

Central LHIN Integrated Health Service Plan 2 Steering Committee Terms of Reference - Mandate

Mandate

The mandate of the IHSP2 Steering Committee is to oversee the development and implementation of the process to the Central LHIN IHSP2. The Steering Committee will be responsible for:

- Ensuring all components of the Committee's work will support the accomplishment of the Central LHIN's mission and vision by establishing the strategic direction of IHSP2.
- Ensuring the IHSP2 plan will integrate with and link to other LHIN work related to the mission and vision of Central LHIN.
- Providing advice to the Central LHIN about the process to undertake to refresh the IHSP which includes:
 - Engaging all relevant stakeholders in the LHIN in a meaningful way
 - Communicating the vast amount of data collected through Health Service Needs Assessment and Gap Analysis to stakeholders in a concise and understandable manner
 - Maximizes the sound epidemiological data from the Health Service Needs Assessment and Gap Analysis report to inform decisions and setting priorities
- Overseeing the implementation of the IHSP 2 process and monitoring its progress ensuring that project achieves its objectives

Membership and Chairs

Membership

- The membership will include representation of all sectors from Central LHIN health service providers:
 - agencies and in addition to key stakeholders:
 - Community Care Access Centre
 - Community Health Centre
 - Community Support Service Agency
 - Hospital sector
 - Mental Health and Addictions service provider organization
 - Physician representation (Chief of Staff)
 - A Central LHIN Board member.
- The committee will be co-chaired by Bruce Harber, York Central and Trish Barbato, COTA

Meetings

- The Steering Committee will meet monthly starting in February and ending in September with any further meetings determined at the call of the Chairs.
- A meeting quorum will be defined as 50% of membership plus one member. If insufficient members are present and a meeting quorum is not available, the meeting will proceed and decisions will be voted upon using electronic voting mechanisms after the meeting.
- The Chairs shall allow for and control participation in discussion by all members in attendance.
- When the Chair decides that a matter should be resolved by vote rather than consensus, all voting members of the Committee may vote. A decision can only be passed if the 50% of voting members plus one member vote in favor. Non-voting members of the Committee consist of Central LHIN staff.

Methodology & Decision Making

Methodology

- The Steering Committee will advance the development and implementation of the IHSP 2 by:
 - Supporting initiatives moving forward
 - Collaborating with providers and community stakeholders where appropriate
 - Reviewing and approving the work plan for the project

Decision Making

- The IHSP 2 Steering Committee shall operate in a non-judgmental manner, respecting individual rights and confidentiality, employing no fault discussion and reaching consensus. The Committee will strive for consensus with consensus being defined as *being able to live with and support a decision*, which does not necessarily require total agreement.

Reporting Relationships & Conflict of Interest

Reporting Relationships

- The Steering Committee will be accountable to the Senior Director – Planning, Integration and Community Engagement, who in turn will be accountable to the Central LHIN CEO
- The Central LHIN Board of Directors will receive regular reports per the work plan which will communicate the status of the project.

Conflict of Interest

- A Conflict of Interest, in this situation, is defined as a circumstance where the interests of an individual member, or that member's organization, are in conflict with the best interests of the larger health system. A Conflict of Interest may occur when a party gives or receives a direct or indirect gain for the organization they work for.
- Members are instructed to declare any conflict of interest issues they may have, and, to the greatest extent possible, this should be done prior to an upcoming meeting, based on the pre-circulated agenda. The member(s) should remove themselves from the vote, if taken.

Communication & Confidentiality

- Members are encouraged to share the work of the Steering Committee and to be accessible and responsive to other provider organizations and individuals
- Any need for specific confidentiality will be made clear by the Chair and/or LHIN.

IHSP Steering Committee

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| Trish Barbato (Co-Chair) | President & CEO COTA Health |
| Simon Cheng | Executive Director Carefirst Family Health Team & Project Development |
| Wyn Chivers | Executive Director Community Home Assistance to Seniors (CHATS) |
| Barb Collins | Chief Operating Officer Humber River Regional Hospital - Church Site |
| Mary Cornacchia | Director, Clinical Informatics North York General Hospital |
| Perry Doody | Senior Director, Performance Management & Accountability Central CCAC |
| Francesca Fiumara | Manager, Joint eHealth Office Central/Toronto Central LHIN |
| Bruce Harber (Co-Chair) | President & CEO York Central Hospital |
| Nancy Kula | President & CEO Union Villa Home For The Aged |
| Rakesh Kumar | Chief of Emergency Services Humber River Regional Hospital - Church Site |
| Helen Leung | Chief Executive Officer Carefirst Seniors & Community Services Association |
| Steve Lurie | Executive Director Canadian Mental Health Association - Toronto Branch |
| Malcolm Moffat | President & CEO St. John's Rehab Hospital |
| Dr. Bill Newton | Physician Lead Markham Family Health Team |
| Sylvia Patterson | General Manager Regional Municipality of York |
| Neil Walker | Chief Operating Officer Markham Stouffville Hospital |