Transition Update

Update from the First Nations Health Council
and First Nations Health Authority
on Framework Agreement Implementation

Issued: October 2012

Wickaninnish, Clifford Atleo Sr.
Nuu-chah-nulth Nation,
First Nations Health Council
-Gathering Wisdom for a Shared Journey V 2012

"Discipline is so important. My great grandfather Keesta was a whaler and he had only 3 kills in his life.

Because every crew member had to prepare himself spiritually, physically and mentally, if only one of them were not prepared it jeopardized the whole whaling trip.

Preparation wasn't just polishing spoons or sharpening hooks, it was the preparation of the whole being. 3 successes. And it was huge because a whale could feed the whole village."

A message from the First Nations Health Council

The work of Transfer is a highly technical and legal exercise. It's about getting to know the house that we are going to occupy, and no doubt, renovate in the future.

Key Success Factors for Transfer

The clear focus of the Tripartite Implementation Committee has been to meet key success factors we agreed on in approaching the transfer. These success factors are guiding our work, and include:

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.

Greetings from the Chair,

We would like to take this opportunity to update you on the progress that we are making to implement the Framework Agreement from our perspective – how far we've come, how well we've worked together, and what we hope to accomplish.

Last October, when we signed the Framework Agreement, we reached a fundamental turning point in our work. It made concrete our collective opportunity to transform the health system for the benefit of all BC First Nations and Aboriginal people. The work we are doing now, to implement the Framework Agreement and transfer health services, is the really exciting part – because it is making our goals a reality. It is also the really challenging part, because making real our commitments to improve the health and health services of BC First Nations is not a trivial task.

There are a large number of agreements that must be concluded to breathe life into the Framework Agreement.

Health Partnership Accord

The Framework Agreement commits the Parties to develop a Health Partnership Accord that will capture the vision of the Parties for a better, more responsive, and integrated health system for First Nations in BC, build upon the plans and agreements between the Parties to date, and describe the broad and enduring relationship amongst the Parties. A draft Health Partnership Accord has been developed. The Partnership Accord uses the theme of a "journey" and relies on the wisdom, vision, and guidance provided by First Nations through the over 150 Regional and Sub-Regional Caucus meetings to date to describe the Partners' ongoing commitment to their health partnership.

Sub-Agreements and Staging Change

The transfer process is about mechanics; it's moving from point A to point B. It's important that this transfer happens as seamlessly as possible. This means that immediately following transfer you may not notice any change at all. And that is our collective goal: seamless transfer. The actual complexities of the transfer require that our technical team continues to exercise a high degree of diligence.

The Framework Agreement calls for a series of Sub-Agreements (see Framework Agreement, schedule 5). Through discussions with Health Canada we have determined the need for additional agreements to support the overall process to conclude Sub-Agreements and the transfer. One of these agreements is a Non-Disclosure Agreement. Some of the Sub-Agreements include the handling of personal and health information and this agreement facilitates the safe sharing of confidential information to inform Sub-Agreements discussions.

In implementing the Framework Agreement and facilitating the transfer we need to look at the full picture – to see all of the completed agreements together as one package – to know whether we've met our success factors and that the transfer will be workable. At the same time, we need a staged approach to the work. We can't tackle drafting a dozen agreements at one time. To stage the work, the Parties discussed their respective approval processes.

Health Partnership Accord
Key elements and highlights

- Reflects upon successes achieved to date in the partnership, how the partners have evolved over time, and acknowledges that the partnership requires each Party to be accommodating and make adjustments along the way
- Outlines the commitment to the new health governance structure that brings decision-making closer to home and recognizes First Nations decision-making processes and institutions
- Discusses the commitment to better coordination, collaboration, integration, and equitable access to services
- Confirms the broad wellness and social determinants approach
- Envisions possibilities, including for a wellness system, in health planning, for health services, in e-health, economic innovation, and cultural competency
- Reflects upon the need for each partner to mobilize their respective contributions, authorities, assets, and innovations towards shared commitments
- Outlines a definition of reciprocal accountability, and a commitment to resolve conflict in a good way

"We have a really thick forest, and what our leadership need to do is to envision where we are trying to get to. To know what's in that forest, and what the threats are along the way.

And once they envision the path forward, it's the staffs' job, to go in and start cutting those trees down, so that our citizens can walk a clear path forward and not have to worry about tripping over branches that we haven't cleared."

Gwen Phillips, Ktunaxa Nation,
First Nations Health Council
-Gathering Wisdom for a Shared Journey V, 2012

"When you're thinking about transition, if you think about your own home, you can't buy a house and renovate it at the same time. In our case we have to have the transition period."

Lahalawuts'aat, Shana Manson, Lyackson Nation
First Nations Health Council
-Navigating the Currents of Change video 2012

Canada shared with us that the following agreements needed Cabinet approval: Human Resources; Health Benefits; Health Partnership Accord; Canada Funding Agreement. In order for the FNHA to feel comfortable with these agreements going to Cabinet for review, we also needed agreement on Business Continuity – Assets and Software in particular. Therefore, we've focused so far on those agreements.

