

Table of Partners

Information Package

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Our Story

The Alberni Clayoquot Health Network (ACHN) formed in 2012 through a series of three meetings in 2011 to gauge interest in establishing a health network for the Alberni Valley, Clayoquot and Barclay Sound region. This process was largely linked to political and leadership tables. The initial work of the ACHN was supported with a grant from Island Health in February 2012 and ACHN allocated a budget to enable this funding to be used over several years, developing a Memorandum of Understanding with the Alberni Clayoquot Regional District to be the fiscal host for these funds.

The Network hired their first Coordinator in June of 2012 and undertook a strategic planning process, setting five priorities – Network Development, Healthy Children and Youth, Transportation, Housing and Health Literacy - which would guide the network's work for the following 5 years. At the end of 2013 it became apparent that, in order for the group to be most successful in making progress on strategic priorities, more clarity in the role and function of the network, committees and coordinator was needed. A working group was formed to refresh the network structure, governance and vision, to link this work to the community groups and processes in the region.

A strong will for the ACHN to reach out and involve the community emerged; to ensure the community at large had an ability to bring forward issues, ideas, and concerns for consideration. The Network identified that actions are to be informed by:

- Stories, opportunities, planning, and evidence;
- Consultation and collaborative conversations that surface emerging issues;
- The timeliness of opportunities;
- And fit with ACHN's values.

Governance, operating practices and values for the Network were built to facilitate and strengthen these principles while enhancing the community development focus of the Network.

The ACHN started to work in 2015 with this new governance model; moving away from formal tools such as Terms of Reference to a more community based approach, formalizing their relationship with the ACRD through an MOU and creating the first Table of Partners to guide the work of the Network. From this point we have slowly worked through sticky issues, identifying areas requiring further clarification, definition or policy while employing new concepts and tools which assist us in defining and conducting the work we seek to do.

Employing these new practices we have gained momentum over the past two years. Supporting community based initiatives already flourishing in our region, promoting collaboration, innovation and shared accountability. When no leadership is evident we have convened regional partners to address issues related to health in our area. We have employed and promoted a collective impact approach to complex issues. We support organizations which address social determinants of health and take leadership to convene regional partners around emergent regional issues. Attracting and engaging decision makers through our Table of Partners and presentations to leadership tables while supporting community groups and networks to highlight work, innovations and priorities of the region. Our mix of mechanisms and classic community development models has allowed us to remain nimble, learning and adapting our approach as we go. This has allowed us to focus on priority areas which we have the ability to influence, support community groups already working to make change and identify new venues where we can assist to make change. We are excited to engage in the next phase of our work with this better defined approach to promoting healthy development in the region and new strategic plan for 2018 and beyond.

Our Mission: *To speak with a collective voice on regional and local health issues by facilitating dialogue and understanding amongst citizens and stakeholders. The Network is a community driven mechanism that helps to build partnerships and capacity; share concerns, ideas and resources and create innovative solutions that impact the social determinants of health and work towards sustainable healthy communities. (From ACHN 2012 Strategic Plan).*



