

## **HOME AND COMMUNITY CARE COMMITTEE - TERMS OF REFERENCE -**

### **Purpose:**

The Home, Community and Integrated Care Committee provides information, advice, recommendations and support to Integrated Primary Acute Community Care Committee (IPACCC) on government priorities and service implications.

Guided by the direction set by IPACCC, the committee will work with partners to coordinate, support, and develop the planning, implementation, and evaluation of home, community and integrated care planning, legislation, policy, standards and programs.

### **Objectives:**

The objectives include:

1. Provide advice on provincial and regional priorities for home and community care services to meet the Ministry's priorities of an integrated primary and community care system within the broader health system.
2. Provide advice to the Ministry of Health on planning and accountabilities for home and community care services, including the full continuum of services and addressing the needs of specific client populations.
3. Develop and recommend performance indicators to measure health authority improvements in the provision of home and community care services at both the regional and provincial level.
4. Identify potential changes to legislation, policy or standards that would improve the delivery and scope of home and community care services.
5. Recommend areas for home and community care research, monitoring and evaluation priorities.
6. Establish collaborative working relationships with key provincial and regional working groups, stakeholders, community organizations and contracted sector.
7. Influence organizations outside the traditional health care system that have an impact on people who need, or are at risk of needing, home and community care services.
8. Identify emerging issues at both provincial and regional levels, problem-solve solutions, and develop common approaches for system responses and improvements on an inter-regional and provincial level.
9. Provide the opportunity for the Ministry and the health authorities to address issues of common interest and to share information.

Draft (February 2015)

### **Linkages:**

A systems approach to addressing Home and Community Care requires strong linkages across the Health Care System. Linkages will include but not limited to:

- IPACCC
- Primary Health Care Committee
- Mental Health and Substance Use Committee
- Acute Care
- Allied Ministries
- Community Sector

### **Membership:**

Membership includes:

- Senior Home and Community Care representatives from each regional health authority
- Senior Management from MoH from the Integrated Primary and Community Care and Quality Assurance Branch

### **Process:**

- Meeting Schedule – Monthly by tele-conference. Face to face meetings will only occur when there is a clear strategic and/or operational reason.
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- Agenda - Preparation and distribution of the agenda is the responsibility of the Chair, in conjunction with Secretariat.
- Secretariat – Secretariat support will be provided by MoH
- Minutes- The preparation and distribution of minutes is the responsibility of the Secretariat and Chair.
- Committees - The HCCC may establish time-limited working groups to address short-term specific issues/initiatives. They are advisory bodies to the Committee, not decision-making bodies.

### **Guests:**

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### **Remuneration:**

Expenses incurred by members are the responsibility of their employer organization.

**Accountabilities:**

- Issues requiring advice and or review by the Integrated Primary Acute Community Care Committee (IPACCC) will be submitted for inclusion on the agenda as and when required.
- Ensure that any scheduled updates are circulated in advance of the Committee meeting to allow for pre-reading and informed discussions.
- Agreed upon decisions and action items will be circulated following meetings.
- Committee members will report on outcomes to their respective organizations. They are also responsible for bringing emerging issues that may affect other jurisdictions attending to the Committee.
- The Terms of Reference will be reviewed annually to ensure relevance to structure and practice.

## HOME, COMMUNITY AND INTEGRATED CARE COMMITTEE - TERMS OF REFERENCE -

### Purpose:

The Home, Community and Integrated Care Committee ([HCIC Committee](#)) provides information, advice, recommendations and support to [the Standing Committee on Health Services and Population Health Members](#) on government priorities and service implications.

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Guided by the direction set by [the Standing Committee on Health Services and Population Health Members](#), the [HCIC Committee](#) will work with partners to coordinate, support, and develop the planning, implementation, and evaluation of home, community and integrated care planning, legislation, policy, standards and programs.

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9. Provide the opportunity for the Ministry of Health and the health authorities to address issues of common interest and to share information.

