FIRST NATIONS HEALTH COUNCIL
Interior Region

Interior Health

PARTNERSHIP ACCORD

FIRST NATIONS HEALTH COUNCIL:

INTERIOR REGION NATION EXECUTIVE

(INTERIOR NATIONS)

and

INTERIOR HEALTH AUTHORITY

(INTERIOR HEALTH)

Whereas, the First Nations of the Interior of British Columbia, as Indigenous People, (Interior Nations) endorse the UN Declaration on the Rights of Indigenous People which affirms, amongst other things, that *...Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development;* and *...in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs;* and

Whereas, the title and rights of First Nations of British Columbia have been intact since time immemorial and remain intact, despite numerous attempts by other governments to disregard or otherwise extinguish these rights; and

Whereas, the Nations of the Interior continue to recognize the sovereignty of each Nation and their right to assert their authority to govern over both their lands (territorial jurisdiction) and their peoples (personal jurisdiction) and to relate Nation-to-Nation with the Government of Canada and Government-to-Government with the Government of British Columbia; and

Whereas, the First Nations of British Columbia, the Province of British Columbia and the Canadian Government, ratified the Tripartite Framework Agreement on First Nation Health Governance, which empowers B.C. First Nations to take-over the administration of Health Canada programs and services and identifies additional provincial resources, to be administered by a First Nations Health Authority; and

Whereas, the Nations have stated their desire to establish and maintain a desired level of *capacity* in the areas of health research, health career development, health service delivery (including traditional practices), information management and *governance* (health planning, administration, policy/program design and implementation...), in order to achieve their individual and collective Nation visions; and

Whereas, the province is organized into five geographic regions for purposes of health-care service delivery, and Interior Health is the provincial Authority whose operating region includes the territories of seven Indigenous Nations: **Dãkelh Dené, Ktunaxa, Secwepemc, Syilx, St'át'imc, Tsilhqot'in and Nlaka'pamux;** and

Whereas, Interior Health, is the party with whom the Interior First Nations primarily relate with respect to delivery of health services to their citizens; and

Whereas, the Interior First Nations have and will remain committed to working together as unified Nations in establishing Nation-based Health and Wellness plans, with a number of the Interior Nations' territories extending across more than one Provincial Health Authority boundary; and

Whereas, First Nations, on a regional/tribal basis, are now forming structures and processes through which to carry out the engagement, research, planning and development work required to shape the final form the First Nations Health Authority will take; and

Whereas, the Government of British Columbia created the Interior Health Authority through the Health Authorities Act, for the purpose of delivering health services and planning.

Whereas, Interior Health is governed by a Board of Directors, and each Director is appointed by the Minister of Health. The Board strives to have a diverse and balanced set of skills and geographic representation, bringing differing perspectives of community, culture and geography to the Board. The governing principle for the Board of Directors is that each Director's duty of care is to the organization as a whole. Interior Health delivers its health services through a President and Chief Executive Officer and the staff of Interior Health, according to the Vision, Mission and Values for Interior Health, and within the broad directions of the Ministry of Health. (See Appendix eleven for Interior Health Strategy Map.)

Whereas, Interior Health, pursuant to its Vision, Mission and Values has established a Strategic Plan which enunciates four Goals. Goal #1 is to Improve Health and Wellness. Under this goal, item 1.2 is, "Meet the needs of First Nations and Aboriginal communities by collaboration with them to plan and deliver culturally sensitive health care services."

Whereas, Interior Health, pursuant to the Goal Statement 1.2 noted above, has developed an Aboriginal Health and Wellness Strategy 2010-2014 which is based on 5 key strategies:

1. Develop a Sustainable Aboriginal Health Program;
2. Ensure Aboriginal Peoples' Access to Integrated Services;
3. Deliver Culturally Safe Services across the Care & Service Continuum;
4. Develop an Information, Monitoring and Evaluation Approach for Aboriginal Health;
5. Ensure ongoing Meaningful Aboriginal Participation in Healthcare Planning.

Whereas, Interior Health supports the concept that the First Nations that are party to this Accord may represent other organized groups of Aboriginal people, provided there are written formal agreements to that effect.

Whereas, the Indigenous Nations of the Interior and Interior Health (herein after referred to as the Parties) have stated their commitment to work together to avoid the creation of separate and parallel First Nation and non-First Nation health systems, and to develop a more integrated health and wellness system with stronger linkages to the provincial health-care system, including the creation of new approaches to achieving the desired health and wellness outcomes of each Nation; and

Whereas, the Interior Nations have declared their desire to be fully involved in decision-making regarding the health of their people, and in defining how health services and programs are planned, designed, managed and delivered and have entered into, or will enter into relationships directly with Interior Health; and

Whereas, the Framework Agreement on First Nations Health Governance and a resolution at the Gathering Wisdom IV directed First Nations leaders to enter into partnerships with provincial health regions in order to establish collaborative working relationships to carry out planning and to implement health actions aligned with the Transformative Change Accord: First Nations Health Plan and the Tripartite First Nations Health Plan, as well as providing guidance to the development of reporting systems and measures of performance; and

Whereas, the Parties agree that a coordinated approach to governance undertakings, in relation to diverse topics, can best be addressed in the context of an Accord that establishes an Action Plan for the purpose of achieving substantial progress on matters of shared priority.

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Therefore, the Parties do hereby agree as follows:

Definitions, titles of organizations and agreements which appear in this Accord are listed in Appendix One, and form part of this Accord.

Purpose:

The Parties are committed to improving the health and wellness outcomes for First Nations people of the Interior Region. The purpose of this Partnership Accord is to clarify the roles and relationships of each of the Parties, jointly and severally, as they work together to fulfill this commitment.

Further, it is intended to be a general statement of purpose but does not create a legally binding obligation on the Parties nor is it enforceable against either of the Parties in any court of law or otherwise.

This Accord builds on the following documents:

Transformative Change Accord: First Nations Health Plan (TCA: FNHP) (November 2006);

- Identifies priorities and actions to improve the health and well-being of First Nations in BC. First Nations and the Province identified actions required in four key areas: Governance, relationships and accountability; Health promotion and disease and injury prevention; Health services; and, Performance tracking. Signed by the Province of BC and the BC First Nations Leadership Council.

Tripartite First Nations Health Plan (TFNHP) (June 2007);

- The Federal Government joined with the Province and First Nations Leadership Council to build on the TCA: FNHP by releasing the TFNHP. Central is a commitment to create a new governance structure that will enhance BC First Nations' control of health services, and will promote better integration and coordination of services to ensure improved access to quality health care by all BC First Nations.

British Columbia First Nations Perspectives on a New Health Governance Arrangement: Consensus Paper (May 2011);

- Clearly articulates the collective direction and feedback given by First Nations to the First Nations Health Council in their work to establish a new health governance arrangement that is Community-Driven and Nation-Based.

British Columbia Tripartite Framework Agreement on First Nation Health Governance (October 2011);

- Establishes commitments to transfer the operations of First Nations and Inuit Health Branch-BC Region to a First Nations Health Authority, and to provide a greater role for First Nations in the broader health system in Canada and BC with respect to First Nations health needs.

Navigating the Currents of Change: Transitioning to a New First Nations Health Governance Structure – Consensus Paper (May 2012)

- Captures First Nations feedback and broadly reflects how change will be managed through the transition process of taking control over First Nations Inuit Health Branch – Pacific Region into First Nations Health Authority control.

Parties:

Interior Region Nation Executive

Due to the large size of the Interior Region and the high number of First Nation Communities who reside within the Interior Region, the First Nations Community Health Caucus (54 First Nation Communities) have agreed to work under a model that is 'Community-Driven and Nation-Based'. This principle means that services will be developed and delivered as close to home as possible and that the Nations each have responsibility for developing and implementing health and wellness strategies and relating directly to Interior Health in implementing these strategies. Each of the 7 Nations will negotiate a Letter of Understanding, or other agreement, independently with Interior Health. Issues or interests that are common to the Nations will be addressed in a collaborative manner. Nations who are accessing health services from other Health Authorities may develop additional agreements.

