

Memorandum

Date: May 14, 2009

To: Ron Sapsford, Deputy Minister

cc. Lucille Roch, Deputy Minister, Office of Francophone Affairs

From: Charles Beer, Facilitator, Counsel Public Affairs Inc.

Re: Final Facilitation Report on Francophone Working Group and the Regulation under the *Local Health System Integration Act, 2006* (LHSIA)

A) Context and Terms of Reference

I was asked by the Ministry of Health and Long-Term Care (MOHLTC) to facilitate a Working Group with representatives from the Francophone community, the Local Health Integration Networks (LHINs) and the government. As part of my Terms of Reference I was asked to provide recommendations on an approach and content for a revised regulation for community engagement with the Francophone community under LHSIA and report back to the Ministry within 30 days, from April 12, 2009 to May 15, 2009.¹

The members of the Working Group included:

- Scott Andison, Executive Director, Health System Strategy Division, MOHLTC
- Daniel Cayen, ADM Office of Francophone Affairs
- Marcel Castonguay, Chair of the Minister of Health and Long-Term Care's French Language Health Services Advisory Council
- Mariette Carrier-Fraser, Chair of l'Assemblée de la francophonie de l'Ontario (l'AFO)
- Guy Matte, Chair of the Minister's Provincial Advisory Committee on Francophone Affairs
- Roger Sigouin, Mayor, Town of Hearst, Association of French Language Municipalities of Ontario
- Marc Dumont, Board Director, North East Local Health Integration Network

The consultation process on the draft Regulation under LHSIA, in the fall of 2008, confirmed that the proposed draft regulation raised significant issues for the Francophone community. I have undertaken the facilitation process with a view to developing an Approach for a revised regulation that, if accepted, would resolve the concerns of the Francophone community on the issue of community engagement by the LHIN under LHSIA and enable the Ministry to move forward. The underlying premise of my Approach is the recognition of the LHIN's authority under LHSIA for the planning and

¹ See Terms of Reference Attached as Appendix A

integration of health services, as the agent of the MOHLTC in the local communities, balanced with a clear role for the proposed French language health planning entities.

As part of my review, I met with the French Language Services Commissioner (the Commissioner) and reviewed his letter to the Minister of Health and Long-Term Care dated November 12, 2008, in response to the MOHLTC's Draft Regulation. I also had the opportunity to review the Commissioner's *Special Report on French Language Health Services Planning in Ontario*, released on May 7, 2009, before completing my work.

The Report cites a number of challenges facing the Francophone population in Ontario, including the lack of human resources and the persistent myth that all Francophones are bilingual....

“For this reason the Commissioner insists on the importance of taking into consideration structures that already exist in the health system and in the community and recognizing these structures as partners in the planning of services. The Commissioner's message in this regard is clear: make the Francophone community and its organizations true partners in the planning of French healthcare and use these organizations, which actively offer services that have been adapted to a community with distinctive needs, as models”²

I believe that the Commissioner's Recommendation on the need for planning entities is consistent with the broad Approach that I am recommending, below.

B) Facilitation Process

As Facilitator, my initial step was to review the documents that I received³. I then began meeting with the representatives of the Working Group from the government and LHINs individually, and met with the Francophone community representatives of the Working Group together. I also met with a number of individuals from government and the Francophone community that I felt would assist the facilitation process and the development of my recommendations.⁴

I want to say at the outset as a general observation that there was a tremendous amount of goodwill on the part of all of the individuals involved in the process. I found all of the meetings constructive and productive, with everyone focused on a resolution for a revised regulation. While it was clear that there were some difficult issues to address, I want to emphasize that everyone with whom I met demonstrated a willingness to work together to find a viable resolution.

My approach to the facilitation process was to gain a clear understanding around the issues, interests and objectives of the Francophone Community as well as the government

² French Language Services Commissioner, *Special Report on French Language Health Services Planning in Ontario*, May 7, 2009 p. 3.

