TERMS OF REFERENCE
BC First Nations Health Council
First Nations Northern Regional Health Caucus
Northern Regional Table

Version 20
Adopted November 14 2019

First Nations Northern Health Caucus Terms of Reference

Contents

1.0 Preamble

The health of First Nations has been, at best characterized as comparable to that of developing countries. First Nations leadership in BC have committed to work collectively to address the health disparities amongst their citizens. The Northern leadership will continue to support the First Nations Health Authority in the fulfillment of its operational mandate and to ensure that the health and well-being of the Northern First Nations are addressed in a meaningful and effective manner.

BC First Nations use the *United Nations Declaration on the Rights of Indigenous Peoples* as the instrument to measure change and will hold its partners to the same and in particular *Article 23* which states:

> *Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programs affecting them and, as afar as possible to administer such programs through their own institutions.*

In 2009, the First Nations in the Northern Region endorsed the *Northern BC First Nations Issues* paper that established principles as a standard of achievement to be followed in a spirit of partnership, respect, reciprocal accountability, and transparency with the Government of Canada and Province of BC.

In May 2011, First Nations in BC adopted *Resolution 2011-01* and the *Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement*. With this decision, First Nations in BC endorsed the *Tripartite Framework Agreement on First Nation Health Governance* and set out the standards and instructions for a new health governance arrangement.

In May 2012, First Nations in BC adopted *Resolution 2012-01* and the *Consensus Paper 2012: Navigating the Currents of Change*. With this decision, First Nations in BC established the fundamental standards, structures and stages to manage transition and achieve health systems transformation.

In May 2012, Northern First Nations and the Northern Health Authority entered into the Northern Partnership Accord. The Accord affirms a commitment to a mutually beneficial relationship that enables collaboration in the planning, implementation and evaluation of culturally appropriate, safe and effective services for Northern First Nations.

In December 2012, BC First Nations, the Government of Canada and the Province of British Columbia signed the Health Partnership Accord. The Accord affirms a commitment to work toward the shared vision of a building a better, more responsive and integrated health system for First Nations in BC.

First Nations in BC have established a new First Nations health governance structure that includes:

I. The First Nations Health Authority is responsible for planning, management, service delivery, and funding of health programs.
II. The First Nations Health Directors Association acts as the technical advisory body to the First Nations Health Authority and the First Nations Health Council and supports education, knowledge transfer, professional development and best practices for health directors.

III. The First Nations Health Council provides political leadership for the implementation of tripartite commitments and supports BC First Nations to achieve their health goals and priorities.
IV. The Tripartite Committee on First Nations Health is a forum to coordinate and align programming and planning of the First Nations Health Authority, Provincial and Regional Health Authorities, the BC Ministry of Health and Health Canada.
V. The Regional Caucuses and Regional Tables provide an opportunity for Community-driven, Nation-based processes that support First Nations to set strategic direction on regional health matters, develop Regional Health and Wellness Plans and implement Regional Partnership Accords.

The Northern Region has a wide cultural and historical diversity and distinction where there are 60 First Nation communities and 15 First Nations languages. The First Nations are dispersed throughout an area of 600,000 acres or 65% of British Columbia. Of the 300,000 people in the North, 17.5% of the population is Aboriginal, which is the highest proportion in the province.

First Nations of the Northern region have established regional structures and processes to better coordinate the planning, design and delivery of health programs and services. These structures and processes are described in greater detail in these Terms of Reference.

2.0 Purpose

The purpose of the First Nations Northern Regional Health Caucus Terms of Reference is to guide the roles and responsibilities of the First Nations Northern Regional Health Caucus (Northern Caucus), and Sub-Regional Caucuses, to provide First Nations of the North an opportunity for a Community-driven, Nation-based planning and decision-making process within the First Nations health governance structure.
Through the Northern Caucus and Sub-Regional Caucuses, First Nations will:
Share information and develop common interests, perspectives and priorities:

a) Set strategic direction on regional health matters
b) Receive reports from FNHA, FNHC, FNHDA and NHA
c) Provide strategic direction to, and receive reports from, representatives to the FNHC, NRT and NFNHP
d) Nominate candidates for the regionally representative FNHA board member position
e) Nominate candidates for the regionally representative NRT member positions
f) Nominate candidates for the regionally representative FNHC member positions
g) Guide the development and implementation of the Northern Health and Wellness Plan
h) Guide the implementation of the Northern Partnership Accord with NHA

Regional and Sub-Regional Caucuses ensure that First Nations leadership provide strategic direction and advocacy in a manner that is Community-driven and Nation-based, which will directly feed into the work of the Regional Table.

3.0 Shared Vision, Values and Principles

3.1 Vision:

The Northern Caucus shares the vision of the FNHA, FNHC and FNHDA of healthy, self-determining and vibrant BC First Nations children, families and communities.

3.2 Values

The Northern Caucus conducts our efforts in accordance with our shared values:

- Respect
- Discipline
- Relationships
- Culture
- Excellence
- Fairness

3.3 Northern Health Issues Paper:

In 2009, the First Nations in the Northern Region endorsed the *Northern BC First Nations Issues* paper (see Appendix A) that established principles as a standard of achievement to be followed in a spirit of partnership, respect, reciprocal accountability, and transparency with the Government of Canada and Province of BC.

3.4 Northern Caucus Guiding Principles:

The Northern Caucus is guided by the following principles:

a) That all planning, activities and review of progress will be community mandated, and regionally coordinated.
b) The cultural values, beliefs, and practices of all Northern First Nations will be acknowledged and respected.
c) The Northern Caucus will strive to be inclusive of all Northern First Nations, communities and transferred health agencies.
d) Strong partnerships with communities, local and community governments, and service providers are critical for the FNHA to fulfill its operational mandate and achieve the tripartite vision of a better, more integrated and responsive health system.
e) Solutions and strategies must be based on a holistic definition of health from a First Nations perspective;
f) The representatives will serve as objective advocates on behalf of all Northern First Nations, regardless of where they live or whether they are able to attend Caucus sessions. The Caucus will not interfere with or undermine the sovereignty of each Nation to advocate for its own interests;
g) The activities of the Northern Caucus shall be aligned and guided by the regional priorities and approaches set out by Northern First Nations in the Northern Regional Health and Wellness Plan and the work of the FNHA.

4.0 Operations of the Northern Caucus:

4.1 Northern Caucus Membership:

The Northern Caucus is represented by the 55 First Nations in the Northern Region, which is divided into three sub-regions: Northeast, Northwest and North Central (See Appendix B). Each First Nation will be represented by one political representative or proxy and one senior health lead representative with one vote per community. Additional non-voting membership is granted to Carrier Sekani Family Services,

Gitxsan Health Society and Xaaynangaa Naay (Haida Wellness Society). Decision rights rest with the designated First Nation representative or proxy as determined by the community.

First Nations will inform the Northern Regional Team of changes to political or technical representation at meetings of the Northern Caucus or Sub-Regional Caucuses to ensure contact information and records are current.

First Nations Health Council recognizes the one political representative as chosen by the community and the CEO of Carrier Sekani Family Services, Gitxsan Health Society and Xaaynangaa Naay (Haida Wellness Society) as the contact persons for all notifications.