As per the First Nations Health Council Interior Region Governance Entities Terms of Reference, the leadership of the respective Nation will ensure that their Nation has a comprehensive health and wellness plan in place, building on Community Health Plans and where possible, proposing areas where aggregation of services into a Regional Health Plan, might occur. The Nations' member communities will approve their Nation Health Plan. The Interior Nations will jointly establish a Regional Health and Wellness Plan, at the Interior Region Nation Executive Table, for adoption by the Interior Region First Nations Community Health Caucus.

This Interior Region Nation Executive Table acts as an executive body to the Interior Region First Nations Community Health Caucus and carries out directions in between Caucus sessions. They also ensure that the First Nations Health Council is being accountable (implementing the work plan as approved), and responsive to regional issues. They interface with the region's First Nations Health Directors and with the Interior Health Board and Senior Executive, leading the negotiation and implementation of Regional Agreements with Interior Health.

The Executive functions as the 'Regional Table' for purposes of First Nations Health Council activities. Executive Membership consists of 1 member from each of the following Nations: Dākelh Dené, Ktunaxa, Secwepemc, Syilx, St'át'imc, Tsilhqot'in, Nlaka'pamux, selected in accordance with Nation-approved processes and appointed through resolution, signed by authorized Nation representatives (Tribal Council Motion or Resolution). (See appendix eight for detailed Terms of Reference to describe these relationships)

The 7 Nation Representatives, coordinated as the Regional Table, are signatories to this Accord and are jointly, a Party to this Accord.

Interior Health

Interior Health is one of 5 regional health authorities, established under provincial legislation. Interior Health is led by a government-appointed Board of Directors and is accountable to the Ministry of Health through the Interior Health Board. The Interior Health Board sets the mission, vision, values and strategic plan for Interior Health within the broad directions set for the health care system by the Government of British Columbia through the Ministry of Health. The President and CEO is responsible for leading Interior Health's operations in accordance with the direction set by the Interior Health Board and ensuring the implementation of directives issued, from time to time, by the BC Ministry of Health. (See appendix three for a map of Interior Health, showing the First Nations of the Interior)

The Interior Health Board Chair and the President and CEO are the signatories to this accord, representing Interior Health as a Party.

Principles:

The Nations of the Interior have signed a Unity Declaration which states they will be guided by a set of principles. Interior Health recognizes and respects these principles as stated by the First Nations, guiding the Nations involvement in the Partnership Accord. Interior Health also notes that pursuit of some of these Principles are beyond the scope of Interior Health as a health service organization, such as funding First Nation corporate structures or strengthening federal fiduciary responsibility, and that these are the subject of agreements between the First Nations, the federal government and the Government of British Columbia.

The principles of the Unity Declaration are:

- Health and Wellness Outcomes, and Indicators will be defined by each Nation
- Partnerships will be defined by each Nation
- Agreements will be negotiated and ratified by the Nations
- No Nation will be left behind; needs are addressed collectively
- The federal fiduciary obligation must be strengthened, not eroded

- Services will be provided to all of our people regardless of residency/status
- Adequate funding will be provided for our corporate structure(s)
- Socio-economic indices will be incorporated into planning and projections – plan for 7 Generations
- Negotiations will be interest based - not position based (Nations define)
- Community engagement will be linked to the health governance process
- Documents will be kept simple and understandable
- The Interior Region Community Health Caucus and Interior Nation Executive will meet regularly
- Liability will be minimized; the Nations will inherit no liability from other entities
- Celebration will be included in all activities
- The speed at which development occurs will be determined by the Nations
- The authority to govern rests with each Nation, as does the responsibility for decision-making

The Interior Region will work together in ways which promote our values of Collaboration, Trust, Inclusion, Celebration and Innovation.

Objectives:

To establish a coordinated and integrated First Nations health and wellness system in the Interior that:

1) will contribute to the achievement of Interior Nations' wellness goals, by continually improving quality, accessibility, delivery, effectiveness, efficiency, and cultural appropriateness of health care programs and services for First Nations in the Interior;
2) reflects the cultures and perspectives of Interior First Nations, incorporates First Nations' models of wellness, builds First Nations health human resource capacity, and respects that the Nations have and will continue to work together;
3) affords equitable recognition in strategies to address First Nations who have limited capacity, including small and isolated communities;
4) embraces knowledge sharing and facilitates discussions in respect of addressing broader determinants of health; and
5) is based on respecting and addressing the lands, history, health, safety, food security, dignity and well-being of all Interior First Nations people.

Action Plan:

With a goal of improving the health outcomes for First Nations People, the Parties will form a Health and Wellness Committee, comprised of Senior Management from Interior Health (appointed by the Vice President responsible for Aboriginal health) and First Nations of the Interior Region

(appointed by the Interior Region Nation Executive). The Committee will be co-chaired by the senior representatives of Interior Health and the Interior Region Nation Executive. The Board Chair and President and CEO of Interior Health and the 7 Nation Executive members will monitor the work of the Committee and receive reports from them annually.

Terms of Reference for the Committee will be established by the Parties. The work of the committee will also be reported to the Interior Region First Nations Community Health Caucus. The Committee will carry out specific actions including, but not limited to, the following:

1) develop a consistent and harmonized Planning and Evaluation Framework;
2) develop a Regional Health and Wellness Plan that builds upon Community/Nation Health Plans and Interior Health Plans including setting standards, targets, outcomes and measurements;
3) review of the existing standards and processes;
4) continually improve on processes;
5) localize cultural competency training throughout the Interior Health Region;
6) develop service delivery systems to better reflect the needs of First Nation people in the Interior Region;
7) develop a comprehensive health human resources strategy;
8) establish common indicators, targets, milestones, benchmarks;
9) engage in dialogue, identify linkages and establish networks with other Aboriginal and non-Aboriginal stakeholders;
10) discuss program and service delivery changes and manage impact;
11) identify those matters including policy issues that will address gaps and eliminate overlaps; and
12) establish, at the program level, communications with the First Nations Health Authority and at the governance level, with the First Nations Health Council.

The Parties will:

a) support each other in a positive and constructive manner intended to facilitate improved health and wellness outcomes for First Nations people residing in the Interior Region;
b) collaborate to identify health needs of First Nations people residing in the Interior;
c) establish mechanisms to address issues of those Nations whose territories encompass more than one Regional Health Authority;
d) respectfully educate one another about each other's governance structures, service delivery processes, fiscal restraints, opportunities, budgetary process and other matters;
e) develop partnerships with other Ministries, municipal governments and non-profit organizations to work together in order to address the social determinants of health;
f) hold each other accountable in the spirit of reciprocal accountability for the commitments in this Accord;

g) maintain clear roles and responsibilities and performance expectations balanced by capacity of each party;
h) provide timely reporting;
i) meet annually to receive reports and review this Accord;
j) participate in scheduled meetings to conduct the work of this Accord;
k) communicate in a timely and effective way, potential risks or impediments to achieving the objectives of this Accord, or those outlined in the Interior First Nations Health and Wellness Plan.

