Navigating the Currents of Change:

Transitioning to a New First Nations Health Governance Structure

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interim First Nations Health Authority

A PUBLICATION OF

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1 Background & Introduction

Background & Introduction

How Did We Get Here?

Since 2005, First Nations in BC, and federal and provincial governments have been committed to a shared agenda through the *Transformative Change Accord* to establish a new relationship based on mutual respect and recognition, and develop 10-year plans to bridge the differences in socio-economic outcomes between First Nations and other British Columbians particularly in the areas of: education, housing, economic opportunities, and health.

In the area of health, progress has been made incrementally through a series of political agreements between First Nations and federal and provincial governments including the T*ransformative Change Accord: First Nations Health Plan* (2006), *First Nations Health Plan Memorandum of Understanding* (2006), the *Tripartite First Nations Health Plan* (2007), and the *Basis for a Framework Agreement on First Nation Health Governance* (2010). First Nations have provided leadership and guidance

to these political agreements through annual Gathering Wisdom for a Shared Journey forums.

At Gathering Wisdom for a Shared Journey IV in May 2011, First Nations Chiefs and leaders, by a historic level of participation and consensus, endorsed the *Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement* and by doing so, charted a path forward for the future of First Nations health governance. Through that *Consensus Paper 2011*, First Nations:

- Set the 7 Directives – the standards and requirements for how the new health governance structure must operate at the community, regional and provincial levels

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

- Clearly established and reinforced the mandates and activities of:

    - Regional Caucuses and Regional Tables: composed and representative of First Nations leaders and health professionals in each region to serve as regional planning and engagement

forums about First Nations health programs and services, and which will enter into arrangements with Regional Health Authorities and the First Nations Health Authority. The FNHC regional representatives were tasked with supporting the further development of Regional Caucuses, and supporting Regional Caucuses to develop Regional Tables.

- The First Nations Health Council (FNHC): to provide political leadership and input to: support and assist First Nations in achieving health objectives; health advocacy; research, policy and program planning; the implementation of the bilateral and tripartite health plans.

- The First Nations Health Authority (FNHA): to undertake activities, from a First Nations perspective, in support of First Nations health and wellness, including planning, designing, managing, funding and delivering health programs to better meet First Nations health needs in BC; building relationships with the province and regional health authorities; leveraging additional resources; undertaking research, collecting data and developing policy and standards; and supporting First Nations regional collaboration and dialogue.

- The First Nations Health Directors Association (FNHDA): composed of Health Directors and managers working in First Nations communities to: support education, knowledge transfer, professional development and best practices for health directors

and managers; and, provide advice on research, policy, program planning and design.

- Endorsed the signing of the *Tripartite Framework Agreement on First Nation Health Governance* ("Framework Agreement") – a legal agreement establishing commitments for federal and provincial governments and First Nations to work together to transfer the operations of First Nations and Inuit Health Branch (FNIHB)-BC region to a First Nations Health Authority, and to provide a greater role for First Nations in the broader health system in Canada and BC with respect to First Nations health needs. First Nations also directed the FNHC to engage with federal and provincial governments to prepare the implementation plan, and strike the tripartite implementation committee for the Framework Agreement.

- Directed the FNHC to engage with federal and provincial governments to finalize the Health Partnership Accord.

- Directed the FNHC to provide political leadership to develop models and options for an FNHA, and directed that the First Nations Health Society be transitioned to the interim FNHA and begin the early steps in implementing the new health governance arrangement.

- Directed the FNHC to continue to engage and share information with, and be accountable to, First Nations through a variety of mechanisms, including Regional Caucuses presentations, annual reports, communiqués, online and digital media, and Gathering

Wisdom for a Shared Journey forums (including holding Gathering Wisdom for a Shared Journey V in May 2012 to report on progress and seek further direction and approvals of First Nations Chiefs in BC).

Since Gathering Wisdom IV in May 2011, work has been proceeding as per the direction of BC First Nations outlined above. In the fall of 2011, the *Resolution 2011-01 Workplan* was released, detailing the milestones, key decision points, and timeframes for the implementation of the direction provided by BC First Nations, as well as an Engagement & Approval Pathway to ensure BC First Nations are involved in strategic-level decisions made in the First Nations health governance process. The First Nations Health Society has been transitioned to the interim FNHA. Processes for the implementation of the Framework Agreement have been developed, shared and put into practice. First Nations have been working as Regions to develop Terms of Reference, relationships with Regional Health Authorities, and Regional Tables.

Over the past year, significant progress has been made, informed by regular guidance from BC First Nations Chiefs and leaders at Regional and Sub-Regional Caucus throughout the province. Regular reports on progress, as directed by the *Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement*, have been made at Regional and Sub-Regional Caucus sessions, other community meetings, through ongoing communications mechanisms, and through the *Navigating the Currents of Change: Transitioning to a New First Nations Health Governance Structure Workbook* (2012).

CONSENSUS PAPER 2012 PROCESS AND PURPOSE

Over the past four years, more than 150 Regional and Sub-Regional Caucus, and other community meetings have taken place to inform the work of the FNHC, FNHDA, and interim FNHA; through these meetings, First Nations Chiefs, leaders and senior health leads provide, their wisdom, direction, innovation, thoughts and perspectives on the work moving forward.

Process

As per the *Resolution 2011-01 Workplan* Engagement & Approvals Pathway, in January 2012, the FNHC launched a *Navigating the Currents of Change: Transitioning to a New First Nations Health Governance Structure Workbook*, and made the Workbook the focus of a series of First Nations regional caucus sessions across the province. The Workbook took into account the feedback and direction of First Nations through the more than 150 meetings held to date. Feedback from the Workbook was developed into a series of five regional summary documents, which were then merged into this province-wide *Consensus*

Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure.

Purpose

This *Consensus Paper 2012* is now being put forward for review and consideration for ratification at the 5th Annual Gathering Wisdom for a Shared Journey Forum to be held on May 15-17, 2012. Its purpose is to chart a course for the effective management of change and transition to a new First Nations health governance structure in BC and the achievement of the vision of *healthy, self-determining and vibrant BC First Nations children, families, and communities.* It collates all of the feedback and direction provided by First Nations for the transition to the new First Nations health governance arrangement and in particular:

- Describes the strategy of BC First Nations for navigating change over the next several years, through: Setting Standards; Setting Stages; and, Setting Structure;

- Reaffirms and strengthens the process for ongoing engagement, transparency, and reciprocal accountability; and,

- Sets out a clear set of next steps in transitioning to the new health governance structure.

2 Navigating Change

Navigating Change

What Is Change?

Change is a process of becoming different. The decision by First Nations leaders in May 2011 to approve Resolution 2011-01, the Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement and the Tripartite Framework Agreement on First Nation Health Governance triggered a transformative change process that will take many years. The journey of change can be challenging, but change processes can be managed through leadership and planning – by influencing, facilitating and managing change, we do not allow change to manage us.

