



INTERIOR REGION
First Nations Health Authority

INTERIOR REGION CAUCUS UPDATE

NOVEMBER, 2015





The purpose of this Interior Region Caucus Update is to present an overview of key activities and accomplishments in the Interior Region over the past year. The sections below are organized under the 7 Directives in alignment with the *interim* Interior Regional Health and Wellness Plan (iRHWP).

1. Community-Driven, Nation-Based

Planning was identified as a priority in the iRHWP and has been occurring at the community, Nation and Regional levels. This planning process will lay the foundation for implementing the Community-Driven, Nation-Based approach and linking investment and supports with community and Nation priorities.

Community & Nation Planning

Last year, each of the 7 Nations were provided with funds to conduct Nation planning processes. The priorities identified through the Nation processes and through further planning activities over the coming months will be used to inform a refresh of the iRHWP. The First Nations Health Authority (FNHA) Funding Arrangements Advisory team continues to support the development of new and updated community health and wellness plans and the Interior Region has several communities who will be supported for community health plans over the coming year. Information from past engagements on community health planning have been gathered and will inform future discussions on the transformation of the community health planning process.

Strategic Directions

The Interior Region and Nation Tables have been undergoing planning processes related to implementation of the iRHWP and defining our decision making pathways. Bringing together the 7 Interior Region Nation Executive representatives, 7 Technical representatives, Transformation Team (formerly known as the Hub Coordinators), Interior First Nations Health Directors Association representatives and FNHA staff is fundamental to this process and a Strategic Planning Session was held March 2-3, 2015. Initial priorities identified include building our human and economic capacity, policy development, planning (community, nation, and region) and improving our regional communications approach.

Based on the direction of the Interior Region Nation Executive, the March 2015 strategic planning session, the iRHWP, and accumulated discussions with leadership over the past years, a working draft of a Strategic Directions document has been developed. The document collates the direction that has been gathered so far from Interior leadership about how the Nations of the Interior Region “do business” and builds on the priorities identified in the iRHWP in order to provide a cohesive summary of the overarching direction of the region. An overview of the draft document is being provided by the Interior Region Nation Executive during the fall 2015 Caucus for feedback and discussion.

2. Increase First Nations Decision-Making and Control

Progress has also been made on the priorities outlined in the iRHWP under the directive of increasing First Nations decision-making and control.

Interior Entities Terms of Reference

Much work has been done to implement and strengthen the structures and processes described in the revised Interior Governance Entities Terms of Reference approved during the fall 2014 Interior Caucus (IRC-M-2014-08). The new Aboriginal Wellness Committee consisting of members from the Interior Region Technician’s Table, one Metis representative, and representatives from Interior Health Authority has an approved terms of reference and is now meeting regularly. The Interior Region Technicians Table

and Interior Region Nation Executive have continued to meet and have a key role in providing advice, recommendations and direction to the regional work. This year it was identified that Terms of Reference required further clarification on the process for appointing a Chair for the Interior Region Nation Executive and Interior Region Caucus and a draft motion will be presented for consideration by the Interior Caucus.

Investment Strategy

The investment principles, Nation planning targets, priorities and processes for the regional envelope were refreshed for the 2015/2016 fiscal year based on the recommendations of the Interior Nation Technicians and endorsed by the Interior Region Nation Executive. For the 2015/2016 Joint Project Board and Health Actions investments described later in this document, the investment principles (see appendix A) remained the same as those shared at the 2014 fall Nation Assemblies and Caucus. For decision-making processes, Joint Project Board and Health Actions project submissions within each Nation’s respective allocation were planned and endorsed by the Nation through Nation-approved processes prior to proceeding through the Joint Project Board or Health Actions review and approval process. Regional projects are identified and developed with the Interior Region Technicians Table and then reviewed by the Interior Region Nation Executive prior to being submitted for final approval.

