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Strategic Planning
July 23 – 24, 2019



Governance & Stakeholder Engagement

Current State:

- Norway House Cree Nation – Health Division
- Indigenous Services Canada
- Manitoba Health, Seniors and Active Living
- Other (NH Pharmacy Ltd., Frontier School Division, University of Manitoba and Norway House Community Council)

Future State:

- Norway House Cree Nation Health Authority
- Organizational Chart (health services and operations)
- Norway House Cree Nation Community Health & Wellness Foundation Inc.



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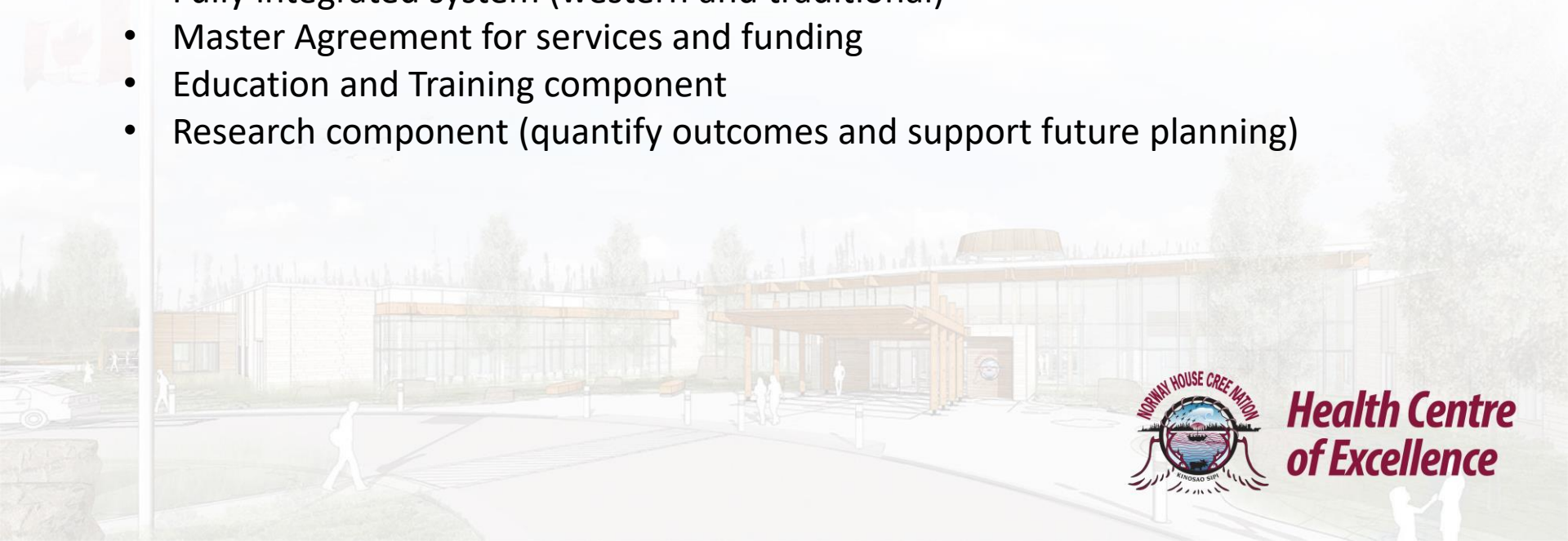
Program Planning & Design

Current State:

- Fragmented (local and regional)
- Limited input from community stakeholders (patients and service providers)

Future State:

- Fully integrated system (western and traditional)
- Master Agreement for services and funding
- Education and Training component
- Research component (quantify outcomes and support future planning)



Human Resource Planning

Current State:

- Fragmented (competing interests)
- Outsourcing services to external service providers
- Limited professional accommodations
- Limited Human Resource capacity (w/ limited communication across providers)

Future State:

- One employer (w/ competitive wages, benefits and housing)
- Organizational Structure (policies and procedures)
- Building local capacity
- Education and Training throughout project lifecycle



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Education & Training Initiatives

Current State:

