“It’s Time To Act”

A Report on the Health and Social Services System
of the Northwest Territories

Executive Summary

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OUR TASK

Our Report was addressed to the issues and matters assigned to us in our terms of reference. We were issued four broad 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.

By way of this Executive Summary, we attempt to provide the reader with a reasonable level of understanding of our observations, findings and recommendations. The intent of our review, in some ways, is to remove the impediments to a sustainable health care delivery system. This we have attempted to do as well as to address ourselves to the equally challenging task of determining how best the services can be delivered.

Based on the comments from those who are trained and skilled in actual health and social service delivery, we not believe that the personal health of individual residents of the Northwest Territories is in any immediate danger of deterioration. However, we also do not believe that the present health and social services system, which supports the concept of “healthy bodies and healthy minds”, will be sustainable in the long term.

METHODOLOGY

This has been a very complex and lengthy review. A part of the dilemma encountered was the need to review an organization which is undergoing continual challenges which need to be responded to immediately. Thus, in some ways, we have been attempting to review and assess a moving target. To the extent possible, the Department has withheld moving forward on certain issues recognizing that they would be under consideration by our Report. We have appreciated their cooperation.

Our review process was designed so as to ensure:

- a clear understanding of the complexities of the system

- an awareness of the relevant work which has been previously done

- the opportunity for each of those who are involved in the health and social services system to actively participate and convey their views on what improvements were necessary

- our understanding of the needs of the more remote and smaller centres and the differences they are faced with in relation to the larger communities

- the changes which have been made over time and how those have impacted the system

- the potential impact of the ongoing discussions relative to land claims and self government.

Our review process included:

confidential interviews with over 300 individuals
attendance at meetings of the nine boards
meetings with a complete range of those involved in the health and social services system
review of well over 100 background documents
briefing sessions with the Members of the Legislative Assembly, Cabinet, Chairs, CEOs, Department staff
receipt of written suggestions from a number of individuals
operational audits on each of the nine boards.

Part of a Larger Picture

The issue of health care has received significant media coverage over the past few years, initially due to the rapidly rising costs of providing health care services and, subsequently, the recognition that there are serious shortages in the supply of health care professionals. While much of that focus has been on the difficulties that jurisdictions are having finding and retaining nurses and doctors, other professions have also proven to be of significant concern (e.g. physiotherapists, speech pathologists, dentists, medical officers of health, etc).

The Northwest Territories (NWT) has not been sheltered from either of these two significant impacts. Its problems have been compounded by the added challenge of recruiting people to the north where lengthier and harsh winters together with the potential of "isolation" for periods of time await those who respond to advertisements and contacts. As well, the costs of servicing a relatively small population dispersed across a very substantial geographic area have continuously risen, often beyond the expectations of those in the health and social services sectors.

Some Areas of Success & Improvement

It would be unfair to paint the picture that the Department and Boards have not been actively trying to address those areas for enhancement which have been brought to its attention. Based largely on information which we requested from the Department or have culled from its files, the steps taken, which are of fairly recent vintage, include the following. Some of these are addressed in more detail in the body of the Final Report.

- The encouragement of an ambitious post secondary training program in conjunction with Aurora College to train health care workers

- Worked alongside its counterparts in other Territories and Provinces, together with their federal counterparts, in examining options and alternatives designed to make improvements to the health and social services system

- Established an office of Recruitment and Retention in order to coordinate the efforts of the GNWT in these important areas

- Created a Locum Relief Pool which is intended to provide locum nurses on short notice to all boards; all nurses registered in the pool have successfully completed the Introduction to Nurse Practitioners program through Aurora College

- The Department has guaranteed employment for all nurses and social workers; this initiative (a component of Maximizing Northern Employment) allows the Department to increase the number of Nurse Educators

- The Department has expanded its recruitment advertisement campaign reaching many potential candidates with their new marketing campaign – 'Way Of Life"

- The “Physician Recognition” ceremony, hosted by the Department, to recognize long-term physicians was well received and gave the Department positive coverage in the Medical Post; it appears to be the first of it’s kind in Canada.

- Conducted a comprehensive review of the Information Technology and Management systems

- A plan to expand the introduction of “telehealth” as a concept to the NWT

- The Department is taking steps which it feels will move the NWT towards implementation of a primary health care (PHC) model; PHC has been described as an appropriate, affordable and sustainable method of meeting the healthcare needs of the residents

- The purchase of health clinics by the Health and Social Services Boards has enabled the medical community to focus their energies more exclusively on patient care without the significant strain of clinic management

- The review of TB control program resulted in 26 recommendations including steps which the Department should take to improve the program

- The Department has been attempting to respond to the recent review of the child welfare mandate and services, which was conducted by representatives of the Child Welfare League, by developing a three year action plan which will address the 46 recommendations

- A Joint Leadership Council and a Joint Senior Management Council were established as forums for more formal exchanges of information and messages; these have just recently been initiated by the Minister and appear to be gaining the endorsement of Chairs and Chief Executive Officers.

OUR OBSERVATIONS

Timing of this Report

We believe that the timing relative to the consideration of this Report is appropriate. There has been evidence, even during the course of our work, that the present system is flawed and under considerable stress. Front line staff, who are striving to deliver adequate service, express frustration relative to the lack of available resources in their area of work. Managers of the system are struggling to meet what often appear to be unrealistic expectations relative to service delivery, reporting, measurement of results and so on. The medical profession has made a real commitment to make the system work but recognize that they do so in a political and governance environment

which appears to thwart rather than enhance quality services.

Other healthcare professionals point to the real dangers of not being able to find replacements for those who are retiring or resigning and to the lack of cooperation in achieving truly comprehensive, integrated patient care. Board members complain of the problem of the increasing and seemingly uncontrollable costs in maintaining what is presently in the system and the difficulties of finding adequate replacements for both professional, managerial and front line staff.

In January 2000, the Minister of Health and Social Services released a document called Our Communities Our Decisions: Let's get on with it! - Final Report of the Minister's Forum on Health and Social Services. In this document, members of the Minister's Forum observed that some 180 recommendations have been made relative to health and social services since 1993. Forum members went on to state their concern that "too much time has elapsed and too few of these recommendations have been implemented."

What is remarkable about most, if not all of these reports, is that they identify many of the same problems and challenges and make many of the same recommendations, over and over again. There is considerable frustration across the system and within Government generally relative to the disparity between action taken and reports produced. That is, we were regularly reminded that this Report is simply one of many- all of which were aimed in some way or another to improve the system and yet the collective wisdom and best efforts showed little tangible evidence of any substantive progress. (It has been our observation throughout our Review that the reports are not the problem-the lack of action is).

The vast majority of those interviewed spoke to the need to make whatever system changes are needed to simplify and rationalize the system now rather than await another round of discussions, forums and reports. As a result, and given our findings, we are recommending that action be taken on the essence of this Report during the fall of this year (2001) while there is still a sense of momentum.

The Legislative Environment

It is our view that the legislative envelope within which the system is expected to function has become overly complex and thus difficult within which to function. It is also evident that the Department realizes that there is much work to be done in this area. Given the complexities, this is not something that can be changed overnight, but it can be fast-tracked, and, in this instance, should be.

In brief, and so as to reduce the potential for confusion relative to the complexities which surround the evolution and devolution of authority, the following is central to how the system functions:

- The Government of Canada provides the broad framework for all Provinces and Territories through the Canada Health Act (and its five key principles) primarily (and the 25 other pieces of legislation) and through particular funding programs which are directed towards specific goals and criteria. The Constitution Act empowers Provincial Governments to make laws respecting health services; the

Northwest Territories Act provides the GNWT with similar powers.

- The GNWT provides the key policy and strategic directions and acts as a leader of the health and social services system through the powers granted to the Minister of Health and Social Services and through the approved plans and policies of the Legislature.

- The Minister of Health and Social Services is accountable to the Legislature and, through it, to the people of the NWT for the implementation of a comprehensive health and social services system which promotes, protects and provides for the health and well-being of the people of the NWT.

- The Deputy Minister and Department administration act on behalf of the Minister in accordance with policy and regulations.

- The Minister, through the Legislation, Directives and Contribution Agreements and Memorandums of Understanding, empowers the Boards of Health and Social Services to act on the Government's behalf respecting the delivery of the services as funded by the GNWT.

- The Boards, primarily through the HIHSSA Act, but also guided by Department policy and Ministerial Directives offer programs and services and manage the attendant facilities

- The Boards are also responsible for other key aspects including assessing the needs of people living in the jurisdiction of the Board

- The trustees of these Boards are held accountable for the mandate granted to them by the Act(s); the trustees establish Board policies and bylaws to enable them to govern their respective Boards

- The trustees are responsible for hiring a chief executive officer (who, in turn, retains the rest of the staff) for the management and direct delivery of the approved programs and services

- The medical staff, nurses, other medical and social service practitioners and professionals, together with support staff deliver the services in accordance with the legislation which governs their respective profession or occupation and/or the standards which have been designed either by the Department or by an independent professional group and adopted by the Department.

Accountability in the System

The input we received from our extensive interviews raised the following concerns:

- The type of accountability described in legislation does not appear to match practice.

- There are situations in which the Department and Boards are both giving direction to the CEO (sometimes a contradictory message).

- The Chief Executive Officers are often perceived by their Board members as the experts in their system (i.e. most involved and most knowledgeable) and therefore most accountable. Unfortunately, there

has been an over-dependence on these senior administrators rather than shared spheres of authority and mutual respect.

- The Minister and the Deputy Minister recognize significant problems in their roles relative to the issue of accountability. While the necessary clout appears to be there in legislation, policy and directives, Boards often appear reluctant to pay attention until something big goes off the rails (i.e. releasing an entire Board from its responsibilities).

- The Boards have similarly felt frustrated in dealing with the Department which controls much of the larger agenda and yet which seems so distant from the actual problems which Boards encounter "on the ground".

- Some CEOs have felt trapped by the local political situation wherein a small but powerful group appears to control most elements of the community even if the Board was determined to act independently.

- The credibility of the Government/Department has suffered given that they have not acted on previous studies.

- The Department frequently demands immediate answers from Boards but will then sit on the requests from Boards for months. Further, there may be no response to the information provided to the Department by the Boards.

- There is a lack of consistency in Financial Statements. There is no usage of a common chart of accounts. This hinders comparisons between Boards and reduces the ability to measure performance.

The Structure of the System

This Report deals primarily with how best to structure the health and social services system such that the needs of each resident are considered paramount rather than any other considerations. Thus, we consistently heard, and had reinforced, the notion that health and social services are not issues to be based on boundaries or political considerations. People want the best health care and social services possible within available and reasonable resources. This requires the positioning of resources as close to the consumer as possible without spreading the supply so thin such that one vacancy or holiday threatens the delivery system.

Further, the scarcity of key professional resources is forcing a re-thinking of what is realistic in terms of service delivery to the more remote and very small settlements. Based on what we have observed and heard from those within the professions, the day of one-person stations or delivery units is neither sustainable nor acceptable. As well, the notion that each community, regardless of size or remoteness, should have hands on control over all of its service delivery system (particularly in the areas of health and social services, which was our mandate) was not deemed either reasonable or realistic.

It is believed by those whom we interviewed, and who are experienced both in their respective professions and in the north, that the actual delivery system will be incapable of providing quality service if the human resources continue to be spread over such a broad spectrum of management and governance bodies.

The Number of Boards

The number of current Boards has also had a negative impact on the quality of support systems. That is, we found in a number of instances, willing people who were simply ill-equipped to do the work intended. There are certain skill requirements in a number of these functions that even the best of intentions will not negate. This is particularly important in such areas as financial management and overall coordination (as provided by the Chief Executive Officers).

Where the skill levels are inadequate to these tasks, the system itself is placed in considerable jeopardy. We believe that this is an issue worthy of some note given the momentum towards self-government throughout the NWT. It is our view that this concept must be addressed with a clear-headed understanding of the realities facing the NWT relative to the availability of professional resources. That is, governance needs to be recognized as a separate issue distinct from that of professional and support resources and qualified service delivery.

Role of Non-Governmental Organizations

It has been apparent to us that the role of non-governmental organizations (NGOs) has been generally under-valued. These groups offer a wide array of services to the residents particularly in the broad field of social services. Given that many of the needs of people are in this field, including such issues as substance abuse, family abuse and the need for ongoing family support, the services provided by many volunteers and others who often serve with limited remuneration should be accorded high value.

Unfortunately, it has been our observation that the NGOs are given scant attention and may seldom, if ever, be expected to discuss their services and issues with “their” Health and Social Services Board. Some complained of being expected to submit annual budgets reflecting no change in funding without the opportunity to present their actual needs to the Board. Others are only consulted at budget time and then in a more stressful set of circumstances which often surrounds budget deliberations. While there are examples of Boards holding discussions with their NGO counterparts, the former situation (i.e. virtually no contact) appears to predominate.

Role of the Department of Health and Social Services

The Department of Health and Social Services obviously plays a significant if not predominant role in the overall system. It has a variety of roles delegated to it by legislation and policy. The Department, unfortunately, has been placed in the position of trying to guide the system as well as act as a manager in it. It is viewed as the backstop for problem resolution with respect to a number of the nine Boards. In some ways, the Department has tried to do too much and has found itself stretched too thin. Like other employers in the NWT, it too has experienced some turnover of key personnel and thus the ongoing need to re-visit the key departmental priorities and strategic goals.

One of its roles has been that of acting as an advisor to the Boards and assisting them in meeting their requirements. That role has not been made clear either to the Department or the Boards and has resulted in considerable stress between

representatives of both parties. In some measure, the Boards have tended to view the Department more as a “truant officer” than a colleague in part at least because of the lack of role clarity and in part because the Department has not been able to staff that area with highly experienced health administrators.

It is the perception of many of those working in the system that there has not been as much collaboration as had been anticipated between the Boards and the Department. While we realize that there are now initiatives underway to counteract this perception (i.e. the Leadership Council), the prevailing and historic view has been one of a “truant officer-errant student” relationship rather than a collaborative one. The Boards have felt that they are expected to “go it alone” but that they will be reined in whenever the Department or Minister feels that they have exceeded their range of authority.

The Impact of Regionalization on Resources

One of the key underlying issues which gives rise to this problem is the dispersal of resources which an overlay of nine boards requires. That is, each CEO and Board, in an understandable effort to provide “their” residents with the best service possible, and in response to the pressures from their respective Boards, tries to offer a full range of services. While this may sound commendable, this effort simply serves to stretch already thin resources close to or beyond the breaking point.

