

Transfer of Control to First Nations & Health Transformation



**Presentation to Ontario Joint Gathering
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Indigenous Services
Canada

Services aux
Autochtones Canada

Canada

Transfer Driver: Supporting Self-Determination

In the Spirit of Reconciliation, Canada is committed to a renewed relationship based on respect, cooperation and recognition of Inherent and Treaty Rights of First Nations, including the right to Self-Determination

The Transfer of control over ISC programs to First Nations is a departmental mandate in support of Self-Determining Nations; for Nations, by Nations.



Fulfilling Our Departmental Obligation

Indigenous Services Canada Act, 2019, directs the department to carry out its activities in a way that “recognizes and promotes Indigenous ways of knowing, being and doing...[and] implements the gradual transfer of departmental responsibilities to Indigenous organizations”.

Indigenous Services Canada Strategic Plan 2020-2025 includes as Strategic Priority # 1 the “Transferring control of services to Indigenous partners” in a way that will hold the “department accountable in ensuring it efficiently and effectively supports Indigenous partners on their path to self-determination”.

UN Declaration, the UNDA and the UNDA Action Plan all speak to the imperative of respecting Indigenous Peoples Right to Self-Determination and having Indigenous Peoples developing and controlling their own institutions in accordance with their own culturally relevant, self-determined processes.

2024/2025 Departmental Plan, the Minister notes that, “Indigenous services are effective when they reflect the cultural needs and aspirations of the people that use them. Self-determination and the control of service design and delivery of Indigenous Peoples is the best way to evolve community life...”

Our direction is clear.



But What is Transfer of Control?

Transfer Is:

- a way for First Nations to choose which services they are interested in assuming control over
- a way for the department to shift authority and control into First Nation hands
- a process that allows time for community/citizen engagement, including decision-making and related governance protocols
- a co-developed arrangement
- a process supported by legislative authority and the UN Declaration

Transfer Isn't:

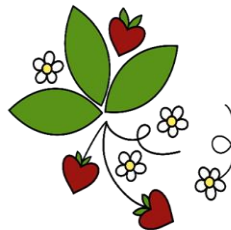
- Devolution (as experienced in the 1970's)
- an abrogation or derogation of Treaty promises
- White Paper 2.0
- a way for the department to disappear
- a unilateral process absolving the department of its responsibilities
- a contemplation to transfer authorities to provincial governments



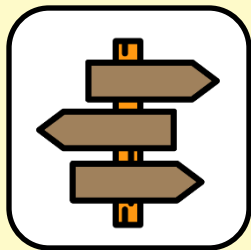
Early Discussions with First Nations

First Nations have been unequivocal that the conditions for a successful transfer of control for service design, delivery and management from ISC to First Nations include the following:

- That agreements provide sufficient, flexible funding for the planning, designing and establishment of their organizations and the capacity to deliver the programs
- That the transfer of control over ISC's services must be done through flexible, easy-to-establish agreements that offer alternatives to other self-determination tools such as Modern Treaties and self-government agreements
- That agreements establish a level of permanency that extends beyond individual government mandates and respects the perpetuity of relationship reflected in Treaty and other relationships protected by the honour of the Crown
- Transfer does not mean Canada can disappear – Canada must continue to play a key role in the provision of funding as a governance partner and to address crisis and emerging issues as needed



Pathways: Assuming Control of Health Services



Small Scale Service Transfer

- Facilitates small scale innovation, integration, and transfer on a smaller scale across regions
- Indigenous groups can assume some control over program delivery without having to assume control of the entire system
- While these projects can build capacity and fill gaps within the existing system, First Nations are still restrained within the context of federal funding, regulations, and administration
- Sustainability can be a challenge for some of these transfers



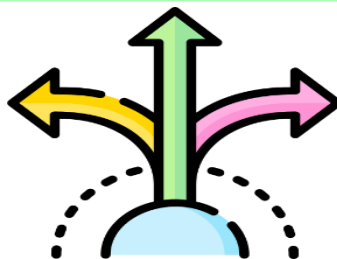
Health Transformation

- Empowers assumption of the full control of federal funding and administrative responsibilities; it is not about enhancing or supplementing the current system
- Health governance entities are aggregate Indigenous organizations – they are not required to be rights holders, but are mandated by rights holders
- These organizations are positioned to “tear down,” “remodel,” and “rebuild” their whole health systems
- Programs and services can be redesigned in innovative and culturally appropriate ways that suit communities




