

# Creating a Municipal Healthcare Committee

## Introduction

Addressing healthcare workers and needs in a community is not a typical focus for a local government, and as such, there are few examples of the institutional elements within a local government that might be needed to help build and maintain robust healthcare resources. This document explores the value of creating a local Healthcare Committee (HC) to help lead and coordinate programs and initiatives.

As with anything in our communities, unless someone takes responsibility (volunteer or requested) to lead and coordinate action on an issue, little is likely to happen in a coordinated manner or for a sustained time period. With this fact in mind, it can be valuable for a local government / mayor to create a local Healthcare Committee to help lead initiatives forward.

We can feel the impulse to create a group of smart interesting people to work with us on a key issue, and thus can call a “committee” into existence. If this is an informal group that meets occasionally to discuss issues and take various informal paths of action, it is unlikely to need any of this structure. However, if it is to be “formal” in any way, it needs to be well-structured, or it risks being ineffective at best, and a source of significant conflict at worst.

The risk of dysfunction is especially of concern when dealing with healthcare because the issues are important and connected to strong emotions on one hand, and on the other, the Committee will be interfacing with a bureaucratic and highly regulated and politicized organizations in the health sector (Ministries, Authorities, others).

## The Healthcare Committee Terms of Reference

The first task in setting up an HC is to clearly define all of its and anything else that is needed to ensure it operates as desired. This document is most commonly referred to as a Terms of Reference, but other names can be used, such as a “Healthcare Committee Charter.”

What the document is called is less important than its contents. The following outlines key factors that need to be addressed and defined to ensure an effective and well functioning Healthcare Committee.

The TOR are the DNA of the group and need to state:

- The scope, mandate and powers of the committee.
- Its membership and the expectations of members.
- Basic expectations in the operations of the committee
- Its level and source of resources.
- Any liaison responsibilities.
- Expectations for reporting and accountability.

## The Name of the Committee

In this document, this group is referred to as a Healthcare Committee, but other terms can be used. If the purpose and scope is more limited, then the term “task force” may be more appropriate, as “committees” tend to be a longer term and more empowered entity. Other terms such as “commission” or “panel” are also options.

Other elements can also be added to the name to more clearly define the committee’s focus, role or membership. A common term that more clearly defines the role is “advisory committee”. If the membership of the committee is a subset of Council or staff, then it could be termed a “standing committee.”

For simplicities sake, the term Healthcare Committee (HC) will be used in this document.

## Purpose, scope and powers

The purpose and scope of a local Healthcare Committee is central to its operation as it defines what areas and issues it is to focus on, and what outcomes are desired from its efforts.

- **Purpose**
  - The purpose of the HC can include:
    - To research and consider the range of issues and opportunities where the local government can take various actions to support and attract healthcare and emergency workers, facilities and other resources.
    - To advise the local government on strategies, plans and actions that can be taken.
    - To assist the local government in building connections and relationships with key individuals and groups in the healthcare industry and government.
    - To assist the local government in acquiring resources to support actions.
    - To support and assist in the implementation of plans and actions to support and attract healthcare and emergency workers, and facilities.
    - Others.

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- **Scope of issues**
  - The scope of issues the HC can address can be wide or narrow, and may include:
    - Researching and assessing information on the state of the healthcare system and its workers and facilities in the community and elsewhere for reference.
    - identifying opportunities and ways to address a wide range of healthcare issues in the community.
    - Identifying opportunities and ways to provide support and attract local healthcare and emergency workers and develop healthcare facilities in the community.

- Supporting the development of healthcare supportive plans, policies and strategies in the community (such as the OCP).
- Identifying opportunities to inform, motivate, enable and coordinate partnerships and actions within many groups in the community such as businesses, community organizations, educational institutions and others.
- Supporting the building of relationships with individuals and organizations within the healthcare sector, or with those who can assist in achieving the Committee's and community's healthcare goals.
- Identifying and supporting opportunities to raise funds and resources.
- Others.

