

2011

Secwepemc Chiefs and
Secwepemc Health
Directors

Drafted by:
Hub Coordinator

SECWPEPMC HEALTH CAUCUS TERMS OF REFERENCE

Reviewed By:
Secwepemc Health Caucus

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TERMS OF REFERENCE

SECWEPEMC HEALTH CAUCUS

For the Purpose of this Terms of Reference the Secwepemc Chiefs and the Secwepemc Health Directors Hub will be referred to as the *Secwepemc Health Caucus*

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1.0 PURPOSE

1.0 Purpose of the Secwepemc Health Caucus is to provide an informed, united direction to First Nations Health governance discussion and negotiation.

1.2 Terms of Reference

The purpose of Secwepemc Health Caucus Terms of Reference is to describe the roles and responsibilities of each Secwepemc Health Caucus. The Secwepemc Chiefs are to carry out its political health advocacy work and the Secwepemc Health Directors Hub is to carry out its technical work and support the Secwepemc Chiefs in their political advocacy work.

1.3 Role of the Secwepemc Chiefs as it relates to Secwepemc Health Governance

- With the administrative and technical support of the Secwepemc Health Caucus Coordinator the Chiefs will continue:
- To serve as the advocacy voice of the participating Secwepemc communities on health related matters.
- Support the Secwepemc Health Directors Hub in achieving their health priorities, objectives, and initiatives;
- Advocate to the Federal government, Provincial government and the Interior Health Authority on behalf of the Secwepemc people;
- Provide direction and oversight for the health governance negotiations process.

1.4 Role of the Secwepemc Health Directors Hub

- With the administrative and technical support of the Hub Coordinator the Health Directors will continue to:
- Identify key health issues, policies and gaps in services within the Secwepemc nations
- Advise the Secwepemc Chiefs and specifically the Secwepemc Chief at the Interior Chiefs Caucus of program and governance issues in FN health.
- Monitor health related activities and decisions within provincial, federal governments and the FNHC and advise Chiefs of such activities.
- Provide technical assistance e.g. Analysis, position papers, reports to the Shuswap Chiefs as needed.

2.0 OUTCOMES

2.1 The Secwepemc Health Caucus are expected to achieve the following outcomes:

- Develop a strategic plan to guide the work of the Secwepemc Health Caucus as it relates to Secwepemc Health Governance including identifying key concerns and setting priorities.
- Develop a communications strategy with the Secwepemc Health Caucus for the Nation members on the implementation of our own Secwepemc Health Governance Framework and the implementation of the transition to First Nations health governance.
- To encourage the inclusion and participation of all of the Secwepemc Nations.
- To ensure the Secwepemc Health Governance model is based on Customer Quality Assurance
- To establish co-operative working partnerships with the Federal, Provincial governments and the Interior Health Authority to address health and social determinates of health.
- To advocate for the necessary resources and support is provided to implement the strategic plan.
- Develop and implement a reciprocal accountability framework that describes accountabilities of the Secwepemc Health Caucus.
- To develop a 2 year plan that identifies health goals and priorities to improve the health status of the Secwepemc members.

3.0 GUIDING PRINCIPALS

3.1 The Secwepemc Health Caucus will be guided by the following principles adopted from the 7 Nations Unity Declarations.¹

- Health and Wellness Outcomes and Indicators will be defined by each Nation.
- Partnerships will be defined by each Nation.

¹ (Duplicated from the **7 Nation Unity Declaration** signed by: Chief Geronimo Squinas, Chief Ko'waintco Michel, Chief Arthur Adolph, Chief Shane Gottfriedson, Chief Jonathan Kruger, Chief Bernie Charlie and Gwen Phillips)

- Agreements will be negotiated and ratified by the Nations.
- No Nation will be left behind; needs are addressed collectively.
- The federal fiduciary obligations 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 Nations, as does the responsibility for decision-making.

3.2 The Secwepemc Health Caucus will also apply the five main principles found in the Canada Health Act.²

- **Public Administration:** All administration of provincial health insurance must be carried out by a public authority on a non-profit basis. They also must be accountable to the province or territory, and their records and accounts are subject to audits.

² Canadian Health Care: Canada Health Act <http://www.canadian-healthcare.org/page2.html>

- **Comprehensiveness:** All necessary health services, including hospitals, physicians and surgical dentists, must be insured.
- **Universality:** All insured residents are entitled to the same level of health care.
- **Portability:** A resident that moves to a different province or territory is still entitled to coverage from their home province during a minimum waiting period. This also applies to residents which leave the country.
- **Accessibility:** All insured persons have reasonable access to health care facilities. In addition, all physicians, hospitals, etc, must be provided reasonable compensation for the services they provide.