In late August, despite their tireless efforts all summer, Health Canada and the FNHA reached the joint conclusion that we needed more time. As a collective, BC First Nations have agreed that we must manage change and not have change manage us. In order to minimize the number of uncertainties and risks throughout this process, it was determined that an April 1st transfer date would pose too great a risk to business continuity for First Nations health directors and citizens.

After much discussion, Health Canada and the FNHA have agreed to shift the target date for transfer from April 1st to July 2nd 2013. We have waited generations for this opportunity and doing it right is more important than doing it quickly. We want to ensure that services will be there on day one. We want to ensure that we've crossed our t's and dotted our i's. We want to make sure that we're successful.

Establishment of First Nations Health Authority and Strengthening our Corporate Governance

BC First Nations leadership have voted for incremental change, and have provided political direction for the First Nations Health Council, in our role as members of the First Nations Health Authority, to strengthen our corporate governance.

In August 2012, the Members of the interim FNHA acted on the direction given at Gathering Wisdom V and amended the Constitution and bylaws of the First Nations Health Authority (FNHA) to transition it to the FNHA. Our FNHA now has the authority and standing to build effective partnerships with federal and provincial governments, and other agencies, and to recruit senior staff and expertise.

The Members also made a number of other changes to the Constitution and bylaws of the FNHA. The Framework Agreement adopted by BC First Nations clearly calls for a set of Corporate Governance Requirements and the separation of business and politics. The amended Constitution and bylaws are now in compliance with the Framework Agreement. The FNHA is no longer the "operational arm" of the FNHC. We are now partners, with complementary roles and responsibilities.

Transformation of programs and services

We understand that many of us feel some urgency to make changes today, and where practical and responsible, we can begin to initiate some minor changes. Our communities are anxious to transform the current First Nations and Inuit Health Branch (FNIHB) programs and services, particularly the Non-insured Health Benefits (NIHB) program. We agree and have heard from you that these are not working. Over the years, you have provided much wisdom and advice on how to improve these programs.

The reality is that we need to manage change carefully. We cannot make any changes to programs and services without meeting two requirements:

- We need to have control of the programs, which we will after July 2, 2013.
- We need to engage with First Nations through the Engagement and Approval Pathway you have adopted.

Bottom left (clockwise): First Nations Health Council members: Chief Maureen Chapman, Charles Morven, Chief Bernie Elkins, Georgina Flamand, Leah George-Wilson

The FNHC's role is political rather than administrative and it is agreed that the two organizations, while complementary shall remain distinct in their roles.

Profile — Separating business and politics in the health reform process

The separation of business and politics is one of the key principles agreed to in the reform of health services for First Nations in BC. This principle has been supported by First Nations leaders from the outset of the process. Adopting the principle will provide a fair and professional system for health governance.

The First Nations Health Authority (FNHA) was set up to reform health services administration and delivery in BC. It is becoming an independent organization that will administer health services for BC First Nations. The FNHC's role is political rather than administrative and it is agreed that the two organizations, while complementary shall remain distinct in their roles.

The FNHA is governed by the Society Act of British Columbia (under which it is constituted), the First Nations Health Authority Constitution, plus direction from the Board of Directors ('the Board'). The Board oversees the operations of the Society.

Members of the FNHC are also members of the FNHA Society and have a role in appointing the Board, setting up some of the key functions of the FNHA and approving financial audits as well as supporting the FNHA strategically through advocacy and negotiating with governance partners.

The FNHC members, acting as members of the FNHA hold annual meetings of the members to review audited financial statements, amend the by-laws and Constitution of the Society as required, and advocate on behalf of the FNHA politically and provide strategic direction. The members do not direct or purport to direct the FNHA in its day-to-day operations. The FNHA Board hires the CEO for the organization, and he in turn hires and provides direction to his staff.

FNHC as members of the First Nations Health Authority

The FNHC members, as members of the FNHA Society also (as defined by the First Nations Health Authority Constitution – Section 2.7 Obligations of Membership):

- Uphold the Constitution;
- Comply with these Bylaws;
- Provide strategic direction for the Society, including through adopting a multi-year health plan and/or strategic plan prepared by the Directors;
- Advocate for the Society;
- Be responsible for reporting on the activities of the Society to the body that appointed them; and
- Meet any other obligations of Members set out in the Accountability Framework.

Top left (clockwise): First Nations Health Council members: Nick Chowdhury, Ernest Armann, Chief Ko'waintco Michel, Warner Adam, Grand Chief Doug Kelly, Chief Willie Charlie, and Tammy Watson.

Renovating FNIHB to meet the needs of the First Nations of BC is an exercise that we must complete collectively. In the most recent Workbook and Consensus Paper, you told us how to navigate the currents of change. You set the stages of Transfer and Transformation. You have set out for us a huge amount of work to do in Resolution 2011-01 and Resolution 2012-01. We are still working on this, seeing great progress, and will be reporting on this progress at upcoming regional caucus sessions. As per the commitments in the Resolution Workplan, we will engage with First Nations on Transformation in the next Workbook process. In accordance with the Pathway, we will draw upon and summarize the feedback you have already provided in terms of Transformation, and provide that to you for review. You will then provide us with your further wisdom and guidance, which we will again feed back to you for review and confirmation. We will roll this up into a Consensus Paper for your review. By tackling this process collectively we can ensure that the process is legitimate, makes room for everyone, and is focused on addressing our collective priorities rather than putting in place ad hoc or short term fixes.