³ See Appendix B, List of Documents

⁴ See Appendix C, List of Meetings

on the provisions of a Regulation under Sections 16(1) and 16(4)(b) of LHSIA, before bringing the entire Working Group together for a meeting. After several meetings and discussions, the facilitation process culminated in a joint meeting with all of the representatives of the Working Group.

C) Assumptions, issues, interests and objectives of the Francophone Community on the provisions of a Regulation under LHSIA respecting Ontario's Francophone population

Based on my first round of meetings, the documents I reviewed, and in the context of my terms of reference, I made the following observations.

General Observations

- The Francophone community was disappointed with the Proposed Regulation under LHSIA as it did not reflect their interpretation of the Legislation.
- The Francophone community is seeking a new Regulation under Section 16(4)(b) of LHSIA that would prescribe French language health planning entities (hereinafter referred to as a planning entity).
- The Francophone community has indicated that they are seeking a level of commitment from the Government in the form of specific language in a Regulation and possibly in the combination of a regulation and a standard accountability agreement or a memorandum of understanding as they do not want to leave the issue to chance or to “goodwill”.
- The community is also seeking a degree of specificity in the Government's commitment that the planning entities will be involved in the LHIN's strategic planning and that there would be a clear set of accountabilities between the LHINs and the planning entities.
- The community mounted a campaign in the fall of 2008 including hundreds of individual and form letters. The government also received detailed submissions from the French Language Services Commissioner of Ontario and the Montfort Hospital, among others.
- In his letter to Minister Caplan in November 2008, in my meeting with him, and in his *Special Report on French Language Health Services Planning in Ontario*, the Commissioner recommended that, in addition to the establishment of the planning entities, the LHINs should have a French Language Services Coordinator at a senior management level.
- The Francophone Community's position was confirmed by senior officials from the Office of Francophone Affairs (OFA) who indicated that a revised Regulation needed to make reference to planning entities under Section 16 (4)(b).
- The Community and the OFA have also been clear that the reference to “Advisory Committees” in the current proposed Regulation is problematic for the

Francophone community as it is associated with the issues that they addressed in the School Board context many years ago. It was evident that any resolution would need to use alternative language.

- Marcel Castonguay shared a document prepared by the French Language Health Services Advisory Council. It was the Council's proposal for a revised regulation under LHSIA. The Council's draft incorporates elements from the Draft Memorandum of Understanding between the LHIN and the Réseau de l'est, and the MOHLTC's Draft Regulation circulated in 2008.
- The Champlain LHIN and the Réseau de l'est shared a copy of their March 2009 draft Memorandum of Understanding that they are in the process of negotiating. It outlines a possible model for the working relationship between the LHIN and what is effectively a planning body. It is a model that is based on a high degree of collaboration between the two organizations.

Potential convergence of views

- In my initial briefing by the MOHLTC, I was advised that the Ministry would be amenable to a revised Regulation that would prescribe planning entities as referenced in Section 16(4)(b).
- The Francophone community is not asking that the planning entities have independent or exclusive authority or that the LHIN's planning authority be delegated to the planning entities. The community understands that the LHINs, as the Ministry's agent in the local context, have the ultimate authority for the development and implementation of the local health integrated service plan. They see the role of the planning entity as enabling the LHINs to fulfill their community engagement mandate and build capacity in the LHINs with respect to the planning of French language health services.
- There is no expectation that there be 14 planning entities to match the LHIN structure. The community acknowledges that several LHINs can be grouped together for the purposes of French language health services planning. The Working Group estimates that between 5 and 7 planning entities across the province would be needed.
- Similarly, there was some discussion around the composition of the planning entity. It was suggested that the Board of the planning entity should have no more than 8 members.
- The Francophone community representatives of the Working Group had not expected that a Regulation under 16 (4)(b) would actually *name* the planning entities. Rather what they contemplated was that the Regulation would outline a process for naming or appointing the planning entities, including consultation with the community, their roles and responsibilities, and an accountability framework.
- It was suggested that the Réseaus do not have to be appointed as the planning entities for all the LHINs or group of LHINs de facto. It did become clear

throughout the facilitation process however, that if planning entities are appointed by the Ministry, it may make sense to consider the Réseau de l'est as the planning entity for the Champlain LHIN as the two organizations are close to agreeing on an MOU which outlines their respective roles and responsibilities for working together to plan French language health services.

