

Transition Update

A JOINT FIRST NATIONS HEALTH COUNCIL AND
FIRST NATIONS HEALTH AUTHORITY NEWSLETTER
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First Nations Health Council



First Nations Health Authority
Health through wellness

News from the Council

- 2 A Message from the First Nations Health Council
- 4 Building Blocks for Transformation
- 5 Gathering Wisdom for a Shared Journey VI
- 6 First Nations Leadership Health Challenge (Beefy Chiefs Challenge)
- 7 Regional Updates...Find out what is going on in your Region!

News from the Authority

- 14 Where we are today Chief Executive Officer Update
- 16 Novation: your questions answered by Health Canada and the FNHA
- 20 Policy Planning and Strategic Services focuses on Regional Supports
- 23 Interim Regional Health and Wellness planning approach FAQ's
- 26 First Nation Health Benefits Update



Above: The central coast community of Klemtu



News from the First Nations Health Council

A Message from the First Nations Health Council

Greetings!

We as BC First Nations are taking steps to change our world. Achieving our shared vision of Healthy, Self-Determining, and Vibrant BC First Nations Children, Families, and Communities requires change.

We are pleased to provide you with this fourth edition of the Transition Update. Through previous editions, we have kept you up-to-date on progress to achieve a phased transfer of the First Nations and Inuit Health Branch Pacific Region of Health Canada to the First Nations Health Authority (FNHA), starting on July 2, 2013 and concluding on October 1, 2013. This has included updates on the various mechanisms and processes to achieve the transfer, such as Sub-Agreements, the novation process, and preparing ourselves for the transformation stage to come.

While this transfer is a very complex exercise, the strong governance displayed by our leadership has kept us on track. We have been guided and grounded by the standards and expectations that BC First Nations

leaders implemented for this process. The Tripartite Implementation Committee has carefully reviewed all Sub-Agreements and processes to ensure that they uphold the following success factors:

1. Ensuring **no disruption and minimal adjustment** required by individual First Nations people and communities to the continuation of their health services or health benefits.
2. Ensuring **minimal disruption and minimal added work burden** on First Nations program providers who deliver community programs.
3. Respecting the **7 Directives** from Gathering Wisdom.
4. Respecting the **vision and principles of the Framework Agreement** and create a solid foundation for its continuing implementation.

Piloted by these success factors, we have made significant progress in the past three months. Over the past several months, the First Nations Health Council has undertaken a comprehensive review of the package of Agreements – ensuring that as a full suite of Agreements, they all

“A very unique element of our made-in-BC First Nations health governance process is the strong health partnership we have developed with federal and provincial governments. This strong partnership ensures that this is not a “dump and run” administrative arrangement – it is an arrangement that recognizes that BC First Nations are best positioned to make decisions about the health and wellness of their people, supported and funded by the Government of Canada.”

Grand Chief Doug Kelly, Chair, First Nations Health Council



Above: Tripartite Committee on First Nations Health meeting, the Tripartite Committee is a key component of the ongoing First Nations, federal and provincial partnership

collectively meet the direction of BC First Nations, the success factors of the Implementation Committee, and that all dependencies and linkages across Agreements have been addressed. The FNHA has also completed its comprehensive review process that included an additional layer of analysis with respect to the workability, sustainability and risk associated with each Sub-Agreement from an operational level. Following these extensive reviews, it is with great enthusiasm we announce that Health Canada and the FNHA have concluded all Sub-Agreements and the Canada Funding Agreement. We have achieved an important milestone in the work directed by BC First Nations. The completion of these agreements creates much needed certainty and continuity for all of us as we assume responsibility for the design, management and delivery of health programs and services for First Nations in BC.

The Parties will now work to implement these Sub-Agreements and achieve the phased transfer of responsibilities from Health Canada to the FNHA. The transfer began on July 2, 2013 – in this initial phase of the transfer, the FNHA assumes responsibility for management and administrative functions and policy and program leadership roles previously under Health Canada headquarters – another momentous milestone in achieving our goal of bringing decision-making closer to

home. By October 1, 2013, the plan calls for the conclusion of the transfer which will include all FNIHB-BC Region functions being assumed by the FNHA – such as primary care, public health, environmental and community health programs, along with funding agreements and regional FNIHB staff.

A very unique element of our made-in-BC First Nations health governance process is the strong health partnership we have developed with federal and provincial governments. This strong partnership ensures that this is not a “dump and run” administrative arrangement – it is an arrangement that recognizes that BC First Nations are best positioned to make decisions about the health and wellness of their people, supported and funded by the Government of Canada. The commitments outlined in both the Framework Agreement and Health Partnership Accord will ensure that Health Canada will continue to play a strong role in making this new health governance arrangement work. We will have regular political engagement at the Ministerial level. Deputy Ministers and Assistant Deputy Ministers will meet with us on the social determinants of health, and co-chair the Tripartite Committee on First Nations Health. At an operational level, the FNHA will regularly interface with Health Canada staff to ensure effective and efficient service delivery to BC First Nations, and two-way sharing

of information and knowledge. The Parties are also currently engaged in discussions at the Implementation Committee about the ongoing role of that Committee for the next three years, and potentially beyond. This Committee will ensure that the early years of the transfer are successful, by monitoring progress closely, and resolving any issues or problems that may arise.

The health partnership with the Province of BC also continues to strengthen and develop. The FNHC

is seeking an early meeting with the new Minister of Health, and his new Deputy Minister of Health, to further advance the productive relationship that has been developing since the establishment of the Transformative Change Accord: First Nations Health Plan in 2006. During the recent Tripartite Committee on First Nations Health meeting, the strong commitment of the senior staff within the Ministry of Health and of the Regional Health Authorities to our shared agenda was evident. The shape of the work of your Regional Caucuses and Regional Tables

to implement the joint Regional Partnership Accords is starting to emerge, and key priorities are being solidified. Regional profiles and progress reports on these efforts are included later in this Transition Update. It is exciting that, at both provincial and regional levels, First Nations, the province, and Regional Health Authorities are implementing actions to achieve transformative change now.

Building Blocks for Transformation

The work to transform the federal programs, services, systems and policies that we are inheriting from FNIHB is a long-term transformative agenda, but one we are starting to plan for now. As per the stages of work adopted by BC First Nations, we must get through the Transition stage first – taking over FNIHB-BC Region, getting used to operating that system, and upholding the direction of BC First Nations to bring everyone along with this process, to manage change carefully and at a comfortable pace, and to do so sustainably and affordably – establishing the building blocks for transformation first, and then achieving health systems transformation over time.

We have established a number of these building blocks already, such as:

- » the health plans and agreements, including the Framework Agreement
- » the health governance standards, such as the 7 Directives and Board competencies
- » the various components of the First Nations health governance structure such as the FNHC, FNHA, FNHDA and Regional Caucuses – including their roles, responsibilities, structures, and mandates
- » a reciprocal accountability framework
- » the Engagement and Approval Pathway

This summer, through this year's Building Blocks for Transformation Guidebook, First Nations will provide direction and guidance for the building blocks for Transformation. We hope to see all of you at the Regional Caucus sessions scheduled throughout the summer:

Fraser: July 23 – 25 (Harrison)

Vancouver Coastal: July 30 – August 1 (Richmond)

Interior: August 6 – 8 (Kelowna)

Vancouver Island: August 13 – 15 (Parksville)

North: September 4-6 (Prince George)

- » a holistic model for the FNHA, and the work to plan and implement the best of non-profit, legislative, and corporate models to build a unique First Nations health organization

“The Building Blocks of Transformation will set the table for the important transformative work ahead. Building consensus on Reciprocal Accountability, Planning and Evaluation, Data Governance and Supporting Sustainability will provide us the tools to address the change that is needed.”

Nick Chowdhury, First Nations Health Council, Vancouver Island Region



The Building Blocks for Transformation

There are a number of other building blocks we need to put into place. These include: further developing our decision-making, consensus-building, and reciprocal accountability

frameworks and processes; establishing a clear, transparent, logical planning and evaluation framework that breathes life into the 7 Directives; developing an agenda

and processes for data governance; and, principles and priorities for financial sustainability of our First Nations health governance structure.

Gathering Wisdom for a Shared Journey VI

The discussions held at the Regional Caucuses this summer will lead into the Gathering Wisdom for a Shared Journey VI Forum, scheduled for October 22-24, 2013 at the Hyatt Regency Vancouver. At this year's Forum, participants will have the opportunity to:

- » focus on their personal health and wellness
- » participate in consensus building processes

- » hear about important developments over the last 18 months
- » provide feedback to priorities, regionally and provincially
- » learn from others about key health trends and innovations
- » share your culture in our regional procession
- » visit and network with other BC First Nations

We are very excited about the ongoing development of our Gathering Wisdom for a Shared Journey Forum as a renowned and premier health conference. It is becoming a Forum for knowledge exchange, learning, and most importantly – an anchor for planning, evaluation, and reciprocal accountability of our First Nations health governance structure.

