



**NWT Health  
and Social  
Services System**

# **Action Plan**

## **2002-2005**



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## Message From the Minister

The Action Plan, 2002 - 2005, for reforming the health and social services system is a commitment to actions that will improve the health and well-being of all northerners. This commitment comes from myself as Minister, from the Department of Health and Social Services and from the Health and Social Services Authorities.

This Plan moves the Department and the Health and Social Services Authorities beyond planning, studying and strategy development, to detailing the concrete steps towards a better system of care. The actions are designed to move the system to a sustainable future that ensures residents can receive the level of social and health services that will support a strong and healthy population.

To ensure we are held accountable for accomplishing what we have set out to do, I am prepared to provide regular reporting on the implementation of the plan to the Legislative Assembly and to the public.

I thank the members of the Joint Leadership Council for their guidance and support in the preparation of this plan. I also thank all Department and Authority staff who provided expert advice. The work that lies ahead will require our continued commitment to the health and well-being of northerners, collaborative effort and hard work.

I look forward to the challenges ahead.



J. Michael Miltenberger





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## Introduction

The Action Plan, 2002-2005, will help us begin the critical process of reforming and improving the Northwest Territories (NWT) health and social services system.

It is clear that changes to the current health and social services system are needed. While many excellent programs and services are currently being offered, the sustainability of our system is challenged and services may diminish if changes are not made.

The changes that are outlined in this plan will achieve a strong health and social services system. The actions introduce a system-wide approach to collaboration and joint leadership. System-wide collaboration essentially creates a single system response to broad issues. Actions are planned that will strengthen the system by detailing roles, responsibilities and accountabilities. The plan provides support and options to help people make healthy lifestyle choices. Increased support to existing staff is provided by better opportunities for training and advancement.

The health of northerners is critical to the future of the NWT. The challenge we face today is developing a system that provides social and health supports to people. The challenge for the future is to have a sustainable system in place that can respond to the changing needs in an environment of limited financial resources. This plan will help us take steps to address current issues and maintain a high quality health and social services system for the future.





## 2 The Need for Change

The NWT health and social services system, like other similar systems across the country, has faced many challenges over the past decade. For example, technology has advanced at a rapid pace, the population continues to age and people are looking for additional support for social issues. These challenges are compounded by global shortages of social services and health professionals, which has made it difficult for the NWT to recruit and retain staff.

Over the past eight years, the people of the NWT have been expressing their opinions about ways to strengthen and enhance our current health and social services system. These ideas have been captured through a series of reports, reviews and consultations beginning with the Special Committee on Health and Social Services "Talking and Working Together" (1993) up to the recent George Cuff and Associates report, "It's Time to Act" (2001).

Many things have changed in the NWT since 1993. However, the common themes and priorities of northerners, with regard to their health and social services, have not. The past work reflects five common themes:

- People need input into the health and social services system and want to feel ownership of the system;
- There needs to be integration of services across the system;
- Roles, responsibilities and accountabilities must be clear and understood by all people working and managing in the system;
- Collaboration and cooperation between the various parties (Department, Authorities, other service providers) is necessary for an efficient system;
- Staff development and support is critical for hiring and keeping good staff.

The broad agreement on the issues, extensive studies and comprehensive input from people provides a sound foundation for action. Change is needed if we are to address the current system weaknesses and maintain a high quality health and social services system that serves the needs of northerners.

▶ *"Our ultimate goal is to improve the quality of life for all people in the NWT; however, it is something that government does not have complete control over...No matter the quality of health care, if people continue to smoke and drink they will continue to get sick and die."*  
Towards a Better Tomorrow,  
14<sup>th</sup> Legislative Assembly of  
the Northwest Territories



### 3 The Direction of Change

Health and social services systems across Canada are under considerable pressure to make adjustments. Like the NWT, many are making significant changes now. However, even with the changes that are being made, we can all expect that it will be necessary to continue to evaluate our own systems and make further changes in the future.

The NWT is a small jurisdiction with a limited population and resources. Given these factors and the complex nature of the operation of a health and social services system, it is essential that there is effective collaboration and coordination of activities. Reviews of the current system have identified that change is required if we are to ensure that appropriate programs and services are provided in a sustainable manner.

This Action Plan addresses a number of the challenges that have been identified during the reviews of the current health and social services system. It requires system partners to adjust their approach to carrying out activities by requiring each of the partners to work "as one" in the operation of a single health and social services system for the NWT.

It will not be enough to simply make the changes outlined in the Plan. Instead we must make the changes and then look forward to determine the next adjustments we will need. As we have seen

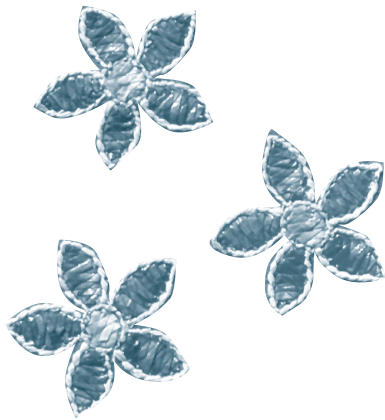
over the past decade, situations change. We must be prepared to analyze and address change as it occurs in the future.

Change is not a simple or easy process. It takes strong commitment over a period of time. The actions in this plan will be carried out over the next three-year period. The support of the staff, administrators, trustees, political leaders and the public will be essential throughout the change process. We believe that by the end of this time most of the necessary changes identified in this plan will be completed.

The Department of Health and Social Service's strategic plan, "Shaping our Future", published in 1998, provided clear direction from the people of the NWT on the values and beliefs that need to be considered when developing a health and social services system. The principles developed at that time reflect these values and remain relevant for guiding action today.

- **Personal Responsibility:** Individuals and families have personal responsibility to address their health and social needs.
- **Basic Needs:** Publicly funded programs and services will address basic health and social needs when these needs cannot be met by an individual or family.

▶ *"People told us that our quality of life is shaped by more than medical treatments and definitions. It is also determined by social and other factors we might not normally associate with "health" in the clinical sense. These factors include our housing conditions, lifestyle choices, recreational activity, economic status, education and public health information. As a result, people want these factors considered as policies and programs are developed."*  
*Talking & Working Together, Final Report of the Special Committee on Health and Social Services, 1993, p.9*



- **Sustainability:** The health and social services system will operate in such a way that it does not threaten its ability to meet basic health and social needs over the long term.
- **Continuum of Care:** Programs and services will fit together as seamlessly as possible and will be integrated with other GNWT services wherever possible.
- **Universality:** All residents of the NWT will have access to the services they need, and are treated fairly and with respect in the health and social services system.
- **Prevention-oriented System:** All activities of the health and social services system will support the maintenance of the physical, social and mental health in addition to the treatment of illness and injury.
- **People-oriented System:** All activities of the health and social services system will support an approach that places the needs of people first.

These principles and themes from all past reports confirm the vision of the Department:

Our children will be born healthy and raised in a safe family and community environment, which supports them in leading long, productive and happy lives



## 4 The Actions We Will Take

We have the information we need to move forward with system change:

- Past reports have told us the areas within the health and social services system that need to be addressed.
- The public has confirmed that these are the areas that require attention.
- Principles have been developed that reflect people's values concerning the health and social services system.
- A vision of the future, based on these principles and values, has been developed and is accepted by the public, stakeholder groups, Authorities and other departments.

The question is not so much what we should do - but where do we begin and how do we achieve the vision. The Department's Strategic Plan provides the direction for the future, this Action Plan indicates how we will implement needed change.

We begin by developing a system-wide approach to supporting the social and health needs of people.

By enhancing the role of the current Board Chairpersons we establish a system-wide approach to leadership and direction setting for the health and social services system. To reflect this change the Boards will be renamed Authorities.

Part of this plan is increasing the opportunity and support for people to make healthy lifestyle choices. Each person has the responsibility to make positive personal choices in life that maintain good health. Parents need to teach their children about healthy lifestyles and to provide a safe and nurturing environment in which children can grow and become productive adults. We need to move as a system to establish a balance between encouraging and providing healthy lifestyle options (prevention) and providing care for illness and injury (treatment).

The health and social services system is complex. For change to take place, it will need the collaborative efforts of many people working in many parts of the system. All northerners, as consumers of health and social services, also have a role in this change.

▶ *"Many people we spoke with believe that government should show greater initiative in improving our quality of life. They want policies that focus more on preventing problems than on treating them."*  
*Talking & Working Together, Final Report of the Special Committee on Health and Social Services, 1993, p.10*

This Action Plan includes a comprehensive range of planned actions that will increase the sustainability of the system. Many of the actions outlined in the plan will not require additional funds for the system as they are focused on improving the efficiency and effectiveness of our activities. Better coordination, the right mix of service providers and sharing of resources can have a positive impact with limited cost. However, some actions will require additional investment. To support incremental costs, proposals to support investment in identified priority areas will be addressed during business planning processes.

