



## **NORTHERN PARTNERSHIP ACCORD**

**FIRST NATIONS HEALTH COUNCIL:  
NORTH REGIONAL HEALTH CAUCUS**

**and**

**NORTHERN HEALTH AUTHORITY  
(NORTHERN HEALTH)**

**and**

***INTERIM* FIRST NATIONS HEALTH AUTHORITY**

**May 11, 2012**

## 1. THE PARTIES TO THIS ACCORD

### **NORTH REGION**

The North Region includes almost two-thirds (2/3) of British Columbia's land base. It is bordered by the Northwest and Yukon Territories to the north, the BC interior to the south, Alberta to the east, and Alaska and the Pacific Ocean to the west [see map attached]. About 300,000 people live in Northern BC. Thirteen (13%) of the population is First Nations. This is the highest proportion of Aboriginal peoples in any region of the province.

### **NORTH REGIONAL HEALTH CAUCUS**

There are approximately 48,050 Aboriginal peoples in the North Region. Of these, 34,095 (71%) are First Nations (status) representing fifty four (54) First Nations communities (Aboriginal Identity, Census 2006). The remaining 10% of people are Metis, Inuit, and/or of multiple Aboriginal identity.

First Nations communities in the North Region have organized themselves into three sub-regions (like Northern Health):

- the Northeast Sub-Region
- the Interior/Central Sub-Region, and
- the Northwest Sub-Region (see map)

There are a number of Community Engagement Hubs (see Appendix Two) within each sub-region which brings different communities together in order to plan, collaborate and communicate with each other. This provides the political and technical leads/representatives from each sub-region an opportunity to meet together before attending a full North Regional Health Caucus.

### **SUB-REGIONAL HEALTH CAUCUS (see Appendix 1)**

First Nations in the North Region (through political and technical leads) will come together as Sub-Regional Health Caucuses at regular intervals. They will then meet together as the North Regional Health Caucus, or as a 'regional table'. This will be supported logistically by the Interim First Nations Health Authority. In order to facilitate this regional table, the Nations have formed three sub-regions to localize their discussions and allow more people from communities to attend and discuss their local health needs:

- Northeast sub-region Caucus
- Central sub-region Caucus
- Northwest sub-region Caucus

One representative from each of the Sub-Regional Health Caucuses, Northeast, North Central, and Northwest will represent the North Regional Health Caucus on the fifteen (15) member First Nations Health Council.

Each sub-regional health caucus will appoint three (3) political or technical representatives to the Northern First Nations Health and Wellness Planning Committee, which is a partnered committee between the North Regional Health Caucus and Northern Health. This committee will work alongside First Nations Health Council, First Nations Health Directors Association, Interim First Nations Health Authority and Northern Health.

### **NORTHERN HEALTH**

Northern Health is led by a government-appointed Board of Directors and is accountable to the Ministry of Health through the Northern Health Board. The Northern Health Board sets the mission, vision, values and strategic plan for Northern Health within the broad directions set for the health care system by the Government of British Columbia through the Ministry of Health. The CEO is responsible for leading Northern Health's operations in accordance with the direction set by the Northern Health Board and ensuring the implementation of directives issued, from time to time, by the BC Ministry of Health.

Northern Health is divided into three operational areas called Health Service Delivery Areas (HSDAs): the Northeast, the Northern Interior, and the Northwest. These are similar to the three sub-regions

that First Nations communities have organized around. A Chief Operating Officer (COO) manages the services in each HSDA and reports directly to Northern Health's CEO. Northern Health's annual operating budget is approximately \$600 million per annum. Over 7,000 people work for Northern Health in about 4,000 full-time equivalent positions.