- Fragmented (service providers)
- Internal (alignment between candidates and departmental opportunities)
- Limited student supports (community based and non-community based)

Future State:

- Enhance student supports
- Local community-based Education and Training opportunities
- Employment Services Resource Office
- Faculty of Health Sciences of the North
- Annual Career Fair & Training Expo (collaborative approach)



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Operating Budget

Current State:

- Numerous stakeholders and numerous funding streams/budgets
- Funding gaps (Key program areas, Operations and Maintenance, Human Resource, Education and Training and Legal)

Future State:

- One global health and wellness budget (Service delivery, Operations and Maintenance incl. decommissioning of existing site, Education and Training and Legal)
- Enhanced by Foundation and private sector
- Leverage revenue components to drive growth and enhance services
- Leverage automation and technology to demonstrate Value for Money



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Communication Strategy

Current State:

- Reactive
- Fragmented

Future State:

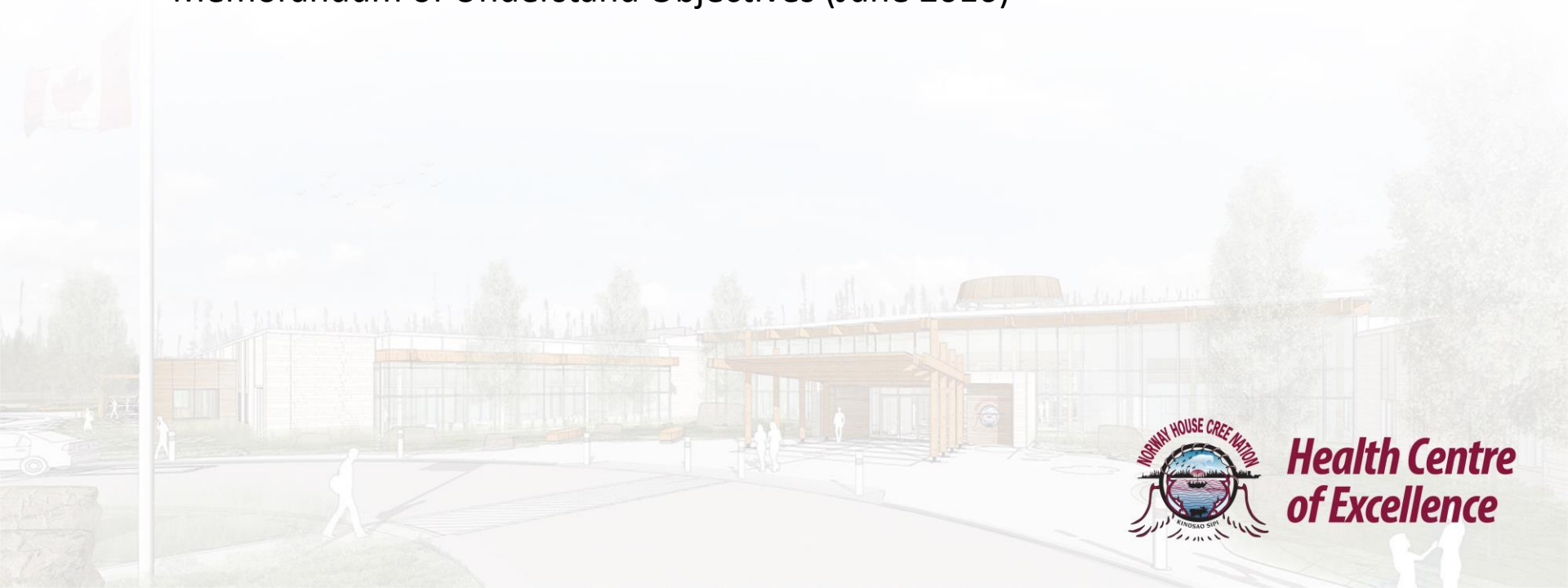
- Establish adequate Communication Protocols (urgent and non-urgent care)
- Transition planning
- Proactive approach – healthy living education
- Integrated health system strategy – community engagement



