

A Year in Transition

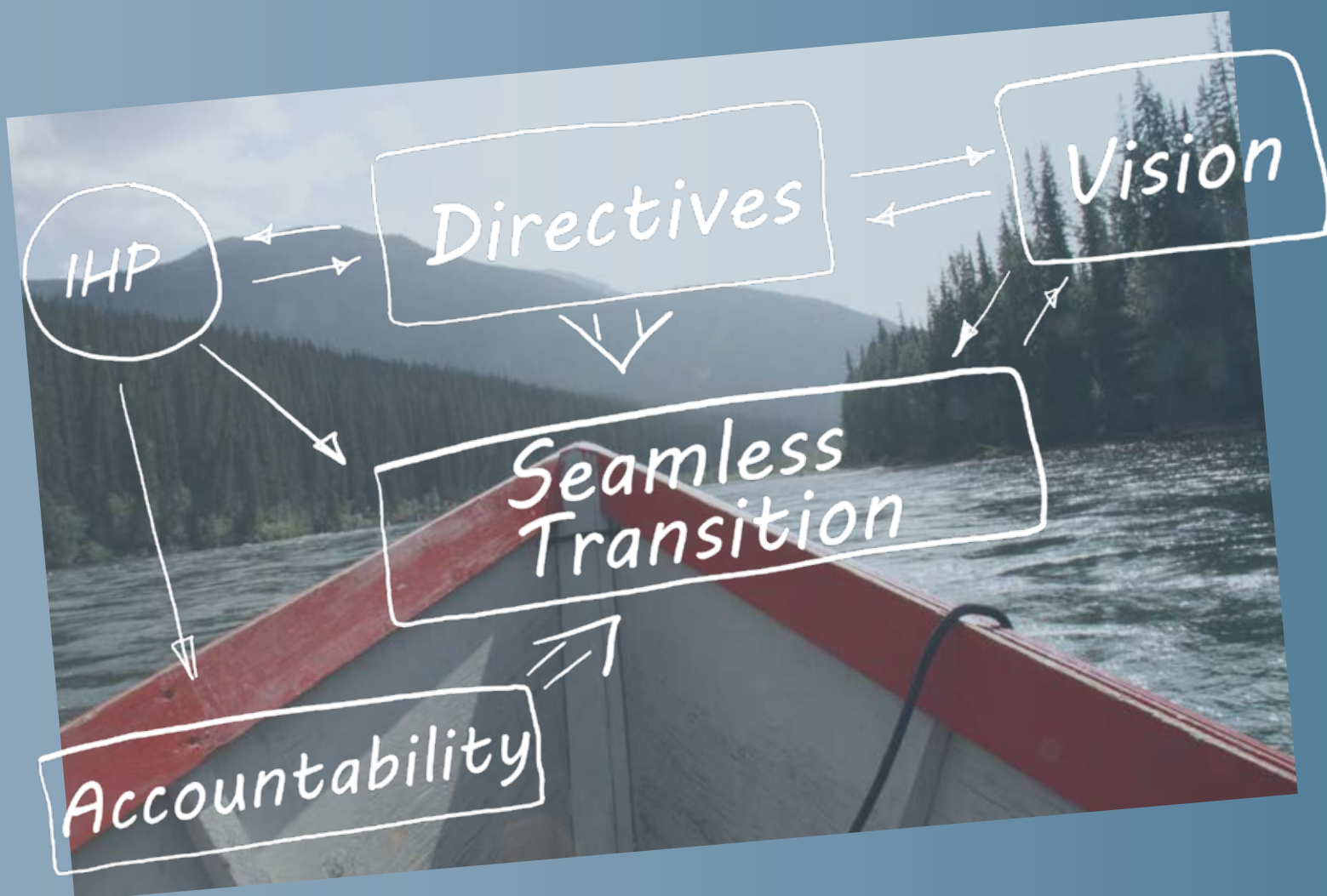
2013-2014 INTERIM HEALTH PLAN OVERVIEW



First Nations Health Authority
Health through wellness

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First Nations Health Authority

A Year in Transition: 2013-2014 Interim Health Plan Overview

Context

The BC Tripartite Framework Agreement on First Nation Health Governance requires the First Nations Health Authority (FNHA) to prepare an annual Interim Health Plan 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.

We're pleased to share *A Year in Transition: 2013-2014 Interim Health Plan Overview* with you. This document provides an overview of the Interim Health Plan, summarizing the key FNHA priorities and milestones for the year of Transition.

The Interim Health Plan spans from April 1, 2013 to March 31, 2014 and is an operational plan adopted by the FNHA Board of Directors and deemed satisfactory by Canada and BC to trigger funding as laid out in the BC Tripartite Framework Agreement. It outlines the activities required to ensure a successful transfer and transition of responsibilities from First Nations and Inuit Health Branch (FNIHB) to the FNHA.

The inaugural Interim Health Plan has been informed by BC First Nations, including feedback provided at forums such as Gathering Wisdom for a Shared Journey, by leadership of the First Nations health governance structure provincially and regionally, and via videoconferencing opportunities like the UBC Learning Circle.

While the scope of the first Interim Health Plan is operationally focused within a one year timeframe, our view is turned to the planning opportunities of the future.

Following this early transition period, Interim Health Plans will eventually be replaced by 5-year Multi-Year Health Plans that set 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.

