

Transition Update

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



First Nations Health Authority
Health through wellness

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Above: The road to Xeni Gwet'in



News from the First Nations Health Council

A Message from the First Nations Health Council

Greetings!

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

Our change begins with individuals, expanding outward to families, and then to our communities. It has taken generations to create the world in which we live now. Today, our generation is taking action to change our world for the better.

In May 2011, BC First Nations Chiefs and leaders came together to take a historic decision – to adopt the *BC Tripartite Framework Agreement on First Nation Health Governance* and the 7 Directives. BC First Nations agreed to take control of healthcare for our citizens at home and away from home. Chiefs directed the establishment of a BC First Nations Health Authority to design, manage, and deliver health programs and services for our people. Chiefs decided that in uncertain economic times, we needed to provide certainty for funding community health programs. Our leadership directed that this take place through a carefully managed process – so that we manage change, and do not allow change to manage us.

Our leadership established the foundation for reciprocal accountability, ensuring that our leadership is informed and drive the process, and themselves are accountable for being informed and involved in the process.

Since that historic decision in May 2011, BC First Nations – including through the work of the First Nations Health Council, First Nations Health Authority, and First Nations Health Directors Association – have been continuing on this change management journey. We have been concluding Sub-Agreements to describe how the transfer of First Nations & Inuit Health Branch (FNIHB)-BC Region to the First Nations Health Authority will take place – by October 1, 2013. We have been working in our regions to conclude arrangements and partnerships with Regional Health Authorities. We have been engaging with federal and provincial government partners to create real opportunities for transformative change in the health system.

“We have in front of us twenty years of hard work. BC Chiefs have created the space for this work by setting aside their fears and doubts and believing that our people can do a better job of providing healthcare for our citizens. Our Chiefs believe in their people. Our Chiefs want to achieve our vision of Healthy, Self-Determining, and Vibrant BC First Nations Children, Families, and Communities.”

*Grand Chief Doug Kelly,
Chair, First Nations Health Council*



Above: Nation procession, Interior region caucus meeting and partnership accord signing.

We have in front of us twenty years of hard work. BC Chiefs have created the space for this work by setting aside their fears and doubts and believing that our people can do a better job of providing healthcare for our citizens. Our Chiefs believe in their people. Our Chiefs want to achieve our vision of Healthy, Self-Determining, and Vibrant BC First Nations Children, Families, and Communities.

Change is scary, exciting, and troubling, even when the change is good for us. Many of us have questions, concerns, and fears. At the same time, all of us are unsatisfied with the status quo. The journey in front of us is exciting, frightening, and one that we must take. BC First Nations have more than twenty years of experience in delivering community health programs. We are experts in what works for our citizens and communities. We know the problems and we have many ideas and proposals to make programs and services better. When we are at the decision-making tables with our partners – the outcome will be better decisions on the care provided to our people.

We are not embarking on this journey alone. A key part of this change management process is keeping everyone informed and involved. We are bringing everyone with us. Our Chiefs, our Health Directors, our traditions, ceremonies, and laws, our caregivers, and our citizens

are all with us as we blaze our trail. We are drawing upon the gifts of our leaders, caregivers, and citizens to give us wisdom, strength, and discipline to listen, to learn and then to act. To support the informed participation of First Nations in the process, we are pleased to provide this comprehensive quarterly update. In previous editions of this Transition Update, we provided you with information on: the status of various Sub-Agreements; the work to strengthen and prepare the FNHA's corporate governance in preparation for transfer, including an organizational chart; the approach to transformation of programs and services, including for Non-Insured Health Benefits; and, a tripartite transition plan to achieve the phased transfer, which will commence on July 2, 2013 and conclude on October 1, 2013.

In this edition of the Transition Update, we recap some of this key information. We also provide recent updates on the Sub-Agreements and the approval process for the transfer, the work underway to novate community contribution agreements, and on the work in transformation – particularly at the regional level.

Sub-Agreement Update

As described in the last edition of this Transition Update, the Parties have agreed to plan for a phased transfer. This means that some functions will transfer on July 2, 2013. These are likely to include mainly Headquarters functions, management and administrative functions and policy and program leadership roles. Over the following months, we may agree to transfer other functions and activities as deemed appropriate. By October 1, 2013, the plan calls for full completion of the transfer, including all primary care, public health, environmental health and community health programs, along with community funding agreements and Health Canada regional staff.

Through this phasing, we continue to meet our commitments in the Framework Agreement, including the commitment to meet the two-year transfer timeline of October 2013. It also allows more time and planning to support a smooth transition of the programs, services and operations from Health Canada to the FNHA – that there will be no disruption to programs, service and cash flow to First Nations, and minimal/managed disruption to Health Canada and FNHA staff.

To make the transfer a reality, the Parties have significant technical and planning work to do, including the development of Sub-Agreements. Please refer to the December edition of the Transition Update for a comprehensive description of how the parties have structured themselves to do this work and information about each Sub-Agreement.

Sub-Agreements are focused on describing the logistics and legalities involved in transferring the people, assets, funding, records, and equipment from FNIHB-BC to the FNHA – they are the detailed

roadmap for how the transfer will take place. The list of Sub-Agreements is as follows:

- » Canada Funding Agreement
- » Human Resources
- » Health Benefits
- » Records Transfer
- » Information Sharing
- » Assets and Software
- » Accommodation
- » Capital Planning / First Nations Health Facilities
- » Assignment or Termination of Canada CA's

In August 2012, the Parties initialled the Human Resources Sub-Agreement, Health Benefits Sub-Agreement, and Canada Funding Agreement. In February 2012, the Parties initialled the Records Transfer Sub-Agreement and Information Sharing Sub-Agreement. The Parties aim to finalize the remainder of the Sub-Agreements in March 2013. Once all of the Sub-Agreements are finalized, they will be reviewed all at once, side-by-side, to ensure all linkages and dependencies have been considered. Only after this comprehensive review has been conducted will approval of the Sub-Agreements be considered.

Approval Processes

In a Tripartite process, each of the partners has to carry out their respective approval processes – each of which looks different than the others.

For BC First Nations, the Engagement & Approval Pathway, culminating in Gathering Wisdom for a Shared Journey Forums, is the foundation for our decision-making. Through the Pathway, our leadership provides strategic-level feedback and direction. The emerging consensus is described

in a resolution debated at Gathering Wisdom for a Shared Journey forums. Through this process over the past several years, BC First Nations set the standards for the new health governance arrangement, provided their approval for the transfer of FNIHB-BC Region to the FNHA, endorsed the permanent structure of the FNHA, and set out clear marching orders for the FNHC and FNHA to get the work done. As per this direction, the FNHC and FNHA have been carrying out work with our federal and provincial partners to conclude the Sub-Agreements, which will describe how the transfer will take place. Once the Sub-Agreements are complete, the FNHC reviews them all from a governance-level perspective – ensuring that they meet the 7 Directives and the success factors established by BC First Nations:

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.

The FNHA reviews all of the Sub-Agreements from an operational-level perspective – ensuring that the Sub-Agreements can be implemented successfully and sustainably from a practical and business level. Once the FNHC and FNHA have provided their respective approvals and demonstrated that we have met the standards established by BC First

"We have hit the home stretch with respect to federal approvals. The last major federal approval required was from Treasury Board, for the Canada Funding Agreement. This approval was provided in February 2013. The Sub-Agreements are instruments derived from the framework agreement and provides a clear process as to the manner in how we transfer the FNIHB office to the FNHA. The final step is for all Sub-Agreements to be presented to a federal ADM Committee, which will take place this month."

Warner Adam, Deputy Chair, First Nations Health Council



Above: The North represents! FNHC Deputy Chair and Northcentral representative Warner Adam, Honourable Leona Aglukkaq, Minister of Health, Health Canada, Charles Morven, FNHC Northwest representative, Tammy Watson, FNHC Northeast representative.

Nations, the Sub-Agreements are approved from a BC First Nations perspective.

The federal approval process has included a number of stages and forums. A key approval was provided for the BC Tripartite Framework Agreement on First Nation Health Governance in the summer of 2011. Following that approval, another set of Sub-Agreements was required to be approved by Cabinet in the Fall of 2012 – this included the Health Partnership Accord, Canada Funding Agreement, Health Benefits Sub-Agreement, and Human Resources Sub-Agreement. The last major federal approval required was from Treasury Board, for the Canada Funding Agreement. This approval was provided in February 2013. The final step is for all Sub-Agreements to be presented to a federal ADM Committee, which will take place this month. Following this final step, the Sub-Agreements are approved from a federal government perspective.

The provincial approval process is not triggered for the Sub-Agreement stage of the work, as the Sub-Agreements are bilateral between the federal government and the FNHA. Therefore, the provincial approval process concluded with the approval provided for the signing of the BC

Tripartite Framework Agreement on First Nation Health Governance in 2011, and for the Health Partnership Accord in late 2012.

The Tripartite partners are currently planning for their approval processes to largely conclude in March 2013. The Sub-Agreements can then be signed, and implemented to prepare for the transfer of FNIHB-BC Region to the FNHA, starting in July 2013, and concluding on October 1, 2013.