Self-Government

- Self-governing First Nations and Inuit (and Métis) are rights-holders who may choose to draw down health jurisdictions outlined in their agreements
- Health programs and services are transferred from the federal government and guided via an implementation plan
- Decisions on how to deliver programs and services to communities are made by Indigenous governments and align with their vision for self-determination
- Funding flows via Self-Government fiscal financing agreements



Health Transformation: An Overview

- Indigenous Services Canada is mandated to ensure that the control of services is transferred to Indigenous peoples whenever possible; Health Transformation directly contributes to this priority
- Currently, Canada is participating in six formal Health Transformation initiatives across the country
- Health Transformation is a positive change that can fundamentally transform the relationship between Canada and First Nations and how we work together



A map of Ontario, Canada, is shown in a light green color. Overlaid on the map are three labels in a dark green, italicized font: "Nishnawbe Aski Nation" in the northwestern part of the province, "Grand Council Treaty #3" in the western part, and "Anishinabek Nation" in the eastern part.

- 112 Ontario First Nations communities are covered under the following (i.e., 84% of Ontario communities):
 - NAN Health Transformation Process; and,
 - Two Emerging Processes: Grand Council Treaty #3 and Anishinabek Nation
- Other groups are exploring feasibility for their communities

Health Transformation: What Are We Talking About?

Health Transformation is a collaborative process that supports First Nations to build capacity to develop new governance entities to assume full control of funding of federally administered health programs and services, positioning them to design, deliver, and manage them

To enter Health Transformation, First Nations meet Readiness Criteria, including a focus on control, sufficient critical mass, strong partnerships, a good organizational track records, buy-in from members

- Health Transformation is a trilateral process between First Nations, Canada, and the Province to develop new First Nations-led health entities or models
 - **Collectives (i.e, aggregation) and governance** are central elements of this process
- A new health entity would reflect the structure developed by First Nations, and be **representative of, and accountable to**, its member First Nation communities
- Health Transformation is not about enhancing the current system and supplementing existing programs – it is about **shifting control** of federal responsibilities in health care to First Nations-led health entities

Health Transformation: Outcomes and Benefits

- The benefits of Health Transformation have been proven over the course of the last decade in partnership with the BC First Nations Health Authority
- There are several expected benefits for completing such transfers



Health Transformation: What is ISC Doing to Get Ready?

INFORMATION SHARING

Compiling data and information that First Nations partners need ahead of transfer; transmission of which is supported by Information Sharing Agreements

CHANGE MANAGEMENT

Development of a framework to support change management to increase peoples' levels of understanding and organizational impacts to support staff and First Nation partners through the change process



TRILATERAL NEGOTIATIONS

Working closely with First Nations and Provinces to advance Health Transformation processes, including development of Agreements

INTERNAL SERVICES DISCUSSIONS

Early-stage discussions to develop approaches on transfer of internal services and other corporate supports (e.g., IM-IT, HR, assets, etc.)

COSTING METHODOLOGIES

Ongoing development of regional costing models to support transfer of funding for federally administered programs and services

Health Transformation: How is FNIHB Ontario Region Supporting Groups in Transfer

- Indigenous Organizations and Communities in Ontario Region are actively engaged in Transfer/Transformation: Nishnawbe Aski Nation, Grand Council Treaty #3, Anishinabek Nation, Six Nations of the Grand River, Association of Iroquois & Allied Indians. Four additional First Nation organizations are engaged in health service transfer/integration:
 - Anishinabek Nation is engaging communities and partners to explore the development of an Anishinabek Health model;
 - Grand Council Treaty#3 is working on finalizing a framework for their Health Law; and,
 - Six Nations of the Grand River and the Association of Iroquois & Allied Indians are engaging communities on community driven health governance models
- **Alignment between National ISC Health Transformation and ISC FNIHB Ontario Region**
- The following transfer and related activities are ensuring progress while Health Transformation is underway – they are reducing gaps, building capacity and preparing for broader transfer:
 - The Pikangikum First Nation Nursing Transfer Framework;
 - The SLFNHA Dental Transfer Framework;
 - Community Specific Health and Wellness Plans; and,
 - Community Specific Immediate Needs
- Additionally:
 - 92 communities managing nursing service delivery including communicable disease management;
 - 11 - 19 communities manage Environmental Public Health; and,
 - 26 communities engaged in the Sioux Lookout Remote Areas Dental Program