



First Nations Health Authority  
Health through wellness



# iRHWP Governance and Process to Date: A Decision

Vancouver Coastal Regional Caucus  
October 23<sup>rd</sup>, 2014



## Governance Mandate



- **May 2011** - 'Gathering Wisdom for a Shared Journey IV.' Regions to develop a Regional Health and Wellness Plan (RHWP)



## Process to Date



- **May 2014** - DRAFT iRHWP brought to Vancouver Coastal Regional Caucus for discussion. Feedback – More Engagement
- **June 2014** – 2<sup>nd</sup> DRAFT iRHWP with amendments / more sub-regional priorities
- **August 11, 2014** – Political and technical Working Group to provides guidance and input
- **August 27, 2014** – iRHWP with Working Group recommendations shared with Health Directors for further feedback
- **September 10, 30 and October 8 2014** – iRHWP presented to sub-regions with further feedback



# Changes:

- 7 Directives format
- Executive Summary - Updated
- Principle of Reciprocal Accountability – Highlight
- MWSU Forum/Plan – included (Directive 3 and 5 / Appendix)
- Language – make it easily understandable / acronyms (Appendix)
- Gaps Analysis – Dashboard included (Appendix)
- “Priorities / Objectives” changed to “Goals / Actions”
- Sub-regional priorities – Informing community work plans



# Discussion and Decision





## Changes:

- Highlighted in **RED**
- Based on August 11 prioritization exercise
- Feedback post Health Directors meeting-August 27
- Feedback from sub-regional caucus session (Sept 10, 30 and October 8)



# Directive 1

**Goal 1: All communities in the VC region have a 5 – 10 year Community Health Plan (and are in Flexible Transfer)**

**ACTION 1.1 (1.2):** Priorities in the Community Health Plans inform the Regional Health and Wellness Plan\*

**ACTION 1.2 (1.3):** FNHA and communities work together to ensure Community Health Plans and Health Transfer Agreements focus on Wellness\*

**ACTION 1.3:** Musqueam, Tseil-Waututh, Nuxalk, Kitasoo and Wuikinuxv are supported by the FNHA to move to Flexible Transfer Agreements

**Goal 3: Significant regional resources are utilized to advance and execute priorities in the Regional Health and Wellness Plan (RHWP)**

**ACTION 1.7 (1.8) :** Communities have increased flexibility and control over their Health Transfer funding including patient travel in order to deliver their Community Health Plans\*

**ACTION 1.8:** FNHA regionally-based and VCH Aboriginal dedicated financial and human resources are directed towards achieving the priorities of the RHWP.

Central FNHA resources are leveraged for the same purpose

**\*Identified as a major priority by the iRHWP Working Group (August 11, 2014)**





## Directive 2

### Dialogue Box – Page 29

**FNHA and VCH are responsible for orienting and training new leadership on community partners, initiatives, and agreements. This will ensure the continuity and delivery programs and services at the community level.**



## Directive 2

### Goal 3

FNHA Regional Office and VCH shall maintain current information for communities in an accessible and useable medium

**ACTION 2.6:** FNHA / FNHC / FNHDA website / newsletters and VCH website / newsletters maintain current information on First Nations & Aboriginal health activity in the VC region

**ACTION 2.7:** FNHA Regional Office and VCH shall produce an Annual Report of individual and joint achievements to keep communities informed.

**ACTION 2.8:** FNHA will develop a communication strategy in order to ensure effective ongoing communication in the VC Region.



