NWT HEALTH CARE ASSOCIATION
Annual General Meeting 1992
Speaking Notes for Minister

It is a pleasure to be with you today, as the first opportunity I have had since becoming Minister of Health to meet with representatives of the regional health and hospital boards. When the Honourable Nellie Cournoyea asked me to accept the portfolios of Health, Social Services, and be responsible for the Workers' Compensation Board, I committed myself to them for the term of this legislature. Therefore, we have a time frame of three years to work together refining and improving the system of health services[1] that already exists in the Northwest Territories (NWT). I intend that my stewardship will make a difference, and that the difference will be measurable, preferably in terms of improved health of NWT residents, but certainly in terms of health services system performance.

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[1] The system is an organized network of services and facilities; no other jurisdiction in Canada has a health services system.

I would like to provide you with some of my initial perceptions of where we are, where we have been, and where I believe we must go over the next several years.

Since becoming Minister, I have spoken with many people in communities regarding their health services: with board members, administrative staff, physicians and nurses, but mostly with people who are familiar with the system only through the health care services they have received. As a new Minister I realize that my learning curve will continue for some time, but it is clear to me already from what I have heard that there must be an agreed upon approach to how improved health is to be pursued, and how health care services are to be provided in the NWT. The absence of organized planning efforts is a luxury we can no longer afford. It is not sufficient simply to manage health services; policy and program linkages to improved health must be established outside the health services area, such as in housing. By conventional measures, NWT housing is the worst in Canada, and it is likely to become worse as a result of a devastating cut-back in federal financial support.

We have a delivery system to be proud of. Some of its current characteristics are set out by other Canadian

jurisdictions as objectives for the future. The NWT system was initially developed, and has been adapted, to deal with the difficulties of providing health services in the unique geographic and cultural environment of the NWT. However, only very recently in this evolution have the people of the north been active participants in planning and managing health services. It should not be surprising that there continue to be implementation problems. Many difficulties have arisen because the respective roles of government and boards had not been defined with sufficient clarity. The intentions were set out in the Trustee Manuals, but perceptions and expectations coloured their interpretation and application. So, instead of concentrating our efforts in the last four years on developing a model and a strategic plan for the future, there have been debilitating skirmishes over alleged infringement or perceived excesses of board "autonomy". (Autonomy continues to be a preoccupation of some boards, even as they acknowledge that they are bound by specific GNWT statutes and regulations, policies and budget allocations.) Confrontation and intrigue have flourished at the expense of communication and cooperation. As a consequence, we are not as far down the road toward developing a long range plan for services as we might (and should) be.

Therefore, I am here to invite you to join in a collabo effort to develop this plan, and to work together in its implementation. I want to make it clear at the outset that this plan will be for the system and that your involvement must be with that perspective, and not as defenders or advocates for a single board, facility or discipline.

Let me outline for you my view of the key elements and issues that must be addressed in this exercise.

I expect that boards will continue as a major vehicle for the planning and management of health services, but not necessarily in their current form. Neither the number of boards, nor their configuration is sacred. In other jurisdictions boards are being consolidated, or have interlocking membership, and shared administrative arrangements, as a means of achieving economies of scale and of facilitating planning. The numerous boards and agencies in the Northwest Territories are under review by our government, by the Special Committee on Agencies, Boards and Commissions of the Legislative Assembly. Therefore, we may wish to together consider new approaches to making our boards more effective and efficient.

Whatever their number, I believe that boards should be composed of persons worthy of a position of public trust - people with commitment, with competence, skills, and attributes which will contribute to the planning and management of services in the interests of the community at large.

It is not enough to merely say that board members should have these qualities. Board members should receive an orientation soon after their appointment, and development opportunities during their tenure. Furthermore, I believe they should remain board members only so long as they are effectively participating in the business of the board. Board members should not suffer financial loss from their service, and necessary expenses should be reimbursed, but I wonder whether honoraria might be discontinued, to highlight the voluntary and public spirited nature of board membership, as is the case elsewhere in Canada.

In my view, it is necessary to ensure that the actions of boards are consistent with their legal, moral and ethical responsibilities, and that they are not unduly influenced by the executive director, or by special interests either within the board or outside of it. The means through which this accountability may be ensured deserves attention. The

ultimate ability to dismiss a board chair, or to dissolve a board in favour of a public administrator is a last recourse, and really an admission of failure. I believe there should be a means of monitoring for early signs of executive director or board malaise, and controls to deal with them in a constructive manner.

In the interest of achieving a common understanding of goals and priorities, and a unanimity of purpose, I will make a commitment to develop and spell out a much closer working relationship between board chairs, both individually to deal with board specific issues, and collectively for matters of broad policy. Specifically, I intend to make it a priority, early in my term as minister, to deal with any uncertainties regarding the role and responsibilities of the chairs, and Board chief executive officers (CEOs), and of their accountabilities to the Minister. I believe that there should be clear performance criteria established as a means of avoiding future misunderstandings. I will encourage collegial relationships between senior managers in the boards with their counterparts in the Department of Health, and attempt to provide career development opportunities through term assignments and rotation, and by providing continuing education opportunities on the job. It might become a

matter of principle that no one would reach a senior position in the Department without appropriate board experience, and/or vice versa).