The transformation stage ahead provides a unique opportunity for us as BC First Nations to develop a planning model that is logical, transparent, synchronized – and which is underpinned by the 7 Directives that guide all of our efforts. Through a new planning model, a key focus will be on community-level or multi-community level health and wellness planning built on citizen engagement. The resulting plans will articulate the community wellness visions and priorities. These citizen-driven community health and wellness plans will directly inform future Regional Health & Wellness Plans adopted by the region's First Nations – the first iteration of these plans is being developed now by the Regions. Together, the five Regional Health & Wellness Plans will influence and guide the planning processes of the FNHC, FNHDA, and FNHA, including future Interim and Multi-Year Health Plans as well as strategic plans.

We look forward to working with all of you, as we move beyond transition, to shape and transform the current community, regional and provincial planning requirements and processes to better suit our own standards, expectations, and needs as BC First Nations.

"We as a people must take that responsibility and pick it up as our ancestors have done for so many years. There are two things we must do, we must work hard and we must plan. We wouldn't be here today if our ancestors did not plan. We would not be here if they did not work hard. The commitment is here, we signed the agreements now let's get to work."

Kukpi7 Wayne Christian

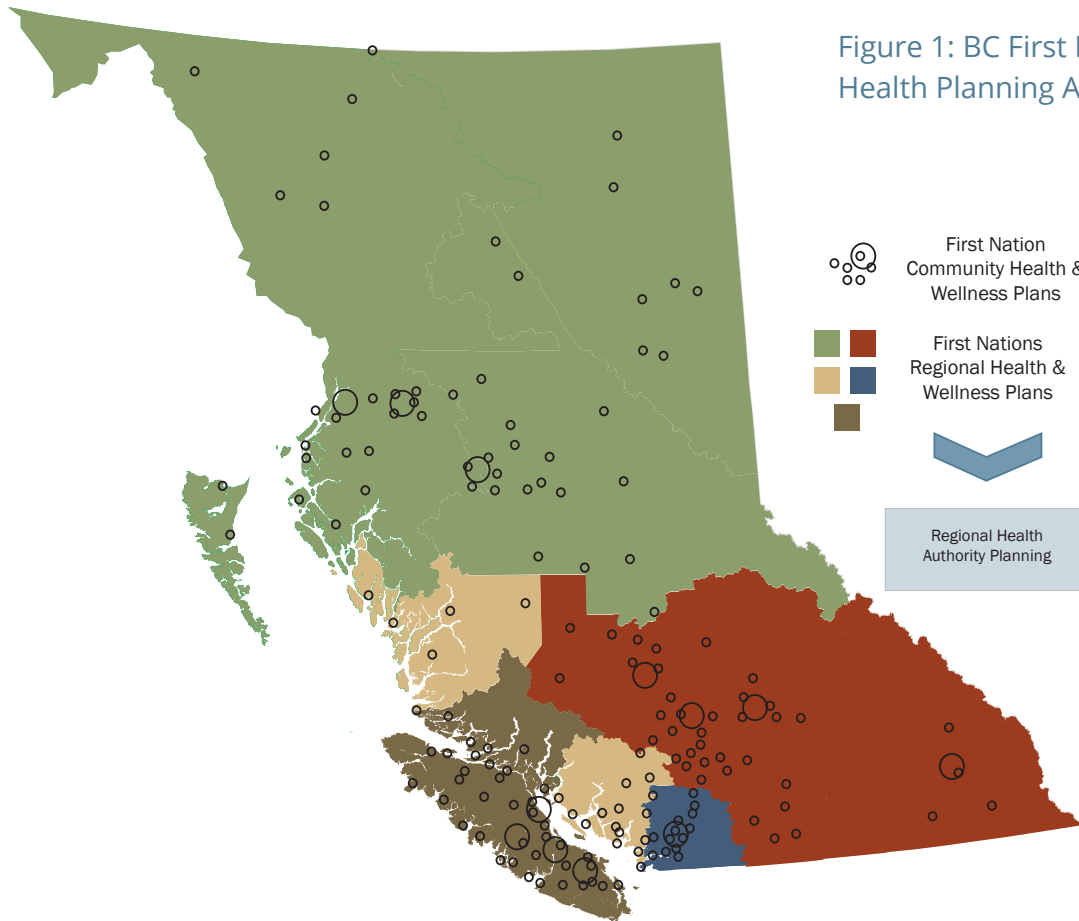
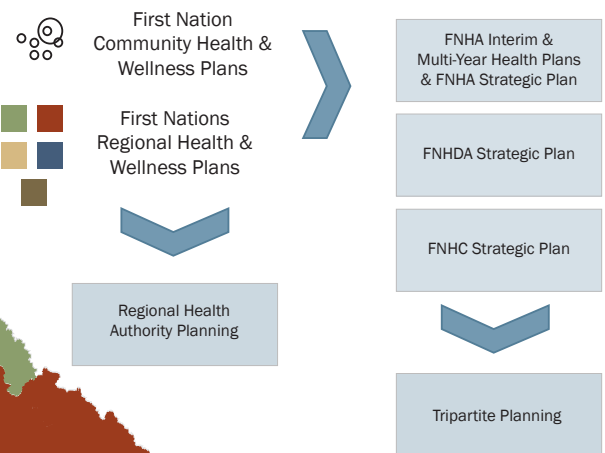


Figure 1: BC First Nations Health Planning Approach



Service Continuity in Year One

The BC Tripartite Framework Agreement ensures that the FNHA and its partners will work diligently to ensure the continuity of all existing health and wellness programs and services for First Nations across British Columbia through the Transition period. Continuity of program and services delivered by and in First Nations communities will be ensured by the “Novation” of all Contribution Agreements, a process that is closely coordinated between FNHA and FNIHB.

