

Pan-Canadian Joint Consortium for School Health

AGREEMENT

In October 2004 the Provincial and Territorial Ministers of Education and Health and the Public Health Agency of Canada (hereinafter collectively called the Parties), agreed to establish a Joint Consortium to facilitate a comprehensive and coordinated approach to health programs and services delivered in the school setting. The Joint Consortium for School Health would bring together provincial/territorial health, education and other ministries and federal departments and agencies.

1.0 PURPOSE

The purpose of this Agreement is for the Parties to build inter-government cooperation and agree on a governance structure, terms of reference and the respective roles and responsibilities of the Parties regarding the construction and ongoing operations of the Joint Consortium for School Health.

2.0 MANDATE

The Joint Consortium will serve as a catalyst to strengthen cooperation and capacity among consortium members to better accomplish mutual goals and support shared mandates pertaining to the promotion of the health of children and youth.

The Joint Consortium will develop tools to assist members in the development of programs, policies and practices that improve the overall health of young people and address specific issues and risk factors, e.g., nutrition/healthy eating; social behaviours of youth (drugs, bullying, & positive social development; physical activity; aboriginal students; immunization, emergency response & public health role in schools.

3.0 TERMS OF REFERENCE

The Terms of Reference provide the Joint Consortium with direction and define the scope of activity. They can be revised upon the recommendation of the Joint Consortium Management Committee to the Board of Directors. Terms of Reference attached as Annex A.

4.0 GOVERNANCE STRUCTURE

The parties agree to the governance structure as outlined in the Terms of Reference attached as Annex A

5.0 ROLES AND RESPONSIBILITIES

The Parties are responsible for the creation of the Joint Consortium, the approval of the Terms of Reference, the governance structure and the funding arrangements as outlined in section 8.0.

The Parties are voluntary members of the Joint Consortium and can terminate their membership in accordance with section 9.0 of this Agreement.

6.0 SECRETARIAT

The Parties agree to the establishment of a Joint Consortium Secretariat.

The lead province will host the Secretariat.

An Executive Director with support staff for projects and administrative assistance will manage the Secretariat operations.

The Board of Directors will approve the Executive Director.

7.0 OPERATIONS

The coordinating, management and administrative activities of the Joint Consortium will be carried out by a small secretariat led by an Executive Director.

The lead province will host the Secretariat and hire, supervise and evaluate the Executive Director.

The Secretariat Executive Director is responsible for hiring, supervising and evaluating secretariat staff performance.

The secretariat's responsibilities will be shaped by the annual budget and three year operating plan. The Management Committee will determine specific roles and responsibilities of the secretariat.

8.0 FUNDING

Member provinces and territories agree to assign school health coordinators to work jointly with the Ministries of Education and Health within their respective jurisdiction. Provincial and territory funds will cover any salary, benefits and program costs. Up to three meetings (annually) will be funded by the Joint Consortium.

Core revenues for the Joint Consortium will be cost shared between federal and provincial/territorial jurisdictions (see Terms of Reference; Annex A).

Public Health Agency of Canada agrees to contribute \$250,000 per annum for five years beginning April 1, 2005.

Member provinces and territories agree to collectively match the federal contribution of \$250,000 per annum on a per capita basis (see Terms of Reference; Annex A).

An annual membership fee is required by external agencies/organizations requesting affiliate membership status with the Joint Consortium. Affiliate membership will be based on selection and fee assessment criteria to be established by the Joint Consortium Secretariat and approved by the Management Committee.

9.0 DURATION, WITHDRAWAL & TERMINATION

The Agreement will last five years. However, any Party to the present Agreement can withdraw its membership by providing written notification to the Joint Consortium at or prior to the Joint Consortium annual meeting.

In the event of Party withdrawal, the Party shall remain responsible for any current or contingent liability.

10.0 ENTIRE DOCUMENT

The Agreement, including Annex A, can be modified only by mutual consent of all Parties.

The Agreement, including Annex A, constitute the entire document expressing the purpose of the Joint Consortium and intentions of the Parties.