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Next Steps

- Establish Working Group with key stakeholder partners to achieve optimum Future State (Framework Agreement for Transition)
- Goal: Build Health and Wellness System that aligns with Project Memorandum of Understand Objectives (June 2016)



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Norway House Cree Nation- Health Services Integration Initiative
Memorandum of Understanding

BETWEEN:

Norway House Cree Nation

AND

Her Majesty the Queen in Right of Canada, as represented by the Health Canada
First Nations and Inuit Health Branch ("FNIHB")

WHEREAS the parties wish to work collaboratively, collegially and as expeditiously as possible to provide for:

- a. the creation of the Norway House Health Authority (NHHA); and the transition of the Norway House Hospital to the NHHA;
- b. the planning, management and delivery of Health Care and Related Programs and Services in the Norway House Region by NHHA on an integrated basis;
- c. capital planning for Health Care Infrastructure on the Norway House Reserve and the provision of capital funding from Canada; and
- d. the on-going funding of Health Care and Related Programs and Services to be delivered by NHHA.

WHEREAS the parties agree to work together to provide for the health needs of the Norway House Cree Nation and surrounding communities, and

WHEREAS the parties agree to honour the spirit and intent of the relevant understandings and agreements previously made between the parties within the Health Integration Initiative (HII), and the Aboriginal Health Transition Fund's (AHTF) Integration Envelope, and

WHEREAS the parties agree to use the applicable work products, research findings and reports that have been produced through the HII and AHTF for furthering this initiative to provide a new health facility and the appropriate health services for the Norway House Cree Nation and surrounding communities.

THEREFORE THE PARTIES AGREE THAT:

1. This Memorandum of Understanding is intended to highlight the process and enhance administrative cooperation as it relates to a new health facility at Norway House Cree Nation and the identification and provision of appropriate and needed health services to the members of the Norway House Cree Nation and to individuals situated in surrounding areas and communities.

2. This Memorandum of Understanding is a statement of intent by the Parties and is not legally binding. It is not intended to define, create, recognize, deny or amend any of the rights of the Parties and does not oblige HEALTH CANADA or NORWAY HOUSE CREE NATION to act in a manner inconsistent with the Constitution of Canada, federal, legislative or regulatory jurisdictions or authorities.

3. The parties agree that this Memorandum of Understanding does not create legally enforceable obligations between them and may be terminated by any party upon 30 days' written notice to the other party.

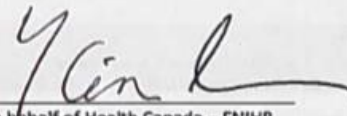
4. The Parties will consider the following objectives, goals and potential outcomes in working to provide a new health facility and health services for Norway House Cree Nation members and others who will be served by the new Norway House health facility.

- a. the identification and engagement of the various partners to research the existing health care delivery system, to identify gaps/duplication in service levels and to develop a framework agreement for integrating (to the maximum degree possible) the existing health care systems;
- b. the establishment of a community administered integrated health care system including all of the existing health services and programs;
- c. the building of new and existing partnerships in the delivery of health services to the community
- d. the seeking of local input into the future direction of health care delivery in the community so as to meet expressed community and regional needs;
- e. improvement in (measurable) health outcomes for the community such as reduced incidences of morbidity and mortality, increased numbers of local births and an increased level of community based services thus saving transportation costs
- f. the integration of western medicine with traditional knowledge in a setting that is amenable to both
- g. capacity building and the provision of career paths for Norway House community members so that they may return to the community as a valued member of the health team

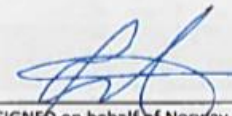
5. Health facility redevelopment Objectives:

- Build an integrated Community & Regional Health Centre.
- Managed by one NHHA
- Governed by one health services board (with representation from all relevant stakeholders)
- Fully integrated with the region(s) and province

SIGNED on behalf of Health Canada – FNIHB


Keith Coun
A/Asst. Deputy Minister
Regional Operations

SIGNED on behalf of Norway House Cree Nation


Ron Evans
Chief Norway House Cree Nation



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