4.2 Collective Roles and Responsibilities:

The collective roles and responsibilities of the Northern Caucus are to:

a) Engage with First Nations
b) Provide guidance and leadership in the development and implementation of agreements and arrangements with NHA
c) Provide guidance and leadership in the development of northern regional perspectives and approaches on health and wellness
d) Function at a high operational standard

These roles and responsibilities are described in greater detail in *Appendix C*.

4.3 Individual Roles and Responsibilities

The individual roles and responsibilities of Northern Caucus members are to:

a) Abide by the Northern Caucus Code of Conduct (see Appendix *D*)
b) Attend regular scheduled Northern Caucus and Sub-Regional Caucus meetings
c) Work with the goal to achieve unified outcomes from unified First Nations
d) Take the message home by engaging and advocating with elected leadership, care providers, community members, youth and elders
e) Bring forward Informed interests, perspectives and priorities of respective communities
f) Learn more about the First Nations health governance structure and seek to understand issues, activities and initiatives of the Northern Caucus
g) Support effective, efficient and sustainable community engagement
h) Provide leadership and to actively participate in the business of the Northern Caucus and respective Sub-Regional Caucus
i) Provide input into regional perspectives and approaches on health and wellness
j) Be solution-orientated

4.4 Northern Caucus Meetings:

The Northern Caucus provides a forum for First Nations of the Northern region to share information, develop common perspectives and priorities, set strategic direction on regional health matters, nominate and appoint representatives to regional and provincial bodies, coordinate community and regional health

and wellness planning, set direction for the implementation of the Northern Partnership Accord, and receive regular reports from the FNHA, FNHC, FNHDA and NHA.

a. **Meeting Frequency**: The full Northern Caucus will meet a minimum of twice per year in person, at a location determined by the Co-Chairs of the Northern Caucus. The Co-Chairs of the Northern Caucus may also call special meetings that can be held via teleconference or in person. If the majority of Chiefs in three sub regions request, other extraordinary meetings can be called.
b. **Attendance:** Northern Caucus members will be required to provide signature of attendance at each meeting.
c. **Quorum:** For voting purposes, a quorum of the Northern Caucus is 50% + 1 of the First Nation communities of the Northern region. A count of eligible voters will be taken just prior to the motion or resolution being presented.
d. **Health Society** representatives are only eligible to vote if they hold a Proxy from an Elected Chief Counsellor (or equivalent as determined by the Community).
e. **Decision-Making**: The Northern Caucus will work to achieve consensus on issues identified and discussed – no common position or action is claimed unless caucus members can support the position or action. When consensus is not possible, the meeting minutes will reflect the dissenting points of views. If a decision is required, decisions will be made by a majority of votes where a quorum of First Nations is present and follow the decision-making framework described in *Appendix E*.
    i. Voting members (Chiefs or proxies) of the Caucus, as described in these Terms of Reference, are eligible to propose, move, or second resolutions and motions at the Caucus, in accordance with the Resolutions policy.
    ii. All caucus resolutions and motions are subject to the Resolutions policy.
    iii. Resolutions and motions are intended to advance the work and interests of the region.
    iv. Resolutions and motions should be framed as recommendations and not direct, or purport to direct, the FNHA.

    In the event of a dispute, the affected parties will seek to resolve the dispute in accordance with processes described in these Terms of Reference or other processes determined by the affected parties following appropriate political protocol or custom. The Co-Chairs will ensure that those representatives who are present at meetings are in agreement of a decision before announcing decisions as approved.
f. **Alternates**: When a voting representative is unable to attend a meeting, an alternate may be appointed for that meeting by way of a Proxy. The Proxy holder cannot be part of the health operations team. The alternate must present a Proxy letter signed by elected leadership or a copy of a resolution passed by elected leadership designating the Proxy as the voting representative of that First Nation.
g. **Observers**: Northern Caucus meetings shall be open to all First Nations community members and staff in the Northern Region as observers. The decisions and voting rights remain with designated First Nation representatives. Participants are required to register for the meeting in advance for logistical purposes.
h. **Meeting Records**: The meeting minutes will include a record of decisions, action items and summary minutes provided to the Co-Chairs of the Northern Caucus, thereafter to be distributed to members of the caucus for follow-up.
i. **Meeting Dates and Agendas**: The meeting dates and agendas will be set by the Co-Chairs of the Northern Caucus and notices provided to caucus members at least one month in advance of the meeting dates. Sub-Regional Caucus meetings may be held 60 days prior to each Northern Caucus meeting to ensure sub-regional matters can be brought forward for further discussion at Northern Caucus meetings.

j. **Reimbursement**: The travel costs for one political representative and one senior health lead representative from each First Nation will be covered by the FNHA in accordance with applicable FNHA community travel policies.

4.5 Northern Caucus Code of Conduct:

Members of the Northern Caucus, Sub-Regional Caucuses and Northern Regional Table will sign and abide by the Code of Conduct under *Appendix D*.

4.6 Dispute Resolution:

Inevitably, Northern Caucus members may and will often have other interests that they are responsible for. It is vital that the Northern Caucus acts collectively for the benefit of all First Nations communities within their regions.

In the event of a dispute within a Sub-Region, the dispute will be resolved using the traditional values and customs within that traditional territory. If the dispute cannot be resolved with the Sub-Region, the dispute will be brought to the Northern Caucus for resolution. The final stage of dispute resolution would be that a member of the FNHC from outside the region would be sanctioned to mediate the discussion to reach an outcome using interest-based problem solving techniques.

4.7 Roles and Responsibilities of Co-Chairs:

The three FNHC representatives will be the Co-Chairs of the Northern Caucus.

The Co-Chairs roles and responsibilities are to:

a) Attend, lead and chair Northern Caucus meetings in accordance with these Terms of Reference
b) Collaborate on the development of Northern Caucus meeting agendas
c) Provide leadership to carryout and assign work of the Northern Caucus and Sub-Regional Caucuses
d) Facilitate clear, concise and accountable communication between the Northern Caucus and FNHC
e) Report on key issues, priorities and initiatives of the Northern Caucus to the FNHC

The Co-Chairs are accountable to the First Nations within the Northern Region.

4.8 Cancellation of Meetings:

a) In the event of a cancellation of a Caucus Meeting, or Sub Regional Session, all delegates must be given a minimum of 30 days' notice to provide adequate notice to cancel any and all travel arrangements.
b) No meeting shall be cancelled with less than 30 days' notice unless there is a catastrophic event that makes the meeting physically impossible to take place.
c) The organization responsible for the cancellation will be responsible for informing all delegates of the justification for the cancellation, providing an active email and central phone number within the cancellation notice, for delegates to make reimbursement arrangements.

5.0 First Nations Health Council Representatives and the Regional Caucus:

5.1 Appointment:

Each Sub-Regional Caucus will appoint one representative to the FNHC for a term of three years effective at the time of appointment in accordance with respective Sub-Regional Caucus Terms of Reference.

5.2 Termination and Resignation:

A representative of the FNHC will cease his/her representation if:

- The member resigns from the Northern Caucus;
- The member's term expires and is not re-appointed;
- The member resigns from the FNHC before the member's term expires;
- The member dies; or
- The member fails to comply with the agreed upon Code of Conduct as described in these Terms of Reference.

