



# Collaboration and Partnership Working Group Report

January 13, 2015

## PURPOSE

To provide a detailed report regarding the mandate, activities, and work of the Collaboration and Partnership Working Group (CPWG), First Nations Health Council (FNHC).

## THE FIRST NATIONS HEALTH GOVERNANCE JOURNEY

On May 26, 2011, Chiefs assembled at the Gathering Wisdom for a Shared Journey IV approved a historic resolution as follows:

- The “British Columbia First Nations Perspectives on a New Health Governance Arrangement Consensus Paper” (Consensus Paper) and 7 Directives,
- Confirmed that the Tripartite Framework Agreement on First Nations Health Governance (Framework Agreement) is consistent with the 7 Directives from the Consensus Paper,
- The direction to carry out the work in the Framework Agreement & Consensus Paper,
- The direction to the FNHC to develop a workplan that includes milestones, timeframes for completion of milestones, key decision points, and indicators,
- Direction to the FNHC to engage, exchange information, and reporting and accountability,
- Direction to the FNHC for a Gathering Wisdom for a Shared Journey V in May 2012 to report on progress.

## Consensus Paper

“The purpose of this Consensus Paper is to clearly articulate 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. By adopting this Consensus Paper at Gathering Wisdom for a Shared Journey IV, First Nations will chart a path forward for the future of First Nations health governance in British Columbia in support of the vision of healthy and vibrant BC First Nations children, families, and communities that play an active role in the decision-making regarding their personal and collective wellness.”

The Consensus Paper tells the story of our work from 2005 to 2011. It sets out the 7 Directives. It sets out the “structure of our structure” and the “authority of our authority.” It sets out the concept of “Reciprocal Accountability” and direction for “Upholding our Commitments.”

Within the ***British Columbia Tripartite Agreement on First Nations Health Governance***, the Partners agreed to develop collaborative strategies to positively impact the social determinants of health. Section 8.1: states:

- 1) In order to support the functioning and implementation of this Agreement, the Parties agree to convene the following meetings:
  - f. Annual meetings between Canada (Aboriginal Affairs and Northern Development Canada) and the FNHC at the AANDC Quality of Life table and at the federal interdepartmental committee on aboriginal issues to discuss health and issues related to the social determinants of health.
  - g. Annual meetings between the Deputy Minister of Health of British Columbia and the FNHA and mutually agreed-upon fellow Deputy Ministers will be scheduled to discuss policies, programs, services and activities which may impact on the health of First Nations persons.

## FIRST NATIONS HEALTH COUNCIL

The FNHC is a provincial-level political and advocacy organization that is representative of and accountable to BC First Nations, with the following mandate:

- **Dedicated political leadership for the implementation of the Health Plans**
  - Provide continued political leadership for implementation of the TCA; FNHP and TFNHP
  - Reflect a philosophy and culture of trust, unity, honesty, humility, healthy living, traditional practices and teachings in operations, planning, and decision-making
- **Support to First Nations in achieving their health priorities and objectives**
  - Support Community-Driven and Nation-Based approaches
  - Promote individual health and wellness responsibilities, including self-care and health literacy
  - Promote the transfer of health services to local and regional levels wherever possible, practical and feasible
- **Health Advocacy and Relationships**
  - Health advocacy, knowledge sharing and collaboration with government partners and others at the highest levels (including internationally)
  - Advocacy for service improvements for First Nations
  - Provide a BC First Nations leadership perspective to research, policy, and program planning processes related to First Nations Health in BC
  - Develop relationships and alliances with other First Nations organizations, government Ministries and Departments, and others, to achieve progress in the social determinants of health
- **Politically oversee the transition of FNHC to a new First Nations Health Authority**
- **Promote and ensure communication, transparency, cost-effectiveness and accountability of the FNHC to First Nations**
  - Operate to a good governance standard including having an approved and transparent Terms of Reference; transparent processes; active, participatory members; cost-efficiency; professionalism; regular accountability and reporting; on-going evaluation of the role and benefit of the FNHC
  - Develop and implement a robust and sustainable communications strategy enabled by the Regional Tables

FNHC membership is regionally-driven by First Nations. It is composed of a total of fifteen members – three members appointed by each of the five regions in BC. Each region determines its own selection process for its members, including their length of term and appointment procedure.

The current FNHC Terms of Reference adopted on December 19, 2012 describes the FNHC mandate word for word per the Consensus Paper.

## COLLABORATION AND PARTNERSHIP WORKING GROUP MANDATE

The FNHC created three working groups to serve as “the arms and legs” to the Council. The Working Groups carry out work between quarterly FNHC meetings and report on progress at duly convened FNHC meetings. The FNHC Chair also informally provides monthly updates to FNHC members.

### CPWG Context

A year ago, the First Nations Health Council (FNHC) revisited its committee structure. The FNHC struck three working groups: Transition & Transformation; Policy; and Social Determinants Working Group. The FNHC determined that each working group would have a member from each region. The CPWG was initially named “Social Determinants Working Group.” In October 2014, the FNHC changed the name of this working group to Collaboration and Partnership Working Group.