Northern Health will appoint the following representatives or their designate to the Northern First Nations Health and Wellness Planning Committee:

- Chief Operating Officer, Northeast
- Chief Operating Officer, Northwest
- Chief Operating Officer, Northern Interior
- Chief Medical Health Officer
- Vice President, Clinical Programs and Chief Nursing Officer
- Regional Director, Aboriginal Health

### ***INTERIM FIRST NATIONS HEALTH AUTHORITY***

The *Interim* First Nations Health Authority (FNHA), working through the strategic political leadership provided by the First Nations Health Council, is responsible for the legal and administrative aspects of the implementation of the British Columbia Tripartite Framework Agreement on First Nations Health (Framework Agreement), which includes the establishment of a new health governance structure for First Nations in BC. The Framework Agreement sets out the responsibilities of the FNHA, which include taking responsibility for the planning, management, delivery and funding of health programs presently provided for First Nations in BC through Health Canada as well as collaborating with the BC Ministry of Health and BC Health Authorities to coordinate and integrate their respective health programs and services to achieve better health outcomes for First Nations in British Columbia. This work includes enhancing collaboration among First Nations Health Providers and other health providers to address economies of scale service delivery issues to improve efficiencies and access to health care.

The FNHA will incorporate First Nations cultural knowledge, beliefs, values and models of healing into all aspects of this work in order to better meet the needs of First Nations communities. The FNHA will respect and uphold the following seven directives:

- Directive 1 - Community Driven, Nation Based
- Directive 2 – Increase First Nations Decision-Making
- Directive 3 – Improve Services
- Directive 4 – Foster Meaningful Collaboration and Partnerships
- Directive 5 – Develop Human and Economic Capacity
- Directive 6 – Be Without Prejudice to First Nations Interests
- Directive 7 – Function at a High Operational Standard

As part of the new First Nations health governance arrangement and continued commitment to a community driven, nation based approach, the FNHA provides agreed upon funding, logistical and technical support to the North Regional Health Caucus.

## **2. PURPOSE OF THIS ACCORD**

- a. The First Nations communities in the North Region – through their political and technical leaders in health – *Interim* First Nations Health Authority and Northern Health are working together to involve First Nations leadership in the planning and monitoring of health services that impact First Nations communities in the North Region.
- b. The parties seek to improve the health outcomes for First Nations people residing in the North Region. The parties are entering into a mutually beneficial relationship that enables collaboration in the planning, implementation, and evaluation of culturally appropriate, safe and effective services for First Nations residing in the North Region as described in this document and in the Terms of Reference between Northern Health and the Wellness Committee.
- c. Although this Accord is not a legally binding agreement, it is based on the British Columbia Tripartite Framework Agreement on First Nation Health Governance. This Accord intends to

establish a foundation and framework for meaningful partnerships between First Nations, the *Interim* First Nations Health Authority and Northern Health.

Recognizing that this is a living document, from time to time, as agreed to by both parties and at least on an annual basis, this document may be reviewed and amended to the benefit of all parties involved.

### **3. PREAMBLE**

- a. The foundation of this Accord is based on the following documents:
  - Transformative Change Accord: first Nations Health Plan (November 2005)
  - Tripartite First Nations Health Plan (June 2007)
  - British Columbia First Nations Perspectives on a New Health Governance Arrangement: Consensus Paper (May 2011)
  - British Columbia Tripartite Framework Agreement on First Nation Health Governance (October 2011)
  - Regional Summary of Governance Discussions 2011: Summary of feedback from Northern Regional Caucus and Health Partnerships Workbook (May 2011)
- b. In order to coordinate and oversee health developments in the North Region, First Nations communities have formed the North Regional Health Caucus, which provides a vehicle for the political and technical leaders from the North Region's First Nations communities to come together at regular intervals. 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.
- c. Appointed leadership from the diverse First Nations in the North Region represents the inherent rights and responsibilities of their citizens, regardless of residency. First Nations, as the holders of rights and title for their traditional territories in the North Region, include both on and off reserve First Nation citizens.
- d. North Region's First Nations health leadership - which includes both political and technical leaders in health - represents a wide range of diverse Nations who are at different stages of development:
  - Nations are different from one another in terms of needs and stages of development
  - Each of the First Nations' forty one (41) main Health Centers are at different stages of development based on their history of Health Transfer funding and arrangements with Health Canada - First Nations and Inuit Health
  - Engagement approaches undertaken by the partners must be inclusive. No community should be forced to participate nor should any community be left behind
  - First Nations vary in size and include small and very isolated communities. These Nations must be afforded equitable recognition in strategies undertaken by the partners
  - Some communities choose traditional health care methods rather than mainstream western health interventions. Some communities want a mix of both. Strategies agreed upon by the partners should account for the desire by some communities to incorporate traditional methods.
- e. Northern Health acknowledges the rights and responsibilities of First Nations within its coverage area and enters into this relationship with the recognition that improving the health status of all First Nations people in the region requires a collaborative working relationship.
- f. This Accord acknowledges the right of each First Nation to govern its own affairs.
- g. This Accord acknowledges that Northern Health provides services to those living within its service delivery areas, including First Nations people on and off reserve and works in partnership with the *Interim* First Nations Health Authority and the North Regional Health Caucus to close the gaps and remove barriers to accessing and improving services. This Accord does not intend to interfere with the Northern Health's responsibility to govern its health service delivery in compliance with applicable laws, regulations, standards, and ethics.