This Action Plan outlines specific actions to reform the health and social services system. It describes how we will ensure the integration of services at the community and territorial level to improve support to people. It defines how trustees and staff of the system will receive a greater level of support to do a better job. It defines actions that strengthen accountability at all levels of the system. And finally, it addresses how the system must be organized to provide greater support to those persons who provide and receive the service. Detailed implementation of the actions is attached as Appendix A.

This plan sets the blueprint in place to improve services to people and improve the system that delivers those services. In the long term, additional activities including those identified during the development of the Social Agenda will be required to ensure that the system remains responsive to the needs of a changing population, limited resources and new technologies.





## 5 Improved Services to People

Generally, people are well served by the health and social services system. What matters most to them is the support they receive in order to remain healthy and the services they receive when ill or injured. The following actions support people in taking care of themselves and improve the support they receive from the health and social services system.

### 5.1 Improve support for the individual and family;

❖ **Action 5.1.1** Publish a core services document and distribute it to all households in the NWT.

A core services document describes what publicly funded services are provided by the health and social services system and to what level they can be accessed in each community. The document is the foundation for the service delivery model that describes how the services are delivered and by whom. The core services document also begins to define the Authority's service delivery responsibilities and the Department's responsibility to support that delivery.

As a public document, the current core services document is outdated, too general in its description of services and does not describe the level of services that are available in a community.

As a document that defines service delivery expectations by the Authorities the current document is not flexible enough to account for the variations in delivery capacity across Authorities. A small Authority does not have the capacity to deliver the same programs as a large Authority. This unrealistic service delivery expectation leads to an inability to hold the Authority accountable for services it is responsible to provide.

Authorities and non-governmental organizations may deliver other health and social support related programs not funded by the GNWT. These programs are important to the delivery of health and social services, but not part of its core services.

This action is intended to increase the public's understanding of the services they can expect to receive from the health and social services system regardless of their location. A separate document will be used to detail the service delivery obligation of each Authority. This document will be tailored to the Authorities' capacity for delivery and begin to define the funding and accountability structure.

▶ *"Rather than trying to give power to people and communities, we need to create environments in which individuals and communities can take the power they need to transform their lives in an organized and staged manner."*  
*Our Communities, Our Decisions: Let's get on with it!, Final report of the Minister's Forum on Health and Social Services, 2000, p.10*

❖ **Action 5.1.2** All households in the NWT will receive a self-care handbook.

❖ **Action 5.1.3** Establish a 1-800 family health and social support call centre.

A basic principle of the health and social services system is that people have the responsibility to maintain their own health. This has been a clear message in all past reviews of the health and social services system. The approach to providing services over the years has created dependency on the health and social providers. This has resulted in people seeking services from the health and social services professionals prior to attempting to help themselves. People need support and tools to help break this dependency.

The self-care handbook will assist people to care for themselves and their families and will provide advice as to when they should contact a health or social services professional. The support centre, staffed by trained professionals, will be of great assistance when a person is sick or worried about the health of a family member. This support line will also reduce the demand on emergency services offered at the health centre or hospital.

❖ **Action 5.1.4** Evaluate our consumers' satisfaction with the health and social services system.

People need to know that the health and social services system is there to serve them. One way

that they can let us know if we are doing our job is through a satisfaction survey. Client feedback is an important gauge to evaluate our programs and important information to guide future development.

This satisfaction survey will become part of the regular evaluation and reporting function and will guide future change.

## 5.2 Improve services to people

Primary health care is not limited to the provision of medical services. Primary health care is the provision of integrated, accessible health and wellness services by health and social services professionals who are accountable for addressing a large majority of personal health and wellness needs, developing a sustained partnership with clients, and practicing in the context of family and community.

❖ **Action 5.2.1** Formalize an integrated health and social services delivery model for the NWT.

Key to developing a sustainable system is clearly defining and thoroughly developing a service delivery model based on the Primary Health Care principle of providing the right service by the right provider at the right time. The service delivery model currently in operation has evolved over the history of the NWT and has not been rationalized or adjusted based on current community needs or expectations.

► *"Concerns have been expressed by the public and Departmental staff about the tremendous variation that exists within the primary care or 'first contact care' system. Services that are available in one community are not available in another (e.g. obstetrical services, physician services, nurse practitioners, etc.). There is a need to address this problem."*  
*Med-Emerg Report, 1997, p.70*

*"Communities should be encouraged and assisted in the development and leadership of local initiatives. It is especially important to support those programs in which individuals and families assume greater responsibility for and control over their quality of life."*  
*Talking & Working Together, Final Report of the Special Committee on Health and Social Services, 1993, p.10*

The improved service delivery model will define services and service providers in every community, how specialty services are accessed, and the interrelationship between the community, regional centre and territorial centre.

This rationalized approach will allow for an informed discussion of service levels available in all communities, equity of service across communities and begin to match monies available with services available.

◆ **Action 5.2.2** Establish integration demonstration projects based on a Primary Health Care model.

A key component of developing integrated service delivery is developing professional and public acceptance of the model. Clients are used to seeing a physician or nurse for all health or social issues they have encountered. To change this expectation will not be simple or readily acceptable to all. Developing an understanding that for some issues a physician may not be best suited to deal with the issue will have to be proven.

The project will be based on a goal to integrate service delivery across the spectrum of health and social services care providers. Initially three projects will be developed in representative small, medium and large communities. This activity will assist in the development of policies that support integration, define the scope of practice for the professionals and

gauge the effectiveness of the proposed integrated model. The knowledge and experience learned from the demonstration projects will guide us in expanding the integrated model to other communities.

◆ **Action 5.2.3** Implement coordinated discharge planning throughout the system.

Discharge planning ensures that those people who are discharged from treatment or another care facility have a coordinated plan in place prior to being discharged, for the provision of community supports.

The intent of this action is to ensure that no one is left sitting at the airport waiting for pick-up, or arrives home without the appropriate support in place.

◆ **Action 5.2.4** Establish collaborative service networks.

Past reviews of the health and social services system have indicated that many Authorities do not have a "stand alone" capacity for delivery of the full range of core services and require a collaborative, coordinated approach for dealing with these issues. Clustering resources or centralizing resources has been the common approach to addressing this issue. This action will result in service agreements between Authorities and networked specialists that can support each other and develop economical practices.

▶ *"While the problems associated with the delivery of health care are definitely increasing, it is still impressive to see how accessible the system in the NWT is." It's Time To Act, A Report on the Health and Social Services System in the NWT, 2001, p.129.*

This action is intended to connect those people doing similar work and provide a forum for sharing expertise, and providing program support across Authorities.

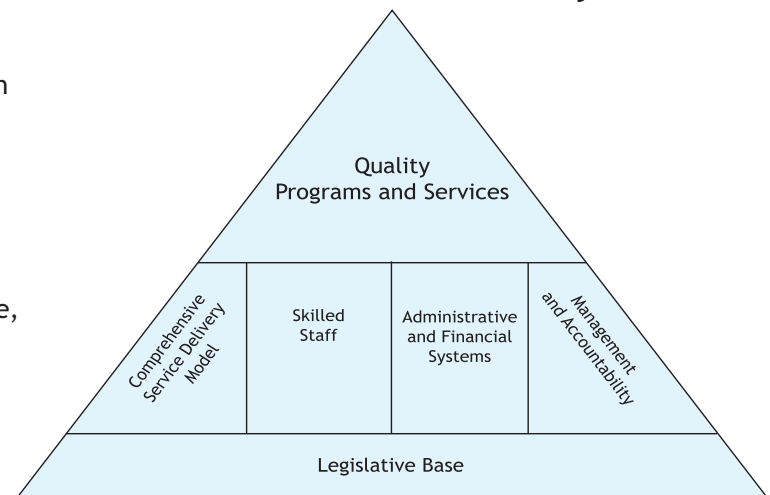
Initiatives such as Fetal Alcohol Syndrome assessment, midwifery birthing services and children's' assessment and screening will benefit from a focussed team approach. Programs such a laboratory services and x-ray could potentially benefit from a formalized collaborative approach to purchasing, repairs, training, testing and standard setting.

❖ **Action 5.2.5** Work with affected communities and industry to define and respond to the health and social impacts of development.