The members of the CPWG are Beverly Lambert, North Region, Chief Wayne Christian, Interior, Ernest Armann, Vancouver Coastal, Nick Chowdhury, Vancouver Island, and Grand Chief Doug Kelly, Fraser. Grand Chief Doug Kelly chairs the CPWG.

### **CPWG Mandate**

The FNHC tasked the CPWG to carry out the work to prepare for effective annual meetings with the federal and provincial Deputy Ministers.

The FNHC tasked the CPWG to advance work on the following elements of the FNHC Mandate Statement from the 2011 Consensus Paper:

- **Dedicated political leadership for the implementation of the Health Plans**
  - Provide continued political leadership for implementation of the TCA; FNHP and TFNHP
  - Reflect a philosophy and culture of trust, unity, honesty, humility, healthy living, traditional practices and teachings in operations, planning, and decision-making
- **Support to First Nations in achieving their health priorities and objectives**
  - Support Community-Driven and Nation-Based approaches
- **Health Advocacy and Relationships**
  - Health advocacy, knowledge sharing and collaboration with government partners and others at the highest levels (including internationally)
  - Advocacy for service improvements for First Nations
  - Provide a BC First Nations leadership perspective to research, policy, and program planning processes related to First Nations Health in BC
  - Develop relationships and alliances with other First Nations organizations, government Ministries and Departments, and others, to achieve progress in the social determinants of health.

### **Leadership Collaboration for Social Policy Forum**

In October 2014, the FNHC by motion created the “Leadership Collaboration for Social Policy Forum (Social Policy Forum). The FNHC Representatives from the Collaboration and Partnership Working Group will meet with up to three members of the First Nations Leadership Council, and the Chair of the First Nations Education Steering Committee, First Nations Energy Mining Council, First Nations Fisheries Council, and the First Nations Forestry Council and move forward to develop policy proposals for a shared, unified, and collective advocacy effort.

## **CHALLENGES**

### **Communications**

The FNHC mandate approved by BC Chiefs on May 26, 2011 is broad and far-reaching as are social determinant of health. Until October 1, 2013, the FNHC dedicated its efforts to completing the transfer and developing the First Nations Health Authority. It has been more than three years since Chiefs gave the FNHC a strong mandate. In that time, Chiefs and leaders focused their attention on developing regional offices, Regional Partnership Accords with Regional Health Authorities, and Regional Health and Wellness Plans.

### **Complexity of Mandate**

BC Chiefs gave the FNHC a mandate to achieve progress in the social determinants of health. What are the social determinants of health? Given the diversity of the geography and circumstances of communities and Nations – how does the collective achieve a meeting of the minds on this complex concept?

### **Perceptions**

The FNHC operations on the principle of a clear separation of politics and business amongst the First Nations Health Council, First Nations Health Authority, and the First Nations Health Directors Association. There seems to be a misunderstanding or a perception that the First Nations Health Authority is expanding into other important services such as

child welfare. This is not the intention of the FNHC work; the role of the FNHC role is to create space and resources for the communities based on the 7 Directives and creating sustainable change on the ground to lay a foundation for Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities as reflected in our shared vision statement.

The First Nations Health Authority is responsible for delivering all of the health services set out in the **British Columbia Tripartite Agreement on First Nations Health Governance**. The FNHA is fully occupied with its work and is not planning or preparing to take on other important program functions such as child welfare.

The FNHC will continue as a provincial-level political and advocacy organization that is representative of and accountable to BC First Nations. It is the First Nations Health Council as a separate entity that is advocating for the federal and provincial governments to increase investment in the regions and Nations to increase First Nations Decision-Making, Improve Services, Foster Meaningful Collaboration and Partnerships, and to Develop Human and Economic Capacity. Community funding is meant for the benefit of children and families of our communities; the role of the FNHC is to help to facilitate and enable the building of this space and its foundation.

### **Managing Change**

The journey to creating a better world for our children and grandchildren requires significant change with individuals, families, and our communities. To achieve our shared vision of “Healthy, Self-Determining, Vibrant Children, Families, and Communities” this requires the FNHC to collaborate with many other partners. The FNHC and partners must ensure that the wellness priorities described in each of the five Regional Health & Wellness Plans inform the work of the CPWG. We must work with the Leadership Collaboration for Social Policy Forum to develop a unified advocacy voice.

### **PROGRESS TO DATE**

The CPWG is pleased by the great extent of progress made to date since the FNHC meeting in October 2014. The CPWG are pleased to provide this detailed progress report on our activities and progress to the FNHC for our January 2015 meeting.

### **Child Welfare & Enhanced Prevention Funding**

The Northern Caucus led by the three FNHC Northern representatives have developed a detailed strategy and plan for children and family services. The Interior Region Caucus gave direction to the three FNHC Interior Region representatives to advocate for resources so that the Interior Region may plan their approach to children and family services. In June 2014, the Fraser Region Chiefs approved their Regional Health & Wellness Plan that includes children and family services. Fraser Region Chiefs call upon the three FNHC Fraser Salish representatives to work towards improved governance of service delivery and increased funding, and removal of policy barriers resulting in improved child welfare services.

