

# Vancouver Island Partnership Accord

B E T W E E N

Vancouver Island Regional Caucus

Island Health

First Nations Health Authority



First Nations Health Authority  
Health through wellness



island health

## Background and Purpose

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1. This *Vancouver Island Partnership Accord* ("Accord") is made in the spirit of partnership and joint commitment to improve the health and wellness outcomes of all First Nations people living in the Vancouver Island region, regardless of Nationhood, status, and location. This is the second version of the Accord amongst the Parties:
  - The first Accord was signed on May 14, 2012 and reflected a shared commitment to improve the well-being of all First Nations people living in the Vancouver Island region, regardless of Nationhood, status, and location through partnership and joint commitment.
  - An addendum to the Accord was reached on July 2, 2014, with the purpose of fully involving the FNHA in the implementation of the Partnership Accord.
  - This version of the Accord builds upon and incorporates the learnings of the Parties and engagement with Vancouver Island First Nations. It represents an ongoing growth, evolution, and strengthening of the partnership, our shared purposes, and our collaborative processes.
2. This Accord is a relationship document intended to strengthen partnership and shared decision-making between the Parties towards a shared goal of improving the health outcomes of and creating a more integrated, culturally appropriate, safe, and effective health system for First Nations on Vancouver Island.
3. The Parties recognize and respect one another's mandates: the Vancouver Island Regional Caucus ("Caucus") composed of the First Nations within Vancouver Island Region; the First Nations Health Authority (FNHA) designing, delivering and funding health services for First Nations people and communities on Vancouver Island and province-wide; and, Island Health serving all Vancouver Island residents including all Aboriginal peoples.
4. Vancouver Island is home to a wide range of diverse First Nations who are at different stages of development, are different in size and accessibility, have varying capacities to engage, and have adopted varying mixes of western and traditional health care in their strategies. This Accord is intended to recognize and support the varying needs and strategies.
5. This Accord builds on several provincial and regional foundational governance documents:
  - *The Transformative Change Accord: First Nations Health Plan (2006)*
  - *The Tripartite First Nations Health Plan (2007)*
  - *The Consensus Papers (2011 and 2012)*
  - *British Columbia Tripartite Framework Agreement on First Nations Health Governance (2011)*
  - *Health Partnership Accord (2012)*
  - *Cultural Safety and Humility Declaration of Commitment (2015)*
  - *The Island Health Aboriginal Health Plan*
  - *Vancouver Island Regional Health and Wellness Plan*

## The Parties

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### Vancouver Island Regional Caucus

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6. The First Nations in the Vancouver Island region have inherent responsibilities for their citizens regardless of residency, as well as other First Nations and other guests who reside in their ancestral homelands. Similarly, other Aboriginal and non-Aboriginal peoples who visit or reside in these homelands have a responsibility to respect and acknowledge the traditional territories, laws and customs of the Vancouver Island First Nations.
7. Vancouver Island First Nations have formed the Caucus which provides a forum for the governance and technical leads from the region's First Nations to come together at regular intervals to engage on key health and wellness issues through:
  - Sharing information and perspectives as it relates to the work of the First Nations health governance structure;
  - Providing guidance on regional health matters;
  - Developing, and monitoring progress of, a regional health and wellness plan;
  - Monitoring the progress of the Regional Partnership Accord;
  - Providing direction and guidance to the Regional Table and Vancouver Island First Nations Health Council Representatives; and
  - Contributing to political advocacy.
8. The Caucus is composed of three sub-regional cultural family caucuses – Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth. The three sub-regional cultural family caucuses each appoint one governance representative to serve in complementary roles as: a member of the First Nations Health Council; the Chair of the sub-regional cultural family caucus; a Co-Chair of the Caucus; and, a member of the Regional Table.
9. The Regional Table is the working extension of the Caucus and in addition to the three sub-regional cultural family governance representatives includes the three regional representatives from the First Nations Health Directors Association. Roles and responsibilities of the Regional Table include:
  - Develop and implement agreements and arrangements with Island Health;
  - Engage with key stakeholders, organizations and government agencies, as appropriate;
  - Collaborate with the First Nations Health Council, First Nations Health Directors Association, First Nations Health Authority, and Island Health to implement regional health and wellness plan;
  - Carry out work directed by the Regional Caucus; and
  - Plan the engagement with First Nations in the region.