Navigating Change – Lessons Learned

First Nations are best positioned to manage this change since we know what our communities need. At the same time, we have learned lessons in how to best manage this change from our Indigenous brothers and

sisters at home and abroad that have navigated these currents before us:

- Ensure consistent, committed and long-term leadership, intention, and vision
- Separate and respect political and business/operational roles
- Undertake a disciplined approach to the work focusing on reciprocal accountability and long-term sustainability
- Have committed partners to support the work as it moves forward
- Build upon a foundation of legislative authority as developed by First Nations
- Ensure a good and timely flow of information and provide opportunities for input, discussion and feedback – communities must understand the process, like the process, and trust the process and its leadership
- Focus on value for investment and efficiency in spending, including through encouraging collaborations and economies of scale for service delivery; this sometimes includes making tough decisions for the greater good

- Understand that significant change requires shifts in attitude, behaviour, and mindset

- Be flexible in order to take advantage of new opportunities, or address unexpected issues as they arise

Over the past several years, First Nations have followed many of these teachings – we have been committed to building an effective working partnership with federal and provincial governments, we have established structures for ongoing communications and engagement, and we have been working on the separation of political and business/ operational roles, among many other things.

Navigating Change – BC First Nations Approach

Through the Navigating the Currents of Change Workbook process, we have focused on how we will continue to manage change for the next phase of the work, in accordance with the above teachings and building upon the work that BC First Nations have completed to date. Specifically, First Nations will reflect the above teachings and effectively navigate change by:

- SETTING THE STANDARDS
    - Directives, Governance Standards, Competencies
- SETTING THE STAGES

  - Planning for Transition and Transformation

- SETTING THE STRUCTURE

  - Determining the Board structure of the FNHA, the overall model for the new First Nations Health Governance Structure, and the concept of Regional Offices

SETTING THE STANDARDS

A key way to manage the journey of change is through consistent and long-term leadership and intention, and by undertaking a disciplined approach to the work. Leaders achieve this through establishing standards – strategic-level expectations of quality or achievement. BC First Nations have done significant work to date in setting standards (7 Directives and Framework Agreement Corporate Governance Requirements) for the new First Nations health governance structure, and through the latest Navigating the Currents of Change Workbook, have established new standards for the work moving forward (Competencies). These standards will guide all of our work moving forward. Establishing these strategic-level standards equips us with the expectations of our leadership for the new First Nations health governance structure and process, and serve as a checklist of requirements that guide our decision-making and help us measure our progress and outcomes.

Directives

In May 2011, through the Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement, First Nations established 7 Directives and thereby set the fundamental standards for the new First Nations health governance structure and process:

- **DIRECTIVE #1: 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
- **DIRECTIVE #2: INCREASE FIRST NATIONS DECISION-MAKING AND CONTROL**
    - Increase First Nations influence in health program and service philosophy, design and delivery
    - 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 First Nations health 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

- 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

- **DIRECTIVE #3: 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

- Support health and wellness planning and the development of health program and service delivery models at local and regional levels

- **DIRECTIVE #4: FOSTER MEANINGFUL COLLABORATION AND PARTNERSHIP**

  - Collaborate with other First Nations and non-First Nations organization and governments to address social and environmental determinants of First Nations health (e.g. poverty, water quality, housing, etc.)

  - 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

- **DIRECTIVE #5: 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
- **DIRECTIVE #6: BE WITHOUT PREJUDICE TO FIRST NATIONS INTERESTS**
  - 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

- **DIRECTIVE #7: FUNCTION AT A HIGH OPERATIONAL STANDARD**
  - 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

Corporate Governance Requirements

By adopting the May 2011 Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement, BC First Nations also adopted the Tripartite Framework Agreement on First Nation Health Governance, including a set of corporate governance requirements for the First Nations Health Authority:

FNHA Corporate organization and separation of functions

The FNHA shall have at least the following corporate and organizational elements and characteristics:

(a) The membership structure shall be representative of and approved by BC First Nations;

(b) The board of directors shall reflect a broad range of skills and experience to enable it to act effectively to fulfill the mandate of the FNHA and shall be chosen by the members pursuant to a formal and transparent nomination and or selection process;

(c) FNHC members may not sit on the FNHA board of directors, though they may be members of the FNHA;

(d) It shall be a condition of directorship on FNHA's board (and as part of the code of conduct of such board), that FNHA directors must act independently and solely in the best interests of FNHA, and that no director may serve the interests of his or her affiliated groups, including, without limitation, the FNHC, unless, in doing so, such director is also acting in the best interests of FNHA and the fulfilment of its mandate on behalf of First Nations in BC;

(e) There shall be public disclosure of directors' per diem allowances, travel expenses and any other remuneration;

(f) Its employees shall be chosen pursuant to a selection process targeting most qualified candidates, and shall be paid reasonable remuneration that is reflective of experience, position and duties fulfilled;

(g) There shall be a clear separation of functions and roles. No one person may simultaneously act as more than one of (i) member (ii) director and (iii) employee; and

(h) The following persons may not serve as directors of the FNHA:

- Elected federal, provincial or municipal officials; and
- First Nations health directors.

Planning/Performance/Evaluation

(a) The FNHA shall operate according to the following characteristics and principles regarding its planning, performance and evaluation processes:

(b) The directors shall act on a fully informed basis, in good faith, with due diligence and care, and in the best interest of the organization and its members and stakeholders;

(c) The directors shall approve corporate and operational plans and strategic vision;

(d) Organizational and operational (health) performance goals shall be set and updated; and

(e) There will be an objective evaluation of performance of the directors and monitoring the effectiveness of the FNHA's governance practices.

Budgets / strong financial control / monitoring and audit systems

The FNHA shall have strong internal controls systems, budgeting and allocation processes including as set out in section 4.2(2) (k) (l) and (m) of the main body of this Agreement.

Conflicts of interest / ethics

The FNHA shall have strong internal conflict of interest and ethical standards, with the following minimums:

(a) a written code of conduct for board of directors and employees (ethics);

(b) a written conflict of interest policy and procedures that ensure that a director does not vote and an employee does not make a decision on a matter in which they have a personal interest; and

(c) policies and mechanisms to monitor compliance.

Accountability and reporting

The FNHA shall have strong internal accountability processes, with the following minimums:

(a) the directors shall be accountable to members; and

(a) all members shall be provided with timely access to relevant information, and, upon request, copies of financial reports, audit findings and a copy of the Canada Funding Agreement.