- There was a clear understanding by everyone involved that the LHINs and the proposed planning entities would need to develop close collaborative working relationships.

Issues that required further exploration and discussion

- The extent of the detail that needs to go into the Regulation - The community is amenable to moving some of the detail around the roles and responsibilities into an MOU between the LHIN and the planning entity, but would want to see the reference to such an MOU in the Regulation.
- The need for the Regulation to specify the mandate, role/functions and responsibilities of the planning entity, recognizing the LHIN's ultimate authority.
- The need for the Regulation to address the *creation* of new planning entities where there may not be an existing organization or body for the geographic location that could be prescribed. This would see the Regulation as going beyond simply prescribing or naming an existing planning entity.
- While the Francophone community acknowledges that the LHINs have the ultimate authority to plan and make decisions about the healthcare needs of their local community, they are seeking a mechanism of accountability in the event that the LHIN decides not to accept or implement a planning entity's recommendations.
- The French Language Services Commissioner's Special Report has recommended to the Minister that each LHIN have a French Language Services Coordinator at the senior management level. The Working Group expressed some concern that consideration of this Recommendation by the government should not delay the implementation of the planning entities.

D) The Approach

Following my first round of meetings and discussions, and based on the documents that I reviewed, I began to develop an Approach for the content of the revised regulation under LHSIA for the Working Group to consider.

This Approach reflects what emerged as the central issue:

The need to balance the recognition that the LHINs, as crown agencies, have the ultimate authority for all planning and integration of health services, with the need to ensure that the French language health planning entities play a meaningful role and are involved in the process as it relates to engaging the Francophone population and putting forward recommendations for the planning and integration of French language health services.

To ensure that this balance is achieved I am recommending a three-pronged Approach including a Regulation under LHSIA, a Memorandum of Understanding between the LHINs and planning entities, and changes to the Standard Accountability Agreements between the LHINs and the Ministry.

As part of the second round of meetings, I shared my Draft Approach with the Working Group. The Approach is based on three elements⁵:

1. A regulation that covers Sections 16(1) & 16 (4)(b) of LHSIA as authorized by Section 37 (a) and (f) of LHSIA and includes:
 - a process for appointing or establishing a French Language health planning entity;
 - the authority for the appointment or establishment of one planning entity to cover the geographic area of two or more LHINs;
 - a principled approach to the role and responsibilities of the planning entities; and,
 - a reference to an accountability framework outlining the standard elements of a memorandum of understanding between a LHIN or LHINs and a planning entity.

It is not envisioned that the Regulation would actually name the entities. What is being recommended for the approach and content of the Regulation is rather a Regulation that would outline a process for the Minister to appoint or establish a planning entity. This would mean that what was being “prescribed” was how to appoint or establish the planning entities, including criteria for the Minister to consider, the principled approach outlining the functions of the planning entities, as well as the requirement for the LHINs and the planning entities to enter into a Memorandum of Understanding with standard core terms. It is not being recommended that the Regulation actually name the entities.

2. An accountability framework between the LHINs and the planning entities with Memorandums of Understanding that would address how the two organizations will work together, and their respective roles/functions, responsibilities, and accountabilities. The MOUs should have standard core terms, balanced with some flexibility to enable the MOUs to reflect local issues, needs, resources and expertise.

⁵ See Appendix D, Final Recommended Approach

3. The Ministry/LHIN Accountability Agreements (MLAA) should specifically reference the LHINs' responsibilities to engage the Francophone community and the role of the planning entities in the context of Sections 16 (1) & 16 (4)(b) of LHSIA.

Finally, I believe that it will be critical for the Minister's French Language Health Services Advisory Council, as representatives of the Francophone population across the province, to be consulted as the draft Regulation is being developed.

E) Other Issues

During the course of the facilitation a number of other related issues emerged. I have made some comments below for your consideration.

