

Implementing the Vision:

Governance of First Nations Health Services in British Columbia



A WORKING PAPER OF THE
Tripartite Governance Committee



**When implemented
the Tripartite First
Nations Health Plan
puts control of First
Nations healthcare
in the hands of First
Nations people.**

Our goal is to enable First Nations to take the lead in designing and delivering healthcare for BC First Nations. This ensures that culturally relevant and more effective health services are delivered at the community level.

The History

The Tripartite First Nations Health Plan signed by the First Nations Leadership Council (FNLC), the Government of Canada and the Government of British Columbia (BC) on June 11, 2007 committed the parties to put in place a new structure of governance that “leads to improved accountability and control of First Nations health services by First Nations.”

The Plan

The commitments to put in place a new structure of governance for First Nations health and improve and clarify the relationships and reciprocal accountability of the parties are part of an overall 10-year health plan that sets in motion the changes necessary to improve the health of First Nations in British Columbia and to close the gaps in health status between First Nations people and other British Columbians. The other three elements of the B.C. Tripartite Health Plan are:

- **Health Promotion/Injury and Disease Prevention:** This includes specific program improvements and new initiatives in *Act Now*, mental health, maternal and child health, injury prevention and addictions.
- **Health Services:** This part of the Plan includes a new health centre in Lytton, expanded chronic disease services, increased training of Aboriginal professionals and improved access to primary care.
- **Performance Tracking:** This element includes reports on Aboriginal health every five years by the Provincial Health Officer, improved surveys and reporting, and the measurement of progress against identified performance indicators.

Key principles underlying the Plan

- Respect for cultural knowledge and traditional health practices;
- Respect for diversity;
- A commitment to overcome jurisdictional issues through “effective working relations”;
- A commitment to deal with the determinants of health;
- No duplication of programs and services, and no creation of a parallel health system;
- A commitment to reciprocal accountability; and
- Open and timely information-sharing.

The Plan Commitments

The Plan set out an agreed vision for governance reform that would result in health service delivery that reflects the needs of First Nations. It identified four components:

- a **First Nations Health Governing Body** (which is now being called a First Nations healthy authority) that would enact policies, identify results, allocate resources, establish service standards and implement ongoing reciprocal accountability measures;
- a **First Nations Health Council** that would serve as an advocacy voice for First Nations, participate in federal and provincial policy and planning processes, and provide leadership to implement the Plan;
- a Tripartite First Nations Health Advisory Committee (now called the **Provincial Advisory Committee on First Nations Health**) to monitor health outcomes and the Aboriginal Health Plans of Regional Health Authorities and to recommend actions to the Parties; and,
- First Nations **Health Directors** Association composed of First Nations Health Directors and other health professionals to focus on capacity building, training, knowledge transfer and professional input and support for First Nations health programs within B.C.

Every party is committed to honouring the principles underlying the Plan – and that is what will ensure its success.

First Nations people and healthcare workers designing and delivering services to BC First Nations know what ought to be done to ensure needs are met. This is your opportunity to tell us what works and what doesn't.

The Process

for establishing a new governance structure

The details of a new structure of governance are to be worked out by “a tripartite committee” within three years of the signing. The parties have created that committee, with First Nations being represented by the First Nations Interim Health Governance Committee, the federal government by Health Canada headquarters and regional designates, and the provincial government by representatives of the Ministry of Healthy Living and Sport.

The Tripartite Governance Committee has begun discussions about how to implement the vision for governance that was set out in the Tripartite Plan. This paper captures some of the emerging ideas concerning the roles and responsibilities of the various components of the new governance structure and the anticipated effect on the current organizations and ways of functioning. This paper is seeking your views and advice on these developing ideas.

Read this publication and share your views and advice on its content.

Promoting good governance

The vision that is set out in the Plan speaks to closing the gaps in health and to ensuring that First Nations are fully involved in decision-making. The plan identified a number of specific aspects that the new governance structure would need to include or achieve. These aspects include:

- a comprehensive health plan for each First Nation;
- services that meet the needs of First Nations communities and individuals no matter where they live;
- greater control by First Nations;
- effective linkage between First Nations delivered services and those delivered by provincial health authorities; and
- Health Canada's evolution from a designer and deliverer of health services to a funder and governance partner.



**A sound,
accountable
governance
structure is the
cornerstone of
the new Plan.**

Emerging Picture

The path that brought us to this point

The Tripartite Governance Committee has started its work and has spent considerable time getting information on the current structure and organization of First Nations health programs and services in British Columbia, identifying the role and responsibilities of the current organizations, and considering how the new First Nations Health structures could work together. As part of this discussion, the province acknowledges its role as a governance partner and funder.

The four components of governance (the First Nations Health Council, the Provincial Advisory Committee on First Nations Health, a First Nations Health Governing Body --proposed to be called a First Nations health authority-- and the First Nations Health Directors Association) all have a critical role to play and must work closely with First Nations community health organizations to substantially improve the health services and health status of First Nations.