About Novation

At Gathering Wisdom for a Shared Journey IV in May 2011, BC First Nations approved the BC Tripartite Framework Agreement on First Nation Health Governance and the 7 Directives. All of the work we do is consistent with the Framework Agreement and Directives as adopted by BC First Nations. This is particularly important when it comes to contribution agreements – we know the importance of these agreements to First Nations communities. The Framework Agreement approved by BC First Nations provides the FNHA/FNHC and Health Canada with clear direction to conclude the novation of Community Contribution Agreements:



What does the Framework Agreement say about Novation?

Novation is “Agreement between the parties, in respect of the Transfer of Federal Health Programs which involve the funding of First Nation Health Providers, for Canada to assign or novate affected Canada CA’s with those providers to the FNHA that would otherwise be in effect on the date of such transfer.

Where such assignments or novations are not possible, Canada shall terminate the affected Canada CA’s on ninety (90) days’ notice, so that new contribution agreements can be concluded between the FNHA and First Nation Health Providers.”

BC Tripartite Framework Agreement on First Nation Health Governance

Directive #6: Without Prejudice



With this key direction guiding us, the parties have agreed-upon a process for the novation of community contribution agreements. Novation is basically replacing one signatory to an agreement (Health Canada) with another (the FNHA). In accordance with Directive #6, by choosing novation, communities will ensure that their contribution agreements remain unchanged – they will keep the same terms and conditions as the current agreement they have entered into with Health Canada. By not choosing novation, communities will be offered the same contribution agreement as they had with Health Canada, by the FNHA, and with a two-year term.

Directive #6 also provides us with clear direction as to how novation should take place:

#6: BE WITHOUT PREJUDICE TO FIRST NATIONS INTERESTS

- » Not impact on Aboriginal Title and Rights or the treaty rights of First Nations, and be without prejudice to any self-government agreements or court proceedings
- » Not impact on the fiduciary duty of the Crown
- » Not impact on existing federal funding agreement with individual First Nations, unless First Nations want the agreements to change. ●

“The purpose of the health plans and agreements and the new health governance structure is to transform the health system to better meet the needs of BC First Nations. This is an ambitious and long-term goal that requires great commitment from each of our communities. First Nations have told us to bring everyone along with this process, to manage change carefully and at a comfortable pace, and to do this sustainably and affordably – establishing the building blocks for transformation first, and then achieving health systems transformation over time.”

Chief Maureen Chapman, First Nations Health Council



About Novation...cont.

Even when change is good for us – we struggle with accepting change. For two years now, we have been talking about a major and significant change. We are now very close to beginning our journey as the BC First Nations Health Authority. For the past three plus years, we have created and carried out a community engagement process that is second to none. The purpose of our engagement is to inform our communities and be informed by our communities. It is our opportunity to ask you questions and seek your advice and direction. It

is your opportunity to ask questions, air out concerns, and to help move this work in the right direction.

Throughout February and early March, Health Canada carried out a series of engagement sessions with you on novation, based on how we have engaged with you in the past. During those sessions, information was shared with you about novation and what to expect from the process. You had the opportunity to provide suggestions, ask questions, and air out concerns. Based on your feedback, we were

able to incorporate a number of improvements to the draft Novation Agreement.

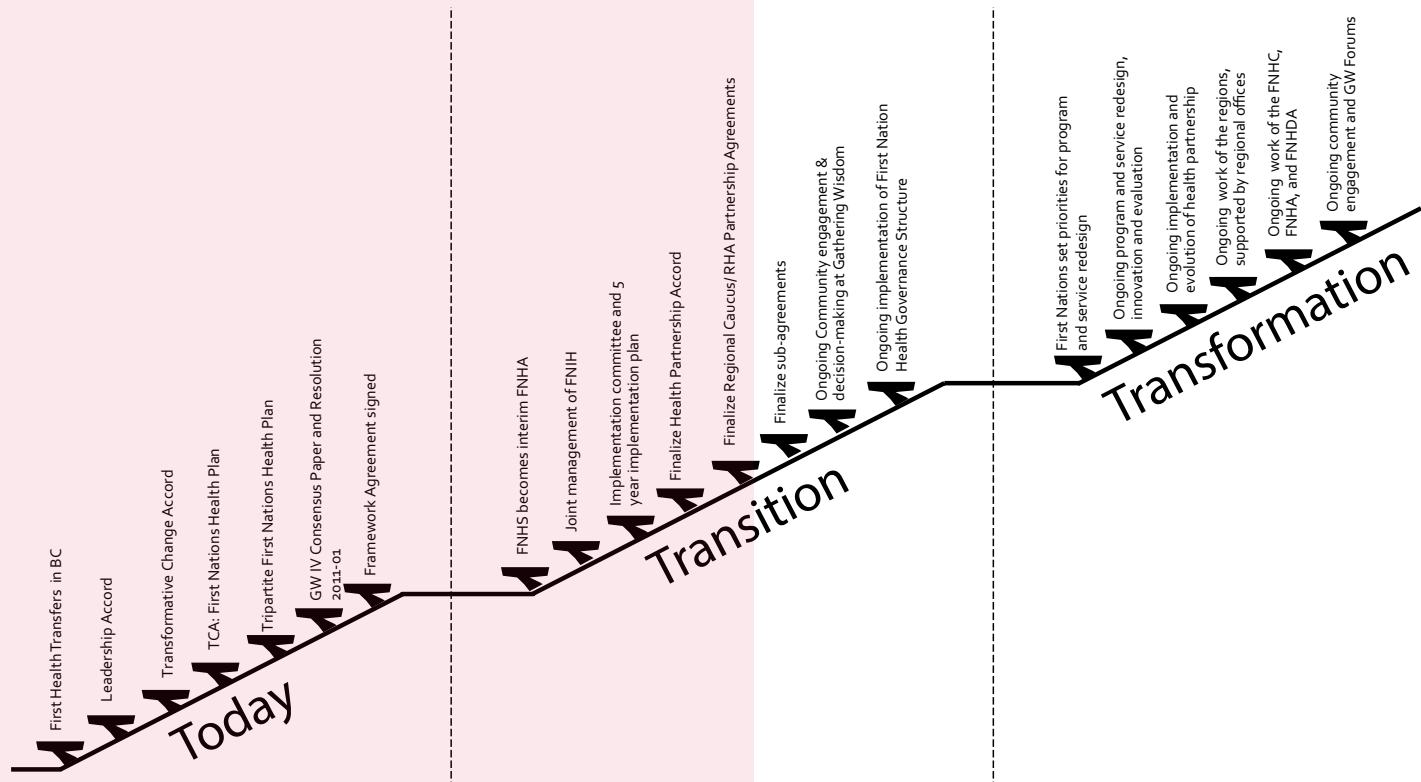
In the coming weeks, you will receive correspondence and a Novation Agreement from Health Canada and the FNHA. This is a key way in which the new health governance arrangement is made real, on the ground, in First Nations communities. Officially novating your community contribution agreement from Health Canada to the FNHA is truly a milestone on this journey of health systems transformation for all BC First Nations – one to be celebrated.

Building Blocks of Change

Over the past several years, we have established a significant number of these building blocks: the health plans and agreements, including the Framework Agreement; the health governance standards, such as the 7 Directives and Board competencies; the various components of the First Nations health governance structure such as the FNHC, FNHA, FNHDA and Regional Caucuses – including their roles, responsibilities, structures, and mandates; a reciprocal accountability framework; and, the Engagement and Approval Pathway.

Work continues to develop our FNHA. First Nations have adopted a holistic model for the FNHA – meaning that it will draw upon the best of non-profit, legislative, and corporate models to build a unique First Nations health organization. We will begin to explore the corporate opportunities available to us – examining business opportunities that will generate revenues to re-invest in the health system. Following the transfer, we will work with our partners on the concept of legislation to recognize and solidify the Authority of our Authority. As a non-profit entity, the FNHA continues to pursue excellence and

high standards, including through appropriate planning and evaluation requirements, an experienced senior management team, and the concept of accreditation. The FNHA is not the only entity that continues to develop. The FNHC and FNHDA too continue to work to improve their respective policy and governance processes, ensuring that we are upholding the direction we have received from BC First Nations, and are complying with the requirements of the Framework Agreement. We will also be working with the Regional Caucuses to support the ongoing strengthening of the role and processes of the regions.



Above: Transition timeline- a phased approach to transforming health services.

There are a number of other building blocks we need to put into place. These include: further developing our decision-making, consensus-building, and reciprocal accountability frameworks and processes; establishing a clear, transparent, logical planning, evaluation and reporting framework that breathes life into the 7 Directives; developing clear principles for data and information governance; and, principles and priorities for business development and financial sustainability of the First Nations health governance structure and its functions.

This summer, through Regional Caucus sessions, we will engage with First Nations on these building blocks. Your direction and feedback will inform a Consensus Paper to be considered at Gathering Wisdom for a Shared Journey VI in October 2013. This will be yet another step forward in our collective work to transform the health system to better meet the needs of BC First Nations.

Transformation

While work continues to develop the building blocks for transformation, there is still real transformative change occurring close to home – in the Regions. We cannot forget that transformation is not only about the current FNIHB programs. It also entails transformation of the much larger provincial system that serves BC First Nations. That work is ongoing – the opportunity is now.