Resource Implications

You will recall that while funding and resourcing were not part of my mandate, these issues were raised in a number of meetings. The Francophone community representatives felt it was important that there be appropriate resources provided to support the planning entities, while recognizing the current economic climate. The MOHLTC has acknowledged that there is some funding available for community engagement and planning for French language health services.

Clearly, there will be resource implications for the Ministry if the recommended Approach is accepted.

Structure and Number of French language Health Planning Entities

There was significant discussion throughout my meetings around the number of planning entities that would be necessary across the province. As I have indicated above, there was an agreement that there did not need to be 14 planning entities established to mirror the LHIN structure. It was recognized that neither I nor the community representatives had sufficient knowledge or expertise to determine the appropriate number of planning entities. As the Approach notes, the sense is that there would be a need for between 5 and 7 planning entities. I am therefore recommending that the Ministry work with the LHINs and the Minister's French Language Health Services Advisory Council to find the appropriate number of planning entities that will be required.

Sense of Urgency

The issue of urgency was raised by many participants throughout the discussions. While I recognize that it will take some time to draft, pass and implement a new regulation, it is important that this be a priority for the Ministry. If the planning entities are to be appointed or established, to be effective they are going to have to be involved in the LHIN planning cycles. The LHINs have already begun the process of "refreshing" their

three year strategic plans. It will be important for the planning entities to become part of that process in the context of French language health services as soon as possible.

F) Conclusion

I want to thank all of the participants for their time, advice and dedication to completing the facilitation in a relatively short timeframe and for taking part in an extremely constructive and productive process.

In closing I want to note the Premier's comments from a January 6, 2009 news report⁶ wherein he was quoted as saying:

“Je vais continuer de travailler avec le ministre Caplan pour faire certain que nous protégeons les droits des francophones pour qu'ils puissent avoir un vrai rôle pour diriger les services sur lesquels ils dépendent dans le domaine des soins de santé.”

I believe that the Approach that I am recommending is consistent with the Premier's commitment. It provides clear direction to guide the Ministry in drafting a revised regulation that would both recognize the LHINs' authority under LHSIA and address the issues raised by the Francophone community. The Approach has the advantage of providing expertise and support to the LHINs from the Francophone community to assist them in fulfilling their community engagement mandate under LHSIA and their responsibilities under the *French Language Services Act*.

The implementation of an appropriate Regulation, based on the recommended Approach, will allow, in my view, for the development of more accurate, detailed and credible information and knowledge about French language healthcare needs in the province.

⁶ January 6, 2009, Premier McGuinty SRC Radio - Bulletin National et International- 18:00 HAE, Christian Noel, reporting.

APPENDIX A

Working Group on Francophone Regulation

Purpose

The Working Group, comprised of representatives of the francophone community, Local Health Integration Networks and the government, will provide guidance to the Ministry of Health and Long-Term Care regarding to implementation of a regulation pursuant to the Local Health System Integration Act. (See relevant sections attached).

Facilitator's Terms of Reference

1. Establish principles that will guide the working group's efforts.
2. Determine the assumptions, issues, interests and objectives of the individual members as they pertain to implementing the provisions of the Local Health System Integration Act (LHSIA) respecting Ontario's francophone population.
3. Identify areas of common/mutual interest and shared objectives upon which to build recommendations for implementation of the LHSIA provisions
4. Identify areas of interest and objectives which are not shared by members. Work with members to explore differences and develop options/solutions to address these issues with all members' concurrence
5. Produce recommendations regarding the approach to and content of a government regulation pursuant to LHSIA.
6. Provide advice to the Deputy Ministers about the issues arising, shared interests, opportunities and potential solutions, and any barriers to consensus.

Parameters:

In Scope:

- Identifying an approach to implement the provisions that are contained in LHSIA.
- Making recommendations with respect to the content and approach to a government regulation pursuant to LHSIA.

Out of Scope:

- Drafting the regulation
- Amendments to LHSIA
- Resourcing of francophone organizations

Authority:

- The MOHLTC reserves the right to consider the Working Group's recommendations and is not bound by the outcome or recommendations of the process.

