

WRHA Local Health Involvement Groups (Health Advisory Councils) Board Policy

Terms of Reference

- Terms of Reference approved by the WRHA Board, January 29, 2002.
- Revised August 23, 2005.
- Revised August 14, 2009
- Revised September 27, 2011
- Revised August 7, 2013

Citing the Act

Bill 6, The Regional Health Authorities Amendment Act (Improved Fiscal Responsibility and Community Involvement) mandates the creation of Local Health Involvement Groups (LHIGs) to strengthen local involvement in RHAs:

In accordance with guidelines approved by the minister, a regional health authority shall establish local health involvement groups to explore and provide advice to the board of the authority on issues that impact the delivery of local health services.

Preamble

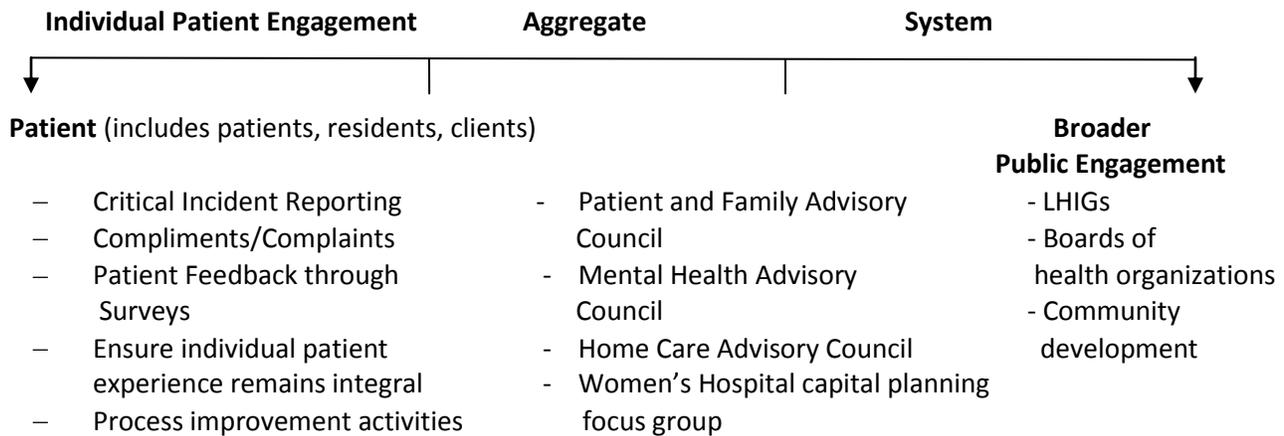
Connecting to the community and engaging the public is a priority to the Winnipeg Regional Health Authority. “Fostering Public Engagement” is one of the six strategic priorities of the 2011-16 Strategic Plan.

The WRHA has developed guiding principles for public and patient engagement which include the following beliefs:

- That those who are affected by a decision (all recipients of health care services) have a right to be involved in the decision-making process and that the public is a critically important stakeholder in health care;
- That public engagement is a transparent process that builds trust and a sense of shared ownership of the system-- that it must be meaningful and be approached with an openness to receive the input and a readiness to make changes;
- That we need to get input from diverse populations, especially the most vulnerable and that the engagement approach must be adjusted to the population that we are working with; and,
- That we need to ensure that engagement participants know how their input impacted the influenced the decision-making process.

The WRHA views public and patient engagement across a continuum – from the *individual or patient* level of engagement all the way to the *system* level where there is broader public engagement. Between these, lies *aggregate or program* engagement where clients and family members participate as part of a group engagement activity – an advisory council or focus group for input on a specific program, project, or issue. It is critical that we ensure there are ample and accessible ways for the members of the public to participate in engagement across this continuum.

Continuum of Patient to Public Engagement in Health



The Local Health Involvement Groups (Health Advisory Councils) are a large component of the WRHA’s broader public engagement strategy. The LHIG’s complement other program and population-specific engagement initiatives.

