

## NLAKA'PAMUX NATION HEALTH CAUCUS TERMS OF REFERENCE

***Reviewed By:***

*Nlaka'pamux Nation Health Caucus*

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# TERMS OF REFERENCE

## NLAKE'PAMUX HEALTH CAUCUS

For the Purpose of this Terms of Reference the Nlake'pamux Chiefs and the Nlake'pamux Health Leads will be referred to as the *Nlake'pamux Health Caucus*

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## 1.0 PURPOSE

1.0 The purpose of the Nlaka’pamux Nation Health Caucus is to ensure member communities are engaged in health and wellness planning, priority-setting and consensus-building processes of the Nation. The Nlaka’pamux Nation Health Caucus will be guided by the general purposes described below:

- a. To engage with each other as Nation member communities to confirm common positions, priorities and perspectives.
- b. To identify and discuss health-related issues that their Nation member communities may have and to, when unable to resolve issues within the Nation, bring the issue forward through their Nation representative for further discussion by the Interior Region Nation Executive (IRNE) or Interior Caucus.
- c. To review, amend and approve the Nlaka’pamux Nation Health and Wellness Plan.
- d. To receive reports from the Nation representatives on the implementation of the Letter of Understanding with IHA.
- e. To share good practices and progress towards achieving health and wellness outcomes.
- f. To promote the Interior Unity Declaration.
- g. To appoint a Nation Health Governance Representative to the Interior Region Nation Executive (IRNE) and the Partnership Accord Leadership Table (PALT)
- h. To appoint a Nation Health Technical Representative to the Interior Region Technicians Table (IRTT) and Interior Health Aboriginal Wellness Committee (AWC)

## 2.0 OUTCOMES

2.1 The Nlaka’pamux Nation Health Caucus are expected to achieve the following outcomes:

- a. Develop a Nation Health and Wellness Plan that builds on community health plans and, where possible, proposes areas for alignment with the Interior Region Health and Wellness Plan.
- b. Develop a strategic plan to guide the work of the Nlaka’pamux Nation Health Caucus as it relates to Nlaka’pamux Health Governance including identifying key concerns and setting priorities.
- c. Develop a Communications Strategy to inform and seek input from Nation members on the implementation of our Nation Health and Wellness Plan and Nation Strategic Plan.
- d. Inclusion and participation of all of the Nlaka’pamux communities.
- e. Develop and implement a Nlaka’pamux Nation Decision Making Framework.
- f. To establish co-operative working partnerships to address health and social determinants of health.
- g. To advocate for the necessary resources and support to implement the strategic plan.

### 3.0 GUIDING PRINCIPLES

- a. The Nlaka’pamux Nation Health Caucus will work together in ways which promote our values of collaboration, trust, inclusion, celebration and innovation.
- b. The Nlaka’pamux Nation will be guided by the Interior Declaration of Unity that sets out principles for Interior Nations to work together for the betterment of the health, safety, survival, dignity and wellbeing of our peoples (See *Appendix A*).
- c. The Nlaka’pamux Nation will also be guided by the 7 Directives that describe the fundamental standards for First Nations health governance in BC (See *Appendix A*).

### 4.0 MEMBERSHIP AND STRUCTURE

#### Membership

- a. The Nlaka’pamux Nation Health Caucus is comprised of the Chief or Designate and the current Health Lead\* from each community within the Nlaka’pamux Nation selected in accordance with community-approved processes and appointed through a Band Council Resolution (BCR), signed by authorized community representatives.
- b. In the event that a Chief or Council Member is unable to attend and would like to have representation at the meeting, the First Nation must provide this direction in written form and present in advance of the meeting or at time of registration.
- c. Ex Officio Members:

The following will provide support to the Nlaka’pamux Nation Health Caucus:

- Nlaka’pamux Community Engagement Coordinator
- Community Engagement Coordinator Assistant (when budget approved)
- Representatives from various Nations organizations, agencies and ministries may participate in the meetings as agreed by the Nlaka’pamux Nation Health Caucus. They will be invited by formal invitation.