In the event a representative resigns from the FNHC, the respective Sub-Regional Caucus will be notified and will undertake a nomination and appointment process in accordance with its Terms of Reference.

5.3 Accountability and Reporting:

The representatives are responsible to:

a) Report on Northern Caucus issues, priorities and initiatives to the FNHC and report to the Northern Caucus and respective Sub-Regional Caucus on FNHC activities.
b) To follow up on the direction provided through action items, motions or resolutions from respective Sub-Regional Caucus meetings
c) To work collaboratively with the other two northern representatives of the FNHC to develop a regional approach, with support and direction from the Northern Caucus
d) Request the Northern Region follow-up on information and correspondence
e) Uphold responsibilities collectively with the FNHC as defined in the FNHC Terms of Reference

6.0 Technical Support

The work of the Northern regional representatives will be supported by the FNHA Northern Regional Team and FNHA Joint Secretariat staff designated to support the work of the Northern Caucus, Sub-Regional Caucuses, NRT and NFNHPC.

The Northern Regional Team will coordinate meetings of the Northern Caucus, Sub-Regional Caucuses, NRT and NFNHPC. The FNHA will make available appropriate central support services related to policy, planning, research and communication to support work undertaken by the Northern Caucus, Sub-Regional Caucuses, NRT and NFNHPC.

7.0 Amendments and Review of Terms of Reference

The terms of reference may be reviewed at least once per year at a regular meeting of the Northern Caucus. The terms of reference will be maintained as a living document. Any member of the Northern Caucus may submit a formal motion for an amendment of these terms of reference. The formal motion

for amendment shall be presented to the Northern Caucus for review and approval. Such amendments shall apply following the approval of the motion.

8.0 Glossary of Acronyms

FNHA:	First Nations Health Authority
FNHC:	First Nations Health Council
FNHDA:	First Nations Health Directors Association
NFNHPC:	Northern First Nations Health Partnership Committee
NH:	Northern Health
NRT:	Northern Regional Table
TFNHP:	Tripartite First Nations Health Plan
TWG:	Technical Working Group

Appendix A – Northern Health Issues Paper

Northern Chiefs Meeting on Health Governance, October 19th & 20th, 2009

Northern BC First Nations Issues

First Nations Interim Health Governance Committee Northern Region Caucus

Burns Lake, BC
10/20/2009

The First Nations in the Northern Region of British Columbia *solemnly proclaim* the following principles as a standard of achievement to be followed in a spirit of partnership, respect, reciprocal accountability, and transparency with the Government of Canada and the Government of British Columbia; notwithstanding the fiduciary obligation of the Government of Canada to Aboriginal peoples in accordance with Section 35 of the Canadian Constitution:

- *Considering* the onslaught and impact of historical and systematic oppression and assimilation, the First Nations in the Northern Region of British Columbia affirm that racism, and its many forms, are perpetuated in current western medical structures, medical professions and the various Federal and Provincial health and medical structures that serve Aboriginal peoples, that ultimately translate to poor delivery of health and medical services.

    - The level of care provided to Northern First Nations people by the health care system is equivalent to a violation of basic human rights. Northern First Nations worldviews include an interconnectedness of all living matter, inclusive of the delivery of health programs and services, therefore a new First Nations health authority must not treat Northern First Nations view of holistic medicine as secondary to western modalities of health care delivery.
    - Consideration must be given to developing and implementing cultural sensitivity training, recruitment of First Nations students to the health sector, establishing First Nations treatment and diagnostic centers, examining alternative methods of medical service and care, and an emphasis and investment in preventative medicine.

- *In the spirit* of a collective struggle, the First Nations in the Northern Region of British Columbia recognize and affirm the United Nations Declaration on the Rights of Indigenous Peoples; particularly the rights recognized within the declaration that constitute the minimum standards for the Survival, Dignity, and Wellbeing of Indigenous peoples of the world.

- *Holding up* our Ancestors and our Families, the First Nations in the Northern Region of British Columbia recognize and affirm the formal apology from the Government of Canada to former survivors of Indian Residential Schools, June 11th, 2008, and urgently call on the Government of Canada to build on enhancing the relationship with Aboriginal peoples by providing adequate resources to address health disparities for Aboriginal people.

    - Colonization attempts such as the Indian Residential School experience and dislocation from our traditional territories has left an incurable scar on our Northern First Nations. Current mental health and wellness programs are not sufficient to the extent that the formal apology warrants absolute truth and reconciliation.
    - Financial resources are urgently required for developing comprehensive health plans supported by proper cost analysis and projections and resources for population health; public health; primary, secondary and tertiary care; and integrating traditional and cultural health practices for all Northern BC First Nations communities based on geographical space. Further, that community health plans be provided with proper resources for implementation and evaluation.

- *Collectively*, the First Nations in the Northern Region of British Columbia affirm that a Northern British Columbia First Nations definition of health include a state of complete physical, mental, spiritual, social, and emotional wellbeing as a source of everyday life.

- *Emphasizing* the importance of the *Tripartite First Nations Health Plan*, the First Nations in the Northern Region of British Columbia have a vested interest to improve the health and wellbeing of its citizens, regardless of residency.

- *Bearing in mind* the various factors that impact health, the First Nations in the Northern Region of British Columbia want to include the determinants of health to a health governance process; such as, income, housing, education, environmental factors, and cultural factors, as interconnected, and not only considered as genetic or as medical factors. Northern British Columbia First Nations will incorporate traditional practices and medicines as a legitimate form inclusive to health design and service that is holistic in scope and considers the various and distinct cultures of the Northern British Columbia First Nations.

- *Welcoming* a process to work together, the First Nations in the Northern Region of British Columbia affirm that a fair and equitable representation on pre and post structures dealing with health governance matters be determined, and that planning and implementation of activities related to the transfer of health services and programs from the Government of Canada (Health Canada) is inclusive of the First Nations in the Northern Region of British Columbia. A proper process of consultation will be based on a nation-to-nation basis, including equitable and fair representation on any existing and future British Columbia First Nations health structures and authorities.

- *Concerned* of historical relations between Aboriginal people and the Government of Canada, the First Nations in the Northern Region of British Columbia affirm that the Government of Canada upholds its fiduciary obligation for the health and wellbeing of all Northern British Columbia First Nations, regardless of residency.

- *Bearing in mind* the various factors that impact health, the First Nations in the Northern Region of British Columbia recognize that the health conditions of Northern British Columbia First Nations is far below the provincial average of other British Columbians; proving the necessity for more action and resources to close the gaps in health outcomes. Proper resources must be afforded to the development of comprehensive community health plans for all Northern British Columbia First Nations; including evaluation and monitoring controlled by the Northern British Columbia First Nations. These health plans must be organic and designed over a twenty-five (25) year process.

- *Recognizing* the needs of our people that are less fortunate, the First Nations in the Northern Region of British Columbia affirm the poor health outcomes for Northern British Columbia First Nations are more likely to impact children and families living in poverty; the working poor; the unemployed and underemployed; limited education including illiteracy; Aboriginal and remote populations; newcomers; social exclusion; the homeless; and those with challenges securing affordable housing.

