

DĀKELH DENÉ | KTUNAXA | SECWPEMC | SYILX
ST'ÁT'IMC | TSILHQOT'IN | NLAKA'PAMUX

PARTNERSHIP ACCORD 2019



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 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,

federal and provincial governments have endorsed the UN Declaration on the Rights of Indigenous Peoples and the Truth & Reconciliation Report and its Calls to Action, including the recommendation to utilize the UN Declaration on the Rights of Indigenous Peoples as a framework for reconciliation; and

Whereas,

in a manner consistent with the UN Declaration on the Rights of Indigenous Peoples and the Truth & Reconciliation Commission Report the First Nations of British Columbia, the Province of British Columbia and the Government of Canada, ratified the British Columbia Tripartite Framework Agreement on First Nation Health Governance, which empowers a First Nations health governance structure established

by and for B.C. First Nations, including a First Nations Health Authority (FNHA), the first and only province-wide First Nations health authority in Canada responsible for the design and delivery of First Nations health programs and services and working with the broader health system to improve outcomes and services accessed by First Nations in BC; 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: **Dākelh 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,

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,

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.

Whereas,

Interior Health, pursuant to its Vision, Mission and Values has established a Strategic Plan which encompasses four Goals. Goal #1 is to Improve Health and Wellness. Under this goal, item 1.2 is, "Work with First Nations and Aboriginal Partners 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 2015-2019 which is based on 4 key strategic priorities:

1. Advance cultural competency and cultural safety within Interior Health;
2. Ensure meaningful participation of Aboriginal partners in Interior Health decision-making;
3. Improve health equity for all Aboriginal people;
4. Improve mental health and well-being for all Aboriginal people across Interior Health.

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 British Columbia Tripartite Framework Agreement on First Nation Health Governance and a resolution at the Gathering Wisdom for a Shared Journey 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 first Interior Region Partnership Accord was signed in 2012 by the seven Interior Region Nations and Interior Health. An evaluation was completed on the first Partnership Accord and informed the renewal of this renewed agreement.

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.

Therefore, the Parties do hereby agree as follows:

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.

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



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.



Declaration of Commitment on Cultural Safety and Humility in Health Services (July 2015);

- > All Health Authority CEOs in BC and the Deputy Minister of the Ministry of Health signed a Declaration of Commitment to advance cultural humility and cultural safety within their health service organizations. This health system commitment to the declaration gives all health professionals a mandate to advance cultural humility and safety in their practices with First Nations in BC.



BC Health Regulators Declaration of Commitment (March 2017);

- > BC health professional regulatory leaders and the Deputy Minister of the Ministry of Health signed a Declaration of Commitment to advance cultural safety and humility. This commitment reflects the high priority the designated BC health professional regulatory leaders, place on cultural safety and humility as quality and safety dimensions that are integral components of our public protection mandate.



IH-FNHA CEO to CEO Protocol (April 2017)

- > The chief executive officers of the FNHA and IH signed a three-year protocol agreement to work together to address disparities and inequities in the health status of First Nations people in the Interior Region.



Nation Letters of Understanding

- > It is acknowledged that the implementation of this Partnership Accord is to be informed by the individual Letters of Understanding (LOUs) signed between each of the seven Interior Nations and Interior Health. The purpose of the LOUs is to define a collaborative, inclusive Nation level process for engagement and planning of First Nations and Aboriginal people in service delivery design and monitoring within the Interior Region.



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 has a Letter of Understanding with Interior Health. Issues or interests that are common to the Nations are addressed in a collaborative manner. Nations who are accessing health services from other Health Authorities may develop additional agreements.

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

As per the 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 approve their Nation Health Plan. The Interior Nations have a Regional Health and Wellness Plan, at the Interior Region Nation Executive Table that is adopted 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.

Executive Membership consists of 1 member from each of the 7 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)

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.

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

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.

Objectives:

Through partnership and shared decision making, establish a coordinated and integrated First Nations health and wellness system in the Interior that ensures:

1. **Continuous Quality Improvement:** contributes 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. **Cultural Safety & Humility:** ensures performance management and monitoring, reflects the cultures and perspectives of Interior First Nations, incorporates First Nations' models of wellness, and respects that the Nations have and will continue to work together;
3. **Equity:** ensures equitable access to services, particularly for rural and remote communities, builds First Nations human resources capacity and ensures wage parity;
4. **Holistic Wellness Approach:** embraces knowledge sharing and facilitates discussions and understanding in addressing the determinants and factors that shape health and wellness;
5. **Respect and Acknowledgement:** is based on respecting and acknowledging First Nation relationships to land and history, and ensuring the health, safety, food security, dignity and well-being of all Interior First Nations people; and
6. **Improved Health & Wellness Outcomes:** contributes to improved services and outcomes for rural, remote and other Aboriginal and non-Aboriginal people in the Interior region.