The transfer of all current FNIHB programs and services delivered to First Nations across British Columbia will take place in a phased approach, starting on July 2 and completing by October 1, 2013. In order to ensure service continuity, FNIHB programs and services will be transferred from FNIHB “as is”. Current FNIHB program priorities and initiatives may change and evolve post-Transfer, following careful consideration and in close cooperation with First Nations communities, political and technical leaders.

In accordance with Directive #6 and section 3 of the BC Tripartite Framework Agreement, this work is “without prejudice”. Therefore, existing and future treaty and self-governing agreements containing provisions relating to health and health services will be respected by the tripartite parties.



7 Directives



Directive #1: Community-Driven, Nation-Based

Directive #2: Increase First Nations Decision-Making and Control

Directive #3: Improve Services

Directive #4: Foster Meaningful Collaboration and Partnership

Directive #5: Develop Human and Economic Capacity

Directive #6: Be Without Prejudice to First Nations Interests

Directive #7: Function at a High Operational Standard

Transition Outcomes

The following outcomes have been established for the Transition phase and guide the priorities and initiatives outlined below:

- » The commitments of the parties as set out in the Framework Agreement are met
- » The Transfer timelines agreed-to by the parties are met
- » There is a smooth transition of the First Nations and Inuit Health Branch-BC Region programs, services and operations to the FNHA including: no disruption to programs, service and cash flow to First Nations; and minimal/managed disruption to FNIHB and FNHA staff
- » There is an ongoing and robust partnership between the parties to make the Transfer a success.



“The successful Novation of Community Contribution Agreements is a key transition milestone and fundamental in ensuring that community health services are not only not interrupted, but can thrive.

Lydia Hwitsum, Chair, First Nations Health Authority Board of Directors



Organizational Priority Areas, Goals, Milestones and Initiatives

The following interim priority areas, goals, milestones and initiatives will guide the work of the FNHA and its partners through the Transition year. Guided by the shared vision of “Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities” and shared values, these priority areas, goals, milestones and initiatives have been established based on direction provided by BC First Nations at past Gathering Wisdom events, and in coordination with the FNHC, FNHDA, FNIHB BC Region and other partners. Gathering Wisdom will continue to be an important venue for identifying and validating the priority areas of work, both at the provincial and regional levels.

The priority areas listed below build on the accomplishments to date and identify a preliminary list of the key tasks to be carried out in order to meet the Transition outcomes. In the first year, the Interim Health Plan priorities focus on ensuring a smooth transition, including the transfer and continuity of existing programs and services currently run by FNIHB BC Region. These priorities and associated milestones may further evolve and be adjusted throughout the Transition period, based on direction by the FNHA Board of Directors and input by the FNHA’s partners.

Priority Area 1: Transition

Goal:

In accordance with the Tripartite Framework Agreement, complete the smooth transition of Health Canada responsibilities to the First Nations Health Authority.

Milestones & Initiatives

- » Conclusion and successful implementation of all sub-agreements and other required agreements
- » Smooth transition and transfer of FNIHB programs, services and operations to the FNHA
- » Transfer plans or strategies for the smooth transfer of all FNIHB Headquarter and regional responsibilities and operations
- » Novation of First Nation Health Provider contribution agreements
- » Renew health and wellness planning processes



Above: Gwen Phillips and Ko'waintco Michel (FNHC) and Jackie MacPherson (FNHDA) at the Tripartite Committee on First Nations Health 2013.

Priority Area 2: Governance and Decision Making

Goal:

Develop and align regional-based supports to ensure effective, efficient and equitable engagement processes that enhance First Nations governance and decision making in health.

Milestones & Initiatives

- » Working partnerships and secretariat support for the FNHC and the FNHDA
- » Enhance regional structures including regional offices and capacity, re-alignment of Community Engagement Hubs in support of regional and sub-regional processes
- » Ensure ongoing engagement with BC First Nations through Gathering Wisdom, regional sessions, sub-regional sessions, local and urban engagement that is both equitable and efficient

Priority Area 3: Health Services and Improvements

Goal:

With the province and other partners, implement effective mechanisms to integrate planning and delivery of high quality health services to BC First Nation individuals, families and communities.

Milestones & Initiatives

- » Achieve agreement on first set of Project Board initiatives
- » Initiate innovation and enhancement of existing programs and services provided through FNHA, specifically in key result areas of Primary Care and Mental Health
- » Initiate improvement to the First Nations Health Benefits program
- » Initiate First Nations health and wellness perspective to support First Nations peoples and communities

“The Interim Health Plan is like a chart that will help us to navigate through the Transition process. It can be amended by the FNHA at any time to reflect the changing nature of the waters of our operating environment, pre- and post-Transfer.”

Joe Gallagher, Chief Executive Officer, First Nations Health Authority



Priority Area 4: Partnerships

Goal:

Enhance partnerships and collaborative initiatives with BC First Nations and with the province of BC, Regional Health Authorities and federal government departments.

