Sub-region Planning Tables
Terms of Reference

1. Background/Context

1.1 Purpose

The Local Health System Integration Act, 2006 requires Local Health Integration Networks (LHINs) to establish geographic Sub-regions for the purposes of planning, funding and service integration. This requirement is also reflected in the 2017/18 mandate letter to the Central East LHIN from the Minister of Health and Long-Term Care. The mandate letter notes that "through Sub-regional (community level) planning," LHINs will "identify how providers will collaborate to address health gaps, and improve patient experience and outcomes." Lastly, the 2015-2018 Ministry-LHIN Accountability Agreement (MLAA) calls for "the definition and implementation of Sub-regional structures within LHINs, including the establishment of clinical and operational leadership within Sub-regions to drive local performance improvements."

Sub-region planning builds on the Central East LHIN's strong foundation of local engagement and planning, including Health Links, and will also advance the strategic aims and direct care priorities of the Central East LHIN's Integrated Health Service Plan 5 (IHSP5) – Focused on Patients.

To that end, the Central East LHIN has established Sub-region Planning Tables to transform specific areas of clinical care service delivery across the local healthcare system to better meet patient-centric quality and performance standards, and to address community-specific health needs through the operationalization of accountable care planning tables at the sub-regional level. The Planning Tables will build upon the strong, comprehensive foundation laid down by the Health Links in order to further advance the approach to Coordinated Care Plans and physician attachments. The Planning Tables will allow the full continuum of stakeholders from diverse sectors to come together with patient and caregiver representatives to improve the health of the population within a Sub-region geography.

This approach will drive improvements which are meaningful to the local community and reflective of its needs. Sub-region Planning Tables will empower individuals, organizations and sectors to engage in collaborative planning for a local population within a defined geography. Specific Sub-region priorities will be informed by the patient and caregiver perspective and local health system data. Ultimately, the Sub-region Planning Tables will provide recommendations to the Sub-region Steering Committee for innovative and integrated strategies to address local health gaps, following the established funding cycles of the LHIN.

The purpose of the Sub-region Steering Committee will be to provide strategic direction and oversight to support the work of the Sub-region Planning Tables by advancing Sub-region Planning Table recommendations to the Sub-region Steering Committee. In making these recommendations, the Sub-region Steering Committee will consider the broader health system context across the various geographic clusters. This group will also offer recommendations for local sub-region investment and reallocation of savings/surplus, and do so following the established funding cycles of the CE LHIN, and the Institute for Healthcare Improvement (IHI) Quadruple Aim approach (Patient Experience, Population Health, Reducing Cost, and Care Team Well-Being). The Sub-region Steering Committee will bring together executive stakeholders from various health service providers and sectors, such as primary care, cross-ministry partners, public health, and municipal services.

Sub-region planning within the Central East LHIN will be anchored in the vision, mission and values of the Central East LHIN. In addition, the following core principles will guide the work of the Sub-region Planning Tables:

- **Inclusivity** *(of those impacted)*:
  - Planning and action must be informed and guided by the **patient and caregiver** experience.
  - The development and maintenance of effective working relationships across the **full continuum of stakeholders** within a Sub-region (e.g., government funded, private, non-profit and service entities) will provide a foundation for collaboration and success.
- **Learning Systems** (*within Sub-regions*):
  - Fostering increased knowledge of **population health needs** and understanding **service capacity** is an essential and on-going process to inform, assess and enable action, improving the health and well-being of patients and populations.
  - Creating a 'learning system' will drive improvements by integrating **data for decision-making** into organizational systems and drawing lessons from **small-scale tests of change** to improve safety and quality within the Sub-region.
- **Sustainability** *(of system)*:
  - While local capacities must be recognized (human, financial, technological, other resources), consistency of processes within and across Sub-regions should be pursued prior to customization.
  - Monitoring system performance and on-going quality improvement efforts will contribute to sustainability and the spread of best practices, including Coordinated Care Plans.
- **Transformational Leadership** *(at local level)*:
  - Sub-region (local) leaders are best able to transform their local system by identifying,

informing and championing innovative, integrated strategies to address health and service gaps, advance quality, and improve patient experience and outcomes.

- **Equity** *(for all)*:
  - Bringing health care equity to the forefront in planning, decision-making and action within Sub-regions will support excellent care for all.
- **Safety** *(of care)*:
  - Underpinning Sub-region planning will be the delivery of innovative care in safe environments, incorporating patient, caregiver and provider perspectives.
- **Quality** *(of care)*:
  - Health quality is best shaped by understanding the experiences and wisdom of patients, families, caregivers, and the public.