The LHIG’s provide an opportunity for members of the public to explore, discuss, and provide their perspectives and ideas to address important issues impacting health care services and in order to enhance the region’s understanding of these issues and better meet the needs of the populations that receive these services.

Purpose

Local Health Involvement Groups (Health Advisory Councils) function as a key component of the Winnipeg Regional Health Authority’s public consultation and engagement process and provides one mechanism for ongoing community input to assist the WRHA in its planning and decision-making processes respecting health, health needs and priorities and health services in the Region. The LHIGs operate in an advisory capacity and provide input to the WRHA Board. The primary goal of the LHIGs is to advise the Board of the WRHA on key strategic priorities and therefore assist in improving the health status of the population of the Region. These Local Health Involvement Groups also provide a forum for exchange between the WRHA Board and the public.

LHIG members are expected to commit to a constructive and collaborative approach to providing community input in support of policy and planning. Members will be expected to be knowledgeable about their community and aware of community-based health issues. Input will be targeted to specific issues or questions identified by the WRHA Board. LHIGs may also advise on health related issues from the community. The WRHA supports the LHIGs through the provision of relevant documents, supporting data, evidence, etc. prior to the exploration of topics.

Local Health Involvement Groups (Health Advisory Councils)

There are 7 LHIGs in the Winnipeg-Churchill health region. Each of the Winnipeg-based six LHIGs represent 2 Winnipeg community areas based on the WRHA established 12 community area boundaries. The community area pairs are as follows:

- River East/Transcona
- Seven Oaks/Inkster
- River Heights/Fort Garry
- St. Boniface/St. Vital
- St. James Assiniboia/Assiniboine South
- Downtown/Point Douglas

One LHIG represents the geographic area of Churchill, Manitoba.

Roles and Responsibilities of members of the LHIGs

In representing the broader public and more specifically their geographic community areas, the LHIGs perform the following duties:

- a) Provide assistance, advice and information to the WRHA with respect to planning and delivery of quality health services in the community;
- b) Bring forward community perspectives;
- c) At the request of the WRHA, provide community perspectives related to the topics and questions reflective of the WRHA's priorities asked by the WRHA Board; and,
- d) Perform any other duties which the WRHA may delegate to the LHIGs from time to time.

Key Processes

1. The Local Health Involvement Groups will receive an orientation to the WRHA and the role of the LHIGs.
2. When a LHIG member brings forward a concern about a community or personal issue related to the health care system, staff will work with the member to address the specific issue. The LHIG member will be supported in sharing how the issue was addressed at a subsequent meeting of their LHIG.
3. On each LHIG meeting agenda, members will have an opportunity to reflect on their discussion and potential issues they feel may merit further exploration and could be considered as a future LHIG topic. The LHIG manager will track all suggestions from the LHIGs and will work with senior leadership to articulate suggested LHIG topics. On an annual basis, the Board will consider all suggestions and the strategic priorities in order to identify key issues that require community input. These key issues will link to the WRHA's strategic priorities, broad policy issues, and areas such as quality improvement and patient values.
4. There will be an on-going process for two-way communication between the LHIGs and the WRHA Board to ensure LHIG members can share their ideas and opinions through the active participation of Board Liaisons on each LHIG.
5. Written feedback regarding the use of all Local Health Involvement Group reports/suggestions will be provided to the LHIGs on at least once annually and will be posted on the WRHA website.

6. A formal evaluation framework for the LHIGs is in place. LHIG members, members of the WRHA Board, and senior leadership will be engaged in the evaluation process. Annually, the LHIG evaluation report will be shared with the Board and senior leadership and will be made publicly available on the WRHA's website.

Membership

For each of the 7 Local Health Involvement Groups there will be a minimum of 11 and a maximum of 15 members. From time to time, up to 2 additional members may be added to a LHIG where consistent attendance is a challenge or special circumstances warrant additional members.

