

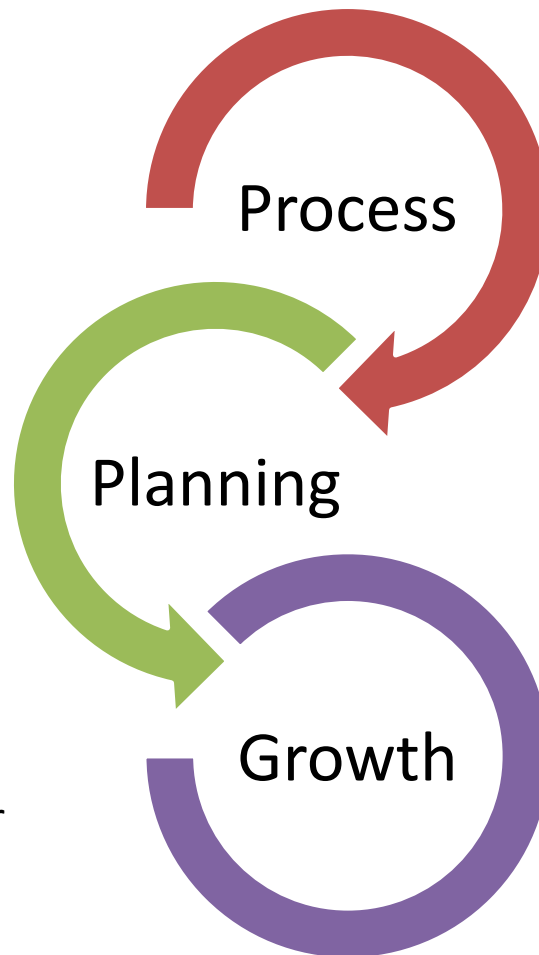
# New approaches for community-led Health & Wellness Planning

First Nations and Inuit Health Branch (FNIHB)



## Where we are now:

- Reaction to crisis and daily pressures
- Stagnant community health plan; recycled year to year
- Administrative burdens and agreement management
- Program monitoring for reporting purposes and documentation
- Ad-hoc planning and processes are insufficient for supporting long-term successes

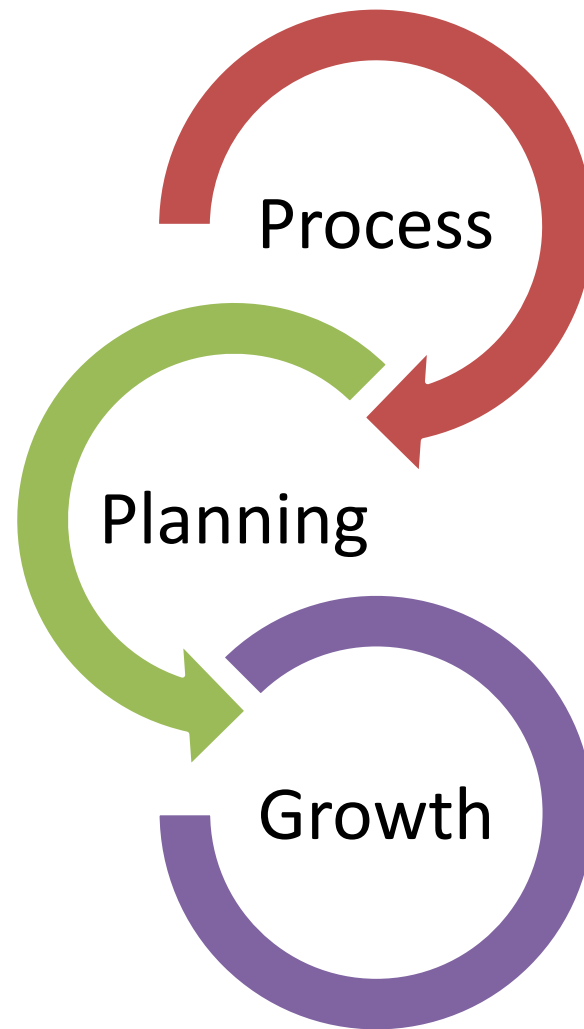


## Where we can go:

- Community health and wellness plans that meet evolving community needs
- Structured planning processes that identify community priorities and programs to support implementation
- Program monitoring that measures success factors and identifies progression of community health and wellbeing
- Funding agreements that allow for flexible allocation of resources

# Foundational needs for new approaches:

- Structured planning processes that identify community priorities and programs to support implementation
- Community Health and Wellness Plans that meet evolving community needs
- Program monitoring that measures success factors and identifies progression of community health and wellbeing
- Funding agreements that allow for flexible allocation of resources

