Vancouver Island Partnership Accord

First Nations Health Council

Vancouver Island Health Authority

2012

Preamble

1. Improvement in First Nations Health Indicators and Health Outcomes is the primary objective of the work of the First Nations Health Council. This task cannot be accomplished alone, or in isolation. One village or one community cannot achieve this objective. This must be done in partnership, in collaboration amongst one another, to ensure we are successful. First Nations' Health and Health Outcomes is equally important to the Vancouver Island Health Authority. To that end, this *Vancouver Island Partnership Accord* is made in the spirit of partnership and joint commitment to improve the well-being of all First Nations people living in the Vancouver Island region, regardless of Nationhood, status, and location.

2. This Partnership Accord builds on several provincial and regional documents:
   - *The Transformative Change Accord: First Nations Health Plan (2006),*
   - *The Tripartite First Nations Health Plan (2007),*
   - *The Consensus Paper: British Columbia First Nations Perspectives on a new Health Governance Arrangement (2011),*
   - *British Columbia Tripartite Framework Agreement on First Nations Health Governance (2011), and*
   - *The Vancouver Island Health Authority's Aboriginal Health Plan (2012).*

3. For more information on these documents, please see Appendix 1

I. Purpose of Accord

Our overall goal: Improve the health outcomes for First Nations people

4. The purpose of this Accord is to formalize and strengthen partnership between the Vancouver Island Health Authority (VIHA) and the Vancouver Island Regional Health Caucus[1] (VIRHC) of the First Nations Health Council. The Vancouver Island First Nations in the Vancouver Island region – through their political and technical leaders in health – and the Vancouver Island Health Authority are working together to achieve shared decision-making to increase the influence of First Nations in decisions relating to health services that are delivered within the Vancouver Island region.

5. The parties recognize that they are each accountable to make decisions for the programs and services for which they have responsibility and they are committing to collaborate with each other in the shared goal of improving health outcomes and towards creating a more integrated, culturally appropriate, safe, and effective health system for First Nations Peoples.

[1] The structures and terminology of the VIRHC may change to reflect the evolution of the First Nations governance structures

6. The Parties recognize each other's mandates: the Vancouver Island Regional Health Caucus serving First Nations people (without undermining or interfering with the rights of each sovereign Nation to govern their own affairs), and the Health Authority serving all residents including all Aboriginal people.

Scope of Accord

7. Notwithstanding anything else to the contrary in the Vancouver Island Partnership Accord ("Accord"), the Vancouver Island Health Authority and the Vancouver Island Regional Health Caucus agree that this Accord is intended to be a general statement of goals but is not intended to create, and does not create, legally binding obligations on the parties, nor is it enforceable against either of the parties in any court of law or otherwise.

8. The Accord will be reviewed in three years. Following this three year period, reviews will be completed on a schedule mutually agreed to by the Partners.

9. This Accord may be amended in writing signed by duly authorized representatives of each of the Partners.

10. An amendment to this Accord takes affect on a date agreed to by the Partners to the amendment, but if no date is agreed to, on the date that the last Party required to consent to the amendment gives its consent.

11. This Accord may be amended as needed to maintain the validity of the document or to further develop/define the process (see Reciprocal Accountability & Appendix 5 – Dispute Resolution).

12. The Vancouver Island Health Authority acknowledges the rights and responsibilities of Vancouver Island First Nations within its coverage area and enters into this relationship with the recognition that improving the health status of First Nations and other Aboriginal Peoples in the region requires a collaborative and defined mechanism for such a working relationship.

13. Nothing in this Vancouver Island Partnership Accord intends to undermine or interfere with the rights of each sovereign Nation to govern their own affairs; neither does it intend to undermine or interfere with the rights of VIHA to govern its health services delivery. Rather, this Vancouver Island Partnership Accord speaks to collaboration and commitment between the two parties.

II. Structure of the Parties and Their Relationship

14. The regional boundaries of the Vancouver Island Health Authority and the Vancouver Island Region of the First Nations Health Council are consistent with each other.