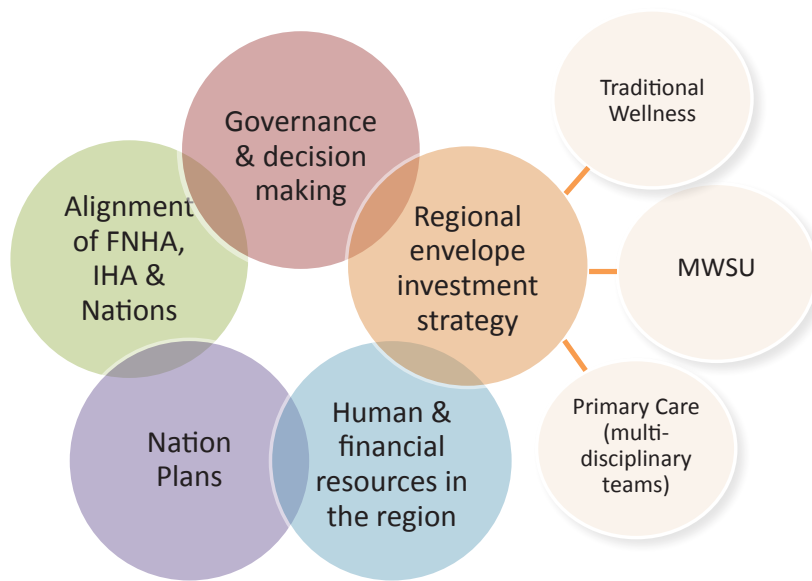


Fig. 1: Key Interior Region Priorities for 2015/2016.

Surveys & Data

Data has been identified as a priority in the region in order to support planning and informed decision-making on health services and programs in the region. In alignment with this priority, there has been Interior participation in two surveys.

Data collection from the First Nations Regional Early Childhood, Education, and Employment Survey (FNREES) was completed on May 31, 2015. This survey gathers data on topics such as family support, school experiences, jobs and traditional activities. In the Interior, 542 surveys were collected and 29 community-based data collectors were trained. The final report of FNREES results is currently under development.

Starting in the fall of 2015, data collection will begin for the First Nations Regional Health Survey (FNRHS). The FNRHS is the only First Nations-governed, national health survey in Canada and addresses a comprehensive range of health status, wellness and health determinant measures, including First Nations priorities within a cultural and holistic framework. The Interior Region Nation Executive approved participation in the Regional Health Survey, striving for 100% participation of Interior communities and ensuring local community members for data collection and retention of data by the region.

FNHA is committed to being data-driven and informed and we are advancing data quality on multiple fronts to allow for more informed discussion and decision-making on allocation methodology which is reflective of population health issues, regional and local priority areas, and which looks to resolve inequities. Examples of what we are doing to advance data quality include the Regional Health Survey, Nation planning, and a health economist report. For the latter, the Interior Region data-match is complete and we are looking to do this in all regions to support a revisiting of the allocation approach.

3. Improve Services

Work has been underway in the region to improve health services through increased investments, reviews and improvements in FNHA programs and services, and through our growing partnership with Interior Health Authority.

Regional Envelope Investments

The regional envelope is a collection of funds set aside by the First Nations Health Authority to support the five BC regions in implementing their regional health and wellness priorities and plans. Derived from a variety of sources, the regional envelope is separate from the provincial envelope, which is a collection of funds targeted to investments that are provincial in scope or that have a province-wide impact. With the FNHA acting as the administrator of the regional funding envelope, this new funding approach brings decision-making closer to the regions and allows for investment in regional and Nation priorities and plans, thereby leading to more effective service planning and delivery. Flexible funding streams available through the regional envelope have been invested in the priorities identified by Nations through Nation-planning processes and in the Interior Regional Health and Wellness plan. Investment highlights are outlined below:

Joint Project Board

The First Nations Health Authority and BC Ministry of Health established a Joint Project Board on First Nations Health comprised of senior decision-makers from both organizations. The Joint Project Board is an important mechanism to improve First Nations health and well-being through the elimination of policy barriers and improved access to health services and swift, sustainable investment in innovative practice. An agreement between the Ministry of Health and FNHA is the “Agreement in lieu of payment of the Medical Services Plan (MSP) Premiums on behalf of First Nations people resident in British Columbia”. Joint Project Board has a pool of sustainable, ongoing funds available for the purpose of improving eligible services for First Nations communities, families, and individuals, in the areas of primary care, maternal and child health, mental wellness & substance use, and oral health.