First Nations Leadership Health Challenge (Beefy Chiefs Challenge)

We finally take this opportunity to promote the first annual FNHC Leadership Challenge. The theme of this year's challenge – "Beefy Chiefs" – is ripped from the headlines of the Globe and Mail newspaper. In an article published on February 2nd, writer Rod Mickleburgh celebrated the efforts of FNHC leadership in taking the transfer of responsibility personally: "Although the final transfer of authority is still months away, leading B.C. chiefs are already taking their historic responsibility seriously, in a way few desk-bound bureaucrats or cabinet ministers would consider part of the job. They're getting fit." He goes on to write: "In recent weeks,

Sto:lo Grand Chief Doug Kelly has lost 22 pounds, while Chief Willie Charlie of the nearby Chehalis band in the Fraser Valley is down nearly 20 pounds. The beefy chiefs have cut junk and fast food from their diet, and they are exercising." We encourage all of you to make a commitment to your own personal wellness, and enter for a chance to win a cash prize for your community – there is \$40,000 in community cash wellness prizes available! More details available at http://www.fnhc.ca/index.php/news/article/fnhc_beefy_chiefs_challenge/.

In closing, as we prepare for this momentous transfer we are reminded of how far we have come and how well we have worked together as BC First Nations. This lays a strong foundation for the work in the coming years to accomplish our collective vision.

Respectfully,



Grand Chief Doug Kelly
Chair
FIRST NATIONS HEALTH COUNCIL

FNHA's Inspiration Nation Video Contest.

Who inspires change in your world?

\$10,000 in Prizes!

First Nations Health Authority
Inspiration Nation Video Contest

Inspiration Nation Video Contest

\$10,000 in Prizes

Beefy Chiefs & Champions Challenge

Over \$40,000 in prizes

Create

Submit

Inspire

Deadline for video submissions:
September 15, 2013

Tell us the stories of leaders and health champions inspiring and motivating change within their family, community or nation.

Create an inspiration video today!
Full rules and entry info at www.fnhc.ca

Building on the success of last year's "Safer Nations – Injury Prevention" video contest, the FNHA is asking BC First Nations to get creative and document how First Nations wellness champions are motivating and inspiring their families, communities and Nations.

We want to know what Beefy Chiefs and Champions contestants are doing to stay on track with their goals, and how they are motivating those around them to live a healthier lifestyle.

Visit our contest page for details!

http://www.fnhc.ca/index.php/news/article/inspiration_nation_video_contest/

“Our communities had many questions about the novation process. Our hub supported the leadership by coordinating meetings with FNHA and Health Canada staff so that questions could be asked and information could be shared. Following this process of information gathering, all of the Hul’qumi’num’ communities signed the novation agreement and Cowichan Tribes held a celebration event to commemorate this important milestone with the entire community.”

Brennan MacDonald – Hub Coordinator Hul’qumi’num Health.



Regional Updates...Find out what is going on in your Region!

Vancouver Island

The Vancouver Island Partnership Accord Steering Committee met with the Executive Medical Director of Vancouver Island Health Authority (VIHA) Mental Health Services (Dr. Richard Crow) and FNIH Director of Health Promotion and Prevention (Dr. Naomi Dove). At this initial meeting the members discussed how all parties can work together and address Mental Wellness and Substance use as a region.

The Vancouver Island Partnership Accord Steering Committee recommended that VIHA's existing structure (Quality Assurance Committee) be used as the Working Group to begin addressing this priority (Mental Wellness and Substance use).

The Chief Executive Officer of VIHA (Howard Waldner) retired in April and was replaced by Dr. Brendan Carr in an acting capacity. Now that the provincial election is past a recruitment process to find a permanent CEO for VIHA is underway.

The Regional Table has been developing the VI Regional Team, including community engagement resources and mapping out regional structures (including Aboriginal Services Organizations).

The Regional Caucus has appointed their regional table, including the FNHC Reps:

- » Cliff Atleo (FNHC Nuuchahnulth),
- » Chief Michael Harry (FNHC Coast Salish)
- » Nick Chowdhury (FNHC North Vancouver Island)
- » VACANT (Coast Salish FNHDA member),
- » Georgia Cook (North Vancouver Island FNHDA Board Member), and
- » Nora Martin (Nuuchahnulth FNHDA Board member).

Vancouver Island Regional table priorities

The Vancouver Island Hub Coordinators met in late June to revisit the regions priorities and brought forward the following as community based priorities for action at the regional table.

- » Traditional knowledge, healing and medicine
- » Cultural safety and advocacy
- » Primary care and access
- » Maternal care and supports
- » First Nations Health Benefits and patient travel
- » Off-reserve membership
- » Disease prevention & education
- » Home care & nursing
- » Mental health and wellness
- » Bringing service professionals out to community
- » Elder health and support

"It is exciting! We are making history; this is a new beginning for our communities. It's a time when First Nations have to look at their own health as communities and individuals and define what health and wellness means to them. I am hopeful!"

Colleen Totusek – Health Director Saulneau First Nation. NRT Member.



Right: Northern representatives from the FNHC Charles Morven and Warner Adam meet with Northern Health CEO Cathy Ulrich at the Tripartite Committee on First Nations Health meeting.

North

On June 12th the Northern Regional Table met and reviewed information from previous strategic planning session, discussed the Mental Wellness and Substance Use 10 year plan roll out with the FNHA's Mental Wellness Substance Use Health Planner Blake Stitilis, and agreed to strike a working group including the hub coordinators and NHA Mental Health leads to discuss next steps for the regional session. The group also reviewed information on priorities and barriers from the Hub Coordinators in the region and will continue to utilize the Hubs as a valuable resource in ensuring the work is always Community-Driven and Nation-Based.

On June 13th the Northern First Nations Partnership Committee met for a joint review of the Northern First Nations Health And Wellness Implementation Framework and 12 associated Implementation Approaches.

Northern First Nations Implementation Framework

The Framework was developed by the Northern First Nations Health Partnership Committee (NFNHPC) and technical team with the guidance of Margo Greenwood and Mark Matthew. The Implementation Framework provides a comprehensive overview of the work in the Northern Region which includes the deliverables from the Northern Partnership Accord, but also other implementation considerations outside of the joint collaborative work.

The Approach for Actions have been refined, streamlined and further developed to become Implementation Approaches. Each of the Implementation Approaches highlights a specific piece of work that needs to be collaboratively addressed as highlighted in the Northern Partnership Accord. Two additional Implementation Approaches were developed to address priority areas not mentioned in the Northern Partnership Accord: 1) Urban/Away from Home and, 2) Mental Wellness and Substance Use Implementation Approaches. The Implementation Approaches have been prioritized in order to focus the energy of the committee.

The technical support has continued to work on carrying out the direction of the joint committee in streamlining the documents, ensuring clarity in language, striking working groups with the committee members and subject matter experts for various Implementation Approaches. All of this preparatory working group work has been conducted in a cost effective manner utilizing Go-To meeting, Teleconference and Emails to ensure the momentum is maintained as the group moves forward with the ongoing work. In total upwards of 50 teleconferences/videoconferences of this nature in preparation for the June meeting.

At the June meeting we officially adopted the amended ToR, to include a new name for the committee, the Northern First Nations Health Partnerships Committee, along with

the inclusion of Margo Greenwood VP of Aboriginal Health as a standing member.