Professional staff complain of having no one to back them up in their community in terms of working normal work hours; of inadequate supervision on some very delicate issues; of no peer review system to ensure quality as well as professional growth; of few opportunities for staff development; and so on. Most are concerned with the potential for error brought on by fatigue.

Funding Patterns

The funding patterns also cause us some concern. While the system may be under-funded from a global viewpoint, the actual placement of financial support appears to bear little resemblance to where the areas of greatest need would most likely occur.

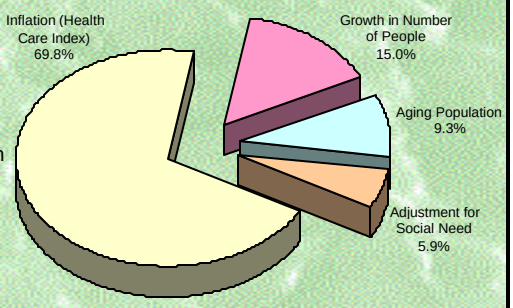
There is, of course, no simple answer here. The geography and dispersal of small populations in relatively isolated communities results in major impediments to accessing necessary services. While we have reviewed several funding models being utilized in other jurisdictions and have constructed several drafts of our own, the factors mentioned previously bode against any straight-forward solution. We have, however, designed the essence of a model which we believe will meet the local situation and the challenges imposed by one large populated centre, with significant variations in size and accessibility and needs encountered elsewhere.

Funding Model: Executive Summary

- Health & Social Services Expenditures for the Northwest Territories in 2019 are forecast to be
  - ✓ $388.6 million under the Status Quo scenario with 3% inflation, and
  - ✓ $414.9 million assuming per capita funding rates are equalized for all communities demonstrating greater social need.
- Expenditures are forecast to increase by $255.5 million, from $159.4 million in 1999/00 to $414.9 million in 2019. The source of these increases are attributed to
  - ✓ $38.4 million (15.0%) due the projected increase in the NWT's population,
  - ✓ $23.8 million (9.3%) due to the aging of the population,
  - ✓ $15.0 million (5.9%) due to the equalization of funding (*i.e. Adjustment for Social Need*), and
  - ✓ $178.3 million (69.8%) is due to inflation.
- The communities identified to have the greatest social need (i.e. Group IV), had an average per capita expenditure of $4,261 in 1997/98, which was $317 (7%) less than the communities in Group II, which are deemed to have less of a social need relative to Group IV.
  - ✓ Adjusting for this discrepancy results in the larger "Adjustments for Social Need" for the Deh Cho (11.5%), Deninu (17.5%), and Dogrib (15.9%) boards. *(refer to the table below)*
  - ✓ The model allocates 0% to the Hay River Service Area, which consists of the town of Hay River & Enterprise, since both communities are identified as having low social need. The model allocates fewer expenditures in the forecast years as a consequence.

2019 Forecast

$255.5 Million Increase in Exenditures over 1999/00



Total Health & Social Service Costs (millions $)		Cause of Expenditure Increase				Cause of Expenditure Increase			
Health & Social Service Areas	1999/00 Actual	Population Adjustments	Adjustment for Social Need	Inflation (Health Care Index)	2019 Forecast	Population Changes	Adjustment for Social Need	Inflation (Health Care Index)	2019 Forecast
Deh Cho Service Area	15.2	5.2	3.0	17.6	41.0	20.3%	11.5%	68.2%	100.0%
Deninu Service Area	2.3	0.5	0.6	2.6	6.0	12.4%	17.5%	70.1%	100.0%
Dogrib Service Area	11.8	4.3	3.6	14.9	34.6	19.0%	15.9%	65.2%	100.0%
Fort Smith Service Area	11.5	6.9	1.3	14.9	34.7	29.9%	5.8%	64.4%	100.0%
Hay River Service Area	14.5	0.6	0.0	11.4	26.5	4.9%	0.0%	95.1%	100.0%
Inuvik Service Area	50.9	12.6	6.2	52.5	122.2	17.7%	8.6%	73.6%	100.0%
Lutsel K'e Service Area	1.6	0.9	0.2	2.0	4.7	29.8%	5.8%	64.4%	100.0%
Yellowknife Service Area	39.9	31.1	0.1	53.6	124.8	36.7%	0.1%	63.2%	100.0%
Other Expenditures (adjust to Main Estimates)	11.7	0.0	0.0	8.8	20.5	0.0%	0.0%	100.0%	100.0%
NWT	159.4	62.2	15.0	178.3	414.9	24.4%	5.9%	69.8%	100.0%

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The Style of Board Governance

The style of Board governance has also been a significant source of concern, both within some of the Boards and by the Department. The understanding and use of the present governance model has limited the effectiveness of the Boards' ability to govern and direct the organization appropriately and with confidence. The inappropriate use of what is commonly known as "the Carver Model" has resulted in Boards which appear to serve little discernible purpose and Chief Executive Officers who appear to exercise tremendous control and prerogatives (due at least in part to what we perceive as a "power vacuum").

It is our observation that a new style of governance is needed in order to break the present mode in order to bring back a better balance of power into these organizations. Given that we are recommending significant changes in the number and structure of Boards, now would be an appropriate time to create a new way of doing business.

Clusters Of Service

It is our view that the most effective way of restructuring the present system is to establish key "clusters of service" which will act as the hub for the designated outlying or neighboring communities. Such clusters will be designed in such a way as to be as responsive as possible

to the needs of those in the surrounding area, while recognizing that certain acute health requirements may only be met through accessing the expertise which is resident at the Stanton Hospital, or, in more specialized circumstances, through an agreement with the Capital Health Authority in Edmonton.

These clusters are an essential component of our recommended restructuring. They ensure that scarce professional and administrative resources are strategically positioned so as to permit easy access from the outlying communities and so as to put these resources within the reach of health and social service professionals and the necessary administration which accompanies service delivery. There are two levels of these clusters: one which concentrates the corporate systems into one location; and, secondly, one which clusters the professional resources and minimal support structures into three key regional centres.

Board Management

We have noted several concerns relative to the services and systems which support the operation of the Boards and their administrations. These pertain to:

Linkage of administration to the Board

Business planning

Communication practices

Use of information technology

Financial management practices

Human resource management practices.

These systems need to be addressed and improved if the corporate environment is to function as intended.

Service Delivery

One of our assigned tasks was to review and comment upon the effectiveness of the present delivery structure and system. In each of our interviews, we asked questions pertaining to what is working and what is not. Most, if not all, of those being interviewed were quick to share with us their views and concerns. While we have shared some of this material before in our briefing of the leadership of the health and social services system, it will be useful for those not intimately involved in the system but concerned nonetheless to be made aware of our findings.

A summary of the observations presented to us by health and social services administrators, support staff, medical practitioners, Board members, MLAs, and others follows:

- General improvements to how health and social services are delivered are essential if the services provided are to be maintained at a reasonably high level

- The lack of clarity of roles in the system has been a significant cause of service delivery problems

- Need for all stakeholders to be participants in developing the preferred direction, to understand it and to move with it

- Resources are not sufficiently integrated; too much turf protection; system too small to successfully manage these boundaries

- Key skills are often lacking; too much structure and not enough qualified people

- Roles of non-governmental organizations has been largely ignored or at least under-valued; we need to rely on these organizations if the social service needs of people are to be met

- The manner in which Boards are governed has resulted in instances of Board member interference with the staff who are delivering the services; in other instances, the role of the Board has been so marginalized that those employed in the system are scarcely aware of its existence

- Records management has been inadequate to the needs; results in a waste of energies and duplication of patient assessments

- General belief that the resources of the system are too widely dispersed to be effective; the lack of back-up is causing key professional people to want out

- Department is keen to help but may lack the resources (or mandate) to do so

- Need for increased awareness by the public as to what access to specialized health services is realistic; demands placed upon the system may not be achievable

- Increased focus on recruitment has been helpful; results may not yet be consistent with the efforts or the investment of time and resources

- Retention of professionals appears to be the bigger issue; most believe that removal of special allowance relative to vacation travel, housing has negatively impacted the rate of retention; others point to the overall shortage of impacted professions and the attractive salaries paid elsewhere

- Many of the key issues and problems occurring at the community level relate specifically to substance abuse and the perceived shortage of attractive lifestyle options and models

- Focus needs to be on promotion and prevention activities if long-term outcomes are to be impacted successfully.

Operational Audits

The results of our Operational Audits points to the need for considerable improvement by a majority of Boards in terms of their financial and operational management systems. The key findings of our operational audits reveal (in no order of priority) that the key and common issues which have caused problems for at least some of the Boards are:

- Budget changes after budget finalized; no approvals sought; no Board motion of approval

- Lack of qualified staff to handle financial management duties

- Lack of timely financial information to the Board

- Financial reporting systems lack the capability of projecting year end financial position accurately

- Board members not oriented to the legislation which impacts their operations
- Board not complying with the provisions of the Contribution Agreement signed by the GNWT and the Board
- Little evidence of monitoring by the Board even though that is specified by Board governance policies
- Expenditures above that which the CEO is allowed to sign off on are regularly made without prior Board approval
- Financial management data not being made available to the appropriate staff
- Board Policy Handbook not kept current; appears to be regarded as a one time event rather than a continuous process
- Given that the CEO may be the only person with applicable training in the use of the accounting package, any change in that position results in a breakdown of the system
- Considerable confusion in the terms of employment of staff with no written policies or signed contracts
- Bank deposits are difficult to achieve without any access to local banking
- HR policies changed by CEO without notice or Board approval
- Funds have been allocated to purposes not covered by the Contribution Agreement; the Department aware of this fact
- Policies limited in their usefulness due to their very general nature
- Lack of CEO resulted in little long term planning or advice to the Board
- Front line workers finding the lack of management staff with any understanding of their service delivery policies and procedures hinders the effectiveness of their service delivery
- Operational information seldom presented to the Board; such information not gathered by staff
- Reports required by the Department are routinely months late or not sent at all
- Significant changes in the cash position of the organization seldom explained; in some instances, they were not understood by staff
- Vacancies in management positions result in improvements to practices not being maintained
- No formal process in place to ensure that programs by funded social services agencies are provided as intended
- Need for cost control measures related to medical travel
- Boards and management unable to manage deficits/surpluses when variance reports are routinely late and do not include year-end projections.

Steps Towards a New Legislative and Governance System

The steps away from the status quo towards a new way of doing business is

never as easy as it might seem at first glance nor, somewhat surprisingly, as difficult. It will require a thoughtful and committed approach based on ensuring that each of the key issues are addressed in an overall framework. We see the following as the key components of the total initiative:

- Sound Legislation (in this instance, a new Act)
- Clarity of Accountability
- Clear System Design Principles
- New Board Governance Model
- Clarity of Roles and Responsibilities
- Effective, Realistic, Sustainable and Comprehensive Delivery System
- Solid, Accountable and Systematic Business Planning
- Appropriate Management Systems
- Sound Financing Framework
- Ongoing Training and Development

The Legislative Framework

A sound governance/management system must be based on developing, establishing and communicating a clear understanding of accountability. This recognition of who is accountable to who and for what is essential if full accountability for resources as well as results is ever to be achieved. It is our assessment that the current system is a considerable distance removed from such a goal.

We note that this issue of accountability and the need for clear roles is not only of recent vintage. The Report of the Special Committee of Health and Social Services, tabled in November 1993, titled "Talking and Working Together", commented as follows:

> *"The role of regional boards should be reviewed…they require more certain plans and a better definition of their function."*

The Med-Emerg Report of 1997 states as follows:

> *"…the boards are micro-managing the community-based initiatives and not focusing on strategic and operational planning…If roles and responsibilities are not clearly defined at the Regional and community levels, a conflict will develop."*

The 1998 "Shaping Our Future: A Strategic Plan for Health and Wellness" made this its number one "strategic direction" and we quote:

> *"Improve management of the system by clarifying roles and responsibilities of the department, boards, private sector providers and nonprofit organizations".*

The Minister's Forum on Health and Social Services (January 2000) weighed in with the following observation

> *"The system, including the reporting relationships, has to be restructured, so that roles and responsibilities are clearly defined…"*

The key to the proposed new system will be the establishment of a separate piece of legislation "An Act to Establish the NWT Health and Social Services Board and Regional Services Authorities" which clearly outlines the roles and responsibilities as

recommended herein for the proposed new system. Such a document would outline the necessary authorities and responsibilities of the revised system of governing boards and their responsibilities to the Minister. The key to the legislative framework is the need for one document which addresses the essential responsibilities of governing bodies. This observation was also set out in the previous "Med-Emerg Report (May 1997) wherein it states " The THIS Act and the Public Health Act should be consolidated and amended…". We agree. Drafting should commence immediately.

As well, we note that there are other pieces of legislation which the Department has had on its platter for some time. The extent of administrative and drafting resources at the Department of Justice has resulted in the Department of Health and Social Services being both perceived by some as slow and reluctant to act. It is not a simple matter to change existing legislation or to create something new. Generally speaking, there are a number of vested interests at stake and a considerable degree of consultation expected. Unfortunately, the perceived enormity of the task simply makes it look almost impossible to tackle successfully. Thus, the need for a new Public Health Act, which has been reported on before (Wilson Report, 1993), as well as that of an Act to regulate the health professions (exclusive of doctors and nurses who have their own legislation) appears to be recognized but yet still delayed.