History has shown that during a period of rapid development the pressures of entering the wage economy can aggravate existing problems in small communities. Impacts can include increased rates of alcohol and drug abuse, child neglect and abuse, and family violence.

Given that the current health and social services system is operating at the limits of its capacity, there is little flexibility to provide additional supports to communities either to prepare for or to cope with the impact of rapid social change. Partnerships with industry, the federal government, aboriginal governments and other departments are necessary to develop an appropriate response.

### Elements of a Sustainable Health and Social Services System



The actions discussed in sections five to nine include all the elements listed in this diagram. These elements will improve the sustainability of the health and social services system.

## 6 Improved Support to Staff

With over 1,200 employees, the health and social services system is a major employer whose presence is felt in every community in the NWT.

The NWT faces the same challenge as the rest of Canada in recruiting professional staff and retaining existing staff. The competition to hire and retain health and social services professionals is intense and requires a focussed and determined effort.

We know that we can address a considerable portion of our staffing needs through the development of a northern professional workforce. Existing successes, such as the nursing and social work programs need to be expanded. Educational options for existing staff needs to be developed, so that staff can expand their skills and prepare for professional advancement.

### 6.1 Human Resource Planning and Development

◆ **Action 6.1.1** Establish a comprehensive human resource plan.

Given the reliance of the health and social services system on our human resources, we must ensure that we have an effective human resource strategy in place based on the service delivery model.

Currently the Human Resource plan is focussed on individual professions and specific functions within the system. This fragmentation has resulted in a number of plans not well linked together or to the service delivery model. This action is intended to specifically link all plans and all professions to the service delivery model.

A plan of this nature will help to ensure that we have the appropriate staff in place and are recruiting for anticipated vacancies. The plan will also support existing staff resulting in less staff turnover.

◆ **Action 6.1.2** Implement a competency-based model for recruiting, training, retaining, and supporting staff.

A competent clinician is one who can perform a clinical skill to a defined standard. Competency training is based upon the participant's ability to demonstrate attainment or mastery of clinical skills performed under certain conditions to specific standards (the skills then become competencies).

The development of a model begins with establishing common definitions, standards and guidelines for each function. This involves defining

▶ *“Develop a comprehensive human resource plan which will lead to development of a home-grown pool of health and social services professionals.”*  
*Our Communities, Our Decisions: Let's get on with it!, Final report of the Minister's Forum on Health and Social Services, 2000, p.7*

*“Establish competency based assessment for community health workers, alcohol and drug workers and mental health workers.”*  
*Our Communities, Our Decisions: Let's get on with it!, Final report of the Minister's Forum on Health and Social Services, 2000, p.19*

personal, technical and preferred skills needed for each function. Support and training is then provided to ensure standards of service delivery are met.

This model of development will help ensure consistent quality of service delivery, build skills in staff, and allow for career advancement through the development of appropriate skills.

❖ **Action 6.1.3** All new staff will receive a standardized orientation to the NWT health and social service system and cross-cultural training that reflects the character of the NWT and the region in which they are employed.

Orientation is seen as a critical element in the successful integration of staff into their position and their community.

The health and social services system is a complex mixture of programs and services with equally complex processes for accessing the services. Orientation to the system is intended to reduce the anxiety of new staff.

New staff in a community often find the community as bewildering as the health and social system. Building community knowledge of local social and

health issues is often as important as the technical skills new staff bring with them. This action is intended to ensure that all new staff have system-wide health and social services awareness and community knowledge.

❖ **Action 6.1.4** Establish coordinated Professional Development activities for all system staff.

Coordinating and consolidating support funding for professional development will allow for more effective delivery of training opportunities for health and social services staff. This will help ensure that staff have the skills they need to carry out their jobs. This action is seen as crucial to the retention of existing staff and attracting new staff.

The support and development activity is currently fragmented across the system and across the professions. Coordinating the support and development activities into a comprehensive structure will better help staff to access training, develop new skills and keep their skills current.

❖ **Action 6.1.5** Implement succession planning to ensure that all staff have access to career advancement opportunities in coordination with other departments.

Staff must have the opportunity to enhance their career. To do this they must have opportunities for development and be aware of career advancement pathways in the system and across government. Staff must have the opportunity to move from Authorities into the Department, from the Department into the Authorities and from either to other government departments or agencies.

- ❖ **Action 6.1.6** Expand mentorship programs to include all health and social services system staff.

Mentorship programs provide development opportunities for students and new employees. Professions such as nursing and social work in the NWT require most new staff to already have experience in the field in order to meet the requirements of their job. Effective mentorship programs help to ensure new graduates have the skills and abilities needed to be successful in their work.

The nursing mentorship program is an approved and successfully functioning initiative. Expanding the mentorship program to all health and social services system staff will enhance retention of existing staff and assist in the orientation and retention of new staff.

- ❖ **Action 6.1.7** Implement a relief pool of professional health and social services personnel.

Given the small complement of staff in most communities, the loss of one staff or the continued vacancy of positions creates additional stress on remaining staff, lessens the ability of staff to provide more than the basic services and leads to greater staff turn over. A relief pool is not the remedy for staff vacancies in the long term, but can assist in the continuation of services for short periods of time.

The current relief pool of nursing staff is limited in size but delivers a valuable service of providing relief to Authorities experiencing difficulty hiring staff. An expanded relief pool will provide greater help to the Authorities with vacancies to continue to provide services. This relief pool will include social workers, nursing staff and administrative staff and reflect the service delivery model and human resource plan.

- ❖ **Action 6.1.8** A common human resource tracking and information system will be implemented.

Currently Authorities track and record their human resource activities on a stand-alone system.

▶ *"The people who provide our health and social services must become more sensitive to the culture, traditions and languages of the people they serve. This is essential if frontline workers are to be viewed as credible and positive members of the community in which they work."*  
*Talking & Working Together, Final Report of the Special Committee on Health and Social Services, 1993, p.25*

A common tracking and reporting system will provide reliable data on people working in the system. A GNWT - HRIS will allow consistent collection, analysis and reporting of human resource information.

## 6.2 Recruitment and Retention

Recruitment and retention is particularly important given the small staffing complement in most communities. In these locations, the loss of one or two workers can have a great impact. Consequently, it is important that a priority is placed on retention of existing staff and the development of a northern workforce as well as ensuring the easy movement of staff from place to place as required.

❖ **Action 6.2.1** Unify all staff under a single employer.

Previous reports on the health and social services system have pointed out that competition for key staff among the health and social services Authorities creates serious human resource issues. These issues include disparities in pay and serious irregularities in benefits being offered. Job candidates have been known to "go shopping" among Authorities to get the best deal.

A single employer (GNWT) ensures equity of pay and benefits and helps to provide coordinated and consistent support to staff. Staff will remain employed by the Authority but will all have a common public service employment and benefits package.

❖ **Action 6.2.2** Implement a single credentialling process for physicians.

Currently all facilities have a separate credentialling process. A physician credentialed in the Stanton hospital will need to be credentialed in the Inuvik hospital prior to being allowed to practice in the Inuvik hospital. This hampers simple relocation or temporary relief of physician shortages across the territories.

A single credentialling system will increase efficiency and enable client confidence. A single system eliminates "red tape" and allows for the development of a solid information system with policies/procedures and database management.

❖ **Action 6.2.3** Establish an expedited transfer process within the health and social services system.

The ability to transfer between Authorities is currently in place but is not well known to staff.

▶ *"Boards told us it is unrealistic to expect a small staff to become experts in all areas. Boards believe they must share specialist services and develop particular expertise which they can share, on an as-needed basis, with other boards."*  
*Our Communities, Our Decisions: Let's get on with it!, Final report of the Minister's Forum on Health and Social Services, 2000, p. 15*



Consequently staff are often lost to the system when they wish to relocate. A well articulated and executed competition processes and the use of transfer assignments will help ensure mobility within the system.

◆ **Action 6.2.4** Ensure a safe workplace.

Workplace safety is a concern for all people who are in an isolated office. This is especially true for those who respond after regular work hours. Integration of community based staff into a care team will provide the safe environment required for staff.

A joint UNW/Management Committee on Workplace Safety, Health and Well-being was established in 2000. Concurrently the Department and Authorities will work with communities to develop and implement a process for ensuring the safety of staff in communities.

◆ **Action 6.2.5** Increase community acceptance and support of workers.

Acceptance of the worker and inclusion of the worker into the community is one of the keys for retaining staff. Currently staff arrive in the community with little or no introduction to the

community. Lack of inclusion in community activities leads to feelings of isolation and as a result, some staff leave their positions. We as an employer must compete against all other jurisdictions for trained professional staff. To welcome new employees into the community is one way to help ensure that staff who are in the north stay in the north. This issue applies to all new staff arriving in a community whether they are nurses, social workers, teachers or plumbers.