\*Note: A Health Lead is defined as:

- a. The most senior employee or contractor employed as a health director, health manager or health lead by a First Nation Entity; and
- b. Responsible for the day-to-day management administration and delivery of health programs and services for the First Nation Entity;

#### Chair and Alternate Chair

- a. The Chair of the Nlaka’pamux Nation Health Caucus will be the Nlaka’pamux Nation Health Governance Representative
- b. The alternate Chair will be appointed by the Nlaka’pamux Chiefs at a duly convened meeting

## 5.0 ROLES AND RESPONSIBILITIES

### **Role of the Nlaka’pamux Chiefs as it relates to the Nlaka’pamux Nation Health Caucus**

With the administrative and technical support of the Nlaka’pamux Community Engagement Coordinator, the Chiefs will continue:

- a. To provide direction to the Nlaka’pamux Nation Health Governance Representative to the IRNE table;
- b. To serve as the advocacy voice of the participating Nlaka’pamux communities on health related matters;
- c. Support the Nlaka’pamux Health Leads in achieving their health priorities, objectives, and initiatives;
- d. Advocate on behalf of the Nlaka’pamux people

### **Role of the Nlaka’pamux Health Leads as it relates to the Nlaka’pamux Nation Health Caucus**

With the administrative and technical support of the Nlaka’pamux Community Engagement Coordinator, the Health Leads will continue:

- a. To identify key health issues, policies and gaps in services within the Nlaka’pamux nations
- b. To advise the Nlaka’pamux Nation Health Technical Representative of community needs or issues
- c. In collaboration with the Nlaka’pamux Chiefs, seek community support for the health plans/ health governance work going forward.

### **The Nlaka’pamux Community Engagement Coordinator and Assistant are expected to:**

- a. Provide administrative, operational and technical support to the Nlaka’pamux Nation Health Caucus as required. Other duties as required.

## 6.0 ROLE OF THE CHAIR & ALTERNATE CHAIR

The Role of the Chair is to:

- a. Preside over any and all regular and special Nlaka’pamux Nation Health Caucus meetings.
- b. In collaboration with the Nlaka’pamux Community Engagement Coordinator, Nlaka’pamux Nation Health Technical Representative, Nation Health Services Manager set all meeting agendas.
- c. Provide leadership to carry out and or assign work and functions of the Nlaka’pamux Nation Health Caucus.
- d. Manage and resolve dispute and/or conflicts within the Nlaka’pamux Nation Health Caucus.
- e. Facilitate clear and accountable communications between the Nlaka’pamux Nation Health Caucus.

The role of the Alternate Chair is to:

- a. In the absence of the Chair, the alternate Chair will take on the responsibilities of the Chair.

## **7.0 DECISION MAKING**

- a. Each of the First Nation communities belonging to the Nlaka’pamux Nation will have one vote through the Chief or Designate at an Assembly. The Nlaka’pamux Nation Health Caucus will strive to make any and all decisions by consensus. In situations when consensus cannot be achieved, the Nlaka’pamux Health Caucus will make decisions by majority vote.
- b. The Nlaka’pamux Nation Health Leads will participate as members of the Nlaka’pamux Nation Health Caucus, including supporting decisions made by Chiefs or Designates

## **8.0 MEETINGS**

- a. Nlaka’pamux Nation Health Caucus Meetings will be held a minimum of two times per year.
- b. Should a Chief, Designate or Health Lead be unable to attend a scheduled meeting they may duly appoint a proxy to attend, assuming their role in decision making. The First Nation must provide this direction in written form of a proxy letter and present in advance of the meeting or at time of registration.

## **9.0 WORKING GROUPS**

- a. Working groups will be established as needed.

## **10.0 AMENDMENT AND REVIEW OF TERMS OF REFERENCE**

- a. The Nlaka’pamux Nation Health Caucus Terms of Reference may be reviewed once per year at a regular meeting. The Terms of Reference will be maintained as a living document.

## Appendix A – Unity Declaration:

**Whereas**, the First Nations of the Interior of British Columbia endorse the UN Declaration on the Rights of Indigenous People which affirms that *Indigenous peoples have the right to the lands, territories and resources which they have traditionally owned, occupied or otherwise used or acquired*; and that

*Indigenous peoples have the right to maintain and strengthen their distinct political, legal, economic, social and cultural institutions, while retaining their right to participate fully, if they so choose, in the political, economic, social and cultural life of the State; and further that*

*Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development; and ...in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs; and*

**Whereas**, the title and rights of First Nations of British Columbia have been intact since time immemorial and remain intact, despite numerous attempts by other governments to disregard or otherwise extinguish these rights; and

**Whereas**, historically, First Nations of the Interior acknowledged each other's autonomy, collectively stating in a letter to Sir Wilfred Laurier in 1910 that *...they found the people of each tribe supreme in their own territory, and having tribal boundaries known and recognized by all* and more recently reaffirmed this spirit and intent in the All Our Relations accord of 2007; and

**Whereas**, the Nations of the Interior of British Columbia: Okanagan, Secwepemc, Tsilhqot'in, Nlaka'pamux, St'át'imc, Ktunaxa and Southern Carrier of the Interior wish to reaffirm and build upon these historic agreements; and

**Whereas**, the Nations of the Interior continue to recognize the sovereignty of each Nation and their inherent rights for their citizenry, which includes the right to plan for and respond to their specific social, cultural, economic and environmental realities with support and investment, not interference, from outside sources; and

**Whereas**, the First Nations of the Interior of British Columbia, as Indigenous Nations, each assert their authority to govern over both their lands (territorial jurisdiction) and their peoples (personal jurisdiction) and to relate Nation-to-Nation with the government of Canada and government-to-government with the government British Columbia; and

**Whereas**, the Nations have stated their desire to establish and maintain a desired level of *capacity* in the areas of health research, health career development, health service delivery (including traditional practices), information management and *governance* (health planning, administration, policy/program design and implementation and...), in order to achieve their individual and collective Nation visions.

