



Northern St'at'imc Health Advisory Committee (NSHAC)

TERMS OF REFERENCE

PREAMBLE *Past (January 2013)*

A Lillooet Tribal Council Resolution was passed that led to the establishment of the Northern St'at'imc Community Engagement Health Hub. The Northern St'at'imc community health directors/leads had been meeting for one year (2009-2010) prior to discuss collective health issues and the development of the Hub. LTC, as host of the Hub, hold annual Contribution Agreements with BC First Nations Health Authority. The Hub coordinator was hired by LTC and began her position on September 13, 2010. The Hub Advisory Committee was formed and has been meeting almost monthly since then.

PRESENT

The St'at'imc Outreach Health Services (SOHS), established in September 2015, is based upon the work of the Northern St'at'imc Health Leadership which consists of the Health Directors/Leads and Chiefs of Xaxli'p, Xwisten, T'it'q'et, Sekw'el'was, Ts'kw'aylaxw and Tsal'alh. The decision to activate the SOHS was to administer Joint Project Board primary health care services; shared outreach services that align with the priorities of the *2015-2017 interim Northern St'at'imc Health Plan: Creating Health System Reform in the Northern St'at'imc Territory*.

Currently, the SHOS operates as a department under the authority of the Lillooet Tribal Council (LTC) Chiefs/Board of Directors. The Northern St'at'imc Health Advisory Committee (NSHAC), provides direction through collaboration and communication to the Lillooet Tribal Council Health Manager, and the LTC Health Manager reports directly to LTC Administrator/Chiefs.

MANDATE

VISION of the Health Advisory Committee:

"T'aks to amha saw7" – "going along with the good way of being" for all St'at'imc.

MISSION of Health Advisory Committee:

That the NSHAC will effectively work together and be a valuable health resource to the Northern St'at'imc, the Northern St'at'imc Leadership, and will help to have a positive impact on the health of the future generations of Northern St'at'imc.

VALUES of Health Advisory Committee:

- To respect the diversity of member communities and their health plans.
- To work together while supporting the independence of community decision-making.
- To work together guided by respect, equality, honesty and integrity and confidentiality.
- To base all activities on the best interests of the members of the participating St'at'imc communities.
- To be proactive in promoting physical, mental, emotional and spiritual well-being.



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PURPOSE

1. To develop an annual work plan to carry out communications, collaboration and planning strategy that promotes collective relationship-building process between the Northern St'at'imc Communities.
2. To develop an annual work plan to carry out communication, collaboration and planning strategies that facilitates relationship-building processes (partnerships) between Northern St'at'imc communities and Interior Health Authority (IHA), local health providers and stakeholders, the Southern St'at'imc Tribal Council Community Engagement Coordinator, Interior Region Nation Community Engagement Coordinators, and First Nation Health Authority (central and regional).
3. To collectively support and advocate the community health plans and health goals of the Northern St'at'imc communities by forwarding health issues in alignment with the clearly articulated direction of the Northern St'at'imc leadership as outlined in the 2011 Consensus Paper/resolution 7 Directives:
 - a. Community Driven, Nation Based
 - b. Increase First Nations decision-making and control
 - c. Improve services
 - d. Foster meaningful collaboration and partnership
 - e. Develop human and economic capacity
 - f. Be without prejudice to First Nations Interests
 - g. Function at a high operational standard
4. Support and advocate the health goals of the Northern St'at'imc communities by creating a communication plan to keep communities informed and involved in the tripartite process. The group represents all the Northern St'at'imc communities' health needs and concerns as a collective while maintaining community diversity and autonomy.

MEMBERSHIP & COMMITTEE STRUCTURE

The Health Advisory Committee is the forum of representatives from six northern St'at'imc bands/communities.

SELECTION OF REPRESENTATIVES: The representatives are selected, by appointment by their bands/communities. The bands/communities inform the St'at'imc Outreach Health Services Health Manager of their selection, either in writing, or Band Council Resolution or a letter.