Success Indicators:

a) Improved health outcomes for First Nations people of the Interior Region;
b) Interior Region Nation Executive Table nominates to the Provincial Government, a candidate for consideration to the Interior Health Board;
c) Regular and appropriate communication between Interior Health Senior Staff and First Nation Health Directors;
d) Investment strategies are based on Health and Wellness Plans;
e) Increased number of First Nations health professionals and staff working in the Interior;
f) Increased awareness of Interior Nation specific culture, traditions, geography and history amongst Interior Health Staff;
g) Community Engagement Hub meetings are attended and supported by Interior Health staff;
h) Rural and Remote health strategy developed in partnership with Interior First Nation Communities;
i) Letters of Understanding in place between Interior Health and each of the 7 Interior Nations;
j) Regional First Nations Health and Wellness Plan (inclusive of First Nations and Interior Health Plans) adopted and implemented;

Term and Review:

This Partnership Accord will be in effect for a term of five (5) years from the date of signing and will be reviewed by the Parties annually. After five years, the Partnership Accord will automatically be renewed for an additional 5 years with the opportunity by the Parties to review and rejuvenate the Accord.

Amendments:

Any amendments to this Accord will be approved by the Interior Caucus and the Interior Health Board of Directors prior to being adopted by the Parties.

Interior Partnership Accord signed on the 14 **, day of** November **2012**

Signatories for the Interior Region First Nations:

Kukpi7 Wayne Christian
Secwepemc

Mic Werstuik
Syilx

Kevin Skinner
Dãkelh Dené

Chief Bernie Elkins
Tsilhqot'in

Chief Arthur Adolph
St'át'imc

Chief Ko'waintco Michel
Nlaka'pamux

Gwen Phillips
Ktunaxa

Signatories for the Interior Health Authority:

Norman Embree, Board Chair

Dr. Robert Halpenny, President and CEO

Witness Signatories for the First Nations Health Authority:

Joe Gallagher, CEO
First Nations Health Authority

Lydia Hwitsum, Board Chair
First Nations Health Authority

APPENDIX ONE: DEFINITIONS

Definitions:

Aboriginal

"Aboriginal people" is a collective name for the original peoples of North America and their descendants. The Canadian Constitution (the Constitution Act, 1982) recognizes three groups of Aboriginal peoples — Indians, Métis and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs.

Community Engagement Hubs:

Community Engagement Hubs are a network of First Nations who want to work collectively to the benefit of the positive health of their collective members. The purpose of Community Engagement Hubs is to develop communication, collaboration, and planning opportunities for member communities to work together in health services and program areas to make improvements. The formation of Community Hubs encourages natural collaborations based on tribal and/or geographical factors and helps to facilitate coordination work between communities.

Community Health Plan

A description by a First Nation, Indian Band or Health Organization of its health needs, priorities, and strategies, informed by its vision and its inventory of assets, opportunities, risks, programs, and health outcomes. Provides a roadmap forward for community health improvement and guides collaboration with potential local health partners.

Consensus Paper: BC First Nations Perspectives on a new Health Governance Arrangement

The Consensus Paper: British Columbia First Nations Perspectives on a new Health Governance Arrangement was adopted by resolution by BC First Nations on May 26, 2011. The Consensus Paper sets out a historic level of agreement amongst First Nations in BC about their health and well-being and a series of next steps for the First Nations Health Council to undertake.

First Nations

"First Nations peoples" refers to the Indian peoples in Canada, both Status and non-Status. The term is rarely used as a synonym for "Aboriginal peoples" because it usually doesn't include Inuit or Métis people.

First Nations Health Authority (FNHA):

A non-profit Society, representative of and accountable to BC First Nations, with a mandate to promote and advance health and health service issues on behalf of First Nations in BC, including by: assuming administrative responsibility for the functions, programs, and services transferred from First Nations & Inuit Health Branch-BC Region and delivering other health services to First Nations; supporting the implementation of the Transformative Change Accord: First Nations Health Plan (2006), the First Nations Health Plan MOU (2006) the Tripartite First Nations Health Plan (2007), and the British Columbia Tripartite Framework Agreement on First Nation Health Governance (2011); collaborating with governments and other health authorities and service agencies to coordinate and support the provision of health services to First Nations in BC; and, carrying out research, policy, planning and other activities related to health and the

determinants of health. The Society is guided by its members (also the members of the First Nations Health Council) who receive guidance and direction from First Nations at Gathering Wisdom for a Shared Journey forums.

First Nations Health Council (FNHC):

An unincorporated association, representative of and accountable to BC First Nations, with a mandate to: support and assist BC First Nations in achieving their health priorities and objectives; provide advocacy on health issues and health services for First Nations people in BC; provide a BC First Nations leadership perspective to research, policy and program planning processes related to First Nations health and determinants of health in BC; and, provide continued leadership for the implementation of the Transformative Change Accord: First Nations Health Plan (2006), the First Nations Health Plan MOU (2006) the Tripartite First Nations Health Plan (2007), and the British Columbia Tripartite Framework Agreement on First Nation Health Governance (2011). The First Nations Health Council receives guidance and direction from First Nations at Gathering Wisdom for a Shared Journey forums.

Interior Region First Nations Community Health Caucus:

The Interior Region First Nations Community Health Caucus table provides a forum for the 54 First Nations of the Interior Region to engage with each other for purposes of networking and planning, as related to the implementation of the Gathering Wisdom IV Resolution and Consensus Paper and the Tripartite Framework Agreement on First Nation Health Governance. Each of the five regions of the province has a First Nations Health Council Caucus that engages communities locally and offers a direct avenue to bring regional issues to the provincial First Nations Health Council table.

Interior Region Nation Executive Table:

The Interior Region Nation Executive Table is comprised of one representative from each of the 7 Nations of the Interior Region, and acts as an Executive body to the Interior Region Caucus, carrying out directions in between Caucus sessions and functioning as the Interior Regional Table for purposes of networking with Interior Health. The Executive Table offers a more equitable decision-making capacity for Interior First Nations and gives regional direction to the First Nations Health Council Caucus.

First Nations Health Directors

Managers working in First Nation communities, Health Directors have for many years managed and overseen a range of services and programs for their communities – based in diverse health facilities, with programs largely funded by Health Canada – First Nations and Inuit Health (FNIH). Health Directors are responsible for delivering front-line health services for First Nations community members, planning, coordinating and managing services (as well as other services of other health providers). First Nations Health Directors design and implement a comprehensive capacity development for the management and delivery of community-based services and support BC First Nations and their mandated health organizations in training, program development and knowledge transfer.

Gathering Wisdom

The Gathering Wisdom for a Shared Journey forums are the largest assembly of BC First Nations leadership in the province. The event brings together Chiefs, Elders, front-line health workers, community members, and provincial and federal partners to move forward on health systems transformation for BC First Nations. It's a

celebration of culture, tradition and the vision of healthy, self-determining and vibrant BC First Nations children, families and communities.

Nation Health Plan

A description by a group of individual First Nations or Indian Bands that share a common history, language, and identity of their collective health needs, priorities, and strategies, informed by their shared vision and cultural identity, their health outcomes, opportunities, and risks, and their members' Community Health Plans. Provides a roadmap forward for Nation health improvement, and guides collaboration with potential Nation-level health partners.

Regional Health and Wellness Plan

A description by communities and Nations within the Interior Region of their collective needs, priorities, and strategies, informed by their shared historical experience and relationships, their health outcomes, opportunities and risks, their various Nation Health Plans and Interior Health Plans. Provides a roadmap forward for regional health improvement, guides collaboration with potential regional-level health partners, and provides strategic guidance to provincial-level health service delivery and representation entities.

Transformative Change Accord First Nations Health Plan

The Transformative Change Accord: First Nations Health Plan (TCA: FNHP) was released on November 27, 2006 by the First Nations Leadership Council and the Province of BC. This ten-year Plan includes twenty-nine action items in the following four areas: Governance, Relationships and Accountability; Health Promotion/Disease and Injury Prevention; Health Services; and Performance Tracking. Under the Transformative Change Accord: First Nations Health Plan, the Province, including Regional Health Authorities, has the responsibility for providing all aspects of health services to all residents of British Columbia including Non-status Aboriginal people, Métis, and Status Indians living on and off reserve.