Transformation of the current federal programs, services and policies will take time – as per the stages of work adopted by BC First Nations. We must get through the Transition stage first – taking over the FNIHB-BC Region system, getting used to operating that system, and upholding the requirements in the Framework Agreement and from BC First Nations to take this process slowly. There are no similar restrictions on the transformative efforts that can take place with the provincial system. Each

of the five Regional Caucuses has entered into a Regional Partnership Accord with their Regional Health Authority. This gives the opportunity and mandate to do transformation work now with the Regional Health Authorities as partners. These efforts will result in real, tangible, on-the-ground, and short-term change. The transformative potential of these Partnership Accords cannot be underestimated. Work continues to ensure that the regional capacity exists to support each Regional Caucus and Regional Table's efforts to implement their Partnership Accords. Below is a status update on each Region's transformation efforts.

Data and Information Governance

Data and information management is a foundational component of BC First Nations governance and government; it is a tool that First Nations governments and First Nations organizations can use to support informed and strategic decision-making. Data and information management and governance is common to all BC First Nations governments and organizations, and to federal and provincial governments, all of which collect, use and house data to inform decisions and planning, and to develop, monitor, and improve policies and programs.

The Tripartite and bilateral health plans and agreements describe a comprehensive and ambitious agenda in health governance, health systems transformation, and the social determinants of health. These include action items and mandates with respect to increasing First Nations involvement in decision-making concerning their data and services, improving the collection, use and sharing of First Nations data, and developing the capacity of First Nations in the area of health information governance. This also includes the movement towards a wellness system, and transformation of the current health system to better meet the needs and philosophies of BC First Nations.

This work in data and information governance is a building block for the transformation work to come. The quality of data and information will directly impact on the quality of decision-making. The FNHC is undertaking efforts to engage directly with First Nations and partner First Nations organizations to advance this important mandate. Data and information governance will be a key element of the Guidebook to be reviewed and discussed by BC First Nations at the summer 2013 Regional



“Most First Nations have over 40 years’ experience managing multiple investments from numerous federal and provincial government departments/agencies. However, limited resources to support data governance, has resulted in limited capacity to measure outcomes at any level.

I see data governance as a foundation of Nation Re-building; increasing capacity to account for resources and to report to Citizens on the outcomes achieved through these investments; reporting on things that matter to community; informing our comprehensive Community Planning and ultimately, achieving well-being.”

Gwen Phillips – First Nations Health Council

Caucuses, and in all engagement opportunities leading into Gathering Wisdom for a Shared Journey VI. Further, the FNHC is supporting a collaborative effort amongst First Nations organizations and federal and provincial governments on data and information governance and management. This will support a common approach to supporting First Nations to collect, own, and house their own data, and for First Nations organizations to access data that

informs the efforts, programs, and services that they carry out on behalf of First Nations.

Regional Partnership Accord Implementation

North

The North has created a Northern First Nations Health and Wellness Planning Committee (NFNHWPC) and approved its Terms of Reference. A Northern Partnership Accord Implementation Workplan has been created and work has begun to populate it. Part of implementation of the Northern Partnership Accord includes

agreed that one priority is the need to create an "Urban Framework" to jointly address the needs of community members living away from home. The NFNHWPC has identified strategic objectives and 6 strategic priorities through the Urban Framework.

Work to support the implementation falls heavily upon the Regional Health Liaisons and staff of Northern

The partnership has begun with several initiatives under way including creating a space to collect and begin acting on "Current Issues" that require immediate attention. The communication between the FNHA staff and Northern Health staff has increased exponentially, and includes various teleconferences for planning and information sharing monthly.

The Northern First Nations Wellness Planning Committee composes and distributes joint communiques following each meeting.

"Sitting together and working with Northern Health as equals has been exciting. Working together makes the health reform real after watching agreements signed at the provincial level we are seeing change on the ground now. It is an excellent opportunity to begin the job of improving health outcomes for our people. "

Lauren Brown – Health Director for Skidegate and FNHDA Board Member.

developing Approaches for Action that address deliverables identified in the Accord. Working committees have been created in support of their approaches for action. It has been

Aboriginal Health. The Northern Regional Table has identified the need for Senior Level support to assist with coordination and ensure the work adheres to all seven directives.

Key Priorities for the Northern Region

- » The continued development of specific Northern Partnership Accord Approaches for Actions (i.e. communications, population health, information technology)
- » Populating the Northern First Nations Regional Health and Wellness Plan
- » Information sharing and priority setting
- » Aboriginal workforce development
- » Cultural competency
- » Primary Care
- » AHIC & Hub communication



Above: The Northern First Nations Health and Wellness Planning Committee, membership listed below.

The Northern Regional Table is comprised of one political and two technical members from each sub-region.

North Central Regional Table Representatives

- » Warner Adam, FNHC North Central Representative and FNHC Deputy Chair, Executive Director of Carrier Sekani Family Services
- » Verne Tom, Health Manager with Tl'azt'en First Nations
- » Julia Morris, North Central Regional Table Representative, Senior Health Lead for Nee Tahi Buhn Band

North East Regional Table Representatives

- » Tammy Watson, FNHC Northeast Representative, Saulteau Nation Council
- » Corene Apsassin, Health Director at Blueberry First Nations
- » Colleen Totusek, Health Director at Saulteau First Nations

North West Regional Table Representatives

- » Charles Morven, FNHC North West Representative, Deputy Chief of Gitwinksihlkw and Chair of NVHA Financial Committee for NVHA
- » Lauren Brown, Health Director- Skidegate Health Centre
- » Freddie Louie, Health Director with Iskut Valley Health Services

The Joint Committee with the Regional Health Authority is comprised of:

Northern Health

- » Cathy Ulrich – Chief Executive Officer
- » Dr. Ronald Chapman – Vice President of Medicine
- » Dr. Suzanne Johnston, Vice President, Clinical Programs and Chief Nursing Officer
- » Dr. David Bowering, Chief Medical Health Officer
- » Michael McMillan, Chief Operating Officer NI
- » Betty Morris, Chief Operating Officer NE
- » Penny Anquish, Chief Operating Officer, NW
- » Agnes Snow, Regional Director, Aboriginal Health
- » Victoria Stewart, Lead, Aboriginal Engagement and Integration

First Nations Health Authority

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

“Work to partner with VIHA was really good in the beginning but in the past year has slowed down somewhat. Each community is at different stages; we’re quite satisfied in terms of working as a team (the Nuuchah-nulth Family or sub-region).”

Nora Martin – Health Director Tla-o-qui-aht First Nation and FNHDA Board Member



Vancouver Island

The Vancouver Island Caucus has met with the Vancouver Island Health Authority (VIHA) Executive and more meetings are planned. Meetings will seek to identify measurable priorities for implementation of the Partnership Accord. One potential priority has been identified – Mental Wellness & Substance Use.

Scheduling has been a challenge. The VIHA Executive is very busy and has had trouble finding time to meet. The VIHA CEO is leaving in April which is an additional challenge. The Nations have had a challenge identifying their priorities for implementation.

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

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

Vancouver Island Regional table priorities

- » Develop an Aboriginal Patient identifier
- » Pursue e-health opportunities
- » Examine and supplement health data collection
- » Work with BC Ministry of Health and Health Canada to develop clinical information and patient record systems and protocols for the sharing of patient records, consistent with the law, to better serve First Nations patients and to enable greater First Nations control over the use, collection and access to health data relevant for the improvement of health services and to better monitor and report on First Nations health
- » Work together to incorporate the perspectives and reflect the cultures of Vancouver Island First Nations and incorporate the First Nations Model of Wellness
- » Facilitate discussion related to the social determinants of health in order to contribute to the design of First Nations health programs and services
- » Engage in capacity building (including leadership training and cultural safety)
- » Explore efficiency opportunities (for example – ordering supplies)

Vancouver Coastal

The Aboriginal Health Steering Committee (AHSC) had its first meeting in January 2013 during which they approved a new Aboriginal Community Engagement Strategy. An AHSC Executive has been developed to work through the challenges faced between meetings of the AHSC. One of the challenges in the process is establishing working relationships between organizations that have not worked closely together previously.

“One of the things I appreciated is that VCH designated a team to support the inclusion of First Nations in the integrated primary care gap analysis. By designating individuals to work with First Nations communities we have been well supported to have meaningful involvement and input.”

Kim Brooks – Health Director for the Squamish Nation & FNHDA Board Member.

A Cultural Competency and Responsive Framework has been developed and approved by Vancouver Coastal Caucus and the Aboriginal Health Operations Council (AHOC) with the next step to complete the strategy.

Vancouver Coastal Health (VCH) and FNHA have jointly funded a Senior Advisor to support the work of the

AHSC and the implementation of the Partnership Accord. VCH and the Regional Table are working together on a research initiative for an Aboriginal Tobacco cessation project and are jointly funding a literature review on Vancouver Aboriginal health issues and innovation solutions. The VCH has initiated a Primary Health Care gap analysis project for the region's 14 Nations as well as the Urban Aboriginal population. This project is nearing completion.

The Vancouver Coastal Regional Table has been appointed. Representatives include the FNHC Reps from VCC and three technical reps Paul Willie [Wuikinuxv – Central Coast Sub-region], Kim Brooks/Coreen Paul [alternate] (Southern sub-region), and Rachel Andrew-Nelson (Southern Stl'atl'imx).