Any Workbook on Transformation must recognize the role and expertise of service providers. The Workbooks we've done so far have focused on governance-level decisions, and have been targeted mainly therefore to our governors – First Nations Chiefs. Transformation is about services. Our conversation is starting to become more focused on health services. The role of Health Directors, service providers, and the FNHDA and FNHA in this Workbook process will therefore be more pronounced. We are breathing life into our own health partnership amongst ourselves. We are working together as political leaders and service providers for the benefit of our citizens.

Engagement

We are all anxious to move to improvements in health services, but we need to get through the transfer first, and we need to engage with First Nations on what those improvements will look like.

We look forward to starting that conversation with you in the coming months.

Respectfully,

Grand Chief Doug Kelly, Chair, FNHC
On behalf of the First Nations Health Council

Ratification

Fall 2012 Regional Caucus Sessions

VANCOUVER ISLAND:
October 11-12, Nanaimo, BC

NORTH:
October 17-18, Prince George, BC

VANCOUVER COASTAL:
October 23-24, Richmond, BC

FRASER:
October 25-26, Chilliwack, BC

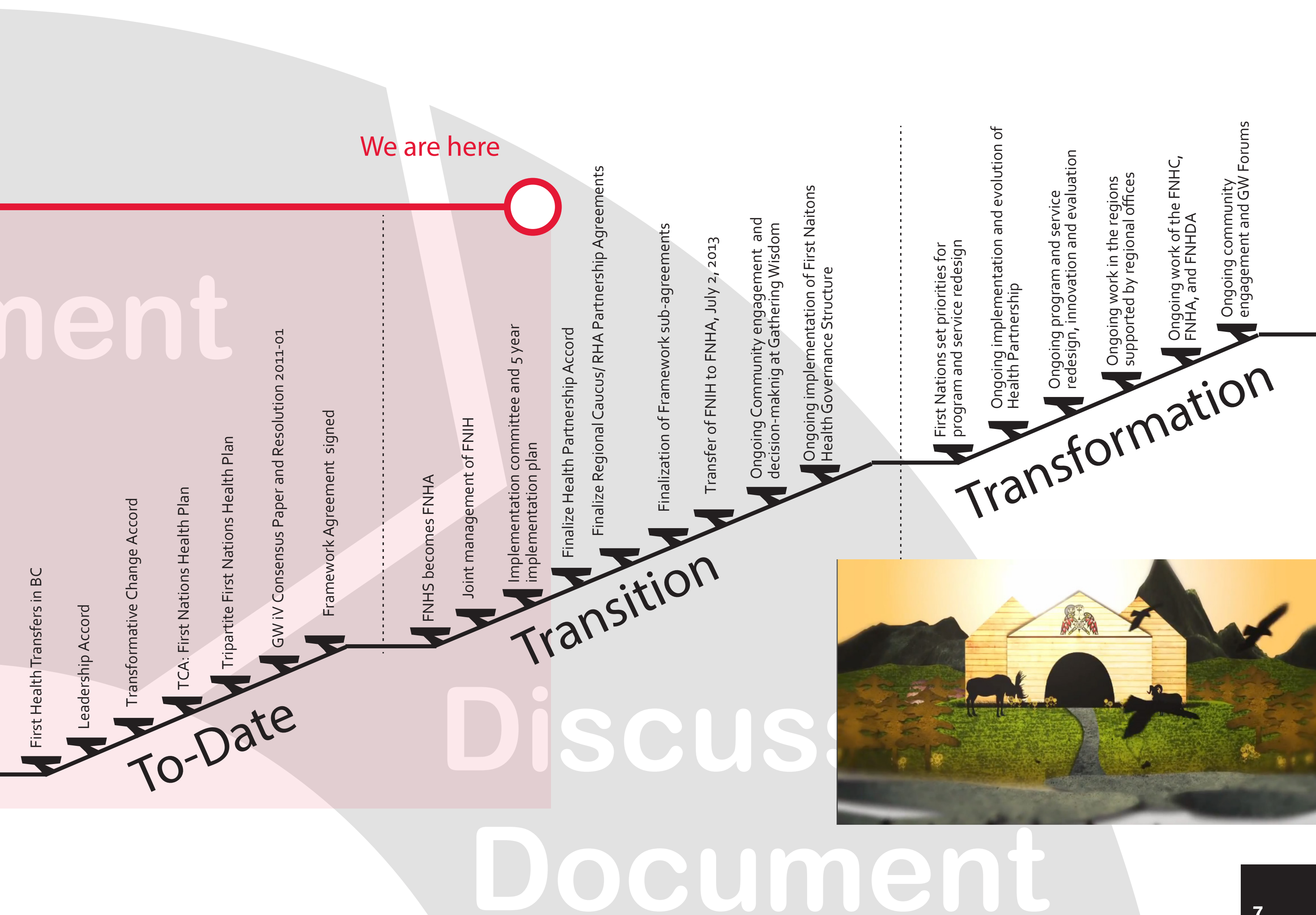
INTERIOR:
November 14-15, Kamloops, BC

Contact your Regional Health Liaison to register, listing on back page of document.