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COMMUNITY HEALTH DIRECTORS / HEALTH COORDINATORS/HEALTH MANAGERS REPRESENTATION:

Xwisten (Bridge River Indian Band)

Xaxli'p (Fountain Indian Band)

Tsal'alh (Seton Lake Indian Band)

T'it'q'et (Lillooet Indian Band)

Sekw'el'was (Cayoose Creek First Nation)

Ts'kw'aylaxw (Pavilion Indian Band)

LTC – SOHS Health Manager

LTC – St'át'imc Interior Health Governance Representative

TERM

- **Representatives shall be appointed to a 4-year term.**
- Representatives will maintain their role until such time as the band/community appoints a new representative.
- Alternates can be named at the discretion of **the band**, to ensure that the band's representative is continuous.
- **Co-Chair: St'át'imc Outreach Health Services Manager and NSHAC hosting representative and/or rotating chair as identified prior to the start of a duly convened meeting.**

**THE HEALTH ADVISORY COMMITTEE IS NOT A NEGOTIATOR, A POLITICAL BODY
NOR DOES IT HAVE FORMAL AUTHORITY.**

ROLE AND RESPONSIBILITIES

Northern St'át'imc Health Advisory Committee Role:

1. NSHAC members have a fiduciary responsibility to the LTC Chief, and úcwalmicw therefore regular organizational reporting that plays an essential role in the effective functioning of a community, which is a key responsibility of the NSHAC.
2. The NSHAC will also undertake the following actions to implement their strategic objectives, and generally fulfill their responsibilities:
 - a. Attend relevant meetings and assemblies;
 - b. Interact with the St'át'imc Leadership, SOHS partners úcwalmicw (including formal and informal community events), as well as with the larger local, provincial and national political, environmental and business community;



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- c. Liaise and collaborate with FNHA Interior and Central when needed;
 - d. Initiate community approval processes; and
 - e. Media relations.
 - f. Review and approve meeting minutes, and submit to LTC upon request and/or for annual audit review.
 - g. Review and recommend revisions of annual/monthly budget and work-plans as needed.
 - h. Review and recommend budget and work-plan of surplus dollars as needed.
 - i. Annual review of NSHAC Terms of Reference and recommend changes when needed.
3. Monitoring its own compliance with the NSHAC policies and plans, and external rules and regulations.

LTC Chiefs Rights and Responsibilities:

Rights of the LTC Chiefs

The rights of the LTC Chiefs, include:

- a. Selecting NSHAC representatives from their respective communities;
- b. Being represented by good leaders on the NSHAC;
- c. Participating in NSHAC meetings and other meetings such as Nation Assemblies, Interior Caucus, and Gathering Wisdom;
- d. Offering advice, asking questions and presenting views to the NSHAC on important issues through the LTC Health Governance Representative;
- e. Fair and equal treatment;
- f. Having reasonable access to the NSHAC approved meeting minutes, all SOHS Policies, and monthly/annual reports and financial statements.

Responsibilities of the LTC Chiefs

In the process of members exercising the above rights, they have the responsibilities of:

- a. Factually knowing what their rights and responsibilities are;
- b. Attending meetings, listening, participating respectfully, and adhering to SOHS policies for any submissions of agenda items;
- c. Informing themselves of the NSHAC and SOHS business;
- d. Treating SOHS, employees, advisors and each other courteously with dignity and respect;
- e. Ensuring that the NSHAC members have the necessary skills, experience and values to represent and lead their community properly; and



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- f. Monitoring the NSHAC and holding accountable those to whom they have delegated authority.

Tools Available to LTC Chiefs

To assist the LTC Chiefs in exercising and protecting their rights, and fulfill their responsibilities, relating to the SOHS the following tools are available to them:

- a. The NSHAC ToR, Annual Work Plan, and Approved Minutes; and
- b. SOHS Contractual Information, Annual work-plans/reports, and Audited Financial Statements.