Milestones & Initiatives

- » Establish working partnerships with BC First Nations health providers through implementation of funding arrangements and service provisions
- » On-going implementation of the Health Partnership Accords, Tripartite Framework Agreement, CFA and Sub-Agreements
- » Continued coordination with the BC Ministry of Health through the First Nations Project Board
- » Establish Deputy Minister's table on social determinants of health
- » External partnership development with provincial and federal governments, provincial Health Authorities, other key health agencies and organizations, and Aboriginal provincial organizations

Priority Area 5: Leadership, Organizational Development and Planning

Goal:

Establish the FNHA as a model First Nations health organization, and as a partner to BC First Nations' community health organizations to better meet regional priorities, promote community based and community led development, and to enable health services improvement.

Milestones & Initiatives

- » Annual and multi-year strategic organizational planning, starting with the Interim Health Plan
- » Effective and efficient organizational development, restructuring and staffing, reflected in the evolving organization charts and governance norms
- » Establishment of a First Nations Wellness approach as the basis of our organizational culture
- » Leading edge FNHA infrastructure to ensure technology as an enabler for BC First Nations health services and administration
- » Accreditation of the FNHA and supporting community health centres accreditation processes
- » Establish staff performance evaluation and professional development processes
- » Development and implementation of innovative approaches and business opportunities
- » Developing and supporting the implementation of effective health information systems and health indicator frameworks for improved surveillance, performance measurement and continuous quality improvement

First Nations Health Authority Organization & Functions

For Phase 2 Transfer October 1, 2013



Policy, Planning and Strategic Services

Functions

- » Health Actions,
- » Community Engagement,
- » Tripartite Collaboration,
- » Strategic Community Initiatives,
- » Multi-year Health Plan,
- » Quality Assurance,
- » Federal & Provincial Health Partnership Development,
- » Health Partners Relationships,
- » Health Policy Leadership,
- » Communication,
- » FNHC & FNHDA Communications support,
- » Business Development,
- » Regional Offices,
- » Programs & Services Transformation,
- » Project Management

Human Resources and Organizational Development

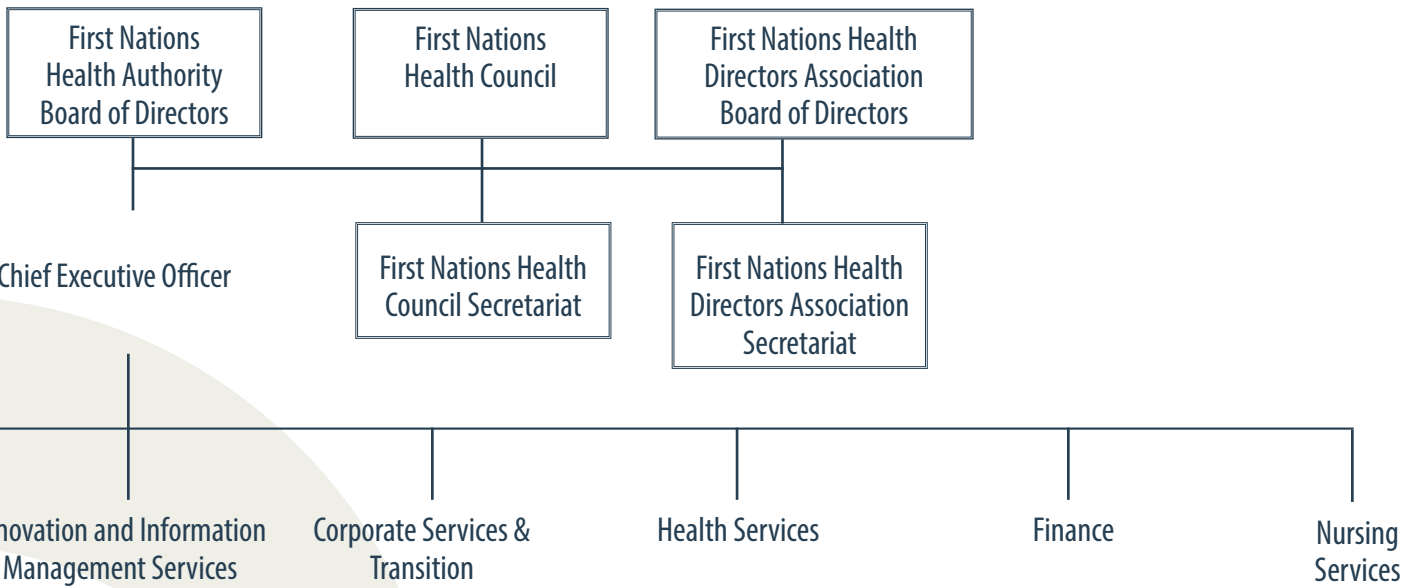
Functions

- » Recruitment and Retention,
- » Employee Relations,
- » On boarding and Orientation,
- » Learning and Training,
- » Organizational Development,
- » Client Services,
- » Compensation,
- » Benefits,
- » Classification,
- » Payroll
- » Employee Health and Wellness.

First Nations Health Benefits

Functions

- » NIHB Transformation,
- » Pharmacy,
- » Dental,
- » Mental Health Benefits,
- » Medical Transportation,
- » Medical Supplies,
- » Provincial Benefits Relationships,
- » Health Advocate.



Innovation and Information Management Services

Functions

- » Information Management,
- » Information Technology,
- » Systems Transformation,
- » Federal & Provincial Shared Services,
- » IM/IT Partnerships,
- » First Nations Private Network,
- » E-Health Implementation,
- » Records Management,
- » Privacy, and Innovation.