The Vancouver Island Regional Caucus

15. The First Nations in the Vancouver Island region have inherent responsibilities for their citizens regardless of residency, as well as other First Nations and other guests who reside in their ancestral homelands. Similarly, other First Nations and Aboriginal peoples who visit or reside in these homelands have a responsibility to respect and acknowledge the traditional territories, laws and customs of the Vancouver Island First Nations.

16. The Vancouver Island First Nations health leadership – which includes both political and technical leaders in health – represent a wide range of diverse nations who are at different stages of development, are different in size and accessibility, have varying capacities to engage, and have adopted varying mixes of western and traditional health care in their strategies. This accord is intended to recognize and support the varying needs and strategies.

17. In order to coordinate and oversee health developments in the Region, Vancouver Island First Nations have formed the Vancouver Island Regional Caucus which provides a vehicle for the political and technical leads from the region's First Nations to come together at regular intervals. The caucus has agreed that its appointed leaders should enter into this Accord with Vancouver Island Health Authority in order to establish a collaborative working relationship.

18. In recognition of the cultural diversity of the region, the Vancouver Island First Nations also have three sub-regional caucuses made up of representatives from the First Nations from each of the Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth cultural families. These sub-regional caucuses meet at regular intervals to share information and support the regional caucus.

19. Three representatives of the Vancouver Island caucus (one from each of the sub-regions) are selected to sit on the 15 member First Nations Health Council which operates at a provincial level on behalf of First Nations in British Columbia. These representatives who are representing Vancouver Island First Nations make up a Regional Working Group to work alongside various partners, including the Vancouver Island Health Authority.

The mandate of the First Nations Health Council* is to:

- Serve as the advocacy voice of BC First Nations on health related matters;
- Support BC First Nations in achieving their health priorities, objectives and initiatives;
- Participate in Federal and Provincial government health policy and program planning process;
- Provide leadership in the implementation of the *Transformative Change Accord: First Nations Health Plan*, the *First Nations Health Plan Memorandum of Understanding*, and the *Tripartite First Nations Health Plan* (TFNHP); and
- Provide direction and oversight for the health governance negotiations process pursuant to the British Columbia Tripartite First Nations Health Plan: Basis for a Framework Agreement on Health Governance.

(*from FNHC Terms of Reference 2010-2012)

Vancouver Island Health Authority

20. The Vancouver Island Health Authority provides health services to over 750,000 people across a widely varied area of approximately 56,000 square kilometres, including Vancouver Island, the Gulf and Discovery Islands and part of the mainland adjacent to northern Vancouver Island. An important part of VIHA's mandate is to serve the many remote and isolated communities in our region that are only accessible by water or air. Under the *Transformative Change Accord: First Nations Health Plan* (2005), the province including regional health authorities has the responsibility for providing health services to all residents of British Columbia including Non-status Aboriginal people, Métis, and Status Indians living on and off reserve. It is with this responsibility that Vancouver Island Health Authority acknowledges the need to partner with First Nations in its region to ensure culturally safe and effective delivery of health services to them.

21. The Vancouver Island Health Authority is governed by a provincial government-appointed Board that sets the strategic vision and direction of the health authority. VIHA's President/CEO has overall responsibility for delivery of health programs and services in the Vancouver Island Region in accordance with the VIHA Board's strategic vision and has the overall responsibility to ensure that this accord is implemented and that all VIHA programs follow through on the commitment to deliver culturally appropriate services to First Nations people.

22. VIHA's Aboriginal Health Council "provides strategic guidance to the relationship between the Aboriginal people on Vancouver Island served by their governments and health organizations and the Vancouver Island Health Authority". The Aboriginal Health Council is comprised of First Nations health organizations, Friendship Centres, and Métis Chartered communities. The Aboriginal Health Council has a distinct role and will continue to function independently of processes and structures arising from the Partnership Accord.

Interim First Nations Health Authority

23. The Interim First Nations Health Authority (iFNHA), 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. 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.