The Northern Health Aboriginal Health Team and the FNHA Regional Staff continue to work closely on all health initiatives and extend invitations for team building and other opportunities for strengthening the relationship. Most recently the FNHA Regional staff and the NHA Aboriginal health team have worked on the following (outside of the NPA Work) :

- » Ensuring there is extensive pre and post care for the Northern TRC Hearings
- » Ensuring collaboration and information sharing in the Stop HIV AIDS regional work
- » Involvement of FNHA staff on Aboriginal Health hiring panels
- » FNHA and NHA jointly supporting community applications for the Nurse Practitioners for BC (NP4BC) initiative
- » Joint commitment from FNHA and NHA to support communications of the NFNHPC .
- » Supporting and encouraging the attendance of Hub Coordinators at AHIC meetings
- » Joint presentations by Aboriginal Health Lead and FNHA RHL's to AHIC's on the work of the NFNHPC
- » Inclusion of NHA in the Mental Wellness Substance Use 10 year Plan working group for the North

Northern First Nations Health Partnerships Committee:

The work ahead, at a glance

Priority	Goal	Deliverable/Outcome
Communications	To develop a consistent, coordinated strategy for joint communication activities	Sharing of information surrounding communication vehicles and channels, development of communications framework and commitment to work collaboratively to support NFNHPC communications.
AHIC/ HUB Communications	To facilitate meaningful communication between the First Nations Hubs and Northern Health's AHICs	Communication and information sharing plan developed, commitment to further explore commonalities, strengths and potential opportunities to collaborate.
Cultural Competency	To enhance cultural competency and safety	Increase awareness of Indigenous Cultural Competency (ICC), increase uptake of ICC by NH, increase relevance of ICC programming to the region/sub regions unique cultural protocols and traditions
Primary Health Care	To enhance accessibility to high quality primary health care services	Asset map of primary health care services available for First Nations from NH, explore Alternative Payment Plan options for physicians in community.
Population Health	To undertake and participate in specific population and public health initiatives utilizing population and public health approaches	Asset mapping of Population and Public Services in the North, regional Population gathering for information sharing of assets, ensuring population and public health incorporates Northern First Nations specific knowledge and processes
Urban/Away from Home Strategy	To enhance accessibility to high quality health services for northern First Nations populations, regardless of locale	Asset mapping of health care services utilized by urban and away from home population, synthesis of health care service policy and practice as they relate to First Nations peoples living away from home.
Health Human Resources	To employ a locally representative work force (increase First Nations employees in NHA)	First Nations Workforce Development communication strategy, targeted recruitment and retention plan in place, draft self-identification process in place, continued participation in health career promotion activities, and connection with partners (Universities and ministerial offices)
NEW! Mental Wellness and Substance use	New Implementation Approach being developed to jointly address this important topic.	To be developed
Information Technology	To utilize technology to improve access to health care for Northern First Nations.	Identify Subject Matter Experts from each organization for working group, Joint IT Statement of work and Environmental Scans
Health Gatherings	To organize joint health gatherings	Co-hosted health gatherings implemented and establishment of a working group to oversee the process.
Shared Records Management	To develop a shared records and information management framework between FNHA, NH and community to ensure continuity and improved health care for First Nations peoples	Synthesis of existing data sources and sharing arrangements, identification of SMEs from each health authority and ensuring that all of the work adheres to the ongoing work of First Nations Data and Information Governance.
Health Status Indicator	Compile meaningful health status indicators including locally- specific indicators for northern First Nations	List of First Nations specific health status indicators, Health Status indicators literature review complete
Evaluation	To develop and implement an evaluation process	Evaluation process developed, Evaluation Framework developed, Logic Model developed

“We have a good relationship with Interior Health. Our Tsilhqot’in Nation recently reached a Letter of Understanding with Interior Health, this agreement will help us move forward on the same page, and guide us in addressing priority issues like discharge planning.”

Teresa Johnny – Health Director, Tsilhqot’in Nation.



Above: Seven Nations Executive Table representatives: (l-r) Kukpi7 Wayne Christian - Secwepemc Nation, Mic Werstuik - Syilx Nation, Gwen Phillips - Ktunaxa Nation (FNHC), Chief Bernie Mack - Tsilhqot’in Nation (FNHC), Ko’waintco Michel - Nlaka’pamux Nation (FNHC), Kevin Skinner - Dakelh Dené Nation, Chief Arthur Adolph - St’at’imc Nation, Mary McCullough - Interior Regional Health Liaison.

Interior

The Interior Region Strategic Planning Session was held on April 23rd & 24th, with the Interior Region Nation Executive, Interior Region Hub Coordinators and Interior FNHDA representatives in attendance. Participants worked towards the development of a plan for implementing the Partnership Accord with Interior Health.

Next steps identified for implementation include the development of a Regional Table Workplan and a new Partnership Accord Leadership Team (PALT) which will be responsible for

overseeing implementation. The PALT is a joint committee consisting of representatives from the 7 Nations and senior representatives from Interior Health.

The Interior Caucus is taking a Nation based approach and will be negotiating LOU agreements between Interior Health and each of the seven Interior Nations. The Secwepemc and Tsilhqot’in Nation LOUs are now complete and ready for signing with Interior Health - dates for the signing will be set soon. Once complete the Interior Region will have LOUs between Interior health and 4 of 7 Nations.

Priorities, including the development of the Regional Caucus and Regional Table Workplan will come from the Strategic Planning Session and upcoming Regional Caucus Meetings. Action Items identified in the Interior Partnership Accord are as follows:

Interior Region priorities

- » Develop a consistent and harmonized planning and evaluation framework
- » Develop a Regional Health and Wellness Plan that builds upon Community/Nation plans and Interior Health Plans including setting standards, targets, outcomes and measurements
- » Review of the existing standards and processes
- » Continually improve on processes
- » Localize cultural competency training throughout the Interior Health Region
- » Develop service delivery systems to better reflect the needs of First Nations people in the Interior Region
- » Develop a comprehensive health human resources strategy
- » Establish common indicators, targets, milestones and benchmarks
- » Engage in dialogue, identify linkages and establish networks with other Aboriginal and non-Aboriginal stakeholders
- » Discuss program and service delivery changes and manage impact
- » Identify those matters including policy issues that will address gaps and eliminate overlaps
- » Establish, at the program level, communications with the FNHA and at the governance level, with the FNHC



“With the resurrection of our Community Engagement Hub communities are experiencing more open dialogue on local issues related to the health and wellbeing of its members. Completion of the Asset Mapping/Gap Analysis in the Vancouver Coastal region in partnership with the FNHA, the FNHDA and VCH will now focus on addressing the health priorities of the communities in relation to the development and delivery of programs and services specific to their needs.”

Keith Marshall – Health Director, Heiltsuk Health Centre

Emma Wilson, Klemtu First Nation.

Vancouver Coastal

The First Nations and Aboriginal Culturally Competent and Responsive Strategic Framework has been finalized. This framework will lead to system-wide changes in how Vancouver Coastal Health (VCH) provides services to First Nations and Aboriginal peoples.

Milestones:

- » The VCH-led Primary Care gap analysis project is complete for the 14 First Nations in the region.
- » The Primary Health Care service mapping with 40 Aboriginal health service organizations (in the greater Vancouver urban area) is complete. Individual reports are being validated. The report will include a map of Primary Health Care (PHC) services in Vancouver, Richmond, and the North Shore.
- » One year has passed since the signing of the Vancouver Coastal Partnership Accord.
- » The Aboriginal Health Operations Council (which includes representatives from the Regional Table and the FNHC) met. This was the first meeting that included the Regional Table technical reps.
- » The first joint communique was released from VCH/ FNHA/VCC Aboriginal Health Steering Committee. VCH communicated this milestone in their weekly internal newsletter.

Through the Partnership Accord there have been several joint initiatives:

- » Development and approval of the Culturally Competent and Responsive Strategic Framework Background and Next Steps documents.
- » A literature review of Urban Aboriginal access to health care, issues, and solutions in Vancouver was completed.
- » The Regional Table has been populated and the first face-to-face meeting occurred on June 14, 2013.

Aboriginal Health Steering Committee priorities

The priorities as set by the AHSC Executive for the next six months are:

1. Urban Aboriginal Health Strategy
2. Regional Health and Wellness Plan
3. Central Coast Community Engagement
4. Research and Information Management – developing a framework that would look at first steps in data management, self-identification and surveillance.
5. Regional Mental Health – look at developing a VCH Aboriginal Mental Health Plan in conjunction with the BC First Nations and Aboriginal People’s Mental Wellness and Substance Use Plan. The plan would look at a continuum of mental health care.

“According to our culture you have only one gift and that is what you need to look after. Your family members have gifts, your extended family has gifts. You put all of those gifts together, all of those strengths together and you have a whole strong family, interdependent upon one another. And that is how we conduct ourselves together, no one person has all gifts.”

Willie Charlie- FNHC member, Fraser Salish Region



Willie Charlie, FNHC representative, Fraser Salish Region

Fraser Salish

A joint Fraser Health/FNHA Working Group has been struck to revise the Aboriginal Health Steering Committee Terms of Reference and to develop Aboriginal Health Operations Committee Terms of Reference.

The Fraser Salish Regional Table held strategy sessions (May 17 & June 7) at Stó:lō Nation. The Regional Table formed a Team Charter Working Group to redraft the Team Charter and create a Mental Wellness Substance Use (MWSU) Working Group. The MWSU Working Group will strategize on the Regional MWSU Regional Forum which is scheduled for September 23 & 24 in Chilliwack. The venue will be announced when chosen.

