

## ORGANIZATIONAL HEALTH & VITALITY GROUP: TERMS OF REFERENCE

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### **PURPOSE**

1. Achieve the organizational health and vitality strategic direction for 2012-2015: Explore issues and develop options to strengthen the organization in the following areas:
  - Continual enhancement of internal collaboration
  - Effective internal communication
  - Decision-making processes and practices
  - Enhanced leadership at all levels
2. Identify existing activities and where appropriate, plan and ensure implementation and/or coordination of additional activities.
3. Identify measurable indicators and/or objectives and report performance on these objectives to the Senior Management Team and the Board of Health.

### **REPORTING RELATIONSHIP**

The Group provides a progress report to the Senior Management Team at least quarterly that includes activities' strengths, weaknesses, and next steps.

The Group provides a performance report to the Board of Health at least annually (in coordination with the Manager of Special Projects) that includes areas of success, areas for improvement, and next steps.

### **MEMBERSHIP**

The membership of the Organizational Health & Vitality Group will consist of:

1. The Medical Officer of Health & Chief Executive Officer (chair)
2. The Associate Medical Officer of Health
3. The Director of Human Resources and Labour Relations
4. The Director of Finance and Operations
5. The Director of Information Technology
6. The Director of Family Health Services
7. The Director of Environmental Health and Chronic Disease Prevention
8. The Manager of Special Projects

The Group will consult with others as needed.

### **CHAIR**

The Chair will be the Medical Officer of Health & Chief Executive Officer.

### **TERM OF OFFICE**

All members will have a term of office for three years.

### **DUTIES**

1. Seek input from staff, stakeholders and the public as appropriate.
2. Develop an annual operational plan that clearly states and includes goals, activities, responsibilities, internal and external partners, and measurable objectives.
3. Ensure implementation and/or coordination of the annual operational plan.
4. Maintain a record of Group discussions and activities.

## **FREQUENCY OF MEETINGS**

The Group will meet at least monthly, or more frequently as required (at the call of the Chair).

## **AGENDA & MINUTES**

1. The Chair prepares and circulates agendas and relevant materials.
2. New and additional items may be added.
3. The recorder is the Administrative Program Assistant to the Chair.
4. Minutes are posted on the MLHU Intranet.

## **DECISION-MAKING**

The Organizational Health & Vitality Group is accountable to the Senior Management Team through the Chair.

The Group will strive to make decisions through consensus.

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Implementation Date: January 1, 2012

Revision Dates:

## TECHNOLOGY & SERVICE IMPROVEMENT GROUP: TERMS OF REFERENCE

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### **PURPOSE**

1. Achieve the information technology strategic direction for 2012-2015: Enhance the capacity of the Health Unit to function more efficiently and effectively through the optimal use of:
  - Technology that is current and accessible
  - An electronic record strategy
  - Technology applications that enhance communication and collaboration
2. Identify existing activities and where appropriate, plan and ensure implementation and/or coordination of additional activities.
3. Identify measurable indicators and/or objectives and report performance on these objectives to the Senior Management Team and the Board of Health.

### **REPORTING RELATIONSHIP**

The Group provides a progress report to the Senior Management Team at least quarterly that includes activities' strengths, weaknesses, and next steps.

The Group provides a performance report to the Board of Health at least annually (in coordination with the Manager of Special Projects) that includes areas of success, areas for improvement, and next steps.

### **MEMBERSHIP**

The membership of the Technology & Service Improvement Group will consist of:

1. The Director of Information Technology (chair)
2. A Manager or Staff from Family Health Services
3. A Manager or Staff from Oral Health, Communicable Diseases and Sexual Health
4. A Manager or Staff from Environmental Health, Chronic Diseases Prevention Services
5. The Manager of Special Projects
6. The Manager of Privacy and Occupational Health and Safety
7. A Human Resources Officer, or Staff from Finance and Operation
8. The Online Communication Coordinator

The Group will consult with others as needed.