The Necessary Elements in an Accountability Framework

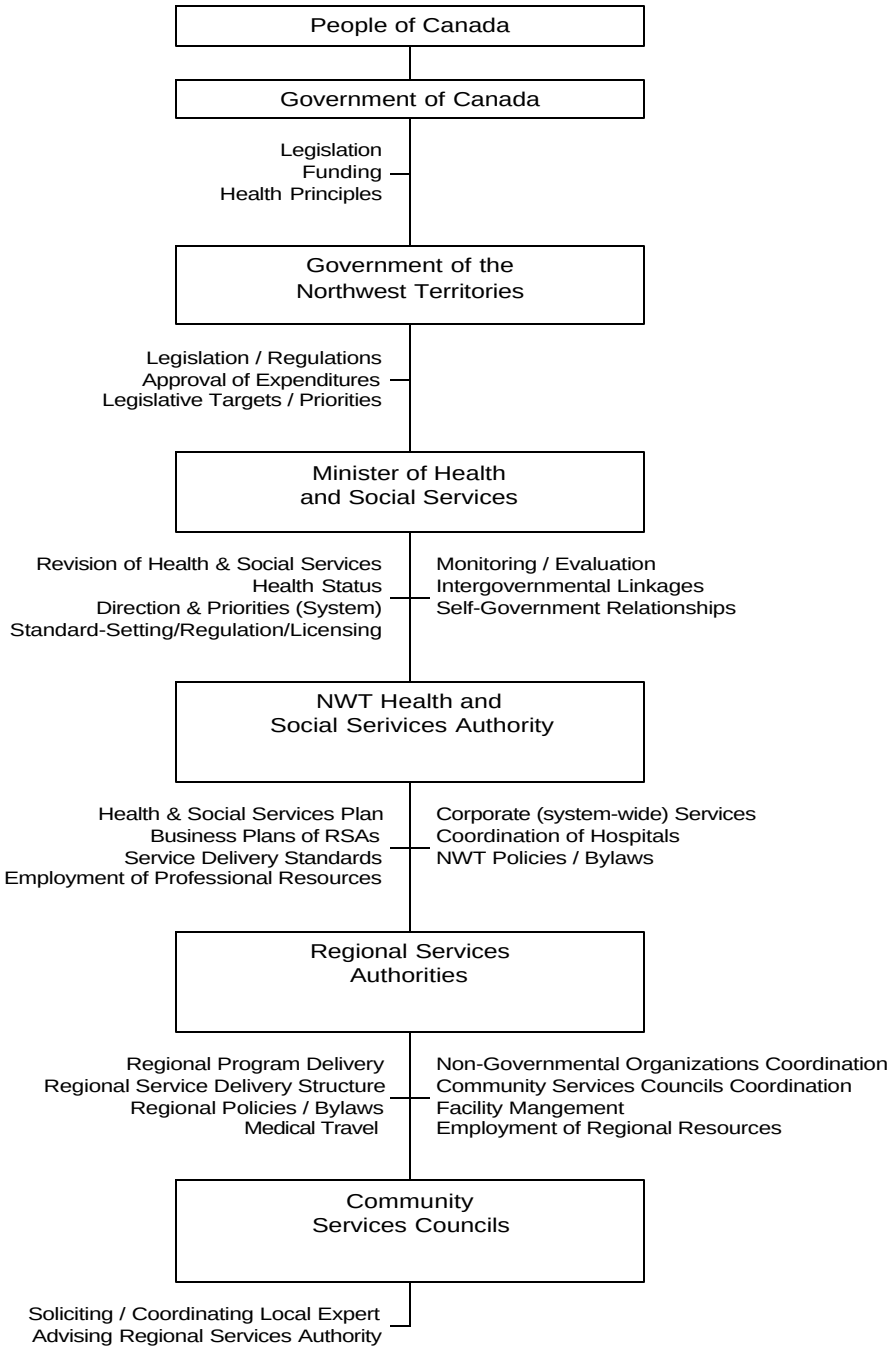
A framework for accountability should be outlined for all of the players to view, understand and accept. Such a framework, in this instance, should include:

- the responsibility of the Government to establish who is accountable to who and for what
- the authority of the Government, within its jurisdiction, to establish and articulate the goals and priorities of the residents
- the authority of the Government(s) to determine what authority it will devolve and to whom
- the responsibility of the NWT Authority and the Regional Services Authorities to develop service plans within the parameters set by the GNWT 's vision and Department's business plan/priorities
- the responsibility of the NWT Authority and RSAs to conduct their programs in such a manner as to achieve the goals and targets articulated in their respective and approved plans
- the authority of the NWT Authority to request the RSAs to report on those achievements and targets
- the authority of the Department to request an amalgamated reporting of the results achieved; and the authority to share this information widely across the NWT.

Such an Accountability Framework should be made available as widely as possible so that the public is better informed as to how the system is supposed to be run and the steps being taken to improve the results. It is our view that a more publicly accessible system and the reporting of results, will achieve more support by the public.

While we recognize that there are those who will wish to eliminate structure and simply delegate both the authority as well as the resources down to the community level, it is our view, and substantiated by events thus far, that in doing so, there may be very short term political gain but very significant and much longer term losses to the ability of the health and social services system to deliver on its vision, mission and goals.

Elements of Accountablity Framework



The Government of Canada

Responsibility for:

- Empowering the GNWT to make laws respecting health
- Making laws relative to certain federal health issues and national health concerns
- Designating funding to the GNWT (and the Provinces) through the Canada Health and Social Transfer (CHST) in order to provide the health services envisioned by the Canada Health Act
- Setting forth the broad principles which guide the delivery of a public health system
- Managing the delivery of health on federal lands and to specific groups
- Providing specific targeted grants including that aimed at designated research focus areas

Accountability to:

- The people of Canada through the Parliament of Canada

The Government of the Northwest Territories

Responsibility for:

- Establishing the Legislation which gives powers and authority to those designated to provide certain health and social services
- Approving the departmental estimates which direct the expenditures of the Department of Health and Social Services
- Establishing broad legislative targets and an agenda for services to the people of the NWT
- Receiving an annual report

Accountability to:

- The people of the Northwest Territories
- The Government of Canada

The Minister of Health and Social Services

Responsibility for:

- The provision of health and social services to all residents of the NWT
- The health status of residents of the NWT
- Establishing the overall direction, priorities and goals for the health and social services system
- Promoting wellness programs and initiatives
- Monitoring and evaluating the well-being of citizens
- Administering health and social services legislation/regulations
- Ensuring an appropriate system of measurement
- Registering and licensing the professions
- Protecting children and families
- Recommending the budget allocation; allocating resources to those charged with delivering the services

Accountability to:

- The Legislative Assembly of the Northwest Territories

The Department of Health and Social Services

Responsibility for:

- Recommending to the Minister the overall direction, priorities and goals for the health and social services system
- Ensuring the promotion of wellness programs and initiatives
- Monitoring and evaluating the well-being of citizens
- Administering health and social services legislation; ensuring an appropriate system of measurement
- Ensuring the protection of children and families
- Advising the GNWT (through the Minister) on any new or revised legislation/regulations
- Advising the Minister of any emerging issues which may need the response of the GNWT
- Developing Budget estimates for the Department and Authority
- Monitoring compliance with legislation/regulations/standards
- Investigating complaints relative to the system
- Liaising with the NWT Authority and Regional Services Authorities
- Dealing with any issues relative to self-government
- Providing the services of the public guardian
- Monitoring the health status of residents of the NWT
- Recommending the budget allocation; allocating resources to those charged with delivering the services

Accountability to:

- The Minister of the Northwest Territories

The NWT Health and Social Services Authority

Responsibility for:

- Developing and submitting an NWT Health and Social Services Business Plan for approval to the Minister (such a plan will provide direction for the delivery of services across the NWT)
- Reviewing and approving (or amending) the Business Plans of the RSAs (these will focus on their specific region and must be in compliance with the guidelines provided by the NWT Authority and will tend to reflect the general directions contained within the NWT Plan)
- Establishing service delivery standards subject to veto by the Minister (with the input of the key stakeholders e.g. the medical community, the professions, the Authorities, relevant others)
- Operating a range of clustered or pooled resources and services e.g. budget review/allocation; financial management transactions;

information technology systems; human resource plans and policies; payroll and benefits management; records management; communications; health insurance program

- Ensuring the provision of governance training and support to the Authority, Regional Services Authorities (RSAs) and Community Services Councils (CSCs)
- Overseeing a planned program of professional development
- Authorizing contractual arrangements between RSAs and self-governing bodies for service delivery
- Overseeing the recruitment and retention initiatives; employing professional resources; assigning to RSAs; coordinating locum services and assigning
- Coordinating and ensuring the most effective and efficient delivery model for medical travel; setting the framework and policies
- Coordinating and supervising the delivery of NWT-wide services e.g. laboratory analysis
- Reallocating services to address crisis areas
- Coordinating service resourcing from outside the NWT
- Establishing policy committees as needed (e.g. Corporate Services (Planning, IT, HR and Budget); Health Services; Social Services; Audit
- Submitting an Annual Report to the Minister

Accountability to:

- The Minister of Health and Social Services

The Regional Services Authorities

Responsibility for:

- Coordinating regional program delivery (e.g. children and family services; mental health services; wellness programs; services to the disabled)
- Establishing the appropriate service delivery structure any hospital or health clinics in the region
- Approving regional policies and bylaws; submitting these to the NWT Health and Social Services Authority for review and approval
- Authorizing medical travel within NWT Authority-approved guidelines; referring non-emergency cases to the Medical Travel Coordinator for the Authority
- Providing a full range of public health programs and services; ensuring that all MHO directives are promptly communicated to the applicable professional staff and to community contacts; working with communities in developing a keen awareness of health promotion and prevention programs
- Encouraging compliance with all environmental health protocols
- Allocating regional resources as promptly and equitably as possible; working with local groups, individuals and authorized organizations relative

to determining their needs; organizing regular surveys of local needs

- Liaising with non-governmental organizations; reviewing their plans and budget requests; allocating appropriate resources within approved budgets; advocating on their behalf with the NWT Authority and Department

- Entering into contractual arrangements with self-governing bodies for service delivery (subject to the prior approval of the NWT Authority)

- Employing regional staff; planning for and allocating resources for the training and development of regional staff

- Coordinating input from community services councils

- Developing regional delivery policies

- Management of regional facilities as designated by the NWT Health and Social Services Authority

Accountability to:

- The Board of the NWT Health and Social Services Authority

The Principles of a New System

It is our view that the only way to approach the creation of a new system or to evaluate an existing set of arrangements is to see how they line up with the principles upon which the system is being based.

For this reason, we put forward those principles which we believe from the basis of a sound and defensible system and those which would best address the concerns and observations which we heard throughout the course of this exhaustive study.

The proposed **Principles for the Design of a New Health and Social Services System** are recommended as follows:

1. That the health and social services offered to the residents of the NWT meet the test of the Canada Health Act and thus that they reflect:
    - Universality of coverage
    - Comprehensiveness of coverage of health services provided by hospitals and medical practitioners
    - Accessibility without barriers
    - Portability of coverage
    - Public administration on a non-profit basis.

2. That the health and social services offered to the residents of the NWT be integrated with other complementary programs and services offered by allied agencies and other private/public health and social services initiatives.

3. That the health and social services offered to the residents of the NWT reflect the approved vision, goals and priorities of the Government of the NWT.

4. That the delivery of the health and social services offered to the residents of the NWT reflect, and be in the spirit of, the legislation and agreements entered into by the Government of the NWT.

5. That the health and social services be offered to all residents of the NWT in as equitable a manner as

possible, while being mindful of the constraints imposed by geographical distances.

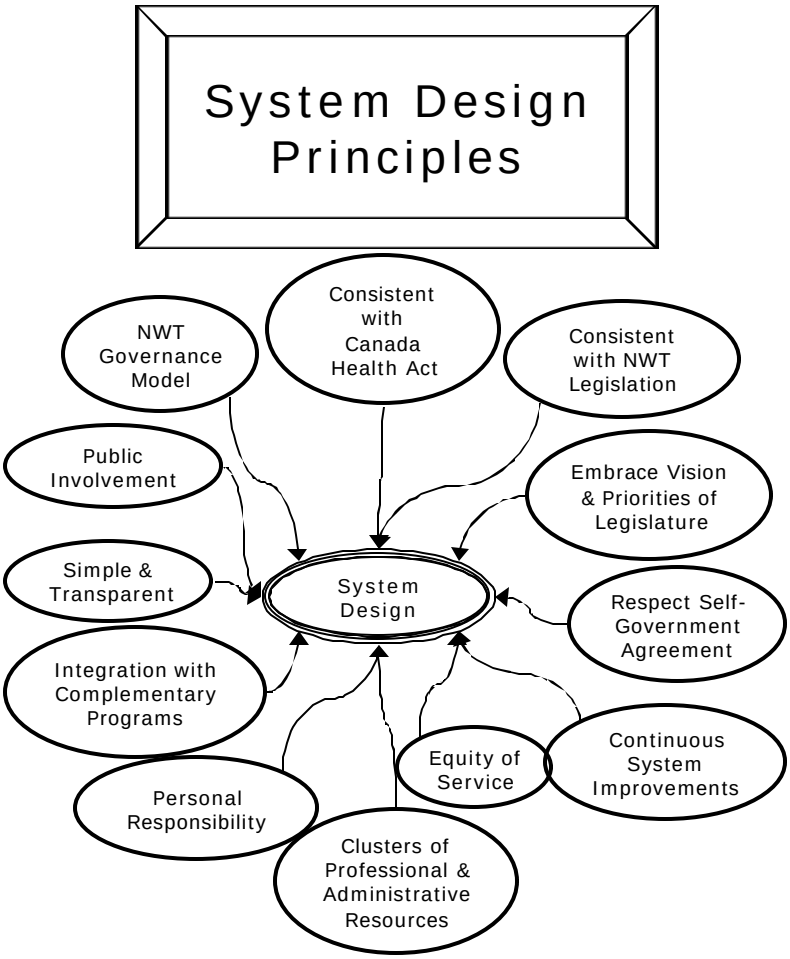
6. That the delivery system be reflective of the principles of seamless delivery; simplicity in design; and transparency in decision-making.

7. That the people of the NWT be encouraged and supported to take on personal responsibility for their own health and physical, mental, social and spiritual well-being.

8. That the delivery system be reflective of both the importance as well as the scarcity of qualified professional resources and that sufficient resources be available at each service center so as to ensure adequate back-up to those delivering such services in the various communities.

9. That the governance model which guides the delivery of services be designed in such a manner so as to ensure clarity of roles and responsibilities as well as a clear understanding by those governing of the key components of the services.

10. That continuous improvements be sought and that changes to the system only be made when it is evident to those charged with governing the system that such changes are essential to bring about desired improvements.



New Model of Board Governance

Why Boards?

At the outset of our review, we asked a number of those whom we interviewed the question "Why Boards?" As reported to us, it would appear that the most likely reason for their creation was the expectation, as cited by the Federal Government, that local communities would be encouraged to become involved in the governing and managing of their own health and social service requirements. As well, the move towards Boards was viewed as a national trend which appeared to have found merit in terms of encouraging local and regional input to the decision-making process.

At the end of the day, we are still left questioning what value Boards offer to the system. We have sat through at least one meeting of virtually all of the present Boards and have frequently been left with the seminal question: what difference did that meeting of the Board make to how the health and social services system is being managed or governed? If it was felt that Board governance as a construct was of importance, then surely there must be some observable benefits to this style of operating. Otherwise, why not simply have the GNWT offer the services within their own bureaucracy?