Membership of the joint committee with Fraser Health was amended on March 7, 2013. Additions to the committee include:

1. Add Lydia Hwitsum, Chair – FNHA
2. Add Joe Gallagher, FNHA CEO
3. Add Richard Jock, VP of Policy, Planning and Strategic Services, FNHA
4. Add Senior Medical Health Officer, FNHA
5. Add Lois Dixon, VP Clinical Operations, Fraser Health
6. Remove Executive Director, Primary Care and Aboriginal Health, Fraser Health (will attend as ex-officio participant).

Fraser Salish Regional table priorities

- » Understanding FNHC, FNHA, FNHDA and CeH roles and responsibilities.
- » Implementation of the Partnership Accord
- » Strategize Mental Wellness Substance Use Regional Forum next steps
- » FNHA Board Nomination Process
- » Fraser Salish Regional Caucus – July 23-25, 2013. Harrison Hot Springs Resort & Spa
- » MWSU Regional Forum – Sept. 23-25, 2013.



Anderson Creek Clinic, Boston Bar.

“We have been operating the Anderson Creek Clinic for several years and have recently worked out an arrangement with Fraser Health to access medical equipment and supplies through the Agassiz Cost Centre. As a result of expanded services, we have been able to save money on patient travel.

The improvements in the relationship with Fraser Health are due to both relationship building and the Accord (Regional Health Partnership Accord the FNHA and Fraser Caucus). Fraser Health have tried in every way they can to participate and help.”

Chief Dolores O'Donaghey – Boston Bar Indian Band.

Anderson Creek Clinic

By bringing in health services, Boston Bar has been able to reduce their expenses on Patient Travel and the difficulty people face travelling for medical.

The Anderson Creek Clinic serves the Boston Bar Band in the Fraser Health Region. The clinic has operated for several years. The Clinic is located on reserve and operated by the Boston Bar Band but is open to anyone, including non-Aboriginal people from the town of Boston Bar.

“We are open to anybody that has an appointment,” stated Chief Dolores O'Donaghey (Boston Bar Band). Members from the non-Aboriginal town of Boston Bar and several nearby Bands also use the clinic.

The Clinic is a small facility but the Band has been able to provide a broad range of services, reducing the need for the Band members to travel for medical. The Clinic provides a range of services, on a regular part time basis:

- » Dental services – once per month. People travel from as far away as Lytton to see the Dentist who has been providing service for a year now.
- » Mental Health
- » Healthy Living program worker
- » Doctor – services provided once per month by doctor from Hope, BC.
- » Mobile hearing testing
- » Woman's health services (Mammograms and PAP smears)

- » Nurse Practitioner
- » Children and Family services workers

By bringing in health services, Boston Bar has been able to reduce their expenses on Patient Travel and the difficulty people face travelling for medical. Chief O'Donaghey explains why this is important – “There isn't much work and people don't have money. Having medical services provided in the community is a big help. People don't have cars and the bus service available is poor.”

Chief O'Donaghey's next ambition is to expand the clinic. “We need more space. When we had hearing aid testing recently we had to use a small little room. It was full of stuff – was crowded. I just want to improve the Clinic more.”

First Nations in the Fraser Health Region were the first to sign a Regional Health Partnership Accord. Fraser Health has recently agreed to provide medical and administrative supplies and equipment through the Agassiz Cost Centre. This partnership is making it easier for the Clinic to operate, as they had been having administrative and supply problems before. The result has been smoother administration.

The partnership between Fraser Health and the Boston Bar Band has helped improve health services and reduce costs. The dedicated professionals who travel to the Clinic are providing services that people had to travel to access previously.



News from the First Nations Health Authority

Where we are today

Chief Executive Officer Update

On July 2, the First Nations Health Authority assumed the policy, planning and strategic services functions of Health Canada's FNIHB headquarters as well as program and service responsibilities for the pharmacy, medical supplies and equipment and dental benefit areas of Health Canada's Non-Insured Health Benefits program. This first basket of responsibilities and the transfer of related resources represent yet another historic milestone in the transfer process.

This is a ground breaking accomplishment in Canada as BC First Nations move further towards having greater control over decision making for the federal health programs and services. Work will continue to prepare for the transformation of these programs and services in the months ahead. This summer the FNHA looks forward to engaging with BC First Nations leadership on the themes of reciprocal accountability, data governance, planning and evaluation and supporting sustainability. These Building Blocks for Transformation will establish the direction and standards that the First Nations Health Authority will seek to operationalize in the coming months and years.

Organizational development continues at the FNHA, with a focus on smoothly transitioning current FNIHB staff to the FNHA team. May 13th marked another milestone as Reasonable Job Offers (RJOs) were issued to all eligible First Nations and Inuit Health Branch BC Region staff, setting in motion a 60 day period wherein current FNIHB employees can choose to accept the RJO. The FNHA team is encouraged by early acceptance of RJOs from key senior health leadership.

The FNHA is strongly encouraged by the work happening in the regions. Provincial Partnership Accord implementation is beginning to provide transformative change. In this update, you can read about a new Anderson Creek clinic partnership between Fraser Health and Fraser Canyon First Nations to work together to cover equipment and administrative costs and enable the clinic to expand services. The FNHA supported provincial nurse practitioner initiative has resulted in over 10 new nurse practitioner positions serving First Nations. The extension of nurse practitioner services into the remote communities is an example of the sustainable health service improvements that are currently being realized.

Minister Aglukkaq and representatives of the BC First Nations Health Authority meet to commemorate the signing of the Canada Funding Agreement

The phased transfer of responsibilities from Health Canada to the FNHA supports the integration of health service delivery for BC First Nations with provincial health services. It will be initiated on July 2, 2013 and completed on October 1, 2013.



June 11, 2013 – (left to right) Joe Gallagher, CEO of the British Columbia First Nations Health Authority (FNHA), Richard Jock, VP Policy, Planning and Strategic Services, FNHA, Federal Health Minister Leona Aglukkaq, Doug Kelly, Chair of the First Nations Health Council and Lydia Hwitsum, Chair FNHA Board, met in Ottawa to commemorate the signing of the 10-year Canada Funding Agreement (CFA).



Chief executive officer Joe Gallagher delivers a Reasonable Job Offer to Peter Mazey, Acting Director, Environmental Health. Joseph Mendez, VP of Innovation and Information Management looks on.

The novation of 90% of contribution agreements from Health Canada to the First Nations Health Authority is a major accomplishment that we should take the time to celebrate. This health system belongs to all of us, and I truly appreciate the efforts by communities and health service agencies to complete this work in such a short timeframe.

As we work together through transition, it is important that we do not relegate wellness to the back burner, and that we continue to support BC First Nations children, families and communities to be well. The 1st Annual Aboriginal Day of Wellness events that took place on June 21st across the province were inspiring.

In closing, with so much work to do in the coming months it can feel overwhelming at times. While our work is not always easy it is always worth it. I wish you all a safe and happy summer and thank you for this opportunity to participate in this work, it remains a true privilege.

Joe Gallagher (Kwunuhmen)
Chief Executive Officer,
First Nations Health Authority



Above: Vancouver Island Caucus session

NOVATION Progress to Date

- » In total, 210 Contribution Agreements require Novation, these include Agreements with First Nations Health Service Providers, and 9 Agreements with other health service agencies.
- » 210 packages have been sent out to Recipients for signatures.
- » A total of 188 Novations have been signed by all three parties. This equates to an approximate 90% completion rate.
- » To date, no recipients have returned unsigned Novations.

Novation: your questions answered by Health Canada and the FNHA

The FNHDA in partnership with Health Canada, and the FNHA, hosted five Regional information sessions on Novation. The sessions were well received and Chiefs and Health Directors in each region participated in active dialogue about the process and administrative implications. Select questions and answers from the sessions are enclosed.

The annual increase of the 5.5% referenced in the Framework Agreement – is this factored into our agreements?

The 5.5% increase set out in the Framework Agreement comes into effect in the second year of the Transfer (2014/15). It covers enhancements to Contribution Agreements and enhancements and growth factors across all programs, including Non-Insured Health Benefits, mental health services, and other programs that serve all BC First Nations.

