

WRHA Community Health Advisory Councils Board Policy

Terms of Reference

- Terms of Reference approved by the WRHA Board, January 29, 2002.
- Revised August 23, 2005.
- Revised August 14, 2009
- Revised September 27, 2011

Citing the Act

32(1) Unless the Minister approves otherwise, a regional health authority shall establish at least one and no more than four district health advisory councils to advise and assist the board of the regional health authority.

32(2) A district health advisory council shall be composed of the number of members prescribed by the Minister, who shall be selected, by appointment, election or otherwise in accordance with the regulations.

Regulations:

5(1) A district health advisory council established by a regional health authority is to consist of not more than 15 members.

5(2) In accordance with any guidelines approved by the minister, the board of a regional health authority shall develop a method for selecting the members of a district health council and establish the council's terms of reference.

Preamble

Integral to the Winnipeg Regional Health Authority's (WRHA) responsibilities is the connection of the authority to the community. Linkages and partnerships with the community are essential in establishing community relations.

Community Health Advisory Council members will be expected to commit to a constructive and collaborative approach to providing community input in support of policy and planning. Members will be expected to be knowledgeable about their community and aware of community-based health issues.

Community Health Advisory Councils will review health status in the broad context of their community. The Winnipeg Regional Health Authority will support the Community Health Advisory Councils through the provision of health status data. Feedback noted by the Community Health Advisory Councils will be incorporated into the community and regional health planning processes.

Community Health Advisory Councils will operate in an advisory capacity and will provide input to the WRHA Board.

Input will be targeted to specific issues or questions identified by the WRHA Board. Community Health Advisory Councils may also advise on health related issues from the community.

Purpose

Community Health Advisory Councils will function as a key component of the Winnipeg Regional Health Authority's public consultation and engagement process and provides one mechanism for ongoing community input to assist the WRHA in its planning and decision-making processes respecting health, health needs and priorities and health services in the Region. The primary goal of the Councils is to advise the Board of the WRHA on key strategic priorities and therefore assist in improving the health status of the population of the Region.

Councils

There shall be 6 Community Health Advisory Councils in Winnipeg. Each Council shall represent 2 Winnipeg community areas based on the WRHA established 12 community area boundaries. The community area pairs shall be as follows:

- River East/Transcona
- Seven Oaks/Inkster
- River Heights/Fort Garry
- St. Boniface/St. Vital
- St. James Assiniboia/Assiniboine South
- Downtown/Point Douglas

Roles and Responsibilities of members of the Councils

As a representative of the community, the Community Health Advisory Council will perform the following duties related to health within its identified geographic community:

- a) provide assistance, advice and information to the WRHA with respect to planning and delivery of quality health services in the community;
- b) bring community perspectives of the health of the community to Council discussions;
- c) at the request of the WRHA, provide community perspectives related to the topics and questions reflective of the WRHA's priorities asked by the WRHA Board; and
- d) perform any other duties which the WRHA may delegate to the Council from time to time.

Key Processes

1. The Community Health Advisory Councils will receive an orientation to the WRHA and the role of the Councils.
2. On an annual basis, the Board will identify key issues that require community input. These key issues will link to the WRHA's strategic priorities.

3. Feedback regarding the use of all Community Health Advisory Council reports/suggestions will be provided to the Councils on a regular basis.

Membership

For each of the 6 Community Health Advisory Councils there will be a minimum of 11 and a maximum of 15 members. From time to time, up to 2 additional members may be added to a Council where consistent attendance is a challenge.

Representatives will be selected to include up to 5 members identified by health organizations' located in the respective geographic area. The remaining representatives will be from the community at large.

Health Organization representatives

Health organization representatives will be selected from those WRHA funded health organizations, boards located in the associated geographic area.

Health organization members may be representative of a variety of occupations, businesses and professions.

Health organization members should be persons who have demonstrated an interest in health and wellness and population health.

Health organization members should have good communication skills, strong connections to the associated geographic community, willingness to commit time and energy and have commitment to a collaborative, constructive approach to health and wellness.

Community representatives

Community members will, to the extent reasonably possible, be representative of the diversity of the geographic area served by the Council (ie. gender, age, race, socio-economic status and ethnicity).

Community members may be representative of health service recipients, family members of health service recipients, caregivers, a variety of occupations, businesses and professions, students, and the general public.

Community members will be persons who have demonstrated an interest in health and wellness.

Community members will have good communication skills, strong connections to the associated geographic community, willingness to commit time and energy and have commitment to a collaborative, constructive approach to health and wellness.

Nomination/Appointment Process

On an annual basis, community members will be recruited through a transparent and open public call for nominations and applications.

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Candidates for health organization Board member representation will be nominated by any WRHA funded health organization located in the associated geographic area.

Assigned WRHA staff will interview and identify potential Members and make recommendations to the WRHA Board for the appointment of Members. Criteria for member selection will be based on the need to ensure that the Councils represent the diversity of the associated geographic community.

With respect to selection from health organizations, the continuum of healthcare services will be considered.

The WRHA Board will make the final decision regarding the selection and appointment of Members. Prior to confirmation of each approved Council members, reference checks will be completed. In the event of a negative reference check, the Board will be advised and an alternative member will be proposed.

Council Chair and Vice Chair (or Co-Chairs):

Members of each Council will nominate Members for Chair and Vice Chair or Co-Chairs. Any vote will be by majority vote of the Members voting.