The Health and Social Services Authorities, community governments, Unions, the Department and other affected departments will work together to ensure that health and social services staff placed in a community are welcomed and feel included in community affairs.

◆ **Action 6.2.6** Review and enhance the marketing strategy to include recruitment of all health and social services staff.

The NWT must focus its efforts on making the health and social services system an attractive place to work. Current recruitment practices need to be rationalized to remove duplication and achieve consistency, and be coordinated with the Authorities to improve efficiency.

▶ *“First, frontline workers from outside the community should receive cross-cultural training before taking up their duties. This could ease the process of adjustment that workers and local residents experience as they become acquainted with one another. It could help workers gain the trust and confidence of local residents. It could give workers a better understanding of the traditions and practices that are important to the community. It may also lead these workers to serve longer in their positions within the same community. This could result in a more personal and positive relationship with local residents”*

*“As part of a retention program, many communities discussed the need to make their health and social services professionals feel welcome. They commented particularly on worker safety and suggested that community orientation is an important part of welcoming new staff.”*  
*Our Communities, Our Decisions: Let's get on with it!, Final report of the Minister's Forum on Health and Social Services, 2000, p.7*

The enhanced recruitment strategy will address the requirements of the overall health and social services system and improve the coordination between the Department and the Health and Social Services Authority recruitment activities.

The overall objective for this activity is to develop a re-profiled, comprehensive and coordinated recruitment strategy for all health and social services caregivers.



- ▶ *“Community members are concerned that short staffing, high turnover and language and cultural barriers are causing difficulties in detecting illnesses among aboriginal patients.”*  
*Our Communities, Our Decisions: Let's get on with it!, Final report of the Minister's Forum on Health and Social Services, 2000, p.20*

# 7 Improved System-Wide Management

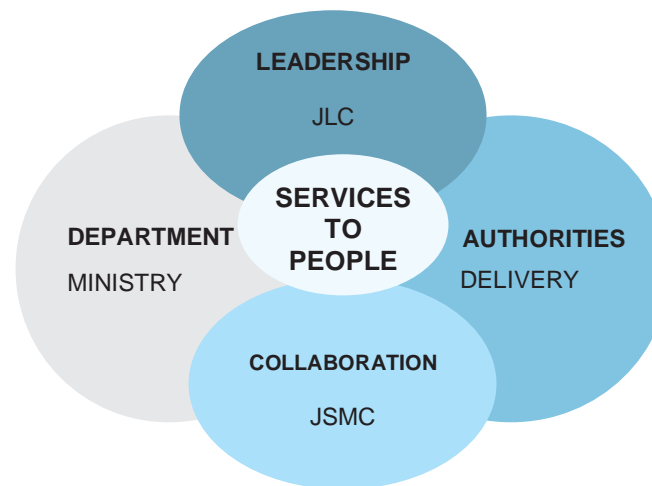
There is widespread agreement that accountability within the health and social services system needs to be strengthened. Responsibilities need to be clearly assigned, and roles need to be clarified. Everyone in the system, from Health and Social Services Authority Trustees to frontline staff, need to know what their responsibilities are, and to whom they are accountable. This is echoed by staff in the system and all those who have reported on the system in the past eight years.

It is obvious that some responsibilities, as they are currently assigned between the Department of Health and Social Services and the Health and Social Services Authorities, create conditions under which there is duplication of activity and overlap in responsibility.

There are also critical gaps in the assignment of specific responsibilities. Under the current distribution of functions among the Department and the Authorities, it is not clear who has responsibility for such functions as clinical supervision, program evaluation, and performance

measurement. That is not to say that these functions are missing - it is just that they are not always conducted in a planned and consistent manner. Further, capacity issues, especially for smaller Authorities, have created times when key administrative responsibilities, such as financial accounting and pay and benefits, could not be adequately met.

## Managing The System



► *"The NWT health and social services system can be characterized as a 'system-in-transition' with loosely associated fragmented parts that exhibit limited cooperation. This system operates in an environment of tremendous cultural and political pressures. These pressures, if not accounted for, may contribute to preventing a comprehensive and integrated system from forming. The present strategy of co-location will not in itself guarantee integration. There is a need to fundamentally rethink and redesign the current system in order to create a fully integrated health and social services system."*  
 Med-Emerg Report, 1997, p.191

## 7.1 The Health and Social Services System

A reality of the NWT health and social services system is the existence of Authorities. Reports in the past have recommended single boards, or fewer boards to allow for efficient system-wide leadership, direction setting and operational coordination. Whatever the number of Authorities may be, the need for system-wide coordination, leadership and direction setting remain.

The two actions that follow establish the Joint Leadership Council as the forum for system wide leadership and direction setting. This council is supported by the Joint Senior Management Committee to develop system-wide coordination of operational activities.

❖ **Action 7.1.1** Establish the Joint Leadership Council (JLC) as the stewards of the health and social services system.

❖ **Action 7.1.2** Establish the Joint Senior Management Committee (JSMC) as a forum for the collaboration and direction setting for system-wide operations.

The above actions set the framework for the health and social services system leadership and direction setting within legislation and overall government accountability. The JLC (Minister, Authority Chairs and Deputy Minister) assumes the leadership and direction setting role for system-wide issues. The Joint Senior Management Committee (Departmental and Authority senior managers) provides support to the JLC and is the forum for leadership and direction for system-wide operational concerns.

The JSMC will draw on the expertise inside and outside the health and social services system to provide advice and support to the JLC.

❖ **Action 7.1.3** Clarify roles and responsibilities among all persons and functions in the health and social services system and reflect these in a revised Memorandum of Understanding between the Department and the Authorities.

A consistent theme of those critiquing the health and social services system is the need to clarify roles, responsibilities and accountabilities and entrench them in agreements with the Authorities or Non-Government Organizations (NGO). This action item responds to this concern.

▶ *“The role of regional boards should be reviewed during this reorganization process. These organizations are closer to the people and can better reflect the health and social service needs of the community. However, they require more certain plans and a better definition of their function.”*

*Talking & Working Together, Final Report of the Special committee on Health and Social Services, 1993, p.24*

❖ **Action 7.1.4** Realign the organizational structure and business operations of the Authorities and the Department in order to increase clarity of roles and responsibilities.

An organizational structure that clearly delineates roles and responsibilities is a necessary feature of a well-organized system. As the health and social services system moves to a coordinated system, clear lines of responsibility are necessary to achieve efficient interaction between the Authorities and the Department. Secondly, the departmental organization must reflect the broad business lines of the Department. The Department performs Ministry functions (funding, reporting, policy and legislation) and other activities which support the delivery role of Authorities. These separate and distinct functions need to be clearly delineated in the organization design.

The Memorandum of Agreement defining the relationship between the Department and the Authorities will reflect this organization structure.

❖ **Action 7.1.5** The organizational structures that deliver Health and Social Services programs and services will be referred to as Authorities.

Currently the name Board creates considerable confusion. Board staff are not board trustees. An Authority consists of a board of trustees, and staff. The change in name from Board to Authority also reflects the change in role, and is consistent with other community forums. This change reflects the role of the Authority as an operating authority with administrative and delivery responsibilities.

❖ **Action 7.1.6** Realign Authority boundaries.

There is a need to review and realign Authority boundaries to ensure efficient service delivery and respond to self-government initiatives.

The current Inuvik Health and Social Services Authority boundary will be adjusted to provide for the Beaufort Delta land claim; this will result in the creation of separate Beaufort Delta and Sahtu Authorities. The department will work with affected parties to ensure service delivery is maintained.

Given the complexity and the breadth of the health and social services system each Authority must have sufficient size and population to support a fully functioning Authority. The Deninu Kue and Lutsel K'e Authorities lack the population base to continue to

▶ *“Considerable attention has been paid to the need for improved planning by the Department and by the Boards, this critical function still lacks the coordination.”*  
*It's Time To Act, A Report on the Health and Social Services System of the NWT, 2001, p.58.*

be viable independent Authorities. These Authorities will be dissolved. The department will continue to work with the Akaitcho leaders to explore options and develop appropriate solutions.

❖ **Action 7.1.7** Establish forums for joint planning of interdepartmental initiatives.

Integration across the system is the desired future of the health and social services system. To facilitate this integration there is a need to begin joint planning at all levels of government and the health and social services system to identify and actively pursue opportunities for integration.