We also have some questions as to why the Boards which were established are referred to as "boards of management"

when, in fact, the onus has clearly been placed upon them to govern. These Boards do very little in terms of actual "management" and, in fact, are vigorously encouraged in most places to stay away from anything to do with any administrative responsibilities as those functions have more properly been delegated to the chief executive officers. It may well be that some of the frustration which we heard expressed by these Boards may be due at least in part to their own expectation of being "managers" of the system when it has apparently been made clear that their roles were to be far more focused on governance (as witnessed by the focus on the Carver model).

What Has Happened with the Present Model?

It is our observation that the present model of devolution of authority to Boards has resulted in a system which:

- Has stretched the capacity of the system to be effectively governed beyond the breaking point
- Has hindered rather than helped the access of individual residents to necessary health and social services
- Has utilized local and regional political considerations as a much stronger argument in defending the status quo than access to decent services
- Has enabled Boards to make decisions based on factors relating to local economic considerations rather than on what is in the best interests of health and social services in our area
- Has encouraged the flow of qualified human resources out of the various Board jurisdictions
- Has led to situations wherein adequate staff back-up are unavailable in times of emergency
- Has left Boards with inadequate expertise being available to operate essential information systems
- Has led to a complete financial breakdown in certain jurisdictions and poor reporting in others
- Has enabled local politics to rob the system of independent, committed leadership
- Has resulted in rapid turnover of Board members and thus little stability
- Has resulted in some Boards being virtually excluded from the decision-making process in any meaningful way whereas other Boards have become so involved that their status as Board members is not that distinct from those of senior staff.

Effective Board governance is an absolute requirement for the delivery of health and social services to be successful. In many ways, the quality of governance at the local level will determine other qualities of the health and social service system "down the line". Consequently, efforts to continually assure that Board education occurs at a regular and high quality level are necessary.

One of the most important factors that can determine the success of a Board governance system is the degree to which Boards and the Government understand their respective roles.

Simply put, Board effectiveness will deteriorate unless there is a regular and concerted program for regular training and education. Such a program will be difficult to achieve unless one organization or agency is mandated to provide this service for the long term.

A Suggested New Model

In order to obtain a fresh start, it is our view that the Boards which we recommend be established as a result of the implementation of this Report be the recipient of a two day session on Board governance according to the **"NWT Model".** The key elements of the new Model are the following:

- Clarity of mandate of the Board and of the Authority
- Clarity of Board powers
- Clarity of powers of the Minister (and Department) and the proposed NWT Health and Social Services Authority
- Access to a central bank of professional resources and support services
- Board governance principles
- A description of the roles of the Board vis-à-vis the CEO
- An understanding of the type of questions to be addressed on a regular basis by the Board
- A template of a Board agenda format
- A template of a "Request for Decision" to be used by the CEO on all business items of the Board
- A new format and template for policy development and training in the use of this model
- Guidance to service delivery (policy; budget; standards)
- Techniques to establish and resolve:
  - Key Issues
  - Priority-Setting
  - Agenda Development
  - Business Planning/Budget
  - Reporting Requirements
  - Linkages to Partners
  - Professions and Staff Relationships
  - Procedural Guidelines/Bylaw
  - Development & Training

Involvement of the Local Community

There is little question in the minds of most of those with whom we discussed this matter of the value of some mechanism to encourage public input. Thus, while we see absolutely no reasonable justification for a continuation of the present system of nine Boards, there is good reason to maintain some form of local input. It is our view, based on the extensive work which we have done, that the responsibilities of managing the business affairs of the current Boards has caused substantial problems, mainly due to the non-availability of qualified resources. We do not see any need for such services to be provided locally within the smaller centres nor do we feel that the control of professional resources has been in the best interests of personal care and service.

The bottom line for local residents is the desire to provide their input as to how best the services can be designed so as to meet local needs and conditions. While we applaud the this desire for local input into what and how services are delivered, it is our view that this can be accomplished through a series of

"community service councils". These have been designed so as to fit within all of the communities as a forum for input and discussion with regard to service delivery. What might these accomplish? We see the following functions:

Functions of Community Service Councils

The following are examples of the functions which we envision for the Community Services Councils:

- A consultative mechanism to provide input and advice to the Regional Services Authority relative to the provision of local health and social services
- Forwarding any issues and recommendations to the Regional Services Authority
- Authority to hold monthly meetings with the residents of the community in order to seek input on any matter deemed relevant to the delivery of health and social services at the local level
- Such community service councils may be incorporated within a larger community framework (e.g. a community services board) provided that the community health council continues to function in an advisory capacity or the council may be a stand alone entity
- The community services council will be consulted with by the Regional Services Authority to propose changes in service delivery to the RSA and/or a re-allocation of current budget dollars
- The community services council will be granted the authority to provide input to the annual budget process of the RSA and/or to the Business Plan process
- The community services council will have no authority to direct staff or to authorize expenditures.

Values of Community Services Councils

There are several potential benefits to establishing community service councils at the local level. These include:

- Access to the concerns of community residents relative to service delivery/facilities/priorities
- Opportunity to have a local body act as an arm of the regional governing authority and provide it with immediate feedback on key decisions
- An avenue to spread the word about new health and social services initiatives and provide education on existing initiatives
- A forum for exchanging views on the most viable way to tackle a particularly sensitive local concern
- A forum to serve as the key distribution point for new material relative to a health promotion campaign

The 1993 Report "Talking and Working Together" which was cited earlier speaks to the need for involvement at the community level. Their Recommendation # 4 states: "Local health and social services committees must be recognized as essential to the delivery of these programs. The development of local committees should be encouraged and progress reported to

the Legislative Assembly during each budget session."

Who Sits on Community Service Councils

The Regional Services Authority (for each designated region or cluster of communities) should decide who is entitled to serve on these community service councils. Whereas we do not see the need to have these as elected positions but rather, honorary appointed ones, the RSA could seek the input of the local community as to the fair method of appointment. This could be by appointment by the local governing body (s) or, if there are problems in filling such advisory positions, the Regional Services Authority Board will be charged with making those decisions.

We believe that the criteria for such positions should include:

- Agreement to the functions and purpose of the community services council
- Availability to attend once monthly evening meetings
- A personal lifestyle which is recognized in the community as healthy and a model for others
- An awareness of the policies, services and facilities of the community relative to health and social services
- A willingness to accept the democratic decisions of the community services councils (without the need to subject such decisions to the approval of any other governing or advisory community agency save and except the Regional Services Authority)

Tenure of Members on Community Service Councils

Members should be appointed to serve for a term of three (3) years before they must step down from the council for a minimum of one (1) year so as to always allow new people and new ideas to serve. If there are no new people stepping forward for appointment, then the Board of the Regional Services should be asked to re-appoint the current members.

Honoraria for Members

Whereas these positions are advisory in nature, we believe that their volunteer nature should be considered as the basis for determining any degree of honoraria. If the Department feels that some degree of payment for service is necessary, we would recommend that it be no more than $75 per meeting with a maximum of one meeting per month. Any payment to individuals for honoraria should be made either monthly or quarterly by the Regional Services Authority.

Regional Services Authorities

The only way by which the residents of the NWT will be guaranteed of a quality system of health and social services is to ensure that key resources are clustered in certain locations, with a mandate to reach out to the surrounding communities. While the location and thus the number of these clusters will likely be open to some question, it is our view that the present number of Boards should be reduced from nine to four, with three of these serving as Regional Service Authorities, reporting to a NWT Health and Social Services Authority.

We deal first with the establishment of the three "regional services authorities" (referred to as "the Region"). These are expected to be multi-disciplinary in scope, acting as the key centres for services within the described geographical area.

Functions of Regional Services Authorities

The following are examples of the functions which we envision for the Regional Services Authorities :

- Coordination and delivery of community health and social services to all residents within the region; determine community priorities in the provision of services to those living in the region and allocate funding accordingly

- Assurance that all residents of the region have adequate and timely access to necessary medical services

- Coordination of the community health and social services providers within the region

- The development, in accordance with the regulations and subject to the approval of the Board of the NWT Health and Social Services Authority, of a plan for the delivery of services; the responsibility to oversee and evaluate the implementation of the plan

- The assessment, on an ongoing basis, of the needs of the region for services

- Collaboration with appropriate non-governmental agencies which offer services within the range of responsibilities of the regional authorities

- Consultation with all community health and social services councils and communities served by that regional authority

- Development of detailed budget submissions for approval by the NWT Health and Social Services Authority (NWT HSSA)

- Approval of expenditures within the NWT HSSA budget allocation

- Authority to delegate the approval of budget allocations within specific program areas to the CEO

- Authority to delegate other operational issues to the CEO (within the policies as approved by the Board or as established by legislation

- A consultative mechanism to collect and operationalize the advice and input received from the Community Services Councils relative to the provision of local health and social services

Values of Regional Services Authorities

There are real advantages in designing a system which is focused around the establishment of **Regional Services Authorities**. These include:

- Access to the concerns of residents living in the jurisdiction ascribed to the Regional Services Authority relative to service delivery/facilities/priorities in their community or region

- Opportunity to have a regional body function in the capacity of "host" of a broad range of health and social services on behalf of the communities served by that region

- A decision-making body (subject to its terms of reference and powers) with authority to make meaningful choices which will impact the residents of the region

- A body which can orchestrate the placement of professional resources into communities where the need is most urgent and able to respond to changing conditions quickly and effectively

- The forum for ensuring a reasonable degree of consistency and equality of services being delivered

- An avenue to spread the word about new health and social services initiatives within the region

- A forum for exchanging views on the most viable way to tackle a particularly sensitive regional concern(s)

- A forum to serve as the key regional distribution point for new material relative to a health promotion campaign

- A natural mechanism for any self-governing bodies to contract with in order to have either services provided in that particular community by the regional authority or to take on the obligation/responsibility as a separate body.

The following excerpt from a recent review states: "We believe that Regional Boards throughout the NWT should be given greater authority and responsibility by the Department and be held accountable for their actions. There is also a need to empower Regional Boards within the system in a manner consistent with the risks they assume….if the transfer of risk to agents is not accompanied by effective control over outcomes on the part of the agent, dysfunctional behaviour will result" (Med-Emerg). This current review supports this conclusion that was reached in previous consultations.

Who Sits on Regional Service Authorities

The present system of appointing Board trustees appears to be somewhat helter skelter across the system. That is, there are various mechanisms utilized in having members appointed to Boards of Health and Social Services including:

- Recommendation from the local community council

- Election within the First Nations settlement and subsequent nomination by the First Nations Council

- Direct appointment by the Minister upon recommendation from the current Board and MLA

While we are cognizant of the fact that one size fits all may not be totally acceptable or perhaps even appropriate in all instances, we note that, given the significant changes being recommended across the system, that ensuring some stability in the appointment process will allow the system to add increased consistency in its governance structures. At the moment, of the nine Boards in existence, two are consistent in jurisdiction represented with cultural/claimant groups (Deh Cho, Dogrib); two represent very small

communities (Fort Resolution, Lutselk'e); two represent somewhat larger (neighboring) communities (Hay River, Fort Smith); one represents the largest NWT community and two satellite communities (Yellowknife); and one is territorial in scope albeit providing most of its services to the largest community (Stanton).

Thus, we are recommending that the Minister of Health and Social Services make all appointments to the resulting Boards. This appointment by the Minister should be based on the need for:

- Balance in representation for the key elements of the region being represented
- Recognition of the need for increased consistency in Board membership
- Balance of gender and age
- Understanding of the type of system and the health needs of the people.

The membership of a Regional Services Authority (RSA) is expected to be the purview of the Minister of Health and Social Services. While the mechanism for how names are solicited and forwarded in each instance may vary, we would expect the Minister to establish a Nominating Committee charged with soliciting such nominations.

We believe that the criteria for such positions should include:

- Agreement to the functions and purpose of the Regional Services Authority
- Availability to attend meetings which will not exceed 1-2 meetings (days) per month, plus any approved conferences or seminars
- A personal lifestyle which is recognized in the community as healthy and a model for others
- An awareness of the policies, services and facilities of the NWT Health and Social Services Authority and Department
- A willingness to accept the democratic decisions of the RSA (without the need to subject such decisions to the approval of any other governing or advisory community agency save and except the Regional Services Authority)

Tenure of Members on Regional Services Authority

The appointments should be for a three year term with eligibility for a second three year term. Thereafter, any member wishing to be re-appointed must be absent from the Board for a minimum of one year before being eligible for re-appointment by the Minister. If there are no new people stepping forward for appointment, then the Minister should be asked to re-appoint the current members.

Honoraria for Members

While any position such as these is designed to appeal to those with a "volunteer" spirit, there must be some recognition as to the amount of time which may be expended by each member which may be time away from personal employment or business obligations or time away from family obligations.

Regardless of personal circumstance, the compensation provided for such duties should be the same for all members, save the additional honoraria paid to the Chair by virtue of somewhat greater expectations in terms of time commitment. While we realize that various practices have crept into the present system relative to paying Board members on a per hour basis for background research/reading; independently held meetings; and the like, we are not supportive of this practice. Unfortunately, this practice enables the notion of "fee for service" for Board members to enter the system as though Board members were to be paid on a similar basis as the staff. This was never the intention, as we understand it, of the Department nor those who established the governance model.

It is our view that the Minister should establish a "compensation and expense policy" which will apply to all Boards. Such a policy should include such provisions as:

- A basic member meeting honoraria of $ 125 per half day (4 hours or less) meeting; $265 per full day (greater than 4 hours)
- A maximum of $530 per month in honoraria for Board member honoraria
- An additional stipend of $250 per month for the position of Chair; $100 for the position of Vice Chair
- A per diem honoraria for conferences, seminars, meetings of the Leadership Council, etc. of $265 per day plus expenses at cost (as per actual receipts) or as per the GNWT travel expense guidelines as may be applicable to Deputy Ministers or other senior appointed staff
- Any payment to individuals for honoraria/expenses should be made monthly by the Regional Services Authority.

NWT Health and Social Services Authority

We also see the need for one NWT-wide Authority which would act as a support mechanism for the other Regional Services Authorities; a control agent on behalf of the GNWT (and Department of Health and Social Services); and as a coordinating body for the three principal hospitals and various health centres. This Territorial Authority is necessary to ensure that all health and social services are effectively coordinated between the various authorities and that resources are being placed (or rotated) as efficiently and effectively as possible.

