

Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) Haldimand Norfolk Sub-Region Anchor Table - Terms of Reference

1. Background

The *Patients First Act* expands the role and mandate of the Local Health Integration Networks (LHINs) to enable system transformation with a focus on primary care, home and community care, public health, health equity, and Indigenous and Francophone engagement. A key component of the *Patients First Act* is the effective integration of services and greater equity with sub-regions as the focal point for integrated service planning and delivery.

A sub-region is a geographic area within a LHIN used for health service planning and evaluation. Sub-regions will enable health planners and providers to better identify and respond to health care needs of local communities, to ensure that patients are able to access the care they need, when and where they need it. This includes strengthening the role of patients and families in the planning for their own health care needs and an increased focus on cultural sensitivity in the delivery of health care services to Indigenous peoples and French speaking people.

As one of the largest in Ontario, the HNHB LHIN is home to 11% of Ontario's population or 1.4 million people, including the Six Nations of the Grand River and Mississaugas of the New Credit First Nation territories. We recognize and celebrate the diversity of our communities. 2.3% of HNHB LHIN residents report French as their mother tongue and 2.8% identify as Indigenous. To ensure we are meeting the diverse needs of our communities, the HNHB LHIN established six sub-regions (Brant, Burlington, Hamilton, Haldimand-Norfolk, Niagara, and Niagara North West) to serve as the focal points for population-based planning, service alignment and integration, performance/quality improvement, and implementation of sub-region and LHIN-wide priorities.

Sub-region planning requires a collective input approach that values and encourages participation by diverse partners (both LHIN and non-LHIN funded); Anchor Tables will be the collaborative structure in each sub-region to achieve the *Patients First Act* goal for integrated service planning and delivery.

2. Purpose of Sub-Region Anchor Tables:

To build cross-sectoral partnerships and provide input into population based planning with respect to achieving health and wellness for the residents of the Haldimand Norfolk Sub-Region. The Anchor Table will work collaboratively to address and improve person and community health and the overall patient experience across the health care continuum and between sectors. This includes examining services and strategies across the continuum from prevention and promotion to tertiary or acute care.

3. Goals:

- To support sub-region and LHIN planning:
 - Create opportunities for providers and patients in the sub-regions to interact and provide input in integrated health system plans.
 - Work collaboratively to understand of local population health needs, service capacity, gaps and opportunities.
 - Engage different populations to ensure diverse voices are heard across the sub-region and address areas of health inequities.
 - Provide culturally sensitive and a safe approach to health planning and care delivery to ensure inclusiveness of diverse perspectives.
- To support service alignment and integration:
 - Integrate services and programs to best meet the needs of the population.
 - Function effectively and efficiently across the continuum, including interventions that address the root causes of health inequities.
 - Identify and collaborate with non-health service partners.
 - Integrate the Health Links model of care.
- To support performance/quality improvement:
 - Select local priority areas for improvement in patient experience and outcomes.
 - Locally monitor and measure improvement and performance in quality indicators, in alignment with LHIN dashboards.
 - Identify emerging practices for spread and scale.
- To support the implementation of sub-region and LHIN-wide priorities:
 - Coordinate implementation of sub-region and LHIN-wide priority strategies, programs and initiatives
 - Ensure ongoing alignment with LHIN-wide planning entities, including those specific to Indigenous and Francophone populations.
 - Contribute local perspectives to the development of LHIN wide strategies. Under the leadership of the LHIN sub-region leads, contribute to the implementation the LHIN Annual Business Plan (ABP) goals.

4. Deliverables

- Develop and execute annual action plans that deliver on initiatives in alignment with the sub-region framework (Appendix A), the Minister's Mandate, LHIN 3-year Integrated Health Service Plan (IHSP) (2016-19), Annual Business Plans (2017-18 and 2018-19) and future IHSPs.
- Continuously assess population health needs, patients access and health provider capacity; and identify initiatives to address gaps and improve patient experiences and outcomes.
- Set priorities and develop work plans that will be made with provider and patient input to achieve action and implementation at the Sub-Region level.
- Quarterly reports on activity and progress submitted to LHIN leadership via Director, Sub-Region Planning & Integration.
- Monitor dashboards and develop action plans as required.