## 4. COMMITMENTS OF THE PARTIES

### a. NORTHERN FIRST NATIONS HEALTH AND WELLNESS PLANNING COMMITTEE

The North Regional Health Caucus, *Interim* First Nations Health Authority and Northern Health will form the Northern First Nations Health and Wellness Planning Committee (Committee). The Committee will provide a forum for senior representatives from the North Regional Health Caucus, *Interim* First Nations Health Authority and Northern Health to collaborate in developing and overseeing the implementation of a Northern First Nations Health and Wellness Plan focused on the health actions outlined in the Tripartite First Nations Health Plan that are priorities for the North Region.

The Committee will be responsible for approving the Northern First Nations Health and Wellness Plan annually. The Committee will work together to develop and implement an evaluation process designed to measure progress in meeting the goals and objectives outlined in the Committee-approved Northern First Nations Health and Wellness Plan. A progress report will be developed annually using a mutually agreed format for reporting.

The Committee will be co-chaired by a representative of the North Regional Health Caucus and a representative from the *Interim* First Nations Health Authority and Northern Health as agreed to by the Committee. The Committee will meet a minimum of three times per year or at the call of the Co-Chairs. A Terms of Reference for the Committee will be established by the Committee and will be reviewed annually.

Once per year, the Co-Chairs of the Committee will meet with the Chair of the North Regional Health Caucus and the CEOs of the *Interim* First Nations Health Authority and Northern Health to review progress in achieving the Northern First Nations Health and Wellness Plan goals and objectives and progress in developing the relationship outlined in this Accord. A formal progress report will be provided to the North Regional Health Caucus, *Interim* First Nations Health Authority and the Northern Health Boards annually.

### b. THE PARTIES COMMIT TO:

- Support each other in a positive and constructive manner intended to facilitate improved outcomes for First Nations people residing in the North Region.
- Collaborate to identify health needs of First Nations people residing in the North.
- To educate one another about each other's governance structures, service delivery processes, fiscal restraints, opportunities and other matters.
- Develop a strategic Northern First Nations Health and Wellness Plan for the North Region with goals and measurable objectives.
- Partner to organize a First Nations and Aboriginal Health Gathering in the Northwest, Northeast and Northern Interior focused on an issue of priority to First Nations, approximately every 18 months to two years.
- Develop partnerships with other Ministries, municipal governments and non-profit organizations to work together in order to address the social determinants of health.
- Hold each other accountable in the spirit of reciprocal accountability for the commitments in this Accord. Reciprocal accountability requires:
  - Clear roles and responsibilities of each party
  - Clear performance expectations balanced by capacity of each party
  - Timely reporting
  - Scheduled meetings to conduct the work of this Accord
- Work together to ensure First Nations participation in the work that follows from the commitments in this Accord.
- Communicate in a timely and effective way about potential risks or impediments to achieving the objectives outlined in the Northern First Nations Health and Wellness Plan.
- Seek to understand and respect each party's structure and processes.
- Acknowledge that the parties have jurisdictional, legal and fiduciary responsibilities and operate under specific mandates, but that the purpose of the relationship is to facilitate progress in addressing First Nations health needs.