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- **Powers**
    - The powers granted to the HC as a body are limited to providing advice and support to the local government and its agents and agencies as requested (or other powers as desired).
    - Others.

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- **Term of Committee**
    - The Committee shall exist until the local government deems otherwise.

## Members, structure and expectations

The members of the HC will define their capacity to be able to inform and advise the community on what and how they can understand and make changes and move programs ahead. The organizations and networks each member is associated with will also impact the credibility of the HC, and the resources it can help the community access. As such, the membership of the HC is important.

The purpose of each HC will be unique in each community, as will the pool of possible members it can draw from. However, some of the following areas of expertise are suggested for consideration in recruiting members to the HC:

- Representatives of healthcare and/or emergency organizations (physician, nurse, fire dept, others)
- Representatives of some key health-care related organizations (Health Authority, local clinics, hospital, healthcare worker associations or unions, others).
- Local community leaders – people who “make things happen locally and know everyone.”
- Senior representatives of the local government – who can move an initiative forward within the bureaucracy.
- Representatives of the local business and/or real estate community.
- Representatives of key community organizations who are likely to play a role in various initiatives.

- Others.

The structure and size of the HC can vary but the following can be considered:

- The HC needs enough members to have the right representatives, but no more than the minimum amount otherwise it will become cumbersome and ineffective.
  - If for political or other reasons, it becomes large, then consider spinning off “task forces” of smaller action-oriented subgroups to make progress on key initiatives and have the main HC serve more as an occasional check-in and coordination body.
- The HC needs to have a “chair” or co-chairs – that will be effective at managing a group in meetings and coordinating members to work individually together to achieve desired outcomes. Ideally, a councillor takes on the role of chair, with the mayor as vice-chair.

The selection of members needs to be well structured, defensible and reasonably transparent, to avoid negative consequences (e.g. vote-splitting).

With regard to establishing or recommending the structure, an individual or management group within or hired by the local government can:

- Establish key criteria for positions and who might be appropriate.
- Coordinate a process to informally scope for recommendations of possible members.
- Coordinate informal discussions with various possible individuals to explain the project and the role and invite interest.
- Make recommendations to the Mayor (and council) on who might be appropriate.
- Coordinate the formal invitations and commitments from invitees.
- Ensure every member understands the scope, responsibilities, code of conduct, and limitations to their role and the role of the HC.

There also needs to be clear terms and rules around repeat terms or how someone may be asked to leave. Shorter terms are recommended initially to not deter members from joining, and also to enable change within the committee.

## Operations of the Committee

The TOR needs to outline the protocols and expectations for the operations of the committee.

Suggestions include:

- Define the roles of any formal positions within the Committee, and what their responsibilities include (eg: Chair, Secretary, etc..)
- Define how they get their instructions and requests from the local government and who has the power to give them instructions and requests.
- Establish a regular meeting agenda, unless it’s an ad hoc advisory group that only meets occasionally on request.
- Identify the basic rules of meetings and decisions including:
  - Quorum
  - Setting the agenda

- General meeting functions
- Decision making
- Minutes
- Others as needed.

## Reporting and accountability

The Committee, unless it is a relatively informal task force, should deliver some reporting to the Mayor / Council / others on their work and recommendations, to provide discipline to the group in terms of deliverables, and create some deadlines for various initiatives. It also puts their recommendations on the record and stimulates Mayor/Council to address their comments.

Regarding reporting:

- Determine what is to be reported on – based on the priorities in their terms of reference and/or workplan.
- Determine how often reporting should be done (including deadlines) – often enough to create focus and build momentum, and to inform decision making, but not too often as to use scarce volunteer resources doing unnecessary reporting.
- Determine in what format the reporting should be – such as a “memo” or other form.
- Identify to whom the report should go to.

## Resources

A more informal task force can operate with very few resources, especially if all that is asked is to meet, comment on ideas and initiatives put forward, mutually educate each other, and similar activities.