APPENDIX B

List of Documents

- *Annexe 3: Protocole d'entente entre le Ministre de la Santé et des Soins de longue durée de l'Ontario et Réseau des services de santé en français de l'Est de l'Ontario*, March 25, 2002
- *Annual Report 2001-2002*, French Language Health Services Network of Eastern Ontario, May 2002, *Appendix 2, Memorandum of Understanding*, March 25, 2002
- *Health Care Services for Franco-Ontarians: A Roadmap to better accessibility and accountability*, The French Language Health Services Working Group, October, 2005
- *Éléments de réflexion*, La contribution des Réseaux de santé en français aux systèmes de santé locaux de l'Ontario, September 1, 2006
- *Rapport provincial 2006, Préparer le Terrain: Soins de santé primaires en français en Ontario*, Réseau francophone de santé du Nord de l'Ontario, Réseau de santé en français de Moyen-Nord de l'Ontario, Réseau franco-santé de Sud de l'Ontario, Réseau des services de santé en français de l'Est de l'Ontario, 2006
- *Improving the Health of Franco-Ontarians: A Cornerstone of the Ten Year Strategic Plan for Health*, Alliance des Réseaux Ontariens de Santé en français, January 5, 2007
- *Accountability Agreement between Minister of Health and Long-Term Care and the Champlain Local Health Integration Network*, April 1, 2007 – March 31, 2010
- *Les Réseaux: Architectes de la santé en français*, Réseau francophone de santé du Nord de l'Ontario, Réseau de santé en français de Moyen-Nord de l'Ontario, Réseau franco-santé de Sud de l'Ontario, Réseau des services de santé en français de l'Est de l'Ontario, 2007
- *Annual Report 2007-2008* Office of the French Language Services Commissioner, June 17, 2008
- *French Language Health Services Networks Partners to the Local Health Integration Networks, Proposal for Effective Collaboration*, Alliance des réseaux de santé en français de l'Ontario, June 17, 2008
- Letter to Honourable David Caplan, Minister of Health and Long-Term Care from l'Assemblée de la francophonie de l'Ontario, October 16, 2008
- Letter to Norman W. Sterling, Députée, Assemblée législative from l'Assemblée de la francophonie de l'Ontario, October 28, 2008
- Letter to Honourable David Caplan, Minister of Health and Long-Term Care from Alliance des réseaux de santé en français de l'Ontario, November 1, 2008
- Letter to Honourable David Caplan, Minister of Health and Long-Term Care from the French Language Services Commissioner, November 12, 2008
- Letter to Honourable David Caplan, Minister of Health and Long-Term Care from Gerald R. Savoie, President-director of Montfort Hospital, November 12, 2008

- “*Ébauche pour discussion*”: *Entente de Collaboration entre le Réseau local d’intégration des services de santé de Champlain et Réseau des services de santé en français de l’Est de l’Ontario*; December 31, 2008
- Assorted press releases and supplementary documents from l’Assemblée de la francophonie de l’Ontario, 2008
- “*Ébauche pour discussion*”: *Entente de Collaboration entre le Réseau local d’intégration des services de santé de Champlain et le Réseau des services de santé en français de l’Est de l’Ontario*; March, 2009
- *Draft Proposal for Ontario Regulation made under the Local Health System Integration Act, 2006, Engagement with the Francophone Community under Section 16 of the Act*, by the French Language Health Services Advisory Council, March, 2009
- *Les leçons retenues du Plan de services de santé intégrés (PSSI) 2007-2010*, Réseau des services de santé en français de l’Est de l’Ontario, April 17, 2009
- “*Ébauche finale*”: *Rétroaction au sujet du Plan de services de santé intégrés 2010-2013*, Réseau des services de santé en français de l’Est de l’Ontario, May 1, 2009
- *Diagramme des Buts stratégiques pour les personnes francophones vivant dans la région de Champlain*, Réseau des services de santé en français de l’Est de l’Ontario, May 1, 2009
- *Annexe – Population de Champlain, Objectifs stratégiques pour les personnes francophones vivant dans la région de Champlain*, Réseau des services de santé en français de l’Est de l’Ontario, May 1, 2009
- *Special Report on French Language Health Services Planning in Ontario May 2009*, French Language Services Commissioner, Released May 7, 2009
- Press Release, on *the Special Report on French Language Health Services Planning in Ontario*, l’AFO, May 7, 2009
- Letter to Charles Beer from Fabien Hébert, Président, Réseau francophone de santé du Nord de l’Ontario and Nicole Ranger, Présidente, Réseau de santé en français du Moyen-Nord de l’Ontario, May 9, 2009
- Letter to Charles Beer from le Réseau franco-santé du Sud de l’Ontario, May 11, 2009
- *Map of designated regions under the French Language Services Act and the 14 RLISS*; Office of Francophone Affairs, undated
- *Positionnement en lien avec les entités de planification, Les conditions indispensables de succès*, Alliance des Réseaux Ontariens de Santé en Français, undated