Competencies

Through the Navigating the Currents of Change Workbook, First Nations reviewed, commented on, and improved a set of competency standards for the Board members of the FNHA:

- Have no conflict of interest or legal impediment that would interfere with the exercise of the Director's independent judgment (including that one cannot be a Chief or Councillor, an FNHC member, an FNHDA member, a health director, or an elected federal, provincial, or municipal official)

- BC First Nations individuals highly preferred, and regardless, a high degree of cultural competency and knowledge of BC First Nations communities (including rural, remote, urban, and other issues facing First Nations)

- Qualities of intelligence, strategic thinking, perceptiveness, good judgment and common sense, maturity, ethics, integrity, and fairness

- Time, energy, interest and willingness to serve as a Director of the FNHA, including a commitment to learning and an appreciation of the significance of the work

- Prior Board experience with a positive record of accomplishment, including solid understanding of Board legal and fiduciary responsibilities

- Knowledge of, and experience with, First Nations, federal, and provincial health systems, programs and services

- Extensive and proven experience in successfully running a large operation or working at a senior management level and managing organizational change and development

- Experience in tripartite processes, building and maintaining successful partnerships with governments and others organizations, and managing competing priorities amongst diverse partners and stakeholders

- Experience in strategic planning, health planning, financial planning, and community development

- Desirable qualifications include CA or similar designation, MBA or comparable university degree, degree of a designated health care professional (or equivalent experience)

- Board members should reflect healthy living – emotionally, physically, spiritually, mentally

- The Board as a whole shall reflect a broad range of skills and experience

SETTING THE STAGES

The journey of change can be managed through planning. Planning is using whatever facts we have to make our best predictions about the future and choose the best steps to accomplish our goals, spend resources wisely, and avoid any unnecessary mistakes. It:

- Helps us to think ahead and prepare for the future
- Pinpoints problems and issues and helps us find solutions
- Helps us do "first things first"
- Helps us coordinate projects/steps/tasks with one another
- Helps us communicate, educate, and inform ourselves, our communities, our partners
- Helps us make best use of available resources

To allow us to manage change carefully and responsibly, First Nations have established stages for the First Nations health governance structure and process moving forward – transition and transformation.

We are currently in the transition stage of the work. During this stage, we implement the Framework Agreement, with particular focus on the activities to take control of the assets, people and resources of the FNIHB, BC Region, adjust to that transfer of FNIHB, and develop and implement the health governance structure that suits our needs. Most of this work will be completed over the next two years:

- The interim FNHA builds and implements capacity to receive transfer (2011-2013) and continues organizational development (2013-ongoing)

- The interim FNHA is transitioned to the permanent FNHA (upon First Nations approval of Board structure of the FNHA at Gathering Wisdom for a Shared Journey V)

- The sub-agreements are finalized and implemented (target: October 2013)

- The Medical Service Plan (MSP) Premiums Letter of Understanding and Health Partnership Accord are finalized (target: 2012)

- The Interim Management Committee is disbanded (target: October 1, 2013)

- The Transition Team is disbanded (target: October 13, 2013)
- The 5-year implementation plan has been executed and Implementation Committee has been disbanded (October 13, 2016)

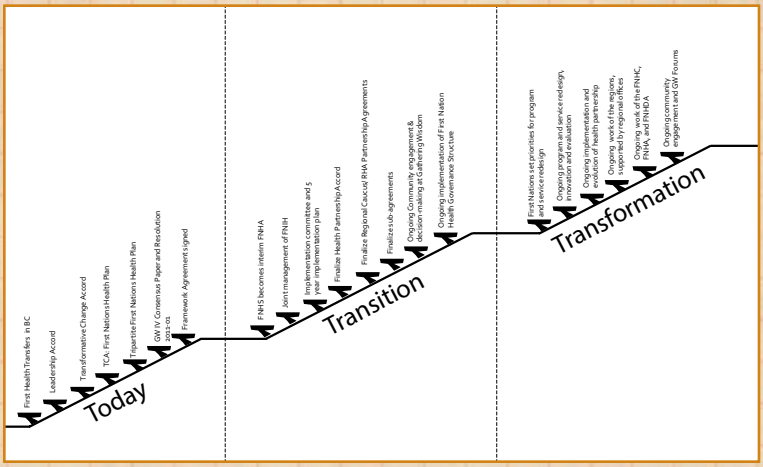
Once the majority of the tasks in the transition stages have been completed – and particularly the date of the transfer of FNIHB to the FNHA takes place, we will then enter into the ongoing period of transformation, where we as BC First Nations will take the existing federal programs and services and upgrade and re-orient them to meet our needs. Some of these activities overlap with the transition stage – the transition and transformation phases overlap:

- First Nations set priorities for program and service redesign (2013/14)
- Program and service redesign, innovation and evaluation (Ongoing)
- Implementation and evolution of health partnership (Ongoing)
- Work of the FNHC, FNHA, and FNHDA (Ongoing)
- Work of the Regions, supported by Regional Offices (Ongoing)
- Community engagement and Gathering Wisdom for a Shared Journey Forums (Ongoing)

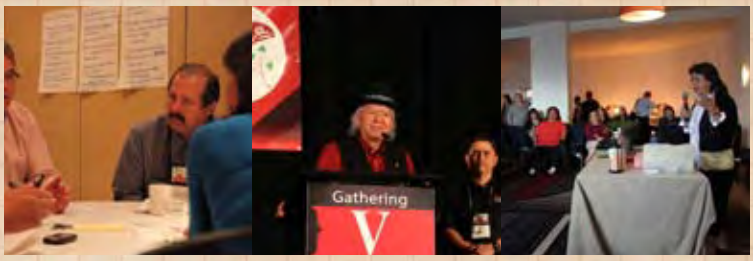
- Evaluation of the performance of the First Nations health governance structure (Ongoing)

These strategic-level planning stages will guide our efforts moving forward. Establishing these stages equips us with the framework for more detailed planning, ensuring that we undertake activities at the appropriate time, make best use of available resources, and manage change in an orderly and transparent way. It also ensures that BC First Nations are engaged and involved in setting strategic direction for each phase of the work.

Figure 1. *The strategic-level Planning Stages: Transition and Transformation*

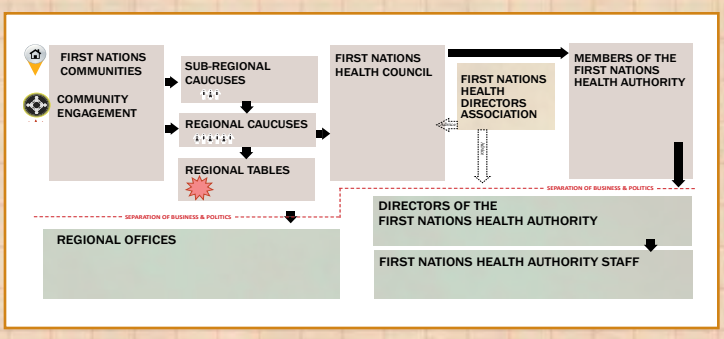


SETTING THE STRUCTURE



At Gathering Wisdom for a Shared Journey IV, First Nations clearly established and reinforced the mandates and activities of Regional Caucuses and Regional Tables; the FNHC; the FNHDA; and the FNHA and described expectations for how these various elements of the structure work together.

