

Contract Number:  
Term: : November 1, 2018 to October 31, 2021  
Max Amt To Be Paid (Incl Taxes): \$90,000.00  
Cost Centre & Expense Code: 82.71.350102000 8604000

## SERVICE CONTRACT

### BETWEEN

**Vancouver Island Health Authority**

**AND**

**Regional District of Nanaimo (RDN)**

(the “Island Health (VIHA)”)

(the “Contractor/Service Provider”)

At the following address:

1952 Bay Street  
Victoria, BC V8R 1J8

At the following address:

Fax: (250) 740-2663

Tel: (250) 642-1634

Island Health and the Contractor agree to all Terms and Conditions contained in this agreement and to the following schedules (collectively, the “Agreement”).

### SCHEDULE A – SERVICES

The following services and/or deliverables (the “Services”) will be provided by the Contractor (Regional District of Nanaimo (RDN)) for the term from November 1, 2018 to October 31, 2021 (the “Term”):

The purpose of this Agreement is to support the continued development and progress of the Oceanside Community Health Network as it works in partnership with Island Health and other stakeholders to develop shared understanding, identify shared priorities and to take collective action to address the social determinants of health and modifiable risk factors in the Oceanside area of the Nanaimo Regional District.

To support this work, the Contractor will subcontract with a coordinator who will support the continued efforts of the Community Health Network (CHN) to:

- Convene dialogue regarding social determinants of health and modifiable risk factors informed by credible data (e.g. Canadian Community Health Survey, Local Health Area Profiles, BC Center For Disease Control Community Health Profiles) content experts (e.g. Medical Health Officers, Academics, Planners) and front line community experience (e.g. Health Care Providers, Collaborative Service Committees, Primary Care Networks, Community Service Providers) in order to:
  - foster a common understanding of community health priorities
  - create a shared vision for a healthy community
  - reach agreement on joint priorities for shared action/intervention
  - develop/maintain and/or renew time-limited strategy documents reflecting vision, priorities and action plans.
- Facilitate coordinated action amongst partners to address joint priorities.
- Engage policy makers around system level changes required to enable action on joint priorities.
- Support and coordinate the procurement of additional funding (from sources outside of Island Health), in-kind contributions and other resources to support actions addressing joint priorities.
- Facilitate ongoing collection and dissemination of data from partners regarding aligned community action in support of joint priorities and observable outcomes of aligned actions.
- Conduct outreach to build community awareness and support for the CHN.

- Ensure broad and equitable participation at all levels of their network structure including participation from multi-sector community partners with active participation from Foundations, Charitable Organizations, Island Health, Local Government, Local First Nations, School Districts/Boards, Post-Secondary Institutions, Local Business organizations, existing collaborative groups, and other institutions and sectors representing a spectrum of expertise, ages, and population perspectives spanning the ENTIRE region.
- Collaborate with Island Health regarding ongoing alignment of evolving priorities tied to strategic Initiatives of the Ministry of Health and Island Health which may change over time such as:
  - The Primary Care Networks (PCN) Initiative (requiring PCNs and Collaborative Services Committees (CSCs) to partner with the community sector regarding upstream prevention of locally prevalent illnesses and risk factors). This initiative seeks to link the health priorities identified through PCNs to specific population based initiatives that are mutually reinforcing to improve health and wellness of the population (for example, physical literacy initiatives in response to high incidence of frailty in seniors or air quality improvement strategies in response to high respiratory illness hospitalization rates).
  - The Healthy Communities Initiative (requiring partnerships between Island Health, Local Governments, Aboriginal Communities and other Community Partners on planning for upstream prevention).

The Services provided by the Contractor will be limited to:

- Ensuring that the CHN has approved invoices for the subcontracted coordinator;
- Providing monthly statements to the CHN;
- In kind accounts payable services; and,
- Participating at an advisory level in the CHN.

The costs permitted under this Agreement include:

- Subcontractor fees and expenses;
- CHN Community meeting expenses;
- CHN administration committee meeting expenses; and,
- CHN working group expenses.

The Contractor will consult with the CHN on all aspects of the coordinator's contract/work description and will ensure that the CHN supports the expectations laid out for the coordinator's contract/work description.

**Key Performance Measures:**

- 1) Quarterly Reports Completed for each quarter and on time
- 2) Annual Reports Completed for each year and on time
- 3) Subcontracted coordinator role is maintained throughout the course of the contract
- 4) Strategic Plan documents are maintained and updated
- 5) Actions related to at least 2 priorities are completed and documented by end of year 3 and process for measuring outcomes is in place
- 6) Confirmation of Multi-sector partnerships tied to MOH initiatives (i.e. Local Governments, Aboriginal Communities, PCNs and CSCs) are documented by end of year 3). (*Partnership with PCNs are in place within a year of establishment of a new PCN in the community*)

## **SCHEDULE B – FEES AND EXPENSES**

**Fees:** \$90,000.00 is the maximum amount of fees paid for providing the Services during the Term of this Agreement. Payments will be made in lump sum amounts as follows on or about the following dates:

<b>Payment Date</b>	<b>Amount</b>
November 1, 2018	\$30,000.00
November 1, 2019	\$30,000.00
November 1, 2020	\$30,000.00

Should there be any break in the Services due to the unavailability of the subcontractor, Island Health may recover unspent funds.

## **SCHEDULE C – REPORTING ACCOUNTABILITIES**

On a quarterly basis, the Contractor will ensure that Island Health receives a summary report from the CHN outlining:

- The amount of funds that have been spent to date;
- Key accomplishments made possible through funding the coordinator role including a shared understanding and agreement on shared priorities stemming from the Local Health Area Profile;
- The anticipated expenditures to the end of the funding period; and
- Any change to the coordinator status or unplanned break in service.

In addition, the Contractor will ensure the coordinator contributes to evaluation activities regarding CHN outcomes and processes. This includes ensuring the completion of an annual process evaluation as well provision of qualitative and quantitative data to inform CHN outcome evaluation as needed.

### **Key Performance Measures:**

- 1) Quarterly Reports Completed for each quarter and on time
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- 4) Strategic Plan Documents are maintained and updated
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