CENTRAL EAST LHIN

FIRST NATIONS HEALTH ADVISORY CIRCLE

TERMS OF REFERENCE

Background:

Local Health Integration Networks (LHINS) are non-profit agencies that are accountable for planning, integrating and funding local health services in 14 different geographic areas of Ontario. LHINs are intended to be the local steward for health services that are delivered in hospitals, long-term facilities, Community Health Centres, Community Care Access Centres, community support services and mental health and addiction agencies. Through the Integrated Health Service Plan (IHSP), LHINs will articulate the health service priorities of the local health system. The priorities will be executed through funding and accountability agreements between the LHIN and Health Service Providers. The Central East LHIN will leverage partnerships with community residents and organizations that provide social and health-related services to their communities to achieve provincial and local goals.

The *Local Health System Integration Act* (LHSIA), stipulates the Minister of Health and Long-Term Care establish a provincial First Nation / Aboriginal advisory body. The *Act* also requires that LHINs engage local First Nation, Métis and Aboriginal people in its planning processes. The CE LHIN is committed to fulfilling this mandate by working in partnership with the First Nations people to establish a regional **First Nation Advisory Health Circle** that respects First Nation people's rights to self determination and to their to health care and, where appropriate, applies to the Ontario Health Policy.

Central East LHIN Commitment to Community Engagement and Collaboration:

The Central East LHIN has developed a "Framework for Community Engagement and Local Health Planning" (the Framework) to articulate how it will work in partnership with the broad health care community. The Framework represents the Central East LHIN's commitment to place collaborative engagement at the center of its activities. It describes a process by which consultation and collaboration will drive the creation, implementation, and evaluation of the Central East LHIN's Integrated Health Services Plan.

The goals for community engagement are to:

- renew and maintain a focus on the people who need and use health care;
- enhance local responsiveness and accountability;
- balance priorities;
- develop system capacity & sustainability; and
- build confidence in our public health care.

First Nation Peoples Regional Health Planning Structure:

The Central East LHIN estimates that the First Nation, Métis and urban-based Aboriginal peoples residing in the region represents about one percent of the total regional population. First Nation people face a number of health issues and challenges and their health status is below that of the general population. First Nation people receive health services through a combination of federal, provincial, and First Nation-run services, as well as other programs and services. In many cases, this complex approach to service delivery has resulted in a lack of coordination between levels of government and First Nation community agencies. First Nation people have identified a number of barriers to receiving equitable access to health services including jurisdictional and funding issues, lack of sensitivity to their culture, and a lack of targeted programs that focus on their particular health needs. One of the main goals of the CE LHIN is to work with the First Nation peoples to improve their overall health status. The CE LHIN is committed to working with the First Nation people to align health services with existing First Nation regional, provincial and federal health planning, health programming and service delivery systems to improve health outcomes.

The Central East LHIN understands that First Nation people are distinct peoples as recognized in the *Constitution Act, 1982*.

Throughout this document, the term **First Nation Advisory Health Circle** refers to and is inclusive of all First Nation peoples on and off reserve. First Nation people view health through a wholistic lens, encompassing the physical, mental, emotional, spiritual and cultural aspects of life. A critical component of First Nation service provision and governance is that "culture matters" and, also that "culture is a source of resilience". Culture underpins the way that First Nation people work together in their communities and organizations, and it flows through their governance arrangements in persistent and innovative ways

Principles:

Recognition: The **First Nation Advisory Health Circle** members recognize the inherent right and responsibility for First Nation people regarding the health and well-being of their community members; therefore, they must have a central role in the decision-making regarding the provision of health services.

Respect: The members will work in a mutually respectful manner.

Inclusivity: The members will collaborate on health care initiatives and priorities in the interests of all First Nation people within the identified communities in region.

Cultural Sensitivity: The members agree to identify and, where possible, integrate culturally appropriate processes into health services, health care initiatives, research and evaluation processes.

Purpose:

The **First Nation Advisory Health Circle** is considered to be of central importance to the overall success of Central East LHIN process for community engagement and health system planning. The **First Nation Advisory Health Circle** will advise the Central East LHIN on the health care needs of their communities, local priority setting, planning and evaluation – including identification of opportunities for the integration/coordination of health care services.