Corporate Services and Transition

Functions

- » Accommodations,
- » Capital Assets and Security,
- » Procurement,
- » Occupational Health and Safety,
- » Travel and Events,
- » Community Contribution Agreements
- » Framework Agreement Implementation and Transition.

Health Services

Functions

- » Health Promotion & Prevention,
- » Health Surveillance,
- » Environmental Public Health Services,
- » Health Protection.

Finance

Functions

- » Strategic Financial Planning and Development,
- » Budget Management,
- » Internal Audit & Reporting,
- » Planning & Analysis,
- » Comptroller, Accounts Payable/ Receivable, Procurement and Purchasing,
- » Contracts,
- » Asset Management,
- » Internal Legal Counsel.

Nursing Services

Functions

- » Home & Community Care
- » Nursing Operations (Nursing Stations and Health Centres)
- » Transfer Nursing
- » Education & Clinical Practice (including mandatory nursing education, nursing practice consultants and Clinical Nurse Specialists for Maternal/Child Health, Public Health, Healthy Living/Chronic Disease and Adolescent Mental Health)
- » Recruitment & Retention office

Departmental Priorities

First Nations Health Benefits

Context and Achievements

The First Nations Health Authority will assume the budget and responsibility for the Non-Insured Health Benefits (NIHB) program in two phases. On July 2, 2013 the FNHA will take over the Headquarters functions followed by control of the regional operations, such as medical transportation, vision care and mental health, on October 1, 2013. The FNHA will begin to receive transfer payments for NIHB services in July, but Health Canada will still be the main point of contact for service related issues until October. Under the “Buy-back” arrangement, the FNHA will “buy-back” claims processing services from Health Canada headquarters beginning July 2 for a period of two years. The buy-back arrangement only affects those benefits that go through the claims processor Express Scripts Canada, including Dental, Medical Supplies and Equipment, and Pharmacy. In order to make improvements to the current NIHB system, a Health Benefits Improvements Working Group has been established, and the beginning stages of a comprehensive engagement process that will help guide systems enhancements has been initiated.

Overview of FNHB Transition Priorities

The FNHB Transition priorities fall mainly into the FNHA’s organizational priority areas 1 (Transition), 3 (Health Services and Improvements) and 5 (Leadership, Organizational Development and Planning):

- » Eligibility List Development and Maintenance
- » Health Benefits Service Agreement
- » NIHB System Applications
- » Regional Operations
- » Communications Plan
- » Health Benefits Improvements
- » Dental Therapy and Children’s Oral Health Initiative (post-October)
- » Joint Payment Requisition and Reconciliation Committee

Innovation and Information Management Services (IIMS)

Context and Achievements

Data and information management is a foundational component of BC First Nations health governance and government; it is a tool for supporting informed and strategic decision making with regard to the delivery and transformation of health and wellness programs and services for First Nations in British Columbia. The role and functions of Innovation and Information Management Services (IIMS) team, led by the VP, IIMS and Chief Information Officer, fall into three broad categories that are essential support services to First Nations in all regions and the FNHA. These include: Innovation and Information Management Services; Leading and supporting the FNHA’s Transfer, Transition and Transformation Agenda (currently leading over 29 Transfer-related IM-IT initiatives); and Implementing eHealth strategies and initiatives in partnership with First Nations. In addition, the VP of IIMS has interim oversight responsibility for Nursing Services during the Transition period. Post-Transfer, Nursing Services will report directly to the CEO.

Overview of IIMS Transition Priorities

The IIMS priorities fall into all organizational priority areas outlined above and include:

- » Innovation
- » Information Management
- » Information Technology
- » EHealth
- » Health Surveillance
- » Establishing IIMS Services Foundation
- » Interim oversight for Nursing Services and Transition/Transformation Plan Development

Finance

Context and Achievements

Taking responsibility for a budget that will grow from the \$20 million range to close to \$400 million by the time the transfer is complete requires a major renovation of FNHA financial systems, policies and personnel. Health Canada's current financial system and processes are woven into, and dependent upon, other federal departments, including Public Works (responsible for purchasing and printing cheques) and Treasury Board (responsible for finance policies and directives related to financial matters). As the FNHA will not receive these services from Public Works or Treasury Board following Transfer, it is developing new financial systems to undertake these functions internally, including implementing new Finance and HR software systems for accounts payable, general ledger, reporting, human resources/payroll, employee expenses and a new chart of accounts. Finance is also developing new policies, procedures and processes; carries out external audits and prepares year-end financial statements and annual budgets and cash flow statements.

Overview of Finance Transition Priorities

Finance's Transition priorities fall mainly into the FNHA's organizational priority areas 1 (Transition), 2 (Governance and Decision-Making), 4 (Partnerships), and 5 (Leadership, Organizational Development and Planning)

- » Budget preparation, approval and tracking
- » Internal policies
- » Chart of Accounts
- » Software systems (PeopleSoft HR and PeopleSoft Finance)
- » Training plans
- » Procurement department
- » First Nation Health Benefit payments (tracking and monitoring)
- » Tracking and processing Novated Contribution Agreements
- » Risk management
- » Cash flow/treasury management processes
- » Payroll – current and future staff
- » Budget development for transferring FNIHB programs and Non-Insured Health Benefits buy-back (in collaboration with Health Canada)

Corporate Services and Transition

Context and Achievements

The work of the Corporate Services and Transition (CST) department focuses on supporting the smooth transition and transfer of operations. CST has been involved in negotiating a range of tripartite and bilateral agreements as well as establishing essential corporate systems, structures and processes for Transition and Transfer. Key milestones achieved to date include coordinating negotiations of the Sub-Agreements and the Canada Funding Agreement, as well as setting the stage for Novation of existing and development of new Contribution Agreements.

