



# Continuing Care Council Terms of Reference

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## Purpose

To provide, for the continuing care sector (long-term care facilities, adult residential/regional rehabilitation centers, and home care providers) a meaningful vehicle to inform the Health Association Board and staff, as well as other key stakeholders, on issues impacting continuing care members and the provision of these services in the province.

To respond to, and proactively address, issues impacting the provision of continuing care services in the province, on behalf of sector membership.

To provide, for Health Association Board of Directors and staff, a forum to discuss issues with long-term care facilities, ARC/RRCs, and home care members, in advance of decision-making on these matters.<sup>1</sup>

## Mandate

The Continuing Care Council is an advisor to the Health Association Board of Directors to consider, and where appropriate, recommend to the Board on:

- Health system issues impacting long-term care facilities, ARC/RRCs, and home care providers and/or the provision of these programs in Nova Scotia.

Health system issues may include public policy issues, system integration, and other matters of interest or concern to continuing care members.

- Issues related to the operation and administration of the Health Association.

These issues may include matters concerning the governance and administration of Association affairs and sources including, but not restricted to those issues identified in Article 5.5(d) of the Health Association Bylaws.

The Council shall also have the mandate to:

- Provide input to, and receive input from, relevant stakeholders on issues of mutual concern;
- Advocate on behalf of the sector where appropriate;
- Provide supporting evidence/rationale to facilitate informed discussion and decision-making on these issues and recommendations;
- Advise the Board and/or staff on issues which may be identified by either the Council or Health Association;

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<sup>1</sup> The Health Association by-laws require that individual members receive notification of the Board's intent to vote on key issues twenty-one days prior to this vote occurring. The Continuing Care Council does not replace the requirement to provide this notice.

- Make nominations and/or appointments from within the Health Association nursing home, ARC/RRC and home care membership to external working groups, committees, etc.;
- Meet with the full continuing care membership, annually to solicit input on issues and to report on Council activities; and
- Regularly network with continuing care providers across the province to seek input and to provide updates regarding Council's activities.

## Composition

- a) The Continuing Care Council shall be comprised of 14 members as follows:
- Eight (8) representatives from long term care facilities that are members of the Health Association;
  - Five (5) representatives from home care agencies that are members of the Health Association;
  - One (1) representative from the ARC/RRC sector that is a member of the Health Association and is chair of the ARC/RRC Association.
- b) Council members shall serve a three (3) year term.
- c) The Council, at its discretion, may appoint additional members, who, in the opinion of the Council, can be of assistance to the Council in fulfilling its mandate. The term of such members shall expire within one year of the appointment taking effect.
- d) The Continuing Care Council is responsible for the appointment of Council representatives from provider organizations via an open and transparent appointment process. The following criteria, listed in priority, will be used by the Nominating Committee for the selection of candidates to be recommended for appointment to Council:
- 1) Industry Representation - eight (8) representatives from long term care facilities that are members of the Health Association; five (5) representatives from home care agencies that are members of the Health Association; and one (1) representative from the ARC/RRC Association (chair).
  - 2) Geographic Representation - the call for nominations will include a specification of zone representation required with the goal to have at least one Council representative from each of the 4 zones. The zones are defined as:
    - Central – Halifax
    - Northern – Colchester East Hants/Cumberland/Pictou
    - Eastern – GASHA/Cape Breton

- Western – South Shore/South West Nova/Annapolis Valley
- 3) Organization ownership classifications that are reflected in the Health Association nursing home and home care membership (not for profit and for profit).
  - 4) Organization Size - the goal is to have small, medium and large sized organizations represented on Council.
- e) The principles of diversity and inclusiveness must be considered when making appointments.

## Continuing Care Representatives on Board of Directors

As set out in the Health Association’s Bylaws, the Chair of the Council shall be one of the three directors appointed to the HANS Board by HANS continuing care members. The Continuing Care Council shall decide annually who will assume the positions of Council Chair and Vice-Chair.