## First Nations Health Authority

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10. FNHA is the first and only province-wide First Nations health authority in Canada and is one of four component entities of the First Nations health governance structure established by BC First Nations leadership (the other entities being the First Nations Health Council, First Nations Health Directors Association, and the Tripartite Committee on First Nations Health). The FNHA philosophy is “Health through wellness”.
11. The FNHA is governed by a 9-member Board of Directors responsible for overseeing the mandate of the organization which is to:
  - Plan, design, manage, deliver and fund the delivery of First Nations Health Programs in British Columbia;
  - Receive federal, provincial and other health funding for or to support the planning, design, management and delivery of First Nations Health Programs and to carry out other health and wellness related functions;
  - Collaborate with the BC Ministry of Health and BC Health Authorities to coordinate and integrate their respective health programs and services to achieve better health outcomes for First Nations in British Columbia;
  - Incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into the First Nations Health Programs, recognizing that these may be reflected differently in different regions of BC;
  - Be constituted with good governance, accountability, transparency and openness standards;
  - Establish standards for First Nations Health Programs that meet or exceed generally accepted standards;
  - Collect and maintain clinical information and patient records and develop protocols with the BC Ministry of Health and the BC Health Authorities for sharing of patient records and patient information, consistent with law;
  - Over time, modify and redesign health programs and services that replace Federal Health Programs through a collaborative and transparent process with BC First Nations to better meet health and wellness needs;
  - Design and implement mechanisms to engage BC First Nations with regard to community interests and health care needs;
  - Enhance collaboration among First Nations Health Providers and other health providers to address economies of scale service delivery issues to improve efficiencies and access to health care;
  - Carry out research and policy development in the area of First Nations health and wellness; and

Along with the First Nations Health Council and First Nations Health Directors Association, the FNHA’s work is guided by the 7 Directives established as standards by BC First Nations leadership:

- Directive # 1: Community-Driven, Nation-Based
- Directive # 2: Increase First Nations’ Decision-making and Control
- Directive # 3: Improve Services
- Directive # 4: Foster Meaningful Collaboration and Partnership
- Directive # 5: Develop Human and Economic Capacity
- Directive # 6: Be Without Prejudice to First Nations’ Interests
- Directive # 7: Function at a High Operational Level

12. Island Health is responsible for providing health services to over 767,000 people across a widely varied area of approximately 56,000 square kilometres, including Vancouver Island, the Gulf and Discovery Islands and part of the mainland adjacent to northern Vancouver Island. An important part of Island Health's mandate is to serve the many remote and isolated communities in our region that are only accessible by water or air. Under the Transformative Change Accord: First Nations Health Plan (2005), the province, including regional health authorities, has the responsibility for providing health services to all residents of British Columbia including non-Status Aboriginal people, Metis, and Status Indians living on and off reserve. It is with this responsibility that Island Health acknowledges the need to partner with First Nations in its region to ensure culturally safe and effective delivery of health services to them.
13. Island Health is governed by a provincial government-appointed Board that works with the executive team to set the strategic vision and direction of the health authority. Island Health's President/CEO has overall responsibility for delivery of health programs and services in the Vancouver Island Region in accordance with the Island Health Board's strategic vision. The President/CEO also has the overall responsibility to ensure that the Transformative Change Accord is implemented and that all Island Health programs follow through on the commitment to deliver culturally appropriate services to First Nations people as per the Cultural Safety and Humility Declaration of Commitment signed in 2015.
14. Island Health's Aboriginal Health Council "provides strategic guidance to the relationship between the Aboriginal people on Vancouver Island served by their governments and health organizations and Island Health." The Aboriginal Health Council is comprised of First Nations health organizations, Friendship Centres, Metis Chartered communities and Island Health. The Parties are committed to aligning the work of the Aboriginal Health Council and the Partnership Accord Steering Committee where possible.
15. The strategic themes in Island Health's *Aboriginal Health Plan* guide the work of the organization in relation to First Nations and Aboriginal health:
  - Enhance Relationships and Collaboration
  - Enhance Access and Capacity
  - Strengthen Cultural Safety and Humility
  - Be Innovative
  - Be Accountable
  - Work with Others to Address the Social Determinants of Health