4.0 Membership, Term and Structure

Membership

- 4.1 The Secwepemc Chiefs will be comprised of the current Chief or their designate from the following First Nations.

Chief: *Sexqeltqín* – Adams Lake

Chief: *St'uxwtéws* – Bonaparte

Chief: *Tsq'éscen* – Canim Lake

Chief: *Stswécem'c/Xgét'tem'* – Canoe/Dog Creek

Chief: *Esk'étemc* – Alkali Lake

Chief: *Llenlénéy'ten* – High Bar

Chief: *Tk'emlúps* – Kamloops

Chief: *Qw7ewt* – Little Shuswap

Chief: *Sk'atsin* – Neskonlith

Chief: *Simpcw* – North Thompson

Chief: *Ts'kw'aylaxw* – Pavilion

Chief: *Kenpésq't* – Shuswap

Chief: *Skítsesten* – Skeetchestn

Chief: *Xats'úll* – Soda Creek

Chief: *Splats'in* – Spallumcheen

Chief: *T'éxel'c* – Williams Lake

Chief: *Stil'qw/Pelltiq't* – Whispering Pines/Clinton

- 4.2 The Secwepemc Health Directors Hub will be comprised of the current Health Director and or the First Nation's designate from the following First Nations.

Health Director: *Sexqeltqín* – Adams Lake

Health Director: *St'uxwtéws* – Bonaparte

Health Director: *Tsq'éscen* – Canim Lake

Health Director: *Stswécem'c/Xgét'tem'* – Canoe/Dog Creek
T'éxel'c – Williams Lake
Xats'úll – Soda Creek

Health Director: *Esk'étemc* – Alkali Lake

Health Director: *Llenlénéy'ten* – High Bar

Health Director: *Tk'emlúps* – Kamloops
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Health Director: *Simpcw* – North Thompson

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Health Director: *Kenpésq't* – Shuswap

Health Director: *Splats'in* – Spallumcheen

- 4.3 Support for SHC - ex officio members

The following will provide support to the Secwepemc Health Caucus:

- Secwepemc Health Caucus Coordinator (when budget approved)
- Hub Coordinator
- Hub Assistant
- The Nations Tribal Council Rep

Chair and Alternate Chair

4.4 The Chair and the alternate Chair will be selected by the SC and the SHDH at a duly convened meeting in accordance with the following nomination process:

- One or more chiefs will nominate a Chief among their peers to serve as Chair.
- One or more of the SHDH will nominate one of the Health Directors to serve as Alternate Chair among their peers.
- The nominee either accepts or refuses the nomination.
- The nomination is moved and seconded by the Chiefs/Health Directors present for the Chair.
- The nomination is moved and seconded by the Chiefs/Health Directors present for the Alternate Chair.
- The Chiefs/Health Directors present will vote.

Executive

4.5 The Secwepemc Health Caucus Executive will be comprised of:

- SHC Chair
- One Chief from each of the North and South of Secwepemc Territory
- Three Health Directors with a minimum of one from each of the North and South of Secwepemc Territory

4.6 The members of the Executive, excluding the Chair, will be selected by the SC and SHDH at a duly convened meeting in accordance with the following nomination process:

- Each Chief or Health Director will be nominated by one or more of their respective peers.

- The nominee(s) either accept or refuse the nomination.
- The nomination(s) is moved and seconded by the Chiefs/Health Directors present.
- The Chiefs/Health Directors present will vote.

Term

The Secwepemc Health Caucus is designed to support a strong Secwepemc voice through the First Nations health governance transition. Once the transition is complete, the terms of reference will be revisited.

- 4.7 The Secwepemc Chiefs or designate and Secwepemc Health Directors or the Health Lead will serve as long as they are the appointed rep of the elected Community Councils or in a Health Director or Health Lead position. In the event that a new Chief is elected or a change in staff occurs among the Health Directors then the new incumbent will carry out the term of the membership.

Structure

- 4.8 Each community will define its own appointment to the Secwepemc Health Caucus (either the Health Director and or their designate). Each community will define its own appointment process, which will include their own policies and process for selection, appointment and removal of members.
- 4.9 Representatives from various Nations organizations, agencies and ministries may participate in the meetings as agreed by the Secwepemc Health Caucus. They will be invited by formal invitation.
- 4.10 The Secwepemc Health Directors Hub Coordinator and Hub Assistant will attend all meeting as ex officio members.