Functions of the NWT Health and Social Services Authority

The following are examples of the functions which we envision for the NWT Health and Social Services Authority:

- Coordination of delivery systems within and between all hospitals and health centres
- Coordination of the provision of social services to all residents of the NWT
- Coordination of all recruitment and placement activities for medical/social services professional staff
- Provision of short term professional staff replacements

- Overseeing the licensing and registration processes; seeking the input of the professions

- Delivery of coordinated non-management support services functions including: finance; information technology; human resources; records management; NWT-wide communications; health insurance program

- Development of the framework and policies governing the medical travel system

- Coordination of services provided by non-governmental organizations

- Back-up support to the regional health and social services authorities

- Supervision of health and social workers and other child care professionals

- Training for health and social workers throughout the NWT

- Submission of three year Business Plans to the Department of Health and Social Services

- Approval of annually submitted budgets from the RSAs; allocate funding in a manner approved by the Minister and allocate resources to the Regional Services Authorities

- Development of a Plan, in accordance with the regulations and subject to the approval of the Minister, for the delivery of services

- Oversee and evaluate the implementation of the approved Plan

- Co-ordination of the activities of Regional Services Authorities

- Development of policies for the provision of health and social services to those being served by the NWT; ensure consistency of services

- Monitor and assess the Regional Services Authorities in the carrying out of their activities

- Work with the GNWT and public and private bodies to co-ordinate the provision of services to residents of the NWT.

Values of the NWT Health and Social Services Authority

There are several potential benefits to establishing **a NWT Health and Social Services Authority**. These include:

- Opportunity to have a Territorial body coordinate the delivery of health and social services so as to ensure consistency and a uniform level of service as much as is reasonably possible

- Ensure that the key decisions relative to budget allocations and standard setting are made at a level which reflects and indeed represents the regional and community needs

- Ensure that outstanding issues relative to the allocation of professional resources are addressed on an “as needed” basis within a reasonable timeframe

- A service delivery concept which clusters service components and is better able to find qualified resources and encourage skills upgrading

- A forum for providing adequate supervision of field resources so as to ensure that professional concerns

relative to sensitive service issues are being responded to promptly

- An avenue to coordinate the dissemination of information relative to new health and social services initiatives

- A forum to serve as a "lobbying voice" to the Minister relative to NWT-wide issues which require recognition and/or intervention by the Legislature.

Who Sits on the Board of the NWT Health and Social Services Authority

The Minister should be charged with making the appointments to the Board of the NWT Health and Social Services Authority. The Minister represents the powers and duties of the Legislative Assembly, which is the elected body representing all residents of the NWT.

The Board of the Authority should consist of:

- the three chairs of the Regional Services Authorities (RSA)

- and four members at large as designated by the Minister, one of whom should be appointed from Nunavut based on the number/percentage of use of the Stanton facility

- The Minister may seek nominees from the Regional Services Authorities but may also simply advertise and/or solicit nominees (the involvement of the proposed Board Member Nominating Panel could be considered)

Tenure on the NWT Health & Social Services Authority

Members, except for the chairs, should be appointed to serve for a term of three (3) years, to a maximum of two consecutive terms. At that stage, members should be required to have been off the Board for a minimum of one (1) year in order to be re-considered for appointment.

Honoraria for Members

Given the considerable importance to the system of these positions, we believe that the time should be recompensed accordingly. We expect this Board to meet no less than 10 times annually with the potential for an additional 6-10 days of conference and seminar time committed to this endeavour. There must be some recognition as to the amount of time which may be expended by each member which may be time away from personal employment or business obligations or time away from family obligations.

Regardless of personal circumstance, the compensation provided for such duties should be the same for all members, save the additional honoraria paid to the Chair by virtue of somewhat greater expectations in terms of time commitment.

It is our view that the Minister should establish a "compensation and expense policy" which will apply to all Boards. Such a policy should include such provisions as:

- A basic member meeting honoraria of $ 125 per half day (4 hours or less) meeting; $265 per full day (greater than 4 hours)

- A maximum of $750 per month in honoraria for Board member honoraria

- An additional stipend of $250 per month for the position of Chair; $100 for the position of Vice Chair

- A per diem honoraria for conferences, seminars, meetings of the Leadership Council, etc. of $265 per day plus expenses at cost (as per actual receipts) or as per the GNWT travel expense guidelines as may be applicable to Deputy Ministers or other senior appointed staff

- Any such payment(s) to individuals for honoraria/expenses should be made monthly by the Board.

Development of an Appropriate Service Delivery Structure

The key elements of the recommended approach to Service Delivery are as follows (See Exhibit):

- A Clearly Articulated Legislative Envelope
    - A New Act
    - Streamlined Legislation
    - A Clear Statement of Regulations/Directives/Policies
    - System Goals and Priorities
- A Re-Designed Board Governance Model
    - A New "NWT Model of Board Governance"
    - Effective and Ongoing Training for Governing Boards
    - Elimination of Boards of Management; Replacing Those with Boards of Governance
    - Clear Role Statements for the Key Administrative and Governing Positions
- A Restructured Delivery Structure
    - The Creation of a Comprehensive Delivery Mechanism—The NWT Health and Social Services Authority
    - Clear Designation of Responsibilities to the Authority (as described herein)
    - The Creation of Three Regional Service Authorities—North, Central, South (together with the elimination of Board status of any other present Boards)
    - Clear Designation of Responsibilities to the RSAs (as described herein)
    - Contractual Arrangements with Self-Governing Bodies
    - The Creation of Community Service Councils (one per each community) with responsibilities as described herein
- An Integrated Service Delivery Model
    - A comprehensive, patient/client based "Integrated Service Delivery Model" wherein all related aspects of service provision are linked so as to achieve the right support base and access to all of the appropriate skill base which the patient/client may require; a high degree of patient sensitivity and

understanding of the principles of collaboration and coordination will need to be exhibited

- A "continuity of care model" wherein the individual and his/her needs are the key component of how care is delivered

- A patient-focused multidisciplinary team delivery mechanism which includes physicians' services, home care, community care, social services support and counselling, access to emergency and acute care, assisted living arrangements, specialized care for persons with developmental disabilities, long term care

- A community-focused support network which meets frequently and discusses what community supports are in existence and what supports are needed; the network identifies what services are needed and establishes a gameplan to make it work

- Services which reflect the goals of the organization

- Services based on evidence that they work towards, and provide, the health and social service outcomes desired

- A Measurement System

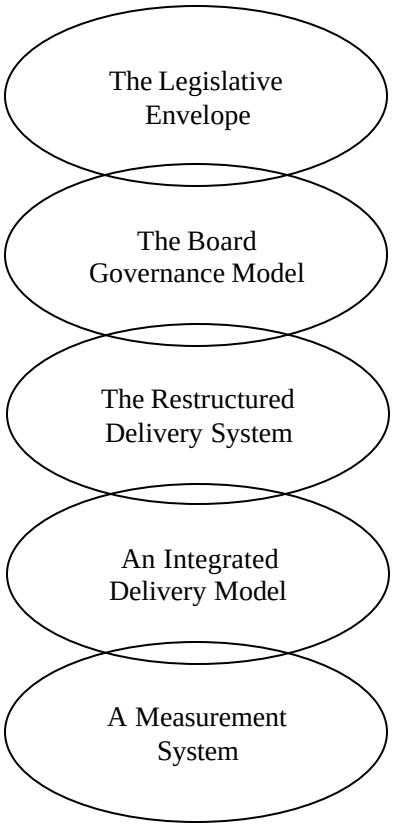
  - Clear targets established on an annual basis
  - Definition as to how and when targets are to be measured
  - Results measured and reported

The Service Delivery Structure

Key Elements

Answers the Questions

1. What is the basis of our authority? What are our goals & objectives?
2. How will the interests of those living in our region be reflected?
3. How will the decision making and resources be channeled to the community level?
4. How will services be delivered; in what manner; with what resources?
5. How will we know what we have achieved? Were our targets met? Did we report; to whom?



Key Service Components

The present philosophy appears to be driven principally by the demands of the day as opposed to a strategy-driven approach. That is, we have been unable to find much evidence to support the notion that services are being guided in an even-handed manner based on performance indicators and program priorities. The fact that this is the main approach is driven by need rather than a lack of attention to what might appear to be obvious. In our view, the status quo will prevail as long as the managers of the system are expected to operate within the same Board structure. It is not realistic, in our view, to consider placing full-time staff within the structure of a small Board wherein the staff member lacks adequate back-up and supervision. This is a recipe for failure despite the best efforts of the local staff, Board and CEO.

Key Elements of a New Social Services Delivery Framework

Any framework, which we would propose, will look much like the one that expert observers would argue is in place at present. Having said that, it is our view that the **new Model should be based upon:**

- A Common Vision by all Stakeholders
  - Need for Comprehensive Input
  - Need for Input/Revision at Regular Intervals

- Access to a Body of Expertise
    - Professional Resources located at Regional and NWT Authority
    - Communities Access Resources as Needed
    - Resource Teams Available Quickly
- Integration of Services at the Front-line (removal of obstacles relative to sharing of information about individual clients)
    - Service Teams Established; All Members Must "Buy In" to Model
    - Case Management Clinics Held to Review Each Patient
- Development of Community Capacity
    - Innovative Community Linkages Established
    - Community "Buy In" Encouraged
- Development of Partner Capacity (Involvement of the NGOs, etc)
    - Priority Placed on Finding and Developing Strong NGO Partners
    - NGO Capacity Monitored and Resourced
- Early Intervention (Capacity to Monitor and Intervene)
    - Strategies Developed to Become Aware of Difficult Situations Early)
- Region-Based Services (Need for Sufficient Capacity for Proper/Comprehensive Service Delivery)
    - Full Range of Services Established at RSA site
    - Specific Community Resources Designated as Required
- Effective Coordination of Key Policy and Procedural Issues (e.g. Children's Services, Adoptions, Mental Health, etc)
    - Department Provides Overall System Guidance
    - One Authority Unit Assigned Responsibility for Policy Coordination
- Balance in Service Delivery (Adult vs. Children's Services/Maintain Reasonable Balance)
    - Senior Management Teams Monitor the Weight Placed on All Service Components

Key Elements of a New Health Services Delivery Framework

As we noted in our comments relative to the Framework for Social Services, "it is our opinion, that the key issue which needs to be resolved, is the effective use of the resources which are available. These, we believe, are sufficiently stretched so as to make meaningful performance and personal follow-up very difficult to achieve".

For whatever reasons, mostly historical and based on the wishes and needs of that day, hospital facilities were constructed and services promised to small and remote communities. While

obviously well-intentioned, the promises made have been very difficult to service. Quite simply, the cost of those services has risen (and still continues to rise) and the access to professional resources becomes increasingly scarce (and not projected to improve substantially for some time yet).

Again, the Framework for a new Model of Health Service Delivery should reflect the principles referenced earlier as well as certain criteria. Similar in many ways to those which guide the Social Services field, we believe that the **new Model should be based upon:**

- A Common Vision by all Stakeholders
    - Need for Comprehensive Input by the Medical Profession and Allied Professions
    - Need for Input/Revision at Regular Intervals
- Access to a Body of Expertise
    - Professional Resources located at Regional and NWT Authority
    - Communities Access Resources as Needed
    - Resource Teams Available Quickly
- Integration of Services at the Front-line (removal of obstacles relative to sharing of information about individual clients)
    - Service Teams Established; All Members Must "Buy In" to Model
    - Case Management Clinics Held to Review Each Patient
- Development of Community Capacity
    - Innovative Community Linkages Established
    - Community "Buy In" Encouraged
    - Preventive Health Practices Promoted
    - Use of Community Health Representatives Encouraged
- Development of Partner Capacity (Involvement of the NGOs, etc)
    - Priority Placed on Finding and Developing Strong NGO Partners for Long Term Care and Assisted Living
    - NGO Capacity Monitored and Resourced
- Early Intervention (Capacity to Monitor and Intervene)
    - Strategies Developed to Become Aware of Difficult Situations Early
- Region-Based Services (Need for Sufficient Capacity for Proper/Comprehensive Service Delivery)
    - Full Range of Services Established at RSA site
    - Specific Community Resources Designated as Required
- Effective Coordination of Key Policy and Procedural Issues
    - Department Provides Overall System Guidance

- One Authority Unit Assigned Responsibility for Policy Coordination
- Input from Professions Sought

- Use of Medical Travel Coordinated Regionally; Guided from the NWT Authority

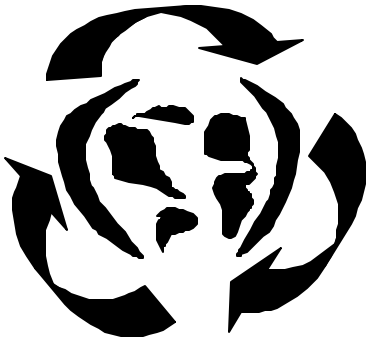
The **Business Planning Cycle** refers to the steps through which an organization ought to proceed in terms of establishing a clearly-defined Business Plan. Thus, while the Business Plan itself must result in certain issues being addressed, as noted below, the Planning Cycle identifies those steps through which the Plan must proceed. We have outlined our expectations in a broad framework (see **Exhibit)** as well as the actual Business Plan Components**.**

The **Business Plan** for each Board must result in:

- Opportunity for planned public input
- Identification of local and regional needs & aspirations
- A description of the vision and mission of the organization
- A clear statement of mandate
- A set of governing and operating principles
- Broad goals and specific objectives
- A description of each service area and a description as to where the area of responsibility lies i.e. the Board and its administration; a non-governmental organization; or other
- An outline of the perceived priorities for that Board
- A description of how these priorities are to be addressed
- A review of the human and financial resources needed to accomplish these objectives
- An outline of how these targets (goals, objectives and priorities) will be measured, when and by whom

Business Plan Components

Business Plan Cycle



January

December

Revised NWT H&SS 3 year Business Plan and Annual Budget submitted to Minister by NWT H&SS Authority

November

Draft NWT H&SS Business Plan submitted to Minister by NWT H&SS Authority

Draft Annual Budget submitted to Minister by NWT H&SS Authority

Review by Minister / Department and responses to NWT H&SS Authority

October

Annual NWT Health and Social Services Conference

RSAs present draft Regional Business Plans to conference

Joint meeting of NWT H&SS Authority and RSAs to develop draft NWT H&SS Business Plan content

September

CSCs facilitate community meetings to determine local health and social service priorities (continued)

CSCs submit community priorities to RSA at joint meeting then RSA determines regional priorities

RSA prepares draft Regional Business Plan based on regional priorities and framework budget

August

CSCs facilitate community meetings to determine local health and social service priorities

Framework budget and funding model updated based on new date available

July

Reporting on background data and environmental scans completed by Department, NWT H&SS Authority and RSA staff

NWT H&SS Board and RSAs approve background information package for CSC use

June

NWT H&SS Authority and RSAs begin preliminary planning and information gathering

May

Schedule and Guidelines for next 3 year Business Plan and next year Annual Budget issued by Department

Framework Budget for next 3 years (based on funding model) issued by Department

April

Implementation for April 1st of NWT H&SS Business Plan and Annual Budget

March

Revision of NWT H&SS Business Plan to correlate to approved Budget

February

NWT H&SS 3 year Business Plan and Annual Budget submitted by Minister to Legislature with Annual Budget

Key Roles and Proposed Structures

If our proposed changes are adopted by the Legislature and thus by the Department, there will be considerable change to the make-up of the Department and the deployment of resources. The roles of the Department will by necessity, be much more focused in the areas of:

- Legislative renewal and policy leadership
- Strategic goal-setting
- Allocation of global budget(s) and reporting requirements
- Description of core services
- Measurements and standards for determining health status
- Monitoring of public health requirements; ensuring standards are being met
- Coordination of Territorial response to new federal initiatives; intergovernmental relationships
- Monitoring performance of the NWT Health and Social Services Authority
- Acting as the backstop to any significant problems encountered by the new system in achieving performance targets and/or delivering a reasonable and consistent level of service.