Chairperson(s) Roles and Responsibility:

1. In addition to roles and responsibilities of the NSHAC, the Chair has the roles and responsibilities for:
 - a. Convene all meetings of the NSHAC in accordance with established procedures;
 - b. Signing documents on behalf of the NSHAC, consistent with decisions of the NSHAC;
 - c. Appointing an Acting Chair to fulfill responsibilities in his/her absence;
 - d. Making decisions when required, on behalf of the NSHAC, when such decisions are necessary for effective government. Such decisions will be reported to the NSHAC at the next meeting of the NSHAC, **(must make a reasonable effort to reach out to a minimum of a quorum of NSHAC prior to making the decision when possible)**;
 - e. Orienting all new NSHAC members; and

Staff Role:

SOHS staff shall report and take direction from SOHS Health Manager as per the organization structure provided. **(appendix 1)**

Health Manager's job description (appendix 2)

ACCOUNTABILITY

The SOHS Health Manager in conjunction with the members of the NSHAC are accountable to the funder(s) to meet the deliverables as outlined in the contribution agreement.

The SOHS Health Manager and LTC Finance Officer will manage the budget and provide regular Financial Reports to the NSHAC.

The NSHAC is accountable to support the accomplishment of the deliverables in the Contribution Agreement and the goals and objectives of the group.



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The NSHAC will provide support, expertise and direction consistent with activities outlined in the organizational work plan to the SOHS Health Manager at their regular meetings.

The SOHS Health Manager is accountable to the LTC Administrator and is guided in Her/his activities by the job description and organizations work plan.

The SOHS Health Manager's position will be evaluated prior to the end of each fiscal year based on performance as outlined in the job description and the activities in the SOHS Health Manager current work plan.

The SOHS Health Manager will produce a quarterly written report of progress according to the current work plan activities. This will be submitted to the LTC Administrator, LTC Chiefs and NSHAC at a duly convened meeting(s).

COMMUNICATION

NSHAC Communication with LTC Leadership:

- The SOHS Health Manager reports on St'át'imc Outreach Health Services and NSHAC activities to the LTC chiefs and as required to the LTC-St'át'imc Interior Health Governance Representative on a monthly basis and provides them with briefing notes crated on behalf of the NSHAC.
- When available, the LTC- St'át'imc Interior Health Governance Representative attends NSHAC meetings.
- The LTC Chiefs carry forwards NSHAC information/concerns to the St'át'imc Chiefs Council as needed.

EXTERNAL: SOHS Activities and Updates

INTERNAL: the primary opportunity for internal communication will be regular meetings. Whenever possible all significant issues will be addressed at these meetings. Routine communication between meetings will be through email and telephone. Urgent issues may be addressed through conference calls, video conferencing and/or special meetings.

QUORUM:

1. Quorum is established with 3 (three) of the 6 (six) the Advisory Committee members being present at a meeting, and the SOHS Health Manager are present.
2. A quorum is required to conduct official NSHAC business.
3. If a quorum has not been obtained within 30 minutes of the scheduled meeting time, the NSHAC may either adjourn the meeting until the next schedule time, or continue meeting to discuss and debate issues but not make decisions. Any recommendations from meetings where quorum is not established must be presented for consideration and voting by the NSHAC at the next subsequent meeting.



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DECISION MAKING:

Decision making will be made by consensus and will be inclusive of all members of the NSHAC in attendance of a duly convened meeting. Should consensus not be possible, the group will utilize majority vote of those in attendance.

MEETING:

Meetings will be held monthly at a time and place convenient to the NSHAC members usually in one of the six communities when appropriate and weather conditions permit.

The SOHS Health Manager will coordinate the meetings and will prepare information packages, meeting minutes and an agenda in advance of the meeting. The agenda will be developed through consultative process with all members.

Minutes will be taken at each meeting by SOHS administrative Support.