Our Values

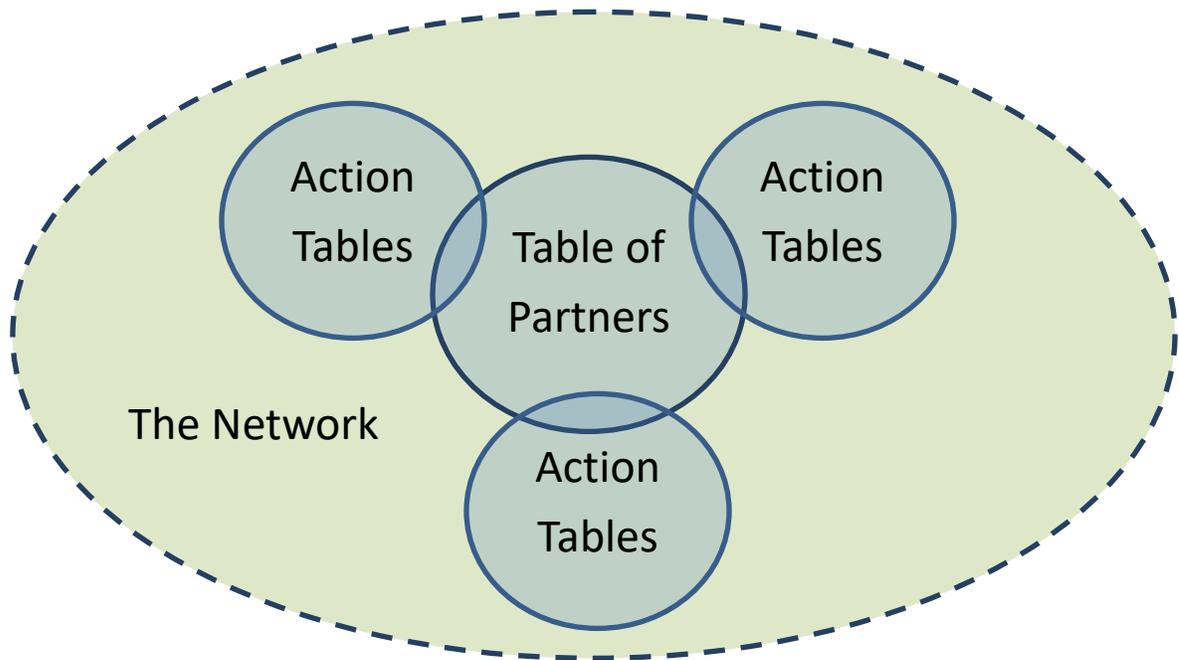
1. **Inclusion:** We are open to anyone that wants to be involved and recognize, encourage and value each other's contributions.
2. **Learning:** we share knowledge, listen to each other, explore new ideas and apply information in ways that generate new understanding and solutions.
3. **Compassion and Respect:** We have compassion for all people with whom we interact and are mindful and respectful of differing opinions.
4. **Hishuk ish tswalk:** We embrace the Nuu-Chah-Nulth world view that everything is one and all is interconnected and health is holistic in nature.
5. **Connection, Collaboration and Sharing:** We cultivate relationships, connect people to each other, promote a culture of participation and sharing of resources in order to better serve our communities and advance the common good. Together we are better.
6. **Sustainability:** We are accountable with the resources entrusted to us, strive for cost-effectiveness and efficiencies and aim towards sustainability of solutions and initiatives.
7. **Innovation:** We want to constantly find better and more efficient ways to serve our communities.

Our Guiding Principles:

In all that we do, we:

- A. **Employ** a population health approach that focuses on improving the health and well-being of the entire population of the region and across the lifespan.
- B. **Focus** on the social determinants of health and address policies that impact health inequities.
- C. **Believe** that health is a shared responsibility and that collaboration leads to innovation.
- D. **Are** solution oriented & committed to building on community assets, strengths, efficiencies, social capital and reduce duplication.
- E. **Utilize** approaches that build knowledge, health literacy, capacity and citizenship.
- F. **Acknowledge** that local realities, population demographics, socio-economics and health indicators can vary significantly (remote, rural, and urban).
- G. **Recognize** that the Health Network exists within the ha'houlthee (chiefly territories) of the Nuu-chah-nulth First Nations. We strive to find new, better and culturally appropriate ways to collaborate, plan and work together that legitimize traditional knowledge.

How the ACHN works



The three principle elements of the ACHN are:

- The Network Membership and Community at Large
- The Table of Partners
- Action Tables

Additional roles that support the network include:

- Chair / co-chair role(s)
- Staff positions (coordinator and meeting support)
- The fiscal host

Administrative and other functions are addressed through a range of means.

These are outlined in the following pages.

