



# Continuing Care Council Terms of Reference

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## Purpose

To provide, for the continuing care sector (long-term care and home care) and Disability Support Program sectors a meaningful vehicle to inform the Health Association Board and staff, as well as other key stakeholders, on issues impacting continuing care and DSP members and the provision of these services in the province.

To respond to, and proactively address, common issues impacting the provision of continuing care and Disability Support Program services in the province, providing a collective voice on behalf of our respective membership.

To provide, for Health Association Board of Directors and staff, a forum to discuss issues with long-term care, home care and Disability Support Program 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, home care, and DSP providers and/or the provision of these programs in Nova Scotia.

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

- Strategic issues related to the operation and administration of the Health Association.

These issues may include matters concerning the governance and administration of Association affairs, 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 continuing care and DSP sectors where appropriate;
- Provide supporting evidence/rationale to facilitate informed discussion and decision-making on these issues and recommendations;

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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.

- Advise the Board and/or staff on issues which may be identified by either the Council or Health Association;
- Make nominations and/or appointments from within the Health Association long term care, home care, or Disability Support Sector membership to external working groups, committees, etc.;
- Meet with the full continuing care and Disability Support Program membership, at least annually to solicit input on issues and to report on Council activities.

## Composition

- a) The Continuing Care Council shall be comprised of 6 representatives of Health Association members as follows:
  - Two (2) representatives from Long Term Care Nova Scotia
  - Two (2) representatives from the Home Care Network
  - Two (2) representatives from Diverse Abilities NS
- b) Council members shall normally serve a three (3) year term and will follow the calendar year (January 1 – December 31) to align with appointments to the Health Association Board of Directors. The exception will be instances where terms are staggered to ensure continuity of membership and Council’s own regeneration.
- 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 member organizations via an open and transparent appointment process. The following criteria, will be used for the selection of candidates to be recommended for appointment to Council:
  - 1) The Chair and Vice Chair/Co-Chair of Diverse Abilities NS, the Home Care Network, and LTC Nova Scotia shall normally serve on the Council as the industry representatives described in section (a) above. The Chair and/or Vice Chair/Co-Chair of the member forums described above may elect to defer their appointment to an alternate member of their representative body. In such cases, the selection of the alternate will be determined through a nomination and appointment process conducted by the representative forum.
- e) The principles of diversity and inclusiveness must be considered when making appointments.

## Continuing Care Representatives on Board of Directors

As set out in Article VII of the Health Association’s Bylaws, the Chair shall be one of the three members of the Health Association Board of Directors from the continuing care and Disability Support sectors. The Vice Chair may also be the Chair’s alternate on the Health Association Board of Directors. As seats for

the Chairs of the Diverse Abilities NS and the Home Care Network are reserved on the Board, a representative from Long Term Care Nova Scotia will serve as Chair or Vice Chair and be appointed to the Board to ensure all three sectors are represented.

## Council Chair and Vice Chair

The Continuing Care Council will be responsible for the selection of 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 and DSP sector activities.
    - iii. Has held 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 or in-person; 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.
- 4) The terms will be for a maximum of three (3) years but are to be reaffirmed by Council annually.
- 5) 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 will not automatically assume the role of Chair if the Chair position becomes available; the selection process will be initiated.

## 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 four (4) times per year.

## Meeting Support

Health Association Nova Scotia will provide policy, communications, and administrative support to the Council, helping to advance its mandate and strategic priorities.

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

Regular communications will be disseminated to HANS' broad membership to keep them informed of Council's deliberations and major initiatives.

The Health Association will cover travel costs in accordance with Association policy, for attendance at Council meetings.

## 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 and Disability Support Program members in their geographic area and/or appointing body to ensure that the views carried forward to the Council are representative of the broad membership; and likewise, to inform members on the deliberations of the Council.