



First Nations Health Authority  
Health through wellness

# Funding Arrangements: Surplus Reinvestment Plans

Spring 2017 Regional Caucus



## Overview

- What we've heard
- Surplus investment
- Community reporting
- Standards
- Timelines for change
- Requesting your advice



## Previous Engagement Feedback

- Spring 2014 FNHDA Engagement on Contribution Agreements and Reporting: *GMG Consulting. 2014. First Nations Health Directors Association. Regional Engagement Session Feedback*
- Fall 2014 – Follow up with Health Directors on Spring Engagement Recommendations and discussions on improving reporting processes
- 2017 – Quality Forum pre-pre discussions with Health Directors on Community Health and Wellness Planning and Funding Arrangements



## Key Themes

- FNHA feedback on:
  - Trends (community and regionally)
  - Best Practices
  - How are communities doing?
- Electronic Reporting
- Mentorship (reporting and training)
- Reporting based on Community Health Plans
- Flexible and simple
- Limit duplication



## Surpluses - Previous requirements

- No ability to retain unspent SET funds.
- Flexible funding surpluses had to be repaid at the end of an agreement's duration.



## New Flexibilities in Surpluses

- SET funding - written requests to carry forward unspent SET program funds can now be submitted to the FNHA for approval with communities' annual financial report/audit, with the exception of IRS surpluses.
- Flexible funding surpluses - no longer require pre-approval. Surpluses can be carried forward from an expiring agreement to a new health funding agreement.
- Block funding surpluses – No change. Does not require approval.



## Surplus Reinvestment Plan (SRP)

- The Surplus Reinvestment Plan provides communities an opportunity to communicate spending pace and priorities and will provide the FNHA current concrete data related to:
  - the long term goals of First Nation health provider partners;
  - resource gaps in programs and services (as illustrated by low/no carry over);
  - surplus programs and opportunities for new funding models.
- Important: JPB and First Nations Health Benefits surpluses follow a separate carry-forward process.



## Why are communities being asked for this?

- The SRP is a communication tool through which you are expressing your communities emerging priorities.
- Program planning and transformation takes its cue from these reports and tools.
- Opportunity to use reporting data to assess trends at the community level and regionally.
- By illustrating due diligence and strong accountability together we strive to leverage more resources from government partners and other agencies.





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# Community and FNHA Reporting – moving past the CBRT

FNHDA Planning and Reporting Committee Meeting

**Spring 2017 Regional Caucus**



# Community Based Report Template (CBRT)

- Health Canada has always collected community reporting
- In 2008/09 consolidated into CBRT
- Broadly collects:
  - Which programs and services are being delivered in communities
  - How they are being implemented
  - How health systems operate (e.g. staff composition, service linkages)
  - A few health status and health outcome data related to clients accessing FNIHB programs or services



# Current Context

- FNHA inherited CBRT
- CBRT issues and limitations heard through previous engagements
- March 2017 FNHA decided to no longer require CBRT submission (will accept instead community annual reports)
- FNHA Quality Agenda commitment: Work with the First Nations Health Directors Association to improve the quality of community planning, reporting and evaluation in alignment with the First Nations Perspective on Health and Wellness



## Improvement Objective

- **Shared data set that is flexible, purposeful, and tied to decision-making, quality improvement, and evaluation**



## Draft Spring Regional Caucus Engagement Questions

- 1. Inviting commentary on our improvement objectives: shared data set that is flexible, purposeful, and tied to decision-making, quality improvement, and evaluation.*
- 2. What information would be most useful to support decision-making, quality improvement and evaluation at local and regional levels?*
- 3. Do you have any recommendations on the format and design of the reporting tool?*



# Discussion