Central Community **S**upport **S**ervices **Network**

Terms of Reference 2010-11

Final Approved May 7, 2010

Preamble

The community support service (CSS) agencies that provide services in the Central Local Health Integration Network's (Central LHIN) planning area are interested in building their relationship and participating in the activities of the Central LHIN as a cohesive sector. To this end, these agencies have organized themselves into a Network and created a Steering Committee. The Steering Committee operates on behalf of the Central CSS Network to broker and facilitate their participation and engagement with the Central LHIN and other groups or organizations.

The Central CSS Network exists to foster communication and networking among its members and, to promote opportunities for collaboration and integration across the sector.

Working Assumptions

- There is continued commitment to work together to support implementation of the Central CSS Network Strategic Plan.
- There is a need to develop appropriate mechanisms to facilitate two way communication and engagement between the Central CSS and the Central LHIN because the LHIN cannot canvass and collect input from the more than 70 CSS agencies providing service in the Central LHIN area on every collective sector issue
- There is a need for CSS providers within the Central LHIN to raise their profile and the needs of the clients they serve
- In order to facilitate efficiencies, both the Ministry of Health and Long-Term Care (MOHLTC) and the Central LHIN have articulated the need for standardization and integration of service delivery in the community support sector
- There are currently, and will continue to be, many opportunities for Central CSS providers to be involved in Central LHIN planning activities and there are limited resources within the sector for participation in these activities
- Central CSS providers will continue to engage with their respective associations
- Individual Central CSS providers will continue to work directly with the Central LHIN on issues related to the funding and operations of their respective organizations
- This network will not address issues related to the Community Care Access Centre's (CCAC's) requests for proposals within their competitive process
- Central CSS providers may choose to undertake other joint activities independent of the network as they arises and as the providers determine

Shared Principles – our shared principles will contribute to the health and well-being of our clients:

1. Optimize the contribution and recognition of the CSS sector by working in collaboration with each other and with key stakeholders,
2. Promote knowledge sharing, facilitate communication, and foster a culture of innovation and learning that contributes to long-term improvement of the CSS sector in an integrated system,
3. Enhance the synergy between related initiatives, which involve the CSS sector, in order to improve efficiency and effectiveness of service delivery,
4. Build a collective vision, shared leadership and act with one voice in support of the communities we serve.

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Values - our values in working together are:

We will establish a positive "open door" collaborative culture in our work together that includes:
- Use the client perspective as our key lens for decision-making
- Shift from individual organizational accomplishment to group/sector accomplishment
- Operate with transparency to members and others
- Promote peer collaboration & engagement
- Work with a sense of urgency and focus on what is added-value to the sector
- Be inclusive of all CSS agencies providing service in the Central LHIN and broader sector beyond aging at home, wherever possible
- Act as a role model including continuous improvement and good governance
- Maximize use of shared technology to enable system level integration and knowledge exchange

Network Purpose

The Network has been established to support the role of CSS providers as follows:
1. To share and adopt best practices in the CSS sector to support the goals of the Central LHIN's Integrated Health Services Plan including: improved access, co-ordination, quality, efficiency.
2. To provide a communication mechanism amongst CSS providers in the CLHIN area.
3. To provide a communication mechanism between the CSS sector with the Central LHIN and other groups/organizations in the Central LHIN area.
4. To identify opportunities to integrate the services of the local health system to provide appropriate, coordinated, effective and efficient services as defined in the Local Health System Integration Act.

Network Membership

Network membership is open to any organization that receives funding from the MOHLTC for community support services and delivers community support services in the Central LHIN. Network members are committed to support system integration on behalf of the clients they serve.

Network Member Responsibilities

- Support system integration on behalf of the clients they serve
- Represent the sector when contributing on Central LHIN or other related Committees/Workgroups and provide updates to Network members
- Identify issues of concern to the Steering Committee
- Look for other opportunities to communicate and network with their colleagues
- Work in collaboration with network members
- Communicate to the Network any organizational plans which may have broader sector impact
- Attend quarterly network meetings
- Contribute to the Network Operating Fund within the organization's resources
- Voting rights for all members

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Network Strategic Plan

Strategic priorities of the network will be articulated in a strategic plan developed by the membership. An annual workplan will be developed to support the strategic plan based on a review of the strategic plan and changes in the environment.

Steering Committee Objectives

1. Provide leadership and direction for the Network's Strategic Plan:

1.1 Develop a broad-based vision of how the Central CSS sector contributes to the health and well-being of our communities and re-aligns to the Central LHIN's Integrated Health Services Plan and the Ministry of Health and Long Term Care strategic priorities.

1.2 Develop and implement strategies that will support the sector to move towards the proposed vision, model and future sustainability of capacity building work.

