

**British Columbia First Nations Perspectives
on a New Health Governance Arrangement**

CONSENSUS PAPER



FRONT COVER IMAGE: Delegate voting at Gathering Wisdom IV May 26th, Richmond BC. This Consensus Paper and resolution were ratified by BC Chiefs at the fourth annual *Gathering Wisdom for a Shared Journey* Forum.

**British Columbia First Nations Perspectives
on a New Health Governance Arrangement**

CONSENSUS PAPER

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>> *Thank you to all the dedicated Chiefs, leaders, health professionals, and community members who have attended caucus sessions and other meetings, and have offered their leadership and shared their wisdom, teachings, songs, prayers, and directions at those meetings and through the Health Partnership Workbook.*

1 Background & Introduction

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HOW DID WE GET HERE?

Since 2005, First Nations in BC, and federal and provincial governments have been committed to a shared agenda through the Transformative Change Accord to establish a new relationship based on mutual respect and recognition, and develop 10-year plans to bridge the differences in socio-economic outcomes between First Nations and other British Columbians particularly in the areas of: education, housing, economic opportunities, and health.

In the area of health, progress has been made incrementally through a series of political agreements between First Nations and federal and provincial governments including the Transformative Change Accord: First Nations Health Plan (2006), First Nations Health Plan Memorandum of Understanding (2006), the Tripartite First Nations Health Plan (2007), and the Basis for a Framework Agreement on First Nation Health Governance (2010).

In fulfilment of commitments in the Tripartite First Nations Health Plan and the Basis for a Framework Agreement on Health Governance, First Nations have directed the First Nations Health Council, through resolutions, to engage in discussions and negotiations with federal and provincial governments on a new governance arrangement for health programs and services utilized by First Nations in BC. This new arrangement will effectively put First Nations in the driver's seat when it comes to their health programs and services and in an exciting position of significant influence with respect to the broader health system in BC and Canada as it relates to First Nations health.

The new health governance arrangement will be supported by and comprised of a number of components, entities, and key documents:

- The health governance arrangement will be supported by a strong and enduring health partnership between First Nations and federal and provincial governments – all committed to a shared vision and agenda. A political **Health Partnership Accord** will be developed to describe this partnership in support of First Nations health.
- A legal **Tripartite Framework Agreement on First Nation Health Governance** ("Framework Agreement") to establish commitments to transfer the operations of First Nations and Inuit Health (FNIH)-BC region to a First Nations Health Authority, and to provide a greater role for First Nations in the broader health system in Canada and BC with respect to First Nations health needs.

- An **Implementation Plan** for the Framework Agreement which will set out a detailed, staged approach over a number of years to the transfer of federal programs and services to the First Nations Health Authority and be monitored by a five-year Implementation Committee.
- A **First Nations Health Authority** (FNHA) to undertake activities, from a First Nations perspective, in support of First Nations health and wellness, including planning, designing, managing, funding and delivering health programs to better meet First Nations health needs in BC; building relationships with the province and regional health authorities; leveraging additional resources; undertaking research, collecting data and developing policy and standards; and supporting First Nations regional collaboration and dialogue.
- Five **First Nations Regional Tables and Caucuses** composed and representative of First Nations leaders and health professionals in each region to serve as regional planning and engagement forums about health programs and services utilized by First Nations, and which will enter into arrangements with regional health authorities and the First Nations Health Authority.
- The **First Nations Health Council** (FNHC) to provide political leadership and input to: support and assist First Nations in achieving health objectives; health advocacy; research, policy and program planning; the implementation of the First Nations health plans.
- The **First Nations Health Directors Association** (FNHDA) composed of Health Directors and managers working in First Nations communities to: support education, knowledge transfer, professional development and best practices for health directors and managers; and, provide advice on research, policy, program planning and design.
- The **Tripartite Committee on First Nations Health** composed of senior federal and provincial government representatives, and representatives of the FNHC, First Nations Health Authority, First Nations Health Directors Association, and First Nations Regional Tables to: coordinate the planning and health services of First Nations, health authorities and others; discuss issues relating to First Nations health and wellness including implementation of the health plans; and, prepare an annual report on progress toward improving First Nations health.

DIRECTION AND FEEDBACK FROM BC FIRST NATIONS

In the past three years, more than 120 regional and sub-regional caucus meetings have taken place to inform the discussions and negotiations that First Nations have directed the FNHC to undertake on all of the above components and documents. Through these caucus meetings, First Nations Chiefs, leaders and senior health professionals have provided their wisdom, direction, innovation, thoughts and perspectives on this new health governance opportunity.

In January 2011, all of the previous feedback from First Nations was summarized into a Health Partnership Workbook. First Nations Chiefs, leaders and senior health professionals were asked to confirm the summary of feedback set out in the Workbook and share new thoughts and perspectives. Each region's specific feedback into the Workbook, along with all of their regional caucus discussions with respect to the various components and elements of the new health governance arrangement, was captured in a regional summary document. Each region has held further meetings to review and confirm its summary document.

In April 2011, the First Nations Health Council recommended a draft Framework Agreement for approval by First Nations in BC. The Framework Agreement was reviewed in detail, along with the regional summary reports, at a series of regional, sub-regional and other First Nations meetings across BC.

In May 2011, the results of the five regional summary documents and the notes and outcomes of the more than 120 regional and sub-regional caucus meetings (including those to review the Framework Agreement) were rolled into this Consensus Paper.

PURPOSE

The purpose of this Consensus Paper is to clearly articulate the collective direction and feedback given by First Nations to the First Nations Health Council in their work to establish a new health governance arrangement that is community-driven and nation-based. By adopting this consensus paper at Gathering Wisdom for a Shared Journey IV, First Nations will chart a path forward for the future of First Nations health governance in British Columbia in support of the vision of healthy and vibrant BC First Nations children, families, and communities that play an active role in the decision-making regarding their personal and collective wellness.

