



RELATIONSHIP AGREEMENT

Amongst:

FIRST NATIONS HEALTH COUNCIL (FNHC)

FIRST NATIONS HEALTH AUTHORITY (FNHA)

FIRST NATIONS HEALTH DIRECTORS
ASSOCIATION (FNHDA)





**First Nations
Health Directors
Association**

“THESE DOCUMENTS CALL UPON THE PARTIES TO WORK WITH FEDERAL AND PROVINCIAL GOVERNMENTS TO ACHIEVE THE FOLLOWING, “THE HEALTH AND WELL-BEING OF FIRST NATIONS IS IMPROVED, THE GAPS IN HEALTH BETWEEN FIRST NATIONS PEOPLE AND OTHER BRITISH COLUMBIANS ARE CLOSED...”

CONTEXT AND PURPOSE

The partnership between the FNHC, FNHA and FNHDA is directed and mandated by BC First Nations through the following governing documents: Tripartite First Nations Health Plan; Resolution 2011-01 and the Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement; British Columbia Tripartite Framework Agreement on First Nation Health Governance; and, Resolution 2012-01 and the Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure.

These documents call upon the Parties to work with federal and provincial governments to achieve the following, “the health and well-being of First Nations is improved, the gaps in health between First Nations people and other British Columbians are closed, and First Nations are fully involved in decision-making

regarding the health of their peoples.” The Parties recognize that achieving this outcome while upholding the 7 Directives adopted by BC First Nations requires coordination, cooperation, and a shared understanding. The Parties further recognize that the strength of our work arises from a collective voice amongst us.

This Relationship Agreement outlines the sound partnership sought by the Parties – a partnership based on shared values and understanding of our collective and respective roles, responsibilities, and accountabilities. This Relationship Agreement therefore defines those roles, responsibilities and accountabilities that create and maintain an ethical and productive partnership between us and is written in the spirit of the shared values upon which our partnership is based.



VISION AND VALUES

THE PARTIES ARE COMMITTED TO WORKING IN PARTNERSHIP TO ACHIEVE THE VISION OF: “HEALTHY, SELF-DETERMINING AND VIBRANT BC FIRST NATIONS CHILDREN, FAMILIES AND COMMUNITIES.”



THE PARTIES HAVE DEVELOPED THE FOLLOWING SHARED VALUES TO GUIDE THE ONGOING IMPLEMENTATION AND EVOLUTION OF THEIR PARTNERSHIP:

Respect

We believe that maintaining respectful relationships is fundamental to the achievement of our shared vision. Respectful relationships are built upon the recognition that we all have something to contribute, as individuals and as the three components of the First Nations health governance structure. Therefore, we commit to treating each other with dignity and generosity, being responsive to one another, and acknowledging that each entity has their own respective processes and practices. We are also committed to respectful interactions with First Nations, tripartite partners, and other collaborators.

Discipline

We have the historic opportunity to achieve transformative change in First Nations health and wellness, and an obligation to make the most of this opportunity. This will require discipline amongst us, including through: loyalty to one another and our shared vision; upholding and supporting our roles, responsibilities, decisions, and processes; maintaining and nurturing unity and a united front; integrity and reliability in fulfilling our commitments, and accountability to one another for these commitments and contributions; and, solutions-oriented and active participation.



WE UPHOLD TRADITIONAL AND HOLISTIC APPROACHES TO HEALTH AND SELF-CARE AND STRIVE TO ACHIEVE A BALANCE IN OUR MENTAL, SPIRITUAL, EMOTIONAL, AND PHYSICAL WELLNESS.



Relationships

We believe that effective working relationships with First Nations, tripartite partners, and with one another are the foundation for achieving our vision and implementing our health plans and agreements. We commit to fostering effective working relationships and camaraderie underpinned by: trust; honesty; understanding; teamwork; and, mutual support. We also acknowledge that humour and laughter are both good medicine, and a good way to build relationships.