The **First Nation Advisory Health Circle** is inclusive of all First Nation communities within the CE LHIN and provides an opportunity for members to share information and build relationships with their communities, health service providers and the Central East LHIN **First Nation Advisory Health Circle Sponsors** The Sponsors are key stakeholders and champions of the **First Nation Advisory Health Circle,** and they share in the vision of the **First Nation Advisory Health Circle** and its success. The Sponsors are visible and known by the **First Nation Advisory Health Circle** members and the broader community. The Sponsors will form an Executive Committee that is reflective of a governance to governance relationship and will be comprised of representatives of the First Nations Leadership and the CE LHIN Board. Sponsors are considered to be recognized leaders of their respective communities who are volunteering their time and management expertise to be champions of the **First Nation Advisory Health Circle**.

Role and Responsibilities of the Sponsors:

The role of the Sponsors is to be the umbrella committee of the **First Nation Advisory Health Circle** and will monitor the progress of the **First Nation Advisory Health Circle** and provide strategic advice on dealing with issues relating to the **First Nation Advisory Health Circle** achieving success.

Other functions of the Sponsors may include:

- The sponsors will meet on a bi-annual basis to review and sign-off the **First Nation Advisory Health Circle** Terms of Reference and supporting documentations including the annual work plan, annual report, and evaluation.
- One or more of the sponsors may be asked to intervene and facilitate an issues resolution process pertaining to the conduct of a particular **First Nation Advisory Health Circle** member or members.
- As a group, the Sponsors may decide to utilize their influence to advocate on behalf of the **First Nation Advisory Health Circle** and consumers.
- The sponsors will provide official backing of the **First Nation Advisory Health Circle** as well as monitoring the political environment to help the **First Nation Advisory Health Circle** adjust, if necessary.
- The Sponsors will communicate information about the **First Nation Advisory Health Circle** to their respective Leadership, colleagues and communities. The Sponsors will

take care not to replace the role of the **First Nation Advisory Health Circle** members by becoming too closely involved in the day to day operations of the work being undertaken by the **First Nation Advisory Health Circle**.

Selection of Sponsors:

Each individual sponsor, through an internal consultation process, will be chosen by their respective communities as follows:

- A First Nations Sponsor will be chosen from amongst the First Nations Chief and Council of the communities as represented by membership of the **First Nation Advisory Health Circle**.
- The Central East LHIN Board Member will be chosen by the Central East Board.

Sponsor Supports:

[Note: A separate letter to the Sponsors will address the following topics: Term of Sponsor membership, Agreement by Consensus, Declaration of Interest, Quorum and other matters.]

First Nations Subcommittee:

A Sub-committee of the full **First Nation Advisory Health Circle** will meet on at least a monthly or bi-monthly basis. The Subcommittee shall be:

1. The First Nations Subcommittee

The role of the subcommittee shall be to discuss and make recommendations around issues that are specifically relevant to First Nations' people. The First Nation Subcommittee shall report to the full **First Nation Advisory Health Circle** in order that issues and recommendations are carried forward. The subcommittee shall have a direct reporting relationship to the full **First Nation Advisory Health Circle**.

Advisory Circle Functions:

As with other planning and engagement structures, the work of the **First Nation Advisory Health Circle** will be solutions focused. The **First Nation Advisory Health Circle** may:

- Meet on a Quarterly Basis at a location to be determined;
- Provide advice on the needs of the First Nation population, including people residing in urban and rural areas;
- Consider the Central East LHIN strategic priorities and objectives and work with health care providers, local and regional networks and consumers to identify local and regional service gaps and opportunities for improved coordination and integration of health care

services delivered in First Nation communities, taking into consideration inequality of socio-economic status, gender, intergenerational trauma and legacy of the Residential Schools;

- Review LHIN-wide priorities and objectives against local strengths and gaps in capacity as these relate to the First Nation communities;
- Identify emerging local and regional health needs and future health care priorities for First Nation communities;
- If requested, assist Central East LHIN staff and local providers in the implementation and monitoring of programs and/or services targeted to First Nation communities;
- Liaise with other LHIN planning partners (e.g., Networks, Collaboratives, Metis, and Aboriginal organizations) to promote understanding, leverage the specific knowledge and expertise of these partners, and ensure that First Nation issues are considered in their activities;
- When requested by the Central East LHIN and agreed to by the **First Nation Advisory Health Circle** as a whole, serve as a resource to local service providers/agencies in their planning and engagement needs (i.e., assist in developing culturally competent and culturally appropriate services to the First Nation population such as traditional healers, traditional medicines and facilities to hold ceremonies); and
- Provide an annual report, annual work plan, and products (e.g., reports, business plans and recommendations) directly to the Central East LHIN Board.