The Chair of the Council may serve for a maximum of 2 terms of 1 year each.

Vacancies:

The assigned WRHA staff will make recommendations to the WRHA Board for the filling of vacancies as required. The processes followed will be those considered reasonably appropriate by the committee, which may include reliance on applications/information previously obtained.

At the discretion of the WRHA Board, on a vacancy occurring, a Member may be appointed for the unexpired portion of the term of the Member being replaced.

The WRHA Board will make the final decisions regarding the selection of Members to fill vacancies on the Council.

Termination of a Member's Appointment:

The WRHA may, by notice in writing to a Member, terminate the appointment of a Member. The WRHA may develop, with the input of the advisory council members, the code of conduct for members including behaviour unbecoming of a member and the process of dismissal and appeal options.

A Member may terminate his or her appointment on written notice to the Council and the WRHA Board.

Members that are absent 3 meetings without appropriate notice to CHAC staff will be asked to resign.

The termination of a Member's appointment shall become effective on the date set out in the written notice.

Quorum:

A quorum will be a simple majority of filled Community Health Advisory Council positions.

Remuneration:

As volunteer representatives of the community and of health organizations, Community Health Advisory Council members will not be entitled to compensation for their activities. Reimbursement for child care, parking, and taxi or Handi-transit incurred by members in carrying out their activities will be provided in accordance with prevailing WRHA policy and directives.

Terms of Appointment:

Terms of council members will 3 years in length. If interested, Council members (community and health organization) may reapply after an absence of a minimum of 2 years.

Members may not serve consecutive terms.

Reporting Relationships:

The Councils are accountable to the WRHA Board and shall provide a report of their activities during each fiscal year to the WRHA Board at times and in such manner as may be specified by the WRHA Board.

At least annually, Community Health Advisory Councils will report to the Board:

- ✓ their discussions and associated recommendations related to the topics explored, and
- ✓ suggestions where community input may be helpful in supporting board priorities.

On at least an annual basis, the WRHA Board will provide feedback on how the Community Health Advisory Councils' input has been and is being used.

Once received by the WRHA Board, Community Health Advisory Council reports will be posted on the WRHA website.

WRHA Staff Role

Designated WRHA staff and volunteers will act as a resource to each of the Community Health Advisory Councils. The role of WRHA staff with the Councils will include the following:

- provide administrative support (i.e. record and maintain minutes, prepare CHAC reports)
- facilitate meetings
- support Board Liaisons and Alternates
- support CHAC volunteer facilitators
- ensure response to issues as they arise at Council meetings

- provide support to Council chairs
- manage the recruitment and selection process
- complete and submit an annual evaluation of the CHAC's progress

WRHA Board Liaison Role

The WRHA will name board representatives to act as liaisons to each of the Community Health Advisory Councils. The Board liaison is an ex-officio, non-voting member of the Council. A Winnipeg Regional Health Authority Board member supports each of the Community Health Advisory Councils as an ad hoc member. The Board member (Liaison) attends as many Council meetings as possible. Board Liaisons are encouraged to provide Council updates to the Board. Board Liaisons may attend up to six evening Council meetings between September and April of each year. This schedule includes an orientation session, four Council meetings and an All Councils meeting, attended by the WRHA Board, Senior Management and members from all six Councils across the Region.

The role of the Board liaison is as follows:

- to attend meetings of their community health advisory council.
- to serve as a representative of the WRHA Board.
- to promote and support the work of their community health advisory council, and
- to participate with evaluation of community health advisory councils.

Meetings

The Council shall hold a minimum of 4 working meetings per year.

The Council shall, by majority vote of the Members in attendance, establish rules of procedure for the conduct of its meetings.

The Council shall record and maintain the minutes of its meetings and forward copies of adopted minutes to the WRHA. Following approval, minutes of meetings will be posted on the WRHA website.

Evaluation Framework

An evaluation framework for WRHA Community Health Advisory Councils should be directly linked to the overall goals and objectives for the Councils. Further, the evaluation framework should consider indicators (qualitative and quantitative) that evaluate the structure, the processes and the expected outcomes of the Community Health Advisory Council initiative.

Evaluation Issue/Goal	Indicator
<p>The interest of the community/boards in the Community Health Advisory Councils.</p> <p>Councils will be reflective of the diversity of each of the associated geographic communities.</p> <p>The member commitment in supporting the functions of the Community Health Advisory Councils.</p> <p>The WRHA Board support of the Community Health Advisory Councils.</p> <p>The WRHA Senior Management support of the Community Health Advisory Councils.</p> <p>Council members feel that their involvement is meaningful and their input is valued.</p> <p>The WRHA funded health organizations support the Councils</p> <p>Staff provides appropriate support and guidance to Councils.</p>	<ul style="list-style-type: none"> • The number of nominations/applications received per community area. (in each of the membership categories) • The Council members, the WRHA Board and WRAH Senior Management perception of the diversity of the Council membership. • Long term commitment/participation of members through number of meetings attended • Council meetings attended by the appointed Board Liaison person. • Board and Council Attendees at joint meetings • Board member perception of the value and use of Council input • Senior Management Attendees at joint meetings • Senior Management perception of the value and use of Council input • Perceived value of community members' input by Council members ▪ Perceived value of Council participation by the represented WRHA funded organization. ▪ Perception of the Council members, WRHA Board members and WRHA senior management of the support provided by WRHA staff to the Councils.