CST is involved in the transfer of Community Contribution Agreements from Health Canada to the FNHA (Novation), in cooperation with Health Canada and various FNHA departments. Health Canada will continue to manage these agreements in a "business as usual" fashion until Transfer. Based on direction from BC First Nations as expressed through Directive #6, Contribution Agreements will be transferred to the FNHA "as is", including payment schedules. BC First Nations have clearly expressed through the 2011 Consensus Paper that any changes to their agreements must be made in partnership with BC First Nations.

Overview of Corporate Services Transition Priorities

The Transition priorities of the Corporate Services and Transition department focus on priority areas 1 (Transition) and 5 (Leadership, Organizational Development and Planning) and include:

- » Transition and capital planning (including analysis of transferred and needed physical assets, such as buildings, office space, medical equipment, vehicles, computers, furniture etc)
- » Novation of Contribution Agreements
- » Risk management and emergency preparedness.
- » Funding and accountability management
- » Other corporate functions to ensure business continuity, including employee travel system, insurance, office accommodations.

Human Resources and Organizational Development

Context and Achievements

The Human Resources department is responsible for growing the organization from less than 100 staff to over 300 by 1 October 2013. This involves not only a complete re-design of the organizational structure but also of HR policies, governance, compensation, benefits, classification, pay, recruitment, staffing, reward and recognition, learning and development. In addition, Human Resources must ensure that the FNHA is able to meet current Health Canada arrangements with respect to union agreements involving those Health Canada employees who are being offered employment with the FNHA, effective on the date of Transfer.

By October 1, the Human Resources department will have overhauled all HR policies and processes, set up pension and benefit plans, redesigned the classification and pay system, along with the performance management, recognition system, moved the paper tracking system into PeopleSoft, issued reasonable job offers to Health Canada employees, staffed any vacant positions transferring over from Health Canada and reorganized most departments within the FNHA.

Directly associated with transfer, Human Resources is responsible for working with all FNHA departments to ensure that the employees transferring from FNIHB receive the appropriate training and learning necessary to make the transfer as smooth as possible.

Overview of HR Transition Priorities

The work of the HR department focuses on priority areas 1 (Transition) and 3 (Leadership, Organizational Development and Planning), including:

- » Organizational Development and Design
- » Systems, Data and SharePoint
- » Policies, Procedures and Processes
- » Job Evaluation and Classification System
- » Compensation philosophy, policies and plan, including benefits and pension plans
- » Recruitment, Performance Management, Rewards and Recognition
- » Nursing Recruitment, Retention and Compensation
- » Labour Relations Strategy

Policy, Planning and Strategic Services

Context and Achievements

The Policy, Planning and Strategic Services unit is responsible for Programs & Services, Communications, Community Engagement, Policy and Planning and Health Knowledge & Information. PPSS will also establish and provide central support to the regional offices that are being established.

The PPSS department places a strong emphasis on the ongoing work with health services partners in the federal and provincial systems regarding approaches for services integration, coordination and realignment. The development of a coordinated PPSS matrix of responsibilities and support for regional offices is shaping up through the integration of Health Actions and Community Engagement functions and the re-alignment of staff.

A significant development toward enhanced partner collaboration is the establishment of the Project Board with the province, which provides a decision making body to consider and advance issues in Health Actions. Another important step toward enhanced collaboration between partners has been the completion of the Regional Partnership Accords. All five regions have signed Regional Partnership Accords, and these are being used to guide the Health Actions implementation plans. The ongoing implementation of these Partnership Accords as well as other regional and governance work is supported by the Community Engagement and Communications departments.

Overview of PPSS Transition Priorities

The PPSS key initiatives and milestones for the Transition period fall into all of the organization-wide priority areas and include the following:

Priority Area 1: Transition

- » Strategies for transferring and integrating FNIHB Regional/ HQ responsibilities and operations
- » Health programs & services and Health Actions integration
- » Interim Health Plan

Priority Area 2: Governance and Decision Making

- » Working partnerships and secretariat support for the FNHC and the FNHDA
- » Regional Offices and re-alignment of Community Engagement Hubs
- » Support for Regional Health and Wellness Planning and asset mapping

Priority Area 3: Health Services and Improvements

- » Establishment of the Deputy Ministers' table on social determinants of health
- » Project Board and initiatives
- » Medical expertise/ clinical analysis
- » Linkage with the tripartite strategy tables
- » Optimize leveraging opportunities with current and planned provincial initiatives

Priority Area 4: Partnerships

- » Ongoing partnership development and implementation of initiatives with the federal and provincial governments, Regional Health Authorities, key health agencies and organizations
- » Implementation of the Health Partnership Accords

Priority Area 5: Leadership, Organizational Development and Planning

- » Organization chart completion
- » FNHA as a partner and enabler for improving services (including Accreditation; Innovation; Planning; Systems Analysis; Service delivery options; Resource to Communities)
- » Ongoing communications excellence
- » Implementation of the First Nation Health and Wellness approach and initiatives

Health Services

Context and Achievements

The FNHA and its partners have been working diligently to ensure the continuity of all existing health and wellness programs and services for First Nations across British Columbia through the Transition period. This entails the Novation of Contribution Agreement, preparations for transferring management, delivery and funding responsibility of all current FNIHB programs and services to the FNHA, and the preparation of Reasonable Job Offers for current FNIHB staff supporting these programs and services. As of October 1, 2013, FNHA Health Services will deliver current FNIHB programs and services, including Health Promotion & Prevention, Health Surveillance, Environmental Public Health Services and Health Protection. Dental and First Nations Health Benefits will be delivered through FNHA Health Benefits and nursing services will be provided through FNHA Nursing Services.