Membership:

The **First Nation Advisory Health Circle** is an inclusive, regional advisory body representing up to fifteen (15) volunteers from the First Nations. This Membership number may be increased if additional Councils or Bodies are established within the CELHIN area. **First Nation Advisory Health Circle** members will have knowledge of health care, expertise in a particular health field and experience in service delivery. Each First Nation community will be represented by a health care provider or consumer. Consumers are defined as those members of the community who utilize health care services. A map outlining the region's geographic boundaries can be found in Appendix A.

The core members may include representatives of: the managers of health programs and services; community health nurses; home and community support workers; mental health and addictions workers; health care consumers; traditional healers; and, other relevant stakeholders from across the CE LHIN region. A traditional healer, youth and Elder from each First Nation community may be also invited to participate in the **First Nation Advisory Health Circle**.

First Nation Advisory Health Circle *membership is voluntary.* All Advisory members will be asked to sign a *Member's Declaration*, indicating their understanding of the roles and responsibilities of the **First Nation Advisory Health Circle** and their agreement to support the principles of community engagement established by the Central East LHIN.

The Core members of the **First Nation Advisory Health Circle**, as listed below, will represent the following communities:

- Curve Lake First Nation
- Hiawatha First Nation
- Mssissaugas of Scugog Island First Nation
- Alderville First Nation

Central East LHIN Board members may observe meetings of the **First Nation Advisory Health Circle** as determined by Board policy.

Membership Recruitment and Section:

The Central East LHIN will seek to maintain a core complement of membership on the **First Nation Advisory Health Circle**. Annually, a review of the **First Nation Advisory Health Circle** membership will be undertaken and as needed, a recruitment process to augment membership will be implemented.

Selection of Core First Nation Advisory Health Circle Members:

Each of the First Nation communities are asked to advise on the process they will engage in to select each of their respective **First Nation Advisory Health Circle** members.

Selection of Elder, Youth and Traditional Healer from across the region:

The **First Nation Advisory Health Circle** members are requested to determine a process for selecting an Elder, Youth and Traditional Healer from across the region. The **First Nation Advisory Health Circle** members may decide to establish a rotational process for each of these individuals to ensure fairness in representation.

Interested individuals may request to become **First Nation Advisory Health Circle** members through an *Expression of Interest* submitted to the Central East LHIN Senior Director of Planning who will discuss with the **First Nation Advisory Health Circle**.

Alternates:

The members of the **First Nation Advisory Health Circle** may choose to work with an alternate who will provide representation to that constituency in the event that the **First**

Nation Advisory Health Circle member is unable to attend a Sub-Committee or Circle Meeting. Alternates may attend Sub-Committee or Circle Meetings with the Member, and will not be permitted to vote unless the member is not present.

Terms of Membership:

First Nation Advisory Health Circle members who cannot attend meetings are asked to notify the Chair of the **First Nation Advisory Health Circle** in advance. The Chair of the **First Nation Advisory Health Circle** will meet with the members who are frequently, and without reason, absent from scheduled meetings to discuss their continued interest and commitment to the **First Nation Advisory Health Circle**. Persistent issues related to commitment and performance of individual members will be forwarded to the Senior Director, Planning, Integration and Community Engagement of the Central East LHIN for further follow-up with the **First Nation Advisory Health Circle** Sponsors.

First Nation Advisory Health Circle Chair and Co-Chair:

The Chair of the **First Nation Advisory Health Circle** will be a member of the **First Nation Advisory Health Circle** and be selected from amongst the membership of the **First Nation Advisory Health Circle**. The role of the Chair will rotate through its membership every 12 months. The Chair will provide leadership during meetings of the **First Nation Advisory Health Circle**. As required, the Chair will be a central point of contact for the Central East LHIN and the **First Nation Advisory Health Circle**.

Proposed agenda items or additional meeting requests from the Central East LHIN, **First Nation Advisory Health Circle** members, or other parties will be discussed with, and approved by the Chair. The **First Nation Advisory Health Circle** members will also select a co-chair, or vice-chair from amongst its membership. The co-chair will assume the role of Chair as required. At each meeting, the CE LHIN will assign a representative from the CE LHIN to record meeting notes and/or action items. All notes will be prepared and distributed by the Central East LHIN staff for preparation and distribution to all members.

First Nation Advisory Health Circle Role:

The **First Nation Advisory Health Circle** is a regional advisory body to the Central East LHIN. As such, the **First Nation Advisory Health Circle** will be asked by the Central East LHIN to provide input on a variety of issues and topics reflecting on provincial and Central East LHIN priorities pertaining to the First Nations people represented.