The Vancouver Coastal Caucus has two joint committees with the Vancouver Coastal Health Authority.

The **Aboriginal Health Steering Committee** (Governance) includes:

- » Vancouver Coastal Regional Caucus – the three FNHC Reps (Ernest Armann, Leah George-Wilson, and Georgina Flamand)
- » First Nations Health Authority – CEO or designate, a Board Chair, and the VP of Policy, Planning and Strategic Services.
- » Vancouver Coastal Health – CEO or designate, a Board Chair, the VP of Public Health, and the Chief Operating Officer of Coastal Community of Care.

The **Aboriginal Health Operations Council** (Operations) includes:

- » VCH Senior Managers
- » The three Regional Table reps, and;
- » The Senior Advisor for VCH/FNHA

The Aboriginal Health Steering Committee commitment to working together as organizations (not losing sight of the priorities within the Partnership Accord) and focus on a “wellness model” for care.

Aboriginal Health Steering Committee priorities

- » Development of an Urban Aboriginal Health Strategy
- » Central Coast Strategy: rural and remote communities in both issue identification and strategy development
- » Engagement of community in discussions related to primary health care planning and delivery – including capacity building, community development, First Nations and Aboriginal delivered care, First Nations and Aboriginal human resource development
- » Continued development of spiritual spaces and supports
- » Development of Indicators
- » Research and Information Management
- » Exploring opportunities for inter-sectoral and inter-professional partnership at the operations level to address the social determinants of health (housing, income, education, food security, etc.).
- » Innovation – what are other Health Authorities or organizations within BC, across Canada, and internationally doing that the VCH and FNHA can learn from? Examples:
 - » Health care delivery models
 - » Tele-health
 - » Human resource development approaches
 - » Incorporation of traditional healing & medicines



“We’ve established a system to make sure we’re in touch with one another. We’re in the beginning of working together to cover what’s needed for our health needs in the region. It’s great that we’re all working together – setting priority health needs for our region. Two examples of priorities we have decided to focus on are mental health and primary health care.”

Virginia Peters – Senior Health Lead for Sts’ailes Band and FNHDA Board of Directors member.

Fraser Salish

The Fraser Region Caucus established an Aboriginal Health Steering Committee (AHSC) with Fraser Health and have held three meetings to date, with more scheduled. Clarification of roles and responsibilities (among the FNHC, FNHA, Community Engagement Hubs, the FNHDA and the Fraser Health Authority) has been a challenge. A Regional Strategy Session was held to clarify roles and responsibilities and brainstorm joint priorities. At the March 7, 2013 AHSC meeting, it was agreed to form a joint working group to amend the AHSC Terms of Reference that will see the FNHA CEO and VP Policy, Planning and Strategic Services and a FNHDA member join the AHSC.

Fraser Health, the Hubs and FNHDA are collaborating on a number of events and processes:

- » Health Fairs
- » Integrated Health Teams
- » Suicide Prevention, Intervention and Postvention (PIP) Strategy
- » FASD Strategy
- » Mental Wellness (Fraser Canyon Beyond Borders)
- » The Aboriginal Health Improvement Committee, and
- » Aboriginal Community-based Primary Health Care (with SFU)

The Regional Table has been appointed with 3 FNHC reps:

- » Grand Chief Doug Kelly (Sto:lo Tribal Council)
- » Chief Maureen Chapman (Sto:lo Nation)
- » Willie Charlie (Independents)

4 Health Directors:

- » Carolyn Neufeld - Seabird Island Indian Band Senior Health Lead
- » Jeanine Lynxleg - Sto:lo Nation Health Services Manager, FNHDA BoD
- » Virginia Peters - Sts’ailes Health Director, FNHDA BoD
- » Peter John - Chawathil FN Health Director, FNHDA BoD

and 4 Hub Coordinators:

- » Kelowa Edel, Sto:lo Nation Hub
- » Linda Kay Peters, Ye mi sqaqó:tel la xwe’ lets’emó:t ó Hub
- » Cathy Speth, Fraser Thompson Indian Services Society Hub
- » Phil Hall, Fraser South-west Hub

Fraser Salish Regional table priorities

- » Primary Health Care and Chronic Disease
- » Mental Health & Substance Use (Suicide PIP, FASD, Moving Forward: Grief and Loss for C&Y)
- » HR/People development – Cultural Competency
- » Data Collection & E-health

“The Interior Partnership Accord is a good example of an agreement that follows Directive #1 (Community-driven, Nation-based approach) by providing a framework for each of the 7 Nations in the Interior Region to enter into a relationship with Interior Health. Each of the Nations in the Interior is negotiating an LOU with Interior Health based on the needs of their citizens.”

Kupi7 Wayne Christian – Splatsin First Nation.



Interior

The Interior Partnership Accord between the First Nations of the region and the Interior Health Authority (IHA) was signed in November 2012. This is an exciting accomplishment and demonstrates the willingness of the Interior Nations to work together and build a better relationship with the IHA.

Each Nation will be negotiating a letter of understanding independently with IHA. Two LOUs are complete and the others are at varying levels of progress.

The work in the Interior Region would best be supported by increasing the capacity of the Region. This could include a Senior Level Position work with the Interior Nations to lead the process. Further discussion

regarding the support needed in the Region will take place at a Strategic Planning Session with the 7 Nation representatives and health leads.

LOUs with Interior Health Authority and the Community Engagement Hubs have created opportunities for some of the communities and Nations to engage in joint projects with Interior Health. The Region is still in the early stages of implementation of the Partnership Accord so consequently there have been no direct projects.

Currently, the Regional Table is comprised of the Interior Region Nation Executive (7 Nation Representatives). Hub coordinators attend as technical support to the Nation Representatives. The

Partnership Accord (with IHA) outlines the creation of a ‘First Nations Health and Wellness Committee’ which will be comprised of health technicians appointed by the Nations as well as senior IHA Staff. Discussions regarding the development of additional joint committees with Interior Health still need to take place.

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

Interior Region priorities

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

The “Non-Insured Health Benefits Program” will become the “First Nations Health Authority Health Benefits Program” on July 2, 2013.



Profile: First Nations Health Authority Health Benefits Program (HBP)

We have heard clearly that our communities are anxious to transform the current First Nations and Inuit Health Branch 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.

It's a reality that the Health Benefits Program, in particular, will take many years to transform completely. This program is very complex and very large. It is very “plugged in” to the federal system, and it will take time to disengage it. The Parties (the FNHA and Health Canada) have therefore agreed to a careful change process, including a “buy-back” arrangement. For a minimum of two years following the transfer of NIHB to the FNHA, and for up to four years if the Parties agree, the FNHA will “buy back” the administration of the current NIHB Program from Health Canada. During the buy-back period the roles and responsibilities of Health Canada, the FNHA, and both Parties collectively will be clearly defined. The buy-back period allows for the FNHA to conduct better planning, research, and development to ensure it is ready to assume and transform the Health Benefits Program.

At the same time, the FNHA recognizes that changes are needed now. We have been urging our partners to work with us to make some changes and improvements as we move through transition.

The Parties have established a Working Group (the Health Benefits Improvements Working Group) to discuss improvements to service delivery issues with NIHB that need to be made prior to, and during, the “buy-back” period, and to assist the FNHA in preparing for changes that will be made post “buy-back” period – when the FNHA begins administering the FNHA Health Benefits Program that better meets the needs of our peoples.

For now, and through the buy-back period, the work of the Health Benefits Improvements Working Group will push for practical improvements to the existing NIHB Program. Membership on this Working Group includes appointees from Health Canada, a representative from the FNHC (Warner Adam), a representative of the FNHDA (Jacki McPherson), and a representative of the FNHA (John Mah). To inform the work of the FNHC, FNHDA and FNHA representatives of this Working Group, the FNHDA will roll-out an engagement process to get feedback from First Nations, building upon the wisdom and ideas brought forward by First Nations through the hundreds of health meetings we have supported in recent years. Further information on this engagement process will be circulated in the coming weeks.



Coming April 15th, 2013... A Challenge to Leadership.

stay tuned...www.fnhc.ca for details and registration info...

Personal Wellness

We began this Update reflecting upon the fact that change begins with individuals, expanding outward to families, and then to communities. Through improving our personal wellness, we lead longer, more fulfilling lives. We have more quality time to spend with our loved ones, and serve as effective and well role models to them. We contribute to the sustainability of the health system.

As the individuals appointed to the FNHC, we take our personal wellness responsibility seriously. As the FNHC, we have made a commitment as a team, and as team members, to continue to improve our personal health and wellness – physically, emotionally, mentally, spiritually. We will be accountable for our ongoing efforts in this regard, and will be championing personal wellness amongst BC First Nations, through a leadership wellness challenge and through regional and provincial-wide efforts to support health literacy and health promotion. Change begins with the individual – and we look forward to supporting each and every one of you in your personal wellness.

Thank you for taking the time to review this Transition Update. As you can see, it is a very busy time, and it will be a historic, life-changing year. Change can be difficult and scary – and so is the status quo. We are humbled and honoured to have been entrusted by BC First Nations to play a leadership role in this process – one which will change our world for the better.

Respectfully,

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



News from the First Nations Health Authority

A Message from the CEO

Greetings!