Tripartite Framework Agreement on First Nations Health Governance

The British Columbia Tripartite First Nations Health – Basis for a Framework Agreement on Health Governance (2010), was initialed by tripartite partners on July 26, 2010. The Basis Agreement outlined a staged approach for reaching a new administrative arrangement between First Nations, BC and Canada, where work currently undertaken by First Nations and Inuit Health-BC Region, will instead be undertaken by a new First Nations Health Authority.

Tripartite First Nations Health Plan

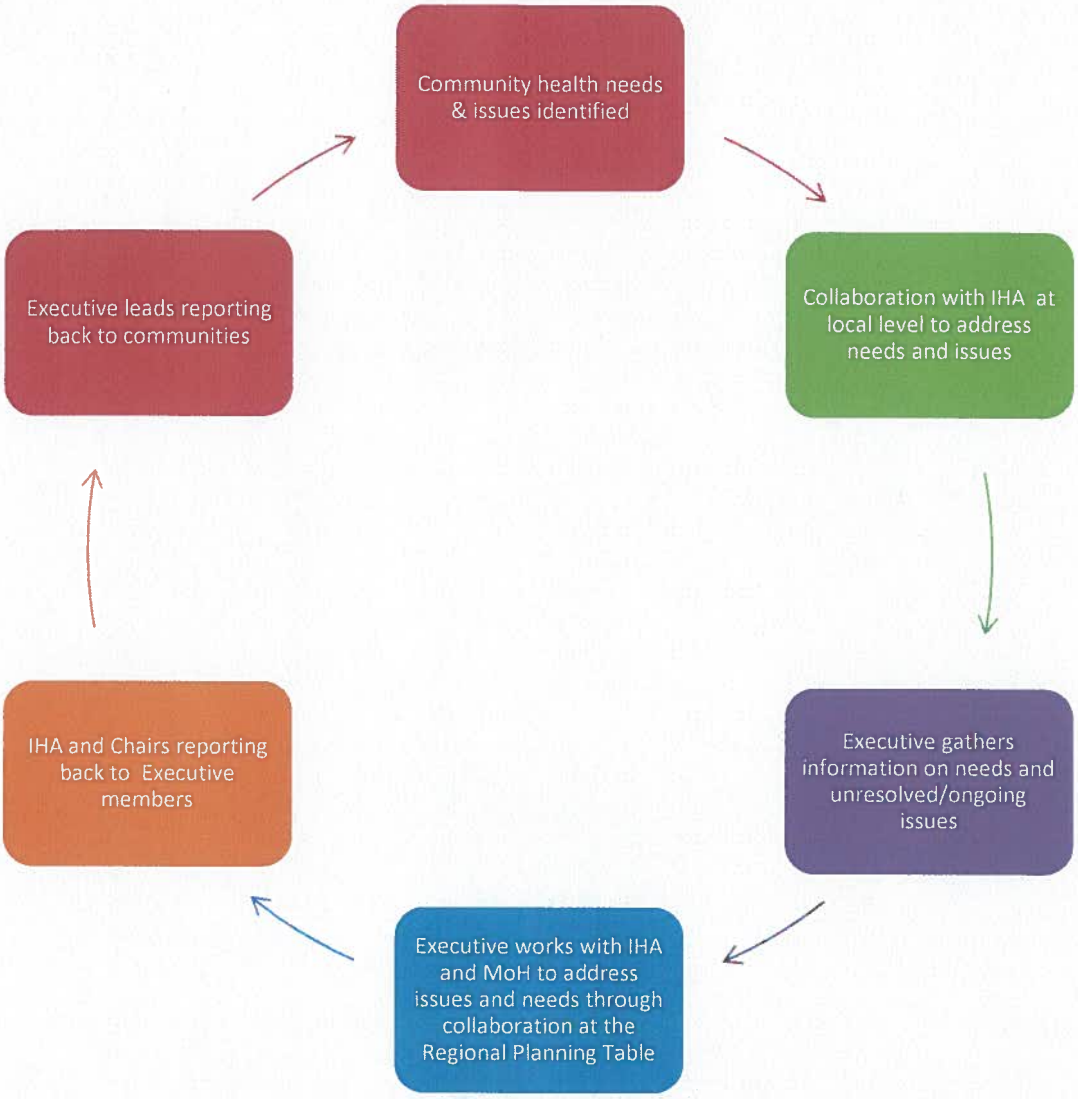
The Tripartite First Nations Health Plan (TFNHP) was signed on June 11, 2007, by the political executive of the Union of BC Indian Chiefs, First Nations Summit, and BC Assembly of First Nations, the Province of BC and Health Canada. The Plan builds on the TCA: FNHP and includes a number of new actions to be addressed by the partners in addition to the original 29 actions in the TCA: FNHP; new actions include the development of a new health governance model for First Nations.

UN Declaration on Rights of Indigenous People

The United Nations Declaration on the Rights of Indigenous Peoples was adopted by the United Nations General Assembly during its 61st session at UN Headquarters in New York City on 13 September 2007. The Declaration sets out the individual and collective rights of Indigenous peoples, as well as their rights to culture, identity, language, employment, health, education and other issues. It prohibits discrimination against

Indigenous peoples, and it promotes their full and effective participation in all matters that concern them and their right to remain distinct and to pursue their own visions of economic and social development. The goal of the Declaration is to encourage countries to work alongside Indigenous peoples to solve global issues, like development, multicultural democracy and decentralization.

APPENDIX TWO: INFORMATION AND REPORTING FLOW



APPENDIX THREE: INTERIOR HEALTH MAP OF NATIONS

APPENDIX FOUR: INTERIOR NATIONS AND MEMBER COMMUNITIES

Dãkelh Dene:	Lhoosk'uz Dene Government**, Lhtako Dene Nation** and Ulkatcho Indian Band
Ktunaxa:	Akisq'nuk First Nation, Lower Kootenay Indian Band, St. Mary's Indian Band, Tobacco Plains Indian Band
Secwepemc:	Adams Lake Indian Band, Bonaparte Indian Band, Canim Lake Indian Band, Esketemc First Nation, High Bar Band, Little Shuswap Lake Indian Band, Neskonlith Indian Band, Stswecem'c Xgat'tem, Shuswap Indian Band, Simpcw First Nation, Skeetchestn Indian Band, Splatsin First Nation, T'kemlups Indian Band, Ts'kw'aylaxw First Nation, Whispering Pines/Clinton First Nations, Williams Lake Indian Band, and Xatsull First Nation
Syilx:	Lower Similkameen Indian Band, Okanagan Indian Band, Osoyoos Indian Band, Penticton Indian Band, Upper Nicola Band, Upper Similkameen Indian Band, and Westbank First Nation
St'át'imc:	Xwisten, Sekw'el'was, Tsalahh, T'it'q'et, Xaxli'p, and (Ts'kw'aylaxw First Nation)
Tsilhqot'in:	?Esdilagh,** Tl'esqox, Tl'etinqox-t'in Government, Tsi Del Del, Yunesit'in Government, and Xeni Gwet'in First Nation Government
Nlaka'pamux:	Ashcroft Indian Band, Boothroyd Indian Band*, Boston Bar First Nation*, Coldwater Indian Band, Cooks Ferry, Kanaka Bar Indian Band, Lower Nicola Indian Band, Lytton First Nation, Nicomen Indian Band, Nooaitch, Oregon Jack Creek, Shackan, Siska, and Skuppah Indian Band, Spuzzum First Nation*