Provider organizations, members of the **First Nation Advisory Health Circle** may also identify issues for potential inclusion in the **First Nation Advisory Health Circle** annual work plan, which will be agreed to by the CE LHIN and the **First Nation Advisory Health Circle** Sponsors.

Agreement by Consensus:

Members of the **First Nation Advisory Health Circle** are expected to participate in open and objective dialogue reflecting upon the best interests of the residents of their particular communities, the Central East LHIN and the Province of Ontario. Members should come prepared to contribute (e.g., solutions) to the work of the **First Nation Advisory Health Circle**.

First Nation Advisory Health Circle advice forwarded to the Central East LHIN will be reached by consensus. Consensus is defined as general or widespread agreement amongst all members. Where consensus cannot be reached, the **First Nation Advisory Health Circle** will present a summary of its deliberations to the Central East LHIN and Sponsors for discussion and follow-up.

As a resident of the Central East LHIN, individual members of the **First Nation Advisory Health Circle** who may have additional input related to an issue may submit a separate communication to the Central East LHIN. However, such submissions will be done explicitly outside their capacity as a **First Nation Advisory Health Circle** member.

Declaration of Interest:

The parameters for determining conflict of interest reflect that the **First Nation Advisory Health Circle** is an advisory, not decision-making body. Within the principles of openness and fairness, members will be asked to declare any perceived or potential conflicts of interest, prior to the **First Nation Advisory Health Circle** engaging in the related discussion. Declaration of actual or perceived Conflict of Interest does not preclude the individual from participating in the discussion.

Quorum:

To constitute a formal meeting, 50% of the members must be present. Central East LHIN staff will be informed and invited to all formal meetings. The **First Nation Advisory Health Circle** will not forward any advice/recommendations to the Central East LHIN on issues discussed at meetings without quorum.

Reporting Relationships and Linkages:

Following review and approval of the **First Nation Advisory Health Circle** Sponsors, the **First Nation Advisory Health Circle** will submit to the LHIN Board an annual report and annual work plan. Both documents will be considered public documents, as will all reports, recommendations and work products of the **First Nation Advisory Health Circle**. The **First Nation Advisory Health Circle** will provide advice and input to the Central East LHIN. Any recommendation arising from the advice of the **First Nation Advisory Health Circle** will require approval of the Central East LHIN prior to implementation.

The members of the **First Nation Advisory Health Circle** will be encouraged and supported by the Central East LHIN to network with each other. Individual **First Nation Advisory Health Circle** members from the various sectors of the health care system and organizations are encouraged to network with their peers in other community engagement and health planning structures (e.g., Collaboratives, Task Groups), forming an informal advisory network to the Central East LHIN on sector issues (e.g., acute care, long-term care, community support services).

First Nation Advisory Health Circle Supports:

Participation in the **First Nation Advisory Health Circle** is voluntary. There is no membership fee to participate in the **First Nation Advisory Health Circle**.

- The CE LHIN will pay honoraria to Elder(s), youth, and traditional healer(s) who attend **First Nation Advisory Health Circle** meetings for those individuals who are not receiving payment from another organization.
- The Central East LHIN will reimburse members for reasonable travel expenses associated with **First Nation Advisory Health Circle** participation. Members are required to consult with the Central East LHIN Community Engagement Coordinator prior to incurring any non-mileage related expenses. Approvals and reimbursement will be made in accordance with the Central East LHIN expense policy or other directives of the Government of Ontario.
- Centralized information technology and other technological solutions will be explored to help facilitate interaction in remote and rural areas in the Central East LHIN region (e.g., website portal for discussion board, data repository, etc).
- **First Nation Advisory Health Circle** members, with the lead of the Central East LHIN Community Engagement Coordinator, will seek the assistance of local health service providers to support meeting logistics (e.g., meeting venues, parking, light refreshments). The Central East LHIN will provide a maximum contribution (to be determined) to cover unmet meeting costs.
- The Central East LHIN will support specific research. Research activities must be based on the annual work plan and mutually agreed on and approved by the Central East LHIN Senior Director of Planning, Integration and Community Engagement.
- The **First Nation Advisory Health Circle** will be supported through ex-officio membership including the Central East LHIN Senior Director of Planning, Integration and Community Engagement and/or a LHIN staff member.
- Upon request, the Central East LHIN will consider supporting health service providers within the Central East LHIN in developing culturally competent and culturally appropriate services to the First Nation population (i.e., traditional foods, traditional healing approaches and medicines and ceremonial practices – smudges).