24. As part of the new First Nations health governance arrangement and continued commitment to community driven, nation-based approach, the iFNHA provides logistical and technical support to the Vancouver Island Regional Health Caucus. The Vancouver Island Regional Health Caucus Terms of Reference provides further clarification on the regionally specific engagement process. The iFNHA provides this engagement support to the Vancouver Island Regional Health Caucus to ensure community-driven participation in the successful implementation of the *Transformative Change Accord: First Nations Health Plan*, *Tripartite First*

Nations Health Plan and subsequent agreements as well as to support BC First Nations in building and enhancing provincial partnerships at the regional and local level.

III. Commitments

Guiding Principles

25. The directives in the First Nations Health Council's *Consensus Paper* (2011) and Strategic Themes in VIHA's *Aboriginal Health Plan* (2012) will guide the implementation of Partnership Accord. For more information on the *Consensus Paper* and VIHA's *Aboriginal Health Plan*, please see Appendix 2.

Consensus Paper

- Community-Driven, Nation-Based
- Increase First Nations' Decision-making and Control
- Improve Services
- Foster Meaningful Collaboration and Partnership
- Develop Human and Economic Capacity
- Be Without Prejudice to First Nations' Interests
- Function at a High Operational Level

Strategic Themes identified in VIHA's *Aboriginal Health Plan*

- Build relationships
- Improve access to Services
- Build capacity within VIHA and communities
- Provide Innovative Services
- Be accountable
- Act as advocates to improve the broader determinants of health

Commitments of the Parties

26. Drawing on the *British Columbia Tripartite Framework Agreement on First Nations Health Governance [6.1.91)],* VIHA and the Vancouver Island Regional Health Caucus commit to work together to improve the well-being of all First Nations people living in the Vancouver Island region, regardless of Nationhood, status, and location.

27. The Partners will establish a Partnership Accord Steering Committee to oversee the implementation of this Accord and serve as a senior and influential forum for partnership, collaboration, and joint efforts on First Nations health priorities, policies, budgets, programs and services in the Vancouver Island region.

    a. The membership of the Partnership Accord Steering Committee will include:
        i. VIHA: Chief Executive Officer, Vice President, Planning & Improvement,

ii. Vancouver Island Regional Health Caucus: the three individuals appointed to the First Nations Health Council by the Vancouver Island Region, and

iii. Any additional ex-officio members as jointly appointed by the Vancouver Island Health Authority and the Vancouver Island Regional Health Caucus.

28. Within three months of the signing of this Partnership Accord, the parties will complete Terms of Reference for the Partnership Accord Steering Committee which will guide the Committee's operations and activities.

29. Drawing on the six Strategic Themes identified in VIHA's Aboriginal Health Plan and the seven Guiding Principles in the First Nation Health Council's *Consensus Paper* (2011), the VIHA Chief Executive Officer and Vancouver Island Regional Health Caucus, appointed representatives, will meet semi-annually (two times per year) to review progress on the Accord. One of these meetings will also include Vancouver Island Health Caucus Chiefs.

30. The Partners will discuss potential changes to programs and services (including the transfer of programs and services) that might impact other parties.

31. These activities will be reflected in an annual work plan that will guide the day-to-day partnership.

32. The First Nations Health Council, through the Vancouver Island Regional Health Caucus and supporting systems, will provide First Nations health program policy advice to VIHA, the BC Ministry of Health, service providers and agencies and seek to enhance the BC First Nations' opportunities to work with relevant government departments and agencies to improve the health outcomes of First Nations.

33. The Vancouver Island Health Authority will share lessons/experiences of health care delivery and provide capacity development opportunities (i.e. professional development).

IV. Reciprocal Accountability

34. The actions of the partners under this Accord will be based on reciprocal accountability, which means that the Parties will work together in a collaborative manner, respecting both the letter and spirit of the *Accord*, and in accordance with their respective obligations.

