

TERMS OF REFERENCE – COMMUNITY HEALTH BOARD

The *Health Authorities Act* outlines the object and roles and responsibilities of Community Health Boards (CHBs) in Nova Scotia.

The provincial health authority is called the Nova Scotia Health Authority (NSHA).

Roles and Responsibilities

Community Leadership

- Community Health Boards are groups of volunteers from your community. They work together to improve health & wellness where we live, work, play and learn.

Community Health Planning

- Community Health Boards gather ideas and share information about how to improve and promote health & wellness close to home.
- They focus on the many factors that affect health & wellness in our communities, including income, education and sense of belonging, among others.
- They share what they have learned about your health & wellness priorities with Nova Scotia Health Authority, IWK Health Centre, and community groups.

Health and Wellness Promotion

- Community Health Boards advocate for actions to promote and improve health & wellness based on what communities say is most important.
- Guided by their Community Health Plans, they develop partnerships with local community groups and they award Wellness Fund grants to local community projects.

As volunteers of the NSHA, Board Members work to support the mission and vision of the organization and follow all applicable policies and procedures.

Membership

- Each CHB will consist of a minimum of 9 and a maximum of 15 members who are ordinarily residents of the CHB's defined geographical boundaries.
- Community Health Board members will be appointed for a term of three years with a maximum of two three-year terms of service. Community Health Board members seeking a second three-year term will participate in a re-application process (see Section 8 of Operations Manual). Additional service beyond these two terms may be considered in special circumstances. Decisions regarding any additional service will be made in conjunction with NSHA representatives.
- Community Health Board members will be selected through an open and transparent process, which will be outlined in the CHB member selection section of the Community Health Board Operating Manual.
- Criteria for membership will be outlined as part of CHB member selection regulations. Community Health Boards may also adopt their own criteria to address local requirements.
- Community Health Board members wishing to resign before their term is up should give a written resignation to the Board (e-mail is acceptable).
- Community Health Board members can request in writing a "Leave of Absence" for up to three months. Requests for extension of the leave will be reviewed and permitted only by consensus of the Board.
- Approved CHB member expenses will be covered as per the *NSHA Travel Policy* and the *Community Health Board Finance Administrative Standard Operating Procedures* (SOP).
- Community Health Board members will be expected to adhere to all policies and procedures applicable to CHB / NSHA volunteers.

Accountability

Nova Scotia Health Authority: The CHB is accountable to the NSHA in the execution of its legislated responsibilities. This will include a working relationship with NSHA management and

staff. The main form of communication to the NSHA is through the development and submission of a three-year community health plan and annual reports.

Community: The CHB must ensure that it reflects community perspectives that are identified through its community health planning process. The mechanisms for communicating with and engaging the community might include public engagement strategies, community consultation, media relations, and more.

Executive

Community Health Board election of officers will take place each June. Each CHB will strike a Nominations Committee that will put forward Executive nominations. The Board will select a Chair/Co-chair, Vice-Chair, and a Secretary. Refer to position description documents for details of these roles (see Section 8 of Operations Manual).

Quorum

Quorum for the CHB meeting exists if more than 50 per cent of the active CHB members are present. If quorum is not achieved, business can be conducted but no motions may be put forward.

Meetings

Community Health Boards will hold regular Board meetings at least eight times per year. Additional meetings may be scheduled as needed to fulfill the board's mandate at the direction of the Chair. Community Health Boards may establish ad hoc and sub-committees that will meet as needed.

Regular CHB meetings are open to the public as per the *Health Authorities Act*, and thus meeting schedules should be predictable and readily available.

In camera meetings may be held when potentially sensitive or confidential CHB information may be discussed, e.g., consideration of applicants for membership, review of grant submissions, or any discussions that may include personal or proprietary information.

Community Health Boards are encouraged to use the provincial CHB Agenda and Meeting Minute Templates. Community Health Board Chairs are also encouraged to refer to the Effective Meeting Management documents for guidance (see Section 8 of Operations Manual).

Any Board member who fails to attend three (3) Board meetings without a reasonable excuse and discussion with the Chair may be asked to resign from the Board.

Chairs are responsible for the same communication and responsibilities regarding leaves of absence, resignation, and failing to attend without communication.

All Board members will be asked to review and abide by the NSHA's *Conflict of Interest Policy* (see Section 6 of Operations Manual).

All Board members who have a conflict of interest with respect to any affairs of the Board have a duty to declare that interest.

Decision Making

Ordinarily, a consensus decision-making model will be used by the board and any ad hoc or sub-committees. Consensus is defined as the willingness among all members to support a decision once it is made. Consensus does not mean that all members necessarily think the chosen decision is the best one, or even that it will work. Rather, all members feel that their CHB's position has been expressed, heard, and understood in the process of arriving at the final decision. When consensus cannot be reasonably reached, members may agree to disagree. At such time any member of the board or committee can ask for a formal vote.

A voting process should always be used when dealing with finances, nominations, or board decisions having public impact, and at the request of any CHB member. Voting outcomes will be recorded in the minutes. The Chair only votes in the case of a tie. A vote is considered passed if more than 50% of voting members are in favour.

Once a decision is approved, all members of the CHB are required to support the decision publicly.

Sub-committees

Each of these sub-committees and ad hoc committees must have approved Terms of Reference.

Sub-committees are internal working groups of the CHB and are composed of members only. Nova Scotia Health Authority staff that support CHBs may sit on sub-committees to provide guidance and support, but are not voting members. Examples of sub-committees include: Wellness Fund Committee (see Section 7 of Operations Manual), Volunteer Selection Committee (see Section 8 of Operations Manual), Health Planning Committee (see Section 4 of Operations Manual) and Nomination Committee (see Section 2 of Operations Manual).

Ad hoc committees may be formed to support CHB work. Examples of situations when an ad hoc committee may be appropriate include, but are not limited to, advocating for policy change, implementing health promotion initiatives, and initiating community consultation. Ad hoc committees will follow these guidelines:

- The committee shall report to the CHB.
- Membership shall consist of one or more CHB members.
- Additional members shall include individuals from the community or other selected members as deemed appropriate for the committee's mandate.
- The selection of members shall be determined by interest and division of workload.
- The Chair shall be selected by and from the committee members.
- The scope and duties shall be determined by the CHB.
- Quorum for the ad hoc committee meeting exists if more than 50% of the active ad hoc committee members are present. If quorum is not achieved, business can be conducted but no motions may be put forward.
- The ad hoc committee shall exist until it completes the tasks assigned or is discharged by the CHB.

The decisions of these committees may be subject to review and approval of the CHB. The committees have authority to make recommendations but do not possess decision-making authority unless it is conferred on them through Terms of Reference approved by the CHB.

Reports

Community Health Boards are required to submit a three-year Collaborative Community Health Plan to the NSHA. Updates to the plan will also be submitted (see Section 4 of Operations Manual).

Community Health Boards are required to submit an Annual Wellness Grant report to the Nova Scotia Health Authority to highlight grant recipients and distribution (see Section 7 of Operations Manual).

Community Health Board members serving on sub-committees and ad hoc committees may be required to submit regular reports to the CHB.

Other reports – as required from time to time.

Support

Support for CHBs will be provided as outlined in the *Health Authorities Act*.

Assessment

Community Health Boards will conduct an annual assessment to review group effectiveness and annual progress on the CHB work plan. Individual members will complete an annual assessment as well. These tools are available in the Community Health Board Operations Manual.

References

All relevant NSHA and CHB policies and guidelines
Health Authorities Act (October 2014)

Review

The NSHA, with involvement of CHBs, will be responsible to review and update the Terms of Reference.