

Sub-region Integration Table Terms of Reference

Guiding Principles – ‘Our Moral Compass’

The work and decisions of the sub-region integration tables will be grounded by the following guiding principles:

- Person and caregiver centred
- Equitable and aligned to what specific populations need
- Integrated across sectors and systems
- Borderless access to care
- Trust and respect among partners
- Transparency
- Sustainability

The **overall aim** of the sub-region integration tables is to improve

- Health, wellness,
- Patient experience and outcomes, as well as
- Value for money

Function and Roles (*How will they do their work?*)

- Enable, enhance and champion collaboration between patients, providers and other system stakeholders
- Establish sub-region priorities for improvement in line with Patients First and the Integrated Health Service Plan
- Ensure local priorities include consideration of Francophone and Indigenous people in the sub-region
- Ensure local alignment with LHIN-wide programs
- Work together to reduce duplication and integrate services
- Foster an environment of shared responsibility
- Leverage current communication and reporting structures to share information

Actions and Deliverables (*What work will they do?*)

- Build trust among providers and the community
- Maintain a profile of the health and wellness status of the community
- Identify sub-region improvement opportunities, such as
 - Creating shared capacity
 - Integrating programs and services
 - Coordinating care
 - Standardizing approaches to care
- Develop common goals and an improvement plan for implementation of local strategies that align with sub-region priorities and LHIN-wide direction (Huron Perth Quality Improvement Plan is an example)
- Ensure coordinated care planning is strengthened and maintained

- Develop local targets to achieve overall aim
- Provide recommendations to the Health System Renewal Advisory Committee on
 - Priorities that cross geographies
 - Opportunities to leverage electronic and other enablers
 - Ways to achieve shared responsibility
- Responsible to report on progress toward overall aim and improvement plan to the sub-region residents and the Health System Renewal Advisory Committee
- Establish an agreement that will demonstrate shared responsibility between all partners

Communication (*How will they share information?*)

- Leverage local communication strategies that are effective
- Be innovative in the development of new communication strategies
- Align key messages with the South West LHIN's communication and engagement plan
- Distribute key messages in a timely, accurate, clear and objective manner
- Support each other to ensure capacity for sharing of key messages

Reporting Relationship (*Who are they accountable to?*)

- The sub-region integration tables are accountable to the LHIN CEO or delegate.

Membership (*Who belongs and what are they responsible for?*)

Sub-region integration tables will be supported by the LHIN sub-region Administrative Lead and Clinical Lead. Time-limited work groups may also be formed to support the work of the Sub-region integration tables. The tables will each consist of 10 to 15 members (tables with large populations and/or specific priority populations may increase to 18 members). The Chairperson will be initially be appointed from the membership by the LHIN. Overtime, the position will be elected by the members. Members will reflect the following perspectives:

- Addictions and mental health
- French Language Service representative (London/Middlesex)
- Hospital
- Home and community care
 - CCAC direct service functions
 - Community support services (start-up – CSS lead agency in sub-region, long-term - nomination)
- Indigenous representative (Grey/Bruce; London/Middlesex; Elgin)
- Long-term care
- Patients/Family/Caregivers (consider 3 per sub-region)
- Primary care administration
- Primary care clinical: (Start-up - sub-region Clinical Lead. Longer term - co-chairs of sub-region Primary Care Network)
- Public Health
 - Other perspectives to consider inviting based on priority are:
- Non health representative(s) with a regional view & social determinants of health perspective
- Specialists

Recruitment

Members will be appointed by the LHIN CEO and where appropriate, will be nominated by their peers. See Appendix 1 for details of ongoing recruitment strategies (under development).

Member Responsibility

- All members are responsible to actively contribute to achieving the overall aim
- Each member is responsible to work with their peers (patients, families, physicians, local and/or LHIN-wide providers) to collectively improve the system
- Local representatives on the Health System Renewal Advisory Committee and Patient and Family Advisory Committee are responsible for information flow between committees
- The sub-region Administrative Lead and Clinical Lead are responsible for
 - information flow to and from the LHIN, and
 - ensuring availability of local and LHIN-wide tools and resources to support work of the group

Appointment term

- Inaugural members will receive 3 or 4 year terms to accommodate for the time required to develop relationships, processes, tools, and plans
- Terms will be staggered to ensure succession planning
- Longer term - terms will be 3 years

Decision Making

Members may make decisions via consensus or by a vote of greater than 50%. Quorum is greater than 50%.

Meetings

To be determined during set-up (suggestion: monthly)

Accountability (*How will they move to shared responsibility?*)

- The LHIN is responsible to set and evolve the responsibilities of the sub-region integration tables
- The mechanism to support increasing shared responsibility and clear accountability will be to:
 - Initially focus on building relationships and processes
 - Evolve from communication and cooperation to being jointly responsible for integrating care
 - Sign a shared commitment statement to indicate agreement to work towards the overall aim and improvement plan priorities
 - Reflect the shared commitment statement in individual Service Accountability Agreements as local conditions
 - Consistently reflect the shared commitment statement in like organizations in each sub-region e.g. hospitals
 - Mature over time to a formal accountability agreement
- Individual members are also accountable to their own respective Boards, and Health Service Providers funded by the LHIN would be accountable to the LHIN, for both their own performance (sector specific) and their contributions to the shared improvement plan

Monitoring/Reporting (*How will they know they are making a difference?*)

The sub-region integration tables will use the Health Equity Impact Assessment as a tool to apply an equity lens as measures are developed.

Sub-region measures will

- Align to system level Patients First outcomes and the Integrated Health Service Plan
- Reflect areas where multiple sectors must contribute to realize improvement
- Evolve to include measures that reflect the overall objective of 'living well in the community'

To start, the sub-region integration table will review the following measures:

Overall Objective (sub-regions)	While	Integrated Measures
To support people to live well at home in their community, and if necessary provide right, most efficient level of care - <i>avoiding hospital use</i> where possible	<i>Living in the community</i>	Rate of hospitalization for ambulatory care sensitive conditions (per 100,000 people)
	<i>In hospital</i>	Alternate level of care rate
	<i>Upon discharge from hospital</i>	Hospital readmission rates within 30 days of leaving hospital for medical treatment (<i>new to include mental health and addictions</i>) Rate of follow-up with a doctor within seven days of leaving hospital by high users
	Other key cross sector quality measures	Cross sector outcome measures associated with Quality Standards (to be developed in coordination with Integrated Clinical Care Council)

See Appendix 2 (in development) for alignment of existing South West LHIN Integrated Health Service Plan interventions with the above noted areas.

A standard sub-region dashboard will be leveraged to support sub-region monitoring and improvement in the South West LHIN. It is anticipated that this dashboard will have a level of provincial standardization, local customization and evolve over time.

Appendix 1: Ongoing Recruitment Strategy (in development)

Appendix 2 Integrated Measures and the Integrated Health Services Plan (in development)