This Consensus Paper collates all of the feedback and direction provided by First Nations for the establishment of the new First Nations health governance arrangement. This Consensus Paper establishes the collective wisdom and direction of First Nations in BC with respect to the new health governance arrangement by:

- Describing directives from BC First Nations for the establishment of, and agreements relating to, the new health governance arrangement.
- Describing the mandates and activities of the various entities in the new health governance arrangement – Regional Caucuses and Tables, the FNHA, FNHC, and the FNHDA.
- Establishing the principles and processes of reciprocal accountability for the success of this new health governance arrangement.
- Setting out a clear set of next steps for the FNHC to undertake in the establishment of the new health governance arrangement.

>> *This Consensus Paper collates all of the feedback and direction provided by First Nations for the establishment of a new First Nations health governance arrangement.*

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Through more than 120 regional and sub-regional caucus meetings, and more than 250 Health Partnership Workbooks, First Nations in BC have developed the following directives. These directives describe the fundamental standards and instructions for the new health governance relationship.

DIRECTIVE #1

COMMUNITY-DRIVEN, NATION-BASED

- The community-driven, nation-based principle is overarching and foundational to the entire health governance arrangement
- Program, service and policy development must be informed and driven by the grassroots level
- First Nations community health agreements and programs must be protected and enhanced
- Autonomy and authority of First Nations will not be compromised

DIRECTIVE #2:

INCREASE FIRST NATIONS DECISION-MAKING AND CONTROL

- Increase First Nations influence in health program and service philosophy, design and delivery at the local, regional, provincial, national and international levels
- Develop a wellness approach to health including prioritizing health promotion and disease and injury prevention
- Implement greater local control over community-level health services
- Involve First Nations in federal and provincial decision-making about health services for First Nations at the highest levels
- Increase community-level flexibility in spending decisions to meet their own needs and priorities
- Implement the OCAP (ownership, control, access and possession) principle regarding First Nations health data, including leading First Nations health reporting

- Recognize the authority of individual BC First Nations in their governance of health services in their communities and devolve the delivery of programs to local and regional levels as much as possible and when appropriate and feasible

DIRECTIVE #3 **IMPROVE SERVICES**

- Protect, incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into all health programs and services that serve BC First Nations
- Improve and revitalize the Non-Insured Benefits program
- Increase access to primary care, physicians, nurses, dental care and other allied health care by First Nations communities
- Through the creation of a First Nations Health Authority and supporting a First Nations population health approach, First Nations will work collectively to improve all health services accessed by First Nations
- Support health and wellness planning and the development of health program and service delivery models at local and regional levels

DIRECTIVE #4: **FOSTER MEANINGFUL COLLABORATION AND PARTNERSHIP**

- Collaborate with other First Nations and non-First Nations organizations and governments to address social and environmental determinants of First Nations health (e.g. poverty, water quality, housing, etc.)
- Partnerships are critical to our collective success. First Nations will create opportunities through working collaboratively with federal, provincial, and regional partners
- Foster collaboration in research and reporting at all levels
- Support community engagement hubs

- Enable relationship-building between First Nations and the regional health authorities and the First Nations Health Authority with the goal of aligning health care with First Nations priorities and community health plans where applicable

DIRECTIVE #5

DEVELOP HUMAN AND ECONOMIC CAPACITY

- Develop current and future health professionals at all levels through a variety of education and training methods and opportunities
- Result in opportunities to leverage additional funding and investment and services from federal and provincial sources for First Nations in BC
- Result in economic opportunities to generate additional resources for First Nations health programs

DIRECTIVE #6

BE WITHOUT PREJUDICE TO FIRST NATIONS INTERESTS

- Not impact on Aboriginal Title and Rights or the treaty rights of First Nations, and be without prejudice to any self-government agreements or court proceedings
- Not impact on the fiduciary duty of the Crown
- Not impact on existing federal funding agreement with individual First Nations, unless First Nations want the agreements to change

DIRECTIVE #7

FUNCTION AT A HIGH OPERATIONAL STANDARD

- Be accountable, including through clear, regular and transparent reporting
- Make best and prudent use of available resources
- Implement appropriate competencies for key roles and responsibilities at all levels
- Operate with clear governance documents, policies, and procedures, including for conflict of interest and dispute resolution



British Columbia
First Nations
Perspectives on
Health Governance
Arrangement

3 Components: Structure of our Structure & Authority of our Authority

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The directives set in Section 2 must be met and upheld by each of the components described in this section.

AGREEMENTS

The new health governance arrangement will be supported by and comprised of a number of tripartite agreements including: the legal Framework Agreement; a number of issue-specific sub-agreements; a Health Partnership Accord; and, Implementation Plan. There will be agreements at provincial and regional levels between First Nations, regions, and First Nations organizations with health service providers and health authorities. A number of other relationship and protocol agreements may be developed with key allies and partner organizations at provincial, regional, and local levels.

All agreements relating to the new health governance arrangement must respect and uphold the directives in the above section.

>> *All agreements relating to the new governance arrangement must respect and uphold the 7 directives.*

REGIONAL CAUCUSES AND REGIONAL TABLES

At the regional level, regional caucuses and regional tables will provide the opportunity for community-driven, nation-based decision-making. First Nations share information and perspectives, set direction on regional health matters, and appoint their representatives to the First Nations Health Council through the Regional Caucuses. Regional caucuses and sub-regional caucuses ensure that First Nations leadership provide political direction and advocacy on behalf of their communities and Nations and that this direction feeds into the Regional Tables. Under the new health governance arrangement, this role of the Regional Caucuses will continue.

Further, each Regional Caucus will be supported to establish a Regional Table composed of a group of regional political leaders and health directors that carries out the work mandated by the Regional Caucus.

