

# First Nations Health Council Report

First Nations Summit  
March 24-26, 2010  
Vancouver, BC

# Background & Chronology

- Transformative Change Accord – Signed Nov. 2005
- TCA:FNHP Released & First Nations Health Plan MoU signed- Nov. 2006
- UBCIC resolution supporting TCA:FNHP, FNHP MOU, and establishment of the FNHC – Jan. 2007
- Meeting of UBCIC, BCAFN, and FNS to form the FNHC - Feb 2007
- UBCIC Resolution supporting FNHC ToR in principle – Mar. 2007
- TFNHP signed – June 2007
- BCAFN Resolution supporting TFNHP- June 2007
- BCAFN Resolution supporting FNHC ToR- June 2007
- FNS Resolution supporting the FNHC ToR – FNS Sept. 2007
- UBCIC Resolution appoints initial co-chair to FNIHGC – Nov. 2007
- FNHC endorses the ToR for its sub-committee the FNIHGC – June 2008
- Through resolution- BCAFN(No: 292008)/FNS(No: 0608.22)/UBCIC (No: 200825) support the development of regional Governance Caucuses

# Implementing the Health Plans

- Both the Transformative Change Accord First Nations Health Plan and the Tripartite First Nations Health Plan are supported through resolution by UBCIC, FNS, and BCAFN.
- Tripartite First Nations Health Plan calls for the development of a First Nations Health Council
- The formation of the FNHC began the work to implement the health plans
- FNS provided initial administrative support for the activities of the FNHC
- Health Canada provides a 4 year funding commitment to health plan
- BC provides funding year 1 and year 2 only
- FNHC technical resources work with provincial and federal partners to move health actions forward
- FNHC supports FN's communities through the Community engagement hub process and organizing of the Gathering Wisdom forums

# Implementing the Health Plans cont...

- FNHC creates sub committee (FNIHGC) to lead work on health governance
- Political organizations appoint representatives as co-chairs for the FNIHGC
- Regional Caucus work begins with FN's in each region
- FNHC determines that they needed a more appropriate structure to implement the Health Plans and forms the FNHS as an interim administrative arm to provide technical support to implement health plan initiatives
- BC commits 83.5 million over 10 years and agrees to “reset the clock” on the implementation of the TCA:FNHP

# Establishing a FN Health Society

- The FN Health Society was registered on 6 March 2009 (File No S-54796) and started as a new legal entity on 1 April 2009 as the 'business arm' of the First Nations Health Council.
- The FN Health Society Constitution and Bylaws were established and now form the basis under which the Society operates to provide corporate and administrative support to the First Nations Health Council.

# FN Health Society

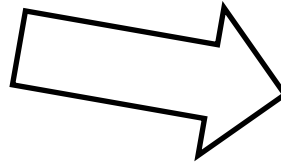
## ***An Interim Structure***

- The FNHC, as members of the FN Health Society, provide strategic direction to the Board of Directors, who are responsible to ensure the Society meets the obligations including the implementation of the TFNHP.
- ***This new entity is an interim structure, and is not intended to preclude governance discussions with First Nations leadership.***

# FN Health Society

## *Health Society Members*

Chief Lydia Hwitsum (Co-chair)  
Debbie Abbott (Co-chair)  
Chief Elmer Moody  
Chief Fabian Alexis  
Chief Bill Starr  
Chief Jennifer Bob  
Grand Chief Doug Kelly  
(ex officio)



## *Health Society Directors*

Ruth Williams  
Carol Ann Hilton  
Marilyn Rook  
Pierre Leduc (Chair)  
Matt Pasco  
John Scherebnyj (Treasurer)  
Madeline Dion-Stout