5.0 ROLES AND RESPONSIBILITIES

5.1 The Secwepemc Chiefs will:

- Coordinate and collaborate with the Secwepemc Health Directors Hub on matters relating to the governance of health services, policy and program review/design, and seek technical advice and support as required.
- Advocate on behalf of the Secwepemc Health Directors Hub (SHDH) with the First Nations Health Authority (FNHA).

- Strengthen partnerships with: the federal government; the provincial government; the Interior Health Authority and the First Nations Health Authority.
- In collaboration with the Secwepemc Health Directors Hub address the unique community's health gaps and the Nations common health gaps and identify ways to resolve these gaps.
- Support the Secwepemc Health Directors Hub in the implementation of their health plans.
- In collaboration with the Secwepemc Health Directors, seek community support for the health plans and health governance work going forward.

5.2 **The Secwepemc Health Directors will:**

- In collaboration with the Chiefs, the FNHC, identify the resources necessary to carry out its roles and responsibilities of the Secwepemc Health Caucus.
- Provide technical oversight for the implementation of the Secwepemc health actions and health governance work.
- To organized and implement an annual Secwepemc Health Strategic Planning Session.
- Advocate on behalf of the nation members with the Secwepemc Chiefs.
- Establish a framework to assess if health goals are being achieved.
- Provide the technical information that shows the unique community's health gaps and the Nations common health gaps and make recommendations to SC on how to resolve the gap.
- Provide consistent briefings to the Secwepemc Chiefs on health issues, stats, priorities, gaps etc.
- In collaboration with the Secwepemc Chiefs, seek community support for the health plans/ health governance work going forward.

5.3 **The Hub Coordinator and Hub Assistant are expected to:**

- To provide administrative, operational and technical support to the Secwepemc Health Caucus as required.

6.0 ROLE OF THE CHAIR

6.1 The Role of the Chair is to:

- To preside over any and all regular and special Secwepemc Health Caucus meetings.
- In collaboration with the Secwepemc Health Caucus set all meeting agendas.
- Provide leadership to carry out and or assign work and functions of the Secwepemc Health Caucus.
- Manage and resolve dispute and / or conflicts within the Secwepemc Health Caucus.
- Approve and seek approval for the operating expenses of the Secwepemc Health Caucus.
- Facilitate clear and accountable communications between the Secwepemc Health Caucus.

6.2 The Chair is a non-voting member with the exception of a deadlock.

7.0 ROLE OF THE ALTERNATE CHAIR

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

8.0 DECISION MAKING

- 8.1 The Secwepemc Health Caucus will collaborate in making its decision on governance, communications and policy.
- 8.2 The Secwepemc Health Caucus will strive to make any and all decision by consensus. In situation when consensus cannot be achieved, the Secwepemc Health Caucus will make decisions by majority vote.
- 8.3 When necessary and appropriate decisions must be made between scheduled meetings the Secwepemc Health Caucus Executive will provide decision making on a strictly consensual basis.
- 8.4 The Principals on decision making will take into account: culture, language, tradition and respect.

- 8.5 Unresolved issues will be addressed through the dispute resolution process described in section 9.0 Dispute Avoidance and Resolution.

9.0 DISPUTE AVOIDANCE AND RESOLUTION

Secwepemc Laws and Customs will guide the avoidance and resolution of any disputes between the parties as follows: ³

- 9.1 Notice of potential dispute will be issued from one Party to the other;
- 9.2 Information regarding the potential dispute will be exchanged;
- 9.3 If exchange of information does not resolve potential dispute, initial meeting between the Parties will take place at a mutually beneficial time and location;
- 9.4 Each will bring to the initial meeting all resources that will be required to clarify and resolve the potential dispute, including Elders, cultural, oral history, and written documentation;
- 9.5 If resolution through these devices is not achievable, alternate methods, including a Nation based process of dispute resolution will be considered and mutually agreed upon; and
- 9.6 Time and commitment to the resolution of such potential disputes is considered to be of essence to the spirit of this Protocol.
- 9.7 Upon resolution of the dispute, the Parties will mark the occasion in ceremony.