The Regional Tables will be supported to meet the following outcomes:

- **Engage with First Nations**
 - Promote unity, support collaborations and relationship building among First Nations
 - Implement effective and efficient communications with all First Nations in that region
 - Plan and undertake engagement with First Nations in the region through regional caucuses and other mechanisms

- **Develop and implement agreements and arrangements between Regional Tables and Regional Health Authorities**
 - Enable First Nations to have greater influence over relevant program, service, planning and funding decisions of the Regional Health Authorities
 - Enable greater leveraging of resources
 - Set out a shared agenda and actions for improving First Nations health

- **Develop regional perspectives and approaches on health and wellness**
 - Develop health programs, services and initiatives which can be delivered by and serve the needs of the First Nations people in the region
 - Roll-up community health planning and priorities into regional health plans and collaborate with the FNHC, the FNHA, the FNHDA and the Regional Health Authority to implement those plans
 - Support an agenda for regional data, evidence gathering, and review
- **Effective, efficient and sustainable engagement and operations**
 - Promote membership that is sustainable and regionally representative as determined by the regions
 - Operate with approved and transparent Terms of Reference, conflict of interest and dispute resolution policies and processes
 - Make efficient and effective use of assigned resources for operating
 - Ensure members are well informed and skilled for their roles

FIRST NATIONS HEALTH COUNCIL

The FNHC will continue as a provincial-level political and advocacy organization that is representative of and accountable to BC First Nations, with the following mandate:

- **Dedicated political leadership for the implementation of the Health Plans**
 - Provide continued political leadership for implementation of the TCA: FNHP and TFNHP
 - Reflect a philosophy and culture of trust, unity, honesty, humility, healthy living, traditional practices and teachings in operations, planning and decision-making
- **Support to First Nations in achieving their health priorities and objectives**
 - Support Community-Driven and Nation-Based approaches
 - Promote individual health and wellness responsibilities, including self-care and health literacy
 - Promote the transfer of health services to local and regional levels wherever possible, practical and feasible
- **Health Advocacy and Relationships**
 - Health advocacy, knowledge sharing and collaboration with government partners and others at the highest levels (including internationally)
 - Advocacy for service improvements for First Nations
 - Provide a BC First Nations leadership perspective to research, policy and program planning processes related to First Nations health in BC
 - Develop relationships and alliances with other First Nations organizations, government Ministries and Departments, and others, to achieve progress in the social determinants of health
- **Politically oversee the transition of FNIH to a new First Nations Health Authority**

- **Promote and ensure communication, transparency, cost-effectiveness and accountability of the FNHC to First Nations**
 - Operate to a good governance standard including having an approved and transparent Terms of Reference; transparent processes; active, participatory members; cost-efficiency; professionalism; regular accountability and reporting; on-going evaluation of the role and benefit of the FNHC
 - Develop and implement a robust and sustainable communications strategy enabled by the Regional Tables

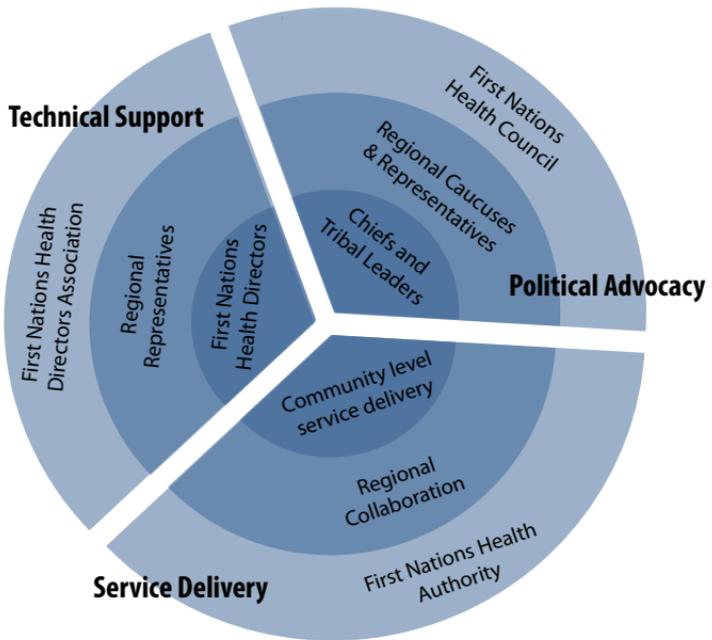
FNHC membership is regionally-driven by First Nations. It is composed of a total of fifteen members – three members appointed by each of the five regions in BC. Each region determines its own selection process for its members, including their length of term and appointment procedure.

FIRST NATIONS HEALTH DIRECTORS ASSOCIATION

The FNHDA is composed of health directors and managers working in First Nations communities and: supports education, knowledge transfer, professional development and best practices for health directors and managers; and, acts as a technical advisory body to the FNHC and the FNHA on research, policy, program planning and design, and the implementation of the Health Plans.

The FNHDA must have a robust and sustainable communications strategy which is implemented through and enabled by the community engagement hubs and the Regional Tables.

The FNHDA must be constituted with good governance, accountability, transparency and defined operating standards.



FIRST NATIONS HEALTH AUTHORITY

The final form and structure of the FNHA will be developed through further research, analysis, and engagement with First Nations, as led by the FNHC in the coming years. To allow adequate time for this engagement with First Nations on a permanent structure for an FNHA, the First Nations Health Society will serve as the interim FNHA to begin the early steps in implementing the new health governance arrangement.

The FNHA will be a non-profit legal entity, representative of and accountable to BC First Nations.