Criteria for Establishing a Regional Services Authority

In order to fully understand the philosophy which underlies this proposed change in service delivery structure, it is imperative to establish the criteria which we used for designating the three Regional Service Authority areas of jurisdiction. Further, we herein outline our thinking relative to where these Authorities ought to be physically located and how this will affect the present arrangements.

The recommended criteria as to what regional authorities ought to be established and where are as follows:

- The most effective and comprehensive range of professional services available together with the back-up support to that service
- Scope of the geographic area; accessibility; normal traffic patterns
- Recognized hub community for at least the majority of the region it serves
- Number of people likely to be served; actual population base
- Accepted as the current “home” of many of those who are likely to work for that Authority.

The Med-Emerg Report of 1997 pointed to the need for sufficient resources to be available which necessitates a broader-based approach. That Report states, and we quote

> “*It is important that the Regional Boards represent an entire region and not the interests of any one community.”*

Similarly, the Department’s own documents refer to the problems encountered in trying to provide services out of a multiplicity of Boards. Their plan “Shaping Our Future: A Strategic Plan for Health and Wellness (1999) states:

"The number and variety of boards can make it difficult to coordinate or develop services that are shared by more than one board. It can also be difficult, particularly for small boards, to maintain expertise and stability in management, administration and service delivery."

Board Member Recruitment and Retention

At present there are various ways by which a Board member is appointed to one of the nine Health and Services Boards. Some members have been nominated by the local community council; some have been elected within the community and appointed to the Board; others have been nominated by various councils within their local community; and some are direct appointments of the Minister.

It is our view that the Minister should standardize the system of appointments through establishing a **Board Member Nominating Panel** which is charged with seeking nominations to these recommended Boards for a term which should begin no later than October 1, 2001 and should carry on for the three year period to October 1, 2004. The panel should stay empowered by the Minister to advise on ongoing appointments which are necessary by virtue of those stepping down from their appointment or whose position has been revoked for one reason or another.

Election of Board Members

We briefly examined the issue of electing Board members to either the Regional Services Authorities and/or the NWT Authority. It is our view that the present method of appointing Board members is suitable. We base this argument on the following rationale:

- The notion of having public interests served by elected representatives is accounted for by the fact that the NWT has 19 elected Members of the Legislature

- The fact that health and social services are high profile as service areas of the Government means that there is a constant spotlight on this Department

- Additional elected spokespersons/representatives would not necessarily achieve any greater focus on these services than is currently the case

- If local groups/Band Councils/Metis Councils want to be assured of being represented at the Board table, that is more likely to happen by way of appointment through the Minister's office

- The system is going through considerable change as it is with the potential implementation of all or much of this Report; electing Board members simply adds an additional dimension of change

- The system is funded through the revenues of the GNWT; if there are concerns about the lack of spending on a particular perceived local priority, direct contact will still be made with the Minister, Cabinet and MLAs.

Selection and Appointment of the Chairs

The issue of how the Chair for each of the NWT Authority and the three RSAs is selected was brought forward as an issue. There is merit in either option: either electing the Chair from within the Board; or having the Minister make the

appointment from all those appointed to by the Minister to serve on the Board (i.e. either candidates recommended through a nomination panel or through other mechanisms e.g. from community councils, MLAs, etc.).

In this instance, we believe that there would be real merit in having each of the Boards choose their Chair from the members of the Board on a secret vote and on an annual basis. This will ensure that there is a need by the Chair to maintain a decent professional relationship with his/her colleagues and the communities represented.

We recommend that the Department draft the regulations such that the Chair of each of the four Boards is elected by secret ballot from within the members; with the proviso that the Minister can, with reason, dismiss the Chair, individual members of the Board; or the Board as a whole and that the Minister may appoint the Board if conditions so warrant and may refuse (with reason) to accept the name of the person elected from amongst their members.

Location of the Regional Services Authorities

We recognize that there is likely to be considerable sensitivity to the recommended placement of the proposed Regional Services Authorities (RSAs). At the heart of the matter is one seminal or key question:

> *"do the changes to the status quo enable the residents of the NWT to have a more stable and sustainable health and social services system such that not only the present population but also future residents are able to access quality services which meet the needs of the population of the NWT?"*

We have given much thought to the question of where to recommend the placement of the four bodies which we recommend to replace the current nine. The designation of specific locations (and alternatives) has been based on the following considerations:

The NWT Authority

- Access to the necessary professional resources to staff the Authority
- Site of significant social, educational, cultural and recreational amenities (ease of attracting new or replacement staff)
- Cost efficiencies for staff travel
- Quality accommodations
- Accessible by ground and air transportation
- Central to the communications hub of the NWT
- Ease of transition from the current arrangements to the new structure
- Ability to attract the right resources quickly to replace any that leave the Authority
- Cost of holding meetings of staff and the Board
- Access to the leadership of other organizations for key meetings
- Will reflect and represent the seat of Government
- Ease of access to the Minister and Deputy Minister

The Regional Services Authorities

- Recognized as a natural centre for the region
- Consistency with broad regional groupings
- Accessible by ground and air transportation
- Site of a major hospital
- Reasonable range of professional resources
- Access to trained support staff
- Presence of a solid core of qualified health and social service professionals
- Quality accommodations
- Recognition of current boundaries of self-government groups and a preference to keep these in one RSA if possible
- Ease of transition from the current arrangements to the new structure
- Complementary range of non-governmental organizations
- A balanced system

As a result of our assessment of a comprehensive range of options relative to locations for each of these Authorities, we have decided to recommend that the NWT Health and Social Services Authority be based in Yellowknife. This will likely come as no surprise to most although we did give consideration to one other community (Hay River) for some of the same reasons. At the end of the day, it was our view that there was significantly greater likelihood that the new Authority would be able to access the necessary human resources more quickly and assuredly in the capital city. It is also true that some of the staff who are presently employed by the Department (and resident in Yellowknife) may have their positions allocated to the NWT Authority.

The second decision(s) was more difficult to resolve. Much of our hesitancy has been simply a reflection of the population distribution of the NWT. It would be much simpler if there were natural core communities with a sufficient threshold population which would support a comprehensive service hospital facility as well as being home to a wide range of skilled health and social services employees. The reality is much different.

Thus, while we have explored a variety of options and have reviewed the existing literature relative to regional servicing issues, we are charged with recommending a system which is sustainable over the foreseeable future and sufficiently flexible so as to accommodate future shifts in governance arrangements (for example, that which might evolve due to current self-government negotiations).

The very significant population difference between Yellowknife and the other NWT communities makes the choice for any of these locations a rather difficult exercise. However, after giving this some thought, we believe that there are quite sound reasons in favour of placing the headquarters of the three regional services authorities as follows:

Northern Region	**Inuvik**
Central Region	**Yellowknife**
Southern Region	**Hay River**

While we gave consideration to the location of the Central Region in at least one other location, the overwhelming impact of the Stanton Hospital and the Yellowknife Health and Social Services would bring any other headquarters into real question as to its viability and logic. While one could argue that a site other than Yellowknife for the Central Region would add balance to the overall distribution of resources, our task was not to "spread the resources around" as though that was as easy to achieve as it sounds. Rather, the health and social services system must be reflective of a good degree of common sense if it is to serve the residents in an optimal fashion.

Our recommended sites, which ought to be designated for each Regional Services Authority, are as follows:

Northern Regional Services Authority

Headquarters: Inuvik

Regional Services Centres: Aklavik, Holman, Paulatuk, Sachs Harbour, Tsiigehtchic, Tuktoyaktuk, Fort McPherson

Central Regional Services Authority Headquarters

Headquarters Yellowknife

Regional Services Centres: Norman Wells, Fort Good Hope, Colville Lake, Deline, Tulita, Fort Simpson, Wrigley, Fort Liard, Jean Marie River, Trout Lake, Nahanni Butte, Yellowknife, Detah, Rae Lakes, Edzo, Rae, Wha Ti, Gameti, Wekweti, Kakisa, Hay River Reserve

Southern Regional Services Authorities Headquarters

Headquarters: Hay River

Regional Services Centres: Fort Smith, Fort Resolution, Enterprise, Fort Providence, Lutselk'e

Support Services for Boards

If the proposed Board structure is to work as intended, several key elements must be in place. These include:

- A comprehensive background briefing on the purpose of Boards
- Orientation for all new members on an ongoing, regularly scheduled basis
- A thorough briefing with respect to the key components of the Board's business
- Clear protocols which state the prerogatives of the Minister (and Department) as well as their obligations
- Access to expertise from the Department and/or external advisors on topics central to the core businesses of the Boards
- Appropriate and thorough briefings of the Board by their Chief Executive Officer
- A clear understanding of the fiduciary responsibilities of a Board

Proposed Organization Structures

In order to accomplish the changes in the delivery system which we are recommending in this Report, there must be significant change to the way in which the health and social services components in the NWT are presently structured. While we realize that what we are recommending is very significant and a marked departure from the current delivery system, it is our view that the current structures have hindered the system and will threaten its very survival if not radically changed.

As a result of our perceptions that change is necessary if the health and social service needs of people are to take precedence to the aspirations for local community control of the delivery of services, we believe that the re-design of the system is essential.

We recognize that the changes recommended are significant. Not only are we recommending changes to the structure (and thus staffing) of the nine Boards but so too are we recommending a rather significant change in the roles and functions (and thus staffing) of the Department. We would presume that the Department would act quickly to assure employees of their future employment status and potential career opportunities once the Government has decided how to proceed with this Report. It is our view that any current employee wanting to stay in this challenging field would have increased opportunities to do so.

The recommended design is shown as: **Exhibit # 1 (Proposed Departmental Structure); Exhibit # 2 (Proposed NWT Health and Social Services Authority); Exhibit # 3 (Proposed Regional Services Authorities) (see opposite).** These three structures are interdependent, that is, they are intended to complement each other with a minimal degree of overlap and a significant degree of clarity as to responsibility and accountability.