*Part of Fraser Region
**Part of Northern Region

APPENDIX FIVE: INDIGENOUS NATIONS OF THE INTERIOR: UNITY DECLARATION

INDIGENOUS NATIONS OF THE INTERIOR

Declaration of Unity

FEBRUARY 24, 2010

Whereas, Indigenous Nations of the Interior of British Columbia endorse the UN Declaration on the Rights of **Indigenous People which affirms that Indigenous peoples** have the right to the lands, territories and resources which they have traditionally owned, occupied or otherwise used or acquired; and that

Indigenous peoples have the right to maintain and strengthen their distinct political, legal, economic, social and cultural institutions, while retaining their right to participate fully, if they so choose, in the political, economic, social and cultural life of the State; and further that

Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development; and ...in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local **affairs...; and**

Whereas, the title and rights of First Nations of British Columbia have been intact since time immemorial and remain intact, despite numerous attempts by other governments to disregard or otherwise extinguish these rights; and

Whereas, historically, Indigenous Nations of the Interior acknowledged each others' autonomy, collectively stating in a letter to Sir Wilfred Laurier in 1910 that ...they found the people of each tribe supreme in their own territory, and having tribal boundaries known and recognized by all and **more recently reaffirmed this spirit and intent in the All** Our Relations accord of 2007; and

Whereas, the Nations of the Interior of British Columbia: **Dakelh Dené, Ktunaxa, Nlaka'pamux, Syilx, Secwepemc St'át'imc and Tsilhqot'in of the Interior wish to reaffirm** and build upon these historic agreements; and

Whereas, the Nations of the Interior continue to recognize the sovereignty of each Nation and their inherent rights for their citizenry, which includes the right to plan for and **respond to their specific social, cultural, economic and** environmental realities with support and investment, not interference, from outside sources; and

Whereas, the Indigenous Nations of the Interior of British Columbia, as Indigenous Nations, each assert their authority to govern over both their lands (territorial jurisdiction) and their peoples (personal jurisdiction) and to relate Nation-to-Nation with the government of Canada and government-to-government with the government British Columbia; and

Whereas, the Nations have stated their desire to establish and maintain a desired level of capacity in the areas of health research, health career development, health service delivery (including traditional practices), information management and governance (health planning, administration, policy/program design and implementation and...), in order to achieve their individual and collective Nation visions.

THEREFORE, the Nations of the Interior hereby declare that we will respectfully work together, collaborating for the betterment of the health, safety, survival, dignity and well-being of all of our peoples; and further

THAT we will be guided by the following principles while working together:

- Health and Wellness Outcomes and Indicators will be defined by each Nation
- Partnerships will be defined by each Nation
- Agreements will be negotiated and ratified by the Nations
- No Nation will be left behind, needs are addressed collectively
- The federal fiduciary obligation must be strengthened, not eroded
- Services will be provided to all of our people regardless of residency/status
- Adequate funding will be provided for our corporate structure(s)
- Socio-economic indices will be incorporated into planning and projections – plan for 7 generations
- Negotiations will be interest based - not position based (Nations define)
- Community hubs will be linked to the health governance process
- Documents will be kept simple and understandable
- The Interior Leadership caucus will meet regularly
- Liability will be minimized; the Nations will inherit no liability from other entities
- Celebration will be included in all activities
- The speed at which development occurs will be determined by the Nations
- The authority to govern rests with each Nation, as does the responsibility for decision-making

Chief Geronimo Squinas – Dakelh Dené

Gwen Phillips – Ktunaxa

Chief Shane Gottfriedson – Secwepemc

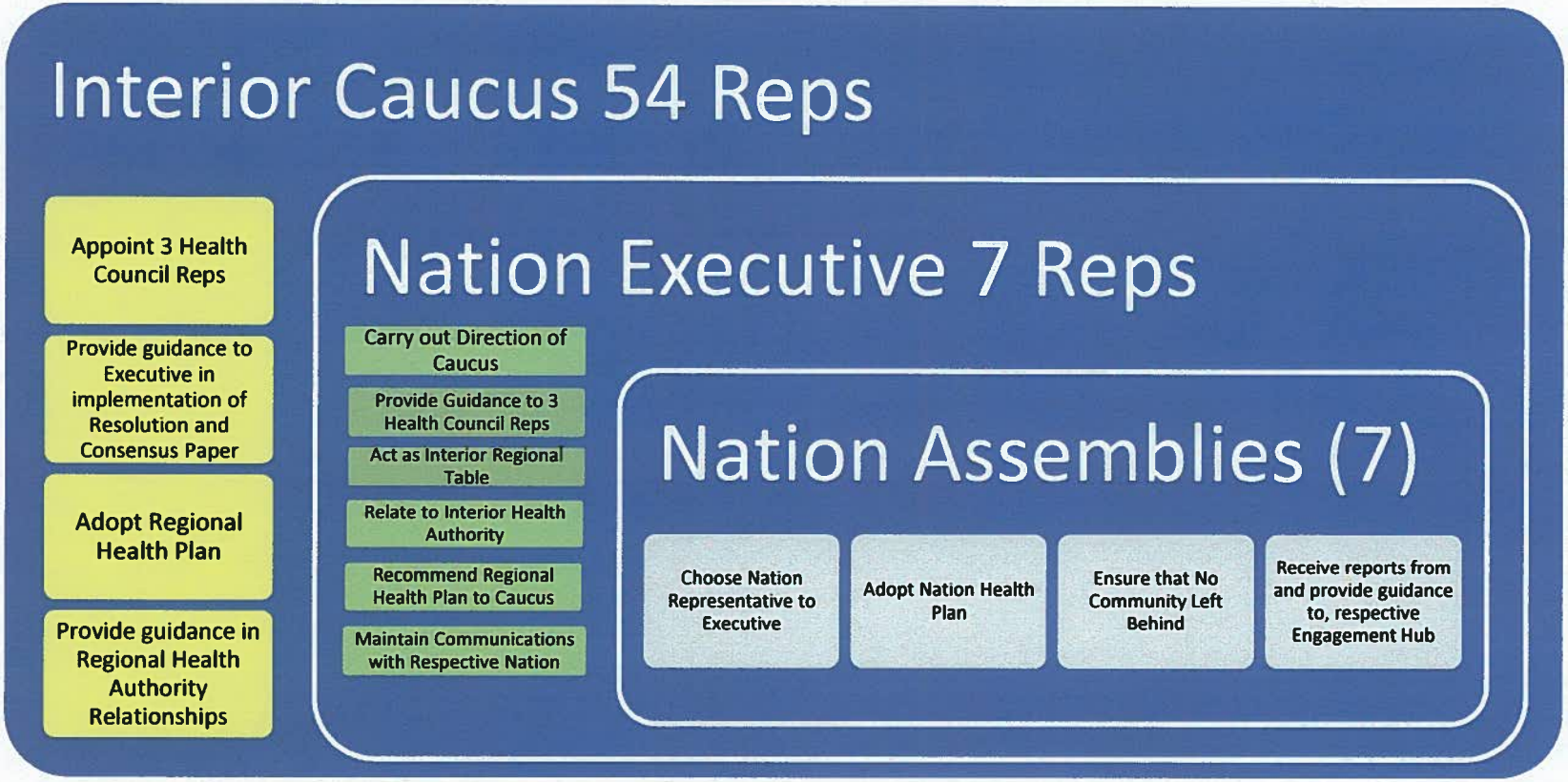
Chief Ke'waintee Michel – Nlaka'pamux

Chief Arthur Adolph – St'át'imc

Chief Jonathan Kruger – Syilx

Chief Bernie Elkins – Tsilhqot'in

APPENDIX SIX: INTERIOR GOVERNANCE ENTITIES FUNCTIONAL RELATIONSHIP DIAGRAM



Interior First Nation Community Councils participate in Nation Assemblies and send a representative to the Community Caucus meetings.