Regional Caucuses, an early success in the health reform process

Regional Caucuses play an important role in the movement to reform health care for BC First Nations with both regional and high-level political responsibilities. Regionally, they develop collaboration agreements and Health and Wellness Plans with their respective Health Authorities. Composed of representatives appointed by First Nations in each region, Regional Caucuses help choose First Nations leaders from the caucus to sit on the First Nations Health Council, Regional tables and other bodies, as required. This collaboration role has already resulted in early successes, including the signing of Partnership Accords with Health Authorities. Some Regional Health Plans are already in development, ensuring that there is no cookie-cutter approach to health service delivery for BC First Nations, and each area can develop local initiatives, plans, programs and operations, focusing on their specific health service needs.

The higher level oversight role of the Regional Caucus entails engaging, communicating, building relationships, and sharing information with First Nations peoples in their regions. To achieve this, Regional Caucuses are tasked with creating Nation-based, Community-driven processes that work for their region. This process makes Regional Caucuses an essential vehicle in our province-wide engagement network, facilitating communication to allow First Nations to provide effective guidance and feedback to help steer the work of the FNHC, FNHA and FNHDA.



First Nations Health Authority
Update on Framework Agreement implementation

Photo courtesy: Melody Charlie

Final approval cannot be provided until the FNHA Board of Directors is confident the "package of agreements" are collectively and individually workable and provide the FNHA what it needs to be a sustainable and productive health organization for BC First Nations peoples.

Joe Gallagher, Chief Executive Officer
First Nations Health Authority

Greetings from the CEO

I hope that you have had the chance to enjoy some of the great summer weather that we have had over the past couple of months and have had a chance to re-charge for the upcoming fall. I would like to take this opportunity to provide you an update on some of the operational aspects of the transfer work as part of implementing the Framework Agreement that has taken place since Gathering Wisdom for a Shared Journey V.

The parties have agreed that the Framework Agreement would be implemented over a 5 year period. This includes all the commitments in the Framework Agreement including the evolution and establishment of the health partnership with BC and Canada as well as creating the FNHA and the transfer of all federal health programs and services to the FNHA. We have talked about this 5 year period being the "transition" phase.

Within this 5 year period the Framework Agreement specifically targets the transfer of all federal health programs to be completed within 2 years of signing the Framework Agreement – which would be October 2013. The parties have been working hard to prepare for this transfer and currently have agreed to a transfer date of July 2, 2013 for the FNHA to take responsibility for running all the First Nations programs and services currently provided by Health Canada and FNIHB BC Region. (See timeline). Although the transfer date will be July 2, 2013, the transition phase will need to continue as many of the approaches that can be reasonably put in place by transfer date to enable the FNHA to be up and running will be interim arrangements with Canada and further time is required for the FNHA to establish permanent stand-alone solutions.

Transformation is the phase where the potential redesign of First Nations health programs can take place. If all goes well, planning for the beginning of the transformation phase including the initial engagement process to explore the potential transformation of programs and services through the regional caucuses and tables, should start in the latter part of the 2013/14 fiscal year. The means the transformation phase will overlap with the transition phase. This overlap will take a number of years, as the FNHA gets comfortable running the current federal programs and services and the transformation work is carried out in a thoughtful manner to ensure First Nations priorities are addressed and provincial and federal partnership opportunities are realized.

Signing the Framework Agreement last October opened a new chapter and formalized the commitments between the tripartite partners to establish the First Nations Health Authority. In August the members of the Society concluded their work to make this a reality. Having the necessary legal standing and authority has strengthened our mandate and our position to more effectively work alongside our government partners. The whole FNHA team continues to be humbled by your contributions, support and faith in our First Nations Health Authority.

Over the summer, the Implementation Committee concluded a number of key agreements necessary to move the work forward that require federal cabinet approval. The Canada Funding Agreement, Human Resources Sub-Agreement, Health Benefits Sub-Agreement, and Health Benefits Service Agreement were endorsed by both the FNHC and the FNHA board of directors in late August for initialing.

L-R: Michelle Degroot, Executive Director, Health Actions, FNHA;

Janet Currier, Director of Nursing, FNIH, BC Region (retired);

Yousuf Ali, Regional Director, FNIH, BC Region

Following the initialing of these agreements amongst the FNHC, FNHA and Canada, they are now being forwarded to Ottawa for final Cabinet and Treasury Board approvals. Work now continues to fine tune these agreements, if need be, and to conclude the remaining Sub-Agreements on areas set out in the Framework Agreement: Accommodations, Assets and Software, Records Transfer, Information Management and Information Sharing, and an agreement to address the funding of First Nations health providers.