The mandate of the First Nations Health Authority will include:

- Administering the resources currently housed by FNHI-BC Region for First Nations health programs and services in BC
- Administering initiatives at a population and public health level, including establishing infrastructure for province-wide initiatives such as data collection and information management and technology
- Planning, designing, managing, delivering and funding First Nations health programs to carry out other health and wellness related functions
- Collaborating with the BC Ministry of Health Services and Health Authorities to coordinate and integrate their respective health programs and services to achieve better outcomes for First Nations
- Influencing the health industry to promote First Nations inclusion in the health education system, hospitals, health clinics etc.
- Incorporating and promoting First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into First Nations health programs, recognizing regional differences
- Establishing standards for First Nations health programs
- Collecting and maintaining clinical information and patient records and developing protocols for data and information sharing

- Modifying and redesigning health programs and services delivered by the First Nations Health Authority through a collaborative and transparent process with BC First Nations to better meet their health needs
- Promoting community wellness to advance healthy individuals, families, and communities to assist in building community capacity
- Engage BC First Nations through the Regional Tables with regard to regional and local interests and health care needs
- Enhancing collaboration among First Nations health providers and others to address economies of scale in service delivery
- Carrying out research and policy development
- Partnering with Federal and Provincial governments and health service providers to develop and redesign health programs, services, policy and legislation to meet First Nations health needs and priorities
- Maintaining appropriate financial records and preparing financial statements for audit

**Priorities of the First Nations Health Authority must include:
A strong, ongoing and inclusive engagement process with First Nations**

- Addressing service gaps and issues of access in relation to the range of essential clinical and medical services and mental wellness services
- Renovation and improvements to the Non-Insured Health Benefits Program – medical transportation in particular
- Ensuring the FNHA upholds and is founded on First Nations values and approaches
- Initiatives which strengthen health literacy and self-care
- Targeting economic and shared services opportunities to generate and leverage additional funds to invest in First Nations health

- Addressing funding requirements for capital, infrastructure, facilities and equipment
- Supporting health human resource development
- Providing and supporting cross-cultural training for non-First Nations staff delivering services for First Nations families and communities
- Establishing a First Nations Deputy Provincial Health Officer
- Supporting opportunities to build First Nations capacity at community, regional, and provincial levels
- Realize efficiencies in the management of federal programs and services to reinvest in First Nations health

The FNHA must be constituted with good governance, accountability, transparency and defined operating standards and governed by a Board of Directors with experience in First Nations health programs and services and successfully running a large operation.

>> *The FNHA must be constituted with good governance, accountability, transparency and defined operating standards and governed by a Board of Directors with experience in First Nations health programs and services and successfully running a large operation.*





4 Accountability:

Upholding Our Commitments

Reciprocal accountability means shared responsibility – amongst First Nations (at community, regional and provincial levels), the Federal Government, and the Provincial Government (including Health Authorities) – to achieve common goals.

Historically, accountability has been a one way relationship from First Nations to governments for funds received. Under the new health governance arrangement, accountability is much broader and not just about money. It is about working together and each Party being responsible for the effective operation of their part of the health system recognizing that the space occupied by each is interdependent and interconnected.

The principles that will guide reciprocal accountability are:

- **Clear roles and responsibilities for the partners**
 - Roles and responsibilities are well understood and agreed on as it relates to the implementation of the Health Plans
- **Clear performance expectations**
 - The objectives, expected accomplishments, and the constraints, such as resources – are be explicit, understood and agreed on
- **Balanced expectations based on capacities**
 - Performance expectations are be linked to and balanced with each party's capacity to deliver
- **Credible reporting**
 - Credible and timely information is reported to demonstrate what has been achieved, whether the means used were appropriate and what has been learned;
 - Reporting is streamlined and efficient between the partners
- **Reasonable review and adjustment**
 - Fair and informed review and feedback on performance is carried out by the parties, achievements and difficulties recognized, appropriate corrective action taken and appropriate consequences carried out

- Review occurs at least annually and include evaluation and cost-effectiveness of investments

- **Ethics**

- Based on cultural teachings and best practices

Processes for reciprocal accountability will look different at each level and forum and may include:

- **Community Level**

- Collaboration between political leaders and health technicians
- First Nations individuals and communities supporting their own health and well-being, and understanding how their actions impact First Nations health programs and services for all First Nations in BC
- First Nations political and technical leaders actively contributing to the implementation of the Health Plans including by participating in their Regional Caucus
- Accountability of First Nations political and technical leaders to their respective communities for funding, services, professional standards, cultural teachings, best practices and ethics and cost-efficiency

- **Regional Level**

- Regional Caucus sessions including all First Nations and their health organizations to report on progress, share information, and develop common positions and perspectives for the Regional Table to advance
- Establishment of Regional Tables to advance a united, effective, and sustainable approach for the region
- Regional collaborations, partnerships and agreements between Regional Tables with Regional Health Authorities and the First Nations Health Authority to share responsibility and decision-making for health services to First Nations

- **Provincial / National Level**

- Regular meetings of the Tripartite Committee on First Nations Health to measure progress of the Health Plans and discuss potential changes to roles, powers or funding that may be required
- Regular senior political and technical meetings with key decision-makers at national and provincial levels to focus on BC First Nations health priorities and plans
- Effective, respectful, and sustainable working partnerships between the First Nations Health Council, First Nations Health Directors Association, and First Nations Health Authority for the benefit of First Nations health and wellness in BC





5

Next Steps:

Where Do We Go From Here?

By adopting this consensus paper, First Nations in BC chart a path forward for the future of First Nations health governance.

Through this paper, First Nations set the standards and requirements for how the new health governance structure must operate at the community, regional and provincial levels. First Nations also clearly establish and reinforce the mandates and activities of the FNHC, FNHDA and FNHA.