Culture

We are here because of those that came before us, and to work on behalf of First Nations. We draw upon the diverse and unique cultures, ceremonies, customs, and teachings of First Nations for strength, wisdom, and guidance. We uphold traditional and holistic approaches to health and self-care and strive to achieve a balance in our mental, spiritual, emotional, and physical wellness.

Excellence

We are humbled and honoured to have been asked by First Nations to work on their behalf to improve health and wellness, and have a moral and personal responsibility to strive for excellence. Excellence means that our outcomes are sustainable, that our processes are professional and transparent, and that we commit to learn continuously – through capacity development opportunities, from each other and from new, different and innovative models worldwide.

Fairness

We work to improve the health and wellness of all First Nations in BC. Our decision-making reflects the best interests of all First Nations, and leads to just and equitable treatment amongst all First Nations communities, First Nations organizations, and across all regions of British Columbia. We are committed to make room for everyone, and are inclusive in our communications, information-sharing, and discussions.

MANDATES

Governance Function

FNHC MANDATE

The FNHC is a political and advocacy organization, 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 FNHI 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

FNHA MANDATE

The FNHA will be a non-profit legal entity, representative of and accountable to BC First Nations, whose mandate includes:

- Administering the resources currently housed by FNHI-BC Region for First Nations health programs and services in BC
- Administering initiatives at a population and public health level, including establishing infrastructure for province-wide initiatives such as data collection and information management and technology
- Planning, designing, managing, delivering and funding First Nations health programs to carry out other health and wellness related functions
- Collaborating with the BC Ministry of Health Services and Health Authorities to coordinate and integrate their respective health programs and services to achieve better outcomes for First Nations
- Influencing the health industry to promote First Nations inclusion in the health education system, hospitals, health clinics etc.
- Incorporating and promoting First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into First Nations health programs, recognizing regional differences
- Establishing standards for First Nations health programs
- Collecting and maintaining clinical information and patient records and developing protocols for data and information sharing
- Modifying and redesigning health programs and services delivered by the First Nations Health Authority through a collaborative and transparent process with BC First Nations to better meet their health needs
- Promoting community wellness to advance healthy individuals, families, and communities to assist in building community capacity
- Engage BC First Nations through the Regional Tables with regard to regional and local interests and health care needs
- Enhancing collaboration among First Nations health providers and others to address economies of scale in service delivery
- Carrying out research and policy development
- Partnering with Federal and Provincial governments and health service providers to develop and redesign health programs, services, policy and legislation to meet First Nations health needs and priorities
- Maintaining appropriate financial records and preparing financial statements for audit

MANDATE ARISES FROM

- **FNHA Constitution and bylaws**
- **Transformative Change Accord: First Nations Health Plan**
- **Tripartite First Nations Health Plan Memorandum of Understanding**
- **Tripartite First Nations Health Plan**
- **Resolution 2011-01 and the Consensus Paper: BC First Nations Perspectives on a New Health Governance Arrangement**
- **British Columbia Tripartite Framework Agreement on First Nation Health Governance**

MANDATE ARISES FROM

- **FNHA Constitution and bylaws**
- **Tripartite First Nations Health Plan**
- **Resolution 2011-01 and the Consensus Paper: BC First Nations Perspectives on a New Health Governance Arrangement**
- **British Columbia Tripartite Framework Agreement on First Nation Health Governance**

MANDATES

Technical Advisory Function

FNHDA MANDATE

The FNHDA is composed of health directors and managers working in First Nations communities and: supports education, knowledge transfer, professional development and best practices for health directors and managers; and, acts as a technical advisory body to the FNHC and the FNHA on research, policy, program planning and design, and the implementation of the Health Plans.

The FNHDA will have a robust and sustainable communications strategy which is implemented through and enabled by the community engagement hubs and the Regional Tables.

The FNHDA will be constituted with good governance, accountability, transparency and defined operating standards.