This stream is largely for funding regulated health professionals. In the first phase of Joint Project Board in the 2014/2015 fiscal year, a regional submission was approved by Joint Project Board for 10 FTE Mental Health Clinicians and Social Workers, physiotherapy services in one Nation, and top up funds

supporting the Nurse Practitioner positions in the Interior region primarily serving First Nations communities. In the 2015/2016 fiscal year, so far across the region 7 new FTEs and dietician services have been approved, or approved in principle, by Joint Project Board providing new Mental Wellness, Navigation, Physiotherapy and Dietician services through outreach models providing services to multiple or all communities within five Nations. Over the coming months it is anticipated that further positions will be approved as Nations finalize their submissions for 2015/2016.

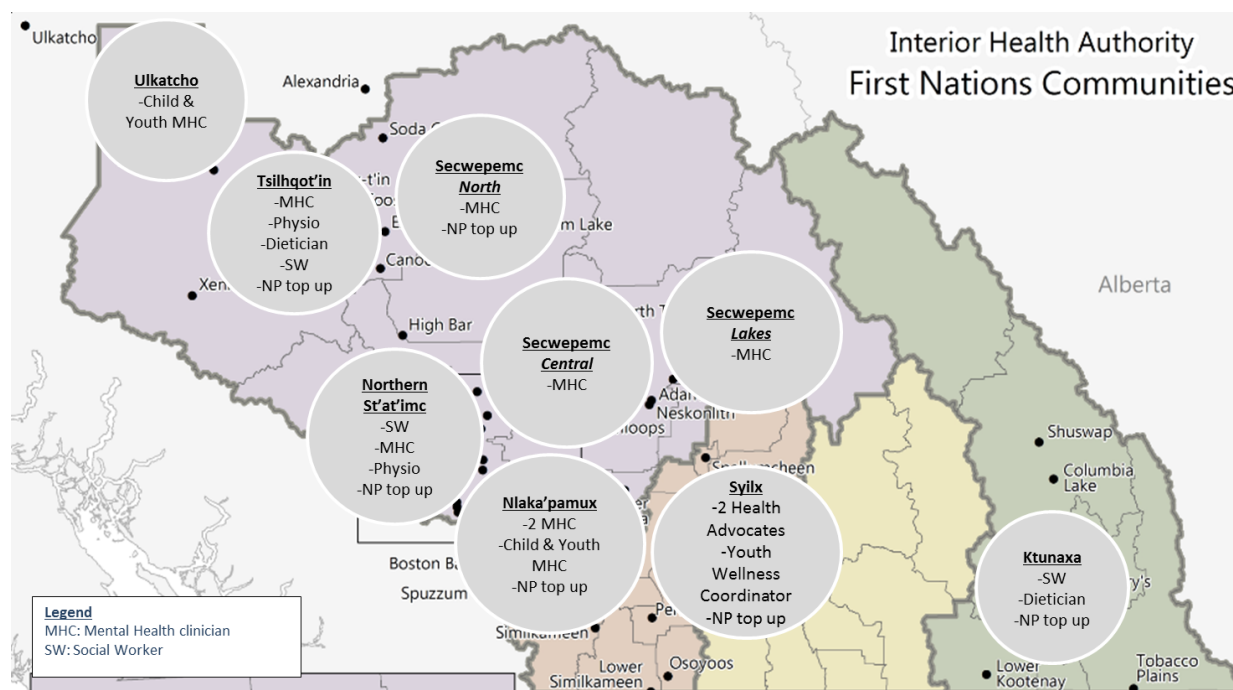


Fig. 2: Interior Joint Project Board Projects approved or approved in principle as of October 2015.

Health Actions

Health Actions funds are intended to support similar purposes to the Joint Project Board element of the regional envelope; however, the health actions funding has greater flexibility than Joint Project Board dollars and can be used for one-time and ongoing (to 2020) purposes that would otherwise be ineligible for Joint Project Board investment, including for programs and projects related to traditional wellness, public health and health promotion. In the last year over \$1.3 million was invested in Nation-based activities, positions and projects. Projects varied depending on Nation priorities, examples include Traditional Wellness Coordinators and activities, Language projects, Mental Wellness and Trauma-informed training, Elder & Youth projects and a variety of Wellness projects.