Support for this consensus paper will show British Columbia First Nations support and approval for the FNHC to move forward in the development and finalization of the documents necessary to develop a new health governance structure, including the legally-binding Framework Agreement and a Health Partnership Accord with Federal and Provincial governments. These and any agreements or structures relating to the new First Nations health governance arrangement must be consistent with the standards and requirements set out in this consensus paper.

Next Steps for the First Nations Health Council (FNHC):

- **Tripartite Framework Agreement on First Nation Health Governance (Framework Agreement) and sub-agreements:**
 - The Framework Agreement has been recommended to First Nations for approval, and federal and provincial governments are considering its approval as well.
 - The Framework Agreement is consistent with this consensus paper. All sub-agreements must be consistent with the Framework Agreement and this consensus paper.
 - Upon approval of this consensus paper, the FNHC will direct the Board of Directors of the First Nations Health Society to sign the Framework Agreement.
 - Following signing of the Framework Agreement, the FNHC will develop a strategy and approach for the conclusion of sub-agreements and share this strategy and approach with First Nations for feedback.

- **Health Partnership Accord**

- The Health Partnership Accord is in development. Its purpose is to situate the Framework Agreement within a broader context of partnership amongst the Parties and set out their shared vision and expected outcomes for a longstanding, enduring partnership in support of First Nations health.
- The Health Partnership Accord must be consistent with this consensus paper.
- Upon approval of this consensus paper, the FNHC will engage with federal and provincial governments to finalize the Health Partnership Accord.

- **Implementation Plan**

- An implementation plan will set out a staged and planned approach to the implementation of the Framework Agreement.
- The implementation plan must be consistent with the Framework Agreement and this consensus paper.
- Following approval of this consensus paper and the signing of the Framework Agreement, the FNHC will engage with federal and provincial governments to prepare the implementation plan and strike the tripartite Implementation Committee.

- **First Nations Health Authority**

- Significant technical work is required to develop models and considerations for the development of a permanent FNHA, and further engagement with First Nations is required on these models and considerations.
- The First Nations Health Society will serve as the interim FNHA to begin the early work in implementing this new health governance arrangement.
- Any interim or permanent structure of the FNHA must be consistent with the Framework Agreement and this consensus paper.
- Following approval of this consensus paper and the signing of the Framework Agreement, the FNHC will provide political leadership to develop models and options for an FNHA that meet the standards and requirements set out in this consensus paper.

- Following approval of this consensus paper and the signing of the Framework Agreement, the FNHC will direct the First Nations Health Society to take steps to amend its bylaws to become the interim FNHA and begin the early steps in implementing the new health governance arrangement.