V. Monitoring

35. The strength of and respect for this Accord will come from the parties' commitment to reciprocal accountability which will be supported by the results of a sound system of monitoring, including:

I. Development of measurable success indicators which includes a snapshot of First Nations' Health and wellness information as high quality data becomes available;

II. Health Planning Coordination (review of *Aboriginal Health Plan* and *First Nations Community Health and Wellness Plans*);

III. Health Care Service Delivery Collaboration; and

IV. *Partnership Self-Assessment Tool* – VIHA's *Partnership Self-Assessment Tool* will be modified to meet the needs of the partners and used as a resource to monitor the Accord.

36. Consistent with the BC *Health Authorities Act*, the First Nations Health Council, VIHA, and the Ministry of Health work collaboratively to:

    I. Develop and review their respective Aboriginal Health Plans and First Nations Community Health and Wellness Plans with the goal of achieving better coordination in health planning. Such plans should identify needs that are unique or specific to each region;

    II. Collaborate regarding the delivery of health care services for First Nation people; and

    III. Discuss innovative arrangements for service delivery where appropriate, and, where appropriate, establish funding arrangements at a time mutually agreed upon. These arrangements shall be planned and determined between the VIRHC and VIHA.

37. VIRHC and VIHA will explore options for entering into agreements on record and patient information sharing, in keeping with applicable privacy legislation.

VI. Evaluation

38. VIRHC and VIHA commit to jointly evaluate the Vancouver Island Partnership Accord as well as improvements in access to services, program improvements, population health outcomes, etc.

39. VIRHC and VIHA commit to establish a joint mechanism for being accountable to First Nation communities for the amount of progress, or lack thereof, in measured and reported health outcomes.

Vancouver Island Partnership Accord agreed on 14th MAY, 2012

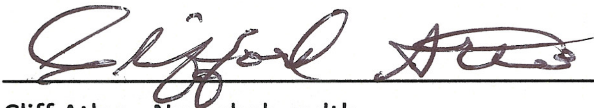
Signatures:

For Vancouver Island Health Authority

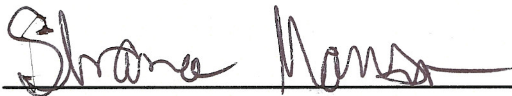
Don Hubbard, Chair – VIHA Board of Directors

Howard Waldner, President / CEO, VIHA

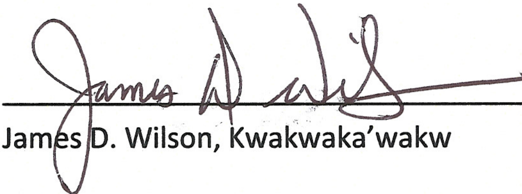
For Vancouver Island Regional Health Caucus



Cliff Atleo, Nuu-chah-nulth



Shana Manson, Coast Salish



James D. Wilson, Kwakwaka'wakw

Appendix 1 – Additional Information on Background Documents & Glossary

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. It is with this responsibility that the Vancouver Island Health Authority acknowledges the need to partner with First Nations and other Aboriginal people in its region to ensure culturally safe and effective delivery of services.

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.

The *British Columbia Tripartite First Nations Health – Basis for a Framework Agreement on Health Governance (2010)*, was initialled 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.

The *Consensus Paper: British Columbia First Nations Perspectives on a new Health Governance Arrangement (2011)* 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 sets out a series of next steps for the First Nations Health Council to undertake.

The resolution adopted by BC First Nations also endorsed the signing of a *Tripartite Framework Agreement on First Nation Health Governance* by First Nations, the Province of BC, and the Government of Canada. This legally-binding Framework Agreement outlines the new health governance structure for First Nations health services, the funding commitments for the transfer of federal First Nations health programs and services, and how First Nations and the provincial health system will work together to better meet First Nations health priorities and needs.

This *Partnership Accord* continues in the spirit of these initiatives, and facilitates further partnership and engagement between the Vancouver Island Health Authority and the Vancouver Island Regional Caucus. The First Nations Health Society (FNHS) health governance process includes regional-level caucuses that correspond to each of British Columbia's five Health Regions. First Nations in each region are responsible for appointing representatives to the Caucus

and choosing representatives from the Caucus to sit on the First Nations Health Council. The Vancouver Island Regional Caucus represents the First Nations in the Vancouver Island Health Authority region.