Costs to participate in meeting (travel, meals, accommodations) will be reimbursed by the LTC HUB Budget.

CONFIDENTIALITY

Confidential Information means all data and information relating to the business and management of SOHS, including but not limited to, the following:

- Client Information, which includes names of clients of SOHS, their representatives (such as family members), all client contact information;
- Business Operations, which includes internal personnel and financial information of SOHS, vendor names and other vendor information (including vendor characteristics, services and agreements), purchasing and internal cost information, external business contracts, and the manner and methods of conducting SOHS business;

Confidential Information will not include the following information:

- Information that is generally known in the Health Industry;
- Information that is now or subsequently becomes general information available to the public through no wrongful act of the NSHAC;
- Information rightly in the possession of the NSHAC prior to receiving the Confidential Information from SOHS;
- Information that is independently created by NSHAC without direct or indirect use of the Confidential Information; or
- Information that NSHAC rightfully obtains from a third party who has the right to transfer or disclose it.

Confidential Obligations

- The NSHAC must keep the Confidential Information confidential.
- The NSHAC will not use the Confidential Information for any purpose that might be directly or indirectly detrimental to SOHS or any associated affiliates or subsidiaries.



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- The obligations to ensure and protect the confidentiality of the Confidential Information imposed on NSHAC in this ToR and any obligations to provide notice under this ToR will survive the expiration or termination, as the case may be, of this ToR and those obligations will last indefinitely.

All written and oral information and material disclosed or provided by SOHS shall be constituted as Confidential Information regardless of whether such information was provided before, during or after a date of a NSHAC meeting.

CONFLICT OF INTEREST

1. Conflict of Interest

A NSHAC member holds a position of trust. As such there is an obligation for members to avoid conflicts of interest, real or apparent. Each member has the responsibility first and foremost to the NSHAC. The following definitions will guide the actions of NSHAC members to avoid real or perceived Conflict of Interest.

- Definition of Conflict of Interest;

A conflict of interest arises when a NSHAC member's personal and/or business direct or indirect interests compete with, or supersede his or her dedication to the interests of the NSHAC. Conflicts of interest may be apparent or real. These are equally undesirable.

- Definition of Real Conflict of Interest;

A real conflict of interest occurs when a the NSHAC member fulfills an official function and, at the same time, knows that in doing so there is an opportunity to obtain a personal or other benefit for the member or a related person(s).

- Definition of Apparent Conflict of Interest;

An apparent conflict of interest exists when there is a reasonable perception on the part of well-informed persons that a NSHAC member is in a conflict of interest.

- Definition of Direct and Indirect Interests;

A direct interest is a reasonable likelihood that the circumstances of the NSHAC member would be directly altered if a matter were decided in a particular way where the individual would receive a direct financial benefit or loss.

An indirect interest is a close association, indirect financial interest, conflicting duty, receipt of an applicable gift, or becoming an interested party¹.

- a. To avoid apparent or real conflict of interest the NSHAC members shall:

¹ Source: http://www.macquarielawyers.com.au/files/How_To_Identify_A_Conflict_Of_Interest.pdf