**THEREFORE**, the Nations of the Interior hereby declare that we will respectfully work together, collaborating for the betterment of the health, safety, survival, dignity and well-being of all of our peoples; and further

**THAT** we will be guided by the following principles while working together:

- Health and Wellness Outcomes and Indicators will be defined by each Nation
- Partnerships will be defined by each Nation
- Agreements will be negotiated and ratified by the Nations
- No Nation will be left behind; needs are addressed collectively
- The federal fiduciary obligation must be strengthened, not eroded
- Services will be provided to all of our people regardless of residency/status
- Adequate funding will be provided for our corporate structure(s)
- Socio-economic indices will be incorporated into planning and projections – plan for 7 Generations
- Negotiations will be interest based - not position based (Nations define)
- Community hubs will be linked to the health governance process
- Documents will be kept simple and understandable
- The Interior Leadership caucus will meet regularly
- Liability will be minimized; the Nations will inherit no liability from other entities
- Celebration will be included in all activities
- The speed at which development occurs will be determined by the Nations
- The authority to govern rests with each Nation, as does the responsibility for decision-making



## **Appendix B – Seven Directives:**

### **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 at the local, regional, provincial, national and international levels.
- Develop a wellness approach to health including prioritizing health promotion and disease and injury prevention.
- Implement greater local control over community-level health services.
- Involve First Nations in federal and provincial decision-making about health services for First Nations at the highest levels.
- Increase community-level flexibility in spending decisions to meet their own needs and priorities.
- Implement the OCAP (ownership, control, access and possession) principle regarding First Nations health data, including leading First Nations health reporting.
- 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.
- Through the creation of a First Nations Health Authority and supporting a First Nations population health approach, First Nations will work collectively to improve all health services accessed by First Nations.
- Support health and wellness planning and the development of health program and service delivery models at local and regional 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.
- Partnerships are critical to our collective success. First Nations will create opportunities through working collaboratively with federal, provincial, and regional partners.
- Foster collaboration in research and reporting at all levels.
- Support community engagement hubs.
- Enable relationship-building between First Nations and the regional health authorities and the First Nations Health Authority with the goal of aligning health care with First Nations priorities and community health plans where applicable.