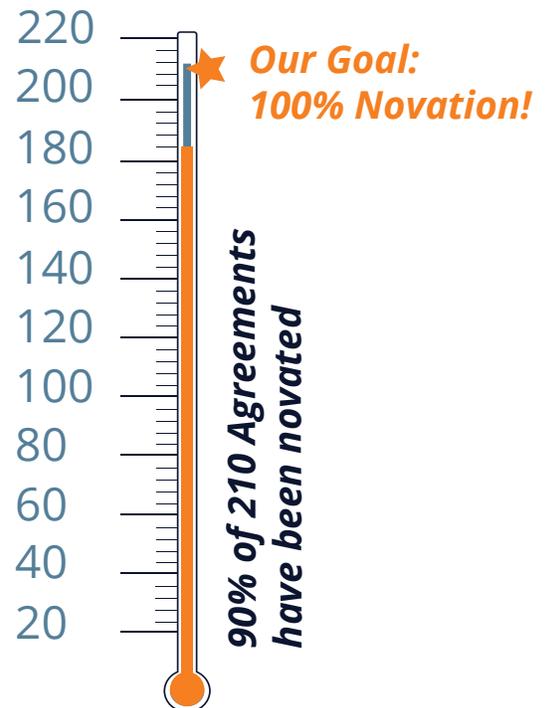
As per the direction provided by BC First Nations and as described in the Framework Agreement, for the first two years following the transfer, Contribution Agreements will remain

unchanged. This means that increases in Contribution Agreement funding will be calculated and applied as they have been in the past by FNIHB. The only difference will be that the increases for the next two years will be calculated and provided upfront at the start of the 2013/14 fiscal year.

Following the transfer, the FNHA will, in conjunction and cooperation with BC First Nations, determine the most effective use of the 5.5% annual funding increase set out in the Framework Agreement, whether that be related to Contribution Agreements, population health programs, NIHB, or other priorities.

What is the impact on Carry-Forwards of funding with this extension of agreements and shift to the FNHA?

Carry-Forwards will continue to apply as per the terms and conditions of the Contribution Agreements for the duration of those Agreements, including the time extension.



Novation Meter

Capital Planning – will we have access to the extra Headquarters funding that we have accessed historically?

The Framework Agreement establishes a capital budget that is increased relative to what was budgeted by the Health Canada regional office in the past and capital planning and construction will continue in a seamless manner through the transfer.

The FNHA will also have access to funding provided by Headquarters for any new capital programs that may be established by the federal government.

There is no cancellation clause in this Three Party Novation Agreement – it requires one.

The Three Party Novation Agreement does not require a separate cancellation or termination clause since the Contribution Agreements being transferred already include a termination clause.

Can we obtain more flexibility by developing a new agreement with the FNHA and begin making changes in programming now?

The FNHA replacement agreement would maintain the same terms and conditions of the current Health Canada contribution agreements for a two year period as required by the Framework Agreement and as directed by First Nations which indicated that there should be no disruption or changes for this period. As part of the transformation stage, the FNHA will engage with First Nations to determine priorities and opportunities for program changes.

The financial reporting requirements in the presentation looks like 2 year ends – one September 30, 2013 and the other March 31, 2014.

There will be only one year end with Novation. One final financial report (90 days after year end) or one Audit Report (120 days after year end) will meet the Novation Agreement requirements. In particular, for Set Programs notes to the financial statements will be required to summarize how much was spent from April 1, 2013 to September 30, 2013 (pre-Novation, the Ministerial funding period) and how much was spent between October 1, 2013 to March 31, 2013 (post-Novation period), and a total for the full year.

Reporting on actual NIHB Medical Transportation expenditures and travel completed can be challenging as there can be a lot of travel in progress on September 30, 2013.

This reporting is driven by Federal government Treasury Board requirements – the funding from Health Canada needs to be accounted for to the September 30 date. Since the financial or audit reports are due well after March 31, there should be sufficient time to separate any costs relating to travel in process around the cut-off date. However, minimal disruption to the recipient is the priority.

Surpluses – what happens to these? Do they get kept or returned to Health Canada?

Surpluses will be reconciled based on the terms and conditions of the contribution agreement. All reconciliation will occur in the background between Health Canada and FNHA with no inconvenience to the community.

Fiduciary Duty – what is the arrangement? Is this related to Rights or Treaty?

This arrangement is “administrative”, and thus has no impact on treaty rights and is silent on Fiduciary Duty. Prior to signing the Framework Agreement the FNHC sought and received an independent legal opinion which clearly states that the Framework Agreement does not impact the federal fiduciary duty. In addition, Section 3.1 of the Framework Agreement contains a No Prejudice clause pertaining to Aboriginal Rights and Treaty Rights, etc.

If a contribution agreement is terminated by Canada, what recipient obligations remain?

If Health Canada terminates a contribution agreement, the recipient is required (as per the terms and conditions of the agreement) to provide a final financial report or audit and a final program activity report within 90 days of the termination date. The Recipient is also required to pay any amount owing to the Crown. This is a common clause within all agreements.

Does the FNHA have a “Treasury Board” for communities that run short of funds?

The FNHA does not have a Treasury Board and will need to manage within its budget for NIHB, contribution agreements and regional operations. Contingency planning

"I'm really excited and proud of the work that's been done because in a lot of ways we're moving beyond colonization and we're moving to a place where First Nations are once again taking a role in being self-determining and making decisions about our future for ourselves."

- Lydia Hwitsum, Chair, First Nations Health Authority



is part of the budget process. It is important to note that, due to the funding commitments established in the Framework Agreement, BC has been insulated from the budget cuts made to other regions and from the sunset of specific programs. As with the other Health Authorities in BC and Canada there will never be enough funding for health care. Instead of Health Canada determining our budget, the FNHA has this responsibility and our collective objective is to do a better job for our citizens, including building budget discussions into our engagement activities. The Tripartite partners are committed to making this work, while the FNHA has a set budget, in the event of unforeseen disasters like pandemics, we will be supported by our partners.

Are First Nations able to negotiate the terms of Novation for their protection?

The Three Party Novation agreement is an administrative agreement that has been developed jointly by the FNHA and Health Canada to protect everyone's interests. The recommendations from First Nations communities received through the regional sessions have been considered and incorporated.

Non- Insured Health Benefits – will there be any process to look at re-basing of Patient Travel budget amounts in the contribution agreements? Expenditures continue to rise with specialist appointments, etc.

Medical Transportation is a demand-based program and there is a process to address Medical Transportation overages, dependent on budget availability. This process will continue through transition with the First Nations Health Authority. Please refer to your Program Coordinator and/or the Non-Insured Health Benefits Program for further assistance.

I don't understand why this is a Three Party Agreement.

The Novation Agreement creates the formal relationship between the FNHA and the contribution agreement recipient. It is a three party agreement as to secure the consent of all three parties in the transfer of the agreement from Health Canada to the FNHA.

What is the "downside" of not signing the Novation Agreement?

There are more than 200 contribution agreements in the BC Region and if the FNHA were required to prepare new agreements to take effect October 1, 2013, there could be delays in developing, issuing and making

payments under these agreements. If a recipient chooses not to sign the Novation Agreement, Health Canada will terminate its existing agreement and the recipient will be required to prepare an audit and annual report (from April 1 to September 30) which will be due 90 days after termination date. The Three Party Novation Agreement is the most efficient, stream-lined and seamless process for all parties.

Any contribution agreement which has to be entered into between the FNHA and a recipient who has not signed the Novation Agreement, will have the same terms and conditions as the terminated agreement. Thus, it is to the benefit of the recipient and their community to sign the Novation Agreement and avoid any possible delays in payments.

Can we have a dedicated contribution agreement with our current health board, instead of the band?

A contribution agreement recipient may be a First Nations band, health society, tribal council or other legal entity. Please refer to your Program Coordinator for more information.

With respect to the contribution agreement, will everything carry over and be honoured by the FNHA (for example, surplus management?)

accounts activities additional **agreement** audit
 bc board budget **canada** capital changes clause community
 conditions continue **contribution** date days federal final
 financial **fnha** framework **funding**
 government **health** impact including legal **nations**
novation party period process program
 provided received **recipient** regional reporting
required rights sessions sign surplus termination terms
transfer year yes

Yes, all the existing terms and conditions of the agreements will carry over to the FNHA including all on-going program funding to March 31, 2015 and capacity for surplus management (Flexible and Block components of the agreements, but not for Set programs or funding models).

In November there was a court decision which involves reinstatement of status for some non-status First Nations, which will impact on numbers accessing health programs and services. Is there coverage for this in the Framework Agreement?

Yes, the Contribution Funding Agreement between Health Canada and the FNHA has a clause that accounts for this: "...in the event that Canada introduces expanded beneficiary eligibility and associated funding for any federal health programs and services set out in Schedule 3 as a result of possible legislative amendments to the Indian Act (Canada) or decisions of the courts that result in an increased number of persons eligible to be registered as an Indian under that Act, Canada and the FNHA will work together to determine impacts and approaches to address such change. [CF.10(3)]

We have an agreement that expires March 31, 2014 – can we develop a new agreement when it expires?