A formalized Committee with a more defined role will need some basic resources to function effectively, including:

- **A coordinator** ● Possibly the most important element of any group is the person who is tasked with coordinating the Committee’s functioning, including booking meetings or other events, getting information and agenda’s out, handling logistics of any events, taking detailed minutes, updating websites, and coordinating drafting of reports. This can be a volunteer, or a junior staff person in the local government or a supporting consulting company.

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- **A meeting location and support** ● Unless meetings are to be online, a place to meet will need to be provided. In-person meetings for volunteer also benefit from the provision of coffee and minor refreshments.

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- **A budget** ● If the Committee is going to be undertaking a range of activities that may require some basic financial requirements, then a

small budget should be allocated to support their function (transportation, others).

## Local government liaison

The positioning of the HC will vary between communities – in many cases it may be the direct initiative led by the Mayor, or in others, it may be more arm’s length and independent.

If there is a high level of involvement of the Mayor and/or a few councillors, then one of them should be appointed to be the formal liaison with the local government, and take the lead in reporting out to Council or other bodies.

If the HC is more arms length, it is still wise to have a political representative sit on the Committee, either as a full member, or as a non-voting observer and local government liaison. This role could also be performed by a senior member of staff if preferred.

## Leading initiatives

Each HC will have a different role and scale of initiatives it may get involved in – formally or in a more ad hoc manner, pending opportunities and leadership from its members. Leading initiatives involves competent project management skills and a commitment of time to be successful. As such, most HCs will not be tasked with leading major initiatives, but rather advise and educate the local government or others as dedicated project teams take on initiatives.

Members of the HC can be called in occasionally to assist, attend meetings, etc... and add status and credibility to meetings and other aspects of initiatives as needed.

Where an HC is asked to lead initiatives, they will need “Resources” as noted above.

## Examples

The following includes some examples of TOR for an HC.

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### Sooke, BC

<https://sooke.civicweb.net/document/82683/>

### Draft TOR-Standing-Committee-Community-Health-Care

	TERMS OF REFERENCE
	Standing Committee on Community Health Care

	Date Adopted: [Insert Date Adopted by Council]
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**Purpose:**

The purpose of the Standing Committee on Community Health Care is to provide advice to Council and make recommendations that will assist the District in facilitating the development of Community Health Care infrastructure and facilities.

**Mandate:**

Specific responsibilities of the Standing Committee on Community Health Care include, but are not limited to, the following:

- Research and develop options for construction of a Community Health Centre/Urgent Primary Care Centre to be opened to the public by 2025 on municipally owned land known as “Lot A”.
- Build upon commitment from the Ministry of Health to fund tenant improvements and model of care as outlined in the service plan completed by the Sooke Region Communities Health Network.
- Explore partnerships with health service agencies aimed at co-location in the CHC/UPCC.

**Membership:**

The membership will consist of up to 6 members, appointed by the Mayor:

- Three (3) members of Council
- Three (3) members of the Sooke Region Communities Health Network
- Mayor to serve as ex-officio member.

The following may serve the committee in a resource, non-voting, capacity: Chief Administrative Officer, Director of Planning, others as jointly determined by the Mayor and Chief Administrative Officer.

**Term:**

The term will continue until such time as the Standing Committee has made its final recommendations to Council. Prior to discharge of the committee, Council may wish to review the mandate to determine if an update is required to continue the committee.

**Meetings:**

The Committee will meet as necessary at the call of the Chair. The meeting rules and procedures will be in accordance with the Council Procedure Bylaw.

**Staff Support:**

The Planning and Development Services department will be the primary contact and will provide, or delegate, the required professional support. The Corporate Services Department will provide secretarial and administrative support.

**Budget:**

The Standing Committee does not have an assigned budget. Any requests for funding must come forward to Council for approval, along with staff recommendations for posting of any short-term contracting services that may be required.

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## PCN Steering Committee

(we can consider including the example of the Primary Care Network Steering Committee TOR in the toolkit as an example).

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