**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**

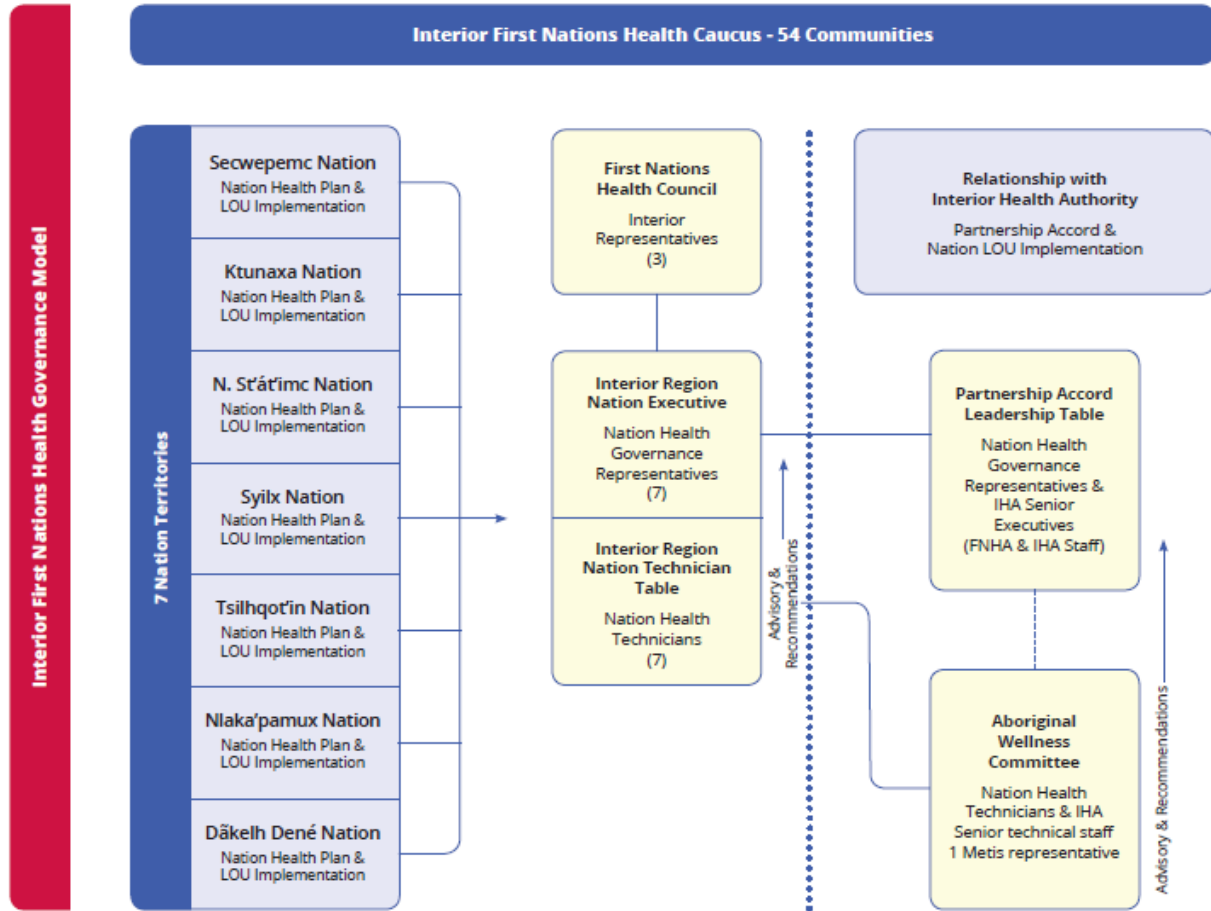
- Not impact on Aboriginal Title and Rights or the treaty rights of First Nations, and be without prejudice to any self-government agreements or court proceedings.
- Not impact on the fiduciary duty of the Crown.
- Not impact on existing federal funding agreement with individual First Nations, unless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

## Appendix C – Interior First Nations Health Governance Model



## **Interior First Nations Health Governance Entities**

### **Interior Regional Caucus:**

The Interior Region First Nations Community Health Caucus table provides a forum for the 54 First Nations of the Interior Region to engage with each other for purposes of planning, priority setting and decision-making related to regional health matters. The Health Caucus provides guidance to the Interior Region Nation Executive, Partnership Accord Leadership Table and provides advice and recommendations to the FNHC, FNHA and FNHDA along with approval of region specific documents.

### **7 Interior Nations:**

The province is broken down into five geographic regions for the purposes of health care service delivery. The Interior Region coincides with the boundaries of the Interior Health Authority and is comprised of 7 distinct Nations: Dākelh Dené, Ktunaxa, Secwepemc, Syilx, St'át'imc, Tsilhqot'in and Nlaka'pamux. Each of the 7 Nations will develop a Nation Health Plan and negotiate a Letter of Understanding, or other agreement, independently with Interior Health. Issues or interests that are common to the Nations will be addressed in a collaborative manner.

### **Interior Region Nation Executive:**

The Interior Region Nation Executive Table is comprised of one representative from each of the 7 Nations of the Interior Region, and acts as an Executive body to the Interior Region Caucus, carrying out directions in between Caucus sessions. The Executive Table offers a more equitable decision-making capacity for Interior First Nations and gives regional direction to the First Nations Health Council.

### **First Nations Health Council Interior Representatives:**

The FNHC is comprised of 15 members, with 3 members appointed by the First Nations resident in each of the 5 geographic Health Authority regions of the province. The 54 First Nation Communities of the Interior Region, through the Caucus, appoint their 3 representatives to the Health Council from amongst the 7 Nation representatives who form the Interior Region Nation Executive.

### **Interior Region Nation Technicians Table:**

The Interior Region Nation Technicians Table is comprised of one representative from each of the 7 Nations of the Interior Region and acts as an advisory body to the Interior Region Nation Executive providing recommendations to the Interior Region Nation Executive Table on concerns common to the region.

### **Partnership Accord Leadership Table:**

The Partnership Accord Leadership Table is comprised of Senior Officials from Interior Health Authority along with the 7 Nation representatives of the Interior Region Nation Executive. The Partnership Accord Leadership Table is a decision-making body that provides direction and oversees the implementation of the Partnership Accord. The Table serves as a senior and influential forum for partnership, collaboration, and joint efforts on First Nation and Aboriginal priorities, policies, budgets, programs and services in the Interior Region.