11.0 LEGAL RIGHTS AND RESPONSIBILITIES

The creation of the Joint Consortium will not constitute a regulatory power or otherwise result in any diminution of the responsibilities of the Provincial or Territorial Ministers of Education or any of the Federal, Provincial or Territorial Ministers of Health.

12.0 EFFECTIVE DATE

June 30, 2005

13.0 SIGNATURE

Member Jurisdiction	Name	Signature & Date
British Columbia		
Alberta		
Saskatchewan		
Manitoba		
Ontario		
Nova Scotia		
Prince Edward Island		
Newfoundland and Labrador		
Northwest Territories		
Nunavut		
New Brunswick		

Yukon

Public Health Agency of Canada

Joint Consortium for School Health

Terms of Reference

1.0 Purpose

The establishment of the Joint Consortium for School Health is endorsed by the federal, provincial, and territorial Deputy Ministers of Health and the provincial and territorial Deputy Ministers and Ministers of Education.

The purpose of the Joint Consortium is to provide leadership and facilitate a comprehensive and coordinated approach to school health by building the capacity of the school and health systems to work together. The Joint Consortium will enhance the capacity of local, provincial/territorial public education and health systems to work together to promote the healthy development of children and youth through the school setting.

The work of the Joint Consortium will be guided by principles of:

- integration;
- partnership;
- coordination;
- cooperation;
- open communication;
- effective practices; and
- recognition that more can be accomplished by partners working together at the interface of health and education than by any one sector alone.

2.0 Mandate

The Joint Consortium will serve as a catalyst to strengthen cooperation and capacity among consortium members to better accomplish mutual goals and support shared mandates pertaining to the promotion of the health of children and youth.

The Joint Consortium will develop tools to assist members in the development of programs, policies and practices that improve the overall health of young people and address specific issues and risk factors, e.g., nutrition/healthy eating; social behaviours of youth (drugs, bullying, & positive social development; physical activity; aboriginal students; immunization, emergency response & public health role in schools.

3.0 Membership

Membership will be comprised of:

- Ministry of Health or Ministry of Education Deputy Ministers or designates from Canadian provinces and territories.
- Deputy Minister or designate of the Public Health Agency of Canada.
- Each jurisdiction shall have one representative from either health or education, but not both.

Each provincial/territorial health and education sectors shall jointly name a School Health Coordinator (SHC) and agree to a mutual approach to school health. The Public Health Agency of Canada shall name a SHC to the SHC Committee.

Given the responsibility for First Nations education on reserve, Indian and Northern Affairs Canada (INAC) will participate as an observer, providing its input through the Public Health Agency of Canada.

The Joint Consortium shall determine additional members. The Board of Directors will determine application to the Joint Consortium, based on criteria developed by the Joint Consortium.

Payment as outlined in the cost-sharing arrangement below, shall be a condition of membership. Membership will be from April 1 to March 31 in each year of the agreement: commencing April 1, 2005. Members agree to submit fiscal payment by July 1 in each year of membership.

An annual membership fee is required by external agencies/organizations requesting affiliate membership status with the Joint Consortium. Affiliate membership will be based on selection and fee assessment criteria to be established by the Management committee and approved by the Board.

Membership withdrawal requires written notification to the Joint Consortium at or prior to the Joint Consortium annual meeting.

4.0 Operating Plan

The lead province, in conjunction with the Joint Consortium Secretariat Executive Director, will develop a draft three-year operating plan for consideration by the management committee, defining the Joint Consortium's annual priorities with corresponding indicators and outcomes. These should be attainable within the Joint Consortium's existing resources and budget. The Board of Directors must approve the operating plan.

5.0 Review and Evaluation

An interim review of the Joint Consortium will commence no later than April 1, 2008.

A formative evaluation of the Joint Consortium will be carried out by person or persons appointed by the Joint Consortium Management Committee commencing no later than October 1, 2009.

6.0 Reporting

The Joint Consortium is accountable to its members, to the Council of Ministers of Education, Canada and to the Conference of Deputy Ministers of Health. The Joint Consortium shall provide an annual report and financial statements each fiscal, on or before July 31.

