

**Sub-region Steering Committee**  
Draft Terms of Reference

**1. Background/Context**

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**1.1 Purpose**

The *Patients First Act, 2016* 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 4 (IHSP4) – Living Healthier at Home.

To that end, the Central East LHIN has established Sub-region Planning Tables to foster joint accountability for innovative, integrated system redesign to address health and service gaps, advance quality, and improve patient experience and outcomes. 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 individual 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 Planning Tables by advancing Planning Table recommendations to the Central East LHIN. In making these recommendations, the 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 LHIN, and the Institute for Healthcare Improvement (IHI) Quadruple Aim approach (Patient Experience, Population Health, Reducing Cost, and Care Team Well-Being). The 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 family 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 people 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.
- **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 Steering Committee is to support the accomplishment of the Sub-region Planning Table mandate – 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 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   |
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| <ul style="list-style-type: none"> <li>• Provide coordination to Sub-region Planning Tables, and Work Groups as required, to support sub-region planning at the Central East LHIN</li> <li>• Encourage local innovation and problem-solving within the framework of the Central East LHIN’s Integrated Health Service Plan, the Minister’s Mandate letter, and set of strategic objectives derived from the <i>Patients First Act</i></li> <li>• Strategic planning and recommendations to the Central East LHIN on innovative, integrated strategies to address local health gaps and improve patient experience and outcomes in an equitable manner across the LHIN</li> <li>• Support to local and/or LHIN-wide priority initiatives</li> <li>• Monitoring of cluster sub-region performance, safety, and quality (leveraging sub-region</li> </ul> | <ul style="list-style-type: none"> <li>• Governance of the sub-region health care system</li> <li>• Decision-making regarding service delivery operations and funding of individual health service providers/service providers/entities within the sub-region</li> <li>• Advancing collective action on sub-region priorities without endorsement of the Central East LHIN</li> <li>• Specific health or service complaints, or concerns driven by advocacy</li> <li>• Political representation</li> <li>• Addressing specific patients’ concerns</li> </ul> |

| “IN” Scope   | “OUT” of Scope |
|--|----------------|
| <p>dashboards)</p> <ul style="list-style-type: none"> <li>• Identification and provision of advice to the LHIN regarding the full spectrum of integration opportunities within the sub-region (i.e., partnership, collaboration, transfer, merge, amalgamation)</li> <li>• Enable and provide oversight to collaboration agreements/Memorandums of Understanding (MOU) between partners to implement priorities</li> </ul> |                |

## 2. Roles and Responsibilities

### 2.1 Role of the Sub-region Steering Committee Members

The purpose and mandate of the Sub-region Steering Committee are outlined in Section 1 above. This group will oversee and support the work of the Planning Tables (and select Work Groups) by reviewing and advancing Planning Table recommendations to the Central East LHIN, factoring in the broader context of the various geographic clusters.

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 the system. Members are selected for their ability to contribute to this mandate. Members are equal.

**Role of Co-Chair:** The Sub-region Steering Committee Co-Chairs will work to develop agendas and facilitate meetings. The Co-Chairs will act as the spokespeople for the Steering Committee with the support of the Central East LHIN Communications team.

### 2.2 Responsibilities of the Sub-region Steering Committee Members

The responsibilities of the Steering Committee are to oversee and support the work of the Planning Tables and select Work Groups. This will enable local change through the implementation of innovative, integrated strategies to address health and service gaps, advance quality, and improve the patient experience and patient outcomes.

To accomplish these deliverables, Steering Committee 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 own and sector/organization 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;
- Support fulsome, accurate and appropriate communication with peers and within own organization or personal circles of influence; and
- Individual members will remain accountable to their own respective Boards for achievement of own/agency-specific accountabilities.

### **3. Membership of Sub-region Steering Committee**

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#### **3.1 Membership**

The Sub-region Steering Committee is an oversight body of the Planning Tables, consisting of a decision-making, action-oriented team of 8-10 members.

**Co-Chairs:** Vice President, Clinical, and Vice President, Health System Strategy, Integration, Planning and Performance

**Membership:**

1. Patient and Family Advisory Committee Co-Chair
2. Central East LHIN Chief Executive Officer (CEO)
3. Vice President, Home and Community Care
4. Co-chair representation from each Sub-region Planning Table (rotating schedule of either System and Sub-region Director or Sub-region Primary Care Lead)
5. Director, Strategic Communications and Stakeholder relations

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

## 3.2 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 Central East LHIN System and Sub-region Directors and/or Sub-region Physician Leads will work with the Sub-region Steering Committee to adhere to the monitoring and reporting expectations as set out by the LHIN and/or province; and
- Members of the Sub-region Steering Committee will provide regular updates to their respective governing bodies (e.g., health service provider Board of Directors).

## 3.3 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 Steering Committee will be appointed for a **two or three-year term**, subject to review and mutual agreement to continue at 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

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### 4.1 Frequency of Meetings

The Sub-region Steering Committee will generally meet bimonthly and no fewer than six times per year. Additional meetings will be held at the call of the Co-Chairs.

### 4.2 Decision-Making Process

Whenever possible, the Sub-region Steering Committee 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 Central East LHIN CEO for decision.

#### **4.3 Quorum Requirements**

All Committee members are required to attend Sub-region Steering Committee 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).