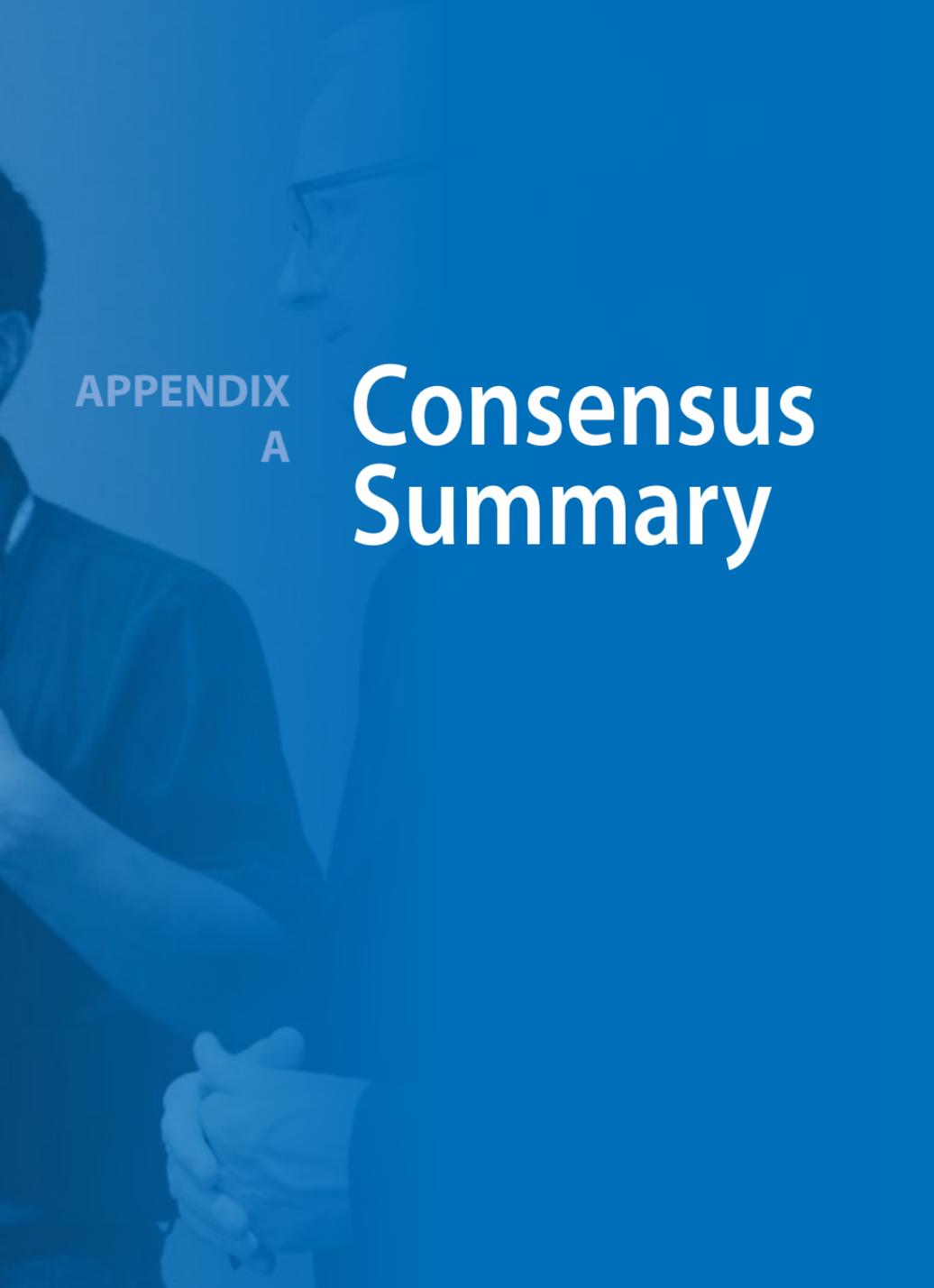
- **Regional Tables**

- Support must be provided to each Regional Caucus to further develop its own processes and structures, and to engage in relationship-building with the Regional Health Authority.
- The Regional Tables must be consistent with this consensus paper.
- Following approval of this consensus paper, the FNHC regional representatives will support their Regional Caucuses to develop Regional Tables.

- **Engagement with and Accountability to First Nations**

- A high standard of engagement and accountability has been set in the First Nations Health Council process – this consensus paper does not mark the end of engagement, but only a key decision point in the process
- The engagement and accountability process moving forward must be consistent with this consensus paper
- Following approval of this consensus paper, the FNHC will continue to engage with and be accountable to First Nations through a variety of mechanisms including: Regional Caucuses, Gathering Wisdom for a Shared Journey forums; presentations to other provincial First Nations leadership organizations; annual reports; communiqués; online and digital media; and many others.
- Following approval of this consensus paper, the FNHC will continue to inform and seek approval of First Nations at key decision points for the new First Nation health governance arrangement, including the strategy and plan for the negotiation of sub-agreements and the structure of an FNHA.





APPENDIX
A

Consensus Summary

The content of this Consensus Paper is a direct result of this feedback provided by First Nations. This section provides a short summary of that feedback as provided by First Nations through regional and sub-regional caucus meetings and through the Health Partnership Workbook.

Community Level Governance Principles

In total 85% of participants in the 2011 Health Partnership Workbook process agreed with the proposed principles for community level governance and proposed the following additional principles:

- Applying Community-Driven Nation-Based approaches;
- Addressing service gaps in communities;
- Promoting traditional medicines, practices and teachings in communities;
- Health human resource development for communities;
- Evaluating progress, outcomes and data collection in order to assist decision-making that will benefit the community;
- Ensuring accountability and transparency to communities and Nations; and
- Addressing funding issues faced by communities.

Regional Level Governance Principles

In total 89% of participants in the workbook process agreed with the proposed principles for regional level governance.

Provincial Level Governance Principles

In total 90% of participants in the workbook process agreed with the proposed principles for provincial level governance. It was proposed that a focus on social determinants of health be added to ensure there was cooperation with other government Ministries and Departments.

Reciprocal Accountability

Participants supported the proposed principles and recommended that further requirements be implemented for 'credible reporting' and 'review and adjustment'.

Participants were asked about processes for reciprocal accountability and the main themes were:

- Training and development;
- Funding Security;
- Conflict of Interest;
- Adding an Ethics process (including possibly an Elders Council for this purpose); and
- Accountability.

Regional Caucuses

A total of 84% of participants agreed that they would like to see the Regional Caucus structure continue as part of the new regional health transfer process with the purposes described in the workbook. Generally it was considered that Caucuses undertake the following functions well:

- Networking, communication and information dissemination including bringing together representation from communities and promoting unity and collaboration to find common ground;
- Helping to build Health Authority relationships;
- Conducting an advocacy role; and
- Promoting unity.

The key areas for improvement included:

- Communication and Information dissemination (not reaching all communities and not using a variety of methods especially to reach those without technology);
- Improving accountability mechanisms;
- Providing evidence of the cost – benefit of Caucuses;
- Ensuring the Caucus has the right skills and expertise; and
- Ensuring appropriate, diverse representation.

First Nations Health Council

Participants felt that the following principles and roles for the mandate and the structure of the FNHC should be added to those proposed in the workbook:

- Accountability for communication and information dissemination to all communities;
- A leadership role to build relationships with the other pillars of First Nations health governance (FNHA, FNHDA);
- Inclusion of First Nations decision-making practices and processes;
- Appropriate representation on the FNHC;
- Appropriate numbers of seats on the FNHC; and
- Improved transparency and accountability of the FNHC.

First Nations Health Directors Association

Overall 89% of participants agreed that the FNHDA should play a key role in providing technical advice and guidance to the FNHC and the FNHA and added that two key areas need to be addressed – communications and membership processes.

First Nations Health Authority

Overall 92% of participants agreed that the proposed principles for the activities and operations of the FNHA should be as listed in the workbook, with 8% disagreeing. Participants felt that the following principles for activities and operations needed to be added:

- Mandate of the FNHA: traditional and cultural perspectives; social determinants of health; supporting community and regional health planning and relationships with RHAs; and,
- Board of Directors of the FNHA: experience and expertise in operations and in First Nations health; diversity; and inclusiveness.