APPENDIX SEVEN: INTERIOR FNHC GOVERNANCE ENTITIES TERMS OF REFERENCE

First Nations Health Council
Interior Governance Entities

Terms of Reference

Approved December 16, 2011

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1. Preamble:

A. The First Nations of British Columbia, the Province of British Columbia and the Canadian Government, ratified the Tripartite Framework Agreement on First Nation Health Governance, which will empower B.C. First Nations to take-over the administration of Health Canada programs and services and identifies additional provincial resources, to be administered by a First Nations Health Authority.

B. Under this yet to be defined First Nations Health Authority, BC First Nations Governments will be fully involved in decision-making regarding the health of their people, and in defining how health services and programs are planned, designed, managed and delivered. They have agreed that First Nations should avoid the creation of separate and parallel First Nation and non-First Nation health systems, and develop a more integrated health and wellness system with stronger linkages to the provincial health-care system and the creation of new approaches to achieving the desired health and wellness outcomes of each Nation.

C. The Framework Agreement briefly describes the roles of the entities formed as a result of the Agreement, including a Tripartite Committee on First Nations Health, a First Nations Health Authority, a First Nations Health Council and the First Nations Health Directors Association (FNHDA).

D. The Tripartite Committee on Health is made up of federal, provincial and Health Council representatives, and their role is to engage in discussion on the progress and implementation of the Agreement and other health arrangements including the *Transformative Change Accord: First Nations Health Plan* (2006), the *First Nations Health Plan MOU* (2006), the *Tripartite First Nations Health Plan* (2007) and the Health Partnership Accord.

E. The First Nations Health Authority and Health Council roles are described in more detail later in this document.

F. The First Nation Health Directors Association represents health directors and managers working in First Nation Communities to:

   i. support education, knowledge transfer, professional development and best practices for health directors and managers of First Nation Health Providers; and

   ii. act as an advisory body to the provincial First Nation Health Council and the First Nations Health Authority, on research, policy, program planning and design related to administration and operation of health services in First Nation communities.

G. The First Nations Health Directors Association, as a provincial body, relates to the First Nation Health Council and Society at that level. Individual Health Directors work with their respective First Nations through the Hub and Caucus tables, at the Regional level, to provide expert advice in program and policy review and redesign.

H. The First Nations of B.C. are now modeling a provincial First Nations Health Authority to implement the Tripartite Framework Agreement; defining its structure and functions, in relation to the structures and functions of their own local health governance authorities. They envision a province-wide, coordinated First Nations wellness system that:

   i. is based on respecting and meeting the rights of First Nations people;

   ii. will result in improved quality, accessibility, delivery, effectiveness, efficiency, and cultural appropriateness of health care programs, and services for First Nations;

   iii. reflects the cultures and perspectives of BC First Nations, incorporates First Nations' models of wellness, and respects that the Nations have and will continue to work together

   iv. embraces knowledge and facilitates discussions in respect of determinants of health in order to contribute to the design of First Nation health programs and services;

   v. Provides First Nations in all regions of British Columbia with access to quality health services that are at a minimum, comparable to those available to other Canadians living in similar geographic locations.

   vi. First Nations, on a regional/tribal basis, are now forming structures and processes through which to carry out the engagement, research, planning and development work required, to define the authority of the Authority, and to shape the final form it will take. This Terms of Reference is the instrument that describes the roles of the parties that are working together to advance the formation of the First Nations Health Authority, specifically the Interior First Nations government officials and their technical support.

2. Interior Region Values:

The Interior Region will work together in ways which promote our values of Collaboration, Trust, Inclusion, Celebration and Innovation.

3. Purpose:

A. The purpose of these Terms of Reference is to describe the roles and responsibilities of the governance entities and advisory/planning bodies involved in the First Nations Health Council Governance processes of the Interior Region. These entities include:
   i. Interior Region First Nations Community Health Caucus (**54 Communities - *Caucus***)
   ii. Interior Nation Health Assemblies (**7 Nations - *Assemblies***)
   iii. Interior Region Nation Executive Table (***Executive – Regional Table***)

B. The document will also describe the relationship of these governance entities to the First Nations Health Council Society Members and Directors and the Community Engagement Hubs and Health Directors of the Interior Region.

C. A list of the First Nation Communities belonging to each Nation of the Interior Region is attached as an Appendix "A" to this document.

D. Engagement and Approvals Pathways will be clearly defined, to ensure that the pathway model will enable the FNHC to gather First Nations input and guidance for key decisions of the First Nations health governance structure. This engagement and approvals pathway could be included in the governing documents of the First Nations Health Council, First Nations Health Directors Association, and a future First Nations Health Authority, so that First Nations have clarity and certainty about the process for decision-making, and know that their voice and direction will be heard on key decisions such as program redesign.

E. **Reciprocal Accountability:**
   The members of the Interior Region First Nations Community Health Caucus, the Interior Nation Health Assemblies, and Interior Region Nation Executive Table are to report to their First Nations and Nations on the First Nations Health Authority (FNHA) and regional progress, share information, and develop common positions and perspectives.

4. Parties, Roles and Relationships of FIRST NATIONS HEALTH GOVERNANCE STRUCTURE:

A. First Nations Health Society

The First Nations Health Society has two divisions carrying out different functions within it; the *Society Members* (who sit as the Health Council) carrying out the Governance function on behalf of B.C. First Nations and the *Society Directors* (Health Society acting as the Interim First Nations Health Authority), carrying out the Management function without political interference.

i. **First Nations Health Council (First Nation Health Society) *Members*** (*Council/Society Members*):
The First Nations Health Council is comprised of 15 members, with 3 members appointed by the First Nations resident in each of the 5 geographic Health Authority regions of the province; the Interior Region is one of these 5 Regions and the 54 First Nation Communities of the Interior Region, through the Caucus, appoint their 3 representatives to the Health Council from amongst the 7 Nation representatives who form the Interior Region Nation Executive (Community-driven – Nation-based).

For purposes of these Terms of Reference, the First Nations Health Society *Members* will be called the Health Council as the collective or Health Council Members in reference to individuals.

The First Nations Health Councils' primary role is to implement the Gathering Wisdom IV Resolution and Consensus Paper; to finalize the sub-agreements in preparation for the transfer of Health Canada Resources (human, facilities...) to the new First Nations Health Authority and, as guided by the First Nations of the province, to establish the final structures through which to administer First Nation-designed programs and services as the new First Nations Health Authority.

In carrying out this work, the Health Council representatives, as Society *Members*, also have a responsibility to ensure that the Society (which operates as the *Interim* FN Health Authority) is responsive, transparent and accountable to First Nations of the province. As Health Council Members, the individuals represent the collective of all BC First Nations, not the individual Nations appointing them.

As per the Constitution and By-laws of the Society, the Health Council Members appoint the Directors to the Society Board, and provide high level governance oversight of the FN Health Society operations; as Members, they don't get involved in the day-to-day operations of the Society. These roles are described in the Terms of Reference for the FNHC. The Health Council Members cannot serve on the Board of Directors for the Society. The Constitution and By-laws provide the basic terms of reference for the Society Members and Directors. The Health Council Provincial and Regional Staff will ensure that all First Nation Communities receive frequent, accessible reports on the progress of the Council and Society; transparency and accountability are key governance principles.

ii. **First Nations Health Society (Interim First Nation Health Authority) *Directors*** (*Society Directors*):
The Society acts as the health management and administration body ensuring that there is no 'political' interference in carrying out the directions given collectively to the Health Council by the First Nations of the province, at Gathering Wisdom Forums.

The Board provides direction to the Society CEO in leading the business arm of the Society, managing resources and working with the technicians from First Nations communities in delivery of Health Actions. All First Nations Communities receive Annual Reports and newsletters from the Society Directors and First Nations Health Society Staff, reporting on their work.