Consulting with stakeholders

The Tripartite Governance Committee has sought input from many individuals and organizations. Based on this input and the discussions that we have had, the Tripartite Governance Committee has identified a number of criteria that the new system of governance needs to achieve.

- It must be fully accountable to First Nations.
- It should reduce bureaucracy and maximize services.
- Its policies and programs should be based on the comprehensive health plans of B.C. First Nations.

- It should improve efficiency in both administration and health service delivery;
- It should be founded on a First Nations definition of health that is holistic and includes the physical, mental, emotional, spiritual and social aspects.
- It should support a comprehensive set of public health, health promotion and disease prevention and primary health services.
- It would operate in partnership (with clearly defined roles and responsibilities, authority and jurisdiction) with the health programs and authorities of the provincial and federal governments.
- It should include special provisions for effective service delivery where there are multiple jurisdictions and multiple service organizations, such as in the case of urban and off-reserve First Nations people.
- It should develop clear and systematic working relationships between First Nations health organizations and provincial health organizations and support clarification of roles and responsibilities, better co-ordination, shared goals and planning, and improved results for the First Nations communities of BC.
- It should work with other components of the BC health system through direct and indirect measures to improve health services across the continuum.

How do we get there?

Work has begun on various components that will help define and develop the new governance structure that will assume responsibility for the design and delivery of health programs and services for BC First Nations:

First Nations Health Council: Created in February 2007, the First Nations Health Council (FNHC) is made up of representatives appointed by the First Nations Summit, the Union of British Columbia Indian Chiefs and the BC Assembly of First Nations and meets on a quarterly basis. In April 2009 the Council developed a First Nations Health Society to act as its business entity. This business entity is an interim measure that has been put in place until the new First Nations health governance structure is finalized.

Provincial Advisory Committee on First Nations Health:

Established in September 2007, this committee is co-chaired by a representative of the First Nations Health Council, the Deputy Ministers of Healthy Living and Sport and Health Services (Province of British Columbia) and the Regional Director General, Health Canada to improve accountability to First Nations. The committee has established its terms of reference and meets regularly to review and monitor the health plans of B.C.'s Regional Health Authorities.

First Nations Health Directors Association: In September 2008 a working group of Health Directors organized a forum for Health Directors, who discussed the roles and responsibilities of the proposed Association as well as its membership and governing structure. A survey of Health Directors was conducted and focus group sessions have been held to gather information that will help establish the Association. In addition, research is being conducted to develop recommendations that will be distributed for consideration in the fall of 2009 with the goal of reaching

an agreement on the structure and role of the Association by the end of 2009.

First Nations Health Governing Body (First Nations health authority): A new First Nations health authority has been the subject of considerable discussion at the meetings of the Tripartite Governance Committee and is seen as the most challenging, and perhaps most critical, of the elements of the new governance structure.

The Challenge

Creating a new First Nations governance structure for First Nations Health Services that will assume responsibility for agreed upon health and service functions that are currently carried out by federal and provincial authorities.

The BC Tripartite Governance Committee suggests it would be helpful to think of this new body as a First Nations health authority that would provide the technical, professional and policy leadership in health for First Nations, to achieve better working relations with federal and provincial partners.

It is proposed that there be a transitional phase during which the First Nations health authority would assume responsibility of the current complement of management, staff and resources of Health Canada's First Nations and Inuit Health program in BC. This new body will not solely be seen as a replacement to the current federal delivery structures, but rather it will be designed to yield an improved capacity to advance the health status of First Nations people in BC. It would not impede, infringe on, or diminish First Nations inherent rights and title, Aboriginal and Treaty rights, and future treaty negotiations.

To meet that goal, it is anticipated that the new organization would maintain what works well while striving



**Share your
views and
advice, tell us
what works and
what doesn't.**

Each party will maintain an ongoing collaborative relationship based on respect, reconciliation, and recognition of each other's roles as governance partners.



to increase efficiencies and accountability. Its efforts would be focused on systematically developing the capacity for First Nations and enabling First Nations to design and deliver first-class health services.

Envisioned Outcome

The anticipated outcome of this process is the creation of a First Nations health authority which would deliver and/or fund a broad array of programs designed to meet the health needs of BC First Nations. This would likely include those programs currently funded or delivered by First Nations and Inuit Health (Health Canada) and other agreed upon federal and provincial health services.

Enhanced, and considerably expanded, First Nations role in design and delivery of health services for BC First Nations

The parties responsible for negotiating the structure and responsibilities of the new First Nations healthy authority recognize that the very existence of a First Nations healthy authority, whereby First Nations will design and deliver health services for First Nations, will support improved services and contribute to better health outcomes by increasing self-determination and self-actualization, proven determinants of good health.

A new jurisdictional model that capitalizes on First Nations knowledge for the benefit of all

A First Nations healthy authority would operate in partnership (with clearly defined roles and responsibilities, authority and jurisdiction) with the health programs and authorities of the provincial and federal governments. The jurisdictional model adopted will support effective and efficient service delivery to First Nations people

regardless of where they live in British Columbia. It would also recognize that there are circumstances where it will be advantageous for a First Nations healthy authority or First Nations communities or First Nations organizations to organize and deliver health services to non-First Nations clients.