Representatives will be selected to include up to 5 members identified by health organizations' located in the respective geographic area. The remaining representatives will be from the community at large.

Health Organization representatives

Health organization representatives will be selected from those WRHA funded health organizations, boards located in the associated geographic area. Health organization members may be representative of a variety of occupations, businesses and professions.

Health organization members should be persons who have demonstrated an interest in health and wellness and population health and have good communication skills, strong connections to the associated geographic community, willingness to commit time and energy and have commitment to a collaborative, constructive approach to health and wellness.

Community representatives

Community members will, to the extent reasonably possible, be representative of the diversity of the geographic area served by the LHIG (i.e. gender, age, race, socio-economic status and ethnicity). They may be representative of health service recipients, family members of health service recipients, caregivers, a variety of occupations, businesses and professions, students, and the general public.

Community members will be persons who have demonstrated an interest in health and wellness and have good communication skills, strong connections to the associated geographic community, willingness to commit time and energy and have commitment to a collaborative, constructive approach to health and wellness.

Nomination/Appointment Process

On an annual basis, community members will be recruited through a transparent and open public call for nominations and applications.

Candidates for health organization Board member representation will be nominated by any WRHA funded health organization located in the associated geographic area.

Assigned WRHA staff will interview all applicants. Through the interview process, it may be determined that some applicants are better matched with other engagement opportunities –

e.g. the Mental Health Advisory Council, Home Care Advisory Council, Patient and Family Advisory Council, etc. This practice is in keeping with WRHA volunteer good practices and meaningful community engagement. Through the interview process, staff identify potential LHIG Members and make recommendations to the WRHA Board for the appointment of new Members.

The WRHA Board will make the final decision regarding the selection and appointment of Members. Prior to confirmation of each approved LHIG members, reference checks will be completed. In the event of a negative reference check, the Board will be advised and an alternative member will be proposed.

LHIG Chair and Vice Chair (or Co-Chairs):

Members of each LHIG will be encouraged to volunteer to assume the role of Chair and Vice Chair or Co-Chairs. The Chair of the LHIG may serve for a maximum of 2 terms of 1 year each.

Vacancies:

The LHIG manager or other assigned staff will make recommendations to the WRHA Board for the filling of vacancies as required.

At the discretion of the WRHA Board, on a vacancy occurring, a Member may be appointed for the unexpired portion of the term of the Member being replaced.

The WRHA Board will make the final decisions regarding the selection of Members to fill vacancies on the LHIG.

Termination of a Member's Appointment:

The WRHA may, by notice in writing to a Member, terminate the appointment of a Member. The WRHA may develop, with the input of LHIG members, the code of conduct for members including behaviour unbecoming of a member and the process of dismissal and appeal options.

A Member may terminate his or her appointment on written notice to the LHIG and the WRHA Board.

Members that are absent 3 meetings without appropriate notice to LHIG staff will be asked to resign.

The termination of a Member's appointment shall become effective on the date set out in the written notice.

Quorum:

A quorum will be a simple majority of filled positions on the Local Health Involvement Group.

Remuneration:

As volunteer representatives of the community and of health organizations, LHIG members will not be entitled to compensation for their activities. Reimbursement for caregivers (childcare/respite), parking, and taxi or Handi Transit incurred by members in carrying out their activities will be provided in accordance with prevailing WRHA policy and directives.

Terms of Appointment:

Terms of LHIG members will 3 years in length. If interested, LHIG members (community and health organization) may reapply after an absence of a minimum of 2 years.

Members may not serve consecutive terms.

Reporting Relationships:

The LHIGs are accountable to the WRHA Board and shall provide a report of their activities during each fiscal year to the WRHA Board at times and in such manner as may be specified by the WRHA Board.

At least bi-annually, Local Health Involvement Groups will report to the Board:

- ✓ Their discussions and associated recommendations related to the topics explored; and,
- ✓ Suggestions where community input may be helpful in supporting board priorities.