### **Aboriginal Wellness Committee:**

The Aboriginal Wellness Committee is comprised of Senior Management from Interior Health Authority, First Nations Technicians appointed by the 7 Nations of the Interior Region and one Metis Representative. The Aboriginal Wellness Committee will provide advice and recommendations to Interior Health Authority and the Partnership Accord Leadership Table on matters pertinent to the improvement of health and health services for Aboriginal people.

**Appendix D – Terms of Reference Nlaka'pamux Nation Health  
Governance Representative**

**TOR for  
Nlaka'pamux Nation Health Governance  
Representative**

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## **DEFINITIONS**

**Interior Health Authority (IHA):** Interior Health is one of 5 regional health authorities, established under provincial legislation. Interior Health is led by a government-appointed Board of Directors and is accountable to the Ministry of Health through the Interior Health Board. The Interior Health Board sets the mission, vision, values and strategic plan for Interior Health within the broad directions set for the health care system by the Government of British Columbia through the Ministry of Health.

**Interior Region Technical Table (IRTT):** The Interior Region Nation Technicians Table is comprised of one representative from each of the 7 Nations of the Interior Region and acts as an advisory body to the Interior Region Nation Executive providing recommendations to the Interior Region Nation Executive Table on concerns common to the region.

**Interior Region Nation Executive (IRNE):** The Interior Region Nation Executive Table is comprised of one representative from each of the 7 Nations of the Interior Region, and acts as an Executive body to the Interior Region Caucus, carrying out directions in between Caucus sessions. The Executive Table offers a more equitable decision-making capacity for Interior First Nations and gives regional direction to the First Nations Health Council.

**Aboriginal Wellness Committee (AWC):** The Aboriginal Wellness Committee is comprised of Senior Management from Interior Health Authority, First Nations Technicians appointed by the 7 Nations of the Interior Region and one Metis Representative. The Aboriginal Wellness Committee will provide advice and recommendations to Interior Health Authority and the Partnership Accord Leadership Table on matters pertinent to the improvement of health and health services for Aboriginal people.

**Partnership Accord Leadership Table (PALT):** Comprised of Senior Officials from Interior Health Authority along with the 7 Nation representatives of the IRNE. The PALT is a decision-making body that provides direction and oversees the implementation of the Partnership Accord. The Table serves as a senior and influential forum for partnership, collaboration and joint efforts on First Nation and Aboriginal priorities, policies, budgets, programs and services in the Interior Region.

## **INTRODUCTION AND PURPOSE**

The Nlaka'pamux Nation Health Governance Representative works collaboratively with the Nlaka'pamux Nation Community Engagement Coordinator and Nlaka'pamux Nation Health Technical Representative to coordinate health issue discussions, facilitate information gathering and communicate outcomes and direction from the Nation Chiefs. They participate on the following health governance committees on behalf of the Nation:

**Interior Region Nation Executive (IRNE).** IRNE was established in 2009 by the Interior Chiefs to act collectively as a mechanism to advance decisions and direction to the First Nations Health Council on behalf of the Interior Nations. The Nlaka'pamux Nation Representative is one of 7



elected members of IRNE and functions as the liaison between IRNE and the Nlaka'pamux Chiefs.

Interior Partnership Accord Leadership Table (PALT). The Partnership Accord was signed on November 12, 2012 between the Interior Region First Nations, the Interior Health Authority and witnessed by the First Nations Health Authority. The PALT is a decision-making body that provides direction and oversees the implementation of the Partnership Accord.

### **FIRST NATIONS PERSPECTIVE ON WELLNESS**

The First Nations Perspective on Wellness is a holistic health and wellness approach that provides a guide for health and wellness planning, program and service delivery throughout British Columbia. It builds on the recognition that health and wellness are intimately connected, and that they encompass emotional, mental, spiritual and physical health and well-being. It also recognizes how health and wellness is interwoven with the health and wellness of families, communities, Nations, Land, and other aspects of the contexts we live in. The First Nations Perspective on Wellness has been derived from a holistic perspective and concepts from traditional knowledge.

### **SEVEN DIRECTIVES**

- Directive #1: Community-Driven, Nation-Based
- Directive #2: Increase First Nations Decision-Making and Control
- 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

### **SCOPE**

The Nlaka'pamux Nation Health Governance Representative provides coordination of health issue discussions and facilitates information gathering and communicates outcomes and direction from the Nlaka'pamux Nation Chiefs to the IRNE. The Nlaka'pamux Nation Health Governance Representative aims to improve health outcomes for First Nations people in the Interior Region through participation at IRNE and by acting as a conduit of information between FNHA, IHA and the Nlaka'pamux Chiefs.

### **MANDATE**

It is the intention of the Nlaka'pamux Nation Chiefs to have a Nation Representative appointed through the below noted process. This representative will work with the Nation Chiefs and provide direction on health governance priorities at IRNE and PALT.