# Business Model

## FIRST NATIONS HEALTH COUNCIL

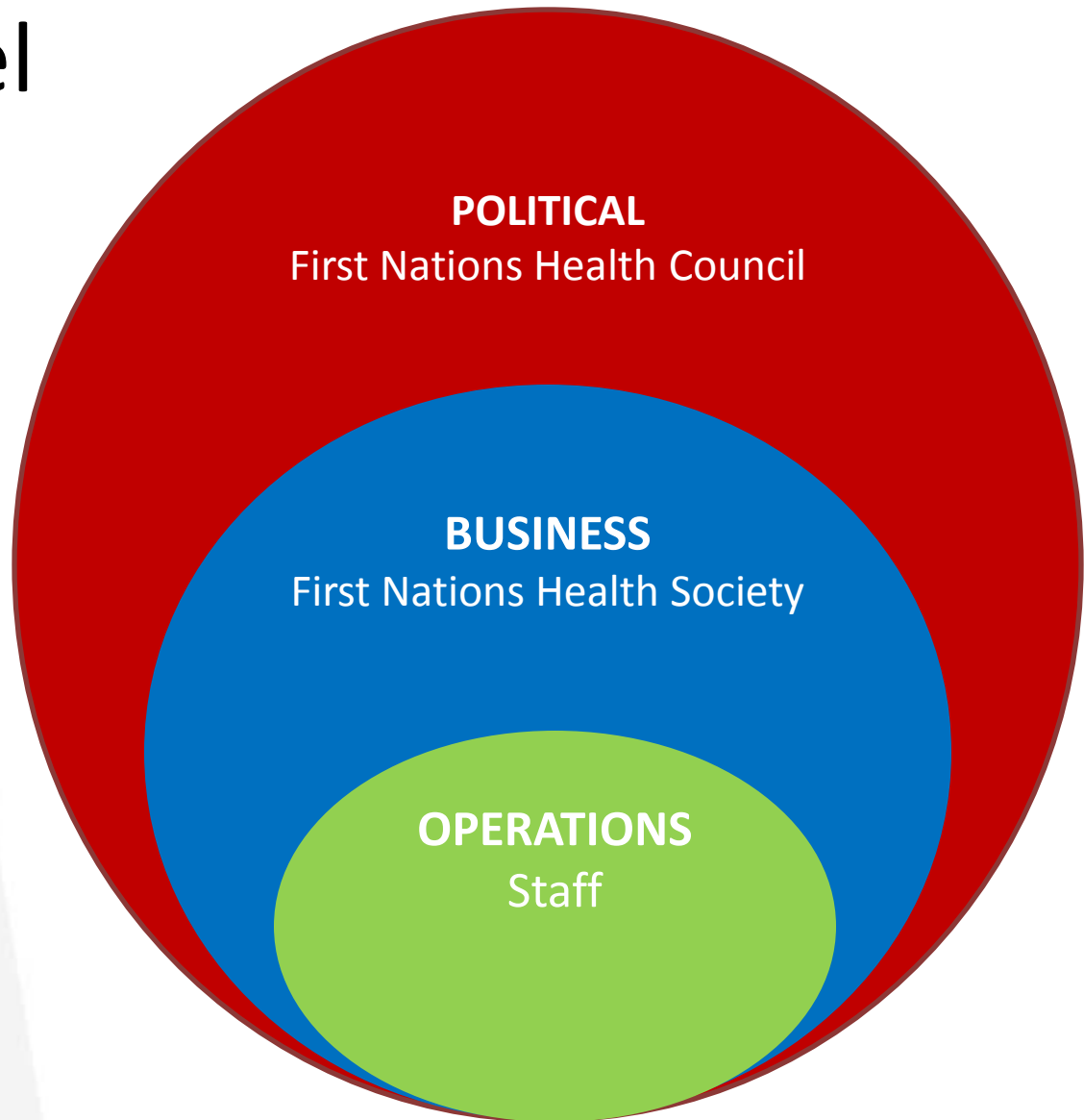
- Political Advocacy voice for BC First Nations
- Members of FN Health Society
- Accountable to BC First Nations Leadership, and communities

## FIRST NATIONS HEALTH SOCIETY

- Manage human and financial resources of FNHC
- Accountable to First Nations Health Council (through accountability framework)