**c. FIRST NATIONS NORTH REGIONAL HEALTH CAUCUS AND THE *INTERIM* FIRST NATIONS HEALTH AUTHORITY COMMITS TO:**

- Facilitate engagement and participation, particularly through Community Engagement Hubs and the Regional Caucus, to support local and regional health planning with Northern Health Executives and Managers.
- Contribute information, ideas, guidance, and expertise to collaborative and common projects and population health initiatives between Northern Health, *Interim* First Nations Health Authority and the North Regional Health Caucus.
- Acknowledge and respect the role and mandate of the political and technical leaders with First Nations communities in the North Region.
- Acknowledge and respect the role of Northern Health and the evolving nature of relationships with local First Nations political and technical leadership.
- Advocate for First Nations perspectives and inclusion in regional and provincial health developments.

**d. NORTHERN HEALTH COMMITS TO:**

- Provide and evaluate cultural competency education for the Northern Health Board of Directors, executive team, management and staff.
- Collaborate with the North Regional Health Caucus and the *Interim* First Nations Health Authority to jointly develop, implement and evaluate a Northern First Nations Health and Wellness Plan, including:
  - Development of population health approaches designed to address health status issues of mutual concern.
  - Creation of innovative approaches to improve access to healthcare.
  - Research, exploration and implementation of potential ways to utilize technology to improve access to health care in the North.
  - Development of strategies to increase the First Nations and Aboriginal representation in the health service professions and para-professions.
  - Measurement of outcomes and health status indicators, using administrative data to evaluate progress on closing the health disparity gap between First Nations and non-Aboriginal Northern Health residents.
- Work with local First Nations peoples through Northern Health's Aboriginal Health Improvement Committees to improve the quality and cultural competency of Northern Health's services at the community level.
- Develop a shared records and information management framework between the *Interim* First Nations Health Authority, Northern Health and First Nations, including the identification and resolution of barriers to information sharing.
- Develop a communication mechanism between the First Nation Community Engagement Hubs and Northern Health's Aboriginal Health Improvement Committees to ensure that issues and concerns identified by the Community Engagement Hubs are made known to Northern Health for local resolution.
- Acknowledge and respect the role and mandate of the political and technical leaders within First Nations communities in the North Region.
- Will work with its third party contracted or affiliated service providers to ensure that they understand and abide by this Accord.

## **5. DEVELOPMENT OF SUCCESS INDICATORS**

Measurable success indicators will be developed by the Northern First Nations Health and Wellness Planning Committee and will provide evidence of progress in achieving the objectives outlined in the Northern First Nations Health and Wellness Plan. The success indicators will be evidence-based and may be qualitative or quantitative in nature. The ability to collect data may be dependent upon both data availability and mutual agreement between the parties regarding data collection methodologies. Examples of potential success indicators include:

- Improved access and cultural competency of health services for First Nations;
- Coordination and alignment of planning and service delivery between the North Region's First Nations and Northern Health;

- Increased accessibility to health care services for remote and isolated communities;
- Increased partnerships between North Regional First Nations and Northern Health to improve the quality of health services at the local and regional level;
- Stronger linkages between Northern Health and First Nations Health Centers for patient referral and service collaboration and integration;
- Improved communication between First Nations and Northern Health;
- Increased partnership opportunities between Northern Health, Divisions of Family Practice where these exist in the North, and First Nations communities to incorporate the needs of First Nations in primary care development;
- Increased coordination of e-Health initiatives in the North Region within the Tripartite approach; and
- Recruitment and retention of health professionals in the Northern Region.