- *Considering* legitimate concerns, the First Nations in the Northern Region of British Columbia recognize that the Non-Insured Health Benefits Program, administered through the First Nations and Inuit Health Branch, are a primary concern and that additional resources must be addressed with the Government of Canada (Health Canada) prior to the transfer of health programs and services. This will include uninterrupted service and protection of British Columbia Health Care Cards. Equally important, Health Canada must address the funding and service inequities that currently exist between British Columbia First Nations health programs and services through transfer agreements.

- *Convinced* for a process to work together and communicate clearly, the First Nations in the Northern Region of British Columbia strongly recommend that a communications strategy be developed and implemented to ensure a transition that is reflective of the health needs of Northern British Columbia First Nations; a communications strategy must include distribution to all Northern British Columbia First Nations Chiefs and Councils, delegated health authorities, and health practitioners, directors, managers, and field workers. It is also important to include and involve an ethical process for engagement and dialogue with youth.

- *Concerned* of the development of policy and planning, the First Nations in the Northern Region of British Columbia strongly recommend that the Government of Canada (Health Canada) and the Government of British Columbia provide access to all health related information and costs for Northern British Columbia First Nations to ensure an accurate forecast of all health care needs. The existing 'status quo' is not, and will not, be acceptable. The cost of delivery and unforeseen impacts must be included in an escalator clause for existing Federal and Provincial agreements to Northern British Columbia First Nations.

- *Acknowledging* our distinct cultures and collective concerns, the First Nations in the Northern Region of British Columbia are determined to work together locally, regionally and provincially with all British Columbia First Nations.

Appendix B – First Nation Communities in the Northern Region

There are 55 First Nations within the Northern Region.

Northeast (7)	North Central (22)	Northwest (26)
• Blueberry River First Nation • Doig River First Nation • Fort Nelson First Nation • Halfway River First Nation • Saulteau First Nation • Tsaa Tse K'Nai First Nation (Prophet River First Nations) • West Moberly First Nation	• ?Esdilagh Indian Band • Binche Whuten • Ts'il Kaz Koh First Nation (Burns Lake Band) • Cheslatta Carrier Nation • Kwadacha Nation • Lake Babine Nation • Lheidli T'enneh First Nation • Lhoosk'uz Dene Government • Lhtako Dene • McLeod Lake Indian Band • Nadleh Whuten • Nak'azdli Whuten • Nazko First Nation • Nee-Tahi-Buhn Band • Saik'uz First Nation • Skin Tyee Nation • Stellat'en First Nation • Takla Lake First Nation • Tl'azt'en Nations • Tsay Keh Dene • Wet'suwet'en First Nation • Yekooche	• Daylu Dena Council • Dease River Band Council • Gingolx Village • Gitanmaax Village • Gitanyow Village • Gitga'at Nation • Gitlaxt'aamiks Village • Gitsegukla Village • Gitwangak Village • Gitwinksihlkw Village • Gitxaala Nation • Hagwilget Village • Haisla Nation • Iskut Band • Kispiox Village • Kitselas First Nation • Kitsumkalum Band • Lax galt'sap Village • Lax Kw'alaams First Nation • Metlakatla Indian Band • Old Massett Village Council • Sik-e-dakh Village • Skidegate Band • Tahltan Nation • Taku River Tlingit First Nation • Witset First Nation
Transferred / Umbrella Health Organizations		
	Carrier Sekani Family Services Lake Babine Nation Nak'azdli Whuten	Gitxsan Health Society Haisla Nation Iskut First Nation Old Massett Village Council Xaaynangaa Naay

Appendix C – Collective Roles and Responsibilities

1.0 Preamble:

The Sub-Regional Caucuses will operate in a fashion that is consistent with the First Nations Northern Regional Health Caucus Terms of Reference, the directives from the Chiefs in Assembly at the Gathering Wisdom for a Shared Journey IV, and First Nation Health Council work plan.

Seven Directives

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

DIRECTIVE #3: IMPROVE SERVICE

- 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

2.0 Collective Roles and Responsibilities of the Northern Sub-Regional Caucuses

The collective roles and responsibilities of the sub-regional caucuses are to:

a) Abide by the Code of Conduct as set out in section 4.7
b) Engage with First Nations Communities
c) Direct the work of the First Nations Northern Regional Health Caucus
d) Provide feedback to the First Nations Northern Regional Health Caucus
e) Be Informed of their respective First Nation's health activities
f) Develop sub regional perspectives and approaches on health and wellness
g) Discuss issues and attempt to have a common voice in preparation of First Nations Northern Regional Health Caucus meetings.
h) Provide direction to their regional First Nations Health Council Representative
i) Participate and provide direction on the sub-regional direction in the regional approach for engagement with the BC Northern Health Authority.

3.0 Individual Roles and Responsibilities of First Nations Northern Sub-Regional Caucus Members

The individual roles and responsibilities of Northern Sub-Regional Caucus Members are:

a) Responsible to attend regular scheduled meetings.
b) To engage, in whatever way the community wishes to be engaged, advocate and communicate with their elected councils. The individual will work with their First Nation on deciding the appropriate engagement process.
c) To be informed of their respective First Nation's health activities
d) To advocate on behalf of their member First Nations on matters regarding the new health governance arrangement including agreements at provincial and regional levels between First Nations, sub-regions and First Nations organizations with service providers and health authorities.
e) To be responsible to keep current with all First Nations Northern Regional Health Caucus and First Nation Health Council issues, activities and initiatives
f) To support the effective, efficient and sustainable community engagement and operations
g) To provide leadership and to actively participate in the activities of the First Nations Northern Sub-Regional Caucus
h) To inform leadership, staff and community members about the work of the First Nations Northern Sub-Regional Caucus
i) To provide input into regional perspectives and approaches on health and wellness.

4.0 First Nations Northern Sub-Regional Caucus Meetings

The First Nations Northern Sub-Regional Caucus will meet a minimum of twice per year no more than sixty (60) days prior to a full Northern Caucus, for the specific purpose of ensuring sub-regional matters can be collated for bringing forward to the full First Nations Northern Regional Health Caucus meeting.

5.0 Chair

The First Nations Northern Sub-Regional Chair shall be the appointed First Nation Health Council Sub-Regional Representative.

6.0 Accountability and Reporting of Sub-Regional Caucus

The Sub-Regional Caucus to:

a) Ensure that a record of decisions is kept of caucus business and distributed to Caucus Members
b) Be accountable to all First Nations within the region regardless of residency or community membership;
c) Work to ensure effective use of budget allocations available to support their work; and
d) Comply with financial policies and procedures set by the First Nations Health Authority Board of Directors.

Appendix D – Northern Caucus Code of Conduct:

VALUES

The FNHC, FNHDA and FNHA agreed to the following common set of values to guide the conduct, collective efforts and the relationship within and amongst the three entities and their members, and their relationship with partners and First Nations.

- *Respect*

  We believe that maintaining respectful relationships is fundamental to the achievement of our shared vision. Respectful relationships are built upon the recognition that we all have something to contribute, as individuals and as the three components of the First Nations health governance structure. Therefore, we commit to treating each other with dignity and generosity, being responsive to one another, and acknowledging that each entity has their own respective processes and practices. We are also committed to respectful interactions with First Nations, tripartite partners, and other collaborators.