Figure 2. *The Elements confirmed by First Nations leaders for the new First Nations Health Governance Structure*



First Nations Health Authority Board Structure

At Gathering Wisdom for a Shared Journey IV, First Nations directed the FNHC to develop models and options for the FNHA. Through the Navigating the Currents of Change Workbook process, the FNHC shared models and options with First Nations and First Nations have determined:

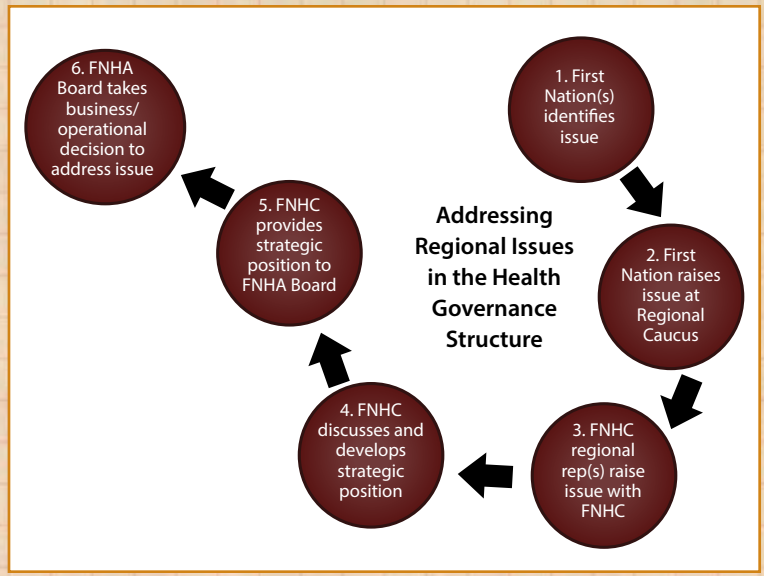
- that the Board of Directors of the FNHA will be regionally-representative
- that staggered terms must be put into place to ensure smooth transitions, appropriate orientation, continuity, and corporate memory
- that a rigorous orientation process for new Board members is required, to ensure they are culturally-competent and fully familiar with their legal and fiduciary obligations as Board members
- that mentorship materials be developed to generate awareness of Board responsibilities, and increase the capacity of BC First Nations to participate on the Board of the FNHA
- that an Elder advisor position for the Board of the FNHA should be established to provide traditional wisdom and guidance to the Board

First Nations were also clear that the while the regionally-representative model will ensure that the Board will reflect the needs and realities of

First Nations in BC, we must take good care to manage Board costs (Board processes must be cost-effective), keep politics out of the process, and avoid conflict of interest. Essentially, we must ensure that all Board members work on behalf of all BC First Nations.

The following process for addressing local and regional issues will ensure that the Board may be regionally-representative, while maintaining its obligation to make decisions of benefit to all BC First Nations:

Figure 3. *Addressing Regional Issues in the health governance structure.*



Through the Navigating the Currents of Change Workbook process, First Nations have stated that there must be a clear, consistent, cost-effective, and planned process for Board posting, nomination, and selection, including sufficient time for First Nations to fully participate in the Board nomination process and increase awareness and capacity amongst BC First Nations to meet this unique opportunity. A strategy and tools will support the implementation of the following process for the FNHC Board of Directors selection process:

FNHA Board of Directors: Regional Representation

- 9-member Board of Directors
    - 1 Board member chosen from each of the five regions: Fraser; Interior; North; Vancouver Coastal; and, Vancouver Island
    - 4 additional Board members chosen at-large in order to ensure that the Board reflects all competencies and a diversity in skills and experience
    - Staggered terms between the regionally-representative Board members and the at-large Board members to ensure continuity and corporate memory and the opportunity for mentorship
- Nomination process for Regional Representation:
    - Each Regional Caucus undertakes an open and transparent application process

- Each Regional Caucus, through their Regional Table, receives applications for interested potential Board members from their Region, and screens those applications against the competencies on page 10

- Regional Caucus nominates qualified potential Board members

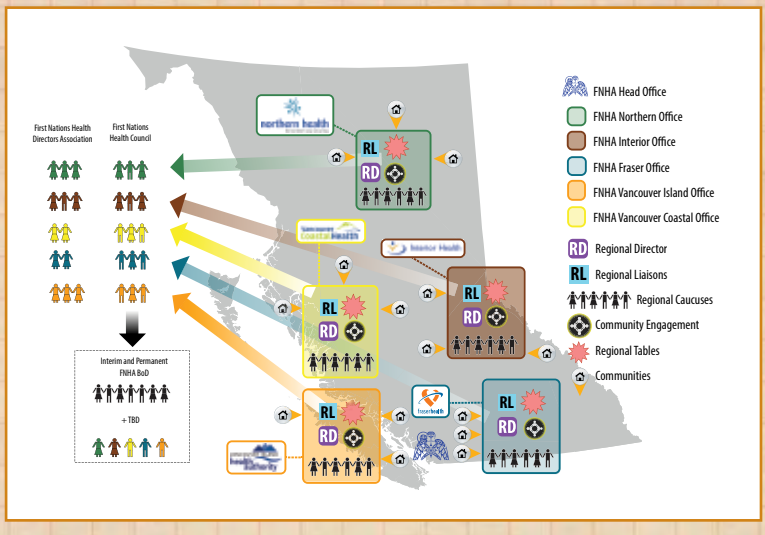
- FNHA Members then review all nominations from Regional Caucuses and selects one Board member per region to ensure that a good mix of expertise, experience, and competencies are represented on the Board

- Process for 4 Board members chosen at-large:

  - FNHA Members undertake an open and transparent application process, and also consider the nominations provided by Regional Caucuses in the Nomination Process for Regional Representation

- FNHA Members then review all applications and nominations from Regional Caucuses against the expertise, experience and competencies of the 5 regionally-representative Board Members, and selects 4 Board members at large to ensure that the Board as a whole reflects a broad range of skills and experience

Figure 4. *The Model. This map shows how the new First Nations Health Governance Structure operates from the community, to the regional, to the provincial level.*



First Nations Health Governance Model – A Holistic Approach

At Gathering Wisdom for a Shared Journey IV, First Nations directed the FNHC to develop models for the First Nations health governance structure and provide those models to First Nations for review, discussion, and approval. Through the Navigating the Currents of Change Workbook process, First Nations reviewed four different types of models – a non-profit model, a corporate model, a legislative model, and a hybrid model – and have indicated a strong preference for a holistic model:

- our health governance model must embody First Nations philosophies, holistic approaches to health and wellness (including medicine wheel), and reflect the importance of community engagement

- our health governance model must blend the best of available non-profit, corporate, and legislative models, while separating and respecting political/governance and business/operational roles

- we must take advantage of and create opportunities to amend existing legislation to better meet our needs, and develop new legislation to recognize the unique holistic First Nations health governance model – but all approaches to legislation must be carefully considered and planned

- legislation must be the foundation of, and clearly describe the new First Nations health governance structure, particularly how it is accountable to First Nations; any other non-profit and corporate entities would flow underneath that legislation and be subject to transparency and accountability rules established in the legislation (including publishing financial and annual reports for review by BC First Nations)

- any corporate and business models we pursue must: result in improved services to First Nations; result in improved access to services by First Nations; provide returns that are reinvested in the First Nations health system to support ongoing sustainability and improvement of services; and, be consistent with First Nations values and the 7 Directives

- the model must meet the 7 Directives and be consistent with applicable legislation

Planning for a holistic First Nations health governance model will proceed on the basis of the direction provided by BC First Nations above, and must be informed by further research, with particular focus on:

- other examples of First Nations health governance models in Alaska, Bigstone, and other jurisdictions, including best practices and lessons learned

- profiling Regional Health Authorities – their structure and how they work
- the concepts of an Ombudsperson and a Charter of Rights for First Nations Health
- a legal analysis of existing legislation and a strategy for achieving legislative change to benefit BC First Nations, and a legal analysis of legislation to create the new holistic First Nations health governance structure
- business plans and an analysis of the sustainability of the First Nations health governance structure
- an overall map of how the holistic First Nations health governance structure will work

This research on a holistic First Nations health governance model will be provided to BC First Nations for further discussion, development, and strategic decisions.