The First Nations Health Society *Board of Directors* are selected for their expertise in health related fields as required for the Incorporated Society, as a legal entity, to carry out the day-to-day business related to administration of health programs. As the operational arm, the Society (The Interim First Nations Health Authority) is the body responsible for entering into contracts and other arrangements on behalf of the First Nations Health Council.

Background on the Society Directors, strategic plans and financial statements of the Society can be found on the Health Society Page of the Health Council Website at:

www.fnhc.ca/index.php/about/councilmembers/health_society/

B. Interior Region First Nations Community Health Caucus (*54 Communities Caucus*):

The province is broken down into 5 geographic regions for purposes of health-care service delivery. The Health Council Regions coincide with these Provincial Health Authority Regions. The Interior Region First Nations Community Health Caucus table provides a forum for the 54 First Nations of the Interior Region to engage with each other for purposes of networking and planning, as related to the implementation of the Gathering Wisdom IV Resolution and Consensus Paper and the Tripartite Framework Agreement on First Nation Health Governance.

i. **Caucus Mission**

We will assure the development of a comprehensive and inclusive Health Governance Framework that leads to the establishment of a people first, community driven and nation based BC First Nation Health Authority(s).

ii. **Caucus Membership**

The 54 First Nation Communities of the Interior Region as listed in Appendix "A" each have a voting seat as members of the Interior Region Community Health Caucus table.

iii. **Meetings and Voting**

Caucus meetings are the forum through which to provide guidance to the Health Council, in defining the structure and authority (functions) of a BC First Nations Health Authority; implementing the Gathering Wisdom IV Resolution and Consensus Paper.

a. Full caucus meetings will be held a minimum of 2 times per year.
b. For a Caucus meeting to be a valid meeting, a minimum of 35 Voting Members, must be present.
c. The Caucus representatives will attempt to achieve consensus on all matters requiring a decision.
d. If voting occurs, a resolution will pass with 50% plus 1 of those Communities present, voting in favor of the resolution.
e. Each of the First Nations belonging to the Interior Caucus will have 1 vote at meetings.
f. If a First Nations Chief or Council Members are unable to attend and would like to have representation at a Caucus Meeting, they must send a proxy letter with a designated representative that has the authority to make decisions at the Caucus Meeting on behalf of their First Nations. A Proxy Holder may represent more than one First Nations.
g. Funding will be provided to cover the travel costs for one voting representative from each of the Interior First Nation communities and one health director, or other technical support person from each of the First Nation communities, as approved by the First Nation.
h. Meeting dates and agenda will be set by the Nation Executive (described below) and notices provided at least one month in advance of meetings dates.

iv. **Purpose of Caucus Meetings**:

a. To engage with each other as First Nations and to reach out to First Nations of the Interior to ensure that all Communities achieve the same level of participation in meetings and achieve the same level of readiness, through consultation and planning.
b. To provide a forum for receiving reports from Health Council Regional Staff and for providing them with guidance in the development of the First Nations Health Authority.
c. To provide direction to the Health Council Representatives on the implementation of the Gathering Wisdom IV Resolution and Consensus Paper.
d. To provide guidance and leadership in the development of relationships and the implementation of arrangements between the First Nations of the Region and the Interior Health Authority.
e. To provide guidance and leadership in the redesign of First Nations community and regional health programs and services and the establishment of regional priorities.
f. To develop standards to ensure that resources are used in the most efficient and effective way possible, in achieving objectives.
g. To select the Interior Region's 3 Representatives to the First Nations Health Council, from amongst the Nation Executive Members.
h. To share good practices and progress towards achieving health and wellness outcomes.
i. To promote the Interior Unity Declaration.
j. To establish and sustain effective communication with all Interior First Nations.
k. This work will be carried out in accordance with the Gathering Wisdom IV Resolution and Consensus Paper.
l. When appropriate, the Caucus will appoint a Resolutions Committee.

C. Interior Nation Health Assemblies (*7 NationS Assemblies*):

The 54 First Nation Communities of the Interior have agreed to work under a model that is 'Community-driven and Nation-based'. This principle means that services will be developed and delivered as close to home as possible and that the Nations will have responsibility for governance.

The Nations of the Interior have signed a Unity Declaration that includes the following principles:

- Health and Wellness Outcomes and Indicators will be defined by each Nation
- Partnerships will be defined by each Nation
- Agreements will be negotiated and ratified by the Nations
- No Nation will be left behind; needs are addressed collectively
- The federal fiduciary obligation must be strengthened, not eroded
- Services will be provided to all of our people regardless of residency/status
- Adequate funding will be provided for our corporate structure(s)
- Socio-economic indices will be incorporated into planning and projections – plan for 7 Generations
- Negotiations will be interest based - not position based (Nations define)
- Community hubs will be linked to the health governance process
- Documents will be kept simple and understandable
- The Interior Leadership caucus will meet regularly
- Liability will be minimized; the Nations will inherit no liability from other entities
- Celebration will be included in all activities
- The speed at which development occurs will be determined by the Nations
- The authority to govern rests with each Nation, as does the responsibility for decision-making

The 7 Interior Region Nations will each host a Nation Health Assembly to ensure that their member Communities, (as per Appendix "A"), are engaged in the Health Council planning processes (making sure that no-one is left behind).

The leadership of the respective Nation will ensure that their Nation has a Comprehensive Health and Wellness Plan in place, building on community health plans and where possible, proposing areas where aggregation of services into a Regional Health Plan, might occur. The Nations' member Communities in Assembly will approve their Nation Health Plan

The Nation's communities in Assembly will choose their representative to the Interior Region Executive Table, in accordance with their own processes.

The Health Council will be provided with a Nation resolution signed by their member Communities, indicating who their representative is, as soon as possible, after the appointment is made.

i. **Meetings and Voting:**
   a. Nation Health Assemblies are the forums through which each of the 7 Interior Nations' member Communities (see Appendix "A") meet to share information and formulate health-related strategies. The Nations in Assembly are also responsible for making decisions regarding the assertion of their rights, the establishment of Nation health standards and outcomes and for the approval of the Nation health plan.
   b. Nation Assemblies will be held a minimum of 2 times per year.
   c. Each of the First Nations Communities belonging to the Nation will have 1 vote at Assemblies.
   d. The Nations' will determine their own voting procedures.
   e. The Assembly participants will attempt to achieve consensus on all matters requiring a decision.
   f. Funding will be provided to cover the travel costs for one voting representative from each of the First Nation communities. Other meeting costs related to hosting the Assembly will be covered by the Nation (facility, stationary, equipment).
   g. Funding for technician participation is provided through the Community Engagement Hub budgets.
   h. Meeting dates and agenda will be set by the Nation, in consideration of dates set for Caucus meetings and notices provided at least one month in advance of meetings dates.

ii. **Purpose of Nation Assembly Meetings**:
   a. To provide a forum for receiving reports, approving plans and providing direction to the work of the Nation Community Engagement Hub.
   b. To select the Nation's representative to the Interior Executive Table.
   c. To share good practices and progress towards achieving health and wellness outcomes.
   d. To confirm Nation interests in relation to Interior Health Authority (IHA) relationships and, where desired, negotiate Nation-level Agreements with the IHA.
   e. To identify any health-related issues or concerns that their member Communities may have and to, when unable to address issues within the Nation, bring the issue forward through their representative to the Nation Executive Table, for resolution, or advancement to the Health Council.

D. Interior Region Nation Executive Table (*Executive*):

Due to the large size of the Interior Region and the high number of First Nation Communities resident within the Region, a Nation Executive Table has been established by the 7 Nations of the Interior Region; this table will function as the 'Regional Table' for purposes of Health Council activities.

This table acts as an Executive body to the Interior Region First Nation Community Health Caucus and carries out directions in between Caucus sessions. They also ensure that the Health Council is being accountable (implementing the work plan as approved), and responsive to Regional issues. They interface with the Region's

Health Directors and with the Interior Health Authority (IHA) Board and Senior Executive, leading the negotiation and implementation of Regional Agreements with the IHA.