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- i. Not take part in discussions, vote on resolutions, or have access to applicable the NSHAC information regarding discussions related to a position for which the NSHAC member has applied for employment or contract with the NSOHS Administration.
 - ii. Openly declare if they find themselves in a real or apparent conflict of interest.
 - iii. Bring to the attention of the NSHAC if a member is in apparent conflict of interest and pursue planning to mitigate any apparent or real conflict of interest. If there is doubt regarding whether or not a conflict exists, legal advice may be sought.
- b. If apparent or real conflict has been declared, the NSHAC member will:
- i. Address the issue by declaring the facts of the issue then remove him/herself from the room where discussions are taking place;
 - ii. Will not discuss the issue with other NSHAC members or attempt to influence a NSHAC decision;
 - iii. Will not have access to applicable NSHAC information related to the decision;
 - iv. Will not return to the NSHAC table until after voting has been completed, thus abstaining from the vote;
 - v. Ensure that the declaration of conflict of interest is noted in the meeting minutes; and
 - vi. Where the NSHAC member has left the table due to a real or apparent conflict, the Chair (or another the NSHAC member) will reassess whether a quorum is still present, and proceed accordingly.
- c. NSHAC members shall not utilize their position on the NSHAC as part of professional networking where the intent is to gain advancement for themselves or any member of their immediate family.
- d. Upon becoming a member of another Board, committee, organization or other type of group, the NSHAC member will disclose the involvement to the rest of the NSHAC. At that time the NSHAC will determine if there are any situations that may arise where such membership may constitute a real or apparent conflict.



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2. Employment/ Contracting

- a. NSHAC members who serve at the strategic² level are prohibited from also serving as operational employees, or contractors for the SOHS, unless the NSHAC member has declared his/ her potential conflict, received written approval from the NSHAC, and removes himself/herself from any planning or governing activities directly related to the business or activities they are engaged in.
- b. A NSHAC member who is approved to act an employee or contractor of the SOHS shall not use their NSHAC position to influence the Health Manager or employees for personal benefit.

RELATIONSHIPS AND PARTNERSHIPS

The Health Directors/Leads and The Health Manager are responsible for building and maintaining relationship and partnerships. All will act in good faith to promote the best interests of the NSHAC and its participating communities.

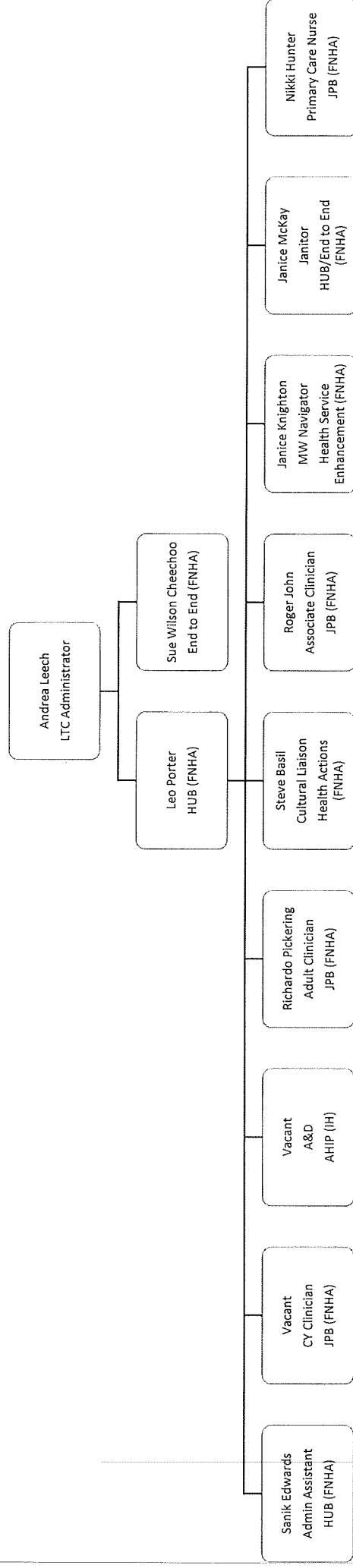
REVIEW OF TERMS OF REFERENCE

The Terms of Reference will be reviewed at the beginning of every fiscal year (in April).

² Strategic level refers to serving as a leader in any capacity at the Joint the Advisory Committee, the Advisory Committee, or Board level.