It is intended that the Nlaka'pamux Nation Health Governance Representative will provide information and guidance to the various committees that reflects the health needs and desires of the Nlaka'pamux Nation and work within the scope and purposes stated above.

## **SELECTION PROCESS**

At least once every two (2) years the Nlaka'pamux Nation's Chiefs will appoint a Nlaka'pamux Nation Health Governance Representative through the following process.

1. At least 2 months prior to a Nation Assembly Meeting a call for nominations will be circulated among the membership of the Nlaka'pamux Nation.
2. 30 days prior to the proposed Nation Assembly Meeting a nomination committee of at least 2 Chiefs and 2 Health Directors will review and recommend those nominations that will be put forward to the Chiefs for voting.
3. The election of the Nation Representative will be conducted at the duly convened Nation Assembly Meeting of the Nlaka'pamux Chiefs.

## **WHO**

The Nlaka'pamux Nation Health Governance Representative will be chosen from among the Nlaka'pamux Nation members.

## **REQUIREMENTS**

- Should be knowledgeable of current health matters
- Knowledgeable in funding profiles and processes for health programs and services an asset
- Good communication skills
- Able to work with Nation Membership and Chiefs
- Able to attend the various Nation Meetings, IRNE, PALT & Interior Regional Caucus meetings. (estimated at up to 12 per year)

## **WORKING RELATIONSHIPS AND DUTIES**

The Nation Representative will attend the PALT, Interior Region Caucus and IRNE meetings.

The Nation Representative will attend the Nation LOU Committee Meetings. The Nation Representative will also attend other meetings as directed by the Nlaka'pamux Chiefs.

Where appropriate and applicable, the Nation Representative will contribute to the Interior planning processes. Such participation and input will be under the authority of the Nlaka'pamux Chiefs with their explicit guidance and a clear, current mandate of what form that participation will take.

The Nation Representative will coordinate orientation for new Band Council Members of the current First Nations health environment. This would include information on FNHA, Interior Region Health Structures, IHA and any other information that may be deemed relevant.

## **REPORTING**



Where the Nation Representative is attending meetings in support of the Nlaka'pamux Nation, he/she will supply reports of such meetings to the Nlaka'pamux Nation Chiefs.

#### **ACCOUNTABILITY**

The Nation Representative is accountable to the Nlaka'pamux Chiefs.

#### **COMPENSATION**

The Nlaka'pamux Nation Health Governance Representative will be compensated for expenses associated with fulfilling their roles and responsibilities as members of the IRNE and Partnership Accord Leadership Table in accordance with the IRNE Remuneration Policy and Procedures.

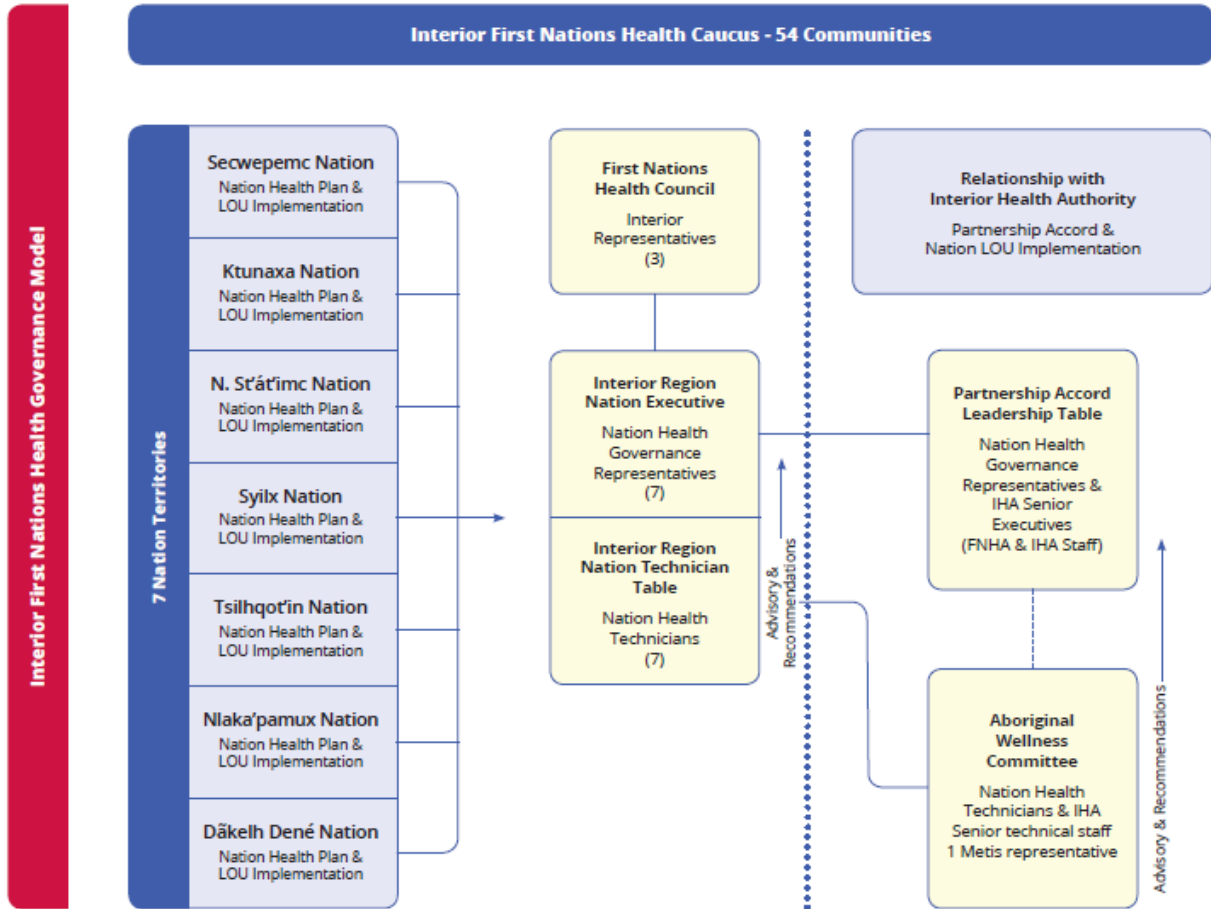
#### **AMENDMENTS AND REVIEW OF TERMS OF REFERENCE**