Regional Offices

At Gathering Wisdom for a Shared Journey IV, First Nations Chiefs directed the First Nations Health Council to support Regional Caucuses to further develop their own structures and processes, engage in relationship development with Regional Health Authorities, and develop

Regional Tables. With the signing of the Framework Agreement on October 13, 2011, the milestones of – and opportunities for – the Regions has increased further. The workload of regions includes:

- Engagement with First Nations – collaboration, unity, communication, relationship-building, "make room for everyone"
- Receive reports from, provide direction to, and appoint, representatives to the First Nations Health Council and to the Regional Table
- Provide guidance to the work of the First Nations Health Authority and First Nations Health Directors Association
- Develop and implement agreements with Regional Health Authorities to improve regional health and wellness services to First Nations
- Develop Regional Health and Wellness Plans and identify regional health initiatives
- Establish Terms of Reference (including determining terms for their representatives to the FNHC) and processes for effective, efficient, and sustainable operations

A consistent theme and concept raised by First Nations in the over 150 Regional and Sub-Regional Caucus sessions and other meetings is that there is a need for greater technical capacity to undertake this work,

and for a central hub and repository for information relating to the work of the FNHC, FNHDA, FNHA, and the Regions, and First Nations health and wellness issues. Through the Navigating the Currents of Change Workbook process, First Nations support the establishment of Regional Offices that will:

- support all regional efforts in communication, collaboration, and planning, including supporting the political (FNHC) conversation within the region, the service (FNHA) conversation within the region, and the technical/professional development (FNHDA) conversation within the region

- coordinate the alignment of and communication across Regional Caucuses, sub-Regional Caucuses, Regional Tables, and First Nations

- provide technical support to the work of the Regional Caucus and Regional Table, including undertaking technical work such as research, analysis, writing

- facilitate the involvement of Regional Health Authorities and other regional partners in the regional First Nation health processes, plans, and priorities

- conduct outreach and communications with First Nations throughout the region

- provide technical leadership to the development of Regional Health & Wellness Plans
- provide technical support for communicating regional First Nations issues, priorities, successes
- serve as the central repository and main contact for information and community engagement within the region
- draw or build upon the offices and assets that will be transferred from FNIHB-BC Region to the FNHA, and the offices and assets of the Regional Health Authorities
- contribute to the overall cost-effectiveness of regional community engagement and technical support (so that funding is prioritized for health programs and services)
- eventually evolve into facilitating service delivery at the regional level

To meet the above outcomes, First Nations have suggested that the establishment of Regional Offices must be carefully planned, and that piloting Regional Offices may be a prudent approach.

3 Upholding Our Commitments

UPHOLDING OUR COMMITMENTS


A high standard of engagement, accountability, and transparency has been set in the First Nations health governance process, and is the foundation for our success.

Reciprocal Accountability

At Gathering Wisdom for a Shared Journey IV in May 2011, First Nations set a clear definition and principles for Reciprocal Accountability. It means shared responsibility – amongst First Nations (at community, regional and provincial levels), the Federal Government, and the Provincial Government (including Health Authorities) – to achieve common goals. Each entity involved in the partnership and relationship must be responsible for their commitments, and for the effective operation of their particular part of the system, recognizing that each part is interdependent and interconnected.

Processes for Reciprocal Accountability (Consensus Paper 2011)

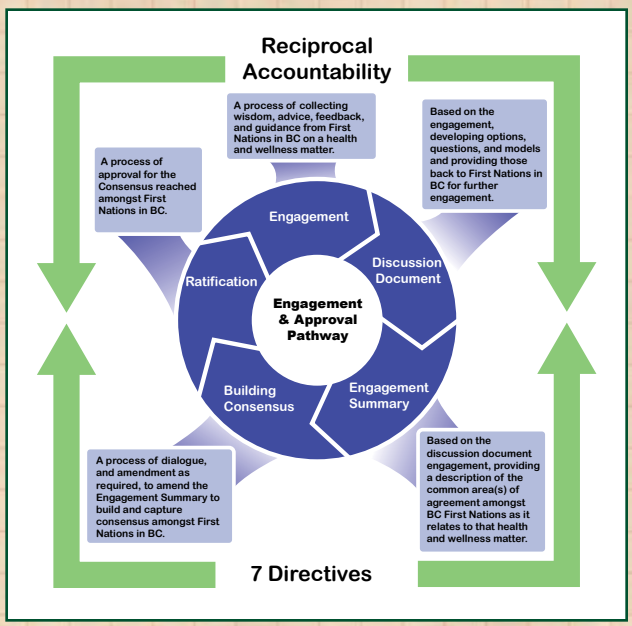
Community Level

- Political leaders to collaborate with their health technicians
- First Nations individuals and communities supporting their own health and well-being, and understanding how their actions impact First Nations health programs and services for all First Nations in BC
- First Nations political and technical leaders actively contributing to the implementation of the Health Plans including by participating in their Regional Caucus
- Accountability of First Nations political and technical leaders to their respective communities for funding, services, professional standards, cultural teachings, best practices and ethics and cost-efficiency

Regional Level	• Regional Caucus sessions to report on progress, share information, and develop common positions and perspectives for the Regional Table to advance • Establishment of Regional Tables to advance a united, effective, and sustainable approach for the region • Regional collaborations, partnerships and agreements between Regional Tables with Regional Health Authorities and the FNHA to share responsibility and decision-making for health services to First Nations
Provincial / National Level	• Regular meetings of the Tripartite Committee on First Nations Health to measure progress of the Health Plans and discuss potential changes to roles, powers or funding that may be required • Regular senior political and technical meetings with key decision-makers at national and provincial levels to focus on BC First Nations health priorities and plans • Effective, respectful, and sustainable working partnerships between the FNHC, FNHDA, and FNHA for the benefit of First Nations health and wellness in BC

Engagement

Community engagement – communications, collaboration, and planning – is a cornerstone of the First Nations health governance structure. Resolution 2011-01 passed by First Nations at Gathering Wisdom for a Shared Journey IV called upon the FNHC to develop a Workplan, including how First Nations will continue to be involved in and provide guidance to the process. Therefore, a key component of that Resolution 2011-01 Workplan was the Engagement & Approval Pathway, which describes a consistent process for First Nations to provide direction for the work moving forward.



The engagement process of the FNHC, FNHDA and FNHA (including the interim FNHA) will utilize this Engagement & Approval Pathway, and employ it to obtain First Nations feedback and direction on strategic-level decisions with respect to the First Nations health governance structures – these are decisions that concern leadership-level direction, long-term goals, philosophies and values; they are decisions of significant importance and reach far into the future.

