



**HEALTH
ASSOCIATION
NOVA SCOTIA**

Continuing Care Council Statement of Roles & Responsibilities

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Preamble

Health Association Nova Scotia Continuing Care Council was established to provide a meaningful vehicle to inform the Health Association Board and staff on issues impacting continuing care members and the provision of these services in the province. It also serves as a discussion forum, and has the authority make appropriate decisions regarding advocacy and strategy when and where applicable.

The vision of the Council is “*continuing care excellence*”. Its mission is “*to be a meaningful and influential vehicle for positive change in Nova Scotia’s continuing care sector through collaborative action and knowledgeable leadership*”. The Council works under the values of:

- *Quality* - aiming for excellence in continuing care service delivery;
- *Collaboration* – effective partnerships with key stakeholders to achieve best results;
- *Communication*– proactive and effective communication to and from member organizations and other stakeholders;
- *Evidence* – advocacy and decisions based on available qualitative and quantitative evidence;
- *Accountability* – setting expectations, monitoring performance, reporting on outcomes, and demonstrating value.

The following statement of roles and responsibilities was devised to ensure that all relevant parties related to the direct work of Council are fully aware of what is expected in their participation. The document is intended to set the stage for increased accountability, transparency, involvement, and progress towards goals.

Roles, Responsibilities, & Expectations

The responsibilities and expectations of the various roles in Council are as follows:

Role	Responsibility	Expectation
Chair	As a Representative of Council	<ul style="list-style-type: none"> ○ Adequately and appropriately represent the Council at various tables, committees, networks, events, etc. ○ Maintain and improve appropriate relationships with government and other stakeholders
	Set Direction and Address Sector Issues	<ul style="list-style-type: none"> ○ Ensure that actions are in line with mandate, resources, strategy, as determined by the Continuing Care Council’s Decision Tree ○ Remain engaged with Health Association staff, informing them of happenings and issues in the sector as appropriate
	Quality Management	<ul style="list-style-type: none"> ○ Ensure progress in strategic (and other) plans ○ Hold members accountable for responsibilities and deadlines ○ Hold Health Association staff accountable for responsibilities and deadlines ○ Monitor the quality of products of the Council ○ Ensure adequate responsiveness as determined by feedback mechanisms
	Chairing Meetings	<ul style="list-style-type: none"> ○ Chair efficient and effective meetings ○ Ensure that agenda items are in line with mandate, resources, strategy, as determined by the Continuing Care Council’s Decision Tree
Council Members	As Representatives of Council	<ul style="list-style-type: none"> ○ Report pertinent information from other tables on which the member sits at the next possible Council meeting ○ Report to continuing care members at large on proceedings and directions of Council through other tables, regional meetings, distribution of Council Highlights, etc.
	Address Sector Issues	<ul style="list-style-type: none"> ○ Identify pertinent sector issues to other Council members and Health Association staff at the first reasonable opportunity
	Quality Management	<ul style="list-style-type: none"> ○ Actively participate in the setting of Council goals and objectives

Should there be a gross failure by Council representatives to adhere to the roles and responsibilities outlined in this document, the Chair has the authority to call a vote to change an assignment or terminate the membership of a Council member. An exception lies in attendance, whereby failure to make 3 meetings in one calendar year will result in automatic termination (see Council's Terms of Reference).

Should there be a gross failure by a member of Health Association Nova Scotia's staff to adhere to the roles and responsibilities outlined in this document, the Chair will notify the direct supervisor of that staff member, and appropriate action will occur internally.

Acknowledgments

This statement is modeled after the NWT Health and Social Services System Accountability Framework, January 2003¹. The Government of Ontario's Mental Health Accountability Framework was also referenced², as was the Drug Information Association's Volunteer Program³.

¹ Retrieved from <http://pubs.aina.ucalgary.ca/health/62464.pdf>.

² Retrieved from http://www.health.gov.on.ca/english/public/pub/ministry_reports/mh_accountability/mh_accountability_e.pdf

³ Retrieved from <http://www.diahome.org/en/GetInvolved/VolunteerProgram.htm>