APPENDIX
B

Resolution #2011-01

Resolution #2011-01

First Nations Health Council Chiefs in Assembly
Gathering Wisdom for a Shared Journey IV
May 26, 2011
Richmond, BC

SUBJECT: APPROVALS FOR NEW FIRST NATIONS HEALTH GOVERNANCE ARRANGEMENT

WHEREAS

- A. In 2005, the First Nations Leadership Council, Government of Canada, and Province of British Columbia signed the *Transformative Change Accord*, committing to establish: a new relationship based on mutual respect and recognition; and, 10-year plans to bridge the differences in socio-economic outcomes between First Nations and other British Columbians particularly in the areas of education, housing, economic opportunities, and health.
- B. In 2006, the *Transformative Change Accord: First Nations Health Plan* (TCA: FNHP) was reached between the First Nations Leadership Council and the Province of British Columbia. This plan described a series of actions to improve First Nations health over a 10-year period. At the same time, a First Nations Health Plan Memorandum of Understanding (“MoU”) was signed by the First Nations Leadership Council, Government of Canada, and Province of British Columbia; this MoU demonstrated Canada’s support for the TCA: FNHP and committed the Parties to negotiate a tripartite First Nations health plan. These agreements were supported by resolutions (FNS 0307.07 and UBCIC 2007-06).
- C. In 2007, the *Tripartite First Nations Health Plan* (TFNHP) was signed by the First Nations Leadership Council, Government of Canada, and Province of British Columbia and supported by resolutions (BCAFN 7/2007, FNS 0907.09). This 10-year plan supported the health actions set out in the TCA: FNHP and established new commitments to create and implement a new structure for the governance of First Nations health services in British Columbia including: a First Nations Health Council to provide political First Nations leadership; a First Nations Health Governing Body (First Nations Health Authority) to manage First Nations health programs and services currently administered by the federal government ; and, a First Nations Health Directors Association to support capacity development, training and knowledge transfer.
- D. In 2007, First Nations Chiefs and leaders in BC, through resolutions created and made appointments to the First Nations Health Council (including but not limited to BCAFN 6/2007, FNS 0907.10, UBCIC 2008-5). The First Nations Health Council was composed of three appointees each of the First Nations Summit and Union of BC Indian Chiefs, and one appointee of the BC Assembly of First Nations and was mandated with: serving as the advocacy voice of BC First Nations in achieving their health priorities and objectives; conducting health-related policy analysis and research; participating in policy and program planning processes related to First Nations health; and providing political leadership in the implementation of the TCA: FNHP, MoU, and TFNHP and the vision of healthy, self-determining and vibrant BC First Nations children, families and communities.

- E. On September 13, 2007, the member States of the United Nations voted overwhelmingly in favour of the *United Nations Declaration on the Rights of Indigenous Peoples*. The Declaration is the most comprehensive, universal international human rights instrument explicitly addressing the rights of Indigenous peoples. It sets minimum standards for upholding the economic, social, cultural, political, spiritual and environmental rights of Indigenous peoples worldwide. The Government of Canada issued a Statement of Support endorsing the United Nations Declaration on the Rights of Indigenous Peoples on November 12, 2010.
- F. In January 2008, a BC First Nations Interim Health Governance Committee (FNIHGC) was formed to provide undivided political focus on the health governance commitments of the TFNHP and work in collaboration with the First Nations Health Council, which focused on the other health actions and commitments of the TCA: FNHP and TFNHP. The FNIHGC Co-Chairs were appointed by the First Nations Leadership Council and the FNIHGC was composed of First Nations representatives appointed by First Nations in the five regions – Fraser, Interior, North, Vancouver Coastal, and Vancouver Island.
- G. In 2008, the FNIHGC commenced a regional caucus process to inform and obtain feedback from BC First Nations on the implementation of the health governance commitments of the TFNHP, supported by First Nations by resolution (BCAFN 29/2008; FNS 0608.22; UBCIC 2008-25). Regional caucus meetings were held across the province, open to all 203 BC First Nation communities, and particularly focusing on engagement with each Chief and Senior Health Lead from each First Nation community. These regional caucus sessions, and the work of the FNIHGC, resulted in a set of negotiating principles – developed by First Nations – to guide the tripartite negotiations to establish a new First Nations health governance arrangement.
- H. In 2009, the FNIHGC engaged in negotiations with federal and provincial governments pursuant to the commitments in the TFNHP to establish a new health governance structure for First Nations health services in BC, and consistent with the negotiating principles developed by First Nations. These tripartite negotiations resulted in the *British Columbia Tripartite First Nations Health – Basis for a Framework Agreement on Health Governance* (“Basis Agreement”). The Basis Agreement sets out areas of agreement amongst the Parties, and the parameters for the negotiation of further agreements, with respect to the establishment of a new First Nation health governance structure.
- I. In 2009, the First Nations Health Council established a First Nations Health Society to act as the business arm of the First Nations Health Council, and to create a separation between the business and political functions of implementing the TCA: FNHP, MoU, and TFNHP. The First Nations Health Council members are the members of the First Nations Health Society and appoint its Board of Directors.
- J. In March 2010, First Nations in BC, via resolutions of the Union of BC Indian Chiefs and the First Nations Summit (FNS resolution #0310.03; UBCIC resolution 2010-01), called for the First Nations Health Council to transition its composition from 7 representatives appointed by the First Nations Leadership Council member organizations to one of 15 representatives – three each appointed by the five regional caucuses (Fraser, Interior, Vancouver Coastal, Northern & Vancouver Island). Through these

same resolutions, First Nations directed the newly-restructured First Nations Health Council to oversee health governance negotiations pursuant to the Basis Agreement, including the negotiations, ratification and implementation of a legal Framework Agreement.