- *Discipline*

  We have the historic opportunity to achieve transformative change in First Nations health and wellness, and an obligation to make the most of this opportunity. This will require discipline amongst us, including through: loyalty to one another and our shared vision; upholding and supporting our roles, responsibilities, decisions, and processes; maintaining and nurturing unity and a united front; integrity and reliability in fulfilling our commitments, and accountability to one another for these commitments and contributions; and, solutions-oriented and active participation.

- *Relationships*

  We believe that effective working relationships with First Nations, tripartite partners, and with one another are the foundation for achieving our vision and implementing our health plans and agreements. We commit to fostering effective working relationships and camaraderie underpinned by: trust; honesty; understanding; teamwork; and, mutual support. We also acknowledge that humour and laughter are both good medicine, and a good way to build relationships.

- *Culture*

  We are here because of those that came before us, and to work on behalf of First Nations. We draw upon the diverse and unique cultures, ceremonies, customs, and teachings of First Nations for strength, wisdom, and guidance. We uphold traditional and holistic approaches to health and self-care and strive to achieve a balance in our mental, spiritual, emotional, and physical wellness.

- *Excellence*

  We are humbled and honoured to have been asked by First Nations to work on their behalf to improve health and wellness, and have a moral and personal responsibility to strive for excellence. Excellence means that our outcomes are sustainable, that our processes are professional and transparent, and that we commit to learn continuously – through capacity development opportunities, from each other and from new, different and innovative models worldwide.

- *Fairness*

  We work to improve the health and wellness of all First Nations in BC. Our decision-making reflects the best interests of all First Nations, and leads to just and equitable treatment amongst all First Nations communities, First Nations organizations, and across all regions of British Columbia. We are committed to make room for everyone, and are inclusive in our communications, information sharing, and discussions.

BEHAVIOURS

All members of the FNHC, including the Chair and Deputy Chair, will:

a) Respect and acknowledge the cultural values, practices, and beliefs of all First Nations in BC.
b) Make decisions that benefit all First Nations in BC, regardless of where they live, and represent the collective views of all First Nations in BC, supported by the process for addressing regional issues outlined in Appendix B.
c) Ensure they have the time to commit to their roles and responsibilities as an FNHC member and to completing any additional work that they assume as an FNHC member. This includes reviewing all background materials in preparation for FNHC meetings. No "leave of absence" is available for FNHC members to accommodate other priorities.
d) Comply with all the policies, bylaws and other agreed rules and procedures that apply to FNHC members, including the FNHC Terms of Reference and the FNHA Constitution and Bylaws.
e) Fulfill their obligations and responsibilities competently, honestly, in good faith and with integrity, upholding the highest ethical standards.
f) Ensure that the FNHC and FNHA are kept informed of issues that are relevant to or that impact upon the functions, roles and responsibilities of the FNHC.
g) Keep First Nations communities informed of FNHC progress and activities and ensure that all key FNHC documents that impact First Nations communities are brought to First Nations communities for consideration and development.
h) Treat fellow FNHC members with respect, and work with each other in a collaborative and consensus building manner, including by actively listening and respecting different points of view.
i) Arrange their affairs so that outside interests do not jeopardize their professional judgment, integrity, impartiality or competence in decision-making.

j) To protect the integrity of the FNHC from the perception of any partisanship, submit their resignation to the FNHC should they decide to pursue a full or half time political leadership position at a provincial or national level.
k) Submit their resignation to the FNHC should they be convicted of any criminal offence apart from any conviction arising from an exercise of Aboriginal title and rights.

DISPUTE RESOLUTION

All FNHC members are required to practice active listening, and seek to understand different points of view in the pursuit of consensus building. All FNHC members are expected to actively endeavour to resolve any tensions, issues, or disputes amongst one another in a good and constructive manner.

If any disputes or issues arise between FNHC members, those members should make best efforts to resolve those issues between themselves. If that fails to resolve the dispute, the FNHC Chair will be called upon to assist in resolving the issue (if the FNHC Chair is involved in the dispute, the FNHC Deputy Chair will be called upon to assist). In the event that these efforts cannot resolve the dispute, the FNHC Policy Working Group or a sub-committee of the FNHC including a representative from each region will be asked to assist in mediating the dispute. As a last resort, the dispute will be brought forward to a full FNHC meeting for an in-camera discussion to bring resolution to the issue.

CONFLICT OF INTEREST

Context

This Conflict of Interest Policy has been written in accordance with the principles and functions set out in the Tripartite Framework Agreement on First Nation Health Governance (“Framework Agreement”). The Framework Agreement defines the roles and responsibilities of the First Nations Health Authority ("FNHA") and the First Nations Health Council ("FNHC") in order to ensure that there is a separation of political and business functions. The members of FNHC act in two roles, both as members of the FNHC and as members of the FNHA. This policy deals specifically with the role of member of the FNHC. There is a separate policy for the role of member of the FNHA.

The role and functions of the FNHC are set out in the main body of the terms of reference, of which this policy forms a part. The policy should be read in the context of that role and functions. Although the FNHC is not a legal entity, but rather an unincorporated association, this policy adopts the premise that Council Members have responsibilities to the FNHC as if it were a legal body.

Definitions

In this Policy:

a) "private interest" means a pecuniary or economic interest or advantage and includes any real or tangible benefit that personally benefits the Council Member or his or her associate;

b) "associate" means:
    i. a spouse of the Council Member;
    ii. a son or daughter of a Council Member or of the spouse of a Council Member;

iii. a relative of the Council Member, other than his or her son or daughter, whether or not that person is living in the family residence, such as a first cousin, niece or nephew;
iv. a friend of the Council Member;
v. a corporation or other legal entity of which the Council Member beneficially owns, directly or indirectly, more than 20% of the voting rights;
vi. a corporation or other legal entity operating in the health sector, of which the Council Member beneficially owns, directly or indirectly, any of the voting rights;
i. a trust or estate in which the Council Member has a substantial beneficial interest or for which the Council Member serves as trustee; and
ii. a member of a professional association of which a Council Member is an executive member.

c) "Council Member" means a member of the FNHC;

d) "friend" includes an individual with whom the Council Member is connected by frequent or close association;

e) "relative" means a relative by blood, legal, customary or culturally recognized adoption or marriage;

f) “spouse” means a person to whom the Council Member is married or with whom the Council Member is living in a marriage-like relationship, including a person of the same gender, but does not include a person from whom the Council Member is separated or living apart and with whom the Council Member has entered into an agreement to live apart or who is the subject of an order of a court recognizing the separation; and

g) "Terms of Reference" means the terms of reference for the FNHC, of which this policy forms a part.

Conflict of Interest

A conflict of interest is a situation in which the private interests of a Council Member conflict, potentially conflict or appear to conflict directly or indirectly with his or her responsibilities with respect to FNHC, as set out in the Terms of Reference.

An **actual conflict of interest** exists where a Council Member exercises an official power or performs an official duty, at the same time knowing that, in exercise of such performance, there is the opportunity to further a private interest.

A **potential conflict of interest** exists where there is some private interest that could influence the performance of a Council Member's duty or function or the exercise of power, provided that she or he has not yet exercised that duty or function.

