Terms of Reference

South West LHIN Board to Board Reference Group

Approval Date:	March 2011
Updated:	September 2012
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Approval Date:	December 18, 2013 by the South West LHIN Board of Directors
Review Date:	January 19, 2015 by the Governance & Nominations Committee
Approval Date:	**February 16, 2016 by the South West LHIN Board of Directors**

1. Background/Context

The South West Local Health Integration Network Board of Directors approved the following South West LHIN **Vision, Mission Values** at the June 27, 2012 Board of Directors Meeting.

Vision: "A health system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren."

Mission: The South West LHIN is accountable for bringing people and organizations together to build a health system that balances quality, access and sustainability to achieve better health outcomes.

In keeping with our commitment to work in partnership, the South West LHIN Board of Directors is committed to building effective working relationships with Health Service Provider governing bodies to collectively advance the health system goals identified for the South West LHIN and to ensure ongoing support for a high quality, accessible and sustainable system of health care services within our LHIN.

The South West LHIN is devoted to our core set of values and believes that these values are also of importance to all Health Service Providers and health care partners within the South West.

South West LHIN Values:

Compassion – We appreciate all our actions have real implications for people and communities

Courage – We will make difficult decisions and challenge the status quo when required

Evidence Informed – Our decisions will be guided by the best available information

Innovation – We will encourage and support new thinking and the sharing of new knowledge

Integrity – We will act in a fair, consistent and unbiased manner

Trust and Respect – We believe in mutual trust and respect

Culture and Diversity – We will respect the unique context, experiences, and needs of diverse populations and communities

The South West LHIN recognizes that creating a sustainable quality health care system that is able to meet growing demands requires careful planning and good decisions. While we have one of the best health care systems in the world, we are facing growing pressures from an aging population, shortages of skilled health care providers and increasing costs.

We are addressing these opportunities and pressures to ensure the system remains robust and is accessible now and for future generations. The LHIN is working closely with health providers and the public, to improve the way we approach care delivery through the implementation of directions contained in two key documents.

The Health System Design Blueprint – Vision 2022 is the South West LHIN's long-range plan and provides the foundation for decisions of the LHIN. It will be put into action through a series of three-year Integrated Health Service Plans (IHSP). The IHSP lays out specific priorities, as well as measures to ensure that we are successful.

To ensure proactive consideration of governance related issues associated with the Blueprint and Integrated Health Service Plan, the South West LHIN Board established the South West LHIN Board to Board Reference Group, comprised of Directors from across the health care system and geography of the South West.

2. Mandate

2.1. Role of the South West LHIN Board to Board Reference Group

The South West LHIN Board to Board Reference Group will provide a forum for the discussion of governance matters of interest to the South West LHIN and local Health Service Provider governing bodies. Specific issues that will be considered by the Reference Group will include but will not be limited to:

- Approaches for engaging health service provider governors and the broader community in the roll out of the Health System Design Blueprint – Vision 2022 and Integrated Health Service Plans
- Governance perspectives on the current and future state of health care in the South West and the role and expectations of governors; and
- Other matters of relevance to health care governors in the South West LHIN.

3. Membership

3.1. Membership

The South West LHIN Board to Board Reference Group will include the Board Chair and (2) Board Directors from the South West LHIN and twelve to fourteen Board members from Health Service Provider organizations across the South West including:

- Community Support Services
- Mental Health and Addiction Agencies
- Community Health Centres
- Community Care Access Centre (CCAC)
- Hospitals
- Long-Term Care Homes

The Board to Board Reference Group will be chaired by the South West LHIN Board Chair. Additional South West LHIN Board Directors may attend on a rotating basis.

The Membership terms will be staggered to ensure continuity.

Membership will reflect the geographical diversity across the South West LHIN. South West LHIN Board and staff will seek to fill vacant positions by identifying potential organizations and/or candidates based upon geographical representation and/or health sector representation.

3.2. Accountability

The South West LHIN Board to Board Reference Group is convened by the South West LHIN Board of Directors to provide an opportunity for informed dialogue and discussion with Health Service Provider governors regarding governance matters of interest in the South West LHIN. The Terms of Reference of the Board to Board Reference Group will be reviewed annually by the Board to Board Reference Group with any recommended changes to be approved by the Board of Directors of the South West LHIN.

3.3. Individual Roles

Individual members will:

- Provide input and advice to the rollout of the Health System Design Blueprint – Vision 2022 and Integrated Health Service Plans.
- Participate fully in the exchange of information and identification of issues of relevance.
- Consider ideas and issues raised and provide guidance and input as appropriate.
- Consider system level and organizational implications and impacts of issues under consideration.
- Participate in the development of an annual work plan.

4. Logistics and Processes

4.1. Role of the Chair

The Chair will be responsible for coordinating the development of the meeting agenda and leading the meeting in a way that ensures advancement of the agenda within the timelines allocated for specific agenda items. The Chair will ensure that input is solicited from all reference group members when establishing reference group objectives and meeting agendas. The Chair will ensure that an annual work plan is established by the group.

4.2. Delegates

It is expected that members will regularly attend meetings, however, it is recognized that on occasion individual members may need to send a delegate to the meeting due to unavoidable scheduling conflicts. If members are sending a delegate, it is important to ensure consistency in terms of the individual selected to attend as a delegate and the use of delegates should be kept to a minimum to ensure continuity. Permission should be sought from the Chair in advance of sending delegates to a meeting. It is the responsibility of members to ensure that delegates are appropriately briefed and debriefed prior to and following any meetings that they attend.

4.3. Frequency of Meetings

The Board to Board Reference Group will meet a minimum of three (3) times per year (February/March, May/June, September/October) or at the call of the Chair.