All current contribution agreements will be extended to March 31, 2015 to allow for a smooth and seamless transition to the FNHA. The FNHA will renew and issue contribution agreements when these expire.

The audit breakdown you refer to in the Three Party Novation Agreement could be an additional cost to recipients – will there be any guidance on this?

Yes, a guidance document will be provided to assist recipients and their auditors in the preparation of the 2013/14 fiscal year financial reporting/audit and additional audit costs. With respect to reporting, business will be conducted as usual, one report will be issued by the community at year end. This report will be broken into two reporting periods April 2013- September 2013, and October 2013-March 31, 2014. All reconciliation will occur in the background between Health Canada and FNHA with no inconvenience to the community.

We are interested in getting our own legal opinion on this Three Party Novation Agreement – will Health Canada assist us in funding this activity?

No, Health Canada will not provide additional funds for this purpose. The Three Party Novation agreement has been reviewed at length by both FNHA and Health Canada legal counsel. Feedback from the Regional Novation sessions has been considered and incorporated in the final draft.

We are in the Evaluation process for our current Transfer agreement. Do we proceed with this activity in light of the impending transfer? In addition, do we continue with the similar reporting activities using the Community Based Reporting Template?

Yes, terms and conditions of the agreements remain the same for at least a two year period, including the evaluation and other reporting requirements. It is anticipated that activities in preparation for Transformation will greatly improve reporting requirements.

“The direction and guidance we receive from our leadership is a key way in which the FNHA does our business differently. At each successive Gathering Wisdom for a Shared Journey forum, we have received direction from leadership. Our success is in our ability to deliver on this direction.”

-Richard Jock, VP, Policy, Planning and Strategic Services



Above: Vancouver Coastal Region Partnership Accord Signing Ceremony (May 1, 2012). Regionalizing supports and services is a key priority for the First Nations Health Authority Policy, Planning and Strategic Services Department in the coming months.

Policy Planning and Strategic Services focuses on Regional Supports



Richard Jock,
Vice-President Policy,
Planning and Strategic
Services

First Nations have grown our partnership with federal and provincial governments from one based on creating space for First Nations

in the dialogue, to one where we will now play a key decision-making role. We have grown from an organization responsible for developing concepts and structures, to one that will have the serious responsibility of service delivery.

The direction and guidance we receive from our leadership is a key way in which the FNHA does our business differently. At each successive Gathering Wisdom for a Shared Journey forum, we have received direction from leadership. Our success is in our ability to deliver on this direction.

In the early years of Gathering Wisdom, we received feedback about health plan implementation, helping us to develop some key Health Action cluster areas and work at a strategic-level to create space that will enable change for First Nations at all levels – particularly close to home.

At Gathering Wisdom IV we received the 7 Directives – the standards to guide all transformative efforts into the future. We also received approval for the transfer of FNIHB service responsibility for the FNHA, and the mandate to transform those services to meet First Nations needs locally, regionally, and provincially.

Health Actions Transition to Regions

At Gathering Wisdom V, following a number of years of governance development regionally, we received the direction to strengthen the role of the regions through the establishment of regional offices and the appointment of regional board members. At the same time, each region signed a Partnership Accord with their respective Health Authority. The Partnership Accords are where a key opportunity for change lies.

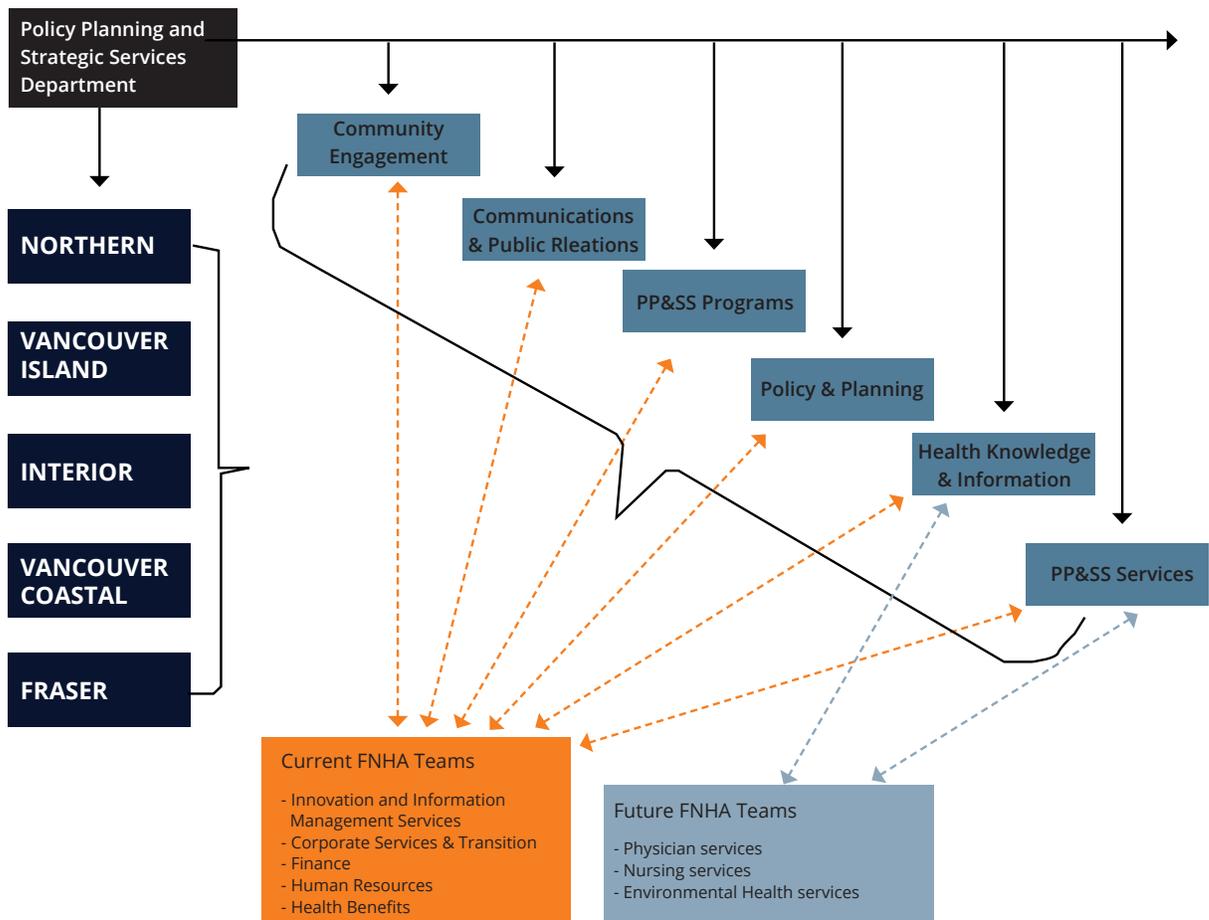
This is how we will integrate with and influence the broader provincial system that serves the same people that we serve.

The CEO has assigned the PPSS unit with the responsibility for leading the implementation of regional capacity and supports to meet the above leadership objectives, particularly as we prepare for regional Partnership Accord implementation, and transfer of

The new Policy Planning and Strategic Services structure will enable us to:

- » Per the direction of our leadership, bring services and supports closer to home
- » Redirect our talent pool and resources to better serve and meet the expectations and standards of BC First Nations
- » Build a department to most effectively meet our new service responsibilities

Regional support matrix



FNHIB service delivery to the FNHA. As a result, the PPSS unit is reorganizing to provide both virtual and physical capacity to the regions.

This means that the Health Actions approach as we have known it is changing. The work of Health Actions strategy tables has brought us to where we are today. Based on direction from our leadership, that important work at the provincial level has set the table for what lies ahead. Now taking further guidance from our leadership, we will reorient this capacity in support of regionally-oriented implementation. The operationalization of support for the regions is underway. The PPSS matrix approach to regional supports (above) outlines how the central

services offered by PPSS (Community Engagement, Communications, Policy, Programs), and the FNHA as a whole, can provide services and supports to the regions.

Regional Profiles

Each of the regions has received a copy of a Draft Regional Profile, which we have received feedback on areas that they would like to see added to the profiles. As well, developed brief profiles for the Interim Health Plan.

Regional Team Charter

Each of the regions has completed a draft Charter. Team charters will be reviewed by the FNHC and FNHDA for finalization over the summer. The purpose of the regional team charter

is to outline supports, roles and responsibilities on a region by region basis.

