



## St'át'imc Outreach Health Services



Northern St'át'imc Health Advisory Committee  
Adopted TERMS OF REFERENCE- July 30, 2019

### 1. Preamble

The St'át'imc Outreach Health Services (SOHS) program was established by the Lillooet Tribal Council (LTC) in 2015 with the mandate to deliver culturally safe primary health care services to Aboriginal peoples living on or off reserve in the northern St'át'imc Territory. The SOHS is a program of the Lillooet Tribal Council and reports to the LTC Administrator.

The SOHS has established the Northern St'át'imc Health Advisory Committee (NSHAC) to provide advice and technical expertise to the SOHS Health Manager on a range of service delivery issues. The NSHAC grew out of the Northern St'át'imc Hub Advisory Committee, which helped inform the planning phase of the development of SOHS prior to 2015. These Terms of Reference (ToR) describe the mandate, membership, scope, reporting, and resourcing for the NSHAC for service implementation.

### 2. Membership and Term

The NSHAC is comprised of one member from each of the six northern St'át'imc communities<sup>1</sup>. Members are appointed by their respective communities. However, a community may cancel the appointment of their representative at any time and appoint a new representative. Members may be appointed to more than one term. Communities are asked to advise the SOHS Health Manager in writing of their representative.

The LTC- St'át'imc Interior Health Governance Representative is an ex-officio member.

### 3. Mandate and Deliverables

#### In Scope:

The NSHAC is a standing committee that receives its mandate from the LTC Administrator, who receives their mandate from the LTC Chiefs. NSHAC provides advice and technical expertise to the Health Manager, as well as being a vehicle for providing information on the activities of SOHS back to their respective communities. Community Representatives on the NSHAC provide their community's perspective and preferences concerning how SOHS may pursue the reform of health services in the Northern St'át'imc Territory. Advice should include:

1. both strategic and operational issues (i.e. the achievement and reporting of program goals and performance).
  - communicating the goals of their respective community health plans,

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<sup>1</sup> The six northern St'át'imc communities are; T'it'q'et, Tsal'alh, Ts'kw'aylaxw, Sekw'el'was, Xaxli'p, and Xwisten.



## St'át'imc Outreach Health Services



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- making recommendations where SOHS can collaborate and support those community goals,

The nature of these recommendations is advisory (the design and delivery of services), and advocacy for Interior Regional envelope funding.

Deliverables of the NSHAC may include:

1. To work on collective priority health issues as identified in the Northern St'át'imc Health Plan.
2. Protocols concerning collaboration between the Northern St'át'imc communities.
3. An annual report that summarizes the recommendations made over the year and the effects of those recommendations.

### Out of Scope

The NSHAC is not responsible for:

1. The direct management of the SOHS staff or its financial management.
2. Making recommendations on human resource (HR) decisions.
3. Case planning, case management and any discussions about SOHS clients.
4. The achievement and reporting of the SOHS program goals and performance.
5. SOHS/LTC relationships with FNHA, Interior Health, Gold Trail School District, and other federal or provincial agencies, however they can provide input or recommendations on issues to help preserve the reputation of SOHS and enhance relationships.
6. Negotiating on behalf of SOHS,
7. Representing the LTC or the northern St'át'imc communities<sup>2</sup>.

### **4. Principles**

The NSHAC is comprised of members of the six northern St'át'imc communities. Therefore, there is a diverse range of needs, opinions, and priorities present in the Committee. The following principles are intended to ensure this diversity is experienced as a strength:

1. To respect the diversity of member communities and their health plans.
2. To work together while supporting the independence of community decision-making.
3. To work together guided by respect, equality, honesty and integrity and confidentiality.
4. To base all activities on the best interests of the members of the participating St'át'imc communities.

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<sup>2</sup> While individual community representatives do represent their community in terms of providing advice to the Health Manager, the NSHAC does not collectively represent the LTC or the SOHS program to external parties.