## FNHC STAFF

- Lead initiatives
- Implement the plan



# FN Health Society- Financial Reporting

- BC and Canada provide funds to the FNHC (through its business arm – FNHS) to implement the Tripartite First Nations Health Plan
- FN Health Society has established a budgeting process to allocate its annual budget in accordance with the FNHS Strategic Plan & reports in accordance with the Societies Act
- 2009-2010 financial reports for the FN Health Society will be included in the Annual Report
- 2007-2009 financial reports are included in the First Nations Summit audit, these revenues and expenditures will be detailed more fully in the pending 2008-2009 FNHC year in review report

# Regional Representation

- In accordance with Summit resolution #1109.16 the FNHC is working with the FNIGHC to explore the option of changing from the current UBCIC, FNS, BCAFN representation to regional representation.
- BC First Nations have indicated a need to operate independently from the three (3) political organizations and act on behalf of all BC First Nations.
- This is consistent with the approach of other Councils and First Nations organizations that have moved to regional representation (ie Fisheries Council)

# Regional Representation

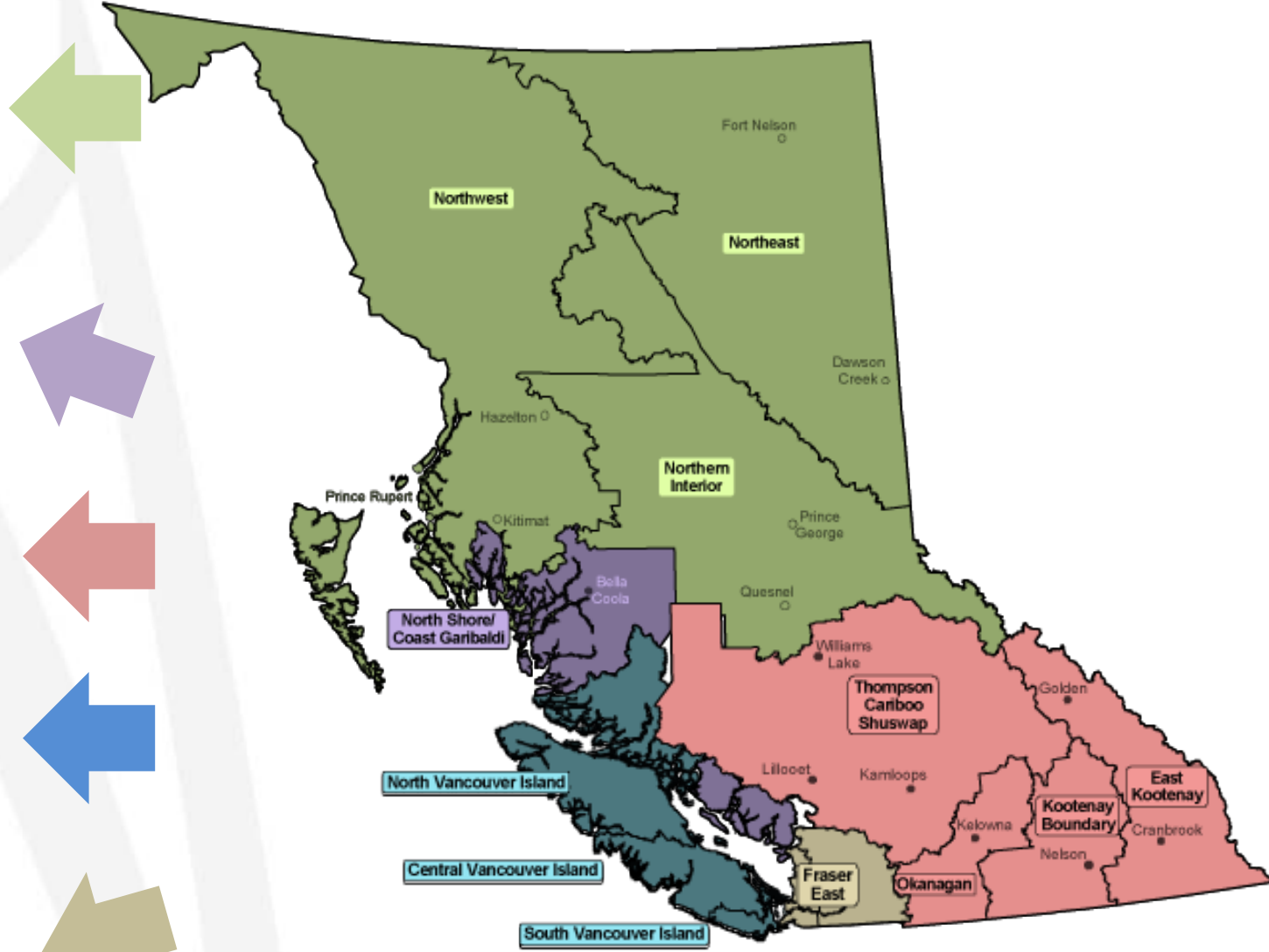
- At last weeks Union of BC Indian Chiefs meeting, Chiefs in Assembly passed a resolution calling for a shift to regional representation
- The resolution proposes a 15 member Regional First Nations Health Council (3 from each region) which would replace the current FNHC and the FNIHGC
- The resolution proposes that the appointments for the new FNHC are put forward at the May 2010 All Chiefs Assembly