MANDATE ARISES FROM

- **FNHDA Constitution and bylaws**
- **Tripartite First Nations Health Plan**
- **Resolution 2011-01 and the Consensus Paper: BC First Nations Perspectives on a New Health Governance Arrangement**
- **British Columbia Tripartite Framework Agreement on First Nation Health Governance**

RECIPROCAL ACCOUNTABILITIES

Consistent with the roles and mandates of the Parties described in the above section, the Parties commit to conducting the following activities and upholding the following accountabilities in support of their shared vision. These set the framework for any additional activities and accountabilities agreed-upon by the Parties in any other relationship documents such as Memoranda of Understanding between: the FNHA and FNHC; and, the FNHA and FNHDA.

General

The FNHC, FNHA and FNHDA will implement the 7 Directives established by BC First Nations in a demonstrable and defensible fashion in all collective and respective activities and decisions, and ensure that their respective Terms of Reference, Constitution and bylaws, and policy is consistent with the 7 Directives and the requirements set out in the Tripartite Framework Agreement on



First Nation Health Governance. All members of the FNHC, FNHA and FNHDA must be familiar with this Relationship Agreement and the key documents it references and carry out its intentions in good faith. This requires each Party to implement an appropriate orientation, training and onboarding process and materials.

Collaboration Committee

The Parties have established a Collaboration Committee to ensure coordination, information-sharing and common understanding amongst the Parties, and serve as a forum for brainstorming and strategizing. The Collaboration Committee will serve as the primary venue for coordinating amongst the Parties on the implementation of this Relationship Agreement. Each member of the Collaboration Committee is responsible for reporting to and taking direction from their respective organization with respect to the operations of the Committee.

Engagement

In support of a consistent and streamlined approach, the FNHC, FNHA and FNHDA:

- Utilize a shared network for community engagement administered by the FNHA (including Regional Offices, Regional Caucuses and Sub-Regional Caucuses, and Community Engagement Hubs)
- Employ the Engagement & Approval Pathway (Appendix 1) in community engagement activities
- Undertake coordinated planning for community engagement is as follows:
- Each year, the FNHC will adopt an FNHC Community Engagement Plan and share this plan with the FNHA and FNHDA, who will each develop their community engagement priorities consistent with the schedule and priorities established in the FNHC's Community Engagement Plan. The FNHC, FNHA and FNHDA will discuss one another's annual priorities at the Collaboration Committee to ensure coordination.
- Prior to each round of Regional Caucus sessions, the FNHA and FNHDA will bring any agenda items forward to the FNHC via the Collaboration Committee for discussion. In the spirit of collaboration and with the aim of ensuring efficiency in engagement and spending, the Parties will work together to make appropriate space for these agenda items on the Regional Caucus agendas or make plans to add an extra day onto the Regional Caucus meeting specifically for business of the FNHA and/or FNHDA.

Communications

The Parties are committed to clear, consistent, and productive communications externally and with staff by: ensuring that the right message is delivered by the right organization or individual in

the right manner; supporting shared messaging and shared communications materials; and, utilizing appropriate communications channels. To support these responsibilities, the Parties will work through the Communications Department of the FNHA for their communications needs with First Nations, external partners, and with staff, including upholding the Communications Plan developed by the Communications Department.

The Parties will uphold the following communications roles externally and with staff: the FNHC is the sole spokesperson of the Parties on political matters and any matters within the mandate of the FNHC; the FNHA speaks on any matters within the mandate of the FNHA and with respect to the operations of the FNHA; the FNHDA speaks on any matters within the mandate of the FNHDA and with respect to the operations of the FNHDA.

Information-Sharing

The Parties are committed to regular and ongoing formal and informal information-sharing and will share correspondence, briefings, information, and issues as relevant to one another's mandates.

The Parties will also invite one another to their respective meetings as appropriate to provide progress and activity updates. The official connection amongst the Parties is through their respective Executive members who will bring issues and activity reports forward to the Collaboration Committee or informally as appropriate. At a technical level, the senior management of the Parties will regularly communicate and share information about one another's ongoing activities.