## Reciprocal Accountability

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16. Reciprocal accountability is the guiding principle of this Accord. Reciprocal accountability is a way of working together that replaces the traditional focus of vertical accountability with a more horizontal approach to accountability that emphasizes collaboration and collective action. This partnership model builds relationships at each level of the health system – from political to service delivery – and that these relationships focus on ways to accelerate improvement in First Nations health and wellness.
17. At its core, reciprocal accountability describes the ways in which the Parties will support one another to uphold and enrich respect mandates. It serves as a shared commitment to be responsive, transparent, collaborative and diligent in advancing common priorities and striving for creative problem-solving as a means to overcome challenges.
18. These arrangements for reciprocal accountability enable a broad, enduring and evolving partnership focused on the integration and improvement of health and wellness services accessed by BC First Nations. In the implementation of these arrangements, the Parties are committed to a process of continuous review, renewal and shared learning. To this end, this Accord is intended to be revisited and renewed to keep pace with change and reflect emergent environments, expectations and priorities.
19. The actions of the Parties under this Accord will be based on reciprocal accountability:
  - The Parties will each deploy available assets, authorities, capacities and resources within their part of the health system to support the work under this Accord.
  - The Parties will uphold individual and collective commitments under this Accord in a way that keeps pace with the evolving environment and expectations of one another.
  - The Parties will honour the spirit and intent of the Accord and communicate in a timely, complete and effective manner regarding key issues of mutual concern to ensure ‘no surprises.’
  - The Parties recognize that reciprocal accountability looks different at each level of the health system and requires adaptability in its application regionally, sub-regionally and locally.

## Strategic Priorities and Specific Initiatives

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20. The Parties are committed to focusing their work under this Partnership Accord in the following four key areas of shared interest:
  - Mental Wellness
  - Primary Care
  - Maternal Child and Family Health
  - Cultural Safety & Humility and Traditional Wellness
21. Strategic priorities and specific initiatives will be guided by the Vancouver Island Partnership Accord Work Plan and Vancouver Island 3-Year Priorities Document.

## Planning and Engagement

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22. The Parties will develop a joint workplan(s) to advance the implementation of commitments outlined in this Accord. This workplan(s) will be enriched by the content of Vancouver Island First Nation community health and wellness plans, the *Vancouver Island Regional Health and Wellness Plan* (FNHA) and the *Aboriginal Health Plan* (Island Health).
23. The Parties will update and engage with one another on their respective emerging plans and strategies.
24. The Parties commit to collaboration and coordination in community engagement, which utilizes the existing FNHA and VIRHC community engagement network as a basis for engaging with Vancouver Island First Nations.

## Ongoing Collaboration

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25. The Parties are committed to establishing collaboration across their teams and organizations at all relevant levels and including in the areas of policy and planning, health services, communication and public relations, information management, and research and knowledge exchange.
26. The Parties' shared intention is that the work we do through the partnership is of broader benefit to all Aboriginal and non-Aboriginal peoples across the Island.
27. The FNHA and Island Health will discuss potential changes to policy, programs and services that might impact one another.
28. The Parties will communicate in a timely and effective manner about potential risks or impediments to the implementation of this Accord.
29. The FNHA and Island Health will share experiences and lessons learned in health care delivery and explore capacity development opportunities.

## Structure of the Relationship

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30. The Parties have established a Partnership Accord Steering Committee (PASC) to oversee the implementation of this Accord and serve as a senior and influential forum for partnership, collaboration, and joint efforts on First Nations health priorities, policies, budgets, programs and services in the Vancouver Island region. The membership of the Partnership Accord Steering Committee includes:
  - Island Health: Chief Executive Officer, Executive Vice President Quality, Safety & Experience, Executive Director responsible for Aboriginal Health, Director of Aboriginal Health;

- Caucus: the three individuals appointed to the Regional Table and First Nations Health Council by the sub-regional cultural family caucuses; and,
- FNHA: Chief Executive Officer, Chief Operating Officer.

Meetings of the PASC are also attended by the senior staff of Island Health and the FNHA.

31. The objectives of PASC are to:

- Provide a forum for the Partners to: develop a mutual understanding of the problems, strengths and issues supporting a population health approach; and, understand each other's cultures, strategic priorities, ways of working, points of view, priorities, points of leverage and limitations.
- Provide oversight and direction to the development and implementation of the Partnership Accord and related plans.
- Jointly monitor performance indicators and strategic initiatives related to First Nations health.
- Monitor outcomes of population health approaches that are jointly implemented and evaluated with the Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth First Nations to evaluate progress on closing the health disparity gap between First Nations people and non-Aboriginal Vancouver Island residents.
- Ensure that mutually agreed First Nations' health priorities are incorporated into annual work plans for all Island Health health programs.
- An Executive Committee will support the Partnership Accord Steering Committee through activities such as providing senior level support to the implementation to the activities outlined in the Partnership Accord workplan.