A **perceived conflict of interest** exists where informed people might reasonably hold the perception that a conflict of interest exists on the part of the Council Member. An example of a perceived conflict of

interest is where the FNHC makes a decision that has the potential to provide a benefit to an associate of the Council Member; if the Council Member takes part in the meeting, but does not vote, people might perceive that a conflict of interest has arisen. If it can clearly be shown that the Council Member had no influence on the decision, then the perception of a conflict of interest is greatly reduced.
Another example of a perceived conflict of interest would be where a Council Member takes part in negotiating a funding agreement with the FNHA on behalf of the band or other organization of which the Council Member is a member. While the Council Members of the FNHC do not make decisions on funding agreements, people might perceive that this Council Member was able to negotiate a more beneficial agreement, due to his or her membership of the FNHC. Council Members should therefore not take part in negotiations with the FNHA on behalf of their bands or other organizations. It is recognized that some Council Members will execute agreements on behalf of their bands or other organizations. This is acceptable, provided the Council Member has not taken part in the negotiations.

Accordingly, FNHC's primary and strongest defense against conflicts of interest is a strategy of avoidance. By creating systems and processes that, as a matter of practice, avoid actual, potential or perceived conflicts of interest, FNHC can most effectively reduce the risks associated with conflict of interest.

Each Council Member has a responsibility first and foremost to the welfare of FNHC. Except for systemic conflicts, as discussed below, every Council Member should avoid any situation in which there is an actual, potential, or perceived conflict of interest, which could interfere with the Council Member's judgment in making decisions in FNHC's best interest.

Examples of Conflict of Interest Situations
Because Council Members are appointed by their Regional Caucuses, there is a particular risk that they may have an actual, potential or perceived conflict. Due to the membership structure, certain conflicts are deemed to be acceptable and should not require the Council Member to be excluded from the discussion or voting. On the other hand, there will be situations where the conflicts are significant enough to require that the Council Member(s) in question be excluded from discussion or voting.
Particular conflict situations that arise from the multiple roles that Council Members hold will generally fall into one of four categories. The categories below can help guide the Council Member and the FNHC to determine whether the conflict is acceptable, will require the Council Member to be excluded from the discussion or voting, or will require the Council Member to withdraw from their role within the FNHC.

(a) **Constituency Membership.** In situations where the Council Member has an interest in a matter or issue under consideration that is shared in common with a substantial section of the constituency of which he/she is a member and who appointed him or her to the FNHC, the Council Member will not be taken to have a conflict of interest for the purpose of this Code and is expected to participate in the discussion and voting. A Council Member's constituency is the group of communities, including the community in which the Council Member resides that elected or appointed him or her to the FNHC. Examples of such conflicts include discussions regarding:
    i. approving arrangements with regional sub-caucus groups; and
    ii. commenting on the terms of sub-agreements under the Framework Agreement that involve assets in a particular region.

(b) **Duty to the Constituency.** In situations where duties of a Council Member to the constituency that appointed him/her conflict with the Council Member's duty to FNHC, then the conflict is of a

significant, ongoing nature and the Council Member shall be obligated to work with the other Council Members and with the constituency to resolve the issue in a way that upholds the Council Member's obligations to the FNHC. An example of such a conflict is:

i. where the constituency is opposed to the objectives and goals set out in the Framework Agreement, and this opposition will hinder the Council Member's ability to assist the FNHC to meet its obligations under that Agreement.

(c) **One-off.** In situations where a conflict arises, that is not regularly recurring, conflicts can be managed under a well-defined protocol that requires the Council Member to disclose the conflict and refrain from participating in the discussion or voting. An example of such a conflict includes:

i. approving arrangements that favour a narrow section of the Council Member's constituency to the exclusion of or disadvantage of other constituencies. Whenever the FNHC is involved in decisions that benefit one area of the Province over another, Members should consider whether it is appropriate for all Members to take part in the decision. Given the regional representation, it is expected that Members will represent their region appropriately in such decisions. However, where a decision might specifically benefit a narrower section of a Council Member's constituency, it may be appropriate for that Council Member to refrain from participating in the discussion or voting. Council Members should be alert to this issue and be pro-active in disclosing potential conflicts.

(d) **Outside Employment or Association.** In situations where a Council Member accepts a position with an organization that could lead to a conflict of interest or perceived conflict of interest, then the conflict is of a significant, ongoing nature and the Council Member should resign from the FNHC.

Some general examples of situations that are likely to give rise to a conflict of interest include:

(e) **Corporate Opportunity** — No Council Member should receive a direct or indirect financial benefit through the use or misuse of confidential information in relation to the business of FNHC. An indirect financial benefit would be a benefit to an associate of the Council Member or to the Council Member's employer. Examples of situations that could contravene this policy are:

i. taking advantage, for personal gain, of a business opportunity known because of one's position with FNHC;

ii. speculating in any commodity or real estate that is or is likely to be acquired or required by FNHC;

iii. seeking to influence FNHA staff to allocate funds so that an employer in a particular area will need to hire more specialists, where the Council Member has a relative who is an unemployed specialist living in that area; and

iv. seeking to influence FNHA staff that are negotiating a collective agreement, where the income of an associate of the Council Member is dependent on that collective agreement.

(f) **Investment Activity** — Council Members may not, directly or indirectly through associates, acquire or dispose of any interest, including publicly traded shares, in any entity when in

possession of confidential information obtained in the performance of their duties with FNHC that could affect the value of such interest.

(g) **Confidential Information** — Council Members may come into possession of confidential information. Council Members should take particular care where the possession of such information might give rise to a perceived conflict of interest. Confidential information includes proprietary technical, business, financial, legal or director information, which the FNHC treats as confidential.

(h) **Non-Profit Associations, Professional Associations, Band/First Nation Governance Organization Leadership** — A Council Member may reach a position of leadership in a non-profit or professional association where he or she may be viewed as a spokesperson for that group. Many Council Members also hold leadership positions in their local bands or other First Nations governance organizations such as tribal councils or treaty offices. In such situations, the Council Member should take reasonable steps to ensure that when speaking on behalf of that other organization he or she is seen as speaking for the organization and not as a spokesperson of FNHC. An example of this would be:

i. lobbying a Regional Health Authority in relation to local hospital closures. The Council Member should be clear that any such lobbying is undertaken in his or her local capacity and should avoid reference to his or her membership of FNHC.

(i) **Use of FNHC Name** — The use of FNHC's name must not be misappropriated for personal use by Council Members. Council Members should not make use of the name for their own personal benefit or purposes. Council Members should ensure that any property assigned to them for business purposes in their role as members of the FNHC is maintained in good condition, and should be able to account for such property.

(j) **Lobbying** — Due to the leadership role that Members take in the work of the FNHC, Council Members should take care that they do not seek to influence the decisions of the FNHA Board of Directors or staff. Examples of this would be:

i. seeking to persuade FNHA staff to employ a particular individual associated with the Council Member or to enter into a contract with a company associated with the Council Member. This would not preclude a Council Member from encouraging a person to apply for a job, provided no additional advocacy was involved. Council Members should not pass on resumes directly – all applications should be made at arms' length;

ii. seeking to influence the Board of Directors of FNHA to allocate funding to a particular constituency or First Nations community that appointed the Council Member to the FNHC in priority over other constituencies or communities; and

iii. seeking to influence the FNHC to make decisions that would benefit the interests of other organizations or associations where that Council Member holds a senior role.