Legislation and Regulation

- *French Languages Services Act* (R.S.O. 1990, Chapter F.32)
- *Local Health System Integration Act, 2006*
- Notice of Proposed Regulation Under the *Local Health System Integration Act, 2006*, Local Health Integration Network Francophone Community Engagement, and Schedule A, Proposed Regulation under the *Local Health System Integration Act, 2006*

APPENDIX C

List of Meetings

The following is a list of individuals with whom I met with as part of the facilitation process. I met and spoke with several of the individuals and the representatives of the Working Group on more than one occasion.

- Scott Andison, Executive Director (A), Health Systems Strategy Division, MOHLTC
- Daniel Cayen, ADM, Office of Francophone Affairs
- Francois Boileau, French Language Services Commissioner
- Marc Dumont, Board Member, North East LHIN (Via conference call and in person)
- Francophone Community Representatives on the Working Group (Marianne Carrier-Fraser, Guy Matte, Marcel Castonguay and Roger Sigouin)
- Deputy Minister Ron Sapsford, MOHTLC and Deputy Minister Lucille Roch, Community and Social Services and Francophone Affairs
- Chantal LeClerc, Senior Director Planning, Integration and Community Engagement, Champlain LHIN (Via conference call)
- Paula Kashul, Counsel – Legal Services Branch, MOHLTC
- Official from the Office of the Legislative Counsel (Via conference call)
- Marie Fortier, Chair, Champlain LHIN (Via conference call and video teleconference)
- Mathilde Bazinet, Chair, North East LHIN (Via video teleconference)
- Nicole Lafrenière-Davis, Présidente du Réseau and Jacinthe Desaulniers, Directrice générale Réseau des services de santé en français de l'Est de l'Ontario (Via conference call)
- Minister Caplan's French Language Health Services Advisory Council
- Heather Mack, Chief of Staff, Minister Caplan's office
- Val Poulin, Chief of Staff, Minister Meillieur's office

APPENDIX D

Final Recommended Approach

Recommended Three-pronged Approach

This approach is based on the premise that the LHIN, as the agent for the Ministry of Health and Long-Term Care in the local community, has the responsibility for the planning and development of an integrated health service plan under LHSIA.

The three elements:

1. A regulation that covers Sections 16 (1) & 16 (4) (b) of LHSIA as authorized by Section 37 (a) and (f) of LHSIA and includes:
 - a process for appointing or establishing a French Language health planning entity;
 - the authority for the appointment or establishment of one planning entity to cover the geographic area of two or more LHINs;
 - a principled approach to the role and responsibilities of the planning entities; and,
 - a reference to an accountability framework outlining the standard elements of a memorandum of understanding between a LHIN or LHINs and a planning entity.

It is not envisioned that the Regulation would actually name the entities. What is being recommended for the approach and content of the Regulation is rather a Regulation that would outline a process for the Minister to appoint or establish a planning entity. This would mean that what was being “prescribed” was how to appoint or establish the planning entities, including criteria for the Minister to consider, the principled approach outlining the functions of the planning entities, as well as the requirement for the LHINs and the planning entities to enter into a Memorandum of Understanding with standard core terms. It is not being recommended that the Regulation actually name the entities.