EHealth

In ehealth, key activities in the last year have included the ongoing implementation of the first wave of the Telehealth Expansion Project, which included 11 sites in the Interior. The second wave is targeted to start in 2016. Panorama has also been expanded in the region, with eight sites fully implemented and six sites in active implementation.

Crisis response

Since December 2014, 24 crises have been reported to the FNHA Interior Team. Much work has been done to refine our processes to respond and support communities as needed. A protocol has been drafted with Interior Health Authority and FNHA to facilitate increased coordination to ensure

communities in crisis receive supports as needed. FNHA offers human and financial resources to community to support during crises. Within FNHA, a new position was established in 2015, the Manager of Emergency Management, enabling FNHA and the Regional Director to provide increased support during crises. The Interior Mental Wellness Advisor position, also new as of 2015, is also available to support crises.

4. Foster Meaningful Collaboration & Partnership

The focus over the past year has been to establish the new Aboriginal Wellness Committee, to progress on the Partnership Accord workplan and to continue to strengthen the partnership with Interior Health Authority.

Aboriginal Wellness Committee

The Interior Nation Technicians Table is comprised of 7 Nation Technical representatives appointed through Nation approved processes. This Table has now taken on an added function as the Aboriginal Wellness Committee (AWC) referenced in the Interior Partnership Accord. The Aboriginal Wellness Committee is a technical advisory body that provides advice and recommendations to the Partnership Accord Leadership Table. As per the motion (IRC-M-2014-08) approved by the Interior Caucus last fall regarding the Interior Terms of Reference, this is a joint table that will also include representatives from Interior Health Authority and one Metis representative appointed by Interior Health Authority. This table is tasked with coordination and harmonization of the common priority areas from the Nations including those brought forward from the Nation Letter of Understanding (LOU) committees (see Interior Region Governance Model in appendix B).

Partnership Accord Leadership Table

The Partnership Accord Leadership Table is comprised of the seven Nation representatives (appointed by the Nations) and senior representatives from Interior Health Authority. The Partnership Accord Leadership Table provides strategic direction and oversight to the implementation of the Partnership Accord. At each Partnership Accord Leadership Table meeting, a joint workplan that coincides directly with those actions noted in the Partnership Accord is reviewed and guides the work of the table.

The Partnership Accord Leadership Table offers the opportunity for an ongoing operational discussion between Interior Nations and Interior Health Authority. Over the past year, the Partnership Accord Leadership Table has jointly engaged in several areas including Joint Project Board, an Interior Health Authority funding model, data governance, communication and increasing human resource capacity within Interior Health Authority and at the local level. Through the creation of the Partnership Accord Leadership Table and the Aboriginal Wellness Committee, the Partnership Accord Leadership Table identified the need for engagement with the Away from Home (urban) First Nations population in order to strengthen our working relationships and create a mechanism for improved coordination of health services. Interior Nations have emphasized the need for Nations to do this through processes at a local level. Advisory capacity previously held by the Aboriginal Health and Wellness Advisory Committee to Interior Health is facilitated by partnerships at the Nation level. Partnership Accord Leadership Table representatives acknowledge existing relationships and partnerships; however, know that this is the first step in many and that working together collaboratively will ensure a seamless and coordinated approach. Representatives would like to ensure that local level issues that are identified through the Letter of Understanding tables and those that are common to the region are escalated so that the Interior can be more strategic in identifying the priority areas of the Partnership Accord Leadership Table.

In addition to the tables, to support the regional work, the CEOs of Interior Health Authority and FNHA have met to draft a protocol and to discuss priorities that have been identified in the iRHWP and through the Partnership Accord Leadership Table. Relationships have also been fostered at other levels through meetings between Interior Health Authority and FNHA VPs and through a first joint team meeting between the FNHA regional team and Interior Health Authority Aboriginal Health team. The purpose of these meetings is to build relationships, increase communication and create further opportunities to address issues and collaborate on priorities with Interior Health Authority.

5. Develop Human & Economic Capacity

A key priority of Interior leadership has been to increase human and financial resources closer to home. Through the growing number of opportunities stemming from the regional envelope and the regional tables there have been a number of discussions with Interior Region Technician Table and Interior Region Nation Executive to begin to identify the resources required to support the region and Nations.