Overview of Health Services Transition Priorities

The work of Health Services in the Transition year mainly falls into priority areas 1 (Transition), 3 (Health Services and Improvements) and 5 (Leadership, Organizational Development and Planning). This includes, but is not limited to:

- » Health Promotion & Prevention: Frameworks for Early Childhood Development, Chronic Disease & Injury Prevention, Mental Health & Addictions
- » Health Surveillance: e-health, pharmacy, Health Knowledge & Information
- » Health Protection: HIV/ AIDS/ STBBI-Immunization, Tuberculosis, Pandemic Communicable Disease Emergencies
- » Environmental Public Health Services: Environmental Public Health Program (Waste Water, Solid Waste, Housing, Communicable Disease Control, Emergency Preparedness and Response, Environmental Contaminants, Facilities Inspections, Food Safety); quality service delivery; strengthened collaboration and partnerships; staff and program development.

Nursing Services

Context and Achievements

As of October 1, 2013, FNHA Nursing Services will deliver current FNIHB nursing programs and services. A working group with staff from FNIHB and FNHA has identified issues and approaches for ensuring a smooth transition of Nursing Services, and Reasonable Job Offers to current FNIHB nursing staff were made. Current FNIHB Nursing Services comprises the following key functions, which will transfer to the FNHA:

- » Home & Community Care
- » Nursing Operations (Nursing Stations and Health Centres)
- » Transfer Nursing
- » Education & Clinical Practice (including mandatory nursing education, nursing practice consultants and Clinical Nurse Specialists for Maternal/Child Health, Public Health, Healthy Living/Chronic Disease and Adolescent Mental Health)
- » Recruitment & Retention office

The FNIHB Nursing Directorate is decentralized across BC including offices in Prince George and Vancouver. The unit supports all nurses (non-transfer & transferred) in First Nation communities. The Northern Nursing Operations Unit manages direct nursing services in First Nations communities.

The Northern Nursing Operations Unit is responsible for the provision of nursing services in First Nations communities, both at Nursing Stations and Health Centres. The unit directly operates 15 Nursing Stations and Health

Centres, and currently has approximately 40 full-time/part-time community health nurses engaged. Services include both primary care and public health programming. They work in collaboration and partnership with community based programs and regional health authorities.

Overview of Nursing Services Transition Priorities

The work of Nursing Services in the Transition year mainly falls into priority areas 1 (Transition), 3 (Health Services and Improvements) and 5 (Leadership, Organizational Development and Planning). This includes:

- » Continued collaboration to support a smooth transition of nursing services
- » Recruitment and retention of qualified health care providers for Primary Care, Public Health, Home and Community Care
- » Nursing education, practice and research: review and improve training and education programs; ongoing commitment to nursing education, including remote certified practice, cultural competency and mandatory training
- » Health service delivery models in remote communities
- » Continuous quality assurance and improvement
- » Enhanced services to First Nations communities
- » Integration of wellness approach



Evaluation and Reporting

An evaluation and reporting approach for tracking progress and achievements relative to annual or multi-year organizational priorities and goals will be developed. This process will be aligned with other evaluation and reporting processes, such as the tripartite evaluation of the implementation of the Framework Agreement, and the evaluation and tracking of success in relation to Health Actions. The evaluation and reporting work will involve the development

of meaningful health and wellness indicators and be linked to a planning cycle that is anchored in the regular Gathering Wisdom conferences. The FNHA Annual Report will include updates on annual achievements in implementing the IHP. This process supports continuous improvements and holds the FNHA accountable to its communities and partners.

Budget

The 2013-2014 financial summary reflects amounts associated with the “phased-in” transition of responsibility and receipt of funding by the FNHA.

It includes Federal revenue related to the Canada Funding Agreement equal to \$239.7 million as well as an additional \$11.7 million related to funding restricted to Transition (Implementation).

Revenue is also forecast from Provincial and other sources for a total revenue amount equal to \$260.2 million.

In addition, the Unrestricted Net Asset Balance is available to resource service and program delivery priorities.