Authorities currently work with communities to define needs and build the community's capacity to deal with its wellness issues. It is expected that planning exercises such as the development of the Social Agenda and other similar initiatives carried out with communities will provide clarity to direction setting and resource integration activities. In addition, broad government initiatives such as the development of the Social Agenda also emphasize the importance of collaborative action.

❖ **Action 7.1.8** All strategies and framework documents will demonstrate linkages and directly support the Department's Strategic Plan.

The Department has a number of strategies underway and under development. This action will ensure that all strategies and initiatives clearly demonstrate a common focus and direction. Each of these plans must be integrated and support the existing Strategic Plan.

Currently the following initiatives are active and will be completed;

- Continuing Care Framework
- Disabilities Framework
- Addictions, Mental Health and Family Violence Strategy
- Review of Seniors' Programs and Services.

## 7.2 System-wide Planning and Funding

Fiscal sustainability is one of the key issues for the health and social services system. Increasing costs and high public expectations make it essential that the planning and management of available monies is carried out in a careful and coordinated manner.

▶ *"The level of cooperation and information sharing between all government departments involved in the delivery of health and social services must improve..."*  
*Talking & Working Together, Final Report of the Special committee on Health and Social Services, 1993, p.49*

Improving funding allocation and financial accountability requires a renewed approach to planning, funding and reporting.

❖ **Action 7.2.1** Implement a system-wide planning and reporting model.

The current practice of developing business plans and strategic plans is not well integrated throughout the system. The Authority business planning cycle concludes after the Department has submitted its plan to government. This results in a full year delay for any local issue to be addressed through the business planning process. Adjustment of the departmental business plan based on results reported by the Authorities consequently is also delayed a year.

The business planning and accountability process is critical to ensuring the delivery of health and social services to the people of the NWT is appropriate, effective and sustainable. This system-wide model will ensure Authority business plans are linked or integrated with one another, and Authority business plans will become one with the Departmental plan.

A revised approach will integrate the efforts of the Department and Authorities. It will identify timing, roles and responsibilities for strategic business, operational and capital planning and for annual budgeting and reporting on expenditures.

❖ **Action 7.2.2** Design and implement a revised funding model.

Authority funding has evolved into a mixture of block funding and specific program funding, largely based upon historic funding levels. Authorities have had significant flexibility to budget as they see fit. However, this has led to a gap between what funding is provided and how it is actually spent. As we move forward, it is essential that funding for services is linked to the service delivery model and directly reflects the core services that the Health and Social Services Authorities are required to provide.

This model will be developed in partnership with the Authorities and be presented via the business planning process for debate and approval.

▶ *“Previous studies of the Department have suggested that the Health and Social Services Boards should be given more decision-making authority and responsibility. The Department should become a ‘Ministry’ and facilitate the work of the Boards.”*  
*Med-Emerg Report, 1997, p.210*

❖ **Action 7.2.3** Implement a standard financial accounting system.

Health and Social Services Authority financial systems have changed over the years. To manage a budget as large as health and social services when the majority of expenditures are not tracked and reported in a common fashion is an impossible task. As this plan moves the system to a prescriptive funding model, tracking of expenditures and early detection of financial issues is crucial. A standard accounting package will allow for system-wide administrative support. In addition, rigorous management of financial information will result in increased quality of financial information. This will allow the Department and the Authorities to consistently monitor and evaluate financial activities in the system.

A standardized accounting application ensures system-wide internal consistency, comparability, public reporting and enhanced auditing.

❖ **Action 7.2.4** Implement a system-wide approach to fiscal accountability.

History has demonstrated that it is important to detect financial issues, but it is more important to have the ability and will to act on those issues. The department has had few options available to resolve fiscal issues other than removing the authority from the CEO and board trustees and

appointing a Public Trustee. This has never been seen as a viable option except in the most extreme cases.

The current ability of removing the CEO and imposing a Public Administrator notwithstanding, there remains a need to develop a system-wide approach to fiscal accountability. The consequences of overspending in one Authority impact others. The ability to take a system-wide approach to deficit reduction, forced growth and spending on service enhancements will improve the sustainability of the system.

The Department and JSMC will be tasked to develop a system-wide accountability framework that provides remedies and resolution to fiscal issues.

❖ **Action 7.2.5** Implement an information management plan.

The need for consistent and accurate information is crucial to planning and responding to the needs of the population as well as reporting to the public. Currently the ability to generate accurate and meaningful information is hampered by the systems that are in place that do not link to one another.

Coordinating the over 30 databases will allow for improved data reliability and good information to assist decision making.



### 7.3 Legislation

The legislative framework for health and social services provides the foundation for the service delivery system. A well-designed legislative framework will support the conditions that promote high quality services and will support efficient and effective delivery.

Legislation provides the basis for defining the programs and services for which everyone is eligible. Also it provides the basis for establishing the levels and standards of care.

❖ **Action 7.3.1** Revise the legislative framework for health and social services to reflect and support contemporary practices and meet existing and emerging legislative needs.

Over the past decade the Department has been able to update most of the key pieces of legislation governing social services. However, much of the health legislation is out of date and does not reflect the huge changes in the health field that have occurred in the past 10 years.

To address these issues, a legislative action plan will see some legislation amended, some new legislation drafted and introduced, and public consultation and the preparation of discussion papers on emerging legislative needs around public health and health information.





## 8 Improved Support to Trustees

Trustees, while ultimately responsible to the Minister, are delegated responsibilities for, and play a principle role in, the leadership of health and social service delivery. To provide this leadership ability they must be fully aware of their responsibilities, roles and accountabilities.

As part of this Action Plan, routine and regular orientation and training will be established for all those appointed as trustees for the NWT health and social services system.

❖ **Action 8.1** Implement a NWT model of Health and Social Services Authority leadership that reflects NWT priorities, roles and accountabilities.

Currently, each Authority has taken it upon themselves to develop a model of Authority leadership. It is crucial as this plan moves health and social services into a system-wide approach that all trustees have a common understanding of their role and purpose as a trustee. It is also crucial that each Authority trustee understands and accepts their accountability to the region, the system and ultimately the Minister.

A model of leadership will provide clarity to the roles and responsibilities of Authority trustees. Given the complexity of the health and social services system and the need for collaborative action within and across Authorities, trustees must be supported to develop a common understanding of their role in the system. This model will need to be developed by all partners in the health and social services system.

❖ **Action 8.2** Implement a standardized process to call for nominees, evaluate nominations, and appoint new trustees.

The manner in which trustees have been selected in the past has led to some misunderstanding of roles and accountabilities. When trustees are selected to represent particular organizations, or are elected by community members, they may perceive that their principle role is to represent the interests of their organization or community. While serving on the Authority board, they represent all the population of the region. As a member of the JLC they must represent all people of the NWT. While they do bring a community perspective, they need to be aware of their accountability to the Minister.

▶ *"Boards require members who bring certain skills to the table, in line with the needs of the organization. These may be health or social service skills or financial, leadership, communication or other skills. Required skills should be incorporated into the selection and eligibility criteria for board membership."*  
*Our Communities, Our Decisions: Let's get on with it!, Final report of the Minister's Forum on Health and Social Services, 2000, p.12*

*"Boards members and CEOs identified training and continuing education for board members as a priority, as well. The training is related to the responsibilities of being a board member, and development of communication skills to bring community priorities to the boards."*  
*Our Communities, Our Decisions: Let's get on with it!, Final report of the Minister's Forum on Health and Social Services, 2000, p.18*

The goal of the process is to have communities nominate the best candidate based on approved criteria. This best candidate will then be recommended for appointment.

❖ **Action 8.3** Implement an orientation training program that will be provided to all new trustees.

❖ **Action 8.4** Implement a training program for all trustees as requested and on a regular schedule.

In order to meet their responsibilities, trustees must be properly oriented and trained to the complexities of the NWT health and social services system and to their duties within the system. In the past, the extent and caliber of trustee orientation and training has varied from Authority to Authority: some trustees have been very well oriented and trained; others have received little or no training. Training has also varied based on the model of training being used. Some trustees received training that specified their role as one of policy only. Others have been given training that expanded that role to include financial direction setting.

Ministerial and departmental directives have been used to develop a common understanding of the role with limited success.

Regularly scheduled training and orientation based on the NWT model of leadership will provide greater consistency.

▶ *“Regardless of the size of a board, two essential functions are necessary: education and evaluation. Although the Boards are not involved in management, they require a solid understanding of the needs of their communities and the implications of various treatment and preventive approaches. This responsibility requires continuous education. To be effective, the Boards should also monitor their performance on a regular basis. Each Board should develop a performance management system that effectively evaluates the operation of the Board. This system should apply to the overall Board and to individual members.”*

*Med-Emerg Report, 1997, p.198*



## 9 Accountability

In its broadest sense, accountability refers to the right of citizens to know what government and its agencies intend to achieve on their behalf, and to receive information on how well government has met these intentions. The concept of accountability is directly linked to public funds - citizens have a right to know what results governments are achieving through the expenditure of public monies.