- K. In April 2010, a First Nations Health Directors Association was established to provide: technical advice and support to the implementation of the TCA: FNHP and TFNHP; advice and assistance to shape First Nations health policy and programs; and, opportunities for health directors and managers to undertake professional development, networking, information-sharing, and communications.
- L. From 2008-2010, over 90 regional and sub-regional caucus sessions were held. All of the feedback from these meetings was rolled up into a Health Partnership Workbook in January 2011. At a series of more than 30 additional regional and sub-regional caucuses from January-May 2011, First Nations from across the Province reviewed this Health Partnership Workbook and provided their feedback. This feedback from the 120 regional and sub-regional caucus meetings from 2008-2011 was rolled up into five regional summary documents which were subsequently reviewed and amended by the regional caucuses.
- M. In April 2011, the First Nations Health Council recommended a draft *Tripartite Framework Agreement on First Nation Health Governance* ("Framework Agreement") for approval by First Nations in BC. The Framework Agreement was negotiated pursuant to the Basis Agreement, and in accordance with the negotiating principles established by the FNIHGC. The Framework Agreement was reviewed in detail, along with the regional summary reports, at a series of regional, sub-regional and other First Nations meetings across BC.
- N. In May 2011, the results of the five regional summary documents and the notes and outcomes of the more than 120 regional and sub-regional caucus meetings (including those to review the Framework Agreement) were rolled into a single Consensus Paper (enclosed). The Consensus Paper gathers all of the feedback and direction provided by First Nations for the establishment of the new First Nations health governance arrangement. The Consensus Paper establishes the collective wisdom and direction of First Nations in BC with respect to the new health governance arrangement, and sets the standard that the arrangement must achieve in order to meet with the approval of First Nations in BC:
 - a. Describes directives from BC First Nations for the establishment of, and agreements relating to, the new health governance arrangement.
 - b. Describes the mandates and activities of the various entities in the new health governance arrangement – Regional Caucuses and Tables, the First Nations Health Authority, First Nations Health Council, and the First Nations Health Directors Association.
 - c. Establishes the principles and processes of reciprocal accountability for the success of this new health governance arrangement.
 - d. Sets out a clear set of next steps for the First Nations Health Council to undertake in the establishment of the new health governance arrangement.

THEREFORE BE IT RESOLVED

1. That the Chiefs in Assembly at Gathering Wisdom for a Shared Journey IV approve the enclosed Consensus Paper, including the following directives for the new health governance arrangement:
 - a. Directive #1: Community-Driven, Nation-Based
 - b. Directive #2: Increase First Nations Decision-Making and Control
 - c. Directive #3: Improve Services (*Consistent with the Principle of Comparability*)
 - d. Directive #4: Foster Meaningful Collaboration and Partnership
 - e. Directive #5: Develop Human and Economic Capacity
 - f. Directive #6: Be Without Prejudice to First Nations Interests (including but not limited to Aboriginal Title and Rights, Treaty Rights, self-government agreements, court proceedings, the fiduciary duty of the Crown, and existing community health funding agreements)
 - g. Directive #7: Function at a High Operational Standard
2. That the Chiefs in Assembly at Gathering Wisdom for a Shared Journey IV agree that the enclosed *Tripartite Framework Agreement on First Nation Health Governance* ("Framework Agreement") is consistent with the directives of the Consensus Paper.
3. That the Chiefs in Assembly at Gathering Wisdom for a Shared Journey IV direct the First Nations Health Council to undertake the following next steps as outlined in, and consistent with, the Consensus Paper:
 - a. Direct the Board of Directors of the First Nations Health Society to sign the Framework Agreement;
 - b. Develop a strategy and approach for the conclusion of sub-agreements to the Framework Agreement;
 - c. Engage with federal and provincial governments to finalize the Health Partnership Accord;
 - d. Engage with federal and provincial governments to prepare the implementation plan and strike the tripartite implementation committee;
 - e. Develop models and options for a First Nations Health Authority;
 - f. Direct the First Nations Health Society to take steps to become the interim First Nations Health Authority and begin the early steps in implementing the new health governance arrangement; and,
 - g. Support Regional Caucuses to develop Regional Tables.
4. That the Chiefs in Assembly at Gathering Wisdom for a Shared Journey IV direct the First Nations Health Council to develop a workplan in consultation with Regional Caucuses for the next steps outlined above and provide that to the Regional Caucuses for review by September 1, 2011. The workplan will be consistent with the Consensus Paper and the Framework Agreement, and take best thinking and advice into account, including that set out in the legal opinion provided by Maria Morellato dated May 16, 2011. The workplan will include:
 - a. Milestones: Key deliverables, including but not limited to the development of the structure of a First Nations Health Authority, the further development of Regional Caucuses and Regional Tables, and the process and plan for further negotiations of sub-agreements, the implementation plan, and the Health Partnership Accord.
 - b. Timeframes: Targeted dates for the completion of the milestones.
 - c. Key decision points: Key decision points and the process for approval.

d. Indicators: A process to identify the key indicators and benchmarks to measure progress.

The Regional Caucuses will review and provide feedback by December 1, 2011.

5. That the Chiefs in Assembly at Gathering Wisdom for a Shared Journey IV direct the First Nations Health Council to continue to engage and share information with, and be accountable to, First Nations through a variety of mechanisms, including but not limited to: Regional Caucuses; Gathering Wisdom for a Shared Journey forums; presentations to other provincial First Nations leadership organizations; annual reports; communiqués; and, online and digital media.
6. That the Chiefs in Assembly at Gathering Wisdom for a Shared Journey IV direct the First Nations Health Council to hold Gathering Wisdom for a Shared Journey V in May 2012 to report on progress in the implementation of this resolution, and seek further direction and approvals of First Nations Chiefs in BC.

Moved: Chief Bill Cranmer, 'Namgis First Nation

Seconded: Chief Wayne Christian, Splatsin First Nation

Abstentions: Deborah Baker – Squamish Nation (Proxy); Chief Marilyn Slett – Heiltsuk Nation; Chief Percy Joe – Shackan Indian Band; Cindy Smith – Metlakatla Band (Proxy); Chief Harley Davis – Saulneau First Nation; Deputy Chief Bruce Reece – Hartley Bay Band Council (Proxy); Chief Reg Louis – Stellaten First Nation; Lillian Apsassin - Blueberry River First Nation (Proxy)

Disposition: Carried

Date: May 26, 2011

Endorsed:



Grand Chief Doug Kelly
First Nations Health Council Chair



Warner Adam
First Nations Health Council Deputy Chair

CONSENSUS PAPER

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Perspectives on a New Health
Governance Arrangement**



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