FNHA FINANCIAL SUMMARY 2013-2014

Revenue		
	Federal	\$ 239,773,812
	Federal - Transition	\$ 11,739,519
	Provincial	\$ 8,255,840
	Other	\$ 488,036
TOTAL REVENUE		\$ 260,256,948
Unrestricted Net Asset Balance		\$ 6,257,973
TOTAL REVENUE AND UNRESTRICTED NET ASSET BALANCE		\$ 266,514,921
Expenditures		
	Governance, Community Engagement and Health Actions	\$ 17,272,629
	Operations	\$ 17,994,538
	Health Benefits	\$ 115,694,658
	Contributions	\$ 74,972,314
	Program Services	\$ 28,841,263
	Transition	\$ 11,739,519
TOTAL EXPENDITURES		\$ 266,514,921
SURPLUS (DEFICIT)		\$ 0

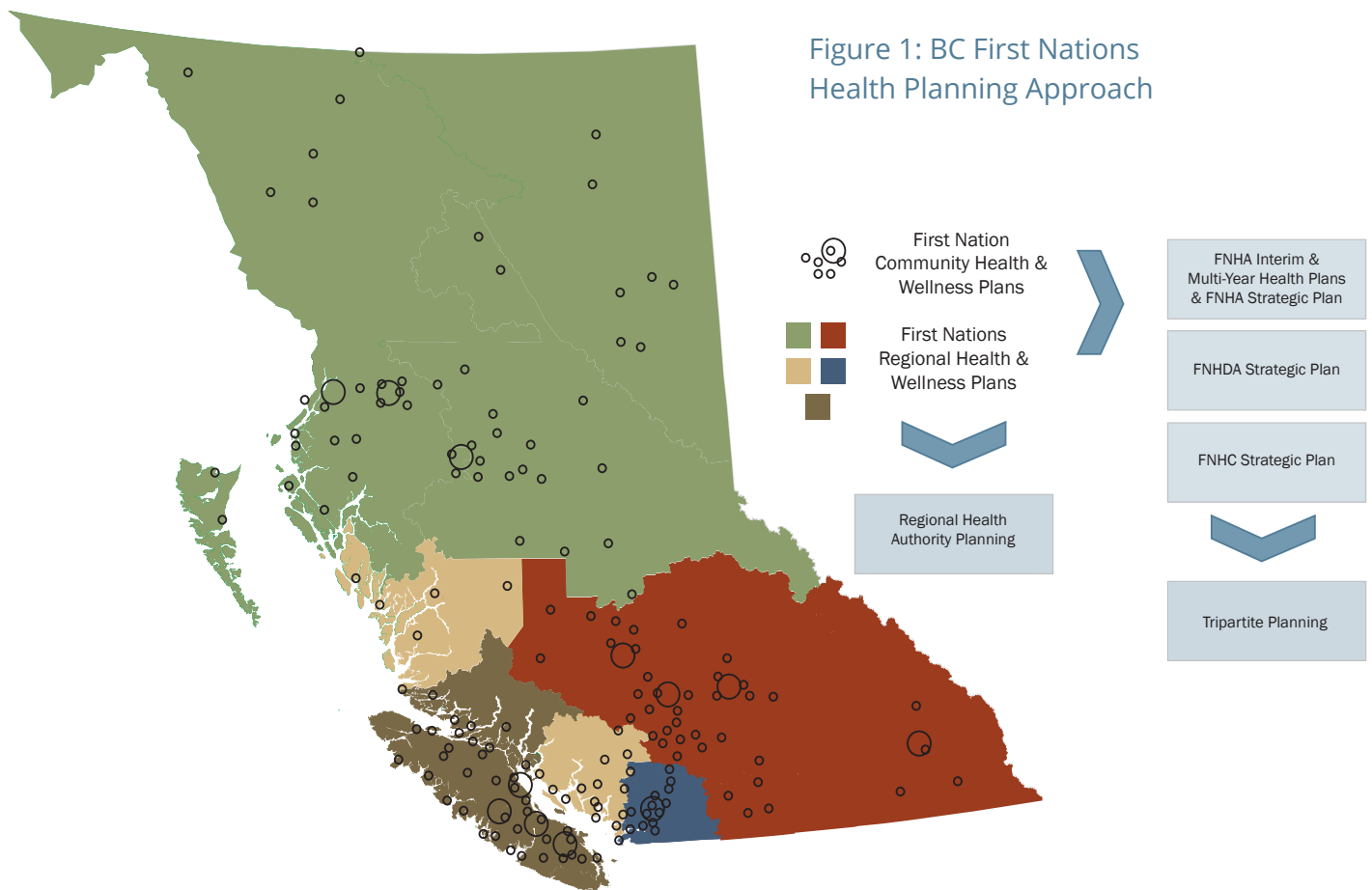
Next Steps

A Year in Transition: 2013-2014 Interim Health Plan Overview provides an overview of the comprehensive work the FNHA and its partners have to carry out during the year of Transition—a year full of change and opportunity in transferring responsibility for First Nations health programs and service delivery and funding from the federal government to the FNHA.

This year requires not only careful planning, change management and ongoing diligence in establishing, revising and integrating the structures and systems that are necessary for this historic Transfer. It also requires ongoing dedication to collaboration not only within the FNHA and with the FNHC and FNHDA, but with all partners, in particular with the federal and provincial governments, and Regional Health Authorities and the Provincial Health Service Authority.

It will be critical for the parties to uphold the principle of “reciprocal accountability” in working together toward Transfer in October and on implementing the respective tripartite and bilateral agreements.

Throughout this summer’s engagement sessions, regional priorities will be collated for inclusion in interim regional health and wellness plans, these plans, and the strategic plans of the FNHC, FNHDA, and FNHA will bolster our planning processes next year and in the years to come.



Notes

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Regional Health Liaisons

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



First Nations Health Authority
Health through wellness

501 — 100 Park Royal South
West Vancouver, BC
Canada V7T 1A2

T 604.913.2080
F 604.913.2081
www.fnha.ca