Structure:

With the goal of improving the health outcomes for First Nations People, two entities have been formed to carry out implementation of the Partnership Accord. Each entity is guided by a Terms of Reference.

> **Partnership Accord Leadership Table**

The Partnership Accord Leadership Table provides strategic direction and oversight to the implementation of the Partnership Accord. Membership is comprised of the Interior Region Nation Executive, the Interior Health Board Chair, CEO and Vice Presidents and Senior Leadership from FNHA.

> **Partnership Accord Technical Table**

The Partnership Accord Technical Table is an advisory body that provides advice and recommendations to the Partnership Accord Leadership Table. Membership is comprised of First Nations of the Interior Region (appointed through Nation approved processes), Senior Leadership from Interior Health (appointed by the Senior Executive Team) and Members of the Interior Region FNHA.

The FNHA is a key partner in the improvement of health services to First Nations in the Interior Region. As a key witness to this agreement, the FNHA supports and strengthens the working relationship between First Nations of the Interior Region and IH through a protocol between the Chief Executive Officers of the FNHA and IH. This protocol sets out a shared agenda that supports executive and operational leadership and partnership in the implementation of the Interior Partnership Accord.



Action Plan:

The Partnership Accord Leadership Table monitors the work of the Partnership Accord Technical Table and receives reports from them quarterly. The work of the Partnership Accord Leadership Table is reported to the Interior Region First Nations Community Health Caucus and the Interior Health Board bi-annually. The Partnership Accord Leadership Table and the Partnership Accord Technical Table will carry out specific actions including, but not limited to the following:

1. Develop a joint workplan(s) to advance the implementation of commitments outlined in this Accord. This workplan(s) will be enriched by the content of Interior First Nation community health and wellness plans, Nation health and wellness plans, and Interior Region Health and Wellness Plans and Strategies;
2. Uphold a strong commitment to monitoring and reporting on progress of the joint workplan(s) through establishment of actions, indicators, targets and timelines;
3. Increase visibility of and access to relevant, timely and appropriate First Nations data and through critical analysis, inform program planning and service delivery
4. Develop and foster an environment of cultural safety and humility and lead and enable actions to imbed cultural safety and humility in all health services;
5. Engage in dialogue, identify linkages and establish networks with other Aboriginal and non-Aboriginal stakeholders;
6. Review and improve standards, policies, processes, programs, and service delivery systems serving First Nations of the Interior region;
7. Identify those matters including policy issues that are impediments or enablers to the implementation of this Accord and its workplan;
8. Establish, at the strategic operational level, communications with the FNHA and at the governance level, with the First Nations Health Council.

Commitment:

In the spirit of partnership and joint commitment to improve the health and wellness outcomes of all First Nations people living in the Interior region, the parties will:

- a. support each other in a positive and constructive manner;
- 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 determinants and factors that shape health and wellness;
- f. in the spirit of reciprocal accountability, hold each other accountable for the commitments in this Accord;
- g. maintain clear roles and responsibilities and performance expectations balanced by the capacity of each party;
- h. participate in scheduled meetings and be responsive, transparent, and collaborative to advance common priorities and strive for creative solutions as a means to overcome challenges;
- i. communicate in a timely and effective way, potential risks or impediments to achieving the objectives of this Accord, or those outlined in the joint workplan.



Success Indicators:

- a. Improved health outcomes for First Nations people of the Interior Region;
- b. Interior Region Nation Executive Table advocates 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 a joint workplan;
- 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. Nation Letters of Understanding Tables are attended and supported by Nation and Senior Interior Health representatives;
- h. Rural and Remote health strategy developed in partnership with Interior First Nation Communities;
- i. Letters of Understanding are current and in place between Interior Health and each of the 7 Interior Nations;
- j. A joint workplan inclusive of actions, indicators, and timelines and measurements is adopted, implemented and monitored bi-annually through progress reports to Interior Region Caucus and IH Board.

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 5, day of June 2019

Signatories for the Interior Region First Nations:


Charlene Belleau
Secwepemc


Allan Louis
Syilx


Zach Parker
Dakelh Dené


Loreta Williams
Tsiinqot'in


Chief Michelle Edwards
St'át'imc


Ko'waintco Michel
Nlaka'pamux


Gwen Phillips
Ktunaxa

Signatories for the Interior Health Authority:


Dr. Doug Cochrane
Board Chair


Susan Brown
President and CEO

Witness Signatory for the First Nations Health Authority:


Joe Gallagher
CEO

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Interior Health
Every person matters



INTERIOR REGION
First Nations Health Authority