# Regional Representation

The resolution proposes that:

- the term of this transitional structure shall be for two years.
- The new FNHC will be responsible for reporting to Nations within their regions, accountable for progress and processes at all levels, representation, and ensuring that ratification processes and decision making process that are community driven and Nation based; and
- The new FNHC will oversee the negotiations and implementation of the Framework Agreement. The new First Nations Health Council will appoint and mandate a negotiation and support team and provides resources for a community engagement and ratification process.

# Proposed Regional Representation- FNHC



# First Nations Interim Health Governance Committee Update



# Why First Nation Health Governance?

- A common approach to province-wide initiatives and strategies which affect all BC First Nations
- A clear understanding of the roles of Provincial, Federal and First Nations in matters of health
- Which will lead to:
  - First Nations owned and operated health programs
  - Greater community control over the design and delivery of health programs and services



# First Nations Interim Health Governance Committee

- FNIHGC co-chairs currently appointed through the three political organizations respective processes
- Terms of Reference First Nations Interim Health Governance Committee ('the Governance Committee') – approved September 22, 2008 by the First Nations Health Council
- TOR for the Governance Committee are available online at the First Nations Health Council  
[http://www.fnhc.ca/index.php/health\\_governance/history/](http://www.fnhc.ca/index.php/health_governance/history/)
- The FNIHGC TOR describe the membership of the committee and their roles & responsibilities



# First Nations Interim Health Governance Committee

## Current Committee members include:

- **North:** Chief Willard Wilson, Chief Margery McRae, Warner Adam, Feddie Louie, Anne Sam, Doris Ronnenberg, and Justa Monk
  - **Interior:** Chief Shane Gottfriedson, Chief Jonathan Kruger, Gwen Phillips, Chief Darrell Bob, Chief Ko'waintco Michel, Chief Bernie Elkins, Chief Geronimo Squinas
  - **Fraser:** Chief Willie Charlie, Chief Maureen Chapman and Councillor June Quipp
  - **Vancouver Coastal:** Charles Nelson, Ernest Armann and Leonard Bob
  - **Vancouver Island:** Cliff Atleo, Chief Russ Chipps, Chief Bob Chamberlin, and Jennifer Williams
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# Negotiations Mandate

The First Nations Negotiations Mandate, developed by the FNIHGC, identifies the following priorities:

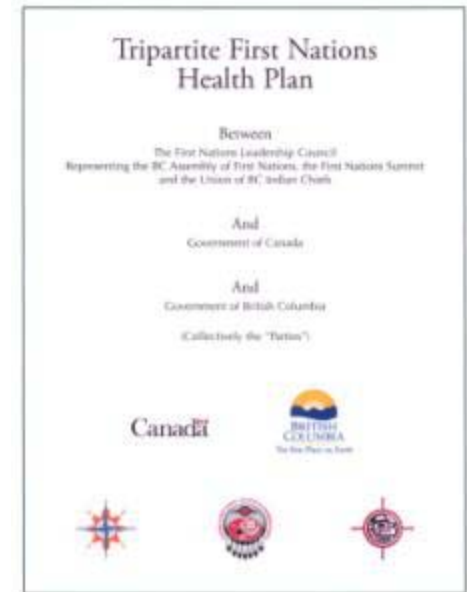
- Respect that every First Nation has the right to govern their health
- Quality care services & standardized programming – bylaws/constitution
- Access to health data and information
- Culturally appropriate care
- Reciprocal accountability and decision making authority
- Ethical practice – autonomy and equity
- Capital provision
- Integrated health planning
- Human resources
- Partnerships – rural/regional/provincial relationships



# The Final Draft of the Basis Agreement

- The Basis Agreement

- Is an important phase in the implementation of the Tripartite First Nations Health Plan
- reaffirms the parties commitments to the TCA, TCA: FNHP, and TFNHP
  - 10 year clock reset and 83.5 million BC funding commitment
  - On-going federal funding for TFNHP
- Begins to set out the arrangements with Health Canada to transfer Federal programs, services, functions and resources.
- preserves currently funded federal health programs and services to FN's



# UPDATE: Final draft of Basis Agreement



- Final draft of BC Tripartite First Nations Health *Basis for a Framework Agreement on Health Governance* has been reached (March 3, 2010) subject to final federal funding proposal.
- Target date March 23<sup>th</sup>, 2010 for Federal Cabinet approval which will include the federal funding proposal
- The *Basis for a Framework Agreement on Health Governance* (“the Basis Agreement”) is a non-binding political accord that describes the process by which a legal agreement may be negotiated.

# Principles in the final draft of the basis agreement

- The Parties acknowledge and uphold the principles agreed to in the Tripartite First Nations Health Plan, and additional principles such as:
- **Respect & Recognition**
  - The Parties recognize the need for FN to be able to govern their own health and have direct input into decision-making in health through a nation-based approach
  - The Parties recognize that First Nations' models of wellness, which will include cultural knowledge, values and traditional health practices and models, will enhance First Nations health and the health care system



# Principles in the final draft of the basis agreement

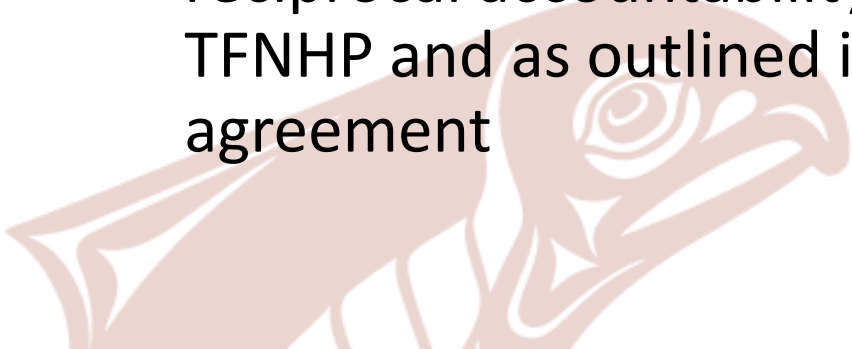
- **Governance & Partnership**

- The Parties acknowledge that First Nations have the authority to design and deliver health services at the community level , and collaborative arrangements will be necessary at a regional or provincial level to address population health issues.
- The role of Health Canada will shift from a designer & deliverer of health service to a funder & governance partner
- The Province will continue to fund the TFNHP, act as a governance partner, & provider of provincial health services



