

Community Health Services Societies (CHSSs)

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Role

Societies are targeted to be established and operating by April 1, 1997, to allow for a coordinated service delivery structure for specific community health programs, in those areas of the province which do not have a Regional Health Board (RHB). Each Society will incorporate those services currently delivered by Ministry of Health staff in Public Health, Adult Mental Health, Community Home Care Nursing, Community Rehabilitation, Case Management and Health Services for Community Living.

Questions/Answers:

Rationale

1. Q. What is the rationale for setting up CHSSs?

A. Overlapping levels of bureaucracy for governing and managing health services are confusing and wasteful of public resources. Local community control of acute care and continuing care facilities is as important in less densely populated areas of the province, where Community Health Councils (CHCs) have been established, as in the urbanized areas where Regional Health Boards exist. At the same time, services such as Public Health, Mental Health and the portions of Continuing Care described in the role statement above needed to be organized on a regional basis. Therefore, it was decided that in the seven most rural areas of the province, CHCs should have responsibility for managing acute and continuing care facilities, while the CHSSs are charged with the responsibility for managing and delivering

community based Public Health, Adult Mental Health and Continuing Care programs as described above.

Specific Responsibilities

2. Q. What specifically will the CHSSs be responsible for?

A. Responsibilities of the CHSSs:

- Employ staff, govern, manage and deliver public health and community health programs currently delivered by the health unit.
- Employ staff, govern, manage and deliver adult mental health programs currently provided through local mental health service delivery units.
- Employ staff, govern, manage and deliver Community Home Care Nursing, Community Rehabilitation, Case Management and Health Services for Community Living.
- Participate with the Ministry of Health in province-wide discussions regarding programs directly delivered by the Societies.
- Participate in joint health planning with CHCs, as an equal partner.
- Participate in joint initiatives with CHCs.
- Deliver Ministry for Children and Families programs specified in the services agreement.

3. Q. How are the societies different from Regional Health Boards?

A. The societies do not deliver Acute Care and/or Continuing Care Residential Services. These are the responsibility of the Community Health Councils.

The societies are not responsible for regional planning and policy development for health services, other than the specific programs they deliver.

The societies are not responsible for a regional capital plan for all health authorities in the region. They work as a partner with the Community Health Councils concerning regional capital issues.

Community Health Services Society Boards

4. Q. When will the Boards be appointed?

A. Appointments to the Boards should be complete during March, 1997.

5. Q. Members of the CHSS Board should have a broad base of health knowledge

regarding community health and preventative health issues. How will the CHSS Board be chosen?

A. The Minister of Health will make the appointments from amongst the individuals who have been appointed to the CHCs.

6. Q. Will there be a Ministry of Health representative on each CHSS Board?

A. No. Although the Minister has the authority to appoint additional members in the future, the intention is to keep the Society at arms length so no Ministry officials will be appointed.

7. Q. What is the role of the CHSS Board member?

A. Each person accepting appointment to a CHSS Board is asked to keep in mind the regional mandate of the Society and to make decisions in the best interest of the whole region. However, it is important that the Board has an understanding of local concerns and issues. To ensure broad geographical representation, the Minister is appointing at least one person from each CHC Board to also sit on the CHSS Board. These individuals are not there to "represent" the CHC. They are to help the CHSS Board understand local issues and are expected to consult with local groups, including municipalities, school boards and others with a particular interest in preventive and community health issues.

8. Q. Will Board members be paid?

A. No. Board members will be reimbursed for travel costs by the CHSS.

9. Q. Will there be a physician and a unionized health provider on each CHSS, similar to CHCs and RHBs?

A. No. If the Minister wishes, a physician or unionized health provider may be appointed from a CHC.

10. Q. How many people will serve on each CHSS Board?

A. The number will vary. A minimum of 6. Where there are less than 6 Community Health Councils (CHCs), 2 people will be appointed from each CHC.

11. Q. Who selects the Board chair?

A. The Board Chair is appointed by the Minister.

Employer/Union

12. Q. Who is the employer?

A. The CHSS is the employer. The Health Employers Association of British Columbia (HEABC) will be the employers bargaining agent.

