



Terms of Reference

Tripartite Strategy Council for First Nations & Aboriginal Maternal & Child Health

VISION

The vision for First Nations & Aboriginal Maternal & Child Health Strategic Council in British Columbia (BC) is as follows:

- A regional, First Nations & Aboriginal perspective and advocacy support is included during the implementation of the Tripartite First Nations Health Plan (TFNHP)
- Enhanced and integrated culturally appropriate health services to First Nations and Aboriginal peoples and communities in the province of BC, an integrated and culturally appropriate maternal child health system, whereby programs, services and information incorporates a First Nations and Aboriginal perspective, as defined by them, and is accessible to First Nations and Aboriginal people and communities in BC

The Tripartite Strategy Council for First Nations & Aboriginal Maternal & Child Health will establish the strategic direction for BC Maternal & Child Health and shall include First Nations and Aboriginal, Federal and Provincial representatives. The work of the Strategy Council shall align with current Federal and Provincial planning processes where they meet TFNHP objectives.

PURPOSE

The Tripartite Strategy Council for First Nations & Aboriginal Maternal & Child Health is responsible for decision making with respect to setting key policy and strategic direction for First Nations and Aboriginal Maternal & Child Health endorsing Tripartite partner initiatives that fall within this strategic direction and operating within the evolving context of the First Nations health governance structure. The Council is responsible for helping to ensure the success of the Provincial and Federal Partners, BC First Nations and where applicable, other Aboriginal communities. The Council will support the effective transformation of the health system to benefit First Nations and Aboriginal communities and to contribute to closing the Maternal Child health gaps, where the initial scope includes:

- *Providing a regional First Nations and Aboriginal perspective and advocacy support during the implementation of the Tripartite First Nations Health Plan (TFNHP)*
- *Assisting in enhancing and integrating culturally appropriate maternal and child health services to First Nations and Aboriginal peoples and communities in the province of BC*
- *Increasing quality of care and client safety*
- *Increasing capacity and efficiency (clinical, administrative, human resources, education and health promotion and prevention services) of the First Nations health sector*



- *Increasing client and health professional satisfaction with services*
- *Increasing capacity and efficiency in First Nations shared or common services; and wherever practicable*
- *Increasing First Nations governance over and delivery of, health services.*

The Tripartite partners have established the Tripartite Strategy Council for First Nations & Aboriginal Maternal & Child Health to contribute expertise to the development of health system strategic and policy direction. The Council will oversee, support and guide the full range of relevant and related initiatives being delivered by Provincial and Federal partners, BC First Nations and Aboriginal communities.

OVERARCHING RESPONSIBILITIES

The Tripartite Strategy Council for First Nations & Aboriginal Maternal and Child Health is responsible for providing leadership, policy and strategic direction and oversight for the maternal-child health cluster, specifically around the three related health actions of the Transformative Change Accord First Nations Health Plan in order to improve the health of First Nation and Aboriginal women and children in British Columbia.

It is also responsible for the coordination and development of the Strategic Direction for First Nations and Aboriginal Maternal & Child Health which includes:

- First Nations and Aboriginal children under age six (on and off reserve) will receive hearing, dental and vision screening (Action item 10)
- First Nations and the province will follow-up on the British Columbia Coroners Service Child Death Review Report (2005) recommendations that all levels of government, educators, parents, and First Nations and Aboriginal people to address the results of this report that clearly illustrates that First Nations and Aboriginal children are dying at disproportionately higher rates (action item 11)
- A maternity access project will be implemented to improve maternal health services for Aboriginal / First Nations women and bring birth “closer to home and back into the hands of women”. This will help reduce that need for First Nations and Aboriginal women in rural and remote communities to travel to more urban centres up to two months prior to delivery because of a lack of maternity care in their home communities. The project will have several components including diversity training for care providers, training of birth companions and Aboriginal midwives, and the creation of a community guide and toolkit. The investment in this program will in the long-term be offset by a decrease in costs associated (action item 21)
- A linkage to the action item “develop an informational campaign to increase awareness about seatbelt use and safe driving” (action item 14), as well other action items within the TFNHP of relevance to maternal-child health
- Other relevant strategic items that will contribute to the vision and goals of the TFNHP
- Specific strategies that contribute to addressing First Nations and Aboriginal health gaps



FUNCTIONS

- Provide leadership and establish vision and strategic direction in support of the BC First Nations and Aboriginal Maternal & Child Health strategy;
- Facilitate First Nations and Aboriginal community and Health Authority input into the First Nations & Aboriginal Maternal & Child Health planning and help to ensure implementation is effectively enabled;
- Draw on the expertise of various project advisory and working groups and consultants / experts in the subject area as required;
- Provide a Tripartite forum for future initiatives, policy changes or Government legislative changes that affect the First Nations & Aboriginal Maternal & Child Health that need to be considered at a Tripartite level to provide expert advice and guidance;
- Provide direction and support to the First Nations & Aboriginal Maternal Child Health Planning Committee;
- Endorse planning recommendations from Technical or Working Groups; Provincial, Federal and BC First Nations partners with respect to the full range of Aboriginal Maternal & Child Health related initiatives that are planned to give effect to the strategy;
- Review progress on specific approved First Nations and Aboriginal maternal and child health initiatives;
- Communicate First Nations and Aboriginal Maternal & Child Health strategy and policy activities as appropriate to relevant individuals, groups, and other planning tables related to maternal child health ;
- Serve on subcommittees or working groups as required, and/or identify appropriate staff to serve on such groups to advance the work at a planning level;
- Provide monitoring and oversight of the strategic direction and implementation to ensure it is regularly revised and successfully implemented;
- Provide status updates/progress reports to the Tripartite Management Team in the requested process and format.