# Principles in the final draft of the basis agreement

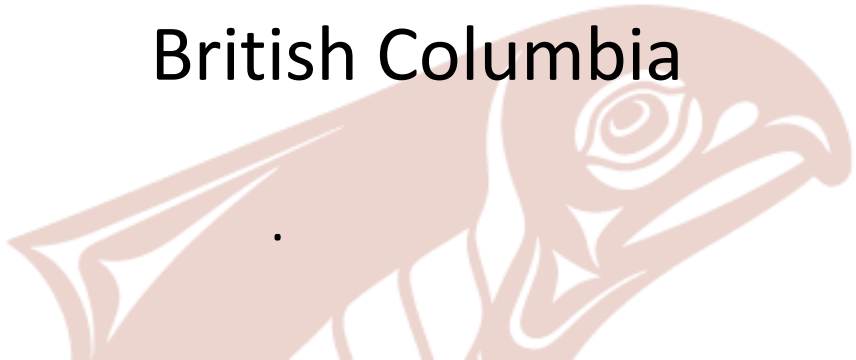
- **Strengthening and Restoring Health and Well-being**
  - The Parties recognize that the transfer of health policy and program responsibilities to BC First Nations would enable the development of holistic and better integrated programs to improve the necessary linkages in education, child and family, housing etc.
- **Accountability**
  - The new health governance structure will be based on reciprocal accountability of the parties as described in the TFNHP and as outlined in the final draft of the basis agreement



# The final draft of the Basis Agreement

## General Provisions:

**PURPOSE:** The purpose of the basis agreement is to set out the description of the elements, mutual undertakings and processes that form the foundation for the negotiation of a British Columbia Tripartite First Nations Framework Agreement on Health Governance (“the Framework Agreement”) between the Federal Government and the Province and First Nations of British Columbia



# The final draft of the Basis Agreement

- **Highlights of General Provisions**

- will provide for the transfer of the policy & service delivery role currently undertaken by the Federal Government to BC First Nations
- will set out the main commitments for the transfer of federal funding to First Nations to support federally funded transferred programs and service that include:
  - Community programs
  - NIHB
  - Capital
  - Policy & program leadership
  - Management & Administrative Services
  - Support to the Tripartite First Nations Health Plan
  - Contains provisions for a ten year agreement with an annual escalator for the first 5 years
  - Recognize that there will be subsequent agreements detailing specific bilateral agreements

# No Prejudice

- The political agreement is a non-binding agreement and therefore does not alter the Federal fiduciary obligation to BC First Nations
- Further, the draft political agreement provides expressly that it does not end or alter the fiduciary obligations of the Crown for First Nations, and it expressly recognizes the authority of First Nations over the design and delivery of health services at the community level.
- The draft political agreement also clearly states that it is not intended to affect any inherent right of self-government vesting in any First Nation, whether with respect to health or otherwise.



# The Final Draft of the Basis Agreement

- **Is not a rights-based agreement** and will not affect First Nations rights and title
  - Provides the opportunity and authority for First Nations to assume decision-making over health programs, services, functions and resources
  - Confirms that all existing contribution agreements between Health Canada and BC First Nations and their mandated health organizations will be honoured in the new arrangement.



# The Final Draft of the Basis Agreement

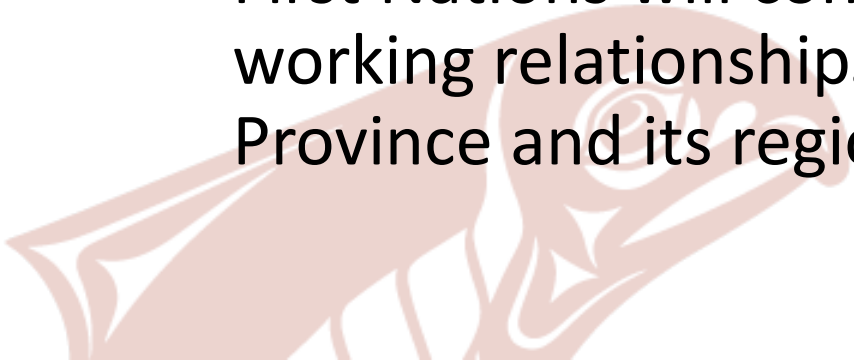
- The final draft of the Basis Agreement outlines a potential staged approach for reaching a final agreement which will:
  - Confirm how First Nations will work with federal resources
  - Set out a 2-3 year transition period
  - Determine what legal arrangements will exist between First Nations and the Province and First Nations and Health Canada
- During this period First Nations will make decisions on the role and functions of the First Nations Health Council, a First Nations Health Authority, Health Directors Association and the interrelationship among these three bodies and with the Provincial Committee on First Nations Health



# Transition Period

## ***An opportunity to reassess the agreement***

- Once a legal agreement is in place, First Nations will enter a transitional period in which:
  - First Nations will assess the workability of the arrangement with Health Canada this may include potential areas of re-negotiation, and to determine whether to proceed to effective date.
  - First Nations will continue to re-define the working relationships and arrangements with the Province and its regional health authorities.