There is also an opportunity for on-going dialogue and sharing of information from the Board through the Board Liaison on each LHIG.

On at least an annual basis, the WRHA Board will provide written feedback on how the Local Health Involvement Groups' input has been and is being used.

Once received by the WRHA Board, LHIG reports will be posted on the WRHA website.

WRHA Staff Role/LHIG Manager

Designated WRHA staff and volunteers will act as a resource to each of the Local Health Involvement Groups. The role of LHIG Manager includes the following:

- Provide administrative support (i.e. record and maintain minutes, prepare LHIG reports)
- Facilitate meetings
- Support Board Liaisons and Alternates
- Support LHIG volunteer facilitators
- Facilitate and support process to address concerns raised at meeting by individual LHIG members
- Provide support to LHIG chairs
- Manage the recruitment and selection process
- Complete and submit an annual evaluation of the LHIGs' progress

WRHA Board Liaison Role

The WRHA will name board representatives to act as liaisons to each of the Local Health Involvement Groups. The Board liaison is an ex-officio, non-voting member of the LHIG. A Winnipeg Regional Health Authority Board member supports each of the Local Health Involvement Groups as an ad hoc member. The Board member (Liaison) attends as many LHIG meetings as possible. Board Liaisons are encouraged to provide LHIG updates to the Board. Board Liaisons may attend up to six evening LHIG meetings between September and April of each year. This schedule includes an orientation session, four LHIG meetings and a year-end meeting of all 7 LHIGs meeting, attended by the WRHA Board, Senior Management and members from all seven LHIG's from Winnipeg-Churchill RHA.

The role of the Board liaison is as follows:

- Attend meetings of their LHIG;
- Serve as a representative of the WRHA Board;
- Promote and support the work of their LHIG; and,
- Participate with evaluation of their LHIG.

Meetings

The LHIGs shall hold a minimum of six meetings per year to provide input on identified topics.

- One orientation meeting (all LHIGs)
- 4 topic exploration meetings of each LHIG
- Year-end meeting of all LHIG's (final report presentation, public speaker, volunteer recognition)

The LHIGs shall record and maintain the minutes of its meetings and forward copies of adopted minutes to the WRHA. Following approval, minutes of meetings will be posted on the WRHA website.

Evaluation Framework

An evaluation framework for WRHA Local Health Involvement Groups should be directly linked to their overall goals and objectives. Further, the evaluation framework should consider indicators (qualitative and quantitative) that evaluate the structure, the processes and the expected outcomes of the LHIG initiative.

Evaluation Issue/Goal	Indicator
The interest of the community/boards in the LHIGs	<ul style="list-style-type: none"> • The number of nominations/applications received per community area. (in each of the membership categories)
LHIGs will be reflective of the diversity of each of the associated geographic communities	<ul style="list-style-type: none"> • The LHIG members, the WRHA Board and WRAH Senior Management perception of the diversity of the LHIG membership.
The member commitment in supporting the functions of the LHIGs	<ul style="list-style-type: none"> • Long term commitment/participation of members through number of meetings attended
The WRHA Board support of the LHIGs	<ul style="list-style-type: none"> • LHIG meetings attended by the appointed Board Liaison person • Board and LHIG Attendees at joint meetings • Board member perception of the value and use of LHIG input
The WRHA Senior Management support of the LHIGs	<ul style="list-style-type: none"> • Senior Management Attendees at joint meetings • Senior Management perception of the value and use of LHIG input
LHIG members feel that their involvement is meaningful and their input is valued.	<ul style="list-style-type: none"> • Perceived value of community members' input by LHIG members
The WRHA funded health organizations support the LHIGs	<ul style="list-style-type: none"> • Perceived value of LHIG participation by the represented WRHA funded organization
Staff provides appropriate support and guidance to LHIGs	<ul style="list-style-type: none"> • Perception of the LHIG members, WRHA Board members and WRHA senior management of the support provided by WRHA staff to the LHIGs