Regional Director Positions

The FNHA has completed capacity discussions with regional tables. Discussions in the regions captured each regions perspective, and the FNHA's, on roles and responsibilities, competencies and core functions for regional directors.

The job description is being fine-tuned, and all 5 Regional Director Positions will be filled by September 30, 2013

The next step is to post for the five positions; hiring will be staggered and based on the order that the

Implementation activity in the Regions

	FRASER	VANCOUVER ISLAND	VANCOUVER COASTAL	NORTHERN	INTERIOR
Partnership Accord Signed	December 1, 2011	May 1, 2012	May 1, 2012	May 11, 2012	November 14, 2012
Oversight Committee TOR	Draft	Approved	Approved in Principle	Approved	Next step is to develop TOR
Regional Team Charter	Pending Caucus Approval	Draft	Draft	Draft	Draft
Regional Profiles	Draft Completed	Draft Completed	Draft Completed	Draft Completed	Draft Completed
Regional Nomination Process	Selection Committee	Selection Committee	Selection Committee	Reviewing application	Selection Committee

Partnership Accords were signed (Fraser, Vancouver Island, Vancouver Coastal, North, Interior).

Interim Health Plan

The BC Tripartite Framework Agreement on First Nation Health Governance requires the FNHA to prepare an annual Interim Health Plan (IHP) that sets out its operational start-up plans, goals, priorities, program plans and services, evaluation process and use of funding provided by Canada and BC. A key purpose of the IHP is to trigger the release of funding to the FNHA under funding agreements with Canada and BC.

While the scope of this first IHP is operationally focused, our view is turned to the planning opportunities of the future. Following this early transition period, IHP's will eventually be replaced by 5-year Multi-Year Health Plans that sets out the FNHA's goals, priorities, program plans and services, health performance standards, anticipated allocation of resources and use of funding provided by Canada and BC.

A draft of the inaugural FNHA IHP was approved by the FNHA Board in early June. The submission of the IHP to Health Canada was a key requirement to trigger the Canada Funding Agreement. Health Canada officials indicated that the draft IHP meets and

exceeds the conditions and that the federal process for releasing funds has been initiated accordingly.

A summary document outlining the key priorities and goals for 2013-14 is currently being finalized for broad distribution.

Health Services and Improvements

The PPSS team is in active discussions with the Province through a bi-lateral Project Board. Project Boards are utilized by the BC Ministry of Health to address health service gaps and to fund innovative approaches to health service delivery. Project board membership includes the Assistant Deputy Minister of Health for Population and Public Health, the Assistant Deputy Minister of Health, IM/IT Division, and the Director of the Aboriginal Healthy Living Branch as well as other Ministry of Health staff as needed.

The establishment of a First Nations project board in October 2012 was a first for BC. Having a seat at this table is a valuable opportunity for the FNHA to have influence on and access to funding initiatives that come through the Ministry of Health, as well as to have direct dialogue about how to provide provincial level support for the coordinated work in the regions between the Health Authorities and the Regional Tables.

The project board has to date primarily focused on the development of primary care and e-health initiatives to fill identified gaps in service and information access faced by First Nations people throughout BC. In addition, this table has worked to inform the Ministry of Health around priorities for First Nations in health care, as well as to provide information to the FNHA about health funding initiatives and structures of decision making and committee work within the Ministry, for example programs regarding nurse practitioners and physician Alternative Payment Plan guidelines, that in the long run will enable the FNHA direct access to these funding envelopes.

In closing, I am continually humbled by the passion, hard work and determination of everyone that I have met who is involved in this historic change process and look forward to the work ahead.

Onen



Richard Jock,
Vice-President,
Policy, Planning and Strategic Services



Regional Health Planning Approach

1. Ensure leadership support (FNHC, FNHA, FNHDA) for approach/planning model for Regional Health & Wellness Plans, and any tools/outcomes/standards/outlines for Regional Health & Wellness Plans.
2. Engage technical support for Regional Health & Wellness Planning, or planning functions of the FNHA more broadly.
3. Implement team approach to the development of Regional Health & Wellness Plans, involving: Community Engagement (including Community Engagement Hubs); Regional Directors; FNHA Planning support; FNHC and FNHDA Secretariats.
4. Engage with First Nations on Regional Health & Wellness Plans at opportunities throughout the spring/summer 2013 (Community Engagement Hubs, Sub-Regional Caucuses, Regional Caucuses).
5. Further drafting and dialogue to take place for a targeted ratification of Interim Regional Health & Wellness Plans by November 2013.

Interim Regional Health and Wellness planning approach FAQ's

The objective of interim Regional Health and Wellness Plans (iRHWP's) is to establish a common voice in each region and to develop priorities in the work with Regional Health Authorities and Regional Tables.

Further, common priorities expressed among the five regions will provide the FNHA/FNHC/FNHDA with clear direction of the issues that may be addressed from a population health perspective.

Engagement on iRHWP's has begun and the FNHA has been receiving some great questions on the process and timeframe.

1. How can we simply describe the interim Regional Health and Wellness Plan?

A) "This is who we are in our region, and this plan will show our interim regional priorities and how we plan to work together to achieve them."

2. Why is the plan 'interim'?

A) As this is the initial regional planning exercise, the content will be directed toward how to best approach the work based on interim regional priorities. Also, the FNHA is required to prepare an Interim Health Plan (and, later, Multi-Year Health Plans). Therefore, using the word 'interim' ensures consistency of planning language.

3. When does the interim come off?

A) Moving forward from October 2013 the implementation of regional approaches and priorities will be the focus to spring 2015 (Gathering Wisdom VII). At that point it is likely that more detailed strategies will be in place and more comprehensive Regional Health and Wellness Plans will result.

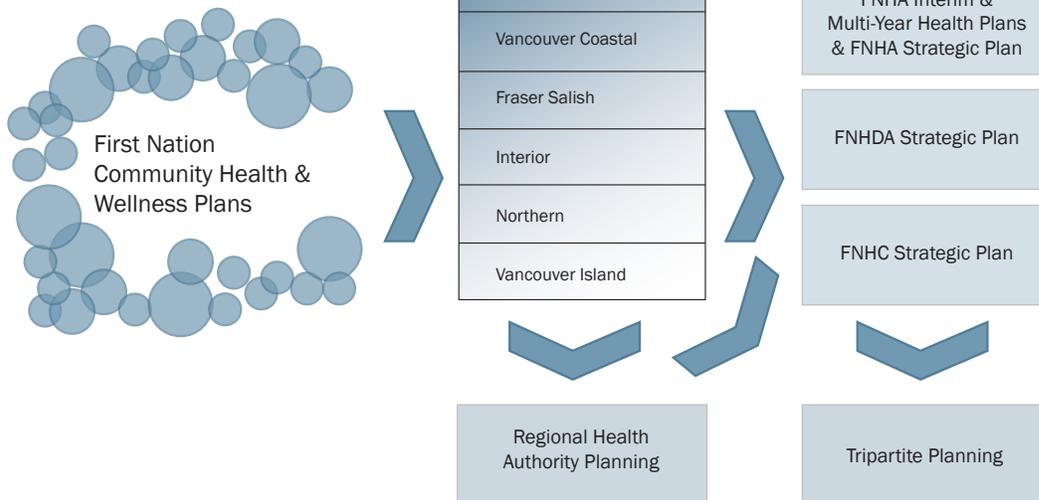
4. How do Community Health Plans contribute to this plan?

A) As stated above this is an effort to address regional priorities rather than a 'roll-up' of community planning. We do recognize the value in existing planning efforts and will want to leverage that work in populating the planning framework. We also recognize that FNIHB community health plans have been developed to meet different objectives, and within a pre-regional Partnership Accord environment.

5. How do these plans inform Regional Health Authorities?

A) Each Regional Health Authority must develop an Aboriginal Health Plan; the scope of these plans is inclusive of the Aboriginal population within their boundaries, whereas in the iRHWP the scope is First Nations only. Also the iRHWP will speak to broader priorities and approaches

BC First Nations Health Planning Approach



which also provide direction to the FNHA, FNHC and FNHDA. The goal is to achieve greater coordination and integration over time of RHWPs and Aboriginal health and wellness planning processes of the Regional Health Authorities.

6. Who approves the plans?

A) As the plans develop the regional tables and communities will be involved in reviewing the work and at Gathering Wisdom the full regional caucus will approve the iRHWP.

7. What is the role of (i)RHWPs in determining regional supports and resources?

A) As they are evolving, RHWPs will contribute to determining needs and priorities for region-specific support and resources. Also, these plans will provide information for how to best support region-specific engagement and communication needs and priorities.