1.3 Engage the CSS sector and key stakeholders in the ongoing development and implementation of the strategic plan.

1.4 Review and approve all agency-led strategic initiatives as defined in the Network's Strategic Plan on behalf of the Network.

1.5 Review and support agency-led proposals related to the Network's Strategic Plan on behalf of the Network.

2. Provide leadership and co-ordination for the Central CSS Network:

2.1 Plan quarterly Network forums and integrate all CSS related stakeholder presentations in this forum whenever possible.

2.2 Acts as a point of contact for the Central CCAC and Central LHIN on Central CSS related initiatives.

2.3 Advocate on behalf of the Central CSS Network on important sector concerns.

2.4 Engage the Central CSS Network in a review of the Network Terms of Reference.

2.5 Develop, implement and monitor an annual workplan and budget. Evaluate performance against plans on a quarterly basis and identify corrective action as needed.

2.6 Manage Network resources.

2.7 Establish working groups as needed.

3. Support development of evolving LHIN initiatives and support "sector readiness":

3.1 Provide policy and practice feedback on emerging issues in LHIN initiatives (e.g. Balance of Care pilot and Doorways to Care model).

3.2 Identify emerging capacity building strategies that will be needed to support sector readiness for future expansion of the balance of care model (beyond the current catchment area) and doorways to care model.

3.3 Provide sector leadership direction, support and monitoring of agency-led Network initiatives.

3.4 Integrate implications of Aging at Home and LHIN initiatives in plans, as needed.

3.5 Support expansion of initiatives that demonstrate positive client impact for adoption across the Central LHIN.

3.6 Encourage agencies to communicate with the Network regarding proposals with sector-wide impact.

4. Promote and develop sector value and relationships

4.1 Establish appropriate structures and linkages with the broader health sector to increase contribution and value of the CSS sector and sub-sectors.

4.2 Collaborate with all stakeholders to gain access to available planning data and determine shifts in demand and priorities to identify changing service needs in the sector.

4.3 Establish a common agreement to define roles and relationship with Central CCAC, Central LHIN and other networks (eg. ABI Network).

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Central Community Support Services Network

General Steering Committee Membership

The Steering Committee is composed of up to 8 individuals as follows:

1. Four positions to be appointed by Network membership vote based on expression of interest submitted by individual network members.
2. Four positions to be appointed by the Selection Sub-committee to ensure agency-lead representation from priority sector projects.

To be eligible, steering committee members or their organization must:

- Receive funding from the CLHIN or funding from a border LHIN (which includes contracted services) serving a significant portion or volume of clients in the CLHIN (requires further development).
- Be the primary decision-maker for CSS services in their organization and be able to make commitments on behalf of their organization.
- Have made a financial contribution to the Network in accordance with the Network's financial contribution guidelines.

Term of Office

In 2010/11, 50% of the Steering Committee members will be appointed for two years and the remaining 50% will be appointed for one year. Subsequently, all terms will be two years. This will provide an opportunity to consider the need for potential changes in membership annually based on current Network priorities.

Ex Officio Steering Committee Membership

In addition, there will be three ex-officio members:

1. A designated appointment from the Central Local Health Integration Network.
2. A designated appointment from the Central Community Care Access Centre that will participate as a contributing member of the Network.
3. The Past Steering Committee Chair to provide continuity support to the Steering Committee.

Attendance

Returning members must have demonstrated availability to attend meetings on a regular basis. Continuity of participation is critical to the successful work of the Committee. There are no substitutions for meetings. Membership will be reviewed based on irregular attendance.

Steering Committee Selection Process

1. Volunteers for three Selection Sub-Committee members will be requested from the Network membership. The Committee will be chaired by the Past-Chair.   Members of the Selection Sub-Committee cannot stand for seat on the Steering Committee.
2. The Selection Sub-Committee will issue a request for expressions of interest to sit on the Steering Committee to the network members and interested parties will submit the expression of interest to the Selection Sub-Committee.
3. Network members will be asked to vote on the slate of potential members and 4 members will be appointed based on the vote count.

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4. The remaining 4 members will be appointed by the Selection Sub-Committee to ensure balanced representation of Network membership and project leads. Factors to consider:
    a. 1/3 returning Steering Committee members
    b. Geographic and service diversity
    c. Representation from Agency Leads responsible for priority sector projects
    d. Mix of organization structures and scale
    e. Specialty service area

Steering Committee Chair and Vice-Chair Selection Process

The Chair and Vice-Chair will be elected at the first Steering Committee meeting by anonymous vote based on expression of interest from amongst the new Steering Committee members. One of these must be a returning Steering Committee member for continuity.