This winter, after federal approval is secured, and once all of the remaining Sub- Agreements are complete, the FNHA Board of Directors will look to determine if they can provide their final approval to all the agreements. Each of the agreements address specific areas but are also very much inter-dependent on the other agreements, so they must be all considered together. Final approval cannot be provided until the FNHA BoD is confident the "package of agreements" are collectively and individually workable and provide the FNHA what it needs to be a sustainable and productive health organization for BC First Nations peoples and can carry out its mandate as intended. We expect that this work will be done and approvals provided by the end of November. The time demands to achieve this continue to be great, but it is essential to keep things moving in a timely manner. Once all approvals are provided by the parties, plans will be made to sign the Canada Funding Agreement along with the other agreements. The signing of the Canada Funding Agreement is critical to the FNHA. It will ensure the FNHA is clear that it will have the financial resources to provide for and meet the many financial commitments and legal obligations to ensure a successful transfer of the Health Canada, FNIHB-BC region and related Headquarters resources and responsibilities. This includes FNHA obligations to provide services to First Nations communities, fund First Nations Health Providers, and pay staff of the FNHA.

The work related to meeting the transfer date includes a number of specific operational activities for the First Nations Health Authority:

Transfer - July 2013

Transition October 2011-2016

Implementation of the Framework Agreement and transfer of FNIH resources, assets and programs

Transformation 2014 and continuous

Renovation and redesign of FNIH programs and services, increased alignment with provincial services

There are 4 key activities in the transfer process

01 Building Solid Systems and Structures

To run an efficient First Nations Health Authority there is a need to put in place systems and technology for Information Management, Finance, Human Resources, Health Benefits and other functions such as the tools used by nurses and environmental health officers to do their jobs. Currently the FNHA runs about 10 systems to maintain its current operations, most which are not scalable to support an operation the size of the one that will need to be in place on the date of transfer. FNIHB is running upwards of 70 systems and software programs on the Health Canada Network to support their current operations and work flow. Some of these systems will easily transfer to the FNHA to support its continued work in some areas. Others are not transferable to the FNHA or are quite outdated and therefore may not be available to the FNHA at the time of transfer. Health Canada has agreed to work with the FNHA on a business continuity plan which may include temporary access to the Health Canada network to ensure the FNHA and its staff have access to the tools they use today to ensure they can continue to provide the services to First Nations communities and individuals in BC on an interim basis. Therefore a great deal of time, energy and resources are currently being invested in determining: what the business continuity approach will look like for the interim; planning for when this interim period is over; and identifying which new systems must be created immediately (such as the FNHA network) and into the future to ensure the FNHA is able to provide efficient services to BC First Nations and support future transformation goals.

02 Assuming the Assets

At the time of transfer, the First Nations Health Authority will take over a number of assets that currently belong to Health Canada. These include vehicles, medical equipment, office furniture and equipment, computer hardware and other assets. A smooth transition of technology assets will be especially important. In addition the FNHA will take on various FNIHB office spaces including nursing stations located in Vancouver and across the province. Business continuity requirements are needed for these offices, which includes confirming new leases arrangements for each location and connecting each of these locations through the new FNHA network.

Financial and human resources are also part of the transfer. Over 220 current Health Canada employees will be offered employment with the FNHA. Much work is required to work with these employees to support them in this time of change. Building relationships between Health Canada and the current FNHA staff, addressing union and non-union issues, and making sure all employment arrangements are in place are all important activities. Also for the FNHA to meet its obligations around taking on the federal employees it must review and put in place an appropriate suite of human resource policies and employee benefits. This work is a high priority through transfer with new policies and benefits needed to be in place before any job offers can be made. Our ability to do this well in these areas is essential to ensure continuity and quality of services to First Nations peoples and communities.

Finally, at the time of transfer the FNHA will be responsible for an annual budget considerably larger than what it currently works with today. As a result the development of sophisticated governance, controls, and systems are necessary to ensure this responsibility can be met at a high standard. To support this and other work of the new FNHA, discussions have now begun on in the area of accreditation to ensure these high standards can be identified and implemented.

Leonard George, Tsleil-Waututh Nation

03 Taking over Programs and Services

Seamless program and service delivery is the goal through the transfer process. On transfer day the First Nations Health Authority will assume responsibility for all programs and services run by the region. For a successful transfer much work is underway to ensure clinicians and service providers such as Dental Therapists, Medical officers, Nurses and Environmental Health officers are able to work just as effectively, if not more effectively as an employee of the FNHA than as an employee of the federal government. Practice issues and liability insurance matters must be looked at and addressed.

Also, at the time of transfer and for the transition phase, these programs and services will remain largely unchanged, although some minor changes may be possible to address obvious shortcomings and provide benefit to First Nations peoples and providers. As mentioned earlier, in the Transformation period, the FNHA will embark on an engagement process with BC First Nations to analyze, fine-tune and in some cases totally redesign the current FNIH programs and services.

04 Creating a new shared organizational culture

Creating a First Nations health organization of this size that reflects the philosophy and culture of BC First Nations will be an ongoing process. There will be much work to establish the identity of the First Nations Health Authority as a champion of health and wellness, and a partner, with the First Nations health providers, to each and every First Nations person in BC on their health and wellness journey. We will be moving beyond the culture of the current federal bureaucracy into a new organization. The successful merging of the federal organization, which has such a different history and culture, into the FNHA is a very important aspect of the transfer.