(k) **Gifts** — Members should not accept entertainment, gifts or other favours that create or appear to create a conflict of interest, unless the gift is a non-monetary gift such as a painting or commemorative award that is worth not more than $100. In the event that a Council Member receives a gift or favour because of his or her role as a Council Member that is worth more than $100, then the FNHC shall discuss the gift or favour and determine if it was given to the Council Member for the personal benefit of the Council Member or for the FNHC as a whole. Council Members should not accept monetary gifts, including cash or other payments of money that create or appear to create a conflict of interest. In all cases, Council Members shall disclose the receipt of entertainment, gifts or other favours to the FNHC.

These examples have been developed to provide guidance to Council Members in areas where actual, potential or apparent conflicts of interest may arise. This is not an exhaustive list.

Protocol for Dealing with Conflicts of Interest

Upon becoming a Council Member and in each following year each Council Member shall complete the disclosure form that is attached to this policy. Council Members shall notify the FNHC on the occurrence of any event that would change the information contained in the disclosure form.

In any event, a Council Member has an obligation to declare a conflict of interest at the earliest possible time and, in any event, prior to discussion or decision of an issue. Upon declaration of a conflict at, or prior to, a meeting of the FNHC, the person recording the meeting's proceedings shall note the declaration and the Council Member must:

(a) refrain from further participation in any activities involved with the matter; and
(b) absent him or herself from the proceedings during discussion or voting on that particular matter, contract or arrangement.

Where a Council Member is unsure of whether he or she is in conflict, that Council Member should raise the potential conflict with the other members of the FNHC. The FNHC shall seek legal advice as to whether or not a conflict exists and as to what steps can be taken to resolve the issue. The matter shall then be discussed at a meeting of the FNHC and a decision taken as to the best way to proceed in accordance with the procedures set out in the Terms of Reference. The Council Member with the potential conflict shall not vote on any such decision. The Council Member absents him/herself during discussion and voting by the remaining Council Members. The Council Member may be asked to return only to answer questions and clarify matters pertaining to the potential conflict.

A Council Member who perceives another Council Member to be in conflict should identify the potential conflict to the FNHC at the first opportunity. The FNHC shall seek legal advice as to whether or not a conflict exists and as to what steps can be taken to resolve the issue. The matter shall then be discussed at a meeting of the FNHC and a decision taken as to the best way to proceed in accordance with the procedures set out in the Terms of Reference. The Council Member absents him/herself during discussion and voting by the remaining Members. Before doing so, the Council Member may give the FNHC a statement on his/her opinion of whether a conflict exists. The Council Member may be asked to return to answer questions and clarify matters pertaining to the potential conflict.

Where a conflict of interest is discovered after consideration of a matter, the conflict must be declared to the FNHC and appropriately recorded at the first opportunity. If the FNHC determines that the Council Member's involvement has, or could be perceived to have, influenced the decision, the FNHC must re-examine the matter and may rescind, vary or confirm its decision.

Appendix E – Northern Caucus Decision-Making Framework:

Scope of Decision-Making Authority:

The Northern Caucus undertakes discussions and decisions on issues along a spectrum from local to provincial levels:

- To **provide support locally** the Northern Caucus may call upon FNHC representatives or Northern Caucus Co-Chairs to support or advocate on local issues.
- To **provide direction regionally** the Northern Caucus may provide guidance to the NRT and NFNHPC, amend and approve the Northern Health and Wellness Plan, develop or amend regional governance structures and processes, confirm regional interests and priorities, and provide strategic direction to region-specific initiatives.
- To **provide influence provincially** the Northern Caucus nominates a regionally representative director to the FNHA board and appoints provides strategic direction and advice to the FNHC on health matters requiring advocacy at the most senior levels of government. In addition, the Northern Caucus provides influence provincially in the following ways:
    - When a decision is required on province-wide governance standards, structures, processes or agreements, the Northern Caucus participates in the Engagement and Approvals Pathway to ensure decisions are made at Gathering Wisdom for a Shared Journey are informed and consensus-based.
    - In certain cases, the Northern Caucus may discuss and provide direction on issues or priorities that require further discussion amongst Chiefs in Assembly at the Union of BC Indian Chiefs, First Nations Summit and Assembly of First Nations – the issues identified as a result of these decisions may require political advocacy in areas beyond the scope of the FNHA.

Tools for Decision-Making:
The Northern Caucus has different tools to make decisions depending on the type of issue, how broadly the issue affects or applies to the Northern region and Northern Caucus, who holds responsibility for implementation, and the expected timeframe for resolving the issue.

The Northern Caucus will work to achieve consensus on issues identified and discussed. If a decision is required, a majority of votes will make decisions where a quorum of First Nations is present. The Northern Caucus acknowledges that many issues can be resolved through regular communication and correspondence, community and regional planning, and working with the regional office, a more formal form of decision-making may be required to address or advance consensus positions, priorities, or issues.

In these cases, the next step in the decision-making process is to identify potential solutions – these include:

- **Advocacy and Relationships**: Sharing information with appropriate representatives of the NRT, NFNHPC and FNHC for clarification and advancement.
- **Letter or Briefing Note**: An approved memorandum from the Northern Caucus that may contain analysis and advice and solutions, recommendations and specific courses of action. An approved memorandum is shared with the FNHA, NHA or other organizations as a means to support planning and decision-making.

- **Motion**: A motion is defined as a verbal proposal that is less formal than a resolution and generally more procedural and administrative in nature.
- **Resolution**: A resolution is defined as a written statement that provides advice and direction on region-specific issues – it has broad-based impact across the Northern region and serves as the mandating process on issues within the purview of the Northern Caucus.

Any decision taken by Sub-Regional Caucuses or the Northern Caucus must be recorded in a record of decision. A record of decision should provide a description of the decision taken or action item identified, the date of the decision or action, and information relevant to the decision or action. Using a record of decision document ensures decisions or action items are tracked, progress to implement decisions or action items is reported, and interests or priorities of the Northern Caucus are communicated to the FNHC, FNHA, FNHDA and other partners.

Resolution Policy:
The Resolution Policy provides a framework for formal decision-making of the Northern Caucus. As resolutions have broad-based impact, a resolution must be based on common interests, perspectives and priorities. A resolution applies to issues within the purview of the Northern Caucus – this includes:

- The adoption of region-specific documents
- The provision of regional advice
- The nomination and appointment of individuals to regional and provincial bodies

Eligibility:

- Voting members (Chiefs or proxies) of the Caucus, as described in these Terms of Reference, are eligible to propose, move, or second resolutions and motions at the Caucus, in accordance with the Resolutions policy (Appendix E).
- All caucus resolutions and motions are subject to the Resolutions policy.
- Resolutions and motions are intended to advance the work and interests of the region.
- Resolutions and motions should be framed as recommendations and not direct, or purport to direct, the FNHA.