## Council Chair and Vice Chair

The Chair shall be one of the three members of the Health Association Board of Directors from the continuing care sector. The Vice Chair can be any one of the remaining eleven Council members. The terms will be for a maximum of three (3) years but are to be reaffirmed to the Board annually.

In the absence of the Chair, the Vice Chair will attend to business of the Council (i.e. government meetings), chair and prepare for Council meetings. The Vice Chair may also be the Chair’s alternate on the Health Association Board of Directors. The Vice Chair will not automatically assume the role of Chair in the event that the Chair position becomes available; the selection process will be initiated.

The Continuing Care Council will be responsible for the selection/recommendation to the Board for the Council Chair and Vice Chair

- 1) Council will request an “Expression of Interest” from Council members for the role of Chair and Vice Chair. All interested candidates will provide in writing:
  - the reason he/she is interested in becoming the Chair/Vice Chair of Council
  - an overview of relevant experience that responds to the requirements/qualities/attributes of the Council Chair/Vice Chair as follows:
    - i. Experience serving on the Continuing Care Council is considered an asset.
    - ii. Active in the provincial continuing care sector and/or district level activities.
    - iii. Has played leadership roles outside of home organization.
    - iv. Has experience chairing meetings/groups outside of home organization.
    - v. Has experience with group facilitation/achieving consensus.
    - vi. Have excellent diplomacy, communication and negotiation skills.

- 2) The Council will review the “Council Chair/Vice Chair Expressions of Interest” according to the above criteria and a closed/confidential vote will take place. Council members will be provided, in advance of the vote, a ballot outlining all candidates interested in the role of Chair/Vice Chair and the Expression of Interest documents submitted by the interested candidates. A vote may be conducted via e- mail; coordinated and compiled by Health Association staff.
- 3) In the event that no “Expressions of Interests” are received, Council will approach a Council member who meets the experience that responds to the requirements/ qualities/attributes of the Council Chair/Vice Chair as outlined above. A motion will be required to approve the recommendation.

## Council Authority

- The Council shall have the authority to establish subcommittees and working groups where, in the opinion of the Council, such groups will aid in fulfilling its mandate.
- The Council will have the authority to advise and to make recommendations to the Health Association Board and President/CEO.

## Attendance Policy

Regular attendance is essential so that decisions will represent the opinions of the Council as a whole. Regular attendance also enables members to keep abreast of Council concerns and helps ensure that issues are examined from a variety of perspectives.

Council members who fail to meet their obligations may forfeit their position on Council if they are absent for three meetings per year with or without first notifying the chair or designate (i.e. Health Association) of their absence.

Council members who fail to meet their obligations may forfeit their position on Council if they are absent for two consecutive meetings with or without having notified the chair or designate (i.e. Health Association) of their absence. Council will seek a nomination to fill the position on Council.

The person whose membership has been forfeited shall retain the right to stand again at the next election for the Council.

## Number of Terms

The maximum number of consecutive terms eligible to serve on the Continuing Care Council will be set at two, three year terms (6 years). Following the completion of two terms, a Council member is eligible to apply for future Council vacancies after a 12 month period.

## Meeting Frequency

The Council will meet a minimum of six (6) times per year.

## Meeting Support

Minutes will be recorded at each meeting and a report distributed to the Health Association Board following each Council meeting.

Health Association will provide staff and administrative support to the Council and will cover travel costs, in accordance with Association policy, for attendance at Council meetings.

Health Association will provide communications support to the Council to assist in the dissemination of the Council's deliberations to the broad membership.

## Responsibilities of Council Members

The responsibilities of Council members are outlined in detail in the Continuing Care Council Statement of Roles and Responsibilities. Council members will actively participate in meetings, volunteer their time for Council work, and seek out opportunities to liaise with other Health Association continuing care members in their geographic area to ensure that the views carried forward to the Council are representative of the broad continuing care membership; and likewise to inform members on the deliberations of the Council.