7.0 Governance

A Board of Directors and a Management Committee will govern the Joint Consortium.

The Board of Directors shall be comprised of one official representative from each jurisdiction in the Joint Consortium. This may be a Deputy Minister or designate.

Jurisdictional members of the Management Committee (maximum 9) will be selected by the Board of Directors. One representative from either health or education (not both) may be chosen by member jurisdictions to serve on the Management Committee. Representatives on the Management Committee may be Deputy Ministers, Assistant Deputy Ministers, or other delegated ministry officials.

8.0 Chair

The Board of Directors will be co-chaired annually by rotating provincial/territorial members. One position will be represented by the health sector, the other by the education sector.

9.0 Decision-Making

Decision-making will be reached through consensus whenever possible.

Where not possible, a majority of the Board of Directors present shall decide. Each member of the Board of Directors (one vote per jurisdiction) will have an equal vote.

A minimum of fifty per cent of the Board of Directors is required to constitute a quorum for meetings of the Board of Directors.

10.0 Committees

A. Joint Consortium Management Committee: This committee will meet at minimum three times per year, and in conjunction with the lead province is responsible for:

- overseeing the financial and administrative matters of the Joint Consortium;
- hiring, supervising and evaluating the performance of the secretariat's executive director; and
- providing leadership and guidance to the secretariat, including setting of directions and priorities.

Management Committee travel expenses will be covered by individual jurisdictions.

B. School Health Coordinators Committee: This committee will serve as a forum for information exchange and strategy development in the promotion of healthy children and youth.

Travel and accommodation expenses will be remunerated for the SHC Committee members to a maximum of three meetings (annually).

Each jurisdiction is required to cover costs for any additional meeting participants.

C. Select Working Groups: The Management Committee may create limited working groups to carry out activities. These may be led by any jurisdiction. Costs associated with such work groups will require Management Committee approval.

Select working groups may seek outside sources of funding or work in cooperation with other organizations to meet their goals, in consultation with the Management Committee.

11.0 Operation

The coordinating, management and administrative activities of the Joint Consortium will be carried out by a small secretariat led by an Executive Director.

The lead province will host the Secretariat and hire, supervise and evaluate the Executive Director.

The Secretariat Executive Director is responsible for hiring, supervising and evaluating secretariat staff performance.

The secretariat's responsibilities will be shaped by the annual budget and three year operating plan. The Management Committee will determine specific roles and responsibilities of the secretariat.

12.0 Budget

The Budget will be developed by the Secretariat Executive Director in consultation with the lead province and will be presented for approval by the Joint Consortium Management Committee and the Board of Directors.

Membership Cost-Sharing Arrangement

Membership Cost-Sharing Arrangement

The cost of the national secretariat will be divided evenly between the federal and the provincial/territorial jurisdictions. The Public Health Agency of Canada will contribute \$250,000 and the provinces and territories will contribute \$250,000 annually. Funds are committed for five years commencing April 1, 2005.

The table represents participation of the jurisdictions listed below. Should any jurisdiction decide not to participate, contributions may need to be adjusted in future years.

Core Revenues

Proportional breakdown of the provincial/territory contribution:

Province / Territory	Total Population	P/T Share
British Columbia	4 146 580	42 939
Alberta	3 153 723	32 657
Saskatchewan	994 843	10 302
Manitoba	1 162 776	12 041
Ontario	12 238 300	126 730
Nova Scotia	936 025	9 693
Prince Edward Island	137 781	1 427
Newfoundland and Labrador	519 570	5 380
Northwest Territories	41 872	434
Nunavut	29 384	304
New Brunswick	750 594	7 773
Yukon	31 060	322
12 P/Ts w/o Quebec¹	24 142 508	\$250, 000
Public Health Agency of Canada		\$250,000
	TOTAL REVENUES	\$500,000

¹ Quebec will not participate as a member of the Join Consortium but will contribute by sharing information and best practices.