Executive Membership consists of 1 member from each of the following Nations, selected in accordance with Nation-approved processes and appointed through resolution, signed by authorized Nation representatives (Tribal Council Motion or Resolution).

Dãkelh Dene, Ktunaxa, Secwepemc, Syilx, St'át'imc, Tsilhqot'in, Nlaka'pamux

Members are responsible for bringing forward issues of concern to their Nation and for reporting back to their Nations on the activities of the Executive and Health Council within a timeframe agreed upon by their Nation.

In order to ensure that full participation is maintained at the Executive Table, Nations may choose an Alternate representative to the Executive Table to attend meetings when the designated representative is unable to attend, provided the alternate is an official that has been designated with the authority to make decisions at this table, on behalf of the Nation.

When an Alternate is chosen, a resolution or motion will be provided to the Executive Table informing them of the expanded representation and the Alternate will from that point forward, receive all communications that Executive members receive, related to this role.

Members and Alternates are responsible for bringing forward issues of concern to their Nation and for reporting back to their Nations on the activities of the Executive and Health Council.

It is acknowledged that governance and government are different functions, both equally important in the implementation of the Health Agreements. The First Nations Health Council and by extension the Community Caucus table and Executive table, are *governance* (authority/control) tables; the Health Directors and Hubs are part of the First Nations *government* (administration/management).

i. **Meetings and Voting:**
   a. Executive Meetings will be held a minimum of 4 times per year, and may be either in person, or through video or teleconference.
   b. Quorum at Executive meetings will be 5 Members.
   c. The Executive members will attempt to achieve consensus on all matters requiring a decision.
   d. If voting occurs, a resolution will pass with a minimum of 4 of those members present, voting in favor of the resolution.
   e. Each of the Members belonging to the Executive will have 1 vote at meetings.
   f. Funding will be provided to cover the travel costs for one appointed Nation representative from each of the seven Interior Nations.
   g. Technical support to the table will be provided by Health Council Regional Staff; technicians invited to the table by their Nation will have their travel costs paid for by that member Nation, or by the Executive table, if the table has requested their attendance.
   h. Meeting dates and agenda will be set by the Executive Members.
   i. Meeting summaries and a record of decisions will be forwarded to the Interior Region Chiefs following each meeting.

ii. **Purpose of Executive Meetings:**

Interior Region Executive meetings are the forum through which the 7 Interior Nation representatives chosen by the Communities of the Interior Region meet:

a. To receive reports from the Interior Representatives to the Health Council.
b. To provide direction to the Health Council Representatives on the implementation of the Gathering Wisdom IV Resolution and Consensus Paper.
c. To establish a work plan to achieve the Interior Region's objectives, as related to the Gathering Wisdom IV Resolution and Consensus Paper and establishment of First Nations Health Authority, and to identify work to be undertaken at the Community, Hub, Nation Assembly, or Caucus levels.
d. To provide a forum for receiving reports and providing direction to the Health Council Regional Staff.
e. To share good practices and progress towards achieving health and wellness outcomes.
f. To address any health-related issues or concerns that a member Nation may have, and when unable to address the issue within the Region, bring the issue forward through their representatives to the Health Council Table for resolution.

5. Amendments and Review of Terms of Reference:

The terms of reference shall be reviewed at least once a year at a regular meeting of the Interior Region First Nations Community Health Caucus. The terms of reference may be amended through an agreement by a majority of the membership from each sub-group at an Interior Region First Nations Community Health Caucus meeting.

This Terms of Reference will be maintained as a living document. Any regional Caucus Member may submit a formal motion for an amendment of this Terms of Reference. The formal motion for amendment shall be presented to the Interior Region First Nations Community Health Caucus for approval. Such amendments shall enter into force upon the approval of said motion at an Interior Region First Nations Community Health Caucus meeting.

APPENDIX EIGHT: COMMUNITY ENGAGEMENT HUBS (HUBS) AND HEALTH DIRECTORS

Community Engagement Hubs:

Health and wellness technicians working in First Nations Communities are important advisors to the leadership tables, identifying policy barriers and gaps. Work towards Nation-based Community Engagement Hubs, which have been established by the Health Council as the forums through which technicians can identify issues that require discussion/resolution at the Nation Assembly and as relevant, the Executive Table or Health Council related to structure and authority development and health service transformation, as per the Gathering Wisdom IV Resolution and Consensus Paper.

These are non-political advisory bodies. Each Hub will operate under a Terms of Reference established by the member Communities and in-line with FNHC standards/directives. The Nation-based Community Engagement and Planning Hubs should be comprised of Health Directors, Hub Coordinators and other relevant health and wellness technicians and community members, Elders, etc. All First Nation Communities should be represented at a Nation Hub. Hubs will promote the Unity Declaration principles.

Meetings:

a) Hub meetings are the forum through which community and Nation representatives working in health and wellness (Health Directors, CHRs, Nurses, Head Start Coordinators…) come together with other care providers, (such as IHA staff) to plan and develop local and regional strategies through which to establish and manage the most effective health and wellness programs possible for their Communities.
b) Hub Meetings will be held a minimum of 4 times per year.
c) Funding will be provided to cover the meeting travel costs for one appointed Community Representative from each of the Nation's Member Communities. Funding may also be made available to assist others with travel subsidies, as per the approved budget. Additional technicians are invited to the table however their Community/Nation/Organization may be required to cover their costs.
d) Technical support to the table will be provided by Hub Staff.
e) Meeting dates and agenda will be set by the Hub Staff, in consultation with the Members.
f) Purpose of Hub Meetings:
g) To establish a work plan to carry out direction received from Nation Assembly and/or Caucus and ensure that no Community is left behind.
h) To carry out research and formulate recommendations for consideration by leadership, related to health service transformation and policy shifts.
i) To provide a forum for receiving reports and engaging with the Health Council Regional Staff.

j) To share good practices and progress towards achieving health and wellness outcomes.
k) To identify a Nation Health Director, or lead, to interface with the Executive Table as requested.

Health Directors:

The Health Directors or Senior Managers working for the First Nations of the Interior Region should sit as members of their respective Community Engagement Hub and should work collaboratively with the Hub Staff to coordinate Community/Nation plans and activities.

APPENDIX NINE: MILESTONES AND DIRECTIVES

1. Interior Entities Governance Milestones:

May 2012: Regional Caucus and Regional Table Work Plans finalized; Appointments to Health Council and Regional Tables underway (current term of 3 Representatives expires June 2012) as required.

May 2012: Gathering Wisdom V

November 2012: Interior Health Authority Partnership Agreements completed.

December 2012: Implementation of Regional Caucus and Regional Table Work Plans; Establishment or update of Community Health and Wellness Plans completed (as required).

May 2013: Nation and Regional Health Plans Completed and Approved.

2. Consensus Paper Directives:

The First Nations Health Governance Interior Caucus will abide by the directives from the Chiefs in Assembly at Gathering Wisdom for a Shared Journey IV:

Directive #1: Community-Driven, Nation-Based

Directive #2: Increase First Nations Decision-Making and Control

Directive #3: Improve Services (*Consistent with the Principle of Comparability*)

Directive #4: Foster Meaningful Collaboration and Partnership

Directive #5: Develop Human and Economic Capacity

Directive #6: Be Without Prejudice to First Nations Interests (including but not limited to Aboriginal Title and Rights, Treaty Rights, self-government agreements, court proceedings, the fiduciary duty of the Crown, and existing community health funding agreements)

Directive #7: Function at a High Operational Standard

APPENDIX TEN: INTERIOR HEALTH STRATEGY MAP (2012/3-2014/15)