## St'át'imc Outreach Health Services



Northern St'át'imc Health Advisory Committee  
Adopted TERMS OF REFERENCE- July 30, 2019

5. To be proactive in promoting physical, mental, emotional and spiritual well-being.

### **5. Reporting**

The NSHAC reports to the Health Manager, and individual members report to the community which appointed them. The NSHAC may find it beneficial to write an annual report that:

- summarizes the recommendations made over the year and the effects of those recommendations.
- summarizes the information concerning SOHS activities that it has provided to the communities and the effects/benefits of that information exchange.

### **6. Roles and Responsibilities**

NSHAC will:

- a. Review/approve NSHAC meeting minutes and submit them to the LTC Administrator upon request and/or for annual audit review.
- b. Review and recommend revisions of the annual budget and work-plans.
- c. Review and recommend budget priorities relevant to surplus revenues, as needed.
- d. Conduct an annual review of NSHAC Terms of Reference and recommend changes to the Health Manager.

### **7. Quorum and Decision-making**

The NSHAC provides recommendations and prefers a quorum of at least 3 communities to achieve consensus.

### **8. Meetings and Agendas**

- a. Meetings are held monthly at a time and place convenient to the NSHAC; usually in one of the six communities when appropriate.
- b. Meetings are co-chaired by the Health Manager and the NSHAC member who is hosting the meeting.
- c. 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.
- d. Minutes will be taken at each meeting by SOHS administrative support.
- e. Costs to participate in meeting (i.e. travel and meals) will be reimbursed by the SOHS Budget.



## St'át'imc Outreach Health Services



Northern St'át'imc Health Advisory Committee  
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### 9. Confidentiality

While the Committee does not discuss client-specific information, there is still a need for Committee members to respect any privileged information they receive in their advisory role, e.g. vendor and procurement information, business contracts, and the manner/methods of conducting SOHS business.

NSHAC members must not use Privileged Information for any purpose outside of undertaking the work of the NSHAC other than for the purposes for which it is initially provided. It can be helpful to consider that, sometimes, the obligation of confidence does not reside as much in the information itself, but in the relationship between the parties exchanging the information. Directors have a “duty of fidelity” consisting of three main duties:

1. A duty to maintain information acquired through their Committee duties in confidence,
2. A duty not to use information obtained as a Committee member to compete with the SOHS, and
3. A duty to protect SOHS information from improper disclosure and must report to the Board (LTC Chiefs) any incident of misuse of SOHS information.

The duty of confidentiality remains even beyond a Committee member's term.

### 10. Conflict of interest

A NSHAC member holds a position of trust. As such members have an obligation to avoid conflicts of interest, real or apparent. Therefore, NSHAC members shall:

- not take part in discussions, vote, or have access to applicable NSHAC information related to an issue in which they have an interest.
- immediately declare if they may have a real or apparent conflict of interest.
- ensure the declaration of an interest is noted in the meeting minutes; and
- NSHAC members are prohibited from also serving as SOHS employees or contractors for the SOHS and SOHS employees or contractors are prohibited from also serving as NSHAC members.

### 11. Amendments to these Terms of Reference

These NSHAC Terms of Reference are the responsibility of the Health Manager; amendments can be made by the Health Manager, with the approval of the LTC Administrator.



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### 12. Date of Acceptance

These Terms of Reference were approved by the LTC Chiefs on this 30<sup>th</sup> day of July, 2019

Moved by: Chief Michelle Edwards

Seconded by: Chief Francis Alec

Motion was adopted.

These Terms of Reference were reviewed, read and approved by the NSHAC on 31<sup>st</sup> day of July, 2019 with the following corrections.

- Under Preamble, page 1, second paragraph after SOHS Manager removed (Health Manager)
- Under Mandate and Deliverables, page 1, first paragraph replaced “her” with “their”
- Under Out of Scope, page 2 number bullets to start from “1”
- Under Out of Scope, page 2 bullet number 5, “Health Canada” to replaced with “FNHA”
- Under Confidentiality, page 4, first paragraph, replaced “contacts” with “contracts”
- Under Confidentiality, page 4, bullet number 3 after “Board” insert (LTC Chiefs)
- Under Conflict of Interest, page4 to add the last sentence to be part of the listed bullets