## **6. IMPLEMENTING THE RELATIONSHIP**

The Parties commit to the following implementation of this Accord:

### **a. NORTHERN FIRST NATIONS HEALTH AND WELLNESS PLAN**

The North Regional Health Caucus, *Interim* First Nations Health Authority and Northern Health will appoint representatives to form the Northern First Nations Health and Wellness Planning Committee (Committee). The Committee will meet three times/year and will provide a forum for senior representatives from the North Regional Health Caucus, *Interim* First Nations Health Authority and Northern Health to collaborate in developing and overseeing the implementation and evaluation of a Northern First Nations Health and Wellness Plan focused on the health actions outlined in the Tripartite First Nations Health Plan that are priorities for the North Region.

### **b. INCREASE UNDERSTANDING ABOUT AND RESPECT FOR FIRST NATIONS TRADITIONS, CUSTOMS AND PROTOCOLS BETWEEN NORTHERN HEALTH AND NORTH REGION FIRST NATIONS**

The First Nations Health and Wellness Steering Planning Committee will:

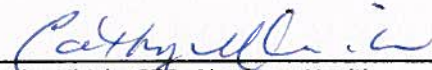
- Incorporate a Cultural Responsiveness Strategy for Northern Health into the Northern First Nations Health and Wellness Plan with the intent of developing Northern Health policy in support of the strategy.
- Facilitate the development of cultural guidelines relevant to the First Nations who access services in each of Northern Health's community clusters. The guidelines will outline the generally accepted traditional protocols and practices relevant to the particular First Nation.
- Develop a protocol for First Nations Health Center nurses and other approved workers to support care being provided for First Nations citizens in Northern Health facilities through collaboration with Aboriginal Health Liaison Workers.

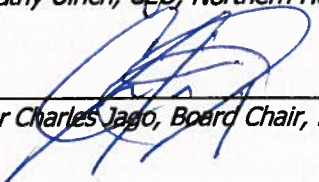
### **c. EVALUATION OF THIS PARTNERSHIP ACCORD**

- The Northern First Nations Health and Wellness Planning Committee will develop and implement an evaluation process designed to measure progress in meeting the goals and objectives outlined in the approved Northern First Nations Health and Wellness Plan.
- Annually, the Co-Chairs of the Committee will meet with the Chair of the North Regional Health Caucus and the CEOs of the *Interim* First Nations Health Authority and Northern Health to review progress in achieving the Northern First Nations Health and Wellness Plan goals and objectives and progress in developing the relationship outlined in this Accord.
- Annually, a formal progress report will be provided to the North Regional Health Caucus and the Northern Health Board.


**Northern Partnership Accord agreed on May 16, 2012**


**Signatories for Northern Health**

  
\_\_\_\_\_  
*Cathy Ulrich, CEO, Northern Health*

  
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*Dr Charles Jago, Board Chair, Northern Health*

**Signatories for the North Regional Health Caucus**

  
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*Warner Adam, North Regional Health Caucus and North Central Representative*

  
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*Laura Webb, Northeast Representative*

  
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*Chief Marjorie McRae, Northwest Representative*