The Nlaka'pamux Chiefs may review the Terms of Reference annually and recommend any changes by means of consensus at a regular Nation Chiefs Meeting.

#### **INTERIOR NATIONS GOVERNANCE STRUCTURES AND PROCESSES**

The First Nations of the Interior have formed the Interior Region Health Caucus, which serves as an forum for the political (i.e. Chiefs) and technical leaders (i.e. Health Directors or Health Leads) for the purposes of planning, priority setting and decision-making related to regional health matters. . The Caucus represents 54 First Nations of the 7 Nations: Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwepemc, St'át'imc, Syilx, and Tsilhqot'in.

The Interior Region Terms of Reference outlines the roles and responsibilities of the governance entities and technical advisory bodies that are established to create the space for Nations to provide guidance and make decisions. The diagram and descriptions below outline the governance structures and processes involving the Interior Nations.



## Appendix E – Terms of Reference Nlake'pamux Nation Technical Representative

# TOR for Nlake'pamux Nation Health Technical Representative

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## **DEFINITIONS**

**Interior Health Authority (IHA):** Interior Health is one of 5 regional health authorities, established under provincial legislation. Interior Health is led by a government-appointed Board of Directors and is accountable to the Ministry of Health through the Interior Health Board. The Interior Health Board sets the mission, vision, values and strategic plan for Interior Health within the broad directions set for the health care system by the Government of British Columbia through the Ministry of Health.

**Interior Region Technical Table (IRTT):** The Interior Region Nation Technicians Table is comprised of one representative from each of the 7 Nations of the Interior Region and acts as an advisory body to the Interior Region Nation Executive providing recommendations to the Interior Region Nation Executive Table on concerns common to the region.

**Interior Region Nation Executive (IRNE):** The Interior Region Nation Executive Table is comprised of one representative from each of the 7 Nations of the Interior Region, and acts as an Executive body to the Interior Region Caucus, carrying out directions in between Caucus sessions. The Executive Table offers a more equitable decision-making capacity for Interior First Nations and gives regional direction to the First Nations Health Council.

**Aboriginal Wellness Committee (AWC):** The Aboriginal Wellness Committee is comprised of Senior Management from Interior Health Authority, First Nations Technicians appointed by the 7 Nations of the Interior Region and one Metis Representative. The Aboriginal Wellness Committee will provide advice and recommendations to Interior Health Authority and the Partnership Accord Leadership Table on matters pertinent to the improvement of health and health services for Aboriginal people.

**Partnership Accord Leadership Table (PALT):** Comprised of Senior Officials from Interior Health Authority along with the 7 Nation representatives of the IRNE. The PALT is a decision-making body that provides direction and oversees the implementation of the Partnership Accord. The Table serves as a senior and influential forum for partnership, collaboration and joint efforts on First Nation and Aboriginal priorities, policies, budgets, programs and services in the Interior Region.

## **INTRODUCTION AND PURPOSE**

In March 2014, at a duly convened Regional Caucus Session of the Interior Region Leadership approved the creation of an Interior Region Technicians Table to act as an advisory body to the Interior Region Nation Executive. This table will provide recommendations on concerns related to programs and services and providing general guidance in the implementation of the Regional Health and Wellness Plan.