The Network:

Purpose & Role:

The purpose of the network is to provide a means to gather and distribute information, stories, and to capture the voices of the communities in the area that the ACHN serves. The Network strives to build relationships, helping people and organizations to find commonalities and shared ground in order to take action to improve health outcomes in the region. The Network connects people with information and resources, to mobilize partners to address health and social indicators.

How to become a Network member:

No membership required. A member refers to an individual, organization or community with an interest in collaborating with other regional partners in the Alberni Valley, Bamfield, or the Clayoquot sound. To receive information from the ACHN, provide your email address to: achn@acrd.bc.ca

What you can expect:

The network will distribute invitations to participate in Network meetings and activities as they are interested and able. Members are encouraged to share information, and bring forward issues, opportunities, and concerns that impact the health and wellbeing of people living in the region.

- Invitations to participate in ACHN Network meetings, action tables, and other relevant activities
- Information and updates about work that the ACHN is leading or involved with or is of relevance to Network members
- Minutes from Table of Partners meetings

Network meetings:

ACHN Network meetings are held 3-4 times per year. Meetings will be scheduled at times, days, and locations that enable a broad range of community members and stakeholder groups to participate. Network meetings may include reports from the Table of Partners and Action Tables, dialogues about priority or emerging issues, and invitations to form new action tables, or join existing action tables.

The Table of Partners

Purpose & Role:

The Table of Partners exists to support the work and priorities of the Alberni Clayoquot Health Network and link with Action Tables. The purpose of the Table of Partners is to look at evidence, facilitate strategic thinking and planning and seek resources as needed. The Table of Partners will ensure feedback is collected from Network members and ensure that work on identified issues and agreed upon actions is moving forward.

The Table of Partners is responsible for:

- The overall governance of the ACHN
- Setting the strategic direction of the Network
- Setting and recommending an annual budget to the ACRD Board (the fiscal host for the ACHN) by February each year
- Making decisions on how funds are allocated through the budget cycle/ oversight and approval of ACHN expenditures and finances
- Making recommendations to the ACRD to enter into contract agreements for the ACHN
- Provides recommendations for hiring and overseeing ACHN contract staff
- Responsible for the management and monitoring of deliverables for funding agreements

The ACHN will convene Action Tables around priority issues or provide resources/capacity to existing coalitions and working groups in the region that are already working on priority issues. This work will be guided by regional priorities and ACHN Strategic Plan. Table of Partner members will support this work through participation, leadership and leveraging of local knowledge and resources.

How the Table of Partners functions:

- Meetings will be held monthly (except in July and August)
- Quorum for decisions is set at half the membership +1
- Table of Partners membership is fixed, members commit to a 2 year term, with 2 members appointed through the ACRD annually.
- The Table of Partners elects co-chairs from its membership annually striving to include one ACRD representative and one First Nation representative.
- Decisions are made using consensus. Failing the ability to reach consensus the Table of Partners will table the topic to receive information or resolve the decision through a vote.

The role of members of the Table of Partners:

Members are asked to consistently attend Table of Partners meetings to share knowledge and assist in informed decision making. If a TOP member misses more than 3 meetings consecutively they are not fulfilling their commitment. Recognizing that schedules can be challenging to negotiate the following mechanisms are in place to increase participation in regular Table of Partner meetings while allowing flexibility for extenuating circumstances:

- Meetings are held on the third Wednesday of every month to allow for advance planning.
- Members are encouraged to send representatives as guests for information gathering and distribution when absent, no alternates for voting are used.
- GoToMeeting and Teleconference options are available for members from remote communities and with ongoing scheduling challenges.
- If an extended absence is expected due to medical, personal or professional reasons members can request a leave.
- The ACHN encourages interaction with Action Tables, coordinator and working groups and recognize this valuable contribution when a member cannot participate in meetings for a period of time.

Members are expected to share expertise, tools and best practices with the Network and commit to moving work forward between meetings. Members are also expected to bring information from the ACHN to their own organization, and vice versa.