Changes to existing management structures

The creation of this new model of governance will be accompanied by changes within Health Canada's First Nations and Inuit Health program management structure. These changes would facilitate improved coordination and cooperation among the parties and will also identify new mechanisms that allow BC First Nations to participate in the development of future health policies, programs and initiatives.

Extensive cooperation between the new First Nations health authority and the First Nations Health Directors Association

The new First Nations health authority would have a clear relationship with the First Nations Health Directors Association which will represent health professionals, managers, technicians, and other staff have a major role to play in achieving better health outcomes for BC First Nations.

The new governance system would define clear roles for health professionals and managers related to implementing quality assurance mechanisms, program design, and community program support. The development of an effective relationship with universities and colleges will also play a critical role in providing a proactive environment for the training, recruitment, and retention of health professionals and related occupations, and in supporting

ongoing training and professional development programs that will build capacity among First Nations staff.

It is also recognized, by all parties, that competitive salaries and healthy working conditions, combined with access to a broad array of continuing education and training opportunities, are essential underpinnings of a vibrant and stable workforce.

Developing a Health Information Governance Framework

The development of a health information governance framework will be an essential part of the new health governance model and will be supported by the new First Nations healthy authority. All parties recognize that consistent and ongoing First Nations involvement in the control and management of data collection and information-sharing represents an opportunity to align health service actions with emerging circumstances at the local and regional levels.

Appropriate development and implementation of electronic patient records, consistent or unified with provincial systems, and attainment of broadband Internet availability will support the development of need-based, client focused systems. **Reorientation of current programs, based on information and data flowing from the community and service providers, is an important goal of the new health system.**

Patterned after the Epi-centre model, which has been implemented under Tribal control in the United States, this or a similar approach will be carefully examined as a potential means to support the goal of reorientation to create a health service that better supports community service providers and better serves First Nations.

The Tripartite First Nations Health Plan contains a commitment on the part of all the partners to build a new relationship among themselves, based on mutual respect, recognition and reciprocal accountability.

The concept of *reciprocal accountability* contains the following dimensions of shared accountability:

- accountability collectively amongst the partners when they act in common,
- accountability to each other to carry out each partner's respective commitments and obligations,
- accountability of each partner to their own governing body, and
- collective and individual accountability for respecting the principles of the Tripartite Health Plan.

How can we encourage reciprocal accountability?

The Tripartite Governance Committee recognizes that effective monitoring and evaluation of the progress made is essential to reciprocal accountability. The committee will be seeking agreement among the partners on the structure and process for ongoing collaboration, and on measures that will make this reciprocal accountability a key element in keeping the Tripartite Agreement a vibrant and positive contribution to First Nations Health.

Editing the Picture

As with many of the pictures we take with a digital camera, there is a capacity and sometimes a need to edit the picture to better capture the vision of what we want. Dialogue with First Nations leadership and health technicians has been ongoing through Regional Governance Caucuses, and the work of the First Nations Interim Health Governance Committee. This picture of an emerging First Nations healthy authority as a key element of the new First Nations Health Governance structure in BC is unfolding as we move forward.

If you have comments, ideas or concerns with this picture we want to hear from you. Please provide feedback, comments or advice to:

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ANNEX A

BC Tripartite Governance Committee

Richard Jock - Chair
Grand Chief Ed John - First Nations Health Council
Grand Chief Doug Kelly - First Nations Health Council
Chief Shane Gottfriedson - First Nations Health Council
Ian Potter – Health Canada
Yousuf Ali – Health Canada
Bernard Hanssens – Health Canada
Andy Hazlewood - BC Ministry of Healthy Living and Sport
Deborah Schwartz - BC Ministry of Healthy Living and Sport

First Nations Interim Governance Committee

Grand Chief Ed John - First Nations Summit (Co-Chairs)
Chief Shane Gottfriedson - Vancouver Interior Representative, Union of BC Indian Chiefs (Co-Chairs)
Grand Chief Doug Kelly - BC Assembly of First Nations (Co-Chairs)
Chief Willard Wilson - North Representative
Chief Margery McRae - North Representative
Justa Monk - North Representative
Warner Adam - North Representative
Feddie Louie - North Representative
Anne Marie Sam - North Representative
Doris Ronnenberg - North Representative
Chief Joseph Dennis - Interior Representative
Gwen Phillips - Interior Representative
Chief Ko'waintco Michel - Interior Representative
Chief Darrel Bob - Interior Representative
Councillor June Quipp - Fraser Representative
Chief Willie Charlie - Fraser Representative
Charles Nelson - Vancouver Coastal Representative
Cliff Atleo - Vancouver Island Representative
Chief Russ Chipps - Vancouver Island Representative
Chief Bob Chamberlain - Vancouver Island Representative



The Goal: A First Nations health authority which would deliver programs designed to meet the health needs of BC First Nations.



Tripartite First Nations Health Plan

Canada