Planning and Advice

The Parties acknowledge the interdependency of their activities, and the respective strengths in expertise each contributes to the process:

- The role of the FNHC is to support First Nations in regions to develop Regional Health and Wellness Plans and to engage with First Nations utilizing the Engagement and Approval Pathway, and to then develop strategic priorities for advocacy and political leadership, and provide strategic-level guidance to the priorities and plans of the FNHA and the FNHDA.
- The role of the FNHA is to develop and implement a Multi-Year Health Plan and/or strategic plan for the effective deployment of resources, programs, and services for BC First Nations.
- The role of the FNHDA is to provide the technical advice and professional development that supports the FNHC and FNHA achieve their respective priorities.

The Parties have developed the following processes for planning and advice to assist them in exercising these respective roles and strengths in pursuit of their shared vision.

Planning

No Party plans in isolation. Planning activities of the Parties will be informed by the Regional Health and Wellness Plans and outcomes of the Engagement and Approval Pathway, including Workbook processes. Each year, the Regional Health and Wellness Plans and Pathway outcomes (including perspectives of both First Nations leaders and Health Directors) will be reviewed and summarized to inform an annual FNHC-FNHA planning session. This planning session will be for the FNHC and FNHA to discuss their respective annual plans and priorities, how they will work

together to support the implementation of one another's plans and priorities, and where the expertise of the FNHDA can assist in the implementation of these plans and priorities.

Each year, the FNHDA will develop a plan for technical advice based on the outcomes of the annual FNHC-FNHA planning session, as the outcomes of the annual planning session are driven by and reflective of the feedback received from First Nations Chiefs and Health Directors in the regions. The FNHDA will further develop and implement a strategic plan focused on its mandate of professional development for First Nations Health Directors and professionals.

Advice

The Parties have developed a clear and commonly-understood "Process for Technical Advice" (Appendix 2) to ensure coordination amongst the Parties, particularly that technical advice is provided at an appropriate time, and that the subject matter of technical advice is clearly applicable and relevant. The Memorandum of Understanding between the FNHA and FNHDA will address the associated technical and budget support for the FNHDA to fulfill its mandate to provide technical advice as per the process established in Appendix 2.

Tripartite Committee on First Nations Health (TCFNH)

The Parties are committed to ensuring coordinated, consistent, and unified messaging and approaches at meetings of the TCFNH, and will achieve this through: discussions at the Collaboration Committee; and, TCFNH preparatory and debriefing sessions amongst the representatives of the Parties that attend TCFNH meetings.

Health Actions Oversight Committee

Each of the Parties has contributions to make to the Health Actions agenda and have established a Health Actions Oversight Committee, composed of two representatives of the FNHC, FNHDA, and FNHA plus their respective senior staff, to review progress in health actions and provide advice and guidance on specific issues as required. Each member of the Health Actions Oversight Committee is responsible for reporting to and taking direction from their respective organization with respect to the operations of the Committee.

Team-Building

The Parties will identify and implement opportunities to get to know one another and build a team culture, including through incorporating our shared values and First Nations cultural practices.

Evaluation

The Parties will identify measures to evaluate their progress in achieving their vision and mandates, and their process for doing so, such as adherence to shared values, roles, and accountabilities, and the 7 Directives as a team, as individual organizations, and by senior management.

OPERATIONS AND SUPPORT

Each Party is responsible for implementing this Relationship Agreement through its organizational processes and capacity. The organizational processes and capacity of the FNHC and FNHDA will be provided for by the FNHA, through a Secretariat model described in Memoranda of Understanding between the FNHA and the FNHC and FNHDA respectively.

CONSENSUS LEADERSHIP

The FNHC, FNHA and FNHDA are committed to providing consensus leadership and a unified approach. In exercising consensus leadership, the Parties recognize that each has important contributions to make, and ensure their decisions and behaviours reflect: a) their shared values; b) the 7 Directives; and c), their respective roles and mandates.

