



## **First Nations Health Council**

### **First Nations Interim Health Governance Committee**

#### **Terms of Reference**

#### **1.0 RATIONALE**

The Tripartite First Nations Health Plan (TFNHP) calls for a new structure for the governance of health services in British Columbia that will include four essential components:

- 1) First Nations Governing Body
- 2) First Nations Health Council
- 3) First Nations Health Advisory Committee
- 4) Association of Health Directors and other health professionals

To provide leadership in Governance, Relationships and Accountability within the TFNHP the First Nations Health Council (FNHC) will create the First Nations Interim Health Governance Committee (FNIHGC) to lead work on behalf of the FNHC and BC First Nation communities. The FNIHGC will also participate in a tripartite committee process to develop a new structure for the governance of First Nations health services that will include the creation of a new First Nations Governing Body.

The FNIHGC will include three (3) co-chairs and five (5) members and through this Terms of Reference will adhere to and uphold the *Declaration and Protocol of Recognition, Support, Cooperation, and Coordination between the First Nations Leadership Council (First Nations Summit, Union of BC Indian Chiefs, BC Assembly of First Nations), and the First Nations Health Council*, and the objectives contained within the *Declaration and Protocol*.

#### **2.0 PURPOSE AND ACTIVITIES**

**2.1** The purpose and activities of the FNIHGC include:

- To ensure that BC First Nation communities are engaged in the creation of a new governance framework for First Nations health services as set out in the TFNHP;
- Identify options, develop models and assessment criteria for consideration by BC First Nations;
- Oversee the activities required to reach an agreement with Health Canada and the BC Ministry of Healthy Living and Sport for the governance of First Nation health services in BC that will include four essential components: First Nations Governing Body, First Nations Health Council, First Nations Health Advisory Committee, and an Association of Health Directors and other health professionals;
- Consider, develop and implement a First Nations ratification process for the new governing structure that will include the new First Nations Governing Body.



### **3.0 MEMBERSHIP**

**3.1** The FNIHGC will be comprised of representation from the FNHC and the First Nations political organizations that make up the First Nations Leadership Council, the First Nations Summit (FNS), Union of BC Indian Chiefs (UBCIC), and the BC Assembly of First Nations (BCAFN). The FNIHGC will have direct linkages to the Senior First Nations Management representatives that are working in social determinants of various health arenas.

**3.2** The FNIHGC will include:

- Three (3) co-chairs that will be appointed by the respective political organizations of the FNS, the UBCIC and the BCAFN, and according to their own protocol and accord of appointments;
- One (1) representative from the FNHC;
- One (1) political member from each region of the North, Interior, Fraser, Vancouver Coastal, and Vancouver Island for a total of five (5) members;
- Senior managers from First Nation organizations working in social determinants of various health arenas and other professionals as required for technical support.

### **4.0 ROLES AND RESPONSIBILITIES OF THE FNIHGC MEMBERS**

**4.1** The Members of the FNIHGC will utilize and share their experiences, expertise and leadership skills to ensure that the activities and initiatives of the FNIHGC achieve the goals of the development and implementation of a new governing framework for First Nations health Services in BC.

**4.2** Members of the FNIHGC are responsible for the overall work including any issue, activity and meetings.

**4.3** Members of the FNIHGC are responsible to attend regular scheduled meetings.

### **5.0 ROLES AND RESPONSIBILITIES OF THE FNIHGC CO-CHAIRS AND TECHNICAL SUPPORT**

**5.1** The three (3) co-chairs are responsible for:

- Participating as required in the design and implementation of an effective process with BC First Nation communities to move forward on an agreement for a new framework to govern First Nations health services in BC. This process will include research,



community engagement and dialogue, and the consideration, development and implementation of a new governing body by means of a BC First Nations negotiations mandate with Health Canada and the BC Ministry of Healthy Living and Sport;

- Report on FNIHGC activities to the FNHC, the FNLC, and the member organizations of the FNS, the UBCIC, and the BCAFN.

**5.2** The three (3) co-chairs are responsible to represent the FNHC on the Tripartite Committee.

**5.3** The work of the three (3) co-chairs will be supported by the Senior Director, FNHC, the Health Governance Coordinator, FNHC and two (2) Governance Policy Analysts, UBCIC/FNHC. The technical support will be responsible for providing research and policy support to the FNIHGC activities. The Senior Director will lead the work of the FNIHGC and the technical resources required.

**5.4** Important work and activities of the FNIHGC will be determined through the active involvement of the three (3) co-chairs and presented by the two (2) co-chairs of the FNHC through a process of formal resolution at the FNS, the UBCIC and the BCAFN meetings.

## **6.0 APPOINTMENT**

**6.1** The FNS, the UBCIC and the BCAFN will appoint a representative to the position of co-chair for the FNIHGC according to their own protocol and accord of appointments.

**6.2** The five (5) political members of the FNIHGC will be decided by the respective Regional Caucus Sessions of the North, Interior, Fraser, Vancouver Coastal, and Vancouver Island. The Regional Caucus Sessions will take place between October and November 2008. Other members may be determined by BC First Nation communities as required for technical support.

## **7.0 MEETINGS AND DECISION MAKING**

**7.1** The FNIHGC will meet every second month or as required.

**7.2** The FNIHGC will strive to make decisions by consensus.

**7.3** A quorum of the FNIHGC will consist of a majority of members and will require a minimum of five (5) members.

## **8.0 TERM**

**8.1** The FNIHGC will be in place up to and including 2010 June for the duration of a process identified to complete the development and implementation of a governing framework for First Nations health services in BC as decided by the FNHC.



## **9.0 REPORTING AND ACCOUNTABILITY**

**9.1** The FNIHGC is accountable to the FNHC, the FNLC, the FNS, the UBCIC, the BCAFN, to BC First Nations, the Regional Caucuses within the North, Interior, Fraser, Vancouver Coastal, and Vancouver Island, Health Canada, and the BC Ministry of Health.

**9.2** The FNIHGC co-chairs are responsible to report to the respective organizations of the FNS, the UBCIC, the BCAFN, to the FNHC, and to the FNLC.

## **10.0 FUNDING**

**10.1** Funding for the FNIHGC will be determined through a comprehensive work plan and budget.

## **11.0 DELIVERABLES**

**11.1** The FNIHGC is responsible for:

- To coordinate and host six (6) Regional Caucus Sessions with one (1) Chief per BC First Nation community and for one (1) Senior Health Lead per First Nation community only. Each Chief and Senior Health Lead will attend a Regional Caucus Session within each Health Authority (North, Interior, Fraser, Vancouver Coastal, and Vancouver Island) in which their community resides. The purpose of the Regional Caucus Sessions will be to create a dialogue that will form a negotiations process and mandate with Health Canada and the BC Ministry of Health, and for each region to determine participation as members on the FNIHGC.
- Conduct research on existing health governance models and to develop options for consideration by BC First Nations.
- Develop a process for ratification of a new framework to govern First Nations health services in BC.
- Work through the tripartite governance committee to reach an agreement on a new framework to govern First Nations health services in BC.
- Create regular reports, briefing notes, resolutions, and any relevant information of the FNIHGC.