5. Membership

- The Sub-Region Anchor Table membership will include representatives with decision making authority from the following sectors:
 - Acute Care
 - Home and Community Care (including Community Support Services (CSS) agencies)
 - Primary Care (e.g. Community Health Centre, physician, nurse practitioner)
 - Mental Health and Addictions
 - Long-Term Care
 - Municipality/Region (including representation from housing and transportation)
 - Emergency Medical Services (EMS)
 - Justice
 - Public Health
 - Indigenous¹
 - Francophone
 - Ministry of Children and Youth Services (MCYS)/ Ministry of Community and Social Services (MCSS)
 - Future consideration will be given to adding Patient Advisors/caregivers (minimum of 2), in alignment with ministry directions.
- The Sub-Region Anchor Table will be co-chaired by the Sub-Region Director, Planning & Integration and one other member.
- The Sub-Region Anchor Table will establish work groups or sub-committees, as required. Membership on work groups or sub-committees may be drawn from the broader provider and service user community, as required, and will be chaired by the Sub-Region Director, Planning & Integration, or delegate.

¹ The Sub-Region Anchor Tables membership will include an Indigenous representative to ensure inclusion in the planning when organizations are available to attend; and Sub-Regions will seek feedback from the Indigenous Health Network (IHN) related to sub-region planning to ensure that health care needs of Indigenous Peoples are addressed.

6. Membership Responsibilities - Members of the Sub-Region Anchor Table are expected to:

- Attend meetings as scheduled and no delegates.
- Leverage their expertise with respect to decision making for the committee.
- Provide direction to sub-committees or working groups, as needed.
- Advise on items presented for discussion, review and provide feedback on materials as distributed.
- Provide leadership and communication to and from the sector they represent.

7. Decision Making and Reporting

Decisions will be based on consensus. If consensus is not possible, the Chair may call a vote. Decisions arrived at by voting will be recorded with the percentage in favor of the decision and the content of any opposing positions. Decisions by consensus or vote require a quorum, set at 50% of members.

The Sub-Region Anchor Tables will be accountable to the LHIN through the Sub-Region Director, Planning & Integration, who is responsible for providing leadership and overseeing the planning, integration and performance of the sub-region and LHIN priority programs.

8. Meetings

- Scheduled monthly, until the initial work plan is developed and approved by the LHIN. Following this, the frequency may be changed (e.g. quarterly) by the Chair to meet deliverables set out in the Terms of Reference.
- Minutes/materials will be circulated one week in advance of the regularly scheduled meetings. Members are expected to review materials and come prepared for discussion and decision making.

Appendix A. Sub-region Framework

Population Based Planning

- Create opportunities for providers and patients to interact and provide input into Integrated Health System Plans
- Work collaboratively to have in-depth understanding of local population health needs, service capacity, gaps and opportunities
- Engage different populations to ensure diverse voices are heard across their sub-region

Service Alignment & Integration

- Integrate services and programs to best meet the needs of the population
- Function effectively and efficiently across the continuum
- Identify and collaborate with non-health service partners
- Integrate Health Links model of care

Performance /Quality Improvement

- Select local priority areas for improvement in health outcomes
- Locally monitor and measure improvement in performance and quality indicators
- Identify emerging leading practices for scale and spread

Implementation of Sub-Region and LHIN Priorities

- Coordinate implementation of sub-region and LHIN priority strategies and programs
- Contribute local perspective to development of LHIN-wide strategies
- Contribute to implementation of LHIN Annual Business Plan goals

LHIN and Sub-Region Level Indicators and Dashboard

Frequency of Monitoring: Daily/Monthly/Quarterly/Annual

8 Step Framework – Process for Change

1. Project Initiation 2. Discovery 3. Analysis 4. Design 5. Build 6. Test 7. Implement 8. Post Implement Review