Resource Materials:

The **First Nation Advisory Health Circle** will reference various sources of information to support evidence-based health planning and decision-making. This includes but is not limited to:

- Ministry of Health and Long-term Care Policies and Guidelines; Statistics Canada and provincial/national/international health services data and health system reports;
- Planning reports completed previously for the population/geographic area under consideration;
- Agency/organization service and strategic planning documents;
- Reports of/consultation with the First Nation community and health care and other community service providers.

Reports from the Central East LHIN Health Interest Networks:

All **First Nation Advisory Health Circle** requests for relevant local health care provider information must be made through the Central East LHIN staff member responsible for the **First Nation Advisory Health Circle**.

Role of Central East LHIN Staff:

Planning, operational (e.g. logistical) and facilitation support will be provided by the Central East LHIN staff in a timely fashion. The Central East LHIN will develop, prepare and distribute meeting minutes (provided by Recording Secretary), agendas (vetted by the Chair), and any reports or documents that will be required for **First Nation Advisory Health Circle** meetings or reference.
Feedback and clarification on administrative issues and meeting logistics should be directed to the Central East LHIN Community Engagement Coordinator.

Feedback and clarification on planning processes should be in the first instance directed to the Central East LHIN staff liaison, and then if necessary to the Central East LHIN Senior Director of Planning, Integration and Community Engagement.

Meeting Frequency:

The frequency with which the **First Nation Advisory Health Circle** meets will reflect the planning cycles of the Central East LHIN. At a minimum, the **First Nation Advisory Health Circle** will meet on a Quarterly basis. Meetings of the **First Nation Advisory Health Circle** will vary in duration, ranging from 2 hours to a full day, depending on the planning cycle, meeting agenda and purpose. The location of the **First Nation Advisory Health Circle** meetings will be held on a rotational basis throughout the First Nation offices of Hiawatha, Curve Lake, Scugog, and Alderville First Nations.

Communication and Issues of Confidentiality:

All discussions held by the **First Nation Advisory Health Circle** are considered public information unless specifically noted by the **First Nation Advisory Health Circle** members and/or staff liaison. Some information or documents reviewed by the **First Nation Advisory Health Circle** may be confidential. Such information will be identified by the Central East LHIN staff and/or Chair of the **First Nation Advisory Health Circle** at the time of their distribution.

Members of the **First Nation Advisory Health Circle** are bound by the Central East LHIN Confidentiality Agreement and Communications Protocols*. (To be finalized and distributed prior to* **First Nation Advisory Health Circle** *member sign-off on these Terms).*

No Chair or member of the **First Nation Advisory Health Circle** may represent themselves or speak on behalf of the Central East LHIN Board or its Staff. Individuals may, however, represent themselves and speak as **First Nation Advisory Health Circle** Members or volunteers to the Central East LHIN. Discretion is required by all members when commenting on issues that have not been discussed – or consensus reached – at **First Nation Advisory Health Circle** meetings. The **First Nation Advisory Health Circle**, with input from the Central East LHIN, should develop consistent messaging that reflects the values and principles of the Collaborative process, the Central East LHIN, and the needs of their community.

Non-Central East LHIN Requests:

First Nation Advisory Health Circle members may receive requests from local health care providers, public or private organizations, or other public stakeholders to discuss relevant health issues, such as policy, business proposals and unmet health care needs. Such requests should be made initially through the **First Nation Advisory Health Circle** Chair for consideration of inclusion in the annual work plan. In order to respect the integrity of the **First Nation Advisory Health Circle** as a whole, and individual **First Nation Advisory Health Circle** members, and the Central East LHIN, such requests may be denied.

Furthermore, the **First Nation Advisory Health Circle** may wish to invite additional perspectives to participate/inform their discussions. The value of each opportunity shall be discussed by the **First Nation Advisory Health Circle** as a whole, the Central East LHIN staff representative, and with invitations made through the Chair.

Evaluation:

There will be an on-going evaluation of the **First Nation Advisory Health Circle** by the **First Nation Advisory Health Circle** members and Sponsors. Indicators of effectiveness will be established and measured jointly by the **First Nation Advisory Health Circle** and

Central East LHIN. Results, best practices, and benchmarks may be shared with other Central East LHIN planning groups (i.e. Collaboratives, Task Groups) and the public.

The Terms of Reference for the **First Nation Advisory Health Circle** will be reviewed on an as need basis but at least annually by the **First Nation Advisory Health Circle** members and Sponsors.