### **CHAIR**

The Chair will be the Director of Information Technology.

### **TERM OF OFFICE**

All members will have a term of office for one year. The Senior Management Team will review the membership annually.

### **DUTIES**

1. Seek input from staff, stakeholders and the public as appropriate.
2. Develop an annual operational plan that clearly states and includes goals, activities, responsibilities, internal and external partners, and measurable objectives.
3. Ensure implementation and/or coordination of the annual operational plan.
4. Maintain a record of Group discussions and activities.

## **FREQUENCY OF MEETINGS**

The Group will meet at least monthly, or more frequently as required (at the call of the Chair).

## **AGENDA & MINUTES**

1. The Chair prepares and circulates agendas and relevant materials.
2. New and additional items may be added.
3. The recorder is the Administrative Program Assistant to the Chair.
4. Minutes are posted on the MLHU Intranet.

## **DECISION-MAKING**

The Technology & Service Improvement Group is accountable to the Senior Management Team through the co-chair.

The Group will strive to make decisions through consensus.

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Implementation Date: January 1, 2012

Revision Dates:

## HEALTHY EATING AND PHYSICAL ACTIVITY GROUP: TERMS OF REFERENCE

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### **PURPOSE**

1. Achieve the healthy eating and physical activity strategic direction for 2012-2015: Increase the physical activity and healthy eating of children, youth and adults by:
  - Advocating for and supporting the implementation of municipal policies that facilitate physical activity in the community;
  - Focusing on increasing the number of families that have access to fruits & vegetables and increasing the skills of families in healthy food preparation.
2. Identify existing activities and where appropriate, plan and ensure implementation and/or coordination of additional activities.
3. Identify measurable indicators and/or objectives and report performance on these objectives to the Senior Management Team and the Board of Health.

### **REPORTING RELATIONSHIP**

The Group provides a progress report to the Senior Management Team at least quarterly that includes activities' strengths, weaknesses, and next steps.

The Group provides a performance report to the Board of Health at least annually (in coordination with the Manager of Special Projects) that includes areas of success, areas for improvement, and next steps.

### **MEMBERSHIP**

The membership of the Healthy Eating and Physical Activity Group will consist of:

1. A Manager from Family Health Services (co-chair)
2. A Manager from Environmental Health and Chronic Disease Prevention (co-chair)
3. The Manager of Special Projects
4. An Epidemiologist from Environmental Health and Chronic Disease Prevention, or Family Health Services
5. A Dietician from Environmental Health and Chronic Disease Prevention, or Family Health Services
6. A Staff Member from Environmental Health and Chronic Disease Prevention
7. A Staff Member from Family Health Services
8. A Staff Member from Oral Health, Communicable Disease and Sexual Health
9. A non-Health Unit staff and non-Board of Health member with experience and expertise in healthy eating and physical activity.

The Group will consult with others as needed.

### **CHAIR**

The Co-Chairs will be a Manager from Family Health Services and a Manager from Environmental Health and Chronic Disease Prevention.

### **TERM OF OFFICE**

All members will have a term of office for one year. The Senior Management Team will review the membership annually.

## **DUTIES**

1. Seek input from staff, stakeholders and the public as appropriate.
2. Develop an annual operational plan that clearly states and includes goals, activities, responsibilities, internal and external partners, and measurable objectives.
3. Ensure implementation and/or coordination of the annual operational plan.
4. Maintain a record of Group discussions and activities.

## **FREQUENCY OF MEETINGS**

The Group will meet at least monthly, or more frequently as required (at the call of the Chair).

## **AGENDA & MINUTES**

1. The Chair prepares and circulates agendas and relevant materials.
2. New and additional items may be added.
3. The recorder is the Administrative Program Assistant to the Chair.
4. Minutes are posted on the MLHU Intranet.

## **DECISION-MAKING**

The Healthy Eating and Physical Activity Group is accountable to the Senior Management Team through the co-chair.

The Group will strive to make decisions through consensus.