In addition to the engagement on strategic decisions conducted through the Engagement & Approval Pathway, regular engagement, two-way reporting, and communications take place, and will continue to take place, at various forums and through a variety of media, including:

- Regional and Sub-Regional Caucus meetings
- Gathering Wisdom for a Shared Journey forums
- Annual reports
- Quarterly infobulletins
- Monthly FNHC meeting summary letters
- Website, videoconferences, and social media
- Articles

Through the Navigating the Currents of Change Workbook process, First Nations emphasized the ongoing importance of this level of engagement, and stressed the role of Regional Offices in improving the process by serving as the central contact for questions and communications needs of the Regions. First Nations have also expressed the need for greater consistency and focus to engagement by defining priorities, milestones, and schedules.

Next Steps

By adopting this Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure, BC First Nations chart their path for navigating the currents of change in transitioning to the new First Nations health governance structure.

In May 2011, First Nations set standards and requirements for how the new health governance structure must operate at the community, regional and provincial levels. First Nations also clearly established and reinforced the mandates and activities of the FNHC, FNHDA and FNHA.

Now, in May 2012, First Nations reaffirm the standards and requirements for the new health governance structure, and establish new standards (competencies) for the leadership of one of the key components of the structure – the FNHA. First Nations affirm the planning stages and key activities within each planning stage. First Nations create a new Board structure for the FNHA, and a process for the selection of that Board. First Nations agree to an overall model

for the First Nations Health Governance structure that is a holistic one – one that takes the best of all available non-profit, corporate, and legislative tools and blends those tools with First Nations teachings to create a model that suits First Nations. First Nations also support a key mechanism for ongoing communications, engagement, and improved service to First Nations communities – Regional Offices.

The next steps to this Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure are as follows. These next steps must be implemented in a manner consistent with the Standards and Planning Stages outlined in this Consensus Paper 2012 and the content of the Consensus Paper 2011.

Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement

- The Consensus Paper 2011 continues to provide guidance and direction to the implementation of the new First Nations health governance arrangement

- The FNHC will continue to implement the next steps outlined in the Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement

First Nations Health Authority

- First Nations have agreed that the structure of the Board for the FNHA must be a regionally-representative model:

    - The iFNHA Members will amend the bylaws of the interim FNHA to implement a regionally-representative structure, increase the size of the Board from 7 to 9, and transition the interim FNHA to the FNHA

    - By April 2013, the FNHC will work with legal counsel to develop a consistent, cost-effective, and transparent process to support all Regions to undertake Board posting, recruitment, assessment, and nomination processes for 5 regionally-representative Board positions

    - By April 2013, the FNHC will develop mentorship materials to generate awareness of Board responsibilities, and increase the capacity of BC First Nations to participate on the Board of the FNHA

    - From April 2013 to October 2013, the FNHC regional representatives will work with their respective Regions to implement this process of posting, recruitment, and assessment, resulting in regional Board nominations by November 2013

    - The Members of the iFNHA will appoint the 5 regionally-representative Board members by March 2014, ensuring that an

appropriate mix of expertise, experience, and competencies are represented on the Board

- The Members of the iFNHA will implement staggered terms, and therefore retain 4 existing iFNHA Board members in at at-large capacity until 2015 (a recruitment process for 4 at-large Board positions will take place in 2014)

- The FNHC will develop a rigorous orientation process for Board members, to ensure that all Board members are culturally-competent and fully familiar with their legal and fiduciary obligations

- The FNHC will work with the iFNHA to develop and implement a cost-effective plan and process for an Elder advisor for the Board of Directors of the iFNHA (and FNHA)

First Nations Health Governance Structure Model

- The First Nations health governance structure model will be a holistic one that embodies First Nations philosophies and holistic approaches and blends this with the best of available non-profit, corporate, and legislative models

- Planning for a holistic First Nations health governance model will be informed by further research to be conducted by the FNHC and iFNHA and provided to BC First Nations for further discussion, development, and strategic decision, including:

- other examples of First Nations health governance models in Alaska, Bigstone, and other jurisdictions, including best practices and lessons learned

- Regional Health Authorities profiles

- the concepts of an Ombudsperson and a Charter of Rights for First Nations Health

- legal analysis of existing legislation and a strategy for achieving legislative change to benefit BC First Nations, and a legal analysis of new legislation to create the holistic First Nations health governance structure

- business plans and an analysis of the sustainability of the First Nations health governance structure

- an overall map of how the holistic First Nations health governance structure will work

- Planning will begin amongst the FNHC and iFNHA for the implementation of a holistic First Nations health governance structure model that built on a legislative foundation, and that ensures that any non-profit or corporate entities are ultimately accountable to BC First Nations, and are subject to the transparency and accountability standards established by BC First Nations.

Regional Offices

- First Nations have agreed-upon the need for Regional Offices that will serve as the central repository and main contact for information within the region, and provide technical support for the work of the Regions pursuant to the Consensus Paper 2011, Consensus Paper 2012, Framework Agreement, and Regional Partnership Accords

- A Regional Offices implementation plan will be prepared by the FNHC and iFNHA; this plan will describe a cost-effective approach to and timeframes for creating Regional (and Sub-Regional as appropriate) Offices and vesting those Regional Offices with responsibilities for community engagement and technical work of the Regions

Upholding Our Commitments

- The Engagement & Approval Pathway will continue to be employed by the FNHC, FNHDA and FNHA (including the interim FNHA) to obtain First Nations feedback and direction on strategic-level decisions with respect to the First Nations health governance structures

- In addition to the Engagement & Approval Pathway, regular engagement, two-way reporting, and communications take place, and will continue to take place, at various forums and through a variety of media, including: Regional and Sub-Regional Caucus meetings; Gathering Wisdom for a Shared Journey forums; annual

reports; quarterly infobulletins; monthly FNHC meeting summary letters; website and social media; articles; and, other mechanisms

- The FNHC will develop an annual Community Engagement Plan that will bring consistency and focus to engagement by defining annual engagement and communications priorities and milestones, and establishing a schedule of Regional Caucus and other meetings each year

- The iFNHA will schedule annual comprehensive reports to each Regional Caucus session from the Board of Directors and on progress in Health Actions

Summary of Consensus

The content of this Consensus Paper is a direct result of the feedback provided by BC First Nations in the Navigating the Currents of Change Workbook, which was presented at regional and sub-regional caucus meetings hosted between January and March 2012.

Board of Directors Governance Structure

In total, 80% of the Workbook participants preferred Regional Representation because it provides for stronger regional voice to support decision-making processes; and further, regional representation gives a sense of ownership and trust in the First Nations Health Authority. Although they recognized that a larger Board could pose a challenge for reaching consensus and recruitment efforts, First Nations provided feedback and determined that:

- The Board of Directors of the FNHA will be regionally-representative;

- Staggered terms must be put into place to ensure smooth transitions, appropriate orientation, continuity, and corporate memory;

- A rigorous orientation process for new Board members is required, to ensure they are culturally-competent and fully familiar with their legal and fiduciary obligations as Board members;

- Mentorship materials be developed to generate awareness of Board responsibilities, and increase the capacity of BC First Nations to participate on the Board of the FNHA; and

- An Elder advisor position for the Board of the FNHA should be established

- Board processes must be cost-effective

- The separation of business and political functions must be upheld, and conflict of interest avoided

First Nations also reviewed a set of competency standards for leadership of the FNHA and provided a number of comments:

- BC First Nations individuals are highly preferred;

- A high degree of cultural competency and knowledge of BC First Nations communities, including rural, remote, urban, and other issues facing First Nations should be held by all Board members;
- Leaders must be healthy themselves; and
- The FNHC should have competencies adopted too.