The creation of the Regional Envelope has resulted in a significant addition of financial resources within the region. The past year has also seen the Interior Regional team grow with a new Mental Wellness Advisor position created and Community Engagement Coordinators hired for the Dakelh Dene and Nlaka'pamux Nations. Over the summer a Senior Medical Officer and a Nursing Manager were hired by FNHA. These two positions are based within and support the Interior Region. New positions approved for the Region include a Project Developer, Regional Manager, Regional Advisor, Regional Planner, Senior Data Coordinator and Senior Administrative Coordinator. Five Community Engagement Coordinator positions continue to be hosted by their respective Nations and to date all but one Joint Project Board position is being hosted by either a community or Nation entity.

6. Be Without Prejudice to First Nations Interests

To support the implementation of the Interior Governance Structure, each of the 7 Nations were provided with funding to conduct engagement with Metis organizations within their territories through Nation-approved processes as per the direction provided by the Interior Caucus in the fall of 2014. As outlined within the Interior Governance Entities Terms of Reference, a Metis representative sits on the Aboriginal Wellness Committee. Engagement with urban organizations occurs at the Nation level through the Letter of Understanding tables or other Nation-defined processes and over the last year Nations have conducted a variety of engagements to strengthen connections with urban partners such as organizing community meetings with local urban organizations or inviting representatives to participate in the Nation Letter of Understanding meeting.

FNHA is also supporting a Health Impact Assessment scoping project related to the Mount Polley Mine Breach. The study is being completed to international standards and is intended to help gain a full understanding of health impacts on communities and to support decision-making by the First Nations.

7. Function at a High Operational Standard

Processes and procedures are being put in place to enable us to work at a high operational standard in line with the 7 Directives and the principles of the Interior Nations outlined in the *Unity Declaration*.

Interior Region Workplan

The Interior Region Team has developed a workplan based on the *interim* Regional Health and Wellness Plan (iRHWP). The workplan is intended to guide the work of the region for the upcoming fiscal year and

beyond. Actions for the year are aligned under the 7 directives and cover the 19 priorities identified by the Nations through the iRHWP as well as three new priorities recommended by the regional team and Interior Region Technician Table: strengthen the role of traditional wellness; collaborate with partners across sectors to protect the health of the land and the environment; and primary health care services. Primary health care has been a particular focus due to the new Joint Project Board and Health Actions funding and has led to work on Nation shared services delivery models and development by Nations of processes for Nation decision-making around regional envelope funding allocations.

Regional Summaries

The regional summary report is the FNHA's ability to capture regional needs, issues and prepare responses accordingly. In the current process, Community Engagement Coordinators (CECs) submit Nation issues tracking forms on a monthly basis and those items, along with the regional team's input through direct contact with Health Directors and leadership, are included in the Regional Summary. Issues tracking has been ongoing by Nations and the Region over the last year. These issues are collated and provided to the relevant VP to be addressed and to enable common issues to be identified that might require a systemic fix to address. To add an issue to the regional summary, please submit it to your Nation's Community Engagement Coordinator.

Communication & Engagement

Regional communication continues to occur through regular emails and meetings with the four regional tables. There are also biweekly meetings between Hub/Community Engagement Coordinators, the Interior Team and occasional guests to exchange updates and information on new opportunities. Meeting summaries are now being circulated to Health Directors and Leadership, overviewing highlights from meetings of the Interior Region Nation Executive, Partnership Accord Leadership Table, Interior Region Technician Table and Aboriginal Wellness Committee. Additionally, update letters are issued to all Health Directors and Leadership on a quarterly basis.

We are continuing to streamline community engagement to make best use of everyone's time, including at Caucus. We have organized the agenda to ensure that busy Chiefs can attend the portions or days of the meeting relevant to them, and same goes with Health Directors. FNHA is also looking to identify options around Gathering Wisdom based on inputs from regions that engagement is better closer to home and, consistent with Directive 7, we will engage on this at the upcoming spring caucus session.