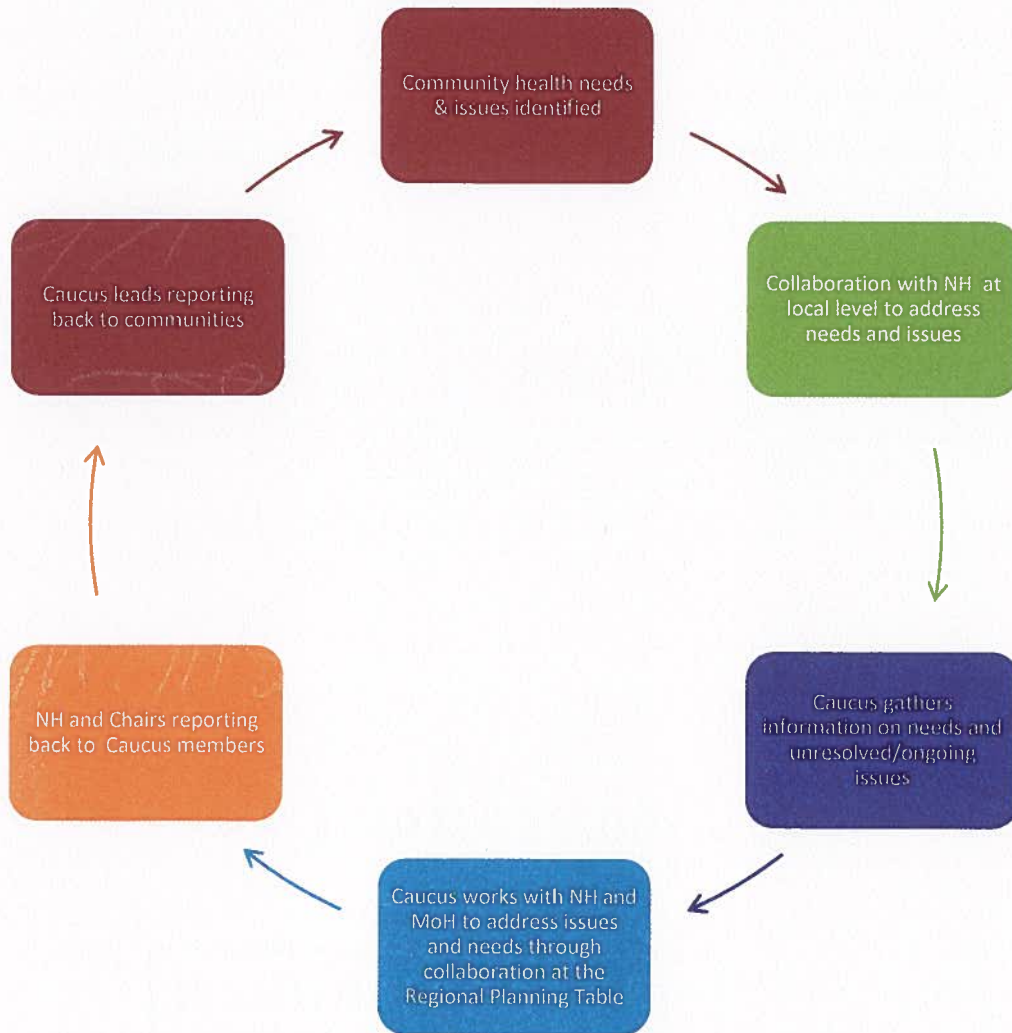
**Signatories for the *Interim* First Nations Health Authority**

  
\_\_\_\_\_  
*Joe Gallagher, CEO, Interim First Nations Health Authority*

  
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*Lydia Hwitsum, Chair, Interim First Nations Health Authority*

