2B

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”

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Purpose of B2B *continued*

More specifically to the CE LHIN:

- 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*

B2B Objectives

Culture of Cooperation

- Understanding contribution to system performance
- Joint strategic planning in line with SD and IHSP

Integration

- Identification of integration opportunities (including 1% opportunities)

Knowledge

- Sharing of best practices and tools to raise the bar of system governance

Engagement

- Provide opportunities for the CE LHIN Board to meet with health service provider boards

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Three B2B Collaboratives

- There will be three self-sustaining and geographically based B2B Collaboratives within the Central East LHIN:
 1. City of Scarborough
 2. Durham Region
 3. Regions of Haliburton, Peterborough County & City, Kawartha Lakes and Northumberland County (“HKPR”)

How the will operate..

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.

Agreement by Consensus

- Quorum is 50% of established members

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
 - Exceptions: Municipal Services (Public Health, EMS); Primary Care models
- One member per health service provider
- Generally, health service providers to be on one B2B Collaborative
 - Exceptions: Regional Providers (e.g., CCAC, RVHS, WHMC, VON)

Central East LHIN Involvement

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

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Collaborative Supports

- The business of the B2B Collaborative is intended to be self-sustained through the mutual contributions and efforts of health service providers.
- Centralized information technology and other technological solutions will be explored to help facilitate interaction (e.g., CE LHIN website)
- 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.

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.

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Next Steps

- **Governance Leadership Forum: June Symposium (June 08)**
 - Dialogue on Governance: Best Practices
 - LHIN Expectations (e.g., Engagement, CSP, 1%)
 - First meeting of 3 regional Governance Collaboratives
- CE LHIN Board to solicit initial collaborative chairs
- 3 regional Governance Collaboratives will be operational as self-functioning planning partners (Fall 08)