The Interior Region Technicians Table provides advice and recommendations to the Interior Region Nation Executive on First Nations health plan priorities, policy, budgets, programs and services while

acknowledging and respecting the separate but complimentary roles and mandates of political and technical leads.

Interior Partnership Accord Leadership Table (PALT). The Partnership Accord was signed on November 12, 2012 between the Interior Region First Nations, the Interior Health Authority and witnessed by the First Nations Health Authority. The PALT is a decision-making body that provides direction and oversees the implementation of the Partnership Accord.

### **First Nations Perspective on Wellness**

The First Nations Perspective on Wellness is a holistic health and wellness approach that provides a guide for health and wellness planning, program and service delivery throughout British Columbia. It builds on the recognition that health and wellness are intimately connected, and that they encompass emotional, mental, spiritual and physical health and well-being. It also recognizes how health and wellness is interwoven with the health and wellness of families, communities, Nations, Land, and other aspects of the contexts we live in. The First Nations Perspective on Wellness has been derived from a holistic perspective and concepts from traditional knowledge.

### **Seven Directives**

- Directive #1: Community-Driven, Nation-Based
- Directive #2: Increase First Nations Decision-Making and Control
- 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

### **SCOPE**

The Interior Region Technicians Table aims to improve health outcomes for First Nations people in the Interior Region. The Table will work together to contribute information, ideas, guidance and expertise to regional priorities

### **MANDATE**

It is the intention of the Nlaka'pamux Nation Chiefs to have a Technical Representative appointed through the below noted process. This representative will work with the Nation Health Governance Representative and provide recommendation on Nation health operational priorities at the IRTT and AWC.

### **SELECTION PROCESS**

At least once a year (January) the Nlaka'pamux Nation's Chiefs will appoint an Nlaka'pamux Nation Technical Representative through the following process.

A recommendation for the Nlaka'pamux Nation Technical Representative and Alternate will be provided from the Nation's Health Directors to the Nlaka'pamux Nation's Chiefs.

The Nlaka'pamux Nation's Chiefs will confirm or deny the appointment for the recommended Tech Rep. (Should the Chiefs deny the appointment, they will request another recommendation from the Health Director's)

## **WHO**

The Nlaka'pamux Nation Technical Representative will be chosen from Nlaka'pamux Nation Health Leads.

## **REQUIREMENTS**

- Must be knowledgeable of current Health Matters
- Knowledgeable in funding profiles and processes for health programs and services
- Good communication skills
- Able to work with Nation Representative
- Able to attend Nation Assemblies, IRTT, AWC and Regional Caucus Meetings for the Nation (estimated at up to 12 per year)

## **WORKING RELATIONSHIPS AND DUTIES**

The Technical Representative will provide technical support (not administrative) to the Nlaka'pamux Nation Health Governance Representative. This will take the form of attendance at the IRNE and PALT meetings as requested.

The Technical Representative is expected to contribute advice and recommendation to these tables as mandated by the Nation's Chiefs. As an advisor, the Technical Representative does not make significant decisions on behalf of the Nlaka'pamux Nation. If a significant decision is being requested of the Technical Representative, then the Technical Representative will communicate such request(s) to the Nlaka'pamux Nation Health Governance Representative to seek the the Nlaka'pamux Chiefs direction.

Where appropriate and applicable, the Nation Representative will contribute to the Interior planning processes. Such participation and input will be under the authority of the Nlaka'pamux Chiefs with their explicit guidance and a clear, current mandate of what form that participation will take.

## **REPORTING**

Where the Technical Representative is attending meetings in support of the Nation Health Governance Representative, the Nation Health Governance Representative will be required to supply a report to the Nation Chiefs on meeting discussion and outcomes.

Where the Technical Representative is attending meetings without the Nation Representative in attendance, he/she will be responsible for ensuring reports of such meetings are provided to the Nation Chiefs.

The Technical Representative will ensure the Health Directors are provided with current reports on his/her activities in a timely manner.

**ACCOUNTABILITY**

The Technical Representative is accountable to the Nlaka'pamux Chiefs and Health Leads and expected to work respectfully with the Nation Representative.

**COMPENSATION**

Travel and accommodation related expenses to attend Interior Region Technicians Table business shall be paid in accordance with current FNHA travel rates and policy.

**AMENDMENTS AND REVIEW OF TERMS OF REFERENCE**

The Nlaka'pamux Chiefs may review the Terms of Reference annually and recommend any changes by means of consensus at a regular Nation Chiefs Meeting.

## Nlaka'pamux Model - Decisions