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### Membership:

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- Senior Home and Community Care representatives from each regional health authority
- Senior Management from, <sup>s. 13</sup>

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### Process:

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- Agenda - Preparation and distribution of the agenda is the responsibility of the Chair, in conjunction with Secretariat
- Secretariat – Secretariat support will be provided by Ministry of Health
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- Committees - The HCIC Committee may establish time-limited working groups to address short-term specific issues/initiatives. They are advisory bodies to the HCIC Committee, not decision-making bodies

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Guests<sup>1</sup> may be invited to attend all or portions of HCIC Committee meetings on either an ad hoc or regular basis, depending on the appropriateness of the meeting content. Invited guests must be sponsored by a member of the HCIC Committee. The role of the sponsor is to ensure the guests understand the purpose of the HCIC Committee, the reason for their attendance and

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the expected confidentiality. If guests are presenting materials or putting forward agenda items, they must be reviewed by the Chair prior to meeting.

**Remuneration:**

Expenses incurred by members are the responsibility of their employer organization.

**Accountabilities:**

- Issues requiring advice and or review by the [Standing Committee on Health Services and Population Health Members](#) will be submitted for inclusion on the agenda as and when required.
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Draft (May 2015)

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- The Terms of Reference will be reviewed annually to ensure relevance to structure and practice.

## **TERMS OF REFERENCE for STANDING GUESTS of the Home, Community and Integrated Care Committee**

### **Purpose of the Committee:**

The Home, Community and Integrated Care Committee (the HCIC Committee) provides information, advice, recommendations and support to the Standing Committee on Health Services and Population Health on government priorities and service implications.

Guided by the direction set by the Standing Committee on Health Services and Population Health, the HCIC Committee will work with partners to coordinate, support, and develop the planning, implementation, and evaluation of home, community and integrated care planning, legislation, policy, standards and programs.

### **Purpose of HCIC Standing Guests:**

Standing Guests may be invited by the HCIC Committee to participate in all or portions of a HCIC Committee meeting. A Standing Guest's participation differs from a Guest in that their invitations are expected to occur at regular intervals (e.g. quarterly) as appropriate.

The intention of inviting Standing Guests is to foster open and informative communication between stakeholder groups and the HCIC Committee.

Standing guests are expected to adhere to the same rules as Guests, which are outlined in the HCIC Committee Terms of Reference.

### **Roles and Responsibilities**

Standing Guests must be sponsored by a member of the HCIC Committee. The role of the sponsor is to ensure the Standing Guests understand the purpose of the HCIC Committee, the reason for their attendance and the expected confidentiality.

Standing Guests may be given an opportunity to put forward agenda topic requests. If Standing Guests are presenting materials or putting forward agenda items, they must be reviewed and accepted by the Chair prior to meeting.

### **Confidentiality**

Standing Guests are expected to keep the nature and content of the meetings and meeting materials confidential. Depending on content discussed in the meeting, a confidentiality agreement may be requested.

### **Remuneration**

Expenses incurred by Standing Guests are the responsibility of their employer organization.

## Home and Community Care Committee

### - TERMS OF REFERENCE -

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#### Purpose:

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The Home and Community Care Committee (HCC Committee) provides information, advice, recommendations and support to the Standing Committee on Health Services and Population Health (SCHSPH) on government priorities and health service delivery implications.

Guided by the direction set by the SCHSPH, the HCC Committee will work with partners to coordinate, support, and develop the planning, implementation, and evaluation of home, community and integrated care planning, legislation, policy, standards and programs.

