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PROVINCIAL INDIGENOUS LEADS NETWORK

TERMS OF REFERENCE

BACKGROUND

The Provincial Indigenous Leads Network (PILN) was originally established to support the work being done by the individual LHINs by implementing a system of collaboration, communication and knowledge sharing. The PILN members bring forward their local perspectives based on their community connections, engagement, and consultative processes. Collaboratively, the PILN share promising practices and knowledge exchange regarding: cultural competency/ safety; health research/evidence to inform health service planning; and adaptation models to address the unique needs of Indigenous communities across the province.

As a collective, the PILN provide recommendations to the LHIN CEO table via the CEO Representatives such as:

- Patient and community health care needs and priorities
- Culturally appropriate and effective community based strategies
- Barriers (including systemic) to accessing health services
- Social determinants of health that impede access and health quality outcomes
- Community engagement processes and practices
- Develop and implement strategies that strengthen and integrate local health services to Indigenous populations
- Practices for honoring established requirements, processes and protocols as a result of the unique status of Indigenous people in Canada and Ontario

MEMBERSHIP

The PILN is comprised of LHIN staff designated to lead the Indigenous portfolio for their LHIN. Each portfolio lead is accountable to their senior management team and ensuring the directions from the PILN are aligned with initiatives and priorities determined locally. The PILN also includes two LHIN CEO Representatives and representatives from the Ministry of Health and Long Term Care (MOHLTC).

Each LHIN will have the option to send two representatives (assigned Lead and designate) whereby the composition of the PILN includes:

1. Central Local Health Integration Network

2. Central East Local Health Integration Network
3. Central West Local Health Integration Network
4. Champlain Local Health Integration Network
5. Erie St Clair Local Health Integration Network
6. Hamilton Niagara Haldimand Brant Local Health Integration Network
7. Mississauga Halton Local Health Integration Network
8. North East Local Health Integration Network
9. North Simcoe Muskoka Local Health Integration Network
10. North West Local Health Integration Network
11. South East Local Health Integration Network
12. South West Local Health Integration Network
13. Toronto Central Local Health Integration Network
14. Waterloo Wellington Local Health Integration Network

ROLES AND RESPONSIBILITIES

Within the PILN there are distinct roles, responsibility and expectations of all members including: Indigenous portfolio leads, community involvement, MOHLTC, CEO Representatives, PILN Chairs, Sub-group Coordinators, and sub groups.

COLLECTIVE THINKING PROCESS - DECISION MAKING

As outlined with the cultural framework, decisions are made on what recommendations will be brought forward to the CEO table. These decisions are determined through a collective thinking approach premised on the values of collectivity, respect, and reciprocity.

Indigenous Portfolio Leads*:*

Indigenous portfolio Leads are responsible for: addressing and advancing regional Indigenous community health care needs/service gaps; community engagement; strategic planning; and facilitating integration and collaboration with health service providers. By design**,** each Indigenous portfolio lead will establish and maintain collaborative connections to local Indigenous communities in their area and bring forth their input and insights to the network where appropriate.

Section 37(1)(f) of the Local Health System Integration Act, 2006 (LHSIA), provides direction to Local Health System Integration Networks (LHINs) regarding engagement with Indigenous communities and organizations within their geographic area.

Each LHIN engages with First Nation, Metis, Inuit urban and rural communities through different venues such as LHIN lead engagement tables, with communities separately, through advisory tables or by participating at local lead indigenous tables.

These engagements support the LHINs with inclusion of identified priority health care needs and opportunities for the integration, realignment and coordination of health care services for the Indigenous Communities in their Region.

MOHLTC:

Ongoing and regular communication between the MOHLTC, LHIN CEO's and PILN Chairs will occur to share information as it pertains to the overall provincial health system and/or directives of the PILN. Where needed or required, the MOHLTC, CEO Representatives and PILN Chairs will meet to discuss/ implementing health system improvements and modifications. A portion of each PILN meeting agenda will be dedicated to the MOHLTC to provide an update on initiatives and activities relevant to the PILN.

Selection Process: the MOHLTC will designate or appoint an appropriate representative(s)

CEO Representatives:

Ideally the representatives will be chosen based on their geographical location (Northern and Southern) ensuring the unique needs of each region are adequately reflected in the overall planning of the PILN. The CEO Representatives will liaise between the directions and priorities of the LHIN CEO table and the work of the PILN. The CEO Representatives will also keep the CEO's apprised of the outcomes of planning discussions regarding the PILN annual meeting. During regularly scheduled meetings, the CEO Representatives will provide an update on initiatives and activities relevant to the PILN.

Selection Process: The CEO Leadership table will designate or appoint appropriate representatives.

PILN Chairs

At least two representatives (one being of Indigenous descent) will co-lead the PILN. The PILN Chairs will jointly act as liaisons between the MOHLTC, LHIN CEO Representatives and the full PILN. For roles and responsibilities please refer to the Co-Chairs Guide.

Selection Process: As a vacancy occurs the PILN will be informed and any member interested in taking on the voluntary role will be required to submit a formal letter of interest supported by their direct/ designated supervisor. The letter of interest will be provided to the PILN for their review and approval at the next scheduled meeting.

SUB-GROUPS

Each Indigenous portfolio lead will be expected to participate in one of the four sub-groups. Please Refer to the Co-Chair Guide.

PILN Sub-Group Coordinators:

One Coordinator per sub-group will be selected. The Coordinator role will be a voluntary position and will be filled as vacancies or changes occur. The role of the sub-group Coordinators will be schedule meetings with the sub group and guide the work of the group. Areas of focus for each sub group will be determined based on the PILN workplan and/or chosen areas of focus by the larger group. Sub group Coordinators will be responsible for providing an update/recommendation of the sub group to the larger PILN group during regularly scheduled meetings.

MEETING FREQUENCY

The full PILN meetings will be held monthly. An annual face-to-face meeting held on a rotational basis between all 14 LHINs.

Sub-groups will meet quarterly; the frequency may change depending on whether issues or as requests for information occur between scheduled meetings.

Reviewed: March 30, 2019
Approved:
Next Scheduled Review by: March 30, 2020