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Implementation Date: Januarv 1. 2012

Revision Dates:

## HEALTH INEQUITIES REDUCTION GROUP: TERMS OF REFERENCE

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### **PURPOSE**

1. Achieve the health inequities reduction strategic direction for 2012-2015: Increase awareness of the Social Determinants of Health (SDOH) and reduce health inequities by:
  - Providing professional development opportunities to all staff based on an agency learning needs assessment;
  - Reviewing all programs and services provided by MLHU staff to determine how they can be adapted and/or realigned to better address health inequities, with a focus on inequities which are as result of poverty;
  - Actively engaging community partners to address systemic issues related to SDOH. In particular, staff will seek to mitigate the impact of poverty and work towards decreasing the incidence of poverty in Middlesex-London;
  - Successfully building collaborative partnerships internally and across the community which ensures inequities in health services which stem from poverty are minimized.
2. Identify existing activities and where appropriate, plan and ensure implementation and/or coordination of additional activities.
3. Identify measurable indicators and/or objectives and report performance on these objectives to the Senior Management Team and the Board of Health.

### **REPORTING RELATIONSHIP**

The Group provides a progress report to the Senior Management Team at least quarterly that includes activities' strengths, weaknesses, and next steps.

The Group provides a performance report to the Board of Health at least annually (in coordination with the Manager of Special Projects) that includes areas of success, areas for improvement, and next steps.

### **MEMBERSHIP**

The membership of the Health Inequities Reduction Group will consist of:

1. A Manager from Family Health Services (co-chair)
2. A Manager from Oral Health, Communicable Disease and Sexual Health (co-chair)
3. The Manager of Special Projects
4. The Program Evaluator of Family Health Services
5. A Staff from Family Health Services
6. A Staff from Oral Health, Communicable Disease and Sexual Health
7. A Staff from Environmental Health, Chronic Disease Prevention
8. A non-Health Unit staff and non-Board of Health member with experience and expertise in SDOH and health inequities.

The Group will consult with others as needed.

### **CHAIR**

The Co-Chairs will be a Manager from Family Health Services, and a Manager from Oral Health, Communicable Disease and Sexual Health.

### **TERM OF OFFICE**

All members will have a term of office for one year. The Senior Management Team will review the membership annually.

## **DUTIES**

1. Seek input from staff, stakeholders and the public as appropriate.
2. Develop an annual operational plan that clearly states and includes goals, activities, responsibilities, internal and external partners, and measurable objectives.
3. Ensure implementation and/or coordination of the annual operational plan.
4. Maintain a record of Group discussions and activities.

## **FREQUENCY OF MEETINGS**

The Group will meet at least monthly, or more frequently as required (at the call of the Chair).

## **AGENDA & MINUTES**

1. The Chair prepares and circulates agendas and relevant materials.
2. New and additional items may be added.
3. The recorder is the Administrative Program Assistant to the Chair.
4. Minutes are posted on the MLHU Intranet.

## **DECISION-MAKING**

The Health Inequities Reduction Group is accountable to the Senior Management Team through the co-chair.

The Group will strive to make decisions through consensus.

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Implementation Date: January 1, 2012

Revision Dates:

## SUPPORTIVE FACILITIES PLANNING GROUP: TERMS OF REFERENCE

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### **PURPOSE**

1. Achievement the facilities planning strategic direction for 2012-2015: Develop and begin to implement a functional facilities plan that includes facilities to support:
  - Ever-changing program and service delivery needs
  - Collaboration and communication
  - Business continuity
2. Identify existing activities and where appropriate, plan and ensure implementation and/or coordination of additional activities.
3. Identify measurable indicators and/or objectives and report performance on these objectives to the Senior Management Team and the Board of Health.

### **REPORTING RELATIONSHIP**

The Group provides a progress report to the Senior Management Team at least quarterly that includes activities' strengths, weaknesses, and next steps.

The Group provides a performance report to the Board of Health at least annually (in coordination with the Manager of Special Projects) that includes areas of success, areas for improvement, and next steps.