Exhibit # 1

Proposed Organization Structure
Department of Health & Social Services

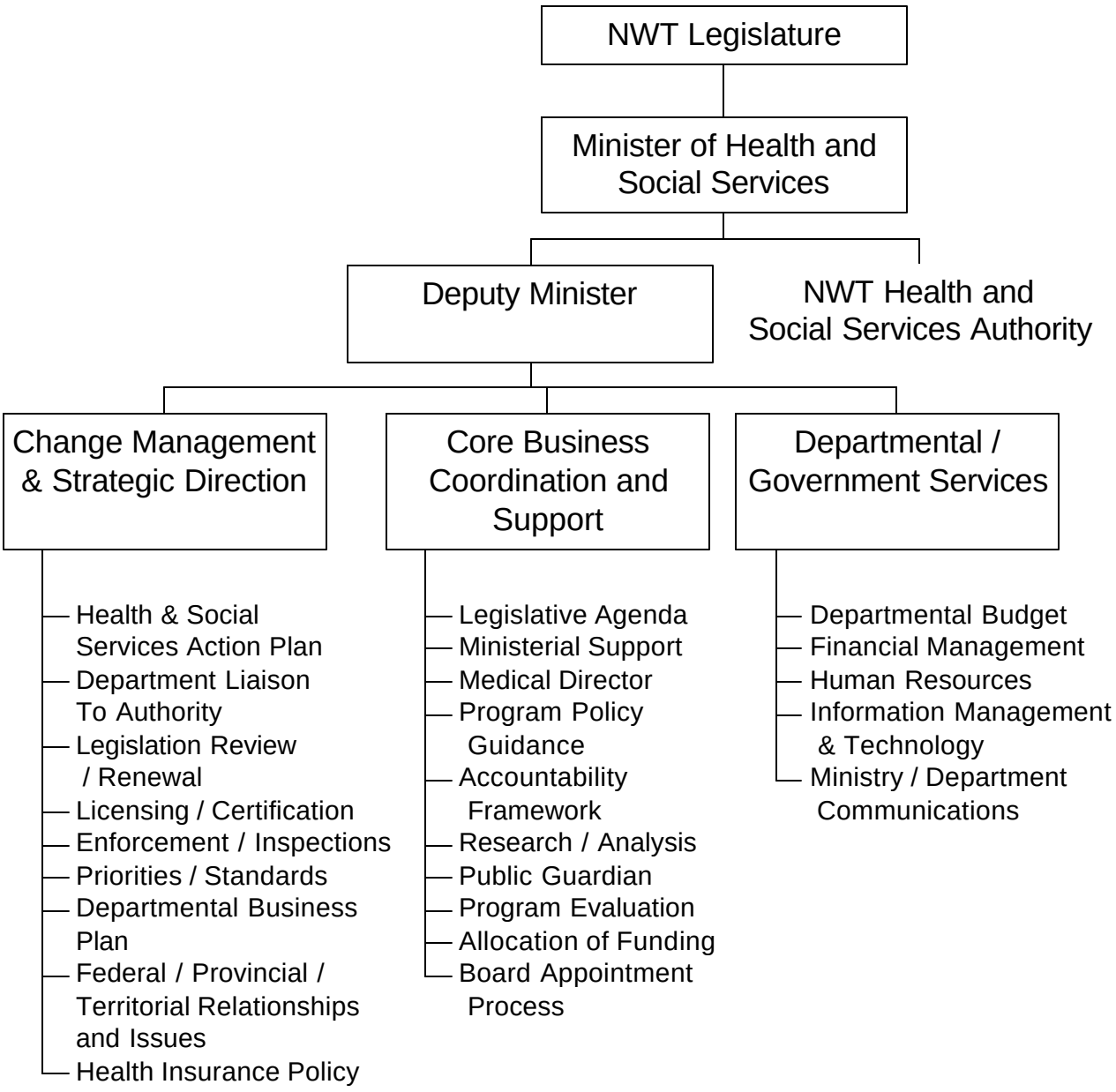


Exhibit # 2

Proposed Organization Structure for
NWT Health and Social Services Authority

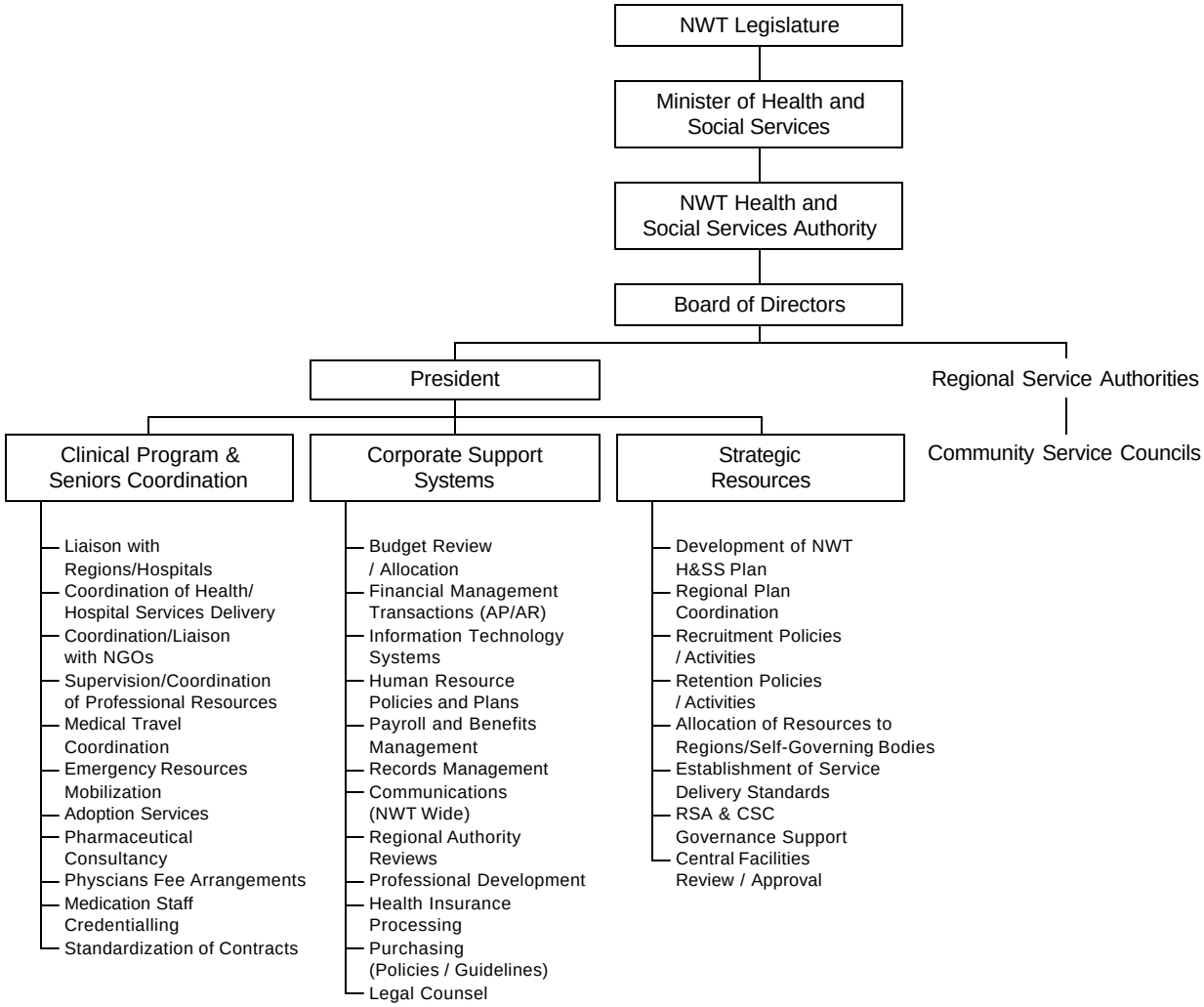
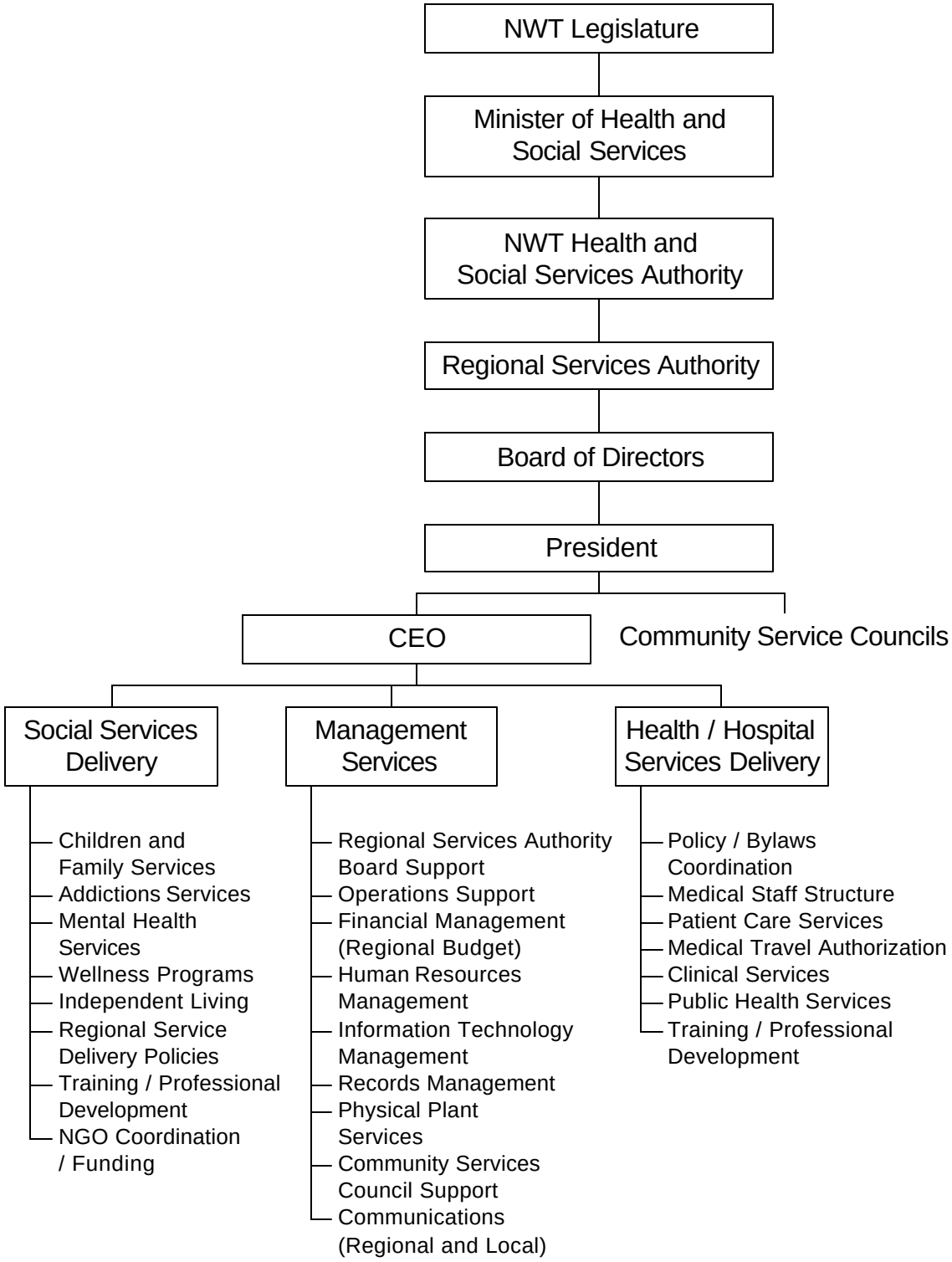


Exhibit # 3

Proposed Organization Structure for each Regional Services Authority



THE IMPACT OF SELF-GOVERNMENT

A significant factor, which is likely to impact the implementation of our study at some stage over the next few years, has been the land, resources and self-government negotiations currently underway between the Federal Government, GNWT and aboriginal governments. The ongoing talks relative to self-government and the related issue of land claims are complex and certain to have an impact on how the NWT is both governed and managed in the future.

While we are not the experts in this delicate and highly specialized process, there is no question but what the outcomes of these negotiations will have an impact on the future design and delivery of health and social services. A part of our hesitation in commenting on this significant NWT issue lies in the fact that negotiations are ongoing and we are reluctant to allow our lack of familiarity with the issues to somehow, regardless of how inadvertently, interfere with the process. On the other hand, our task (as guided by our terms of reference) is to provide the framework of a system for the future delivery of health and social services which is sustainable.

It is our view that there are really two distinct issues which impact our Report; the first is that of governance (who determines what services are to be delivered to what areas) and, secondly, service delivery (who has responsibility for actually getting the services to where they are most needed). From a quality control perspective, it may be that the latter is more critical. That is, our Report has argued that it is far more preferable for citizens to have access to quite a range of specialized resources on an "as needed" basis rather than to have sole control over minimal resources (i.e. the less than satisfactory person years of one or more employees who will inevitably need time off, vacation period, supervision, training, etc).

As we understand it, and recognizing the problems which can be encountered in over-simplifying such issues, the following key points are significant:

- We do not want to infer that the processes of land claim settlements and that of self-government will not have an impact on the delivery of health and social services. Obviously these will likely have a significant impact and will need to be reviewed in light of how these issues will impact the overall delivery system. It is our hope that people of wisdom will recognize the need for a solid, rational basis for the delivery of these critical services.

- These two key areas of health and social services appear to be recognized as distinct and separate by those in the negotiation processes. It has been argued and, we understand, at least tentatively accepted by some, that health is a very complex and vertically-integrated service that requires a territorial-wide legislative and policy framework and which transcends local and indeed regional boundaries and thus is perhaps best left at a more territorial level.

- Given the highly specialized nature of health services, much of its

delivery system will need to be retained in a very few centres. Indeed, we would argue that trying to provide some of these highly specialized services in more than three core centres has reduced the overall viability of the delivery system. The desire for local control over the delivery of key services should not be mistaken for the need to recognize that certain services, by their very nature, need the threshold size which is only possible at a larger, more regional level.

- In certain instances, particularly where the population level is quite small, the governance of services locally may be achieved most successfully in a contractual environment whereby necessary services are obtained via contract with another agency in a partnership agreement. Thus, it may be that a self-government body which negotiates for the authority to establish the laws and delivery structure of certain social services may, for example, recognize that it would be preferable to contract with the proposed NWT Health and Social Services Board to have the local Regional Services Authority provide the human resources for such services. In that way, the self-government body would be able to negotiate access to a much wider array of needed specialty skills without having to find the financial resources to pay for services which are only required on a part-time or "as needed" basis. If negotiated by people of goodwill and common sense, such a partnership can be beneficial to both parties.

- Based on our limited understanding of the agreements being negotiated in the Beaufort Delta and Dogrib jurisdictions, self-governments may have quite broad authority relative to social services and less relative to health services. In the instance of social services, the concept of a shared jurisdiction and partnership relative to the delivery of culturally-sensitive services may be a realistic option. (It was recognized that some of these services may well become part of the devolution of authorities during the self-government process. In fact, it is our understanding that the delivery of some or all aspects of social services are "on the table", or have already been agreed to, in the various discussions and negotiations relative to self-government).

- An authorized aboriginal self-government may determine to continue on a present arrangement relative to service provision or may decide to contract with the proposed NWT Health and Social Services Board for the services and present level of funding to be transferred to the self-government body via the Regional Services Authority (an intergovernmental services agreement).

- To the extent possible, each of the communities should be consulted as to which Regional Services Authority best represents their "home" region and thus where they would expect much of the services to be coordinated and/or delivered.

- Local aboriginal customs and interests should be reflected to the extent permitted or encouraged within the prevailing laws in how services are delivered; for example, a Regional Services Authority may be delegated authority to enter into an agreement with a self-governing

body relative to the establishment and regulation of traditional healers.

- If the question becomes one of local control for political or economic reasons versus the delivery of quality health and social services which are essential to individual well-being, it is our view that the latter must be accorded the primary rationale and role.

At the end of the day, we are striving to recommend a system which:

- Is respectful of any existing laws insofar as they impact the delivery of health and social services
- Respects the rights both of aboriginal peoples and all residents of the NWT
- Results in a system of service delivery which is defensible from the standpoint of effectiveness, efficiency, transparency, quality, consistency, accurate and useful reporting, timeliness of service, equity of service for all, measurable results
- Is enveloped in a governance structure which is open to all citizens; is responsive to the pressures which it will face; assists rather than hinders good decision-making; and enables citizens to participate in the decisions respecting their own health care and use of social services such that lives are enriched and individual responsibility for managing personal care is respected
- Is stable during the next decade of change resulting from the implementation of self-government agreements.

Some Summary Comments

This has been a comprehensive exercise on behalf of the Department of Health and Social Services. We have appreciated the opportunity to provide an independent and unbiased view of the present system and how we believe it could be enhanced. We have not answered all of the potential questions and thus some will feel disappointed that their area of concern was not addressed. Further, we realize that in singling out any one part of the system, we run the risk of missing other important elements. It is not that they are not important-simply that they were not addressed to us as issues at this time. We apologize for any oversight and assure anyone so impacted that this was entirely unintentional.

There are many components of health and social services which still must be addressed. However, it would be a significant mistake, in our view, for the Department to delay making the necessary structural changes as are recommended herein. This system, which we have designed, will be a significant element in rationalizing the entire style and method of delivering services.

One note of caution may be helpful to those whose livelihood is impacted by the recommendations and philosophy contained in this Report. Change is always of concern to anyone who serves in or with the organization undergoing a transformation. It will take some time for these changes to be thought through and acted upon by the leaders of the NWT. If the work which is being done currently is of value to the

system, then that component has every possibility of being there at the of this process. We are confident that the Department and Boards will ensure that their employees are treated fairly.