Steering Committee Chair Responsibilities

- Facilitate meeting discussions and decision making, ensuring that all voices are heard, and the goals in the work plan accomplished in alignment with the terms of reference.
- Communicate with external parties on behalf of the Network as required.
- Plan Quarterly network meetings with Steering Committee participation.
- Set meeting times and plan the agenda.
- Assign each committee member with a lead assignment to implement the Steering Committee's workplan.
- Provides direction to any contracted positions on behalf of the Steering Committee.

Frequency of Meetings, Quorum & Decision Making

- Meets at least once every two months (in-person or by teleconference.
- 50% of Steering Committee members will constitute a quorum for decision making.
- Decisions will be by consensus when possible or by majority vote (50% + 1) when necessary.

Guidance for the Development of Agency Lead Roles for Network Projects

Recognizing that agencies are taking the lead on strategic priorities on behalf of the Network, the following guidelines are provided to promote transparency and communication:

- Be realistic about what can be accomplished – identify one priority initiative to achieve best results for the Network
- In the workplan, identify organizations to be engaged in the project, responsibility for particular aspects, and how to accomplish
- Host project review meetings with participating organizations or Network presentation twice annually
- Submit monthly news items for Network communications
- Submit quarterly milestones report to Steering Committee
- Structure working groups according to the specific annual objectives
- Limit the size of work groups to 5-7 members
- Use SharePoint workspace including posting of work plans and minutes
- Consult Steering Committee if new directions identified on an as needed basis
- Request feedback on proposal submissions from the Steering Committee prior to submission to the Central LHIN
- Stay focused on the priority tasks at hand to ensure that limited funds are being used to meet objectives without waste of resources

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Proposed Communication Roles

Moving forward, we will need to address issues of communication and representation to make the best use of our limited leadership resources in the sector. The following proposed communication roles will require further discussion with the Central LHIN and Central CCAC to establish a common framework:

1. CSS Provider Representatives on Central LHIN or CCAC committees
- Individuals who are identified to sit on Central LHIN or other committees identified by the Steering Committee are representatives of the sector and communicators to the sector - they are not sitting on the committee to air their own views.
- Committee representatives forward information on the committee process and findings (e.g. minutes, reports) directly to Network members in accordance with any distribution limitations
- Committee representatives canvass Network members on issues which may be controversial or which may require a decision or direction
- Committee representatives report to respective committees about the reactions of Network members on identified issues. Committee reps may indicate that providers are split on a particular issue, that there is a general consensus but with particular concerns, etc.
- Committee reps notify Steering Committee if there is a lack of consensus on particular issues which may require further discussion at a meeting of all Network members

2. Communication from Central LHIN to Central CSS Providers
- All Central CSS providers will continue to receive general communications (newsletters, requests for information, notice of stakeholder engagement sessions) directly from the Central LHIN.

3. Communication from Steering Committee to Network Members
- The Steering Committee asks for volunteers for Central LHIN planning activities, for example committee or workshop participation.
- The Steering Committee contacts Network members to bring them together to discuss controversial issues that have risen at the Central LHIN or other planning tables or at other venues.
- A membership list of all Network members and committee assignments will be provided to all members.

4. Communication from Steering Committee to Central LHIN
- The Steering Committee will identify CSS providers who are interested and/or willing to participate in Central LHIN planning initiatives or committees
- The Steering Committee will inform Central LHIN about other planning initiatives, forums, or best practice initiatives that Network members are involved in.

Proposed Contribution Framework

This document proposes a contribution framework and process to allow contributions to the Central Community Support Services Network Development Fund which will support the Network's annual workplan and co-ordination of Network activities.

While Network members are committed to facilitating sector collaboration, most have limited financial resources to support such efforts. To be inclusive, a voluntary contribution model has been adopted. Proposed contribution guidelines are as follows:

- LHIN funding for CSS services of $2 million or more: $5,000+
- LHIN funding for CSS services of $1-2 million $2,500+
- LHIN funding for CSS services less than $1 million $ 500+

Some organizations may be in a position to contribute more or less based on these guidelines so that any remaining year-end funding is invested in the sector (within Ministry allocation requirements).

A key principle for the contribution model is to keep the bar low for initial contributions and provide potential for year-end contributions.

Paymaster Role

The collection of contributions, invoicing and receipting will be completed on behalf of the Network by a Network member organization. A memorandum of understanding will be approved annually by the Steering Committee with the paymaster organization.

Terms of Agreement

Member agencies will sign a declaration of their support for this Terms of Reference as the terms of membership participation in the Central Community Support Services Network and the voluntary contribution amount from their organization. This declaration will be conducted through a sharepoint survey.