Form and Submission:

- A resolution is for the purpose of addressing important or complex issues in a formal way. Resolutions must always be provided in writing. If an issue is presented orally, it becomes a motion, not a resolution.
- It is desirable and preferable that a resolution be made up of two parts. The first part called the "Whereas" section is a statement of the problem or decision to be addressed, relevant and factual background information, and the reason(s) for the resolution. The second part is the "Therefore Be It resolved" section of the resolution, and states what is desired to bring about possible resolutions of the problem or decision to be addressed.
- Voting members (Chiefs or proxies) of the Caucus may submit resolutions for consideration of the regional Caucus to the Northern Regional Director.

Review of Resolutions:

- The Northern Caucus Co-Chairs will review resolutions submitted in order to:
  - Ensure all resolutions are eligible, correctly written, and in the proper form.
  - Take steps to clarify and research resolutions received, including requesting clarification from the resolution proponent in terms of wording, intent, background information, or other matters as required.

- To work with the resolution proponent to include additions, make amendments or combine with other resolutions (if resolutions are of similar topic and intent).
- Support the drafting of resolutions as needed to productively advance and guide the work of the Caucus.
- Determine the order that the resolutions will be considered at the Caucus.
- Make copies of the resolutions available to the voting members of the Caucus.

Deadlines and Distribution:

1. Six weeks prior to any scheduled Caucus meeting is the deadline for the submission of resolutions by any Chief or a person holding a standing proxy. A resolutions committee or designated body, supported by FNHA staff at the Shared Secretariat, will review all draft resolutions submitted and if needed, correspond with the resolution proponent about any further information required.
2. Five weeks prior to any scheduled Caucus meeting, all resolutions received for that meeting would be circulated to Caucus members by the Shared Secretariat, to Leadership to review these documents and prepare for the discussion.
3. Resolutions submitted following the deadline will not be circulated to Caucus members in advance of the Caucus meeting; they will instead be provided at the meeting, and Caucus members will determine whether to consider the resolutions submitted after the deadline or defer them to the next Caucus meeting.

Debate and Discussion:

- Resolutions submitted for consideration of the Caucus shall be handled in accordance with the appropriate agenda item, or if unrelated to an agenda item of the Caucus, in numerical order as submitted by proponents.
- The meeting Chair shall read the "Therefore Be It resolved" portion of the resolution into the record, and call for a mover and a seconder.
- Each resolution shall be moved and seconded.
- The meeting Chair shall call on the mover to speak then call the person that seconded the resolution to speak, followed by anyone else wishing to speak to the resolution. Speakers are encouraged to keep their comments to five minutes or less, and focused on their position on the resolution or proposed amendments. All speakers to any given resolution may only speak once to that resolution, with the exception of the mover and seconder, who may also speak to any amendments proposed to the resolution.
- The mover and seconder shall agree to any proposals to amend the resolution.
- Only voting members (Chiefs or proxies) of the Caucus, as described in the Caucus Terms of reference, are eligible to move, second, or speak to resolutions; however, the Chair may recognize a non-voting participant of the Caucus for the purpose of providing clarification to any resolution under discussion.
- All resolutions are passed or defeated by a simple majority of votes by the voting members (Chiefs and proxies) attending a duly convened meeting of the Caucus, in accordance with the Caucus Terms of reference.

Finalization and Follow-up:

- Resolutions carried at Caucus meetings will be formatted by the designated staff supporting the Caucus, circulated to the members of the Caucus and reviewed by the Caucus Co-Chairs.
- The Caucus Co-Chairs are responsible for working with appropriate staff and partners to coordinate and report to the Caucus on follow-up associated with Caucus resolutions.

Appendix F – First Nations Northern Regional Table Terms of Reference
Moved to a stand-alone document

Appendix G – First Nations Northwest Sub-Region Terms of Reference
Moved to a stand-alone document

Appendix H – North Central Region Caucus Election Procedures
Moved to a stand-alone document

Appendix I – North East Region Caucus Election Procedures
Moved to a stand-alone document

Appendix J – Meeting Procedures:

Adopted 13 November 2019

1. Unless otherwise noted, all meetings will be conducted according to "Robert's Rules of Order for Fair and Orderly Meetings & Conventions".

2. The Chair holds the responsibility to ensure these meeting procedures are followed.

3. Because we care for and respect those that we serve, and one another, disorderly conduct will not be permitted. Disruptive activities, including inappropriate actions or the use of inappropriate language, may result in an individual(s) being asked to leave the meeting whether temporarily or permanently, as determined by the Chair.

4. Respecting time limitations for the work to be done, meetings will start on time.

5. To uphold the need to listen and take our cues from community, cellular phones and other devices that can transmit and receive calls must be turned off or placed on 'airplane mode' during the meeting.

6. All elected leader or proxy holders and other invited delegates are encouraged to have pre-read documents provided in advance of the meeting so as not to take time away from the proceedings or for the meeting to entertain irrelevant discussion.

7. As these are political meetings, only elected leaders or proxy holders may speak to points on the agenda, make motions, second motions, partake in relevant discussions, and vote on matters arising at the meeting.

8. Elected leaders or proxy holders may delegate their opportunity to speak and partake in relevant discussion to other invited delegates, but may not delegate their authority to make motions, second motions, or vote on matters arising at the meeting while they are in attendance.

9. Microphones will be set up at the front of the room for elected leaders or proxy holders to approach, and be recognized by the chair prior to speaking. Exceptions may be made for elected leaders or proxy holders with mobility issues, but this is considered an exception.

10. Once the designated speaker is at the microphone, they will be asked to identify themselves clearly by name and community they represent, in advance of asking or responding to questions.

11. To ensure that we provide a space that ensures we listen and take our cues from all of the communities, elected leaders or proxy holders must keep their questions or comments to a maximum three minutes. Subsequent comments or questions on the same subject are limited to two minutes and cannot be entered into until all other speakers have had an opportunity to question or comment. Exceptions may be allowed for clarification of points already made, as determined by the Chair.

12. In keeping with the accepted values of Respect, Excellence and Fairness, during discussion period on a motion or resolution, rule #11 will be observed as there will be alternate points presented by elected leaders or proxy holders.
    a. The speaker will first identify whether they are speaking in favour or in opposition to the motion.
    b. Speakers will alternate; first in favour, then opposed, then again in favour and then opposed and so on, until one side or the other has no further input, at which time the question for a vote can be called.

13. To ensure opportunities are provided to our communities to seek out clarification, presenters on the agenda must allow at least one third of their allotted time for a question period. Each presentation and question period must be completed in the time allotted on the agenda. It is up to the presenter to provide alternate contact information to communities, upon request, to accommodate longer and in-depth conversations on the presentation topic.

14. When a question has been asked and to which a response has already been offered, the Chair will advise that the response has already been provided so to ensure the advancement of fulsome dialogue on a specific topic.

15. The elected leaders or proxy holders may provide questions in writing for consideration during the meeting. Writing materials will be provided, completed notes collected, and presented to the Chair for responses.

16. Staff will provide 'parking lot' areas for open dialogue for those elected leaders or proxy holders who prefer to express their opinions in writing on topics that may or may not be on the agenda. The Chair may address the 'parking lot' items during the day or at the end of the session, depending on time allocations.