#### Objectives:

The objectives include:

1. Provide advice on provincial and regional priorities for home and community care services to meet the Ministry of Health's priorities of an integrated primary and community care system within the broader health system.
2. Provide advice to the Ministry of Health on planning and accountabilities for home and community care services, including the full continuum of services and addressing the needs of specific client populations.
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#### Linkages:

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- SCHSPH

- Primary Health Care Committee
- Provincial Mental Health and Substance Use Working Group
- Acute care
- Allied ministries
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#### Membership:

Membership includes:

- Senior home and community care representatives from each regional health authority s. 13
- Senior management from the Ministry of Health s. 13

#### Process:

- Meeting Schedule: Monthly by teleconference. Face-to-face meetings occur every third month, unless there is a clear strategic and/or operational reason
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- Secretariat: Secretariat support will be provided by Ministry of Health
- Agenda: Preparation and distribution of the agenda is the responsibility of Chair(s), in conjunction with the Secretariat
- Minutes: The preparation and distribution of minutes is the responsibility of the Secretariat and Chair(s).
- Sub-committees: The HCC Committee may establish time-limited working groups to address short-term specific issues/initiatives, which will be advisory bodies to the HCC Committee, not decision-making bodies.

#### Guests:

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#### Accountabilities:

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Date of Last Revision: July 2017 to reflect new names for committee (HCC) and Ministry division (PCCPD)

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**Membership:**

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**Process:**

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Guests<sup>1</sup> may be invited to attend all or portions of HCC Committee meetings on either an ad hoc or regular basis, depending on the appropriateness of the meeting content. Invited guests must be sponsored by a member of the HCC Committee. The role of the sponsor is to ensure the guests understand the purpose of the HCC Committee, the reason for their attendance and the

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<sup>1</sup> In this document 'Guests' refer to both Standing Guests and other Guests. Standing Guests' participation differs from a Guest in that their invitations are expected to occur at regular intervals (e.g. quarterly), as appropriate. Standing Guests have a separate Terms of Reference document explaining their role.

expected confidentiality. If guests are presenting materials or putting forward agenda items, they must be reviewed by the Chair prior to meeting.

**Remuneration:**

Expenses incurred by members are the responsibility of their employer organization.

**Accountabilities:**

- Issues requiring advice and or review by the Standing Committee on Health Services and Population Health will be submitted for inclusion on the agenda as and when required.
- Ensure that any scheduled updates are circulated in advance of the HCC Committee meeting to allow for pre-reading and informed discussions.
- Agreed upon decisions and action items will be circulated following meetings.
- HCC Committee members will report on outcomes to their respective organizations. They are also responsible for bringing emerging issues that may affect other jurisdictions attending to the HCC Committee.
- The Terms of Reference will be reviewed annually to ensure relevance to structure and practice.

Date of Last Revision: July 2017 to reflect new names for committee (HCC) and Ministry division (PCCPD)

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## **HOME, COMMUNITY AND INTEGRATED CARE COMMITTEE - TERMS OF REFERENCE -**

### **Purpose:**

The Home, Community and Integrated Care Committee (HCIC Committee) provides information, advice, recommendations and support to the Standing Committee on Health Services and Population Health on government priorities and service implications.

Guided by the direction set by the Standing Committee on Health Services and Population Health, the HCIC Committee will work with partners to coordinate, support, and develop the planning, implementation, and evaluation of home, community and integrated care planning, legislation, policy, standards and programs.

### **Objectives:**

The objectives include:

1. Provide advice on provincial and regional priorities for home and community care services to meet the Ministry of Health’s priorities of an integrated primary and community care system within the broader health system.
2. Provide advice to the Ministry of Health on planning and accountabilities for home and community care services, including the full continuum of services and addressing the needs of specific client populations.
3. Develop and recommend performance indicators to measure health authority improvements in the provision of home and community care services at both the regional and provincial level.
4. Identify potential changes to legislation, policy or standards that would improve the delivery and scope of home and community care services.
5. Recommend areas for home and community care research, monitoring and evaluation priorities.
6. Establish collaborative working relationships with key provincial and regional working groups, stakeholders, community organizations and contracted sector.
7. Influence organizations outside the traditional health care system that have an impact on people who need, or are at risk of needing, home and community care services.
8. Identify emerging issues at both provincial and regional levels, problem-solve solutions, and develop common approaches for system responses and improvements on an inter-regional and provincial level.
9. Provide the opportunity for the Ministry of Health and the health authorities to address issues of common interest and to share information.