On July 2, 2013 the First Nations Health Authority will assume the policy, planning and strategic services functions of Health Canada, FNIHB headquarters as well as program and service responsibilities for the pharmacy, medical supplies and equipment and dental programs of the Non-Insured Health Benefits. This first basket of responsibilities and the transfer of subsequent resources represent an important step in the transfer process.

What will be different on July 2nd is a question on many people's minds. The short answer is meaningful change will take time. The focus has largely been on October 1st and the transfer of programs, services and resources to the FNHA. What is really exciting about the July transfer is that BC First Nations begin to occupy a decision-making space in health that is unique in this country. It will take time to shape this decision-making space, and we look forward to our next big engagement on the Building Blocks of Governance to begin consensus building on topics such as reciprocal accountability, information governance, business development, and planning and evaluation.

The expression "driving the road as we build it" remains in common usage; I think a truer analogy could be "building the vehicle to drive on the road." The work of building the First Nations Health Authority (our vehicle) into a successful, professional, accountable, First Nations Health Authority is underway.

Over the past 6 months the FNHA has been gearing up for the phased transfer, including the recruitment of the executive team necessary to assume the policy, planning and strategic service functions. What we are doing has never been done before, and quality leaders will be key to our success. In the last transition update we introduced our senior executive team including: Richard Jock, VP, Policy, Planning and Strategic Services; Joseph Mendez, VP, Innovation and Information Management Services; Elaine Wass, VP, Human Resources; John Mah, VP, First Nations Health Benefits, and Michael Hilson, VP, Corporate Services.

The First Nations Health Authority is proud to sponsor the 1st annual Aboriginal Day of Wellness, June 21, 2013. Visit www.fnha.ca for details and to apply to become an event host.

Annual Aboriginal Day of Wellness June 21st, 2013

**Province-wide Wellness
Activities on National
Aboriginal Day!**

**Get active!
Host a 5 & 10km walk/run
Host a paddling event
Host a ride or roll
or design your own
Wellness Activity!**

About the event:

As BC First Nations health and wellness partner, the First Nations Health Authority will be sponsoring the 1st annual Aboriginal Day of Wellness on National Aboriginal Day June 21, 2013.

In partnership with the Aboriginal Sport, Recreation & Physical Activity Partners Council, the FNHA will be sponsoring community and regional events aimed to honour our active spirits.

Funds are available to host an event in your community! To host an event please visit www.fnhc.ca for eligibility info and an application form.

An online registration process for regional events will go live in May.

Please join us on Aboriginal Day for a day of fun and celebration!



For more information
please email: active@fnhc.ca



The work of building our vehicle is balanced by the need to get some immediate needs met and to establish our philosophy and perspective amongst the other players in the provincial health system. Establishing our wellness perspective in a sickness system is not always easy. It is important that we do not relegate wellness to the back burner, and that we continue to support BC First Nations children, families and communities to be well.

It is for this reason, I am excited about the 1st Annual Aboriginal Day of Wellness events that will be rolling out on June 21st of this year. My own personal wellness goal is to complete an ironman triathlon once a month. This is equivalent to a 4 km swim, 180 km bike, 42 km walk/run completed over 30 days.

In closing, the FNHA takes its strategic direction from the consensus of First Nations leadership; no other Health Authority operates in this manner. While our work is not always easy it is always worth it. Thank you for this opportunity to participate in this work, it remains a true privilege.

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

Transfer Timeline and Details: A Phased

Today

>>>

July 2, 2013

Health Plan and Agreements responsibilities

- » Transformative Change Accord First Nations Health Plan
- » Tripartite First Nations Health Plan
- » BC Tripartite Framework Agreement on First Nation Health Governance
- » Health Partnership Accord

Policy, Planning and Strategic Services

- » Policy and Planning
- » Leadership
- » Strategic Services

Non-Insured Health Benefits Headquarters Functions

- » Dental
- » Pharmacy
- » Medical supplies and equipment

Approach to FNHA Responsibilities

>>>

October 1, 2013

Regionally delivered Programs

- » Non-Insured Health Benefits Program (Regionally managed functions- Patient Travel, etc.)
- » Children and youth programs (ie. Fetal Alcohol Spectrum Disorder, Aboriginal Head Start on Reserve);
- » Chronic Disease Programs and Injury Prevention
- » Primary Care (ie. Community Primary Care and Nursing Services, First Nations Home and Community Care);
- » Communicable disease control programs (ie. Vaccine, Immunization) Blood Borne Disease and Sexually Transmitted Infections (HIV/AIDS), Respiratory Infections (ie. Tuberculosis,)
- » Mental Health and Addictions Programs (ie. NNADP)
- » Environmental Health and Research Programs;
- » Health Governance/Infrastructure Support (ie.E-health solutions, Health Careers)
- » Health facilities and capital maintenance;
- » Youth Solvent Abuse Program, National Aboriginal Youth Suicide Prevention Program.





Above: Interior Region Caucus. Regionalizing supports and services is a key priority for the First Nations Health Authority Policy, Planning and Strategic Services Department in the coming months.

Policy Planning and Strategic Services focuses on Regionalization



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

The first three months at the First Nations Health Authority have afforded the opportunity to meet with a number of First Nations leadership and Health Directors across the province. It has been

a privilege to begin visiting regions and hear first-hand the interests and perspectives of so many involved in this historic change process. The priorities of the First Nations Health Council, FNHA Board of Directors and our Chief Executive Officer are echoed by those that I have met in the regions:

1. Regions must be resourced to do regional work.
2. Health systems transformation is important and must be part of our thinking and actions.
3. Services provided through the Policy, Planning and Strategic Services division should focus on how to build community, Nation and regional capacity, support

relationships with regional health authorities, and enhancing decision-making consistent with the Seven Directives.

The work completed by leadership through the consensus building process at previous Gathering Wisdom forums provides a sound governance foundation for health service improvements. Implementation of these Directives today, and the evolving conversation on regionalization provides clear direction on how I will work to shape the newly established PPSS department.

As we work to develop our team we do so guided by the idea of regionalization. A key effort over the next few months will be the development and implementation of regional positions in each of the five regions. It is expected that this position would be a focal point for coordination and support and further development and implementation of priorities and interests of each respective region. Further, the sketch below outlines how the PPSS department is aligning its team to be supportive of work in the regions. To lend further detail to this effort, the FNHA is working to finalize five regional team charters. The charters will be used by the FNHA to outline how each

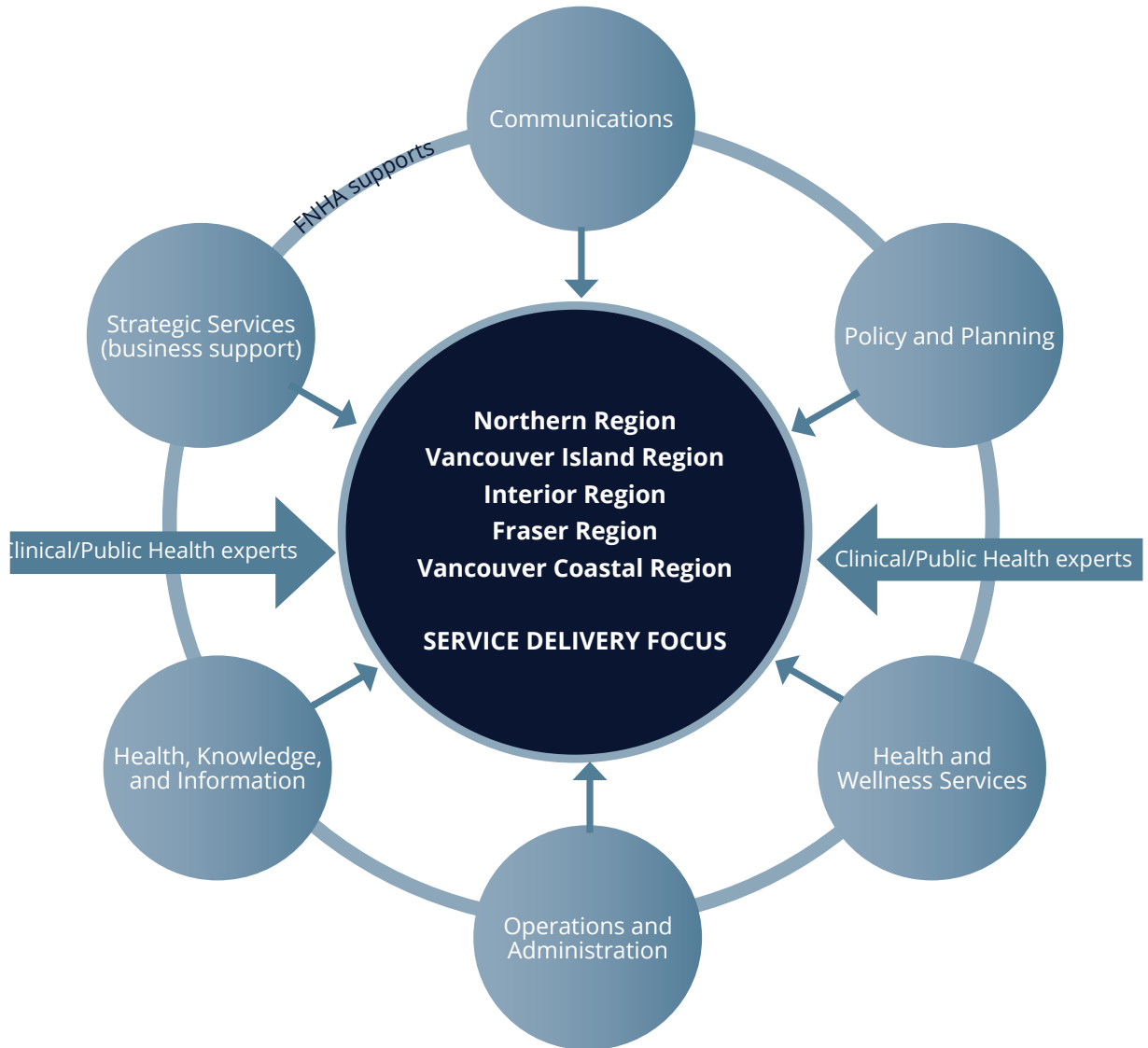
region will be supported by central services such as policy, planning and communications in a sustainable manner.