St'at'imc Outreach Health Services Organizational Chart

Appendix 1





LILLOOET TRIBAL COUNCIL

814 Highway 99, P.O. Box 1420, Lillooet, BC V0K 1V0
 T: 250-256-7523 F: 250-256-7119 E: lillooet_tribal_council@statimc.net

Job Title: LTC Health Administrator
Organization: St'át'imc Outreach Health Services, Lillooet Tribal Council
Department: Health
Reports to: LTC Administrator
Classification: Bachelor Degree in business or health related human services, a Masters is preferred.
Term: 2-year Term Position with possibility for extension
Posted: October 19/17
Closes: November 2/17 at noon

LTC Health Administrator Job Description

Background

St'át'imc Outreach Health Services, Lillooet Tribal Council, delivers culturally safe primary care services to Aboriginal peoples living on and off reserve in the Northern St'át'imc Territory. We also provide health support services by distance to St'át'imc living away from home. This position oversees and manages the shared health services for the Northern St'át'imc communities of Xaxli'p, Xwisten, T'it'q'et, Sekw'el'was, Ts'kw'aylaxw and Tsal'alh.

Overall Roles and Responsibilities

The position is responsible and accountable to St'át'imc Health leadership direction and overall management of health and wellness services including: policy development and administration, human resource management (recruitment, orientation, evaluation, retention), financial management, the development and management of formal plans, strategies, goals, programs and services, the administration and reporting of funding agreements and contracts, and the overall evaluation and monitoring of the St'át'imc Outreach Health Services Health and Wellness resources.

1. Manage and oversee the budgets, financials, and reporting for LTC-Health contribution agreements (CA):
 - a) Examples include:
 - Health HUB
 - Joint Project Board
 - FNHA Health Actions
 - FNHA Traditional Wellness
 - MCFD Contracts
 - IHA AHIP II Agreement
 - Nation-shared Services Prototype
 - Other projects/grants



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- b) complete reporting for each CA in a transparent and detailed manner (note: each project has different reporting dates throughout the year). Reporting generally includes the following:
 - actuals spent throughout the reporting year
 - narratives to be filled in a template format
 - narratives to be collected from the 6 Northern St'at'imc Communities Health Directors/Coordinators/Administrators for Traditional Wellness Allocation projects,
 - developing proposed budgets for the pursuant year
 - evaluating CA deliverables
 - c) develop and oversee that the budgets for each CA is followed as closely as possible throughout the year and brought to zero by the end of the reporting period
2. Coordinate and report to the following meetings: monthly/bi-monthly NS Health Advisory Committee meetings, bi-annual Nation Assemblies, annual Health Leadership meetings, quarterly LOU meetings including coordinating meetings that are generated by or in follow-up to this work:
- ensure that all relevant parties are invited
 - ensure that St'at'imc Health Leadership are briefed and prepared
 - develop the agenda and review the draft minutes for any editions
 - develop power point presentations and updates and answer questions
 - create informational packages
 - assisting the Chair of the meeting on any changes or updates as they arise
3. Generate monthly reports for the Chiefs on SOHS operations and contribution agreement work.
4. Management of SOHS staff and recruitment:
- develop job postings and job descriptions
 - work with SOHS employees to develop workplans relevant to their positions
 - ensure secure filing and storage for tracking
 - develop correspondence or letters to SOHS staff and ensure secure filing and storage for tracking
 - carry out supervisory and competency functions
 - develop work team and individual skills capabilities
 - support motivation/ morale of employees
 - monitor and provide feedback to staff as needed (open door policy)
 - carry out 3-month and other performance reviews
 - manage conflict and/or disciplinary action



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5. Development of SOHS Operational Policies:

- Adherence to St'át'imc mission, vision, values, strengths, health services wellness principles
- Organizational structure
- Health governance and decision-making
- Client services policies
- LTC- SOHS human resources policies
- Safety policies of staff and visitors
- Management of the SOHS structure
 - Rental Agreement negotiation
 - Security and confidentiality of client files
- Management of IMIT services according to SOHS-IMIT technician contract
- Issue resolution
- Financial policies
 - Responsibility sectors
 - Financial management and accounting systems
 - SOHS accounts and account controls
 - Financial reporting