The need for clear accountability exists at every level within the health and social services system. The Minister is responsible to the Legislative Assembly and the residents of the NWT for the operation of the entire system - including accounting for how the money was spent, and what results were achieved. The Minister's overall accountability for the system is clearly defined in legislation, and in the Department of Health and Social Services Establishment Policy.

Work is needed to ensure that the accountability relationships are well defined throughout our system.

❖ **Action 9.1** Design and implement an accountability framework that details the expectation for monitoring and reporting at all levels across the system.

The existing Memorandums of Understanding between Health and Social Services Authorities and the Department currently include reporting requirements, as do contribution agreements for third party delivery of programs and services. However, in many cases these reporting requirements focus on financial reporting and fail to address the need to report on results and outcomes. There is also a need to link accountability to consequences - for example, what will happen if an Authority does not meet its obligations under the MOU, or if a non-government organization fails to deliver an adequate level of service under a contribution agreement? And finally, there is a need to recognize that accountability is a two-way street. The Department has obligations to the Authorities, and the Authorities in turn have obligations to their community agency partners.

▶ *"The system, including the reporting relationships, has to be restructured, so that roles and responsibilities are clearly defined, and lines of communication are open and accessible."*  
*Our Communities, Our Decisions: Let's get on with it!, Final report of the Minister's Forum on Health and Social Services, 2000, p.12*

Implementing an accountability framework that details monitoring and reporting requirements at all levels across the system and reporting on them will assure value for money spent.

❖ **Action 9.2** Introduce a system-wide performance measurement and reporting system.

We need to do a better job of reporting to the public and to our partners on how well the system is performing. An effective accountability framework will clearly establish expectations for reporting at every level throughout the system, and will ensure that residents of the NWT know what the system is achieving, and where we need to make improvements.

❖ **Action 9.3** Develop and implement capacity for program evaluation throughout our system, with emphasis on collaborative practice.

Accountability and reporting on results cannot be achieved without the capacity to evaluate programs and practice at all levels. In the design phase, we need to determine program evaluation requirements and report on the success of the evaluations to our partners and the public. Open evaluation and reporting ensures a responsive health and social services system that evolves with changing needs and knowledge.

The results of the program evaluations must be reflected in future program development and system change.

❖ **Action 9.4** Report on the implementation of the Action Plan.

The Department is committed to reporting on implementation of the Action Plan via the business planning process. There is also a need and commitment to continuously report on the success of our programs in achieving better health for the people of the NWT. This will be achieved through the annual public reporting process.



# 10 Conclusion

The actions outlined in this plan provide a comprehensive framework of activities which, taken together, will result in significant improvements to the health and social services system. Coordinating services system-wide will allow us to maintain and sustain the high quality services northerners have come to expect. The clearer definition of leadership and operational roles within the system will be supported by greater emphasis on training, orientation and accountability and will result in reduced duplication, reduction of gaps in services and an enhanced focus on service. Through the proposed changes, people will be better supported to care for themselves, their families and make positive lifestyle choices.

The health and well-being of northerners is critical to our future. We know that to meet the challenges of the future we must have a strong foundation upon which to build. The elements of this Action Plan, once implemented, will provide that strong foundation and will help us achieve the goal of a healthy system supporting healthy people.



## Appendix A

### DETAILED TASK INFORMATION

The following table outlines the actions, the purpose of the action, anticipated outcome, and planned completion date and system partner that will lead the implementation. A detailed implementation plan will be developed no later than April 15, 2002 for each action. For those actions with an earlier completion date, a plan will be developed as soon as possible.

#### Improved Services to People

Action	Issue	Deliverables	Time Line	Accountability
<b>Action 5.1.1</b> Publish a core services document and distribute it to all households in the NWT.	<ul style="list-style-type: none"> <li>The public needs to be aware of the services offered by the health and social services system.</li> </ul>	<ul style="list-style-type: none"> <li>A published core services document.</li> </ul>	09 / 02	Joint Leadership Council (JLC)
<b>Action 5.1.2</b> All households in the NWT will receive a self-care handbook.	<ul style="list-style-type: none"> <li>People need the tools to maintain their health.</li> </ul>	<ul style="list-style-type: none"> <li>A self-care handbook published and distributed to all households in the NWT.</li> </ul>	11 / 02	Department of Health and Social Services (Department)
<b>Action 5.1.3</b> Establish a 1-800 family health and social supports call centre.	<ul style="list-style-type: none"> <li>Increase ability for self-care.</li> <li>Provide support to workers.</li> <li>Decrease non-urgent after hour call outs.</li> </ul>	<ul style="list-style-type: none"> <li>Call Centre Operational.</li> </ul>	12 /02	Joint Senior Management Committee (JSMC)
<b>Action 5.1.4</b> Evaluate our consumer's satisfaction with the health and social services system.	<ul style="list-style-type: none"> <li>Individuals and communities need input and ownership of the system.</li> <li>Program evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>Annual consumer satisfaction report completed and reported to the public.</li> </ul>	06 /03	Department
<b>Action 5.2.1</b> Formalize an integrated Health and Social Services Delivery Model for the NWT.	<ul style="list-style-type: none"> <li>Primary, secondary and tertiary services and how people access them need to be integrated .</li> <li>Referral patterns are inconsistent and specialty services are scattered .</li> <li>Where services are located need to be well linked.</li> </ul>	<ul style="list-style-type: none"> <li>Service Delivery Model that details:               <ul style="list-style-type: none"> <li>Primary secondary and tertiary services,</li> <li>Referral patterns,</li> <li>Speciality services,</li> <li>Access to services,</li> <li>Location of services,</li> <li>Services providers,</li> <li>Staffing mode,</li> <li>Clarify role of NGO's in the system.</li> </ul> </li> </ul>	09 /02	Department



Action	Issue	Deliverables	Time Line	Accountability
<p><b>Action 5.2.2</b> Establish integration demonstration projects based on the Primary Health Care model.</p>	<ul style="list-style-type: none"> <li>As a foundation of the NWT health and social services system, the primary care must be coordinated and quality services provided that meet the needs of people at the community level.</li> </ul>	<ul style="list-style-type: none"> <li>At least three operational projects.</li> <li>Lessons learned from the projects incorporated into the service delivery and program integration models.</li> </ul>	10 /02	JSMC
<p><b>Action 5.2.3</b> Implement coordinated discharge planning throughout the system.</p>	<ul style="list-style-type: none"> <li>People's return to the community from treatment or acute care facilities must be coordinated.</li> </ul>	<ul style="list-style-type: none"> <li>Coordinated discharge planning protocol implemented throughout the system.</li> </ul>	09 /02	JSMC
<p><b>Action 5.2.4</b> Establish Collaborative Service Networks.</p>	<ul style="list-style-type: none"> <li>Innovation and best practices support is an important element in developing a system that supports innovation and change. These networks of pooled expertise will be a valuable asset to supporting field operations.</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative Service Networks that support delivery and innovation in identified service delivery areas.</li> </ul>	09 /02	Department
<p><b>Action 5.2.5</b> Work with affected communities and industry to define and respond to the health and social impacts of development.</p>	<ul style="list-style-type: none"> <li>Existing social problems can act as deterrents to northerners seeking to take advantage of employment opportunities.</li> <li>Rapid development can aggravate existing problems in small communities.</li> </ul>	<ul style="list-style-type: none"> <li>A five-year plan that supports and addresses health and social issues. This plan will identify potential project activities that will help alleviate targeted social issues.</li> </ul>	06 /02	Department