Headquarters function

On July 2, 2013 the FNHA will assume policy, planning and strategic services responsibilities formerly held in Ottawa. This transfer reflects an important milestone and a great opportunity for change. You may have heard Mr. Gallagher, our Chief Executive Officer talk about the headquarters functions being the “head” and the FNIHB BC Region functions being the “arms and legs.”

Specifically, on July 2nd, 2013, the FNHA will become responsible for the “BC share” of the national-level strategic level responsibilities currently housed through various directorates in Ottawa. From a budget perspective, the “BC share” is roughly 14%-15% of those directorates. No staff will be transferring on July 2, 2013, for these headquarters functions—only the “BC share” of the budget. The FNHA will use these resources to build the strategic level capacity within the FNHA to work with communities directly on improving the programs and services in each of these areas.

Functional areas of support as Regional Structures/Processes take shape



Health Services and Improvements

To achieve our vision of Healthy, self-determining and vibrant BC First Nations children, families and communities we need active and engaged partners. The PPSS team is working hard to develop and maintain external partnerships with Provincial and Federal Governments, Provincial

Health Authorities, other key Health agencies and organizations, and Aboriginal provincial organizations.

The PPSS team is working directly with the province to set the ground-work by which communities and First Nations health programs will be able to leverage additional services through current and planned provincial initiatives. This will enable our health system to align our current basket of federal services with provincial

services for maximum benefit in ways that are consistent with our goals and objectives. There are areas where we share priorities with the province and where there are opportunities to take advantage of the innovation and change agenda such as funding in such areas as Primary Care, Mental Health, HIV and Public Health. The FNHA remains mindful that as we do the work to developing plans and initiatives that the focus remains on

respecting and enhancing local services where they exist and identifying value-added services where they do not.

An example of partnership development in practice is the implementation of the Project Board and the identified initiatives including linkage with the tripartite strategy tables.

Implementation of the First Nations Health and Wellness approach and initiatives

The First Nations Health Authority is working to become the Health and Wellness Partner to all BC First Nations. This year we are launching and supporting a number of exciting initiatives aimed at health promotion. The 1st Annual Aboriginal Day of Wellness on June 21st provides the opportunity for communities to come together and host local or regional wellness events. In addition we are proud to support the upcoming BC First Nations leadership health challenge hosted by the First Nations Health Council.

Interim Health Plan

Starting in 2013, the FNHA must prepare an Interim Health Plan (IHP), in accordance with the BC Tripartite Framework Agreement on First Nations Health Governance and the Canada Funding Agreement. When the transfer of federal health programs is substantially complete, the annual IHP will be replaced by a five year Multi-Year Health Plan (MYHP).

The first IHP, with an expected due date of June 1, 2013, will guide the transition process as well as the operation of the FNHA and cooperation with its partners; reflect the overall strategic direction of the FNHA as well as FNHC and FNHDA; and serve as a communication tool. Given that the IHP shall reflect the phased transfer of federal health programs, it is anticipated that the level of detail and comprehensiveness of the IHP (and later, MYHP) will evolve over time.

Based on the Framework Agreement and Canada Funding Agreement, the IHP is to include the following: start-up plans; program plans and services; goals and priorities; health performance standards; anticipated allocation of resources and the use of funding; description of how the FNHA will design, manage, deliver and fund the delivery of First Nations Health Programs and undertake other obligations and functions set out in the Framework Agreement; listing and description of First Nations Health Programs to be delivered or funded.

Based on these requirements and its operational needs, the FNHA has developed **a draft framework and approach for the first IHP**, which was presented to the Board in February. It includes the following elements:

2013-2014 IHP ELEMENTS

1. Introduction/ Background
2. Guiding Principles
3. Governance & Organizational Structures and Cooperation
4. Regional First Nations Context
5. Environmental Scan / Achievements to date
6. Service and Program Delivery
7. Goals, Milestones and Priorities
8. Challenges and Opportunities
9. Implementation Considerations
10. Evaluation and Reporting
11. Funding
12. Appendices

The IHP and ultimately the MYHP will become part of a multi-year, systems-wide planning and decision-making cycle, taking into account the 18-month cycle of Gathering Wisdom for a Shared Journey events as well as Regional and Community-based Health and Wellness planning processes. In preparing this year's IHP, the FNHA have utilized the direction provided at previous Gathering Wisdom for a Shared Journey events and relevant discussion documents and inputs received from First Nations leadership, communities and technical experts. In the coming weeks, we will be sharing the draft IHP approach and framework.

The first Interim Health Plan will serve as a starting point that will be refined and developed further to enhance planning, priority setting and decision making as envisioned and provided for in all of the developments to date.

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

Onen



Richard Jock,

Vice-President,

Policy, Planning and Strategic Services

A UBC Learning Circle on the Interim Health Plan was hosted on April 3, 2013 with over 70 sites signing on to join the discussion.

Thank you to all of the communities and individuals who took part in this important conversation!

A video of the session will be posted to our YouTube channel in the coming weeks.

Regional Health and Wellness planning approach makes room for everyone

“This process is really about prioritization rather than planning in the initial stages, because prioritization creates an equal playing field. Not every community or Tribal Nation has a comprehensive health plan in place, but all communities have priorities. Through the regional planning framework we want to ask health leadership throughout the province the same questions to ensure we’re making room for everyone to contribute.”

- Mark Matthew, Acting Director of Community Engagement

A key piece of work leading up to Gathering Wisdom for a Shared Journey VI is the development of interim Regional Health and Wellness Plans. The objective of Regional Health and Wellness Plans is to establish a common voice in each region and to develop priorities in the work with Regional Health Authorities and Regional Tables. Further, common priorities expressed among the five regions will provide the FNHA/FNHC/FNHDA with clear direction of the issues that may be addressed from a population health perspective.

Since December 2012, the FNHA has been working with Margo Greenwood to design a planning framework that is accessible to each community no matter where they are in the planning continuum. The framework provides common components which will be filled by community engagement activity over the spring and summer of this year. The first set of Regional Health Plans will be focused at the strategic level and will be ready for regional discussion and endorsement at Gathering Wisdom for a Shared Journey VI, October 22-24, 2013.

Regional Health Planning Approach

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

Dr. Margo Greenwood pitches in on Planning Framework



Dr. Margo Greenwood, Academic Leader of the National Collaborating Centre for Aboriginal Health, is an Indigenous scholar of Cree ancestry with years of experience focused on the health and well being of Indigenous children, families and communities. Margo is recognized regionally, provincially, nationally and internationally for her work in early childhood care and education of Indigenous children and public health. The recipient of numerous awards, most recently she was honoured with the National Aboriginal Achievement Award for Education in 2011. Since December 2012 Dr. Margo Greenwood has been supporting the FNHA in the development of a “make room for everyone” approach to regional health and wellness planning. A big thank you! to Dr. Greenwood for her ongoing contributions. ●

» Some level of risk in life is inevitable. When it comes to risk, the teachings of our Elders can provide helpful advice in managing risk. Every First Nation has its cautionary tales about the effects of being ill-prepared, from the young fisherman who did not heed his Elders advice in reading the weather, to the hunter who got turned around in the bush. The moral of the story usually comes down to a few key messages 1) know your environment, 2) don't rush into anything, and 3) listen to your Elders or else!



Managing Risk at our First Nations Health Authority

The FNHA is embarking on Risk Management activities in preparation for transfer. This process involves us asking:

- » What are the FNHA's **risks**?
- » Which risks are more **critical** than others?
- » How much risk is the FNHA willing to **tolerate**?
- » What can the FNHA do to **minimize the chances** of risks occurring?
- » What can the FNHA do to **minimize the impact** of risks that may occur?

Why is the FNHA using Risk Management?

- » Risk Management is considered to be a vital part of any large organization.
- » Information that we obtain will enable the FNHA Board and Executive Team to make better, more informed business decisions.
- » Being pro-active about reducing risk will save the FNHA time and money in the long term, and will help us to maintain our excellent reputation with our clients across the province.
- » It will help us to achieve "Directive #3: Improve Services" and "Directive #7: Function at a High Operational Standard".
- » The Tripartite Framework Agreement requires us to institute Risk Management policies.
- » The Canada Funding Agreement requires us to purchase liability insurance – which relates to our risks and to our risk-tolerance levels.

Do-it-and-forget-it?