### **Linkages:**

A systems approach to addressing Home, Community and Integrated Care requires strong linkages across the Health Care System. Linkages will include but not limited to:

- Standing Committee on Health Services and Population Health
- Primary Health Care Committee
- Mental Health and Substance Use Committee
- Acute Care
- Allied Ministries
- Community Sector

### **Membership:**

Membership includes:

- Senior Home and Community Care representatives from each regional health authority
- Senior Management from the Ministry of Health from the Health Services Policy Division

### **Process:**

- Meeting Schedule – Monthly by video-conference. Face to face meetings will occur annually, unless there is a clear strategic and/or operational reason
- Co-chair – The meeting will be co-chaired by the Ministry of Health and a health authority volunteer
- Agenda - Preparation and distribution of the agenda is the responsibility of the Chair, in conjunction with Secretariat
- Secretariat – Secretariat support will be provided by Ministry of Health
- Minutes- The preparation and distribution of minutes is the responsibility of the Secretariat and Chair
- Committees - The HCIC Committee may establish time-limited working groups to address short-term specific issues/initiatives. They are advisory bodies to the HCIC Committee, not decision-making bodies

### **Guests:**

Guests<sup>1</sup> may be invited to attend all or portions of HCIC Committee meetings on either an ad hoc or regular basis, depending on the appropriateness of the meeting content. Invited guests must be sponsored by a member of the HCIC Committee. The role of the sponsor is to ensure the guests understand the purpose of the HCIC Committee, the reason for their attendance and the expected confidentiality. If guests are presenting materials or putting forward agenda items, they must be reviewed by the Chair prior to meeting.

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**Remuneration:**

Expenses incurred by members are the responsibility of their employer organization.

**Accountabilities:**

- Issues requiring advice and or review by the Standing Committee on Health Services and Population Health will be submitted for inclusion on the agenda as and when required.
- Ensure that any scheduled updates are circulated in advance of the HCIC Committee meeting to allow for pre-reading and informed discussions.
- Agreed upon decisions and action items will be circulated following meetings.
- HCIC Committee members will report on outcomes to their respective organizations. They are also responsible for bringing emerging issues that may affect other jurisdictions attending to the HCIC Committee.
- The Terms of Reference will be reviewed annually to ensure relevance to structure and practice.

Revised January 2016 to add section on "Guests"

## **HOME, COMMUNITY AND INTEGRATED CARE COMMITTEE - TERMS OF REFERENCE -**

### **Purpose:**

The Home, Community and Integrated Care Committee (HCIC Committee) provides information, advice, recommendations and support to the Standing Committee on Health Services and Population Health Members on government priorities and service implications.

Guided by the direction set by the Standing Committee on Health Services and Population Health Members, the HCIC Committee will work with partners to coordinate, support, and develop the planning, implementation, and evaluation of home, community and integrated care planning, legislation, policy, standards and programs.

### **Objectives:**

The objectives include:

1. Provide advice on provincial and regional priorities for home and community care services to meet the Ministry of Health’s priorities of an integrated primary and community care system within the broader health system.
2. Provide advice to the Ministry of Health on planning and accountabilities for home and community care services, including the full continuum of services and addressing the needs of specific client populations.
3. Develop and recommend performance indicators to measure health authority improvements in the provision of home and community care services at both the regional and provincial level.
4. Identify potential changes to legislation, policy or standards that would improve the delivery and scope of home and community care services.
5. Recommend areas for home and community care research, monitoring and evaluation priorities.
6. Establish collaborative working relationships with key provincial and regional working groups, stakeholders, community organizations and contracted sector.
7. Influence organizations outside the traditional health care system that have an impact on people who need, or are at risk of needing, home and community care services.
8. Identify emerging issues at both provincial and regional levels, problem-solve solutions, and develop common approaches for system responses and improvements on an inter-regional and provincial level.
9. Provide the opportunity for the Ministry of Health and the health authorities to address issues of common interest and to share information.