First Nations Health Governance Structure Model

First Nations reviewed four different types of models – a non-profit model, a corporate model, a legislative model, and a hybrid model. The two models which received the most support were the hybrid model (33%) and the legislative model (30%). But overall, they indicated a strong preference for a holistic governance model which:

- Embodies First Nations philosophies, holistic approaches to health and wellness (including medicine wheel);
- Understands that First Nations community engagement is the foundation for the process;
- Blends the best of available non-profit, corporate, and legislative models;

- Pursues opportunities to amend existing legislation to better meet our needs, and develop new legislation to recognize the unique holistic First Nations health governance model;
- Ensures that any legislation is carefully considered and planned;
- Is underpinned by legislation that describes how any subsidiary elements are accountable to First Nations through the FNHA as the overarching legislated structure;
- Results in improved services and access to First Nations;
- Meets the 7 Directives; and
- Is consistent with applicable legislation – such as the Canada Health Act.

First Nations indicated the need for further research to inform the First Nations health governance model, including:

- Other examples of First Nations health governance models in Alaska, Bigstone, and other jurisdictions, including best practices and lessons learned;
- Regional Health Authorities profiles – how they operate and are structured;

- Dispute resolution and the concept of an Ombudsperson;
- The concept of a Charter of Rights for First Nations Health;
- Legal analysis of existing legislation and changes to legislation that would benefit First Nations;
- Legal analysis of new legislation to create the holistic First Nations health governance structure;
- Business plans and an analysis of the sustainability and cost-benefit approach of the First Nations health governance structure; and
- An overall map of how the holistic First Nations health governance structure will work.

Regional Offices

74% percent of the participants supported the concept of a Regional Office. They liked the idea of a 'closer to home' model where communities can network, gather, receive services and referrals, and meet with health personnel and representatives. There was some concern about the cost of regional offices and creating yet another bureaucracy and top-heavy process.

Additional Feedback

The following feedback on community engagement and communications represents a general consensus of opinions from the workbooks:

- Enhance communication materials keeping in mind the needs of primary audience (e.g. readability, accessibility, FAQ's; limit the use of jargon and acronyms);
- Enhance timeliness, frequency and consistency of the communications;
- Improve consistency in scheduling of meetings, and keep the focus on moving the process forward;
- Enhance communications outreach by developing and circulating an orientation package for newly elected Chiefs;
- Support communities to develop Community Health and Wellness Plans (e.g. community health plan templates);
- Enhance communication about the Community Engagement Hub alignment;
- Enhance linkages with off-reserve and urban people;
- Look at health equity between urban and rural communities;

- Learn from the past (mistakes and promising practices);
- Provide clarity and enhance linkages and working relationships between Hubs, Regional Caucuses and health directors; and
- There was equally mixed messaging that the process was either moving too fast or too slow – but all agreed that a clear plan and process is required so people understand the process, like the process and trust the process and its leadership.

Appendix
FNHC Resolution Adoption of Consensus Paper May 2012

First Nations Health Council

Supporting BC First Nations to Implement the Tripartite First Nations Health Plan

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RESOLUTION #2012-01

FIRST NATIONS HEALTH COUNCIL CHIEFS IN ASSEMBLY
GATHERING WISDOM FOR A SHARED JOURNEY V
MAY 16, 2012
VANCOUVER, BC

SUBJECT: ADOPTION OF *CONSENSUS PAPER 2012: NAVIGATING THE CURRENTS OF CHANGE – TRANSITIONING TO A NEW FIRST NATIONS HEALTH GOVERNANCE STRUCTURE*

WHEREAS

A. In 2005, the First Nations Leadership Council, Government of Canada, and Province of British Columbia signed the *Transformative Change Accord*, committing to establish: a new relationship based on mutual respect and recognition; and, 10-year plans to bridge the differences in socio-economic outcomes between First Nations and other British Columbians particularly in the areas of education, housing, economic opportunities, and health.

B. In 2006, the *Transformative Change Accord: First Nations Health Plan* (TCA: FNHP) was reached between the First Nations Leadership Council and the Province of British Columbia. This plan described a series of actions to improve First Nations health over a 10-year period. At the same time, a *First Nations Health Plan Memorandum of Understanding* ("MoU") was signed by the First Nations Leadership Council, Government of Canada, and Province of British Columbia; this MoU demonstrated Canada's support for the TCA: FNHP and committed the Parties to negotiate a tripartite First Nations health plan. These agreements were supported by resolutions (FNS 0307.07 and UBCIC 2007-06).

C. In 2007, the *Tripartite First Nations Health Plan* (TFNHP) was signed by the First Nations Leadership Council, Government of Canada, and Province of British Columbia. This 10-year plan supported the health actions set out in the TCA: FNHP and established commitments to create a new structure for the governance of First Nations health services in British Columbia including: a First Nations Health Council to provide political First Nations

leadership; a First Nations Health Authority to manage First Nations health programs and services currently administered by the federal government ; and, a First Nations Health Directors Association to support capacity development, training and knowledge transfer.

D. In 2008, a regional caucus process was established to inform and obtain feedback from BC First Nations on the implementation of the health governance commitments of the TFNHP; regional caucus meetings were held across the province, open to all 203 BC First Nation communities, and particularly focusing on engagement with each Chief and Senior Health Lead from each First Nation community. This informed the *British Columbia Tripartite First Nations Health – Basis for a Framework Agreement on Health Governance* ("Basis Agreement") signed in 2009. The Basis Agreement set out areas of agreement amongst the Parties, and the parameters for the negotiation of further agreements with respect to the establishment of a new First Nation health governance arrangement.

E. Pursuant to the commitments in the Basis Agreement, in April 2011, the First Nations Health Council recommended a draft *Tripartite Framework Agreement on First Nation Health Governance* ("Framework Agreement") for approval by First Nations in BC. The Framework Agreement was reviewed in detail at a series of regional, sub-regional and other First Nations meetings across BC.

F. From 2008-2010, over 90 regional and sub-regional caucus sessions were held. All of the feedback from these meetings was rolled up into five regional summary documents and a province-wide *Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement.* The Consensus Paper gathered all of the wisdom, feedback and direction provided by First Nations for the establishment of the new First Nations health governance arrangement, including: 7 directives for the establishment and operation of the new health governance arrangement; the mandates and activities of the various entities in the new health governance arrangement – Regional Caucuses and Tables, the First Nations Health Authority, First Nations Health Council, and the First Nations Health Directors Association; the principles and processes of reciprocal accountability for the success of this new health governance arrangement; and, a clear set of next steps for the First Nations Health Council to undertake in the establishment of the new health governance arrangement.