Membership:

The Table of Partners is made up of approximately 12-15 members/ representatives from diverse groups and organizations with regional mandates to improve the health and well-being of local communities and populations within the Alberni Clayoquot Regional District.

ACHN TOP representatives are selected evaluating applicants based on their ability to represent a broad regional membership or interest, has decision making/resource allocation abilities, as well as previous involvement or knowledge of the ACHN and other community development initiatives. In order to maintain continuity in the membership, Table of Partner seats will expire every December with half the seats to be up for renewal. Members can reapply or new members can be selected by the committee which consists of the remaining membership. Members of the Table of Partners include coalitions, local governments, non-profits and regional organizations with a vested interest in health. Representation will be sought from First Nations, West Coast Communities, Bamfield and the Alberni Valley.

Decision Making and Quorum:

The Table of Partners utilizes a consensus model for decision making. If consensus cannot be reached with a reasonable amount of discussion, decisions can be tabled or the decision can be resolved through a vote. To be in line with the ACRD procedures as well as uphold transparency and consistency in decision making the Table of Partners will employ procedure around quorum for decisions.

It may be a challenge to meet quorum at all Table of Partners meetings. As such, the Table of Partners acknowledges the need for alternate decision-making policies to increase participation in decisions. To ensure decisions are well informed, the following information will be provided one week prior to decision:

- Background information on decision and/or project
- Alignment to ACHN Decision Making Matrix
- Project plans, work plans and budgets
- Next steps, implications of decision and recommended options

Decision making procedure:

- Quorum for all major decisions at the Table of Partners is half the full table membership plus one. Major decisions include, but are not limited to, adoption and changes to guiding documents, annual budgets and any decisions pertaining to the direction and strategic priorities of the ACHN.
- If unable to attend the regular Table of Partners meeting members are invited to review information provided and provide their decision via email by replying all.
- Decisions pertaining to day to day operations, project proposals, quarterly work planning, finances under \$2000 and areas of support to community partners which have been approved in the budget and high level plans may be decided via email or at Table of Partner meetings.

Action Tables

Purpose & Role:

Action tables utilize a regional lens to approach locally identified actions and needs that advance the ACHN Strategic Plan. Action Tables' roles include framing issues in ways that are inclusive, respectful and that bring people together.

How Action tables are formed:

Action tables may be either convened by the ACHN, or the ACHN may choose to support initiatives of other groups or organizations.

Decision making at action tables:

- Action Tables *convened* by the **ACHN Table of Partners** will jointly define the Action Table mandate and membership with the Table of Partners. Action Tables, once established, will define their own timelines, work plans and logistics.
- Action Tables *supported* by the **ACHN Table of Partners** will establish their own mandate, membership, timelines, work plans and logistics.

Membership considerations:

In identifying potential membership, Action Tables should consider which decision-makers and policy-makers are needed. Action Tables should also consider how to involve people who are not able to participate on paid time.

Commitment asked of Action Table members:

The basic commitment of Action Table members is to participate at meetings and to do work between meetings. Any other commitments will be determined at a particular action table.

Resourcing of Action Tables:

Action Tables make recommendations to the Table of Partners regarding resource requirements to advance work.

Roles supporting the ACHN

Co-Chair role(s)

The ACHN is a community driven network which relies on community priorities and input to inform action. To model the participatory approach to this work Table of Partners meetings are supported by the ACHN Co-Chairs and facilitated by the ACHN Coordinator. The ACHN Co-Chairs support the ACHN by acting as champions; formalizing the relationship to the ACRD and other decision making bodies while assisting with monitoring, guidance and administrative decisions specific to the Coordinators activities. Key functions of the chair / co-chair role(s):

- Helps inform the community about the Health Network through media and external communications
- Open doors to/with lobbying and advocacy
- Ensures HN continuity in different way than a staff person
- Have the best interests of the health network in the forefront (mission, vision, etc.)
- Provides contract monitoring, support and guidance to the coordinator

The co-chairs are selected by the Table of Partners by consensus; this is reviewed annually. The Table of Partners appoints one co-chair which is a representative of the ACRD for direct communications to the ACRD Board and political representation. The Co-Chair is to support the Table of Partner meetings and agenda setting. Time expectation is 1-2 days per month which includes the meeting.