1.2 Scope

The mandate of the Sub-region Planning Tables is to provide local leadership and joint accountability for innovative, integrated system redesign to collectively address health and service gaps, advance quality, and improve patient experience and outcomes within a Sub-region geography. Sub-region Planning Tables will work collaboratively within their Sub-regions, and with one another through a Sub-region Steering Committee, to manage local priorities and improve equity of access to health care and supports for patients and caregivers.

"IN" Scope	"OUT" of Scope
Assess Local Health Needs: • Consultation and engagement with local stakeholders, including patients and caregivers, to inform Sub-region planning • Review Sub-region performance data, identifying priority populations and neighborhoods • Undertake gap analysis of services and programs in relation to local need • Advance human resource planning, including physician capacity	• Governance of the Sub-region health care system • Final decision-making regarding service delivery operations and funding of individual health service providers/service providers/entities within the Sub-region, if required as such by the Central East LHIN • Advancing collective action on Sub-region priorities without • endorsement of the Central East LHIN

"IN" Scope	"OUT" of Scope
Plan to Improve Patient Experiences and Outcomes: • Propose Sub-region health goals and priorities for action • Develop annual Sub-region Work Plan • Offer recommendations to Sub-region Steering Committee for innovative, integrated strategies to improve local population health, and quality of care, following the established funding cycles of the LHIN • Determine Work Groups (WGs) required to realize • Sub-region health goals **Implement Innovative, Integrated Strategies:** • Oversee implementation of innovative, integrated strategies to improve local population health, and quality of care • Advance Coordinated Care Plans and physician attachments • Leverage WGs to implement local priorities **Evaluate Local Health System Performance:** • Monitoring of Sub-region performance, including service integration through coordinated care plans, quality outcomes and quality improvement initiatives • Additional indicators of success will include reduced wait times, improved access and better patient experience	• Advocacy on behalf of organizational interests • Advocacy on behalf of political interests • Addressing specific patients' concerns

"IN" Scope	"OUT" of Scope
Address System-Level Concerns/Issues/Risks • Focus attention on concerns, issues, and risks of a general nature at the Sub-region level so as to develop implementable solutions and strategies	

2. Roles and Responsibilities

2.1 Role(s) of the Central East LHIN Sub-region Planning Table Members

The purpose and mandate of the Sub-region Planning Tables are outlined in Section 1 above. These groups will foster joint accountability for innovative, integrated system redesign to address health and service gaps, advance quality, and improve patient experience and outcomes.

As such, individuals who have demonstrated their ability to consider, deliberate and advise on system and population-level issues and who are able to guide the development of a strong, cohesive culture within Sub-regions, will be appropriate for membership (see Appendix 1). Members are expected to abide by the Central East LHIN Code of Conduct. Members are expected to engage in healthy debate leading to positive improvement.
Members are expected to transcend their representative status (when they represent a specific type of service, sector, care, or vocation) in favor of their Sub-region. Members are selected for their ability to contribute to this mandate. Members are equal.

Role of Chairpersons: Role of Chairpersons: The Sub-region Planning Table Co-Chairs will work with the members (noted in Section 3.1 below) and Steering Committee to develop agendas and facilitate meetings. The Co-Chairs will act as the spokespeople for the Sub-region Planning Table with the support of the Central East LHIN Communications team.

Work Groups (WGs) will be struck as needed to implement the change ideas/solutions identified at the Sub-region Planning Tables and endorsed by the Steering Committee. Certain WGs may be derived from existing system committees and stakeholder tables of the Central East LHIN to assure system alignment and drive specific areas of Sub-region focus.

2.2 Responsibilities of the Central East LHIN Sub-region Steering Committee Members

The responsibilities of the Planning Tables are to assess, plan and evaluate local health system needs. Local change will be actioned through the implementation of innovative and integrated strategies

to address health and service gaps, advance quality, and improve the patient experience and outcomes.

To accomplish these deliverables, individual Planning Table members are responsible for the following tasks:

- Maintain a system- and population-wide perspective during deliberation and decision-making
- Consider foremost the health and social care systems, and what is best for patients and populations
- Bring forward their own and sector perspectives in a non-biased and respectful manner
- Declare perceived and actual conflicts of interest related to self or other members in advance, to the Co-Chairs and/or membership
- Abide by the Central East LHIN's Code of Conduct
- Actively contribute to discussion and the achievement of local priorities
- Support fulsome, accurate and appropriate communication with peers and within own sector or personal circles of influence

Collaboration is critical to the success of the Sub-region Planning Tables, and will require ongoing engagement. However, at times confidentiality will be required during the sub- region planning process. As such, Sub-region Planning Table members are bound by the Central East LHIN Consents and Confidentiality Agreement and Communications Protocols. Each Sub-region Planning Table member will be required to sign a confidentiality agreement. All confidential information, including notes written by individual members in connection with their work on behalf of the Sub-region Planning Tables, is subject to the provisions of Ontario's Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.F.31 and may be subject to disclosure in accordance with the Act.