G. On May 26, 2011, First Nations in BC, through a historic level of consensus, passed Resolution 2011-01 at Gathering Wisdom for a Shared Journey IV. Through Resolution 2011-01, First Nations:
    a. Approved the *Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement*;

b. Approved the Framework Agreement;
c. Directed the First Nations Health Council to develop a workplan for Resolution 2011-01 and provide that workplan to Regional Caucuses for comment;
d. Continue to engage and communicate with, and be accountable to, First Nations in BC through a variety of mechanisms and media; and,
e. Hold Gathering Wisdom for a Shared Journey V in May 2012 to report on progress and seek further approvals and direction from First Nations in BC.

H. As per the direction of First Nations in Resolution 2011-01, the First Nations Health Council released the *Resolution 2011-01 Workplan* in the Fall of 2011. This Workplan set out milestones, timeframes, key decision points, and indicators for achieving the direction established by First Nations. The Resolution 2011-01 Workplan also established an Engagement & Approval Pathway, a consistent process for First Nations to provide strategic direction for the work of the First Nations Health Council, First Nations Health Authority, and First Nations Health Directors Association moving forward.

I. Consistent with the Engagement & Approval Pathway, in January 2012, the FNHC released the *Navigating the Currents of Change: Transitioning to a New First Nations Health Governance Structure Workbook* ("Workbook"), and made the Workbook the focus of a series of First Nations regional caucus sessions across the province. The *Navigating the Currents of Change* Workbook took into account the feedback and direction of First Nations through the more than 200 regional, sub-regional and community meetings held to date and presented it to First Nations as the ***discussion document*** stage of the Engagement & Approval Pathway. Feedback from the Workbook was developed into a series of five regional summary papers, signifying the ***engagement summary*** step of the Pathway. These regional reports were provided to each region for review and discussion and were then merged into a province-wide *Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure*. This Consensus Paper represents the ***building consensus*** step of the Pathway.

J. The *Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure* is being put forward for review and consideration in accordance with the ***ratification*** step of the Pathway at the 5th Annual Gathering Wisdom for a Shared Journey Forum to be held on May 15-17, 2012. Its purpose is to chart a course for the effective management of change and transition to a new First Nations health

governance structure in BC and the achievement of the vision of *healthy, self-determining and vibrant BC First Nations children, families, and communities.*

THEREFORE BE IT RESOLVED

1. That the Chiefs in Assembly at Gathering Wisdom for a Shared Journey V approve the enclosed *Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure*, including the following key elements:
    a. Setting the Standards: Affirming and implementing the 7 Directives, Corporate Governance Requirements, and Competencies for the Board of Directors of the interim and permanent First Nations Health Authority;
    b. Setting the Stages: Ensuring a deliberate and planned approach to the work, in accordance with the key stages of Transition and Transformation;
    c. Setting the Structure: Confirming the establishment of a regionally-representative Board of Directors, a holistic First Nations health governance model, and Regional Offices; and,
    d. Upholding Our Commitments: Affirming that high standards of Reciprocal Accountability and Engagement are the foundation for our ongoing success.

2. That the Chiefs in Assembly at Gathering Wisdom for a Shared Journey V direct the First Nations Health Council to undertake the following next steps as outlined in, and consistent with, the *Consensus Paper 2012: Navigating the Currents of Change – Transitioning to a New First Nations Health Governance Structure*:
    a. Continue to implement the next steps outlined in the *Consensus Paper 2011: BC First Nations Perspectives on a New Health Governance Arrangement;*
    b. Transition the interim FNHA to the permanent FNHA by implementing a regionally-representative Board of Directors, including: amending the bylaws to reflect a regionally-representative model respecting each Nation's uniqueness; creating a process within six months to support Regions to undertake Board posting, recruitment, evaluation, assessment, and nomination processes for 5 regionally-representative Board positions consistent with the competencies referred to in 1(a) above; and, creating mentorship materials for BC First Nations on Board membership, among other things;
    c. Develop a rigorous orientation process for FNHA Board members, to ensure that all Board members are culturally-competent and fully familiar with their legal and fiduciary obligations;

d. Develop and implement a cost-effective plan, selection and evaluation process and role description for a male and female Elder Advisor for the Board of Directors of the iFNHA (and FNHA);
e. Conduct and provide research to BC First Nations for further discussion, development, and strategic decision on a holistic First Nations health governance model, including: other examples of First Nations health governance models; Regional Health Authorities profiles; the concepts of an Ombudsperson and a Charter of Rights for First Nations Health; legal analysis of existing legislative changes to benefit BC First Nations, and of potential new legislation to create the holistic First Nations health governance structure; business and sustainability plans; and, an overall map of how the holistic First Nations health governance structure will work;
f. Begin planning the implementation of a holistic First Nations health governance structure model as described in the *Consensus Paper 2012* that is built on a legislative foundation, and that ensures that any non-profit or corporate entities are ultimately accountable to BC First Nations, and are subject to the transparency and accountability standards established by BC First Nations;
g. Prepare a Regional Offices implementation plan to describe a cost-effective approach to and timeframes for creating Regional (and Sub-Regional as appropriate) Offices;
h. Employ the Engagement & Approval Pathway to obtain First Nations feedback and direction on strategic-level decisions with respect to the First Nations health governance structures;
i. Develop an annual Community Engagement Plan that will define annual engagement and communications priorities and milestones, and establish a schedule of Regional Caucus and other meetings each year, including an annual iFNHA report including finances and activities to each Regional Caucus session; and,
j. Undertake an independent evaluation of the First Nations health governance structure, including financial management, as depicted in Figure 2 of the *Consensus Paper 2012* and provide that to BC First Nations Chiefs prior to Gathering Wisdom for a Shared Journey VI.

3. That the Chiefs in Assembly at Gathering Wisdom for a Shared Journey V direct the First Nations Health Council to update and enhance the *Resolution 2011-01 Workplan* to include the action items set out in this Resolution and *Consensus Paper 2012*, and provide quarterly updates to BC First Nations on progress in implementing that Workplan.

4. That the Chiefs in Assembly at Gathering Wisdom for a Shared Journey V direct the First Nations Health Council to, consistent with the *Consensus Paper 2011* and the *Consensus Paper 2012*, continue to engage and share information with, and be accountable to, First Nations through a variety of mechanisms, including but not limited to: Regional Caucuses; Gathering Wisdom for a Shared Journey forums; presentations to other provincial First Nations leadership organizations; annual reports; communiqués; and, online and digital media.

5. That the Chiefs in Assembly at Gathering Wisdom for a Shared Journey V direct the First Nations Health Council, consistent with the commitments described in the *Tripartite Framework Agreement on First Nation Health Governance*, to hold Gathering Wisdom for a Shared Journey VI in Fall 2013 to report on progress in the implementation of this resolution, and seek further direction and approvals of First Nations Chiefs in BC.

Moved: **Chief Charlie Cootes, Uchucklesaht Tribal Government**

Seconded: **Chief Bill Cranmer, 'Namgis First Nation**

Abstentions: **None**

Disposition: **Carried**
- **148 in favour**
- **10 opposed**

Date: **May 16, 2012**

Endorsed:

Grand Chief Doug Kelly
Chair

Warner Adam
Deputy Chair

A PUBLICATION OF

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