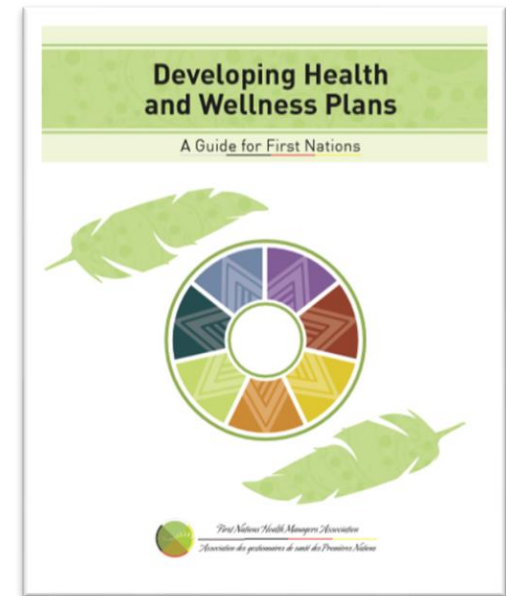


## Dynamic Values for designing the plan:

- Culture-based
- Strength-based
- Community-based
- Quality-based

## Defining the priorities:

- Community Importance
- Impact – current and potential
- Opportunities to link or coordinate with other available resources



## **Community-led health and wellness planning**

Multi-year work plans / Health and Wellness Plans are a community's primary document that sets out their health needs, defines its capacity to respond, outlines its services and programs to meet those health needs within its capacity, allocates available resources (i.e. human and financial), and identifies ways in which it will measure the success of its programs and services related to those needs.\*

*\* Regional Funding Guide SET TO FLEX 2018-10-30*

## **Community Capacity Support unit – Senior Program Officers**

Facilitate multi-year work plans / Health and Wellness Planning process between recipients and health specialists within FNIHB for the development of an accountability document that guides all aspects of health services and program delivery, which will provide First Nations and Inuit communities with sustainable funding as well as increased flexibility. Including working with recipients to resource priorities that are identified through formal community development planning processes for needs based funding.

# FNIHB Program Authority Structure – April 1, 2020

FIRST NATIONS AND INUIT HEALTH BRANCH - PROGRAM AUTHORITY STRUCTURE APRIL 1, 2020											
Not in Agreement		SUPPLEMENTARY HEALTH BENEFITS			PRIMARY HEALTH CARE				HEALTH INFRASTRUCTURE SUPPORT		
BLOCK											
FLEXIBLE											
Program Service Area	SUPPLEMENTARY HEALTH BENEFITS			PHC - PRIMARY CARE	PHC - HEALTH PROMOTION AND DISEASE PREVENTION			PHC - PUBLIC HEALTH PROTECTION	HIS - HEALTH SYSTEM CAPACITY		HIS - HEALTH SYSTEM TRANSFORMATION
Budget Activity	SET/FIXED			CLINICAL & CLIENT CARE	MENTAL WELLNESS		HEALTHY LIVING	ENVIRONMENTAL PUBLIC HEALTH	HEALTH HUMAN RESOURCES	HEALTH PLANNING QTY MGMT SYS	eHEALTH INFOSTRUCTURE
Functional Area	DRUGS	VISION		CLINICAL & CLIENT CARE	MENTAL WELLNESS	NINADAP TREATMENT CENTRES	ABORIGINAL DIABETES INITIATIVE	ENVIRONMENTAL PUBLIC HEALTH PROGRAM	ABORIGINAL HEALTH HUMAN RESOURCES	HEALTH PLANNING AND MANAGEMENT	DIGITAL HEALTH
	PHARMACY BENEFITS	VISION CARE		CLINICAL & CLIENT CARE		NYSAP TREATMENT CENTRES	PUB HEALTH NS & CHRS (CHPIIP)	ENVIRONMENTAL PUBLIC HEALTH PROGRAM		HEALTH PLANNING AND MANAGEMENT	
	MEDICAL SUPPLIES & EQUIPMENT	OTHER		HOSPITAL SERVICES		BF - MISSING AND MURDERED INDIGENOUS WOMEN & GIRLS	NUTRITION NORTH CANADA	DRINKING WATER PROGRAM	HEALTH FACILITIES	ACCREDITATION SERVICES	
	MEDICAL SUPPLIES & EQUIPMENT	PROGRAM NAVIGATORS		HOME & COMMUNITY CARE	MW-PUB HEALTH NS & CHRS (CHPIIP)		NUTRITION NORTH CANADA	ENVIRONMENTAL CONTAMINANTS	OPERATIONS AND MANAGEMENT	HEALTH CONSULTATION AND LIAISON	
	DENTAL	MEDICAL TRANSPORTATION		HOME & COMMUNITY CARE		MW INDIAN RESIDENTIAL SCHOOLS	TOBACO CONTRL STRTEG	CLIMATE CHANGE	SECURITY SERVICES	TRILATERAL ENGAGEMENT	
	DENTAL BENEFITS	MEDICAL TRANSPORTATION		JORDAN'S PRINCIPLE		IRS-CULT'L SUPPORT	COMMUNITY ORAL HEALTH	COMM DISEASES CONTROL & MANG'T	CAPITAL INVESTMENTS	HEALTH SERVICES INTEGRATION FUND	
	DENTAL BENEFITS	MEDICAL TRANSPORTATION		SERVICE COORDINATION		IRS-RESOLUTION SUP WORKERS	COMMUNITY ORAL HEALTH SERVICES	COMMUNICABLE DISEASE CONTROL			
	MENTAL HEALTH BENEFITS			SERVICE DELIVERY			HEALTHY CHILD DEVELOPMENT	HIV/AIDS & HEPATITIS C			
	MENTAL HEALTH COUNSELLING						HEALTHY CHILD DEVELOPMENT	TUBERCULOSIS			
	TRADITIONAL HEALER SERVICES						HCD-PUB HEALTH NS & CHRS (CHPIIP)	COMMUNICABLE DISEASE EMERGENCIES			
	VICTIMS OF VIOLENCE							CDCM-PUB HEALTH NS & CHRS (CHPIIP)			