THE ACTION PLAN

THE LEGISLATIVE ENVIRONMENT

1. We recommend that the Government to approve a new piece of legislation "An Act to Establish the NWT Health and Social Services Authority and Regional Services Authorities" which clearly outlines the roles and responsibilities as recommended herein for the proposed new system.
2. We recommend that the Department develop a "Legislative Review Team" to review and recommend revisions to the present legislation.
3. We recommend that the Department contract with experienced external legal counsel to conduct the above review and to recommend changes to the legislation in keeping with the tenor of this Report. "An Act to Establish the NWT Health and Social Services Board and Regional Services Authorities" should be the first order of priority.
4. We recommend that a new Public Health Act and a Health Disciplines Act be considered as top priorities by the proposed Legislative Review Team.
5. We recommend that the requirements for the registration of Authorities, and previously the Boards, under the Societies Act be eliminated.
6. We recommend that the document *Core Services of the Department of Health and Social Services* be reviewed and amended to provide greater flexibility for the Authorities in the level of service provided for individual core services, in order to operate within approved budgets.

PRINCIPLES GUIDING THE NEW HEALTH AND SOCIAL SERVICES SYSTEM

7. We recommend that the Government endorse the proposed "System Principles" which guide the design and implementation of a new way of providing health and social services to the residents of the NWT.

DEPARTMENT ROLES AND STRUCTURE

8. We recommend that the Government endorse the need for a more streamlined and focused role for the Department of Health and Social Services which concentrates its resources in the areas of strategic leadership, goals and priorities, monitoring and measurement and endorse the proposed Statement of Departmental structure, roles and responsibilities.
9. We recommend that the NWT Authority engage in a process to develop an NWT Health and Social Services Plan for submission to the Minister; and that this Plan involve the participation of all relevant stakeholders.
10. We recommend that the Regional Services Authorities engage in a process of consultation with their

regional partners and develop a regional strategic plan.

11. We recommend that the Department submit a restructuring and revised staffing plan to the Minister.

GOVERNANCE STRUCTURE

12. We recommend that the present delivery system model and resulting boundaries (which reflect nine (9) Boards of Management) be rescinded.

13. We recommend that a new model of providing health and social services be established based on the following key components:

    An NWT Health and Social Services Authority

    Three Regional Services Authorities as follows:

    - Northern Regional Services Authority (based in Inuvik)
    - Central Regional Services Authority (based in Yellowknife)
    - Southern Regional Services Authority (based in Hay River)

    Local Community Services Councils as approved by the Regional Services Authorities

We note and wish to underline that nothing in our Report and recommended restructuring of the health and social services system is intended to detract from either the land claims or self government processes which are in their various stages of negotiation. Rather, we are intent on designing a system approach which can work and can allow for the Department through the established mechanisms to enter into an agreement to contract for certain services to any legitimate third party, including a self governing authority.

14. We recommend that the principal function of these bodies be as follows:

NWT HEALTH AND SOCIAL SERVICES AUTHORITY

Coordination of delivery systems within and between all hospitals and health centres; coordination, supervision and direction of the acute care services including where and how these are delivered

Coordination of the provision of social services to all residents of the NWT

Coordination of all recruitment and placement activities for medical/social services professional staff; authority to enter into secondment arrangements with the Regional Services Authorities for all professional staff

Provision of short term professional staff replacements

Delivery of coordinated non-management support services functions including: finance; information technology; human resources; records management

Coordination of services provided by non-governmental organizations

Back-up support to the regional health and social services authorities

Training for social workers throughout the NWT

Submission of three year Business Plans to the Department of Health and Social Services

Approval of annually submitted budgets from the RSAs

THREE REGIONAL SERVICES AUTHORITIES

Coordination and delivery of community health and social services to all residents within the region

Assurance that all residents of the region have adequate and timely access to necessary medical services

Coordination of the community health and social services providers within the region

Supervision and direction of all staff working in the region (except as otherwise delegated to the NWT Health and Social Services Authority) including those on a secondment arrangement from the NWT Authority

Collaboration with appropriate non-governmental agencies which offer services within the range of responsibilities of the regional authorities

Consultation with all community health and social services councils and communities served by that regional authority

Development of detailed budget submissions for approval by the Board of the NWT Health and Social Services Authority

Approval of expenditures within the NWT Health and Social Services Authority budget allocation

Authority to delegate the approval of budget allocations to the CAO

Authority to delegate other operational issues to the CAO (within the policies as approved by the Board or as established by legislation)

LOCAL COMMUNITY SERVICES COUNCILS

A consultative mechanism to provide input and advice to the RSA relative to the provision of local health and social services

Authority to hold bi-monthly meetings with the residents of the community in order to seek input on any matter deemed relevant to the delivery of services at the local level

Such community services councils may be incorporated within a larger community framework or may be a stand alone entity

Authority to propose changes in service delivery to the RSA and/or a re-allocation of current budget dollars

Authority to provide input to the annual budget process of the RSA and/or the Business Plan process

ACCOUNTABILITY In The System

15. We recommend that Government ensure the establishment of clear lines of accountability in the system. Thus, we recommend that:

    The Minister of Health and Social Services be accountable for the following:

    - establishing and enforcing the legislation
    - ensuring the overall quality of health and social services in order that the needs of residents are met
    - ensuring access to services
    - promoting health and wellness
    - monitoring and evaluating programs and outcomes
    - working with professional organizations
    - administering the legislation
    - sharing information with other departments within the GNWT and other Governments.

16. We recommend that the Board of the NWT Health and Social Services Authority be held accountable to the Minister of Health and Social Services with responsibility for the functions as outlined herein.

17. We recommend that the Regional Services Authorities be accountable to the Board of the NWT Health and Social Services Authority with responsibility for the functions as outlined herein; and that, in the case of any conflict or confusion as to approvals sought and gained, that the RSAs recognize that they are ultimately accountable to the Minister of Health and Social Services.

18. We recommend that the community services councils with responsibility for the functions as outlined herein, be deemed accountable to the RSA for that region and, in the case of any conflict or confusion, an appeal with respect to roles or authority would be resolved by the NWT Health and Social Services Authority.

CLUSTERS OF SERVICE

19. We recommend that the NWT Health and Social Services Department ensure that the NWT Authority has adequate resources to carry out its assigned functions.

20. We recommend that the NWT Authority utilize a cluster method of service delivery as the most practical method of ensuring the availability of professional and key administrative resources where they are in greatest need.

21. We recommend that the NWT Authority delegate to each Regional Services Authority sufficient resources to adequately meet the needs of those residents of that region.

BOARD GOVERNANCE SYSTEM

22. We recommend that the Department and the NWT Authority endorse the proposed NWT Model of Board Governance as outlined herein.

23. We recommend that the Department (through the NWT Authority) arrange for training of all Board members in this proposed model and that such training be made available to all members of the Board of the NWT Health and Social Services Authority and the members of the Regional Services Authorities.

24. We recommend that the membership of the new Boards (as recommended) be appointed by the Minister; and that all members of the current Boards be deemed eligible to apply to the Minister for membership on the new Boards.

25. We recommend that the Minister take steps to standardize the system of appointments through establishing a Board Member Nominating Panel which is charged with seeking nominations to these recommended Boards. The panel should stay empowered by the Minister to advise on ongoing appointments which are necessary by virtue of those stepping down from their appointment or whose position has been revoked for one reason or another.

BOARD MANAGEMENT SYSTEMS

26. We recommend that the Department approve the proposed structure of the NWT Health and Social Services Authority insofar as the functions of that Authority are identified.

27. We recommend that the proposed structure of the Regional Services Authorities be approved insofar as the functions of the Authorities are identified.

28. We recommend that the proposed functions of the President and CEO (chief executive officer) of the NWT Authority be endorsed in principle and conveyed to the first Board of Directors of the NWT Health and Social Services Authority for their consideration and adoption.

29. We recommend that the contract of the President and Chief Executive Officer be the responsibility of the NWT Authority.

30. We recommend that the proposed functions of the chief executive officer (CEO) of the Regional Services Authorities be endorsed in principle and conveyed to the first Board of Directors of the respective Regional Services Authorities.

31. We recommend that the contract of the Chief Executive Officer be the responsibility of the Regional Services Authority.

SYSTEM FINANCING

32. We recommend that the revised Business Planning Process as outlined by this report be adopted.

33. We recommend that the directions included in the Sierra Systems Consultants report titled *Information Management / Information Technology Strategic Plan* be applied within the governance structure and priorities of this Action Plan.

34. We recommend that financial and operational information systems be developed through a step-by-step basis based on utilizing the Financial Management Capability Model published by the Office of the Auditor General of Canada.

35. We recommend that financial information and transaction systems, chart of accounts, operational data

collection systems, and payroll systems be standardized across the Department and the Authorities.

36. We recommend that the Department provide guidelines for the auditors appointed by the Authorities, with the guidelines standardizing the minimum content of financial statements and areas required to be covered by management letters.

37. We recommend that funding of health and social service programs be undertaken on the basis of the funding model and principles included in this Action Plan.

RECRUITMENT AND RETENTION

38. We recommend that a Professional Resources Recruitment Team be established and that the following terms and conditions apply:

    - This should be headquartered and coordinated through the NWT Health and Social Services Authority with a specialist team chosen under that umbrella

    - The team should consist of: a Territorial Recruitment Specialist; a representative of the NWTMA; NWT Nurses Association; senior staff of two Regional Services Authorities; and a cross-section of representatives of the other professions

    - The team should meet no less than 10 times annually to discuss objectives, targets and progress

    - The team should develop a person and professional profile of what resources are needed and for what specific areas of the NWT; consideration should also be given to developing the type of employment agreement which permits some degree of transfer within the whole NWT system

    - The team should report jointly and no less frequently than twice annually to the President and CEO of the NWT Authority and the Leadership Council of Chairs

39. We recommend that a benefit package for professional staff (including a review of housing, vacation, and travel benefits) be reconsidered in the overall context of a recruitment and retention policy framework.

SERVICE DELIVERY

40. We recommend that the integration of health and social services continue to be promoted at all levels, and that more emphasis be given to an Integrated Case Management approach at the regional level.

41. We recommend that any self-government bodies which negotiate for the authority to establish the laws and delivery structure of certain social services be encouraged to contract with the proposed NWT Health and Social Services Authority to have the local Regional Services Authority provide the human resources for such services.

42. We recommend that The Professions Advisory Council be established under the guidance of the Deputy Minister and consist of representatives of each of the professions who are involved in the delivery of services to patients/clients. The representatives should be nominated to this Council by their respective organizations.

The Council's terms of reference should include:

- Assessment of the current approaches to service collaboration and integration
- Review of those factors which are viewed as impediments to effective service integration
- Review of the breadth of professions and technical groups whose mandates may be impacted by service integration; recommendation as to their role in relation to this Council
- Recommendations to the Deputy Minister as to what administrative resources will be required by the Council to assess this mandate
- Regular reports to the Deputy Minister (3 times annually) on steps towards improving service integration.

43. We recommend a more concerted effort be taken to address the public health concerns and issues of NWT residents. To this end, it is recommended that a NWT Public Health Advisory Committee be established to assist and advise the Minister and the Chief Medical Officer of Health by advising as to key areas of concern; potential public health strategies; and methods of increased communication.

44. We recommend that the position of Chief Medical Health Officer be retained in the structure of the Department; that one of more Deputy Medical Officers of Health positions be established within the structure of the NWT Authority; and that public health responsibilities be delegated to senior public health staff in each of the RSAs.

45. We recommend that health centres employing only one nurse either be closed or be expanded to a minimum of at least two nurses plus other professional and/or support staff. If they are closed, a concurrent strategy will be required to announce how health care will be available to those communities involved.

NON-GOVERNMENTAL ORGANIZATIONS

46. We recommend that the NWT Authority develop a series of policies and protocols with regard to its proposed relationships to Non-Governmental Organizations. These policies and protocols should address:
    - Areas of service delivery
    - Reporting relationships
    - Budget process (financial and program accountabilities)
    - Business planning
    - Lines of Communication
    - Performance measures

47. We recommend that increased attention and resources be placed in a "community development strategy" which has as its goal "a caring community".

TRAINING AND DEVELOPMENT

48. We recommend that the NWT Health and Social Services Authority develop a high quality board orientation and governance orientation program for all Board

members who are appointed to the first Boards of the four Authorities.

49. We recommend that the NWT Authority develop and oversee an ongoing training program for Board members based upon the philosophy and principles included within the NWT Model of Board Governance. A part of this training should include sessions on:

    - Principles and Practices of Governance
    - Conduct of Board meetings
    - Policy Development (The Role of a Board)
    - Business Planning (The Role of a Board)
    - Decision-Making (The Role of a Board)
    - Performance Assessment (The Role of a Board)

50. We recommend that the nurse practitioner program at Aurora College be supported, and that appropriate designations and compensatory recognition of graduates be considered as essential aspects of the process.

PURSUING THE ACTION PLAN

51. We recommend that the Deputy Minister appoint an Action Plan Monitoring Team to:

    - Ensure that the Report Recommendations as approved are acted upon within the timelines as established
    - Report to the Legislative Assembly (or a Committee thereof) on the progress made relative to the Report
    - Recommend to the Deputy Minister what actions should be taken and in what sequence.

52. We recommend that the current staff be regularly updated with regard to how present functions will be deployed under the new model and where senior management expects to place their specific responsibilities.

53. We recommend that an orientation process for all staff into their proposed positions be held immediately after the new structure is announced.

54. We recommend that the Department ensure that it publicizes, on a monthly or bi-monthly basis the status of these recommendations until such time as they are officially approved and implemented, or dismissed outright or deferred to a later date.

55. We recommend that a Forum on Personal and Community Well-being be held within 90 days of the adoption of this Report to begin the drafting of an NWT Health and Social Services Plan setting out the respective roles and commitments of each of the stakeholder groups. We envision a small, select and representational group who will be empowered with the task of drafting principles and action steps for not just individual groups, non-governmental organizations and the private sector, and communities, but for the NWT as a whole. Such a task force should be placed under the guidance of the proposed new NWT Authority.

56. We recommend that Annual Minister's Annual Forums should be scheduled thereafter which are focused on identifying areas of progress, best practices and challenges. One of the values of such a Forum will be the recognition that, in spite of the many challenges and even setbacks, that real progress is being made on many fronts. Forums should be scheduled thereafter which are focused on identifying areas of progress, best practices and challenges. One of the values of such a Forum will be the recognition that, in spite of the many challenges and even setbacks, that real progress is being made on many fronts.