32. The PASC will meet twice per year to review progress on the Accord. One of these meetings will also coincide with the annual report on progress to Caucus.

33. The Parties have created an Executive Committee accountable to the PASC. The Executive Committee includes executive leadership of the FNHA and Island Health. The Executive Committee provides regular operational oversight, problem-solving, and direction to the Partnership Accord workplan and oversees implementation of the direction provided by the PASC.

34. Through these structures, the Parties will align and coordinate participation, messaging, and action items related to the Tripartite Committee on First Nations Health.

## V. Monitoring and Evaluation

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35. The Parties will uphold a strong commitment to monitoring and reporting on progress to Vancouver Island First Nations and each Party's governance structure. An annual report on progress against the Partnership Accord workplan(s) will be prepared by the PASC and presented to the Caucus.

36. Island health, FNHA, and the Caucus of the Vancouver Island Partnership Accord. These evaluations will align and contribute to the tripartite process for evaluation, reporting and storytelling.

## **VII. Nature of the Accord**

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37. Nothing in this Accord shall be construed so as to abrogate or derogate from the protection provided for existing First Nations or treaty rights of the First Nation people of Vancouver Island. Rather, this Vancouver Island Partnership Accord addresses the commitment to collaboration between the three parties.
38. Notwithstanding anything else to the contrary in the Accord, the Parties agree that this Accord is intended to be a general statement of goals but is not intended to create, and does not create, legally binding obligations on the parties, nor is it enforceable against either of the parties in any court of law or otherwise.

## **VIII. Review and Amendment**

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39. The Accord will be reviewed in three years from date of signing.
40. This Accord may be amended in writing signed by duly authorized representatives of each of the Partners.
41. An amendment to this Accord takes effect on a date agreed to by the Parties to the amendment, but if no date is agreed to, on the date that the last Party required to consent to the amendment gives its consent.
42. As a living document, this Accord may be amended as needed to maintain the validity of the document or to further develop/define the process (see Reciprocal Accountability & Appendix 5 – Dispute Resolution).

# Vancouver Island Partnership Accord

Between:

Vancouver Island Regional Caucus

Island Health

First Nations Health Authority

## **SIGNATURES**

Vancouver Island Partnership Accord signed on \_\_\_\_\_, 2016

### **For Island Health:**

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Don Hubbard, Chair – Island Health Board of Directors

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Dr. Brendan Carr - President / CEO, Island Health

### **For Vancouver Island Regional Health Caucus:**

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Deb Foxcroft - Nuu-chah-nulth

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TELAXTEN Paul Sam - Coast Salish

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Nick Chowdhury - Kwakwaka'wakw

### **For First Nations Health Authority:**

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Lydia Hwitsum - Chair, First Nations Health Authority Board of Directors

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Joe Gallagher - CEO, First Nations Health Authority



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## Appendix 1 - Dispute Resolution Process

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The Parties are committed to working collaboratively to develop harmonious working relationships and to prevent, or alternatively, to minimize disputes.

To that end, the Parties will:

- Establish clear lines of communication and articulate their expectations about the interpretation of this Agreement; and
- Seek to address anticipated disputes in the most expeditious and cost-effective manner possible.

The Parties nevertheless acknowledge that disputes may arise and agree that they will strive to resolve any such disputes in a non-adversarial, collaborative and informal atmosphere.

If a dispute arises, the Parties to that dispute shall each nominate a representative who shall promptly and diligently make all reasonable, good faith efforts to resolve the dispute. Where a dispute is between fewer than all of the Parties, those Parties involved in the dispute will inform the other Party and may ask the other Party to assist them in attempting to resolve the dispute.

Nothing prevents the Parties, at any stage of a dispute, from agreeing to refer the dispute to mediation on such terms as they may agree. In the event that a dispute is referred to mediation, the Parties will share equally in the fees and expenses of the mediator and will otherwise bear their own costs of participation in the mediation.

All information exchanged during this dispute resolution process shall be regarded as confidential by the Parties and their representatives.

# Appendix 2 – Map of Vancouver Island First Nations Communities