### Improved Services to Staff

Action	Issue	Deliverables	Time Line	Accountability
<p><b>Action 6.1.1</b> Establish a comprehensive Human Resource Plan.</p>	<ul style="list-style-type: none"> <li>Human resources are essential to delivery of services.</li> </ul>	<ul style="list-style-type: none"> <li>A comprehensive Human Resource Plan resulting from a review of the current human resources practices.</li> </ul>	06/03	JSMC
<p><b>Action 6.1.2</b> Implement a competency-based model for recruiting, training, and supporting staff.</p>	<ul style="list-style-type: none"> <li>A competency-based model will help to ensure staff have the skills, knowledge and aptitude to deliver effective programs.</li> </ul>	<ul style="list-style-type: none"> <li>A competency based model to support the recruitment, development and evaluation of front-line staff will ensure a consistent level of service delivery across the north.</li> </ul>	01 /04	JSMC
<p><b>Action 6.1.3</b> All new staff will receive a standardized orientation to the NWT Health and Social Service System and cross-cultural training that reflects the character of the NWT and the region in which they are employed.</p>	<ul style="list-style-type: none"> <li>Orientation to the NWT system of care and to the community culture is seen as a critical element in the retention of staff.</li> </ul>	<ul style="list-style-type: none"> <li>All new staff will receive an orientation to their work and community.</li> </ul>	09 /02	JSMC
<p><b>Action 6.1.4</b> Establish coordinated Professional Development activities for all system staff.</p>	<ul style="list-style-type: none"> <li>The opportunity for ongoing professional development has been identified as one of the most critical factors in retaining professional staff.</li> </ul>	<ul style="list-style-type: none"> <li>An Integrated Employee Development Program that                             <ul style="list-style-type: none"> <li>Consolidates funding,</li> <li>Catalogues programs,</li> <li>Includes a human resource development plan for all employees.</li> </ul> </li> </ul>	06 /02	JSMC

Action	Issue	Deliverables	Time Line	Accountability
<p><b>Action 6.1.5</b> Implement succession planning to ensure that all staff have access to career advancement opportunities in coordination with other Departments.</p>	<ul style="list-style-type: none"> <li>• A critical issue in the recruiting and retention of staff is the enhancement of career development opportunities and providing clear advancement pathways.</li> </ul>	<ul style="list-style-type: none"> <li>• Succession planning model developed and implemented.</li> </ul>	03 /03	JSMC
<p><b>Action 6.1.6</b> Expand mentorship programs to include all health and social services system staff.</p>	<ul style="list-style-type: none"> <li>• Effective mentorship programs help to ensure new staff have the skills and abilities necessary to perform their job functions.</li> </ul>	<ul style="list-style-type: none"> <li>• A mentorship program that includes all health and social services system employees.</li> </ul>	03 /03	Department
<p><b>Action 6.1.7</b> Implement a relief pool of professional health and social services employees.</p>	<ul style="list-style-type: none"> <li>• Vacancies in the system prevent system stability, program delivery and good service to the public.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff relief pool for selected occupational categories.</li> </ul>	09 /02	Department
<p><b>Action 6.1.8</b> A common human resource tracking and information system will be implemented.</p>	<ul style="list-style-type: none"> <li>• Lack of common system prevents good HR planning and tracking.</li> </ul>	<ul style="list-style-type: none"> <li>• GNWT - HRIS operational in all regions.</li> </ul>	04 /03	Department
<p><b>Action 6.2.1</b> Unify all staff under a single employer.</p>	<ul style="list-style-type: none"> <li>• A single employer (GNWT) will allow for easier movement of staff between Authorities to meet changing needs.</li> <li>• Ensure equity of pay and benefits throughout the health and social services system.</li> <li>• Allow for better-coordinated and consistent support to staff.</li> </ul>	<ul style="list-style-type: none"> <li>• All Hay River, Lutsel K'e, and Fort Resolution staff will be GNWT employees.</li> </ul>	03 /03	Department

Action	Issue	Deliverables	Time Line	Accountability
<b>Action 6.2.2</b> Implement a single credentialling process for physicians.	<ul style="list-style-type: none"> <li>The current system is cumbersome and requires coordination across the regions.</li> </ul>	<ul style="list-style-type: none"> <li>A single credentialling process in place and operational for physicians.</li> </ul>	07 /02	JSMC
<b>Action 6.2.3</b> Establish an expedited transfer process within the health and social services system.	<ul style="list-style-type: none"> <li>There is a need to develop a speedy process for the movement of staff within the system.</li> </ul>	<ul style="list-style-type: none"> <li>System-wide coordination and articulation of current GNWT guidelines and policy that allows for an expedited transfer process.</li> </ul>	03 /02	JSMC
<b>Action 6.2.4</b> Ensure a safe workplace.	<ul style="list-style-type: none"> <li>One of the most important factors in attracting and retaining staff is the ability to ensure a safe and productive workplace.</li> </ul>	<ul style="list-style-type: none"> <li>Agreement in place with communities to ensure workplace safety for all workers.</li> </ul>	06 /02	JSMC
<b>Action 6.2.5</b> Increase community acceptance and support of workers.	<ul style="list-style-type: none"> <li>Community acceptance and recognition is consistently identified by front-line workers as one of the most important factors in determining whether, and how long they will stay in a community.</li> </ul>	<ul style="list-style-type: none"> <li>Agreements in place with communities to assist the integration of new employees into the community.</li> </ul>	09 /02	JSMC
<b>Action 6.2.6</b> Review and enhance the marketing strategy to include recruitment of all health and social services staff.	<ul style="list-style-type: none"> <li>There is an ongoing and critical need to recruit staff at all levels of the health and social services system. A marketing strategy targeted primarily at recruiting nurses and physicians was developed in 2000.</li> </ul>	<ul style="list-style-type: none"> <li>Implement a revised and expanded marketing strategy that will include all health and social services staff.</li> </ul>	10 /02	JSMC

**Improved System-Wide Management**

Action	Issue	Deliverables	Time Line	Accountability
<b>Action 7.1.1</b> Establish the Joint Leadership Council (JLC) as the stewards of the health and social services system.	<ul style="list-style-type: none"> <li>The complex nature of the health and social services system requires effective coordination and collaboration between the Department, Authorities and other delivery agents. A Joint Leadership Council will provide a forum for shared leadership and decision making.</li> </ul>	<ul style="list-style-type: none"> <li>Terms of Reference ratified by the JLC.</li> </ul>	02 /02	JLC
<b>Action 7.1.2</b> Establish the Joint Senior Management Committee (JSMC) as a forum for the collaboration and direction setting for system-wide operations.	<ul style="list-style-type: none"> <li>The JSMC comprised of the Authority CEOs and Department Executive - currently functions as a coordinating body. With the creation of the JLC the JSMC will play a stronger role in providing leadership and direction to the operations of the health and social services system.</li> </ul>	<ul style="list-style-type: none"> <li>Terms of Reference ratified by the JLC.</li> </ul>	03 /02	JLC
<b>Action 7.1.3</b> Clarify roles and responsibilities in the health and social services system and reflect these in revised Agreements between the Department and the Authorities.	<ul style="list-style-type: none"> <li>The health and social services system is complex resulting in the need to clarify roles and responsibilities, and to reflect these clearly in the Memoranda of Agreements with Authorities.</li> </ul>	<ul style="list-style-type: none"> <li>Clarify roles and responsibilities, and reflect these clearly in the Memoranda of Understanding with Authorities.</li> </ul>	02 /03	Department
<b>Action 7.1.4</b> Realign the organizational structure and business operations of the Authorities and the Department in order to increase clarity of roles and responsibilities.	<ul style="list-style-type: none"> <li>For effective system operations it is essential that responsibilities are clearly defined and priority placed on service delivery.</li> </ul>	<ul style="list-style-type: none"> <li>A system-wide detailed organizational structure that reflects roles and responsibilities.</li> <li>Completion of reorganization.</li> </ul>	03 /02  09 /03	Department

Action	Issue	Deliverables	Time Line	Accountability
<p><b>Action 7.1.5</b> The organizational structures that deliver health and social services programs and services will be referred to as Authorities.</p>	<ul style="list-style-type: none"> <li>Current terminology does not reflect the role of the health and social services authority.</li> </ul>	<ul style="list-style-type: none"> <li>Change the name of the Boards to Authority to reflect the current organization structure, role and responsibility.</li> </ul>	02 /02	Department
<p><b>Action 7.1.6</b> Realign Authority boundaries.</p>	<ul style="list-style-type: none"> <li>Self government negotiations will result in the need to divide the current Inuvik region health and social services into two new Authorities for the Sahtu and Beaufort Delta governments</li> <li>Given the complexity and breadth of the Health and Social Services programs Deninu Kue and Lutsel K'e have a limited capacity to achieve sustainability.</li> </ul>	<ul style="list-style-type: none"> <li>Establish Sahtu Authority</li> <li>Dissolve Deninu Kue and Lutsel K'e</li> <li>Establish alternate arrangement for the participation of Deninu Kue and Lutsel K'e communities in directing health and social services in their communities.</li> </ul>	04 /03	Department
<p><b>Action 7.1.7</b> Establish forums for joint planning of interdepartmental initiatives.</p>	<ul style="list-style-type: none"> <li>Integration at all levels is the desired future of the health and social services system. However, since the determinants of social wellbeing are very broad and beyond the scope of any single department, horizontal integration of many programs and services across departmental lines is required.</li> </ul>	<ul style="list-style-type: none"> <li>Report on Lessons Learned with the intent of improving collaboration across departments.</li> </ul>	03 /03	JSMC