### **MEMBERSHIP**

The membership of the Supportive Facilities Planning Group will consist of:

1. The Director of Finance and Operations (chair)
2. The Associate Medical Officer of Health
3. The Director of Family Health Services
4. The Director of Environmental Health and Chronic Disease Prevention
5. The Director of Information Technology
6. The Manager of Emergency Preparedness
7. The Manager of Special Projects
8. The Manager of Procurement and Operations

The Group will consult with others as needed.

### **CHAIR**

The Chair will be the Director of Finance and Operations.

### **TERM OF OFFICE**

All members will have a term of office for one year. The Senior Management Team will review the membership annually.

### **DUTIES**

1. Seek input from staff, stakeholders and the public as appropriate.
2. Develop an annual operational plan that clearly states and includes goals, activities, responsibilities, internal and external partners, and measurable objectives.
3. Ensure implementation and/or coordination of the annual operational plan.
4. Maintain a record of Group discussions and activities.

## **FREQUENCY OF MEETINGS**

The Group will meet at least monthly, or more frequently as required (at the call of the Chair).

## **AGENDA & MINUTES**

1. The Chair prepares and circulates agendas and relevant materials.
2. New and additional items may be added.
3. The recorder is the Administrative Program Assistant to the Chair.
4. Minutes are posted on the MLHU Intranet.

## **DECISION-MAKING**

The Supportive Facilities Planning Group is accountable to the Senior Management Team through the co-chair.

The Group will strive to make decisions through consensus.

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Implementation Date: January 1, 2012

Revision Dates:

## ENHANCED COMMUNICATION STRATEGIES GROUP: TERMS OF REFERENCE

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### **PURPOSE**

1. Achieve the communications strategic direction for 2012-2015: Increase community awareness of programs and services and enhance service delivery through optimal use of:
  - Media
  - Marketing
  - Social media, including the website
2. Identify existing activities and where appropriate, plan and ensure implementation and/or coordination of additional activities.
3. Identify measurable indicators and/or objectives and report performance on these objectives to the Senior Management Team and the Board of Health.

### **REPORTING RELATIONSHIP**

The Group provides a progress report to the Senior Management Team at least quarterly that includes activities' strengths, weaknesses, and next steps.

The Group provides a performance report to the Board of Health at least annually (in coordination with the Manager of Special Projects) that includes areas of success, areas for improvement, and next steps.

### **MEMBERSHIP**

The membership of the Enhanced Communication Strategies Group:

1. The Manager of Communications (chair)
2. The Director of Information Technology
3. A Manager or Staff from Family Health Services
4. A Manager or Staff from Oral Health, Communicable Diseases and Sexual Health
5. A Manager or Staff from Environmental Health, Chronic Diseases Prevention Services
6. The Manager of Procurements and Operations
7. The Manager of Special Projects
8. The Online Communication Coordinator

The Group will consult with others as needed.

### **CHAIR**

The Chair will be the Manager of Communications.

### **TERM OF OFFICE**

All members will have a term of office for one year. The Senior Management Team will review the membership annually.

### **DUTIES**

1. Seek input from staff, stakeholders and the public as appropriate.
2. Develop an annual operational plan that clearly states and includes goals, activities, responsibilities, internal and external partners, and measurable objectives.
3. Ensure implementation and/or coordination of the annual operational plan.
4. Maintain a record of Group discussions and activities.

## **FREQUENCY OF MEETINGS**

The Group will meet at least monthly, or more frequently as required (at the call of the Chair).

## **AGENDA & MINUTES**

1. The Chair prepares and circulates agendas and relevant materials.
2. New and additional items may be added.
3. The recorder is the Administrative Program Assistant to the Chair.
4. Minutes are posted on the MLHU Intranet.

## **DECISION-MAKING**

The Enhanced Communication Strategies Group is accountable to the Senior Management Team through the Chair.

The Group will strive to make decisions through consensus.

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Implementation Date: January 1, 2012

Revision Dates: