JOINT HEALTH SYSTEM TRANSFORMATION TABLE

TERMS OF REFERENCE

Appendix A to the *Charter of Relationship Principles for Governing Health System Transformation in the Nishnawbe Aski Nation (NAN) Territory*

-between-

Government of Canada

-and-

Government of Ontario

-and-

Nishnawbe Aski Nation (NAN) on behalf of the First Nations in NAN Territory

(Collectively "the Parties")

1. Context

The Joint Health System Transformation Table Terms of Reference replaces the Health System Transformation – Joint Action Table Terms of Reference (TOR), attached as Appendix A to the *Charter of Relationship Principles for Governing Health System Transformation in the Nishnawbe Aski Nation (NAN) Territory*

2. Relationship Principles

All decisions and actions of the Joint Health System Transformation Table ("the Table") shall be guided by the *Charter of Relationship Principles Governing Health System Transformation in the Nishnawbe Aski Nation (NAN) Territory.*

3. Mandate

The Table is the vehicle through which the signatories to the *Charter of Relationship Principles Governing Health System Transformation in the Nishnawbe Aski Nation (NAN) Territory* will develop strategic direction, set priorities and make recommendations for the allocation of resources. The parties are as follows:

- Nishnawbe Aski Nation (NAN) is a political territorial organization representing 49 First Nation communities within northern Ontario. NAN's objectives include acting to improve the quality of life for First Nation people residing in its region, including the quality and effectiveness of their health care;

- Ontario, through the Ministry of Health and Long-Term Care, funds, administers and provides leadership for the delivery of health care services to all residents of Ontario pursuant to the province's legislative framework and guided by the provisions of the Canada Health Act; and

- Canada, through the First Nations and Inuit Health Branch of Health Canada, works with First Nations, Inuit and provincial and territorial partners to support First Nations and Inuit individuals, families and communities. Canada also funds or provides a range of community-based health programs, services and non-insured health benefits to improve health outcomes and supports greater control of the health system by First Nations and Inuit.

The mandate of the Table is to develop new approaches to improve health and health care access for First Nation people under NAN jurisdiction, in NAN territory and associated communities. The Table will provide recommendations to the Parties on:

1) Increasing resources at the community level on an urgent basis to address the longstanding health crisis. Work plans will be developed with the objective of immediate and tangible results for community members.

2) Designing and transforming the health care system to create new models of care with equitable access to quality community-based care.

3) Proposing policy reform, and considering whether legislative changes may be required, to design a new health care system for First Nations in NAN territory or under NAN jurisdiction that includes sustainable funding models within a new fiscal arrangement; decision making structures that provide First Nations with authority, control and oversight; and enable multi-sectoral approaches.

4. Responsibilities of the Joint Health Transformation Table

1) The Table will develop immediate, medium and long-term action items that will address transformative change to the existing health system as experienced by NAN members, regardless of residency.

2) The Table will make recommendations to the Parties regarding mechanisms and resources required for health system transformation and implementation including:
    a. Identifying and addressing health care service gaps;
    b. Funding models and delivery of funding;
    c. Accountability mechanisms for oversight;
    d. Equitable access to care;
    e. Alignment of health systems while ensuring local control and authority over health care services;
    f. Community driven processes, including defining needs, planning actions, controlling resources, developing models of care and evaluating results;

g. Identifying multi-sectoral solutions that will impact the social determinants of health including geographic location, poverty, and housing;
h. Human resource requirements, including access to qualified health care professionals; and
i. Capital and infrastructure requirements, including facilities, equipment, and operating systems.

3) The Table will develop work plans to carry out the mandate of the Table. Such work plans will have clear milestones and deliverables and will endeavour to ensure that communities see immediate improvements to their urgent issues.

4) The Table will be accountable and report to the Parties, which will monitor their progress, through the review and approval of work plans, and approval of recommendations.

5. Composition and Membership

The Table will meet either as the Main Political Table or the Joint Action Technical Table, as set out below. Certain delegates from all Parties may attend both the Political and Technical Table meetings to ensure consistent and productive dialogue.

Membership may change with priorities and other Departments, Ministries, Agencies, or Organizations may be invited to participate as needed for relevant issues as required and as agreed to by all parties.

The Table may establish sub-committees and add members to a sub-committee as it deems necessary.

An elder will be invited to meetings when deemed appropriate by NAN.

6. Main Political Table

Membership: The Grand Chief or Minister of each party or his or her delegate and other appropriate representatives. Representatives will have the necessary mandates, be prepared to discuss all issues on the agenda, and possess general decision-making authority.

Meeting Frequency: At least twice per quarter.

Chair: Will rotate between the Parties and will be the Grand Chief or Minister, or that person's delegate, as the case may be.

Duties: Work collaboratively to make joint recommendations to the Parties, provide instructions to the Joint Action Technical Table, and consider all technical advice.

7. Joint Action Technical Table

Membership: Senior representatives from NAN, Health Canada and Ontario Ministry of Health and Long Term Care ("MOHLTC"); advisory members include Sioux Lookout First Nations Health Authority, Weeneebayko Area Health Authority, Matawa First Nations Management and Ontario Ministry of Indigenous Relations and Reconciliation.

Meeting Frequency: At least twice per month.

Chair: Will rotate between the Parties and will be a senior official of the Party.

Duties: Provide research, planning expertise, technical advice, and consultation support to the Main Political Table. Expertise and resources will be coordinated to endeavour to ensure that First Nation driven reviews and assessments of the regional health care system are completed.

8. General Procedures

1) *Chair*: Chairs will undertake the following tasks:
    a. Work cooperatively and respectfully with committee members and provide leadership in guiding the meeting and activities;
    b. Provide leadership in adhering to these Terms of Reference and the *Charter of Relationship Principles Governing Health System Transformation in the Nishnawbe Aski Nation (NAN) Territory*;
    c. Endeavour to ensure that meetings are scheduled as required and members are advised of the schedule, meeting agendas are prepared in advance of meetings and distributed to the members, and input is sought from members on issues requiring discussion;
    d. Ensure all required materials are provided to members to support their participation in meetings;
    e. Take follow-up action as recommended by the Table and provide updates and progress on the results of all actions taken; and
    f. Ensure that, where appropriate, regular updates are provided to the members.
2) *Minutes:* All actions and decisions will be recorded in the Meeting Summary of the Joint Health Transformation Table and provided to all members in a timely manner.
3) *Locations*: Meeting locations will alternate to meet the needs of all Parties to the extent possible.
4) *Quorum*: Full attendance is encouraged but meetings may proceed as long as all Parties are represented.
5) *Agenda*: The agenda and all other materials are to be circulated as soon as possible before each meeting, and in any event at least 24 hours in advance.
6) *Decision Making*: All decisions of the Table will be by consensus.
7) *Resourcing*: Canada and Ontario will provide for the reasonable and adequate resourcing of meetings and supporting technical work.

8) *Member Responsibilities*:

   a. Attend and actively participate at meetings;
   b. Work within the Terms of Reference;
   c. Raise and respond to relevant issues in discussion;
   d. Consider the needs of all Parties, work towards common goals, and negotiate collaboratively in good faith;
   e. Share relevant information to facilitate evidence-driven discussion;
   f. Undertake necessary preparatory or follow-up action;
   g. Seek approvals within their organizations as appropriate and necessary;
   h. Explore all options to obtain consensus and resolve opposing viewpoints;
   i. Maintain confidentiality of discussions.

7. Accountability

1) These Terms of Reference and the proceedings of the Table are not to be used for any purpose except as expressly stated herein.

2) The Table is accountable to the Parties and will report to the Parties, and establish processes to implement actions on the priorities established by the Parties.

3) While the Parties will work towards joint recommendations, they will each be responsible to inform their respective decision makers and seek required approvals with respect to the work plans and recommendations.

4) The Table will develop a method to periodically evaluate progress of health transformation under the *Charter of Relationship Principles Governing Health System Transformation in the Nishnawbe Aski Nation (NAN) Territory* .

5) These Terms of Reference will be reviewed annually and amended as agreed to by the Table.