LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
BOARD OF HEALTH	
Terms of Reference	
Title: RPHE Transition Committee	Original Date: June 20, 2019
Number:	Revision Date: September 19, 2019
Approved by: Board of Health	Reviewed Date: September 19, 2019

Purpose: To provide recommendations to the Board of Health and provide advice to the Medical Officer of Health/CEO to inform the transition of the Leeds, Grenville and Lanark District Health Unit to a Regional Public Health Entity (RPHE).

Responsibilities:

1. **Consultation** - Formulate the Board of Health's response to the Ministry of Health and Long-Term Care's consultation process on the proposal to transfer all public health units to a RPHE.
2. **Boundaries** - Provide advice on proposed options for the boundaries of a RPHE that includes the Leeds, Grenville and Lanark District Health Unit (LGLDHU).
3. **Governance** - Identify important principles in the governance of a RPHE that reflects municipalities' obligation under the Health Protection and Promotion Act to fund and provide oversight to public health programs and services in their municipalities, and that reflect the valuable contribution of provincial appointees from the community,
4. **Funding** - Identify cost implications for municipalities in terms of the provincial/municipal cost sharing ratio of any proposed RPHE.
5. **Organizational/Management Structure** - Provide feedback on the proposed organizational/management structure of the RPHE for the LGLDHU.
6. **Administrative Saving**s - Provide feedback on proposals for administrative savings in the transition to the RPHE for the LGLDHU.
7. **Programs and Services** - Provide feedback on principles for how regional support could benefit public health programs and services.
8. **Fixed Assets and Service Contracts** - Identify important principles for the transition of service contracts, buildings and leases, and fixed assets, to the RPHE for the LGLDHU.
9. **Communications** – Provide feedback on a stakeholder communications and engagement plan for the transition.
10. **Collaboration** - Identify opportunities to align with other provincial transformation initiatives in Leeds, Grenville and Lanark and Eastern Ontario.
11. Other duties as delegated by the Board of Health.

Composition:

- Interested Board members including the Board Chair, and at least one of the members being a municipal appointee and at least one being a provincial appointee.

- The Chair and Vice-Chair of the Committee will be appointed by the Board with one member being a municipal appointee and the other a provincial appointee.
- The Medical Officer of Health/CEO and Directors will be ex-officio, non-voting members of the committee.
- From time to time, as deemed necessary by the committee, the committee will retain independent advice regarding financial, and legal issues, subject to approval by the Board, and may invite other Board members to attend committee meetings in order to contribute their knowledge/skills to the work of the committee.

Terms of Membership:

- The term of membership shall be until the Board is dissolved with the onset of the new Board of the Regional Public Health Entity.

Structure:

- The Committee will meet at least bi-monthly in person or by video or teleconference, or at the call of the Chair, the Board Chair, or the Medical Officer of Health/CEO.
- Quorum requires a majority of the members be in attendance.
- Decisions will be made by consensus. (See Appendix #1)
- The Executive Assistant to the Board will provide administrative support.
- The Chair will identify agenda items in collaboration with members.
- Information to be discussed at the meeting will be circulated in advance of the meeting.

Accountability and Decision Making: The Transition Committee reports and makes recommendations to the Board of Health and to the Medical Officer of Health/CEO.

Responsibilities of members:

- Come prepared to the meetings.
- Follow the Board of Health Duties and Obligations of Members.

Communication

- The Chair of the committee will report on the work of the Transition Committee at the next Board meeting.
- Briefing notes will be prepared for any recommendations to the Board, and they will be circulated in advance of the Board meeting.

Related References: See Appendix #1

Revision History:

Revision	Date	Description of changes	Requested By
	Sept. 19, 2019	Appendix #1 added	Transition Ctee

Appendix #1

Consensus Decision-Making

Purpose:
Consensus is a decision-making process which involves gathering and considering diverse perspectives and synthesizing them. It allows members to work together to improve a proposal to make it the best decision for the group. It requires a commitment to active listening, disciplined discourse and a creative response to conflict.

Principles:
The following principles of consensus decision-making will be followed[i]:

- **Inclusive:** All departments will be actively involved in the consensus decision-making process.
- **Participatory:** The consensus process should actively solicit the input and participation of all decision-makers.
- **Cooperative:** Participants will strive to reach the best possible decision for the Health Unit, rather than opt to pursue a majority opinion, potentially to the detriment of a minority. Participants are encouraged to keep the good of the whole group in mind. Each individual's preferences should be voiced so that the group can incorporate all concerns into an emerging decision. Individual preferences should not, however, obstructively impede the progress of the group.
- **Collaborative:** The group discusses decisions with input from all interested group members. Any individual authorship of a proposal is subsumed as the group modifies it to include the concerns of all group members.
- **Egalitarian:** All members will be afforded equal input into the process. All members have the opportunity to present and amend proposals.
- **Solution-oriented:** We will strive to emphasize common agreement over differences and reach effective decisions using compromise and other techniques to avoid or resolve mutually-exclusive positions within the group. The goal is to generate as much agreement as possible. Regardless of how much agreement is required to finalize a decision, a group using a consensus process makes a concerted attempt to reach full agreement.

Consensus Decision Procedure:
A consensus decision is the best decision to which all can agree. It may not be the preferred option for some members, but if they can accept it, consensus exists.

No decision is made until everyone with something to add to the discussion speaks. The chairperson's role is to summarize emerging areas into the proposal. The chairperson may then test for consensus by restating the proposal that is being supported by the members. If there are no blocks to consensus, the chairperson announces that a decision in favor of the proposal has been made. The recorder notes the decision in the minutes of the meeting. If there are areas of disagreement, these are further discussed and either resolved, or may be referred to a small group for further investigation and to report back at the next meeting.

When a chairperson tests for consensus, a member can express his objections by either standing aside or blocking consensus.

Standing Aside: A member stands aside when s/he has the following opinions "I don't see a need for this but I will go along", I am not convinced but I can live with it", When a member stands aside, consensus is not blocked, so a decision in favour of a proposal is still made.

Blocking Consensus: If a member cannot support a proposal, the member expresses their position by blocking consensus. When the timing of the decision is critical to the committee, a vote may be taken to decide the issue. Consensus is first sought to move to a vote on the issue. If a majority of members agree to a vote, then one is held.

The Consensus Decision: The proposal may be phrased “Seeing no blocks to consensus, we have a decision to (restate what had been decided)

[i] Reference: The Basics of Consensus Decision-Making, by Tim Hartnett, PhD at http://www.GroupFacilitation.net

Credits:
North Lanark Renfrew Community Health Services
Catalyst Centre Policy and Process Manual Toronto, Ontario 1999