

Tripartite First Nations Health Plan

Between

The First Nations Leadership Council
Representing the BC Assembly of First Nations, the First Nations Summit
and the Union of BC Indian Chiefs

And

Government of Canada

And

Government of British Columbia

(Collectively the “Parties”)

Canada



Introduction

On November 27, 2006, the British Columbia First Nations Leadership Council (FNLC) and the Province of British Columbia negotiated the ten-year *Transformative Change Accord: First Nations Health Plan* (TCA:FNHP), (attached as Appendix “A”), which identifies twenty-nine actions intended to close the gaps in health status between First Nations people and other British Columbians. The TCA: FNHP was inspired by the *First Nations Health Blueprint for British Columbia*, published by the FNLC in July 2005, and the 2001 Report of the Provincial Medical Health Officer, *The Health and Well-being of Aboriginal People in British Columbia*.

Also, on November 27, 2006, the FNLC, the Government of Canada, and the Province of British Columbia signed a *First Nations Health Plan Memorandum of Understanding* (attached as Appendix “B”). This MOU commits the Parties to the development of a tripartite First Nations Health Plan by May 27, 2007, using the *Transformative Change Accord: First Nations Health Plan* as a framework.

Purpose

To build on the *First Nations Health Plan Memorandum of Understanding* and the TCA:FNHP through the development of a 10 year Tripartite First Nations Health Plan (“Plan”) that:

- a) Creates fundamental change for the improvement of the health status of First Nations people in British Columbia;
- b) Defines a series of founding principles that will underpin the development and implementation of a new governance system for health services and guide systemic changes; and,
- c) Establishes goals for the successful implementation of short and medium-term actions related to the implementation of the Plan.

This Plan is an enabling document that allows the federal, provincial, and First Nations partners to explore, develop, test, and implement new priorities, structures, and processes over time. Most importantly, this Plan supports the development of local health plans for all BC First Nations and recognizes the fundamental importance of community solutions and approaches.

Vision

It is the collective vision of the Province of British Columbia, the Government of Canada as represented by the Department of Health (“Health Canada”) and the First Nations Leadership Council that the health and well-being of First Nations is improved, the gaps in health between First Nations people and other British Columbians are closed, and First Nations are fully involved in decision-making regarding the health of their peoples.

Components of this vision include:

- Each First Nation and mandated health organization will have a comprehensive health plan that will be a foundational document for the design of community health services and the creation of working partnerships with governments and health service providers.

- First Nations health services will be delivered in a manner that effectively meets the needs, priorities and interests of First Nations communities and First Nations individuals, regardless of their residency, and recognizes the fundamental importance of community solutions and approaches.
- First Nations individuals in all regions of British Columbia will have access to quality health services comparable to those available to other Canadians living in similar geographic locations.
- First Nations and their mandated health organizations will be central to the design and delivery of all health services at the community level. These health services will be coordinated with other community-based services.
- Health services delivered by First Nations, when appropriate, will be effectively linked to and coordinated with provincially-funded services, such as those provided by the regional health authorities.
- First Nations health services will be delivered through a new governance structure that leads to improved accountability and control of First Nations health services by First Nations.
- Health Canada, in cooperation with the First Nations Leadership Council and the Province of British Columbia, will continue to evolve its role from that of a *designer and deliverer* of First Nations health services to that of *funder and governance partner*, based on priorities set in the annual workplan and the ongoing assessment of progress. Federal and provincial support for First Nations delivered services will be provided through more flexible funding mechanisms with streamlined reporting requirements and accountability measures.
- First Nations, Health Canada and the provincial government (including its regional health authorities) will maintain an ongoing collaborative relationship based on respect, reconciliation and recognition of each other's roles as governance partners.

Principles

The implementation of this Plan, including the creation of a new governance structure for First Nations health services, will be based on the following principles:

Respect and Recognition:

- The Parties acknowledge and respect established and evolving jurisdictional and fiduciary relationships and responsibilities, and will seek to remove impediments to progress by establishing effective working relationships.
- Cultural knowledge and traditional health practices and medicines will be respected as integral to the well being of First Nations.
- Health services will reflect the diversity, interests and vision of First Nations for the delivery of health and other community services and lead to improved health status for individuals, families and communities.
- The coordination of federally and provincially-funded health programs and services will be more effective and include the increased participation of First Nations in the governance, management and delivery of services.

Commitment to Action:

- Health and wellness for First Nations encompasses the physical, spiritual, mental, economic, emotional, environmental, social and cultural wellness of the individual, family and community. Although the present Plan focuses on health programs and services, it is recognized that the way forward will require a joint commitment to deal with the root causes and structural issues causing socio-economic gaps.
- All Parties to this Plan will contribute financially and/or in kind to the implementation of the new First Nations health service governance and delivery structures and other elements of the Plan, based on mandates, available resources and authorities.
- Duplication will not occur and a parallel health service delivery structure will not be created.

Nuture the Relationship:

- The actions of the Parties will be based on *reciprocal accountability*; each Party will be responsible to the others for obligations and commitments under this Plan. The Parties respect the need for, and commit to, the evaluation of progress and initiatives.
- The capacity development requirements of the First Nations health sector will be paramount, through planned growth, knowledge and skill transfer. Federal and provincial service delivery infrastructure will not be expanded or enhanced without consideration of viable First Nations alternatives.

