

North West Regional Integrated Care Working Group

TERMS OF REFERENCE

1.0 Scope and Deliverables

The North West Regional Integrated Care Working Group (Working Group) is a time-limited group of system partners (cross geography, cross sectoral and cross lifespan), that will provide recommendations on the following:

1. Local Models

Make a recommendation on what an initial OHT/model coverage can look like across the North West to aid in local planning efforts.

*suggest to use existing data on referral patterns to inform potential OHT/model coverage (as a starting point to work from)

2. Regional Services and Supports

Make a recommendation on a coordinated approach to planning for regional highly-specialized services to support local OHT planning (or other more culturally appropriate models)?

Specifically: how do we define 'specialized services' (regional highly specialized and/or other specialized services, including more district based services); what organizations should be involved; who should lead; how should broader partners be engaged; what should the initial scope of the discussion be?

*suggest to reference OHA guidance document (recognizing it is hospital focused, and planning will need to be broadened)

3. Regional-level resources/supports

Make a recommendation on what resources/supports are needed to support the proposed models (deliverable #1 and #2) and from where these resources may be provided – e.g. Project Management, data, communications support, etc.?

2.0 Guiding Principles

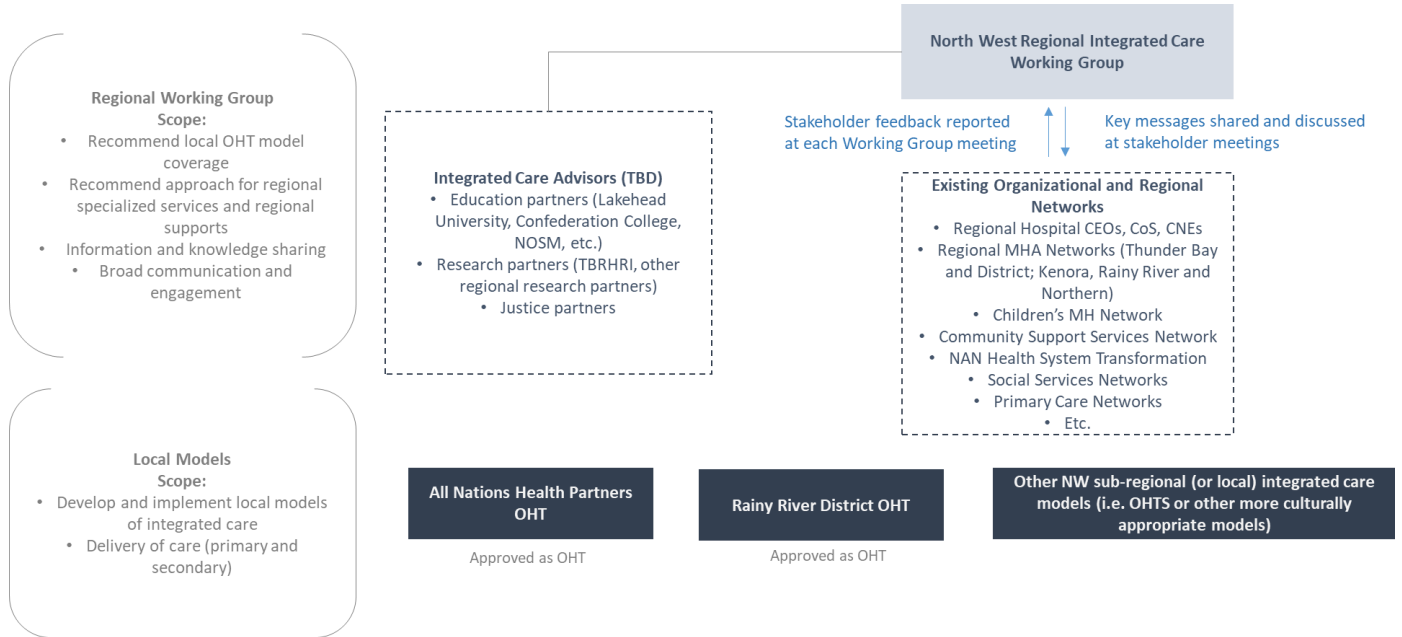
As we work together, we will:

- Keep the **patient/client/family at the centre** of all we do – we will make explicit the voice of the patient/client/family and the value or benefit they will realize
- Ensure **active involvement** of members – we share responsibility to get the work done and thus are accountable to each other and our patients/clients/families for the outcomes produced
- Ensure **respect** – we will come to the work with respect, compassion and courage
- Create space for, and listen intently to, the **diversity** of voices and perspectives
- Be **transparent** – we will share information (related to process and content) broadly and in a timely way
- **Engage in a meaningful and appropriate way** with the many people who can enrich the work
 - Representatives have a responsibility to solicit input from and report back to the participating organizations they represent; not just once in a while, but regularly. Participating organizations need to have an informed voice at the table, even if they are not at the table.
- **Focus** our work through a clarity of purpose and advance this work in a **timely** way!
- Challenge ourselves to **think boldly**
- Be intentional about **'systems' thinking** (vs. organizational thinking)

3.0 Accountability

The Working Group will function based on principles of collaboration, and as such will not have formal accountability to any one organization or structure. Each member will have accountability to their respective organization and/or existing sectoral or geographic networks that may already exist.

A proposed structure is outlined below to illustrate accountabilities for communication and engagement:



The Working Group (through the office of the Executive Vice President, Regional Transformation and Integration) will be responsible to provide a written meeting summary after each meeting summarizing their work and key agreements. This summary will be shared with all Working Group members.

It is the responsibility of each Working Group member to share the written meeting summary with their respective organizations, sectoral or geographic networks, as well as with broader system partners that may not be directly involved. Each Working Group member will also ensure that updates are brought forward to these stakeholders for discussion (e.g. adding as a standing agenda item to stakeholder meetings) to ensure information has been received and there is opportunity to engage meaningfully on topics and gather feedback.

Working Group members will bring all feedback back to the Working Group for consideration. A standing item will be included in the Working Group agenda to capture report backs from each Working Group member.

4.0 Decision-making Guidelines and Conflict Resolution

The Working Group will make recommendations related to the deliverables defined within their scope and responsibilities. Recommendations will be presented for endorsement to respective organizations (based on the scope of the decision/recommendation, to include those impacted). Depending on the nature or magnitude of the recommendation/decision, Board endorsement may be sought.

- The Working Group will engage and consult with respective organizational and sector colleagues before making recommendations.
- The Working Group will function by consensus and will only require a recorded vote if an impasse with respect to a decision is reached and efforts have been made to create consensus.
 - For the purpose of seeking consensus, all members will be given the opportunity to state where they are according to the following six levels:
 1. Full support
 2. Acceptable

3. Support with reservations
4. I am not thrilled with it, but I can live with it and will not block it
5. Need more information or more discussion
6. Cannot support it and cannot accept it

Further decision-making guidelines and conflict resolution processes may be developed with the Working Group once formed and scope/deliverables are confirmed.

5.0 Quorum

Quorum is a simple majority (50% plus 1) of the Working Group membership. Without quorum decisions (recommendations) cannot be made.

6.0 Length of Commitment

The proposed timeline for completion of the deliverables is 4 months; this will be reviewed and extended if necessary.

7.0 Meeting Frequency and Location

The Working Group will meet monthly, or as determined by the Co-Chairs. Meetings will be held via a hybrid approach to include in person and virtual options, to ensure broad and equitable access.

8.0 Membership

The Working Group will comprise members to ensure a **regional, cross sectoral and across the life span** approach; including:

- Patient/Client/Family/Caregiver(s)
- Community Support Services leadership
- Acute Care leadership
- Long-term Care leadership
- Home and Community Care (including Service Provider Organizations) leadership
- Children's sector leadership
- Primary Care leadership
- Social Services leadership
- Indigenous leadership
- Physician leadership
- Mental Health and Addictions leadership
- Public Health leadership
- French Language Services leadership
- Emergency Medical Services leadership
- Others to be identified (including consideration of appropriate Leads/representatives from approved OHTs to ensure linkages for information/knowledge sharing)

Membership will also include the Ontario Health North Regional Executive Liaison and E-Health Lead to ensure alignment with Ontario Health North and Ministry directions, and to leverage Ontario Health North expertise.

Delegates will not be allowed.

9.0 Chair

The Working Group will be Co-Chaired by a Patient/Client/Family/Caregiver and another organizational member to be determined by the membership.

10.0 Resources

The Working Group will be supported by the Executive Vice President, Regional Transformation and Integration.

Other in-kind resources and necessary investments in resources will be identified by the Working Group once formed and scope/deliverables are confirmed.

Version date: January 11, 2021

Approval date: TBD