No! Risk Management isn't just a short-term exercise to complete and then forget about. It should be reviewed regularly, because the key risks facing the FNHA will change frequently. Whenever significant decisions are made, by any FNHA service or department, we need to be aware of our risk priorities. This will help to ensure

that the FNHA makes informed decisions – which ultimately will lead to better health-service delivery for our First Nations clients across the province.

All FNHA programs and services will contribute to the FNHA's risk management. Once completed, the FNHA's Corporate Risk Profile will be used to inform business decisions and will be regularly updated.



*Michael Hilson,
Acting Vice-President
Corporate Services*

IN THE EVENT OF A MAJOR DISASTER...

What would happen to the FNHA's ability to deliver health-care services to First Nations across the province if there was a major disaster, such as a megathrust earthquake, tsunami, flood, fire, long term loss of electricity, or a pandemic that affects our employees? What would happen if our computer servers went offline, or if our phone network stopped working?

First it's important to remember that we will not be in this alone. In the event of a disaster, our federal and provincial partners will be with us every step of the way. In planning for a major disaster, the FNHA will need to determine:

- » how long key service functions can be interrupted for,
- » what the impact of service interruption would be,
- » what our minimal service levels could be,
- » our internal and external dependencies,
- » which functions should be restored first, and
- » what resources would be needed to restore functions.

With this information, the FNHA will then prepare a Recovery Strategy, including various actions to take in the event of a major service interruption. This will be published and will be followed by staff training regarding what to do if a major disaster occurs.

Innovation and Information Management



Joseph Mendez, Vice-President
Innovation and Information
Management Services

In building the First Nations Health Authority, our work is first and foremost rooted in the Seven Directives and definition of Reciprocal Accountability that were adopted by BC First Nations at Gathering Wisdom for a Shared Journey IV. We also look to the shared vision, values and accountabilities agreed

to by the First Nations Health Directors Association, the First Nations Health Council and the First Nations Health Authority.

The role and functions of Innovation and Information Management Services (IIMS) team fall into three broad categories. These areas of work, are all essentially support services to First Nations in all regions and the FNHA.

- » **Innovation** – IIMS endeavors to implement and support the First Nations Health Authority and First Nations communities' information technology (IT) needs in an innovative manner. Leveraging the department's considerable knowledge, collective staff experiences and learning from other health organization's lessons learned, IIMS is planning and implementing information technologies that will allow the FNHA and eventually First Nations communities to adopt and use modern information technologies in a effective and efficient manner.
- » **Information Management (IM)** – There are strong policies and legislation guiding the appropriate use and consumption of information. In adopting and using modern information technologies one of our key mandates is to ensure these policies and legislation are well understood and methodically observed. By following these policies and legislation, the FNHA will be able to leverage and use information to make effective decisions.
- » **EHealth** – This is perhaps, IIMS' most important mandate and provides the strongest justification for the FNHA and First Nations communities to adopt IM and IT. EHealth allows the right information at the right time, in the right context and in the right place, facilitating effective decision making. This is extremely well exemplified in the areas of Telehealth services; whereby, IT supported by IM combined under eHealth, allow care providers to provide far more effective, efficient access and appropriate health and wellness services to First Nations communities.

The IIMS team is mindful that systems and tools are designed to benefit regions and communities.

Guided by First Nations needs and wisdom and by combining the above areas (IT, IM and eHealth) IIMS, continually plan and implements in collaboration with the other health organizations and health providers, effective projects and services supporting regional and communities' needs. As stated, one of the best examples is the increased use and adoption of telehealth based services supporting increased number of cares in rural and remote communities.



Building equitable access to technological infrastructure is a key priority for the IIMS team.

Technology and Regional Offices

There are some key technology considerations with respect to the establishment of regional offices:

1. **Engagement** – IIMS fully comprehends that its function and mandates can only be achieved by effectively and methodically engaging with First Nations leadership and communities.
2. **Proper use and adoption of information technology (IT) and information management (IM) standards.** Without the proper use and adoption of IM/IT standards, eHealth will be extremely challenging to achieve.
3. **Project management standards** – IM/IT investments are costly. It is extremely important that project management standards and methodically evaluated project outcomes are practiced at all levels of any IM/IT projects – from inception to completion.

The Non-Insured Health Benefits program becomes the First Nations Health Authority Health Benefits Program on July 2, 2013

- » On July 2, 2013 the FNHA assumes responsibilities for Non-Insured Health Benefits provided by Health Canada headquarters in Ottawa
- » The FNHA has developed a buy-back agreement with Health Canada for these services for a period of two-years
- » On October 1, 2013 the FNHA assumes responsibilities for First Nation Health Benefits program functions at the regional level.



First Nation Health Benefits Overview



*John Mah
Vice-President Health
Benefits Program*

The First Nations Health Authority will assume the budget and responsibility for the Non-Insured Health Benefits program in two phases. On July 2, 2013 the FNHA will take over the Headquarters functions followed by control of the regional operations on October 1, 2013.

In order to ensure a smooth transition with no interruption to First Nations, the First Nations Health Authority will buy-back claims processing services from Health Canada headquarters beginning July 2 for a period of two years (see FAQ). The buy-back arrangement only affects those benefits that go through the claims processor Express Scripts Canada (ESC) including Dental, Medical Supplies and Equipment and Pharmacy.

The FNHA will assume responsibility for regional operations such as medical transportation and vision care, on October 1. These are the services that touch community most directly, and include the regional staff who provide front-line service to First Nations in BC.

It is important to note that through the transition BC First Nations should continue to contact the Health Canada First Nations and Inuit Health Regional Office (contact information opposite page) with questions and service issues.

Coming in May

In Transition: The First Nations Health Authority Health Benefits Program

An interactive webinar and Q and A session

Stay tuned for more information in the coming weeks.

Health Benefits Program: Frequently asked questions

Is the First Nations Health Authority (FNHA) taking over NIHB?

Yes. As of July 2, 2013, the FNHA will begin receiving transfer payments from Health Canada for the NIHB program. For the first 2 years, the FNHA will purchase existing services back from Health Canada through what is called buy-back.

What will be different on July 2?

Nothing changes for clients or providers on July 2, 2013. First Nations Health Authority Health Benefits Program service delivery and processes will remain the same. The only difference will be that, behind the scenes, the FNHA is receiving funding for the Health Benefits Program service delivery from Health Canada and then paying

Health Canada to administer the program. First Nations will still contact the BC region office for assistance with Health Benefit related issues. (contact info on opposite page)

What is Buy-back?

Buy-back is an arrangement between the First Nations Health Authority and Health Canada where the FNHA "buys-back" the administration of claims processing and benefits

review services from Health Canada. It will take some time for the First Nations Health Authority to build the appropriate systems to process the tens of thousands of daily claims. The buy-back arrangement will ensure continuity of service as the FNHA builds these systems.

How long will the FNHA buy-back services?

The FNHA currently has a buy-back agreement for a term of 2 years in place. This agreement may be extended for up to 4 years.

Who is eligible for Health Benefits Program?

Eligibility for the FNHA Health Benefits Program extends to First Nations people that are resident of British Columbia and have a status number. Residency is defined as having an active BC Health Care card and living in BC. For those clients who premiums are paid for by FNHA and live in BC, they will automatically be added to FNHA Eligibility List. First Nation clients that have their MSP premiums paid by their employer or through another source, are encouraged to contact the Regional office (1-800-

317-7878) to ensure they are on or added to the FNHA Eligibility List. If a non-resident First Nations person uses health services in BC they will continue to be covered by Health Canada.

Will the Health Benefits Program change during the Buy-Back phase?

There will be minor changes to the Health Benefits Program during the buy-back phase. An Improvements Working Group has been struck including leadership from the FNHA, FNHC, and FNHDA to make some early improvements to the program. The committee meets regularly and has developed a draft work plan. Issues identified by the Health Directors Association will be analyzed and prioritized taking into account the phases of Health Benefits transfer and the associated restrictions. It should be noted that during buy-back period, greater flexibility for change is available for regionally managed benefits after October 2013.

How can I participate in improving the program?

The best way to participate in improving Health Benefits Program is by sharing your ideas with your Health

Director. The First Nations Health Directors Association will be leading engagement on the program.

What about MSP?

Today, MSP premiums are paid by Health Canada to British Columbia on behalf of all First Nations residents in BC. On July 2nd, the FNHA will assume responsibility for these payments and will become an MSP group administrator for eligible First Nations residing in BC.

Who do I contact about the First Nations Health Authority Health Benefits Program after July 2nd?