Glossary

FNHC – First Nations Health Council

FNIH – Health Canada – First Nations and Inuit Health

FNHDA – First Nations Health Directors Association

iFNHA – interim First Nations Health Authority

VIHA – Vancouver Island Health Authority

VIHA Aboriginal Health Council - The Aboriginal Health Council "... provides strategic guidance to the relationship between the Aboriginal people on Vancouver Island served by their governments and health organizations and the Vancouver Island Health Authority." The Aboriginal Health Council is comprised of First Nations service providers, Friendship Centres, and Métis organizations. The Aboriginal Health Council has a distinct role and will continue to function independently of processes and structures arising from the Partnership Accord.

VIRHC - Vancouver Island Regional Health Caucus:

- political and technical health leads
- health directors
- hub coordinators
- community members

Appendix 2 – Guiding Principles

First Nations Health Council's *Consensus Paper* (2011) and VIHA's *Aboriginal Health Plan* (2012).

The directives in the First Nations Health Council's *Consensus Paper* (2011) and Strategic Themes in VIHA's *Aboriginal Health Plan* (2012) will guide the implementation of Partnership Agreement.

Consensus Paper:

Community-Driven, Nation-Based

- The community-driven, nation-based principle is overarching and foundational to the entire health governance arrangement.
- Program, service and policy development must be informed and driven by the grassroots level.
- First Nations community health agreements and programs must be protected and enhanced.
- Autonomy and authority of First Nations will not be compromised.
- Recognize the authority of individual BC First Nations in their governance of health services in their communities and devolve the delivery of programs to local and regional levels as much as possible and when appropriate and feasible

Increase First Nations' Decision-making and Control

- Increase First Nations influence in health program and service philosophy, design and delivery at the local, regional, provincial, national and international levels.
- Develop a wellness approach to health including prioritizing health promotion and disease and injury prevention.
- Implement greater local control over community-level health services.
- Involve First Nations in federal and provincial decision-making about health services for First Nations at the highest levels.
- Increase community-level flexibility in spending decisions to meet their own needs and priorities.
- Implement the OCAP (ownership, control, access and possession) principle regarding First Nations health data, including leading First Nations health reporting

Improve Services

- Protect, incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into all health programs and services that serve BC First Nations.
- Improve and revitalize the Non-Insured Benefits program.
- Increase access to primary care, physicians, nurses, dental care and other allied health care by First Nations communities.

- Through the creation of a First Nations Health Authority and supporting a First Nations population health approach, First Nations will work collectively to improve all health services accessed by First Nations.
- Support health and wellness planning and the development of health program and service delivery models at local and regional level.

Foster Meaningful Collaboration and Partnership

- Collaborate with other First Nations and non-First Nations organizations and governments to address social and environmental determinants of First Nations health (e.g. poverty, water quality, housing, etc.).
- Partnerships are critical to our collective success. First Nations will create opportunities through working collaboratively with federal, provincial, and regional partners.
- Foster collaboration in research and reporting at all levels.
- Support community engagement hubs.
  Enable relationship-building between First Nations and the regional health authorities and the First Nations Health Authority with the goal of aligning health care with First Nations priorities and community health plans where applicable.

Develop Human and Economic Capacity

- Develop current and future health professionals at all levels through a variety of education and training methods and opportunities.
- Result in opportunities to leverage additional funding and investment and services from federal and provincial sources for First Nations in BC.
- Result in economic opportunities to generate additional resources for First Nations health programs.

Be Without Prejudice to First Nations' Interest

- Not impact on Aboriginal Title and Rights or the treaty rights of First Nations, and be without prejudice to any self-government agreements or court proceedings.
- Not impact on the fiduciary duty of the Crown.
- Not impact on existing federal funding agreement with individual First Nations, unless First Nations want the agreements to change.