MEMBERSHIP

The Tripartite Strategy Council for First Nations & Aboriginal Maternal & Child Health is a partnership between BC First Nations [through selected Health Directors, representatives and experts], Aboriginal representatives, and the Provincial Government (including Health Authorities) and Federal Government. The Strategy Council may also include other key stakeholders from the health care community as the Tripartite partners collectively agree should be included in strategic level discussions and decisions. ***All members are responsible for providing health system leadership at a Provincial level and not organizational representation.*** The membership mix aims to provide diversity and system thinking amongst members. Membership is nominated as follows:



Tripartite Partners			REPRESENTING
First Nations & Aboriginal Partner (1 Vote)	1.	Northern Rep	First Nations
	2.	Interior Rep	First Nations
	3.	Vancouver Coastal Rep	First Nations
	4.	Fraser Rep	First Nations
	5.	Vancouver Island Rep	First Nations
	6.	Metis Association	Metis
	7.	BC Association of Friendship Centers	Urban Aboriginal
Provincial & Health Authority Partner (1 Vote)	8.	Ministry of Health	Provincial Government
	9.	PHSA – Child Health BC	Provincial Health Services Authority
	10.	PHSA – Perinatal Services BC	Provincial Health Services Authority
	11.	Regional Health Authority Rep	Regional Health Authority
Federal Partner (1 Vote)	12.	First Nations Inuit Health, Ottawa	Federal Government
	13.	First Nations Inuit Health, BC	Federal Government
Other Stakeholders/Advisors			Representing
	14.	First Nations Headstart On-Reserve Advisor	First Nations BC Headstart On-Reserve
	15.	Ministry of Child and Family Development	Provincial Government

Tripartite partners are each enabled to designate one regular technical support individual to participate in council proceedings. All Strategy Council Members are bound by the TFNHP Health Actions Strategy Council Operating Protocols. – See Appendix C

Voting: The preferred form of decision making for the Council will be by consensus, however should a vote be required each Tri-partite partner will be entitled to one vote.

REPORTING AND RESPONSIBILITY

The Tripartite Strategy Council for First Nations & Aboriginal Maternal & Child Health is accountable to the Tripartite Management Team (TMT) who in turn is accountable to the Tripartite Oversight Committee made up of Federal and Provincial Government representatives and the First Nations Health Council.

The Council identifies key areas analysis or investigation at a technical or planning group level and nominates representatives for planning groups or informal collaborations, projects or technical committees. Such work groups or projects shall be accountable to the Strategy Council.

The Strategy Council submits progress reports to the Tripartite Management Team (TMT) through the Health Actions Coordination Team of the FN Health Society. Such reports will also be shared with the Provincial Ministry of Health Services (for sharing with Health Authorities), and Health Canada, First Nations and Inuit Health (FNIH).



The Strategy Council develops a communications strategy for how it intends to communicate its work to First Nations and Aboriginal communities and Health Authorities including broader engagement with the First Nations and Aboriginal population.

CHAIRPERSON

The Chairperson shall preferably be a First Nation person or a First Nation representative who will be responsible to:

- call meetings
- confirm meeting agendas and associated materials
- chair all Strategy Council meetings
- confirm all meeting minutes
- represent the Strategy Council as required by the Council
- term of office will be 2 years

SECRETARIAT

The FN Health Society [through the Health Actions Coordination Team] will provide secretariat support for the Strategy Council. The Federal and Provincial partners will provide analysts or policy personnel to working groups and projects established by the Strategy Council to undertake the work necessary to investigate and develop solutions with First Nations and Aboriginal partners. This work should form part of their usual course of duties and responsibilities but value-add their work responsibilities by strengthening the focus on First Nations and Aboriginal health needs

The Secretariat will be responsible to:

- receive all emails for the Strategy Council, action and disseminate accordingly
- set the draft agenda in consultation with Chairperson and for approval by Chairperson
- attend Strategy Council meetings and provide draft minutes of meetings for Chairperson approval
- coordinate all meeting requirements i.e room, food, remote conference facilities if required etc.

MEETINGS

The Tripartite Strategy Council for First Nations & Aboriginal Maternal & Child Health will meet quarterly or more frequently as required.

Initially meetings require in-person attendance. The location of meetings will be determined to best accommodate the membership. Remote conferencing capabilities will be used if required after a series of initial planning sessions.



MEMBERS

All members are required to

- attend meetings in person when “face to face” meetings are called. Unexplained absence from more than 1 meeting per year will mean membership will be reviewed.
- Membership will be for a 2 year term
- Adhere to the TFNHP Health Actions Strategy Council Operating Protocols as directed by TMT; see Appendix C



Appendix A – Relationship Diagram

The purpose of this diagram is to visually represent an initial sensitivity to the relationships in the evolving Tripartite Maternal & Child Health Strategy Council landscape, knowing that the components and relationships here represented will continue to shift and change.

Strategic Direction & Oversight

Planning

Priority Actions for Implementation

Quality & Monitoring