Implementation Fund Highlights

7.5 Implementation Funding
(1) Canada will contribute funding support for the implementation and transition costs of the FNHS required to establish the FNHA and its operations and to transition programs, services,and functions to its management. Canada will provide a one-time payment or payments of up to $17 million to the FNHS to contribute to such costs upon the signing of this Agreement and pursuant to a funding agreement or agreements to be negotiated by Canada and the FNHS in accordance with section CF 13 of Schedule 1.

- British Columbia Tripartite Framework Agreement on First Nation Health Governance

Information Management / Information Technology

57%

One time investment in hardware and network infrastructure to replace unavailable or outdated Health Canada networks and applications. To provide current business tools to support program and service delivery and operations province-wide.

Corporate Services

17%

One time transition costs related to: building the financial and corporate governance structure; and facilitating a smooth transition of FNIHB to the FNHA. Key activities include accreditation, accommodations and capital planning.

Human Resources

10%

One time labour and union relations costs associated with transitioning FNIH employees. Recruitment, and policy development.

Governance & Legal

4%

One time legal fees and FNHC, FNHA, FNHDA board costs to participate in transition activities and planning.

Transformation

4%

One time preliminary investment to support early work for health program and services transformation and innovation. (Program design/redesign, integration activities.)

Health Benefits

3%

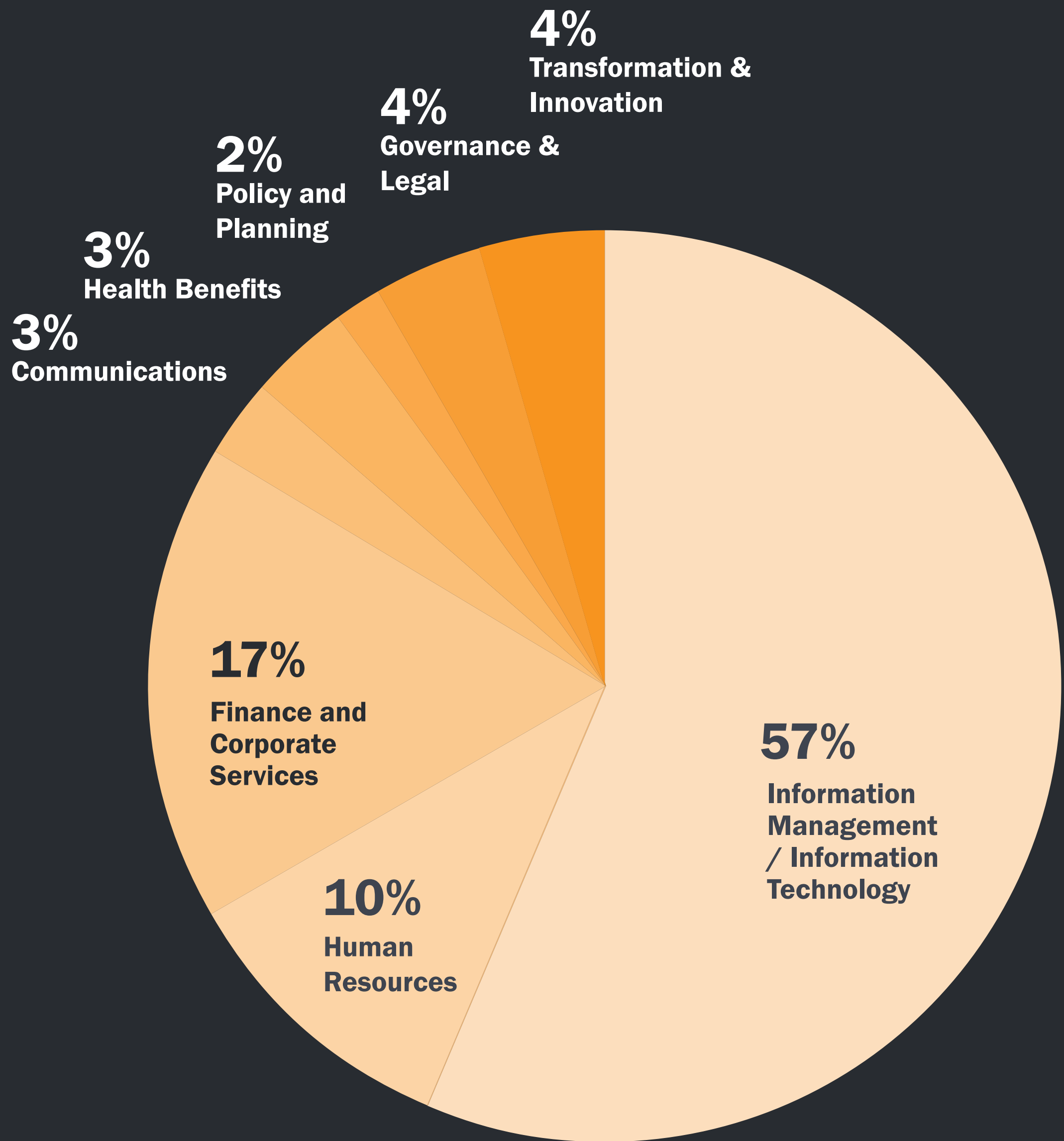
One time policy and procedures development, labour and travel costs.