On November 7<sup>th</sup>, 2014, the FNHC Chair met with the Hon. Bernard Valcourt, Minister of AANDC. The FNHC Chair briefed the Minister upon the FNHC mandate and our work with the Province of BC to develop a Wellness 2024 Strategy with children and family services as the priority. The Minister committed to seek approvals for the investment of Enhanced Prevention Funding into the BC Region next fiscal year. The Minister said that the FNHC must bring the BC Chiefs along in support of this work. The FNHC Chair advised the Minister that the Northern, Interior, and Fraser Regions or about 140 of the 200+ communities want the FNHC to advocate on child welfare. The Minister said that the FNHC must also work with the Aboriginal Delegated Agency Directors. The Chair advised the Minister that the FNHC would engage and work with the Aboriginal Delegated Agency Directors.

FNHC Deputy Chair, Warner Adam, invited the FNHC Chair to attend the Northern 1<sup>st</sup> Nations Child and Family Services Council (NFNCFSC) December 4<sup>th</sup>, 2014 meeting with the Hon. Stephanie Cadieux, Minister of Children and Family Development. Mary Teegee and Preston Guno briefed the Minister on the work and plans of the NFNCFSC. The FNHC Chair

briefed the Minister on the work of the FNHC. The Minister was pleased to hear that the NFNCFSC and the FNHC were collaborating on advocacy for children and family services.

### **Leadership Collaboration for Social Policy Forum**

At the SPF initial meeting on December 16, 2014, a majority of Council leaders attended and confirmed their participation on this Social Policy Forum (SPF). The SPF agreed to meet quarterly and more frequently as the collective begins this work. The SPF will advance work on our respective mandates and common wellness concerns for the benefit of First Nations. The SPF will help the FNHC and Province of BC to develop the FNHC Wellness 2024 Strategy and will be key in assisting the FNHC to carry out productive Deputy Ministers' meetings and address a broader range of wellness priorities.

The SPF scheduled its next meeting for February 6, 2015. The SPF struck an ad hoc group to develop an outline for the SPF Terms of Reference and to develop a statement of common ground. At the close of the meeting, the SPF members encouraged the CPWG to seek the support of BC Deputy Ministers in participating at the next SPF meeting in February.

### **BC Deputy Ministers**

On December 17, 2014, the CPWG met with two BC Deputy Ministers and continued the ongoing discussion regarding a Wellness 2024 Strategy. John Dyble assigned two staff members to begin writing a two-page concept paper for this strategy and has produced a lengthy document that sets out a strategy to address children and family services. The CPWG offered to take the pen and to write a two page Concept Paper for this Wellness 2024 Strategy (Please see attached note). The CPWG shared the Concept Paper with John Dyble on Monday, January 5<sup>th</sup>, 2015. The following day, John Dyble advised the FNHC Chair that the two-page Concept Paper accurately reflects the discussions between BC Deputy Ministers and the CPWG. John expressed a concern that the social determinants of health are very broad and said the Wellness 2024 Strategy will need to define expected and achievable outcomes. He indicated that the Province of BC sees children and family services as the priority initiative. The FNHC Chair agreed and observed that this why the FNHC set up the Social Policy Forum. That the Social Policy Forum cannot do this work alone – as a collective, we need to work with BC Deputy Ministers. John Dyble agreed to consult his colleagues and bring available Deputy Ministers to the SPF meeting scheduled for February 6<sup>th</sup>, 2015. John Dyble and the FNHC Chair agreed to a small group to work together to plan the agenda for this SPF meeting on February 6.

### **Aboriginal Delegated Agency Directors**

The FNHC Chair called Bill Yoachim, Chair of the Aboriginal Delegated Agency Directors. Bill agreed to consult the Agency Directors about their interest and availability to participate in a planning/strategy session with the CPWG. The Agency Directors requested travel expense support as the meeting was outside their regular meeting cycle. The Secretariat looked into securing resources for the event and approved the expenditure for the session to be held at the Musqueam Cultural Pavillion. The CPWG and the Agency Directors are scheduled to meet January 27-28, 2015 for a two day planning session.

### **Next Steps**

The CPWG is pleased by the great extent of progress that has been achieved in the past three months since our last meeting. The CPWG is dedicated to providing consistent information sharing and more detailed and substantive reports will be required in the very early stages of this work. A few highlights include:

- Grand Chief Doug Kelly and Bev Lambert will be the FNHC Representatives attending the First Nations Leadership Council meeting on January 14, 2015 and will provide a cover letter and this comprehensive report on the First Nations Health Council, Collaboration Partnerships Working Group, and the Leadership Collaboration for Social Policy Forum.
- On January 14<sup>th</sup>, 2015, the CPWG will meet and plan the agendas for the planning session with Agency Directors. The CPWG will also plan the agenda for the SPF meeting in early February.
- The CPWG is meeting on January 20<sup>th</sup>, 2014 to consider advice and recommendations to the FNHC. The CPWG looks forward to the FNHC meeting with our brothers and sisters on January 21-22, 2015.