Function at a High Operational Level

- Be accountable, including through clear, regular and transparent reporting.
- Make best and prudent use of available resources.
- Implement appropriate competencies for key roles and responsibilities at all levels.
- Operate with clear governance documents, policies, and procedures, including for conflict of interest and dispute resolution.

Appendix 3 – Map of VIHA Catchment Area

Appendix 4 - Specific Initiatives

Specific initiatives that have been indentified, to date, by the VIRHC and VIHA:

i. Address gaps in health services through the enhanced coordination of the planning, design, management, and delivery of health programs so as to improve the quality, accessibility, delivery, effectiveness, efficiency, and cultural appropriateness of health care programs and services for First Nations.

ii. Reflect the cultures and perspectives of Vancouver Island First Nations and incorporate First Nations' models of wellness.

iii. Embrace knowledge and facilitate discussions in respect of determinants of health in order to contribute to the design of First Nation health programs and services.

iv. Strive to ensure that First Nations in all regions of VIHA's catchment area will have access to quality health services at a minimum comparable to those available to other communities living in similar geographic locations.

v. Examine and supplement health data collection, health status monitoring, and reporting systems which include First Nations-determined indicators of health and wellness.

vi. Work with the Ministry of Health and Health Canada to develop clinical information and patient record systems and protocols for the sharing of patient records, consistent with the law, to better serve First Nations patients and to enable greater First Nations control over the use, collection and access to health data relevant for the improvement of health services and to better monitor and report on First Nations health.

vii. Develop and review their respective *Aboriginal Health Plan* and *First Nations Community Health and Wellness Plans* with the goal of achieving better coordination in health planning. Such plans will also identify unique needs that are specific to each region.

viii. Discuss innovative arrangements for service delivery and, where appropriate, establish funding arrangements at a time mutually agreed upon. These arrangements shall be planned and determined at a local and regional level.

ix. Develop an Aboriginal Patient identifier.

x. Pursue ehealth opportunities.

xi. Explore efficiency opportunities (i.e. ordering supplies).

xii. Engage in capacity building (i.e. leadership training, cultural safety).

xiii. Develop an inventory of services by organization (i.e. ITHA, KDC, NTC, VIHA, Health Canada, FNHC, MCFD, other).

Additional initiatives will be considered during the term of the *Partnership Accord*.

Appendix 5 - Dispute Resolution Process

Informal Resolution

(drawn from *British Columbia Tripartite Framework Agreement on First Nations Health Governance*)

The Parties are committed to working collaboratively to develop harmonious working relationships and to prevent, or alternatively, to minimize disputes about their respective rights or obligations under this Agreement.

To that end, the Parties will:

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

The Parties nevertheless acknowledge that disputes may arise about their respective rights or obligations under this Agreement and agree that they will strive to resolve any such disputes in a non-adversarial, collaborative and informal atmosphere.

If a dispute arises in relation to the respective rights and obligations of any Party under this Agreement, the Parties to that dispute shall each nominate a representative who shall promptly and diligently make all reasonable, good faith efforts to resolve the dispute.

Where a dispute is between fewer than all of the Parties, those Parties involved in the dispute will inform the other Party and may ask the other Party to assist them in attempting to resolve the dispute.

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

All information exchanged during this dispute resolution process shall be regarded as "without prejudice" communications for the purpose of settlement negotiations and shall be treated as confidential by the Parties and their representatives, unless otherwise required by law. However, evidence that is independently admissible or discoverable shall not be rendered inadmissible or non-discoverable by virtue of its use during the dispute resolution process.

Before a dispute is submitted to a court of competent jurisdiction, the principals of the Parties shall be notified of the dispute and given a final opportunity to consider a resolution thereof.

Formal Resolution

Subject to subsection 11.1(7), of the British Columbia Tripartite Framework Agreement on First Nation Health Governance dated for reference October 13, 2011, if any Party to the dispute determines that the dispute cannot be resolved under section 11.1, the dispute may be submitted by that Party to a court of competent jurisdiction.