Next Steps

Guided by the strategic direction of leadership and the *interim* Regional Health and Wellness Plan, FNHA and the Interior Team will continue to move forward on the priorities of Interior First Nations. Areas of immediate focus will include continued Joint Project Board and Health Actions implementation, updating the iRHWP, strengthening the partnership with Interior Health Authority and continuing to bring human and financial resources closer to home. These directions will be supported by an action and business plan that is inclusive of: Nation-based and collaborative protocols, a communication plan, and an evaluative component that supports the directives and their implementation.

Appendix A: Guiding Principles for Interior Regional Investment

Complementing the 7 Directives and principles of the *Declaration of Unity*, the Interior Region Technicians identified a number of principles to provide further guidance to regional investment decision making:

- Ensure equitable **access** to health programs and services, recognizing each communities unique challenges
- Acknowledge the geographic expanse and **diversity** of the Interior Region
- Socio-economic indices will be incorporated into planning and projections – plan for **7 generations**
- Ensure that all health programs, services and practices are **holistic** and centered in the culture of the 7 Nations in the Interior Region
- Implement **innovative** approaches and service delivery models
- Work in **collaboration** with each other and our partners to enhance and improve **relationships**
- Support **capacity building** by enhancing and expanding on existing teams
- Ensure that health programs and services are of the highest **quality**
- **Celebrate** our achievements and take care of each other to ensure **team and personal wellness**
- Develop an information, monitoring and **evaluation** approach for all health programs and services to ensure **accountability**
- Ensure ongoing meaningful participation and **inclusion** of all Interior First Nations
- Develop standards to ensure that resources are used **ethically** and in the most **efficient** and effective way possible
- Plan **strategically** to maximize **impact**, including concepts such as shared services and service delivery area/cluster/hub and spoke models
- Implementation of **evidence based** and **sustainable** health programs and services
- Ensure that all communities achieve the same level of participation and **readiness**
- On both a strategic and project-by-project basis, pursue opportunities to **partner and leverage investment** from groups such as: Interior Health; Ministry of Health; Ministry of Children and Family Development; Primary Care providers (i.e. Divisions); Ministry of Social Development and Social Innovation (includes Community Living BC, Housing, and Income Assistance), Aboriginal Affairs and Northern Development Canada, Bladerunners, Aboriginal Skills Training & Employment Society

As recommended by the Interior Region Technician Table and approved by the Interior Region Nation Executive, Nation planning targets are formulated based on considerations of population, remoteness and number of communities within the Nation.

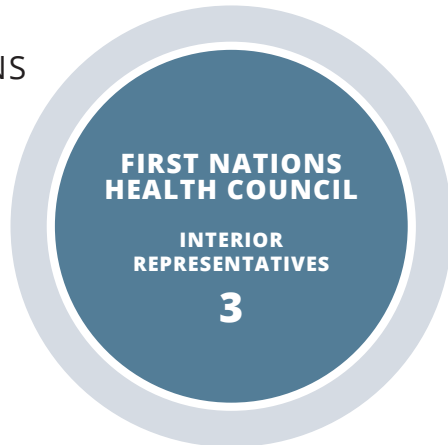


INTERIOR FIRST NATIONS HEALTH GOVERNANCE MODEL

SEVEN NATION TERRITORIES

INTERIOR FIRST NATIONS
HEALTH CAUCUS :
54 COMMUNITIES

- 1 SECWEPEMC NATION**
Nation Health Plan & LOU Implementation
- 2 KTUNAXA NATION**
Nation Health Plan & LOU Implementation
- 3 N. ST'ÁT'IMC NATION**
Nation Health Plan & LOU Implementation
- 4 SYILX NATION**
Nation Health Plan & LOU Implementation
- 5 TSILHQOT'IN NATION**
Nation Health Plan & LOU Implementation
- 6 NLAKA'PAMUX NATION**
Nation Health Plan & LOU Implementation
- 7 DĀKELH DENÉ NATION**
Nation Health Plan & LOU Implementation



RELATIONSHIP
WITH INTERIOR
HEALTH
AUTHORITY
PARTNERSHIP ACCORD
& NATION LOU
IMPLEMENTATION

ADVISORY & RECOMMENDATIONS
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ADVISORY & RECOMMENDATIONS
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