# Funding approach characteristics

Recipient must ensure the provision of mandatory programs					
Requirement	Set	Fixed	Flexible	Block	NFR Grant
Planning	<p>Recipient follows multi-year Program Plan. This plan will include objectives and activities that will be delivered.</p> <p>Recipient follows multi-year Program Plan. This plan will include: objectives and activities that will be delivered.</p>	<p>Recipient follows multi-year Program Plan. This plan will include objectives and activities that will be delivered.</p> <p>Recipient follows multi-year Program Plan. This plan will include: objectives and activities that will be delivered.</p>	<p>Recipient establishes Multi-Year Work Plan including a health management structure. This Plan will include a budgetary plan, key priorities, objectives, and activities that will be delivered.</p>	<p>Recipient establishes a Health and Wellness Plan including a health management structure. The HWP will include key priorities, objectives, activities, mandatory health programs and other programs and services, annual reporting requirements, and information on the provisions of the professional / program advisory functions where applicable.</p> <p>Ability to redesign non-mandatory programs.</p> <p>Ability to foster integration initiatives with flexible approaches and intergovernmental arrangements.</p>	<p>Recipients must prepare Multi-Year Strategic Plan within 12 months of the commencement of the Grant funding that are structured around common outcome categories (e.g. health, education, social, etc.) as well as incorporates a limited set of minimum common performance indicators, which reflects community plans and priorities. Multi-Year Strategic Plans are shared as a principle of mutual accountability however funding for the 10-Year Grant approach is not tied to these documents.</p>

# Funding approach characteristics

Recipient must ensure the provision of mandatory programs					
Requirement	Set	Fixed	Flexible	Block	NFR Grant
<b>Reallocation of funds</b>	Recipients able to reallocate funds within the same Budget Activity on written approval by the Minister within the fiscal year reporting period.	Provided that planned activities have been delivered, may reallocate funds to other Functional Areas within the same Budget activity.	Recipients may redirect funds among Functional Areas within Program Service Areas with the same 3 letter prefix, as long as mandatory activities have been delivered.	Recipients able to reallocate funds across health authorities.	Recipients are able to expend in accordance with ISC authorities.
<b>Financial reporting</b>	Year-end financial reports as per the Reporting Guide				
<b>Annual program reporting</b>	Annual Report to the Minister based on Annual Reporting Guide.			Annual Report to the Community.	
<b>Unexpended funds</b>	No retention of surplus and no carry over of funds into the next fiscal year.	Recipients are able to carry over program funding annually for the duration of their agreement. Upon expiry, the recipient must reimburse the government any unspent funds <b>unless</b> all of the original planned activities have been completed.	Flexible funding allows carry forward of unexpended funding at the end of the fiscal year, provided that the program is not in its last year and the overall funding agreement is also not about to expire. Use of unexpended funding is generally limited to furthering results as per the program objectives set out in the agreement.	Recipients are able to retain surpluses to reinvest in priorities.	Recipient able to retain surplus.



Abby Robinson, Senior Manager, Program Delivery  
Planning and Contribution Agreements

Jeannine Wapioke, A/Senior Advisor - Thunder Bay

Senior Program Officers:

Trish Foley – Ottawa

Shawna MacNamara – Ottawa

Valerie Kakekaspan – Sioux Lookout

Grace Strang – Sioux Lookout

Tracy Carson – Thunder Bay

Adrienne Morris – Thunder Bay

Rayanne Waboose – Thunder Bay

Email format: [firstname.lastname@sac-isc.gc.ca](mailto:firstname.lastname@sac-isc.gc.ca)