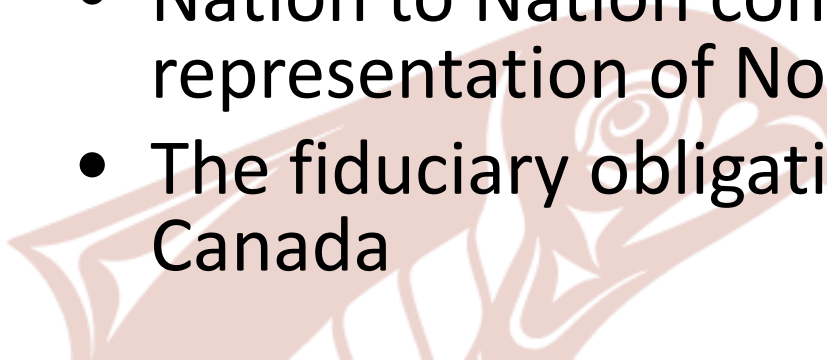
# Fulfilling the FNIHGC Negotiations Mandate

Through the new arrangement the new First Nations Health Authority working in partnership with the FNHDA, FNHC, the PCFNH, and Federal and Provincial Governments will be in a position to address:

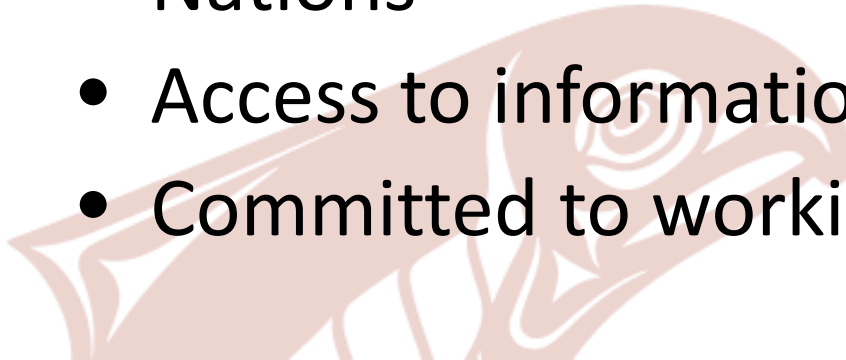
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# Northern Issues Paper

- Cultural Sensitivity Training for provincial and federal Health Staff
  - Recruitment of First Nations into Health Careers
  - Investments in Preventative medicine
  - The effects of Residential Schools
  - Comprehensive Community health plans (25 year process)
  - Service provision regardless of residency
  - Nation to Nation consultation and fair representation of Northern nations
  - The fiduciary obligation of the Government of Canada
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# Northern Issues Paper

- The effects of poverty on Northern nations and families
  - NIHB increases and uninterrupted access to provincial health services
  - Funding and service inequalities through transfer agreements
  - Communications Strategy for Northern Nations
  - Access to information (esp. Funding)
  - Committed to working with BC First Nations
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# Next Steps

- First Nations Interim Health Governance Committee (subject to political resolutions)
  - Updates to be provided at UBCIC, FNS, and BCAFN with potential decision points
  - Complete a transition plan for the interim First Nations Health Council to its final form, including regional representation
  - Confirm ratification process for political agreement
  - Requirement of the FNIHGC process (including Co-chairs, Regional Reps & Regional Caucuses) to work more effectively to carry out their respective roles & responsibilities
- Regions
  - Confirm how the Nations will work together, including roles of host agencies, other available resources
  - Establish clarity around the roles of regional representatives