### **Linkages:**

A systems approach to addressing Home, Community and Integrated Care requires strong linkages across the Health Care System. Linkages will include but not limited to:

- IPACCC
- Primary Health Care Committee
- Mental Health and Substance Use Committee
- Acute Care
- Allied Ministries
- Community Sector

### **Membership:**

Membership includes:

- Senior Home and Community Care representatives from each regional health authority
- Senior Management from the Ministry of Health from the Health Services Policy Division

### **Process:**

- Meeting Schedule – Monthly by video-conference. Face to face meetings will occur annually, unless there is a clear strategic and/or operational reason
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- Committees - The HCIC Committee may establish time-limited working groups to address short-term specific issues/initiatives. They are advisory bodies to the HCIC Committee, not decision-making bodies

### **Guests:**

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the expected confidentiality. If guests are presenting materials or putting forward agenda items, they must be reviewed by the Chair prior to meeting.

**Remuneration:**

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**Accountabilities:**

- Issues requiring advice and or review by the Standing Committee on Health Services and Population Health Members will be submitted for inclusion on the agenda as and when required.
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- HCIC Committee members will report on outcomes to their respective organizations. They are also responsible for bringing emerging issues that may affect other jurisdictions attending to the HCIC Committee.
- The Terms of Reference will be reviewed annually to ensure relevance to structure and practice.

## **TERMS OF REFERENCE for STANDING GUESTS of the Home and Community Care Committee**

### **Purpose of the Committee:**

The Home and Community Care Committee (the HCC Committee) provides information, advice, recommendations and support to the Standing Committee on Health Services and Population Health on government priorities and service implications.

Guided by the direction set by the Standing Committee on Health Services and Population Health, the HCC Committee will work with partners to coordinate, support, and develop the planning, implementation, and evaluation of home, community and integrated care planning, legislation, policy, standards and programs.

### **Purpose of HCC Standing Guests:**

Standing Guests may be invited by the HCC Committee to participate in all or portions of a HCC Committee meeting. A Standing Guest's participation differs from a Guest in that their invitations are expected to occur at regular intervals (e.g. quarterly) as appropriate.

The intention of inviting Standing Guests is to foster open and informative communication between stakeholder groups and the HCC Committee.

Standing guests are expected to adhere to the same rules as Guests, which are outlined in the HCC Committee Terms of Reference.

### **Roles and Responsibilities**

Standing Guests must be sponsored by a member of the HCC Committee. The role of the sponsor is to ensure the Standing Guests understand the purpose of the HCC Committee, the reason for their attendance and the expected confidentiality.

Standing Guests may be given an opportunity to put forward agenda topic requests. If Standing Guests are presenting materials or putting forward agenda items, they must be reviewed and accepted by the Chair prior to meeting.

### **Confidentiality**

Standing Guests are expected to keep the nature and content of the meetings and meeting materials confidential. Depending on content discussed in the meeting, a confidentiality agreement may be requested.

### **Remuneration**

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## **TERMS OF REFERENCE for STANDING GUESTS of the Home, Community and Integrated Care Committee**

### **Purpose of the Committee:**

The Home, Community and Integrated Care Committee (the HCIC Committee) provides information, advice, recommendations and support to the Standing Committee on Health Services and Population Health on government priorities and service implications.

Guided by the direction set by the Standing Committee on Health Services and Population Health, the HCIC Committee will work with partners to coordinate, support, and develop the planning, implementation, and evaluation of home, community and integrated care planning, legislation, policy, standards and programs.

### **Purpose of HCIC Standing Guests:**

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**of the Home, Community and Integrated Care Committee**

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