8. Are the community health and wellness plans being discussed the same as those that

communities already have in place? Or will communities have two separate plans?

A) Health and Wellness Planning at a community level is something that needs ongoing engagement and discussion. The FNHA/FNHC/FNHDA will be sharing a Guidebook this summer which will address the evolution of planning at all levels as well as other significant points of interest as the work moves forward.

Ideally a community will engage and develop a single plan which addresses their health needs. The standards of this planning process will be directed by BC First Nations and supported by the FNHA.

9. How will the Hub coordinators be involved?

A) The Community Engagement Hub networks will play an essential role in collating and bringing forward the First Nations priorities toward the development of the iRHWP's. Hub coordinators will support Hub communities to participate in regional priority development through establishing regional engagement

pathways. Many communities within the Hub structures have been having discussion regarding their health priorities and the intention will be to utilize this existing information as much as possible. Recall that contributing to Planning is one of the three principles of the Community Engagement Hub initiative along with Communication and Collaboration. We have arrived at the moment where the health planning work of Hubs can be realized.

Will there be potential for having sub-regional health plans/priorities?

A) The work to improve the integration between engagement structures is ongoing: Hubs -> Sub-Regional Caucuses (Nations Assemblies) -> Regional Caucuses. It will be valuable to establish planning at the sub-regional level, particularly around engagement and communications; however, the iRHWP is the priority in the short-term.

10. Are there any other partners involved in the planning? BC Ambulance, Physicians etc.

A) Coordinating and harmonizing planning processes with external partners is a key goal. This first iRHWP serves to provide priorities and approaches of the First Nations of the region, with a focus on test-driving our ability to plan together as regions. What will be important is providing the direction of how best the region feels that partners should be included in on-going planning efforts.

11. How will these plans impact the Urban population?

A) A key component of this iRHWP framework is Implementation Consideration, and the subject of Urban/Away from Home populations is included. The expectation is that the region will identify their approach to inclusion of this population in their work.

12. What will be included in the iRHWP?

A)As introduced in the Transition Update April 2013 Dr. Margo Greenwood has worked with the

FNHA to establish a common iRHWP Framework to ensure consistent content across the province. The Framework will support the Table of Contents for each plan (see below).

CONTENT OUTLINE FOR INTERIM REGIONAL HEALTH AND WELLNESS PLANS

Introduction and Background
Incl. First Nations perspective of wellness; context and purpose of plan, etc.
Guiding Principles
The foundation of the plan, including Seven Directives, shared vision, etc.
Regional First Nations Context and Achievements
Incl. geographic, demographic, cultural and socio-economic information, as available; partnerships (incl. joint committees); services, etc.
Regional Health Authority Context and Achievements
Incl. geography, organizational structure, services and initiatives, etc.
Regional Priorities, Goals and Initiatives
Regarding governance/ decision making; health services; partnerships (incl. Partnership Accord Implementation); capacity development and planning, etc.
Engagement and Communications
Incl. priorities and next steps for regional engagement and communications approaches and initiatives
Implementation Considerations
Incl. challenges and opportunities; next steps
Evaluation and Reporting
Incl. approach to developing indicators and evaluation / reporting processes
Conclusion
Appendices
Evaluation and Success Indicators (2-3 pages)
The establishment of a Policy and Planning impact analysis may need more time to develop long term. Potentially each component would indicate it's evaluation criteria, may consider 'Plan Completion' as a short term Indicator.

FNHA Health Benefits Program > Eligibility

- » Eligibility for the FNHA Health Benefits program extends to First Nations people that are residents of British Columbia and have a status number.
- » Residency is defined as having an active BC Health Care card and living in BC.
- » For those clients whose premiums are paid for by FNHA and live in BC, they will automatically be added to FNHA Eligibility List.
- » First Nation clients that have their MSP premiums paid by their employer or through another source, are encouraged to contact the Regional office (1-800-317-7878) to ensure they are on or added to the FNHA Eligibility List
- » Non-resident First Nations using health services in BC will continue to be covered by Health Canada.



First Nation Health Benefits Update



John Mah, VP, Health Benefits

Greetings,

We are pleased to announce that earlier this month the Health Benefits Sub-Agreement and Health Benefits Service Agreement were finalized and signed. This achievement marks the beginning of our collective journey to transforming First Nations Health Benefits (FNHB) for the better. On July 2nd, the FNHA assumed responsibility for the Non-Insured Health Benefits (NIHB) program, this represents an important milestone in our health services transformation journey.

Preparation for the transition from NIHB to FNHB has been ongoing for months and the FNHA team is well positioned for a successful transfer. Communications have been sent to prepare providers and associations of this historic

date and they are ready to continue providing service. FNHA and Health Canada will continue working together to ensure services are delivered seamlessly.

Eligibility List

Version 1.0 of the FNHA Eligibility List is complete and has been submitted to Health Canada headquarters for loading into the Health Information and Claims Processing Services (HICPS) program. The list is made up of approximately 124,000 BC First Nations residents eligible for the First Nations Health Authority Health Benefits Program.

Health Benefits Improvements Working Group

The Health Benefits Improvements Working Group continues to meet regularly with the purpose of strategizing improvements to benefits programming prior to the transfer to the First Nations Health Authority, during the buy-back period, and beyond. This includes strategizing with respect to communications and engagement initiatives associated with health benefits.

Some of the activities of the Working Group are to provide guidance and feedback to materials intended to

First Nations Health Authority Health Benefits Program

Contact information after July 2 remains the same:

General Contact information BC Region:
1-800-317-7878 (toll free) Have your Status Card and CareCard ready.
Vancouver 1-888-321-5003

Non-Insured Health Benefits:
757 West Hastings Street, Suite 540 | Vancouver, British Columbia | V6C 3E6
604-666-3331 | Fax: 604-666-3200 | Fax (toll free): 1-888-299-9222

Dental:
604-666-6600 | Toll-free: 1-888-321-5003 | Fax: (604) 666-5815

In-person inquiries:
1166 Alberni Street, Room 701, Vancouver



June 21 Aboriginal Day of Wellness events across BC. Clockwise from Top left: Uchucklesaht, Prince George Fun Run, T'it'q'q'et Salmon days, Lake Babine Nation parade.

communicate with or engage First Nations on the issue of health benefits, review the outcomes of any engagement processes with First Nations on the issue of health benefits and develop discussion strategies and recommendations relating to immediate, mid-term, and long-term improvements to health benefits programming.

During the last Working Group meeting, members reviewed and provided feedback into the draft FNHDA Health Benefits workbook. This workbook builds upon previous engagement sessions held with Health Directors and is meant to ask Health Directors key questions as technical advisors. Feedback from Health Directors will be summarized into a FNHDA Collective Technical Advice Document, finalized and then provided to the FNHA and FNHC for their consideration in the future of transforming systems related to NIHB and the future Health Benefits. The FNHA is pleased to partner with the FNHDA on this work and to support the engagement efforts in the coming months.

What is the Health Benefits Sub-Agreement?

The Health Benefits Sub-Agreement outlines the conditions and obligations of each party relating to the transfer of benefits services to the FNHA. The FNHA health benefits program will establish policies and procedures for the categories of health benefits, eligibility for the program, coordination of benefits, selection of providers and management of provider relationships, and benefits claims processing, adjudication, and payment. The Sub-Agreement sets out a phased approach to the transfer to be further described in a Health Benefits Service Agreement – a two to four year “buy-back” arrangement, wherein the FNHA will “buy back” the current NIHB Program from Health Canada. There will be a coordinated management arrangement during the buy-back period, in which Health Canada, the FNHA, and the parties collectively will have clearly defined roles and responsibilities.

What is the Health Benefits Service Agreement?

A Health Benefits Service Agreement will take effect on the effective date and remain in place for two to four years. The Service Agreement will ensure continuity of services to beneficiaries, and involves the FNHA's purchase of health benefits services from Health Canada. Following the expiry or termination of the Service Agreement, the FNHA will deliver its health benefits program, and may access advice from Canada to inform its program.

How does the transfer of NIHB affect First Nations from other provinces living in BC?

This is a ‘residency-based’ agreement regardless of which province your home community originates. Therefore if you are a resident of BC defined by the Medical Services Plan (lived in the province of BC for at least 6 months) NIHB services will now be provided by the FNHA. Regardless of residency, benefits and services received in BC will still be available by service providers and experience at the service counter will remain the same.

Our Vision

Healthy, Self-Determining and Vibrant BC First Nations Children,
Families and Communities

Our Values

- » Respect
- » Discipline
- » Relationships
- » Culture
- » Excellence
- » Fairness

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