Action	Issue	Deliverables	Time Line	Accountability
<p><b>Action 7.1.8</b> All strategies and framework documents will demonstrate linkages and directly support the strategic plan.</p>	<ul style="list-style-type: none"> <li>Currently not all direction setting documents link to the strategic plan.</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate linkage and finalize all outstanding strategy documents.</li> </ul>	02 /02 ongoing	Department
<p><b>Action 7.2.1</b> Implement a system-wide planning and reporting model.</p>	<ul style="list-style-type: none"> <li>Under the current business planning process, Authority business plans are not coordinated with one another, nor do Authority business plans and the Department plan link.</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive strategic, business, operational and capital planning model.</li> </ul>	05 /02	JSMC
<p><b>Action 7.2.2</b> Design and implement a revised funding model.</p>	<ul style="list-style-type: none"> <li>Authority funding has evolved into a mixture of block funding and specific program funding, largely based upon historic funding levels adjusted for expenditure growth.</li> </ul>	<ul style="list-style-type: none"> <li>A defined funding allocation model for all Authorities.</li> <li>Implement funding allocation model.</li> </ul>	04 /03 04 /04	JSMC
<p><b>Action 7.2.3</b> Implement a standard financial accounting system.</p>	<ul style="list-style-type: none"> <li>Accounting packages used have differed in all Authorities, which has created difficulties in providing administrative support.</li> <li>Rigorous management of financial information in terms of standard account content needs to occur.</li> </ul>	<ul style="list-style-type: none"> <li>A standard financial system implemented across all Health and Social Services Authorities.</li> </ul>	04 /03	JSMC





**Improved Support to Trustees**

Action	Issue	Deliverables	Time Line	Accountability
<b>Action 8.1</b> Implement a NWT model of health and social services Authority leadership that reflects NWT priorities, roles and accountabilities.	<ul style="list-style-type: none"> <li>• A model of board leadership specific to the NWT Health and Social Services Authorities is required.</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership model implemented and published.</li> </ul>	09 /02	JLC
<b>Action 8.2</b> Implement a standardized process to call for nominees, evaluate nominations and appoint trustees.	<ul style="list-style-type: none"> <li>• The nomination process lacks clarity and consistency regarding, standards and eligibility for Authority trustees.</li> </ul>	<ul style="list-style-type: none"> <li>• All new trustees appointed following guideline.</li> </ul>	06 /02	Department
<b>Action 8.3</b> Implement an orientation-training program that will be provided to all new trustees.	<ul style="list-style-type: none"> <li>• Orientation of new trustees has been inconsistent.</li> </ul>	<ul style="list-style-type: none"> <li>• Orientation manual and materials published .</li> <li>• Training schedule approved.</li> </ul>	06 /02	Department
<b>Action 8.4</b> Implement a training program for all trustees as requested and on a regular schedule.	<ul style="list-style-type: none"> <li>• Ongoing training on roles, responsibilities and duties of Authority trustees is needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Training Manual published.</li> <li>• Training delivered.</li> </ul>	06 /02	Department

### Improved System-Wide Accountability

Action	Issue	Deliverables	Time Line	Accountability
<p><b>Action 9.1</b> Design and implement an accountability framework that details the expectation for monitoring and reporting at all levels across the system.</p>	<ul style="list-style-type: none"> <li>The accountability framework is out of date and incomplete. It must reflect contemporary business practices. There also must be a consistent accountability framework for third parties in place.</li> </ul>	<ul style="list-style-type: none"> <li>A detailed accountability framework for all program components of the system focussing on outcomes.</li> </ul>	09 /02	Department
<p><b>Action 9.2</b> Introduce a system-wide performance measurement and reporting system.</p>	<ul style="list-style-type: none"> <li>There is a need for regular, comprehensive reporting on the performance of the health and social service system.</li> </ul>	<p>A comprehensive plan for monitoring and reporting on system performance that focuses on program performance and includes:</p> <ul style="list-style-type: none"> <li>Publication of annual reports on health status of NWT residents,</li> <li>Annual reporting on measure of broad health and wellbeing.</li> </ul>	06 /02	JSMC
<p><b>Action 9.3</b> Develop and implement the capacity for program evaluation throughout our system with emphasis on collaborative practice.</p>	<ul style="list-style-type: none"> <li>System requires a consistent and concise program evaluation.</li> <li>Programs have not been consistently designed with evaluation in mind, thus making it difficult to gather data necessary for effective evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring and evaluation frameworks in place for all new initiatives and programs.</li> </ul>	04 /03	JSMC
<p><b>Action 9.4</b> Reporting on the implementation of the Action Plan.</p>	<ul style="list-style-type: none"> <li>Reporting the results of Action Plan activity is important.</li> </ul>	<ul style="list-style-type: none"> <li>Published status reports.</li> </ul>	Service available beginning July 1, 2002	JLC



## Annotated Bibliography

**Cuff, George B. and Associates Ltd. *"It's Time to Act": A Report on the Health and Social Services System of the Northwest Territories.* Edmonton, Alberta: (June 2001),**

This review of the health and social services system addressed four objectives:

1. To optimize the effectiveness and efficiency of the NWT health and social services system today and for the future (sustainability).
2. To establish an appropriate accountability framework that clearly defines roles, responsibilities and authorities.
3. To recommend a governance structure that supports the accountability framework while respecting strategic directions of NWT governments (self-government negotiations, Regionalization, etc.).
4. To recommend an appropriate financing framework for the health and social services system.

Although the writers did not believe that the personal health of the Northwest Territory residents were in any immediate danger of deterioration, they did warn of the lack of sustainability in the present health and social services system. The recommendations for system redesign and reorganization was felt by some readers to fail to adequately consider northern political realities (e.g. self-government arrangements).

**Minister's Forum on Health and Social Services. *Our Communities, Our Decisions: Let's get on with it!* Yellowknife, Northwest Territories: (January 2000), 40.**

This report intended to provide focus to the numerous recommendations that were made in previous reports dated from 1994-1998. The Forum consulted with users of the health and social services system as well as managers and providers of the system to report the perspective of the people in four specific areas - Governance, Finance, Human Resources, and Program & Service Delivery. The Forum had no mandate to look at health and social services in the context of self-government, but did recognize from community meetings that this issue will influence priorities in all regions within the NWT.

**GNWT. Department of Health and Social Services. *Shaping Our Future: A Strategic Plan for Health and Wellness.* Yellowknife, Northwest Territories (June 1998), 32.**

This strategic plan provides a framework for planning for the transition and the future of the new governments of Nunavut and the Western Territory. Extensive consultation was undertaken in the respective regions in order to reflect the interests and concerns of the public, boards and various professional/non-professional organizations.

The Department's approach emphasizes finding solutions to the root causes of health and social problems by examining their programs and services in a well-defined way. Priorities and directions in this plan were to guide the development of future detailed strategies and actions.

**Med-Emerg International Inc. *Northwest Territories Health and Social Services Draft Strategic Plan: A Review and Recommendations for an Integrated Health and Social Services System in the Northwest Territories, Canada.* Mississauga, Ontario: (May 1997), 230.**

The intent of this draft plan was to help set the direction for health and social programming well into the next century, taking various issues into consideration: addictions reform, care facilities reform, human resources planning, child welfare reform, identification of core services, development of a new funding formula, revisions to the Memorandum of Understanding, and the creation of Nunavut. The writers propose a strategic plan that involves the development of an integrated health and social services system for the purpose of an extensive public consultation process across the Northwest Territories. Following the public consultation process, the Department was to produce a Final Strategic plan that would outline a rational plan for the development of health and

social services across the two territories over the next five to ten years.

**Special Committee on Health and Social Services. *Talking and Working Together - A Final Report.* Yellowknife, Northwest Territories: (1993), 61.**

The Special Committee focused this review around the delivery of health and social services by taking such issues as housing, lifestyle, the economy, and the environment into consideration. The Committee also recognized the concerns of particular groups including elders; children and youth; and people with addictions. The effectiveness of health and social services delivery was based on extensive dialogue with the public and frontline workers across the Northwest Territories. The goal of the Committee was to make the system better by putting forward proposals that were affordable and realistic. The recommendations provided helped to guide the process of setting policy and procedures of the longer term; while specific actions where results could generally be measured in a period of time were to be acted on as quickly as possible.