



PHSA/PAN Collective Impact Network (CIN)

Terms of Reference:

Background:

The Collective Impact Network (CIN) is a PHSA-sponsored initiative co-led by PAN acting as the “backbone organization” that serves the entire initiative and coordinates participating organisations and agencies.

The CIN consists of the PHSA-contracted agencies that are supporting the community-based response to HIV and HCV, facilitating linkages with public health and other key stakeholders, and providing capacity to move forward collective efforts in HIV and HCV prevention, testing, care, support and treatment in BC.

Purpose:

The purpose of the CIN is to:

1. Set together a shared vision, direction, and priorities to move forward collective efforts in HIV and HCV prevention, testing, care and treatment in BC
2. Identify strategies to respond to common priorities
3. Shape and participate in a common evaluation framework
4. Develop organization-to-organization relationships
5. Create opportunities for partnerships (within the network but also looking outside the network) that strengthen outcomes of projects and/or reduce duplication of work
6. Mobilize Work Groups that will focus on priority action areas
7. Include people with lived experience (PWLE) in the work and decision-making of the network

By utilizing these principles of collective impact:

- Common agenda and working for joint solutions
- Shared measurement
- Mutually reinforcing activities
- Continuous communication between partners; awareness of each other’s work and successes
- Backbone support to mobilize working groups
- Inclusive decision making

Scope:

It has been decided that the initial scope of the CIN consists of the PHSA and PHSA-contracted agencies only. This is a reduced scope from the original vision, and differs functionally from the CI model because the group has not organically developed. Instead, agencies know and in some cases work with each other, and participation is required contractually. However, there is potential over

time and as determined by function for expansion, opening the network up to other multi-sectoral agencies, partners, and stakeholders based on desire and capacity to address issues together.

Composition:

The CIN consists of the PHSA-contracted agencies that are supporting the community-based response to HIV and HCV:

- Pacific AIDS Network
- CBRC for Gay Men's Health
- Pivot
- Pacific HepC Network
- Positive Living BC
- YouthCO

The CIN also consists of the PHSA including the BCCDC and BC Women's Hospital.

Chair and Administration:

This PHSA sponsored initiative is being co-led and supported by PAN.

As backbone organization, PAN will:

1. Form and co-chair a Planning Team with the PHSA, responsible for leading the CIN, planning face-to-face meetings and evaluating work done.
2. Provide a CIN Coordinator who will be responsible for interagency communications, supporting working group agendas and status updates, and sharing information and resources.
3. Record, circulate, and file minutes for all meetings.
4. Undertake other work and activities as identified and agreed upon by CIN members.

Participation:

PHSA is expecting PHSA funded groups to come together to form the CIN. This will include:

1. Engaging in 3-4 face-to-face per year
2. Developing Common Priorities
3. Contributing to work and activities that show progress on the Collective Action Items
4. Actively contribute the planning, data collection, analysis, and ongoing use of indicators and data included in the CIN shared measurement plan and CIN Evaluation
5. Participating in the Innovation Fund evaluation process (and opportunities to apply)

The CIN will follow a consensus-based decision making model. The CIN is committed to finding solutions that all members support, or in the absence of complete agreement, that all members can consent to. If agreement cannot be reached after two rounds of using this collective process, the decision will come to a vote, with one vote per contracted agency plus the PHSA having one vote. Quorum for a vote will be 5 out of 7 voting members. Decisions will be carried by simple majority. If an issue does not reach consensus and a vote is required, the meeting minutes will strive to capture the diversity of opinions presented.

Meeting Process:

The CIN meets face-to-face 3 or 4 times per year. The business of the CIN and any formed Working Groups occurs outside of these times.

Reporting structure:

The collective activities of the CIN will be monitored by the PHSA representative on an ongoing basis. Ultimately PAN will report the work of the CIN to the PHSA on a semi-annual basis.