Implementation Funding

In late March, as set out in the Framework Agreement, the FNHA received one-time implementation funding of $17 million to support the implementation and transition costs required to establish the First Nations Health Authority and its operations, and to transition programs, services and functions to its management. As mentioned above the work to ensure a successful transfer process is significant as well are the costs associated with this work. A large amount of the implementation fund has been allocated to support the information management and technology needs of the new First Nations Health Authority. Owning and controlling our business tools, and designing them in a way that will support First Nations Health providers as well as work best with Provincial Regional Health Authorities and the Ministry of Health creates new opportunities for us that will result in efficiencies and improvements.

Each of the other areas of work mentioned above will also require significant costs. Specifically the implementation

Total one time Implementation Fund
2012- 2016
$17, 183,094



Communications

3%

One time branding, web and intranet development costs and transition communica-tions collateral.

Policy & Planning

2%

One time labour costs and travel costs associated with policy, planning and strategic services. Development of interim and Multi-year Health Plan.

funding will support the bridging costs of implementing the necessary start-up capacity and infrastructure to prepare the FNHA for the transfer, including the development of the organization, its governance, structure, systems and controls, and supporting the tripartite processes required for the transfer.

The work in making history continues for all of us. I look forward to sharing more updates with you in the near future.

Joe Gallagher,
Chief Executive Officer,
First Nations Health Authority

Frequently asked questions: Transition, Transfer, Transformation

Transfer/Transition

When did the transition period start?
The Transition period started in October 2011 with the signing of the Framework Agreement and will extend to 2016.

What is the difference between "transfer" and "transition"?
Transfer is only one of the activities that is part of transition and refers to the transfer of responsibility for Health Canada programs and services to the First Nations Health Authority. Transfer is a point in time and not a long term process. Transfer is an operational level discussion between the FNHA and Health Canada around the mechanics of moving something from point A to point B, and is really a problem solving exercise to ensure that the quality of service will be there on day 1. The target date for transfer is July 2, 2013. Transition will carry on after the transfer date.

What are we transferring?
Through transfer, the First Nations Health Authority will assume responsibility for all of the resources, people and facilities of the First Nations and Inuit Health (FNIH) BC Region. The FNHA will also have some additional responsibilities which are currently held by Health Canada headquarters in Ottawa.

It's helpful to think of the FNIH regional office as the arms and legs of Health Canada headquarters. The regional office acts on the directions of headquarters but it is not the 'head', it does not set direction. As part of transfer we will take over some of headquarters' responsibilities. This means that the First Nations Health Authority will be able to make changes that the regional office had no control over.

Additionally, the First Nations Health Authority will be taking on corporate services. Corporate services include the systems necessary to pay bills, maintain internet connections, and take care of facilities (etc). Corporate services for Health Canada in all regions are currently administered centrally from Ottawa.

The transfer of regional operations is only one piece of the puzzle, it is through the transfer of headquarters functions that we can really make the difference in how we can change programs and services for our citizens.

What is involved in the transition period?
The transition stream of work includes the transfer process mentioned above as well as ongoing work in evolution of our governance structure. The implementation committee will be in place for 5 years to complete the transition.

Where will the First Nations Health Authority get its funding?
The FNHA will enter into a 10 year funding agreement (called the Canada Funding Agreement) with Health Canada. It's helpful to think of this as a really big health transfer agreement. The FNHA will develop a Multi-Year Health Plan (MYHP). The MYHP is a strategic service plan and will include feedback from First Nations to describe how the FNHA will use its resources.

What is the Interim Management Committee?
The Interim Management Committee (IMC) is a venue for the FNHA CEO (Joe Gallagher) and FNIH Regional Director (Yousuf Ali) to jointly manage FNIH BC operations. An important function of the weekly IMC meeting is for the FNHA to get a sense of what the issues are today and the region's ability to address these issues. The Interim Management Committee is key to creating understanding around the challenges that FNIH has today operating within its current policy, mandate and structure. It also gives both partners an opportunity to see where improvements can be made moving ahead.

The IMC is also focused on making sure that the staff of both organizations understands what the transition means with in order to ensure continuity.

What are the FNHA priorities through the transition period?

Our priorities through transition are:

1. No disruption to programs, service, and cash flow for First Nations communities and individuals
2. Smooth and supported transitions for the staff being transferred, and existing staff of the FNHA
3. Ongoing and robust partnership with Health Canada and BC to make the transfer a success
4. Make administrative improvements where practical through transition.

Frequently asked questions: Transition, Transfer, Transformation

What is the plan for the Transfer of current FNIHB Employees to the FNHA?
All eligible FNIHB employees will receive a Reasonable Job Offer (RJO) and the opportunity to become employees of the FNHA.

What are Sub-Agreements and how are they being finalized?
Sub-Agreements are legal agreements that describe the mechanics of how to physically and legally transfer office space, assets, employees, funding, information, records, and programs from the First Nations and Inuit Health Branch to a First Nations Health Authority.