Should a dispute arise amongst the Parties with respect to their shared agenda, the issue will be referred to the Executives of the FNHC, FNHA and FNHDA for open discussion and attempts to reach resolution utilizing the values, roles, and other content described in this Relationship Agreement as a guide. The Parties may also employ cultural and traditional practices to assist in resolving the matter, such as sharing a meal together as a group, or calling upon an Elder for assistance.



AMENDMENT

The Parties may make amendments to this Relationship Agreement through all Parties indicating their agreement in writing.

APPROVAL

On behalf of the First Nations Health Council

Witness

On behalf of the First Nations Health Authority

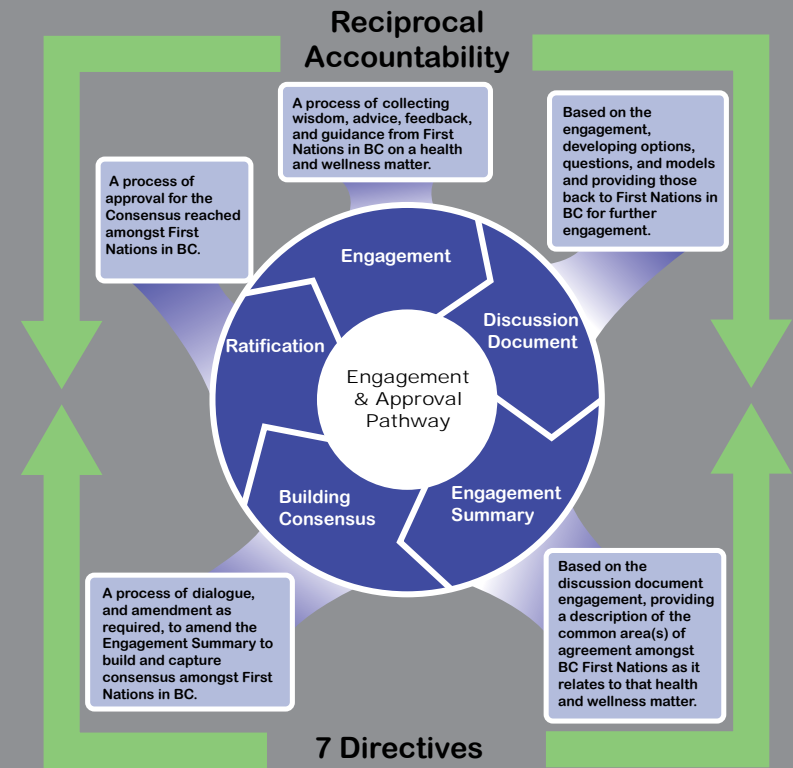
Witness

On behalf of the First Nations Health Directors Association

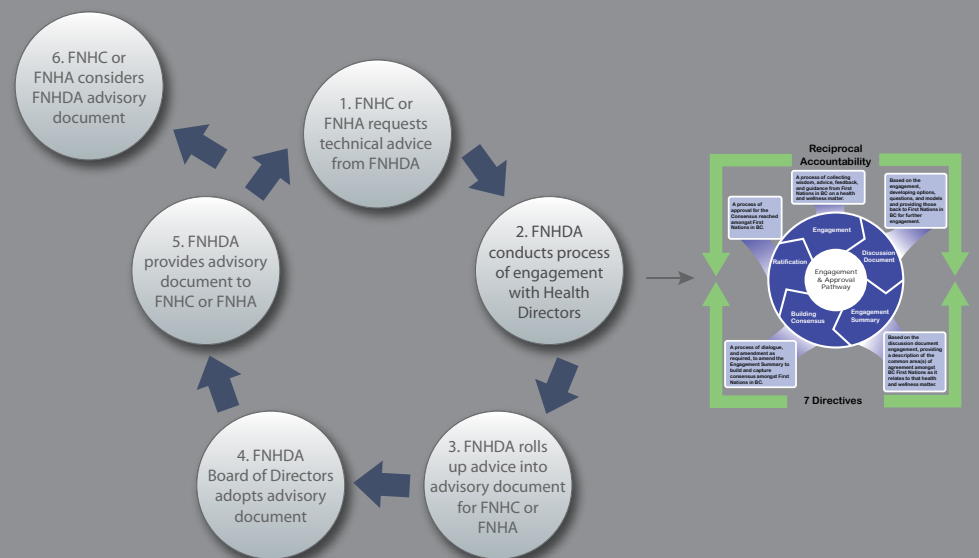
Witness

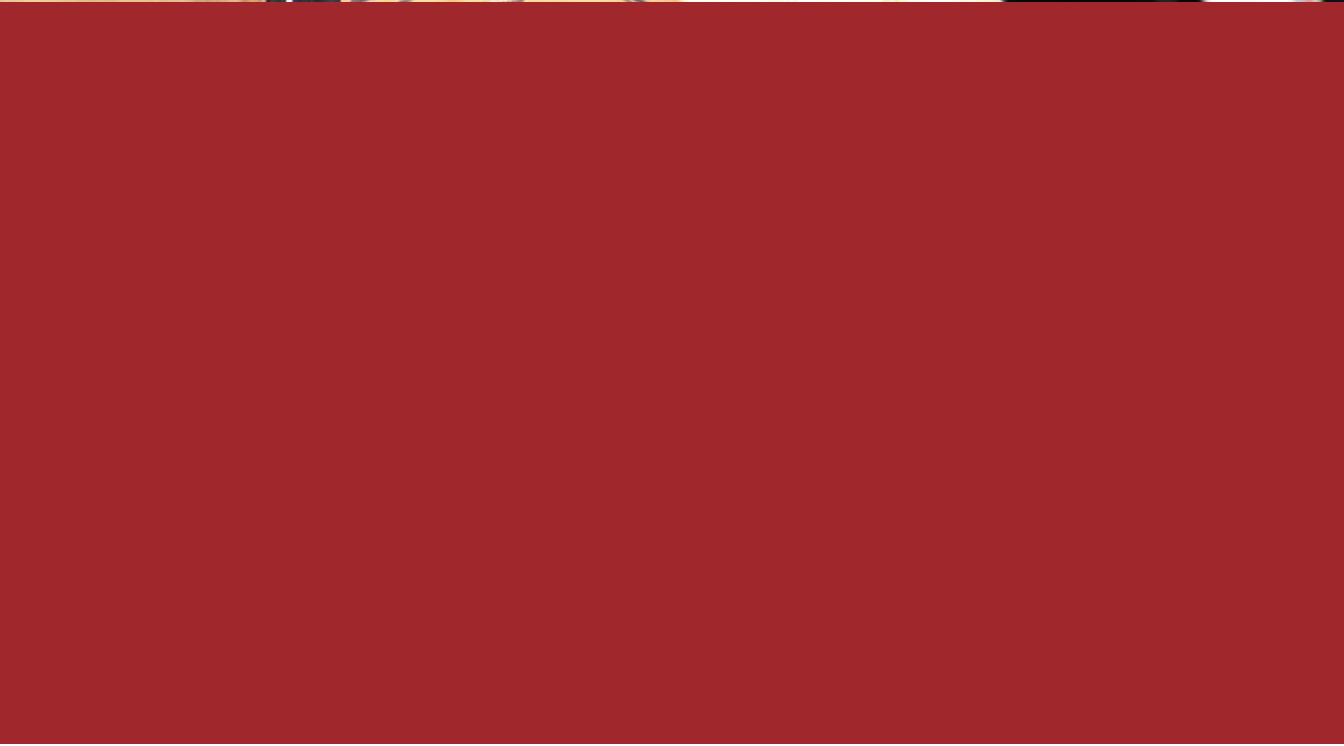
Signed this 6th day of November, 2012.

APPENDIX 1: ENGAGEMENT & APPROVAL PATHWAY



APPENDIX 2: PROCESS FOR TECHNICAL ADVICE





First Nations
Health Directors
Association