Transparency:

- The Parties will discuss potential changes to programs and services (including the transfer of programs and services) that might impact other Parties.
- Information will be shared between the Parties in an open and timely manner, subject to and in accordance with law.

Governance, Relationships and Accountability

A new structure for the governance of First Nations health services in British Columbia, which will initially include regional health planning and administration as well as health design, delivery and accountability, will be created and implemented to reflect the service delivery needs of First Nations and to define results to be achieved. The new governance structure for First Nations health services in British Columbia will have four essential components:

A *First Nations Health Governing Body* will be developed through the work of a tripartite committee within three years to: design a new governance structure; seek ratification of this governance structure by the Parties; and oversee the implementation planning. The Governing Body will provide for the effective participation of First Nations in: enacting policies; identifying the results to be achieved in the delivery of programs; allocating resources; establishing service standards; implementing ongoing reciprocal accountability requirements; and other key functions of governance. In the interim, the Parties will support a process for First Nations to have greater control over augmented resources dedicated to improve health services.

A *First Nations Health Council*, created by BC First Nations, with the mandate to: serve as the advocacy voice of First Nations on health-related matters; to support all First Nations in achieving their health priorities, objectives and initiatives; to participate in federal and provincial government health policy and planning processes; and to provide leadership in the implementation of this Plan.

A tripartite *First Nations Health Advisory Committee*, as identified in the TCA:FNHP, will review and monitor the Aboriginal Health Plans of the regional health authorities, monitor health outcomes in First Nations communities, and recommend actions to the Parties on closing health gaps.

An association of health directors and other health professionals will create and implement a comprehensive capacity development plan for the management and delivery of community-based services and support First Nations and their mandated health organizations in training, program development and knowledge transfer.

Health Promotion/Disease and Injury Prevention

The actions identified in the TCA: FNHP will form the basis of a tripartite health promotion and disease and injury prevention strategy. This strategy will be developed and implemented within the next three years, and will identify joint funding sources, responsibility for action items, and delivery outcomes.

Health Services

British Columbia is responsible for the provision of health services to all citizens of the province through its regional health authorities. Health Canada supports First Nations through a range of public health programs and benefits intended to improve population health and ensure effective access to the health care system. The TCA: FNHP identifies some specific projects and activities intended to close jurisdictional and health gaps and optimize funding opportunities for innovations that will make a greater difference in First Nations communities.

A multi-jurisdictional health planning framework will be developed that provides service delivery linkages between goals and activities described in First Nations' community health plans with those of regional health authority service plans. Service delivery planning will be ongoing and evolve over time.

Performance Tracking

The *First Nations Health Plan Memorandum of Understanding* and the *Transformative Change Accord: First Nations Health Plan* identify seven "performance indicators" that will be used to track progress on closing the gap in health status between First Nations people and other citizens of British Columbia. Other key indicators will also be identified as appropriate, including the measurement of new and improved health governance, management, and service delivery relationships at all levels.

First Nations, British Columbia, and Health Canada have worked closely for many years and will continue to work collaboratively to collect data and report on health outcome indicators. The Parties will also work jointly to measure progress in key areas on the advice of the Health Advisory Committee, the First Nations Health Council, and the association of health directors and other health professionals.

Implementation, Planning, Oversight and Community Engagement

A workplan for this Tripartite First Nations Health Plan will be developed and updated by the Parties on an annual basis and a report on progress will be prepared every three years, with recommendations for improvement. An initial workplan will be developed within six months of the release of this Plan and will incorporate input from First Nations provided at the first BC *First Nations Health Forum: Gathering Wisdom for a Shared Journey*, held on April 10-11, 2007. The finalization of this workplan will not impede implementation of key action items in the interim.

High level engagement of all the Parties to the Plan will be managed through annual Principals' meetings between Ministers of Health and the First Nations Leadership Council, to review progress.

Engagement with First Nations, their mandated health organizations, and health care providers on this Plan will be achieved through regularly scheduled province-wide and regional Forums and a comprehensive communications strategy.

Funding

The implementation of this Tripartite Plan will be partially funded through current federal and provincial budget allocations. The Parties to this Plan acknowledge that additional funding will be required and agree to explore ways to sustain the implementation of the Plan through new investment over the term of the Plan.

Term of Plan

The First Nations Tripartite Health Plan covers the period from June 1, 2007 to May 31, 2017.

Appendices

Appendix A: *The Transformative Change Accord: First Nations Health Plan*

Appendix B: *First Nations Health Plan Memorandum of Understanding*

Approved by the Parties on the 27th day of May, 2007,
and signed on the 11th day of June, 2007.

Government of Canada

Honourable Tony Clement
Minister of Health

Witness

Government of British Columbia

Honourable Gordon Campbell
Premier

Witness

First Nations Leadership Council

The First Nations Summit

Grand Chief Edward John

Chief Judith Sayers

Dave Porter

BC Assembly of First Nations

Regional Chief A-in-chut Shawn Atleo

Union of BC Indian Chiefs

Grand Chief Stewart Phillip

Chief Robert Shintah

Chief Lynda Price