The main Sub-Agreements (Framework Agreement, Schedule 5) are:

- Human Resources
- Health Benefits (NIHB)
- Records Transfer, Information Management and Information Sharing
- Assets and Software
- Accommodation
- Capital Planning/First Nations Health Facilities
- Assignment or Termination of Canada's Contribution Agreements

Sub-agreement finalization is being conducted jointly by the leadership of the FNHA and FNHC. Negotiations are largely an implementation exercise, and are focused on determining how to best facilitate the transfer of resources to the FNHA. It is important to note that these discussions will enable the FNHA to take over the federal programs and operations as they currently exist; they will not describe program redesign, which will take place in collaboration with First Nations only after the Sub-Agreements are completed.

What is the budget for Implementation? How is it being used?
The Framework Agreement approved by BC First Nations in May 2011 includes one-time funding of $17 million to support the implementation and transition costs required to establish the First Nations Health Authority and its operations, and to transition programs, services and functions to its management. These costs are significant particularly for new systems for information management.

Community Programs through Transition

What will happen to my contribution agreement?
Post-transfer community contribution agreements will be administered by the First Nations Health Authority. The FNHA is working closely with FNIH to ensure that there is no interruption in service to contribution agreement holders. It's important to note that until transfer occurs, FNIH remains responsible for program and service delivery including the administration of community contribution agreements. Contribution agreements will not substantially change for a number of years, this type of activity will occur in the transformation period.

The transfer of community contribution agreements between BC First Nations and Health Canada to the First Nations Health Authority will be undertaken by Health Canada over the course of Fall and Winter 2012/2013.

Health Canada will keep Contribution agreements holders informed of progress related to the transitioning of these agreements from Health Canada to the First Nations Health Authority.

How is the FNHA planning to address current contract/contribution agreements which expire or are up for renewal near the time of Transfer?
The FNHA does not intend the transfer to get in the way of community contribution agreements and ability to deliver programs and services. If your current contribution agreement is set to expire we suggest that you work with Health Canada staff to achieve a renewal. Post transfer, all contracts and contribution agreements will be held by the FNHA. The contracting processes associated with these agreements is not anticipated to change in the near future, and will only change through engagement with BC First Nations.

Will Health Canada nurses still come to the community?
Absolutely. Through the transfer process, FNIH nursing staff will become FNHA nursing staff. We do not anticipate any interruption in service through this time.

Frequently asked questions: Transition, Transfer, Transformation

Transformation

What is Transformation?
Transformation refers to the exercise of analyzing, upgrading, and re-orienting current FNIH health programs and services to better meet the needs of BC First Nations. This process will also include identifying opportunities for stronger coordination with provincial programs and services.

When will Transformation take place? When will programs and services change?
Transformation won't begin until transition is complete. It is important that the new FNHA "get to know" current FNIH programs and services and fully understands how programs are being administered. The first round of community engagement on the transformation of programs and services will begin in the spring of 2013 and will follow the engagement pathway workbook process that communities are familiar with.

When and how will communities be engaged regarding transformation? What will be the approach to making changes?
Community will be engaged in the Transition (Transfer) and Transformation process through the FNHC Engagement Pathway. The 2013 Workbook is intended to gain input and feedback into priorities for Transformation.

Our Structure

How are we ensuring the distinction between business/operations and politics/governance?
By approving the Framework Agreement, First Nation leaders clearly defined the roles of the First Nation components of the First Nations health governance structure by confirming the clear separation of functions of the First Nations Health Council (political), the First Nations Health Directors Association (professional association), and the First Nations Health Authority (service delivery).
Specifically:

- The First Nations Health Council and First Nations Health Directors Association can advise the First Nations Health Authority, according to their mandates, but cannot direct, or be seen as directing, the First Nations Health Authority
- First Nations Health Council members and First Nation Health Directors cannot serve as directors of the First Nations Health Authority
- Members of the First Nations Health Authority cannot participate in the day-to-day decision-making and operations of the First Nations Health Authority
- Within the First Nations Health Authority, no one person may simultaneously act as more than one of (i) member (ii) director and (iii) employee

To further protect against any perceived or real conflict of interest, the Framework Agreement stipulates that elected and political officials and First Nations Health Directors may not serve on the Board of Directors of the First Nations Health Authority.

As an Executive Director of an organization which holds a collective Contribution Agreement with FNIHB do I have a voice or role in the Transfer and Transformation process?
Yes. There will be ongoing opportunity to provide feedback and input into the Workbook process in accordance with the FNHC Engagement Pathway.

Notes

Visit: www.fnhc.ca

Become a friend or fan on Facebook: **http://www.facebook.com/firstnationshealthcouncil**
Follow us on Twitter: **http://twitter.com/FNHC**

© Copyright 2012 First Nations Health Authority

Regional Health Liasions

Fraser	James George	Jgeorge@fnhc.ca
Interior	Mary McCullough	Mmccullough@fnhc.ca
North Central and Northeast	Nicole Cross	Ncross@fnhc.ca
Northwest	Brian Mairs	Bmairs@fnhc.ca
Vancouver Coastal	James George	Jgeorge@fnhc.ca
Vancouver Island	Eunice Joe	Ejoe@fnhc.ca

Created October 2012