## Directive 3

### \* Emphasis Added

Goal 1: FNHA, VCH and other health partners continue to work with First Nations communities to identify key health service priorities and to address service gaps

ACTION 3.1: The MWSU Regional Action Plan will be implemented to address health service priorities and gaps identified by VC region (Feb 2014), including: Suicide prevention, intervention and postvention (PIP) strategies; cultural competency strategies; workforce development and capacity strategies\*

ACTION 3.2: Primary Health Care service gaps identified by Health Directors in June 2013 are prioritized for VCH and FNHA Regional Envelope funding\*

ACTION 3.3: Complete engagement on the MWSU Regional Action Plan and incorporate endorsed plan and resourcing into the Regional Health and Wellness Plan\*

Goal 5: Barriers to access continue to be addressed at local / sub-regional tables with Health partners (see also 3.7)

ACTION 3.13: VCH and FNHA continue to support First Nations Health Directors to participate in local relationships with Health partners (e.g. IPCC tables, engagement team meetings, Health Director meetings)\*



## Directive 4

### Directive 4

**Goal 1 (Goal 2): Expand engagement with other agencies whose mandate impacts on the social determinants of health\***

**ACTION 4.1:** FNHA Regional Office and VCH work community engagement coordinators and other key partners share the priorities of the RHWP with other relevant agencies to seek their participation in its success (e.g. MCFD, AANDC, Police / Probation / Courts, BC Housing)

**Goal 2 (Goal 1):** In the spirit of the Partnership Accord principles, FNHA and VCH coordinate partnership tables / committees to ensure First Nations communities are not over-burdened

**ACTION 4.4:** Success indicators for the Partnership Accord are identified and measured in time to inform the review of the Accord in March 2015\*

**Goal 3:** Formalize service delivery arrangements for First Nations communities in the VC region who are served by other Health Authorities **and physicians** (and communities in other regions served by VCH) to prevent jurisdictional problems

**ACTION 4.5:** Vancouver Island Health Authority (VIHA) and VCH to formalize a transfer of services of communities served by VIHA to VCH to improve delivery and access to health care\*\*

**ACTION 4.6:** First Nations will formalize health agreements with health authorities where needed

\*Identified as a major priority by the iRHWP Working Group (August 11, 2014)

\*\* Identified as a major priority by Vancouver Coastal Region Health Directors (August 27, 2014)



## Directive 4

### NEW GOAL

**Goal Four – The FNHA, VCH and PHSA will collaborate to address priorities identified by First Nations.**

### NEW ACTION

**ACTION 4.7: The FNHA, VCH and PHSA will work together on improving access to the First Nations Health Benefits and the Aboriginal Patient Navigator Program.**



## Directive 5

### Directive 5

Goal 1 (**Goal 3**): FNHA and VCH works to increase the number of Aboriginal health professionals, managers and staff delivering health care services\*

Goal 4: Work with First Nations to develop opportunities for creating economic and business opportunities in health care

ACTION 5.9: VCH & FNHA identify with each Nation their aspirations for provision of services to off-reserve and non-First Nations community members and support them to expand their services and revenues to do so\*

**\*Identified as a major priority by the iRHWP Working Group (August 11, 2014)**



## Directive 6

Goal 1: FNHA and VCH acknowledge the rights and responsibilities of First Nations and will not undermine or interfere with the rights of First Nations to govern in their own health service delivery

ACTION 6.1 (6.3): FNHA and VCH will ensure that any developments (e.g. Urban Vancouver Aboriginal Health and Wellness Strategy advisory framework) does not prejudice the rights or interests of local First Nations\*



## Directive 7

### Page 55

- Health **buildings facilities**
- ...it should be noted that some of the **buildings may require significant upgrades to meet provincial building codes, in Kitasoo for example.**





## Directive 7

Goal 2: First Nations Health Centers have a current Staff or Workforce Development Plan outlining how they will grow the competency and capability of their staff

ACTION 7.3: Communities are supported by FNHA and VCH to implement their workforce plans through access to training\* (Emphasis Added)

Goal 3: Data Collection on First Nations and Aboriginal use of health services is improved so that utilization and health outcomes can be tracked and improvements made where needed.

ACTION 7.8 A research analysis and knowledge management group is established to oversee and advise on data collection and use for the VC region. First Nations are supported to identify their priorities and to conduct or to participate in identified research, reporting and evaluation projects

Goal 4: All First Nations Health services in the VC region have sound, safe and accessible health facilities for delivery of their programs and inclusion of visiting health services

ACTION 7.9: Requirements for community health facilities expansion are included in FNHA capital plans\* (Emphasis Added)