After July 2nd, the contact information about the Health Benefits program will remain the same as it is today:

General Contact information
BC Region 1-800-317-7878
(toll free) Have your status card and CareCard ready

Vancouver 1-888-321-5003

Non-Insured Health Benefits
757 West Hastings Street,
Suite 540 | Vancouver,
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In-person inquiries

1166 Alberni Street, Room
701, Vancouver

First Nations Health Authority Health Benefits Program > Eligibility

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



Above: Interior region session on Novation

NOVATION Fast Facts

- » Contribution agreement funds will continue to flow from Health Canada from April 1-September 30, 2013.
- » A Three-Party Novation agreement is currently being sent to each First Nation health service provider (agreement recipient). This is being sent with an amendment to the contribution agreement for fiscal years 2013/14 and 2014/15.
- » Signing and returning the Three-Party Novation agreement will ensure continuity of service to your communities
- » Health Canada staff are on hand to assist you with any questions that you may have about the novation process

Regional sessions on Novation

The First Nations Health Directors Association FNHDA in partnership with Health Canada, and the FNHA, recently hosted five Regional information sessions on Novation. - that is, the transferring of responsibility for contribution agreements currently between Health Canada's First Nations and Inuit Health Branch and First Nations communities to contracts between the new First Nations Health Authority and First Nations communities. The sessions were well received -and Chiefs and Health Directors in each region participated in active dialogue about the process and administrative implications. The March 7th Vancouver Coastal region presentation was live webcast and recorded. This video presentation will be uploaded to the First Nations Health Council (FNHC) public website in the coming weeks to enable communities to access it as needed.

We are also sharing questions and answers raised during the sessions for your information and reference. Questions and answers from the sessions are enclosed for your information.

Q) How will First Nations Agreement holders receive funds?

A) Funds will continue to flow from Health Canada for the period of April 1 to September 30, However as of October 1, 2013, the FNHA will take over payment of cash-flow funding to recipients of novated agreements.

The FNHA will include an Electronic Deposit Interface (EDI) form in the Novation package to be mailed out in March and April to all communities with novation agreements to facilitate these changes.

Q) Will there be a written assurance or guarantee that funding levels for all current programs will remain? Will there be an increase?

A) The First Nations Health Authority has committed that funding levels for current programs will be maintained. An annual increase will flow for core programs in 2013/2014 and 2014/2015. This is set out in the Framework Agreement.

Q) If a community receives a recovery letter from the Government of Canada do we still need to repay? Will these funds go to the FNHA or Canada?

A) Yes, all monies owed to Canada remain payable to the Receiver General for Canada.

Q) What happens to the current Health Canada staff that administer Contribution Agreements?

A) All full time Health Canada staff will be offered a Reasonable Job Offer or RJO from the First Nations Health Authority. They will have 60 days to decide once they get this letter. On October 1, 2013 the staff will continue

to do the same work, in the same role and in the same office as they do now as employees of the First Nations Health Authority.

Q) Who will my primary contact be at the FNHA? Health Canada has Program Coordinators, AANDC has FSO's.

A) Your primary contact will not change; the same positions will be there on transfer day.

Q) Will the reporting still continue in the same way as with Health Canada?

A) The contribution agreements will have the same terms and conditions, so the reporting will be the same as it is now. The First Nations Health Authority needs to get comfortable managing current operations before making changes. Further, a community engagement process needs to take place before substantive changes will be made to Contribution Agreements. BC First Nations have clearly expressed through directive 6 of the 2011 Consensus Paper that any changes to their agreements must be made in partnership with BC First Nations.

Q) Our community is in a health planning process at the moment, will that continue? How will we be affected?

A) Yes, health planning will and must continue. As Tripartite Partners we have agreed to a number of success

Learn more about novation!

» Tune in to the FNHA YouTube Channel to view the Novation presentation video:

http://youtu.be/N18c4cG4_TQ



Right: Lorne Markin, Manager, Transfer Development Unit, First Nations and Inuit Health, BC Region presenting on Novation March 7, 2013

indicators for transition among these are: 1) to ensure no disruption and minimal adjustment required by individual First Nations people and communities to the continuation of their health services or health benefits. 2) to ensure minimal disruption and minimal added work burden on First Nations program providers who deliver community programs.

Q) What kind of transition will there be for information connected to our contribution agreements? Who holds the corporate history to address questions or concerns about past objectives?

All contribution agreement historical details and associated documents will continue to be available to the FNHA post-transfer.

Q) What happens to communities that do not sign Novation Agreements? Will they still receive the April funding?

A) Yes, if you have a contribution agreement, and sign the April agreement or amendment you will continue to receive funding until September 30, 2013.

All Health Canada contribution agreements with First Nation Health Service providers will cease on September 30th. Those communities who do not novate their agreements will be issued replacement agreements with the FNHA. These agreements will include the same terms, conditions and funding of prior agreements.

If replacement agreements are not signed, alternate service delivery mechanisms will be put in place to

ensure mandatory health services continue to be provided to First Nations. Signing the novation agreement in a timely manner supports an uninterrupted flow of funding and services.

Q) Under the Framework Agreement, current Contribution Agreements may be cancelled within 60 or 90 days should a community not sign a Novation document; does this absolve Canada from its obligation to provide health services to First Nations?

A) The Three Party Novation Agreement is designed to support the Framework Agreement process and to allow the FNHA to carry on current contribution agreements in place of Canada without funding or service interruptions. The Framework Agreement and the Three Party Novation Agreement are administrative in nature and do not affect or derogate from any fiduciary obligations of Canada.

Regarding termination, the Framework Agreement provides that if a First Nation health funding recipient does not sign the Three Party Novation Agreement, Health Canada will trigger the termination clause in the contribution agreement so as to allow the FNHA to assume community funding role. The FNHA would be notified of this termination and the First Nation would then be issued a replacement contribution agreement between themselves and the FNHA. The replacement agreement would

follow the same terms and conditions of the predecessor agreement to ensure continuity of health funding.

Q) Terms and conditions of the current FNIHB agreements with the First Nations are guided by the following: How will these be implemented by the Three Party Novation Agreement?

- » Guidelines on insurance coverage
 - » Administrative cost guidelines
 - » Ministerial audits on First Nations
 - » Evaluation on health programs
 - » 2nd and 3rd level services policy
 - » Movable Assets policy
 - » Audit requirements
 - » Change request of clauses to the agreement
 - » Intervention policy
 - » Notice of Budget Adjustment (NOBA) process
 - » Recovery of funds process
 - » Withholding of funds process
 - » Disengagement policy
 - » Community Workload Information System (CWIS) increases handled (the CWIS is a population count approach to track who derives benefits from the health services provided in a First Nations community)
 - » MOU signed with the communities – transfer of Nursing and EHO services
- A) All of the above guidelines and policies will remain in place through Transition.

A message from our Partners

On track for change

I am pleased to provide you with an update on the implementation status of the British Columbia Framework Agreement on First Nation Health Governance. Perhaps one of the most important achievements to date was the signing of the Health Partnership Accord in December, 2012. This is an important step that acknowledges all partners' long-term commitments to this process and cements our historic new relationship.

The progress made on the BC Tripartite initiative represents a major achievement. I am honoured to have the privilege of working with the Government of BC and with BC First Nations to support a successful transition and a new basis for our ongoing relationship. I follow the activities with pride, and know they can be attributed to the efforts of numerous dedicated people, including community Chiefs and Councils, Health Directors and healthcare workers who support our vision for an improved health care system for BC First Nations, designed and administered by BC First Nations.

As we get closer to implementation, each day brings new developments, drawing us ever closer to our goal. I am pleased to witness the tremendous progress being made as we move towards finalizing the sub-agreements that will enable us to implement a smooth two-phased transition, in July and October of this year. There is a healthy, positive energy here as we move closer to making our shared dream a reality. We are fully on track for implementation, and I look forward to celebrating our transfer milestone together when it arrives!

Michel Roy

Senior Assistant Deputy Minister
First Nations and Inuit Health Branch
Health Canada



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Canada

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Canada



Tripartite Committee on First Nations Health meeting April 4, 2013. L-R: Robert Halpenny, CEO, Interior Health; Pierre Leduc, Vice-Chair, FNHA, Michel Roy, ADM, FNIHB; Graham Whitmarsh, Deputy Minister, BC Ministry of Health

Working Together - Partners in Health

The British Columbia Ministry of Health continues to be actively engaged in the implementation of the British Columbia Framework Agreement on First Nation Health Governance and the Tripartite First Nations Health Plan. The commitment to our shared vision for a more responsive and integrated provincial health system that better serves First Nations is highlighted and strengthened through the Health Partnership Accord signed in December 2012, and the Partnership Accords signed by the First Nations Regional Partnership Caucuses and regional health authorities across the province. The signing of these regional Accords helps to operationalize our earlier foundational political and legal agreements. This is a time of exciting change in our province.

The transfer of federal health services to the First Nations Health Authority is a historic shift in the way health services are delivered to First Nations in BC. This shift enables BC First Nations to take control of services and programs in order to design and deliver them in a more meaningful and responsive way.

The Ministry of Health's role in transition includes coordinating the work of the Tripartite Committee on First Nations Health, continued engagement in health actions work, and ensuring the roles of federal staff post-transfer are legally and appropriately supported within the provincial context. The development of a Joint BC First Nations and Ministry of Health Project Board on First Nations Health brings together the senior executive teams of both the Ministry of Health and the First Nations Health Authority on a regular basis to assist in building a better understanding of our two systems and how to collaborate more effectively.

As the phased transfer draws near, we share in the excitement and anticipation, and congratulate the efforts of so many. The Ministry of Health and health authorities are proud partners in this transition.

Arlene Paton

Assistant Deputy Minister
Population and Public Health
Ministry of Health



Tripartite Committee on First Nations Health meeting April 4, 2013. Graham Whitmarsh, Deputy Minister, BC Ministry of Health; Arlene Paton, ADM, Population and Public Health, BC Ministry of Health



Ministry of
Health Services

Our Vision

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

Our Values

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

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