10. MEETINGS

- 10.1 Decisions will be made by consensus where possible. In situations when consensus cannot be achieved, decisions will be decided by a 50% +1 majority vote of Chiefs, Health Directors and duly appointed proxies in attendance.
- 10.2 Should a Chief or Health Director be unable to attend a scheduled meeting they may duly appoint a proxy to attend, assuming their role in decision making.
- 10.2 Secwepemc Health Caucus meetings will be held bi-monthly or as required. Each meeting will include a report from the Secwepemc Interior Caucus Representative and will also provide direction to that Rep regarding issues to be raised at the Interior Caucus table. Other standing agenda items are;
 - a) Report on action items

³ (Duplicated from the Secwepemc Protocol Agreement obtained by SNTC)

- b) Sharing best practices within Secwepemc communities and
 - c) Governance Reporting: Interior Caucus, FNHA/FNHS, Secwepemc Health Working Group.
 - d) Old business
 - e) New Business
 - f) Strategic planning
- 10.3 Secwepemc Health Caucus members are expected to attend any and all meetings and be punctual. Attendance will be recorded in the minutes of each meeting.
- 10.4 In the absence of both the Chair and Alternate chair the Secwepemc Health Caucus will among themselves appoint a Chair for that day.
- 10.5 Meetings will be conducted following Simple Roberts Rules.
- 10.6 Interior Caucus Representatives will be invited to attend meetings every 4th month to provide update: November, March, and July.
- 10.7 All information discussed at the Secwepemc Health Caucus shall be treated as confidential unless otherwise specified.
- 10.8 All SHC members will participate in the Annual Secwepemc Health Caucus Annual All Chiefs, Counselors and Health Directors Forum.
- 10.9 Minutes will be electronically recorded.

11. WORKING GROUPS

- 11.1 Working groups will be established as needed.
- 11.2 Working groups will be selected at the bi-monthly meetings.
- 11.3 Working groups will provide activity and progress reports to the entire Secwepemc Health Caucus on a consistent basis either at the bi-monthly meeting or by email.
- 11.4 A “Technical Working group” will be established to provide skills, information and tools to the larger Secwepemc Health Caucus.
- 11.5 A “Chiefs Working group” is established and comprised of 4 Chiefs one of which is the Secwepemc Rep at the Interior Caucus.

12. ACCOUNTABILITY AND REPORTING

- 12.1 The Secwepemc Health Caucus will provide support and direction to the Secwepemc Representative at the Interior Caucus. The Caucus Rep will advise the Secwepemc Health Caucus of Interior Caucus activities and issues.
- 12.2 The Secwepemc Health Caucus is accountable to all 17 communities within the Secwepemc Nation. The Secwepemc Health Caucus is also accountable the FNHC funders of the Secwepemc Health Caucus meetings.
- 12.3 The Secwepemc Health Caucus will provide ongoing reports on its activities to the Secwepemc Nations membership through a variety of communication mediums, including newsletters, annual reports, etc.
- 12.4 The Secwepemc Health Caucus will comply with policies and procedures set out in the Qwemtsin Health Society Policy for travel expenses.
- 12.5 The Secwepemc Health Caucus will submit claims to the Hub Coordinator for remuneration of travel expenses. As an interim measure the communities will pay travel expenses themselves until an approved budget takes effect.
- 12.6 The Secwepemc Health Caucus goal is creating accountability transparency and willing to share relevant information provided written notice is given to the Secwepemc Health Caucus accordingly.

13. COMMUNICATION

13.1 Internal Communication

- Communication is a two way responsibility. All members are asked to take responsibility to share information in a timely way and to read and respond to information he/she receives.
- Members are responsible to provide current contact information and advise the Hub Coordinator of changes to membership in the Secwepemc Health Caucus and/or contact information.
- Members will receive monthly meeting minutes and an agenda prior to the meeting date.

13.2 External Communication

- Communication to the public about working Secwepemc Health Caucus activities will be approved by consensus or majority vote at the meetings.

- A Communication Strategy will be developed which will include technology, E-news, Skype, video conferencing, engagement of members, teleconferencing, etc.

13.3 A briefing note can be provided as a follow up for clarity and understanding of the highlights, and results of action items of our meeting.

14. AMENDMENT AND REVIEW OF TERMS OF REFERENCE

Amendments

- 14.1 Any SC or SHD can submit a formal request to the chair for an amendment to this Terms of Reference.
- 14.2 A request for an amendment to this Terms of Reference will be considered by the Secwepemc Health Caucus for final approval.
- 14.3 Amendments to this Terms of Reference will enter into force upon the approval of the Secwepemc Health Caucus at a duly convened meeting.
- 14.4 Any and all approved amendments shall not alter or prejudice any of the rights or obligations arising from or based on this Terms of Reference either before or up to the date of such amendments.

Review

- 14.5 This is a living working document and as needed the Terms of Reference will be reviewed at least once a year or as needed.