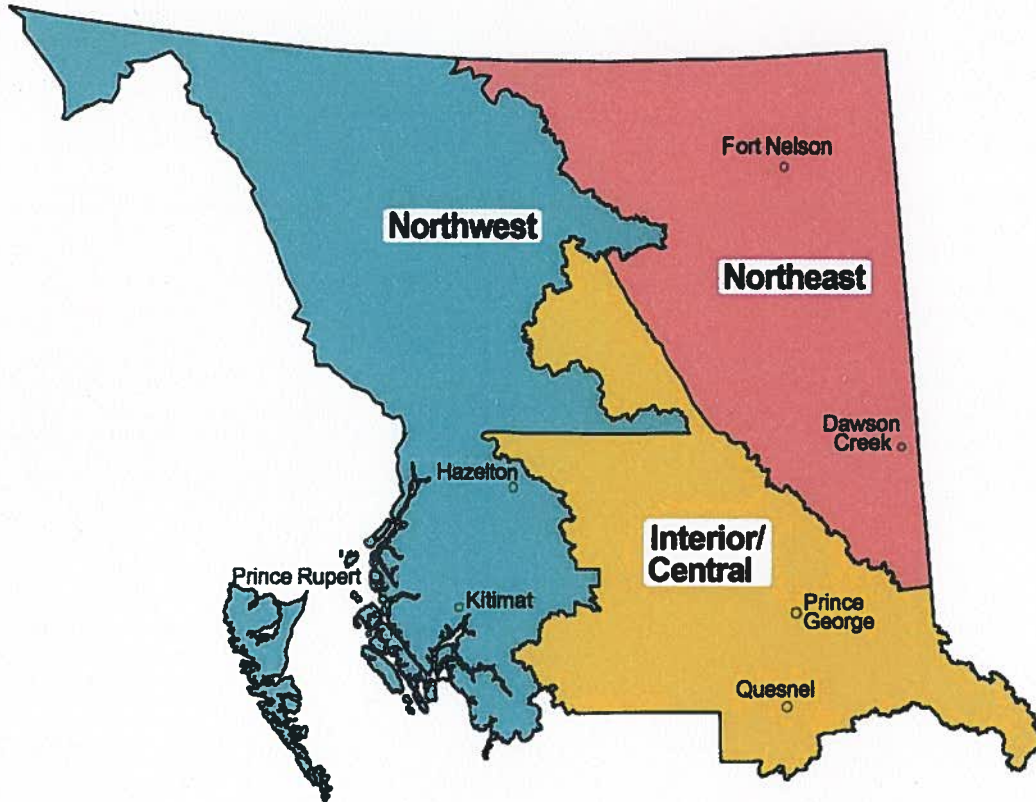


## APPENDIX ONE: INFORMATION FLOW AND PARTNERING



## APPENDIX TWO: MAP

Map: Northern Region Health Caucus



### NORTHEAST SUB-REGION

#### TREATY 8 HUB

Blueberry River First Nation  
Dene Tsaa Tse K'Nai First Nation  
Doig River First Nation  
Fort Nelson First Nation  
Halfway River First Nation  
Saulteau First Nation  
West Moberly Lake First Nation

### NORTH CENTRAL SUB-REGION

#### CARRIER-SEKANI FAMILY SERVICES HUB

Cheslatta Carrier Nation  
Nee-Tahi-Buhn Band  
Skin Tyee First Nation  
Stellat'en First Nation  
Takla Lake First Nation  
Ts'il Kaz Koh  
Wet'suwet'en First Nation  
Yekoochee

#### FINLAY HUB

Kwadacha First Nation  
Tsay Keh Dene First Nation

**DAKELH'NE HUB**

Lheidli T'enneh  
Nadleh Whuten First Nation  
Nak'azdli Band  
Saik'uz First Nation  
Ti'azt'en First Nation

**LAKE BABINE NATION**

Lake Babine Nation

**NOT IN HUBS**

McLeod Lake  
Nazko First Nation

**Engaged with Interior Health Region Hubs**

Esdilagh Indian Band / Alexandria (*Part of Tsilhqot'in National Government hub in the Interior Region*)  
Lhoosk'uz Dene (Kluskus)  
Lhtako Dene Nation (Red Bluff)

**NORTHWEST SUB-REGION**

**NORTH WEST COMMUNITY ENGAGEMENT HUB**

Gitanmaax  
Gitanyow  
Gitsegukla  
Gitwangak  
Glen Vowell (Sik-e-Dakh) Band  
Hagwilget Village  
Kispiox  
Moricetown

**TAHLTAN HUB**

Iskut  
Tahltan Band Council (Dease Lake and Telegraph  
Creek)

**HAIDA HUB**

Old Masset Village Council  
Skidegate Band

**TRUE NORTH HUB**

Daylu Dene Council  
Dease River First Nation  
Taku River Tlingit First Nation

**NOT IN HUBS**

Gitxaala Nation  
Haisla First Nation

**NISGA'A VALLEY HEALTH SOCIETY HUB**

Gingolx  
Gitlaxdax Terrace Society  
Gitlaxt'aamiks,  
Gitmaxmak'ay  
Gitwinksihkw  
Laxgalt'sap  
Nisga'a Pr Rupert/Port Edward Society

**KITSELAS HUB**

Kitselas Indian Band  
Kitsumkalum Indian Band

**NORTH COAST TSIMSHIAN HUB**

Gitga'at Band (Hartley Bay)  
Lax Kw'alaams First Nation  
Metlakatla Indian Band