3. Membership & Roles of Sub-region Steering Committee Members

3.1 Membership

Each Planning Table comprises an action-oriented core team of equal members representing a specific Sub-region.

Co-Chair: Sub-region Primary Care Physician Lead
Co-Chair: System and Sub-region Director

Core Membership:

1. Patient
2. Caregiver
3. Indigenous representative
4. Francophone representative
5. Newcomer representative
6. Primary Care (*Physician, Nurse Practitioner)*
7. Specialist Physician
8. Public Health Unit
9. Municipal Services *(County-level funder and provider of Affordable Housing, Food Security, Income/Employment, Child Care in Sub-region)*
10. Central East LHIN Home and Community Care Director
11. Community Health Centre and/or Family Health Team
12. Community Support Services sector
13. Hospital sector
14. Long-Term Care Home sector
15. Mental Health and Addictions sector

Other key Central East LHIN staff will support the Sub-region Planning Table as appropriate (e.g., Decision Support).

3.2 Recruitment

An Expression of Interest will be used to recruit inaugural members and replace or identify new members of the Sub-region Planning Tables. Members will be appointed by the Central East LHIN Chief Executive Officer (CEO) based upon defined membership criteria (see **Appendix 1**). Where appropriate, members will be nominated by their organization/peers/sector for consideration by the Central East LHIN CEO for membership. This will enable collaborative decision-making at the Sub-region Planning Tables in their first year.

The recruitment of patient and caregiver representatives will be facilitated by the Central East LHIN Patient and Family Advisory Committee (PFAC), leveraging the membership bodies of local health service providers' PFACs. Patient and caregiver representation will be particularly critical at key junctures of the Planning Tables, such as the validation of local priorities and the co-design of possible solutions

3.3 Reporting Relationships

- The Sub-region Steering Committee will serve as an advisory body to the Central East LHIN
- The Sub-region Planning Tables will provide recommendations to address local health system priorities to the Sub-region Steering Committee
- Work Groups may have joint accountability to the Sub-region Planning Tables and the Sub-region

Steering Committee, depending upon the local/system priority or area of focus
- The Co-Chairs will work with the Sub-region Planning Tables and Sub-region Steering Committee to adhere to the monitoring and reporting expectations as set out by the LHIN and/or province
- Members of the Sub-region Planning Tables will provide regular updates to their respective sector/governing bodies/communities of practice, as appropriate (e.g., health service provider Board of Directors)

3.4 Duration of Service

It is recognized that a longer term is necessary to accommodate the time required to develop relationships, processes, tools and plans. As such, inaugural members of the Sub-region Planning Tables will be appointed for a **two or three-year term**, subject to review and mutual agreement to continue at the end of year one. Members will be eligible to serve two terms, and these terms need not be sequential.

Terms will be staggered to support succession planning.

4. Logistics and Processes

4.1 Frequency of Meetings

Sub-region Planning Tables will generally meet monthly, with no fewer than eight meetings per year. Additional meetings will be held at the call of the Co-Chairs.

4.2 Decision-Making Process

Whenever possible, the Sub-region Planning Table members will make decisions by consensus. Where consensus cannot be reached a vote can be called and quorum requirements will apply. Unresolved matters may be referred to the Sub-region Steering Committee for decision

4.3 Quorum Requirements

All members are required to attend Sub-region Planning Table meetings. To constitute a formal meeting, a majority of members must be in attendance.

4.4 Review

The Terms of Reference will be reviewed annually by the Central East LHIN and updated as required to reflect modifications or additions (e.g., Annual Minister's Mandate Letter to LHINs, update to reflect new IHSP).

Appendix 1:

Planning Table Membership Criteria

Inaugural Sub-region Planning Table members will be appointed based upon the following criteria:

- Patients and caregivers with lived local health system experience within their Sub-region.
- Health service providers and non-health system representatives with a broad understanding of the health care system and best practices, and senior leadership experience (e.g., Vice President, Executive Director, Director of Care).
- Change Agent – Members should be open-minded and have a desire to effect positive change and improvement. They should be able to translate plans into action and to mobilize for change.
- Commitment – Members should be committed to the Sub-region mandate of addressing local health and service gaps, advancing quality, and improving patient experience and outcomes within the Sub-region.
- System Thinking – Members should be system thinkers, able to "see the big picture" and "think outside the box," and demonstrate creativity, flexibility, and innovation. The ability to look at the community as a whole, rather than a specific focus of expertise, is important.
- Community Linkages – Members should be able to reflect community needs, as well as their organizational perspectives. Members should be respected by their organization and their sector at large, and should be accepted and endorsed by the leadership of their organization.