13. Q. What terms and conditions of employment will apply to individuals transferring to the Society?

A. Public Service employees transferring to the Societies generally will continue to be covered by the terms and conditions of employment as set out in their collective agreement. Some terms may need to be modified to fit the circumstances of the new employer and this will be done in discussions between HEABC and the employees bargaining agent. Other modifications will occur through negotiations with the specific union in an attempt to meld various collective agreements.

14. Q. Will each CHSS negotiate collective agreements independently?

A. No. HEABC will bargain on behalf of all CHSSs.

General

15. Q. Will the Societies be non-profit?

A. Yes.

16. Q. Will Society employees be public servants?

A. No. Society employees will be taking the terms and conditions of employment as outlined in their union's transfer agreements.

17. Q. Will the Ministry set up the Societies in such a way as to ensure they are separate employers?

A. Yes, a true arms length relation is being established.

18. Q. Will there be standard bylaws for the 7 CHSSs?

A. Initially, yes. These will initially be drafted by the Ministry of Health to expedite the establishment of the Societies. The bylaws may then be amended by the incoming CHSS

Board, with the approval of the Ministry.

19. Q. What is the expected lifespan for CHSSs?

A. Indefinite.

20. Q. What happens to the assets of the CHSS, should it ever dissolve?

A. The assets would be returned to the province, who could keep or reallocate these public investments in the best interest of the programs.

Funding

21. Q. Will the Societies receive a separate funding envelope from the Ministry?

A. Yes, the Societies will be separate, independent entities that will operate in an arms length environment. They will receive program based funding envelopes.

22. Q. There are significant differences in the cost of delivering community based services in the various regions, i.e., provision of home care nursing across large geographic areas. How will these cost differences be recognized?

A. Each region of the province has unique service pressures - eg. geography, significant population growth, demographic mix, etc. In the future, Societies will be funded using a formula driven allocation.

Operational

23. Q. Who will decide the location of the CHSS site main office in each region?

A. The CHSS Board will determine the location of the main office and the number and location of sub offices.

24. Q. Who will do the payroll and make operating disbursements?

A. The Ministry of Health will continue to offer these services to the Society.

Management

25. Q. Will the Societies be run by a senior official?

A. Yes. An Interim Senior Manager will be appointed on a temporary basis by the Ministry of Health from existing Ministry staff. Permanent appointments to these positions will be made by the Society Board.

The interim appointments are:

- Dr. Kelly Barnard - Peace Liard
- Ms. Allison Ruault - Cariboo
- Mr. Dave Dennis - North West
- Dr. Paul Martiquet - Coast Garibaldi
- Dr. Brian Emerson - Upper Island/Central Coast
- Dr. Nelson Ames - Central Kootenay
- Mr. Glen Timbers - East Kootenay

26. Q. Are there any restrictions on hiring a Senior Official?

A. Although the job may be different, the same principles will apply as those that apply to RHBs and CHCs hiring their Senior Managers. First consideration should be within the geographic boundaries of the Society, then in-province, and then if no one suitable is found, out-of-province.

27. Q. Will the CHSS Senior Manager have an employment contract like a RHB/CHC Senior Manager?

A. The Senior Manager will be an employee of the Society and will have a job description and terms and conditions of employment consistent with HEABC guidelines.

28. Q. How will the management structure of CHSS be determined?

A. The Interim Senior Manager will be tasked to begin the development of a transition management structure. The permanent Senior Manager, with the approval of the Board, will finalize the organizational structure.

29. Q. Will the existing support structure for Public Health, Mental Health and Continuing Care be used to establish the initial support structure for the Society?

A. Yes. The programs will be transferred intact, with the exception in that all programs will report to a local Senior Manager.

30. Q. Will field staff be involved in finalizing the CHSS design and implementing the transfer from the Ministry?

A. A local Interim Senior Manager has been appointed to manage the transfer and to ensure staff are involved in the process.

31. Q. What will be the accountability mechanism of the CHSS to the Minister for the provision of community based services?

A. There will be a performance contract between the Ministry of Health and the CHSS for the provision of community health services.

32. Q. If I have any questions, who should I call?

A. Ministry staff in the field, should contact their Interim Senior Manager.

Members of the media should contact the Ministry of Health Communications Division (250) 952-1887.

Interested members of the community should contact the Ministry of Health Information Line @ 1-800-465-4911

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