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CENTRAL EAST LHIN Governance Advisory Councils (GACs) 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 that 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 and Health Care Governance

The Ontario model of devolution of health care management is unique in that community-based volunteer governance of health organizations has been left intact to strengthen relationships and networks across the system through engagement with their communities.

This transformation of the health care system in Central East 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 current 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.

Purpose

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

The Governance Advisory Councils will 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” by health service providers that receive funding from the network”.

More specifically to the Central East LHIN, the purpose of the Governance Advisory Councils is to:

- Support the goals of the *Central East LHIN Strategic Directions* –
- Assist in the implementation of the strategies and performance expectations as defined in the *Central East Integrated Health Service Plan*
- Seek out and implement the integration of services
- Provide advice to the LHIN and to the HSP Boards on matters related to the enhancement of system integration.

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 respects the LHIN’s devolved authority for the health system, as per legislation.

The Governance Advisory Councils will:

- 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.

GOALS AND OBJECTIVES

Advisory Role

While the Governance Advisory Councils may provide formal advice to the Central East LHIN, their mandate also aligns with the following goals and accompanying objectives/deliverables to generate support, sharing and advice between health service providers.

Goals	Objectives/Deliverables
A. Foster a culture of cooperation and coordination of services within the LHIN that will advance the LHIN's Strategic Directions and the Integrated Health Service Plan.	I. Ensure linkage of HSP organizations with the LHIN's Strategic Directions and Integrated Health Service Plan. II. HSP Boards will think in terms of long-term system benefit and sustainability. III. Identify Voluntary Engagement Opportunities.
B. Create opportunities for providers to learn and propose integration opportunities.	I. Facilitate Networking amongst Health Service Providers within each Governance Advisory Council. II. Discuss and provide an update on the organization at each meeting. Share and exchange governance-related information at each meeting. III. Submit voluntary integration opportunities.
C. Create opportunities for the LHIN Board to meet with provider Boards and learn of their strengths, challenges, and opportunities.	I. Collectively inform the LHIN Board delegates of emerging issues and opportunities in the region. II. Enhance communications between providers to advance the priorities of the Integrated Health Service Plan.
D. Serve as a vehicle for dissemination of governance best practices to support transformational leadership.	I. Host and attend local and LHIN-wide educational events on governance best practices. II. Identify educational topics at the Governance Advisory Council level. III. Promote HSP Board effectiveness measured through a lens of quality and safety.

TERMS OF REFERENCE

Three Governance Advisory Councils (GACs)

There will be three self-sustaining and cluster-based Governance Advisory Councils:

- Scarborough
- Durham
- North East

Membership

Membership on a Governance Advisory Council is intended to reflect a diversity of governance representatives from LHIN-funded health care providers. Governors will be selected for a one-year renewable term to be confirmed by the LHIN Board Chair or designate. The criteria for membership are as follows:

- Board Chair or other designated Board member Governor, Trustee, Director, Owner and/or Municipal Representative of a LHIN-funded health service provider within the geographic catchment area of the Governance Advisory Council, including:
 - Hospitals;
 - Long-Term Care Homes;
 - Community Service Providers;
 - Community Mental Health and/or Addictions providers;
 - Community Care Access Centre; and
 - Community Health Centres.
- One delegate per health service provider, as proposed by the Board of the health service provider.
- A special membership provision will be applied at the discretion of the Central East LHIN Board, whereby an HSP with a LHIN-wide mandate will be permitted to have one member on each GAC.

Limitations:

- Board representatives from vendors, suppliers and contractors of health care services are not eligible for membership.
- Each Governance Advisory Council will have a limit of 20 members exclusive of LHIN Board members.

Members participate in a Governance Advisory Council as individuals with knowledge of their field and experience in the geographic zone covered by the Council. It is preferred, but not required, that members of the Governance Advisory Council be resident in the GAC geographic zone. Health service provider governance representatives must go through an expression of interest and selection process before becoming a member of the Council.

Central East LHIN Involvement

Central East LHIN Board members may participate in meetings of the Governance Advisory Councils, at the discretion of the Board Chair.

Central East LHIN staff may attend in support of the LHIN Board members, for example by sharing information to the Governance Advisory Council.

Member Recruitment and Selection

Membership is through an expression of interest process. The Central East LHIN will coordinate a centralized web-enabled process whereby interested parties may complete their application.

Each Expression of Interest will be reviewed by the Central East LHIN Board Chair and new members will be briefed on current activities of the Council prior to attending their first official meeting. Interested members will be permitted to attend as guests prior to the completion of their Expression of Interest, at the discretion of the Central East LHIN Board Chair.

Leadership

The meetings will be co-chaired by the designated Central East LHIN Board member and an elected Health Service Provider member of each Governance Advisory Council. The Health Service Provider Co-Chair will rotate every 12 months. Operational support will be provided by the Central LHIN.

The agenda will be pre-circulated to the members in advance of the meetings. A meeting evaluation tool will be used to provide the membership of the Governance Advisory Councils an opportunity to assess the value and effectiveness of the Councils. Meeting evaluations will be reviewed by the Community Nominations and Governance Committee of the Central East LHIN.

Each HSP Board representative will ensure that a summary of proceedings of the meetings are reported to his/her Boards and obtain feedback to be brought forward to the next Governance Advisory Council meeting. A summary of proceedings will be reported to the LHIN Board following each meeting.

Agreement by Consensus

Members of the Governance Advisory Councils are encouraged 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 GAC.

Governance Advisory Council advice forwarded to the Central East LHIN will be reached by consensus. Consensus is defined as general or widespread agreement amongst all members. Where consensus cannot be reached, the Governance Advisory Council will present a summary of its deliberations to the Central East LHIN.

Any recommendation, including integration opportunities, arising from the advice of the Governance Advisory Council requires approval of the Central East LHIN prior to implementation.

Quorum

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

Meeting Frequency

At a minimum, the GAC will meet three times annually, with one of those meetings being the annual Joint Governance Advisory Council meeting.