2. An accountability framework between the LHINs and the planning entities with Memorandums of Understanding that would address how the two organizations will work together, and their respective roles/functions, responsibilities, and accountabilities. The MOUs should have standard core terms, balanced with some flexibility to enable the MOUs to reflect local issues, needs, resources and expertise.
3. The Ministry/ LHIN Accountability Agreements (MLAA) should specifically reference the LHINs’ responsibilities to engage the Francophone community and the role of the planning entities in the context of Sections 16(1) and 16 (4)(b) of LHSIA.

Recommendations on the Approach and Content of a revised Regulation

1. Regulation made under Section 16 (1) Principles of Community Engagement

- Provide a general Statement or preamble that would reference the planning entity, the nature of the relationship between the LHIN and the planning entity, and the role and responsibilities of the planning entity.

For example: For the purpose of engaging the community about the local health system under section 16(1) of the Act, the LHIN shall engage the French language health planning entity and receive recommendations from the French language health planning entity on the planning and integration of French language health services;

- A principled approach to the functions that the planning entity would undertake. These principles would be similar to those outlined in Section 2 (a) to (e) of the proposed Regulation from September 2008, with some modification to reflect the range of the planning entity's functions, including for example:
 - methods of engaging the Francophone community in the geographic area and persons or bodies who are involved in or affected by the local health system;
 - the identification of the healthcare needs and priorities of the Francophone community in the area and how best to address those needs in the integrated health services plan of the local health integration network;
 - methods for taking into account, as part of the integration of the local health system, the need to provide services to the Francophone community in the area;
 - strategies to improve access to, accessibility of, and integration of French language health services in the local health system; and,
 - the identification and designation of health service providers for the provision of French language health services in the area.

2. Regulation made under Section 16 (4) (b) Appointment or Establishment of the French Language Health Planning Entity

- Process for Minister to appoint or establish a planning entity in consultation with the LHINs and the French Language Health Services Advisory Council, within 6 months of a regulation coming into force;
- Process for creating the planning entities, where there is no existing local organization or body in the geographic area of the LHIN or group of LHIN(s);
- Criteria for appointing an existing organization as a planning entity (e.g. knowledge, experience in health services) would include the need to be:

- representative of the Francophone community and the healthcare sectors in the geographic area of the network and be involved in, or affected by, the local health system;
- a Francophone organization operated by and serving the Francophone community; and,
- involved in the planning and/or delivery of healthcare in the geographic area and have demonstrated healthcare planning, knowledge, and skills to fulfill the role of French language health planning entity.
- For the establishment of a planning entity, the criteria for selecting individual members would include the need to be:
 - knowledgeable of the healthcare needs of the Francophone community in the geographic area of the local health integration network;
 - fluent in written and spoken French; and,
 - members of the Francophone community, and representatives of the healthcare sectors that have a relationship with the community and are involved in the planning and/or delivery of healthcare in the geographic area of the local health integration network, including community organizations, educational institutions, members of regulated health professions and health service providers.
- The establishment of between 5 and 7 planning entities based on the LHIN Structure and geographic areas that need to be serviced.

Accountability Framework

- Establish an accountability framework among the Ministry, the LHINs and the planning entities that would include the requirements of the regulation, the terms of the LHIN/planning entity MOU, and the Ministry/LHIN Agreements (MLAA);
- Consider the draft Memorandum of Understanding dated March 9, 2009 between the Champlain LHIN and the Réseau de l'est re: accountabilities, roles, responsibilities and how the two organizations will work together, as a possible model;
- Outline the accountability framework in the Regulation that would include the following principles:
 - the requirement for the LHIN and planning entity to enter into a memorandum of understanding that would outline the roles, responsibilities and accountabilities of the French language health planning entity and the LHIN;
 - provisions detailing the relationship between the LHIN, the French language health planning entity and the broader Francophone community;
 - the process, frequency and methods of collaboration among the LHIN, the French language health planning entity and the broader

francophone community for the geographic area covered by the
LHIN;

➤ a process to resolve issues that may arise; and,

a requirement for an annual review and a process for the renewal of the memorandum of
understanding