Coordinator role

A detailed job description for the coordinator can be found in Schedule A. Key functions of the coordinator role include:

- Communication and linking
- Support agenda setting
- Ensures meeting is facilitated
- Facilitates process
- Get people to the table – understanding of what the Network is
- Key point of contact
- Ensuring TOP is making decisions
- Ensures Action Tables have the support they need
- Facilitates the gathering of evidence/information
- Tracking and reporting
- Explore, present and facilitate discussions to explore opportunities with Table of Partners and Network members

Administrative Support

Fiscal host

The Alberni Clayoquot Regional District will provide an annual infrastructure to the ACHN including:

- ACRD Board for review and approval of recommended ACHN budget
- Financial oversight as fiscal host
- Billing/invoicing
- Contract obligations
- Financial reporting out to the ACHN
- Ensuring standard accounting practices are followed
- Hiring and contracts and associated liabilities
- Policies and procedures
- Overall fiscal hosting of the ACHN (payment of invoices, contract adjudication as appropriate, financial reporting to the ACHN TOP etc.)
- Ensuring that good accounting practices are followed; and that fair procurement and hiring practices are followed.
- Review and support ACHN recommendations regarding health service enhancements, service changes and health infrastructure requirements as they align with ACRD Official Community Plans and overall mandate
- Provision of meeting space for ACHN activities

Designated Director is appointed to the ACHN Table of Partners by the Board (does not have to be the Alberni Clayoquot Regional Hospital District Chair) and part time administrative support.

ACRD Administrative Support

Part time administrative support provided through the ACRD including:

- Meeting minutes
- Maintenance of web links on the ACRD site
- Manage membership lists
- Group emails
- Event assistance
- Photo copying
- And other duties as identified

Other Staff Assigned to ACHN work

It is acknowledged that the ACHN will engage experts in order to further work in particular areas; as such other staff may be hired on a contract basis by the ACHN. This work will vary on a project to project basis, to accommodate for the potential diversity in this work the following operating procedures are in place to ensure adequate oversight:

- Any contract exceeding \$5000 must adhere to the ACRD Request For Proposals process, vetted through the ACHN Table of Partners with recommendations going back to the ACRD Board as a Request For Decision.
- The ACHN Coordinator will prepare a detailed project plan for presentation and approval by the ACHN Table of Partners. This will include:
 - Work plan and timeline
 - Budget
 - Project roles and responsibilities
 - Detailed project plan and definitions
- Project work will be managed by the ACHN Coordinator with direct reports on activities and budget to the ACHN Table of Partners.

Contract Process

The ACHN hosts one multi year contract for the Network Coordinator with funding from Island Health through three-year funding terms. The ACHN Coordinator contract process has been developed to identify stakeholder inputs, roles, and responsibilities, as well as ensure equity and transparency in the contract process. This process will be utilized as needed for short term ACHN contracts.

- Contract review and renewal
 - The Fiscal host will be responsible to initiate the contract process up to six months before the contract renewal date by notifying the ACHN Table of Partners or immediately if a new Coordinator is required.
 - The Fiscal host will meet with the ACHN Table of Partners and the Coordinator to identify priorities, changes required to the contract, or terms of agreement. Taking into consideration cost-of-living increases, nature of the contract and any increases to the amount of funding the network has access to.
 - The Fiscal host will identify options for contract renewal or RFP processes which are most in line with needs and priorities of the stakeholders.
 - The Fiscal host will administer the process.
- Candidate selection and input
 - The ACHN Table of Partners in partnership with the Fiscal host will review proposals and conduct interviews if required. The Table of Partners will make a recommendation around best fit for the role.
 - The Fiscal Host will ensure the recommendation is vetted through their levels of approval and develop the contract for the candidate.