A master memorandum of understanding (MOU) between health boards and the Department must be developed. Considerable preliminary work has already been completed. A consultant report (Peat, Marwick Stevenson & Kellogg) "Review of Financial Arrangements with NWT Public Agencies", and earlier proposals made by the Standing Committees on Finance, Public Accounts, and Agencies Boards and Commissions, and by the Auditor General have served as the basis for recommendations toward the development of a MOU. These recommendations have been approved by Cabinet, and have been distributed to boards for review and comment.

The MOU is intended to spell out the roles and responsibilities of the board and each component of its operation, including but not limited to the following:

Appendix A (overhead)

I believe that the long-overdue preparation of this "constitutional" document would be helped by the

appointment of a person of stature to work with the ma, parties to the agreement as chair, reporting to me, and provided with dedicated support staff. I will be inviting your association to assist in developing the Terms of Reference. It is my intention that work should begin on the MOU within the next several weeks and substantially be completed before the end of the fiscal year. Completion of this work should clarify many long standing issues of authority and accountability, in preparation for the collaborative ventures that must follow.

Before we begin work, however, there is a need for the "them and us" attitude indulged in by both boards and department to cease. A confrontational approach to dealing with issues is destructive and wastes precious time and resources. It is not the way I like to work. In the difficult financial and complicated political times ahead, we must stand together or hang separately. I will take whatever action is necessary to bring the hostilities to an end, and to foster tolerance and respect for each others needs, limitations, and strengths. I ask for your support in return. It is obvious that there are sufficient challenges to stretch the capabilities of everyone in the system for some time to come.

Comprehensive and integrated planning is absolutely critical to providing effective health and social programs for NWT residents. It is essential that programs are provided in an equitable manner consistent with local, regional and territorial needs. The focus of service delivery should be as close to home as is reasonably possible.

Our health care system must develop strategic goals. These goals will provide the basis for the development of territorial, regional, and community health plans. **Collaboration** between all health boards, residents, regional groups, and government departments is the critical element for the development of these plans. A common understanding of the planning process, what is expected of all participants and what the outcome will be must be achieved. Planning is a dynamic and continual exercise and must be undertaken prior to any commitment of resources or modification of programs.

In recent months the Department has collaborated with a number of boards/public administrations on planning exercises within an agreed upon framework, as set out in **Appendix B:**

Appendix B (overhead)

The process is labour intensive and time consuming, but in my view it is necessary to the full participation of communities in identifying their problems and resources, and considering the options for dealing with them. Considerable effort has been necessary to dispel the suspicion that the outcome of the exercise is pre-determined, and inimical to community interests. This hurdle appears to have been surmounted in Fort Simpson, and a Health and Health Resources Community Profile has been completed and reviewed with the community; further discussions are scheduled. The draft profile for Fort Smith, based on discussions in the community, has been completed and will be taken back to the community for review within the next several weeks. The Hay River profile will be completed before the end of November.

Though still in the early stages, the collaboration of board, community and regional representatives in the process appears to be mutually acceptable and beneficial. The longer term aim of the three planning ventures now under way is the development of a regional plan for the Fort Smith, Deh Cho and Yellowknife regions. A much larger exercise is also now being developed with the Keewatin and Baffin regions. The development of regional and ultimately a Nunavut health services plan is the goal. A similar health

services planning exercise for the remaining service areas will be initiated in 1993/94.

The basis for planning is to determine what is needed, then where and how it will be provided; capital projects must not be considered in isolation, as in the past. The demonstrated benefits of home care and other non-institutional care and services suggest that the conventional justification for traditional institutions should be reassessed. Facility projects will not be supported until the need has clearly been established and defined. The Department's five year capital plan in previous years has included proposed major projects prior to need having been established. Such projects can no longer be included in the capital plan in isolation.

Future facilities will be expected to house much more than the traditional health programs; multi-use and convertible spaces will be important considerations. Ideas of how to use space within health facilities will inevitably change during the life of a building. The required flexibility should be built in from the start.

There has been a proliferation of advanced health technology, and considerable effort to propel its

acceptance, frequently without evidence of its superiority over existing technology (or even its effectiveness or safety). It is therefore very difficult to develop an objective basis for determining appropriate use of even basic services.[2] There is a pressing need to fully assess how technology fits into the NWT health system, what is appropriate, where should it be located, and how it should be used. Many of these questions require specialized resources and are already the subject of inquiry through federal/provincial or interprovincial agencies, and internationally. The Department is taking full advantage of the existence of such resources as the Canadian Coordinating Council on Health Technology Assessment, and the accumulated experience of departments in other jurisdictions. Discussion with my counterparts in St. John's last week revealed considerable consensus on many important issues. Clearly we are not alone in our concern about the consequences of introducing technology without adequate understanding of their consequences.

In conclusion, here are my priorities as a new health minister in the areas of concern to your association:

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[2] Refer to recent report of the Canadian Public Health Association (example of cholesterol determination).

1. the role, responsibilities and accountabilities of board chairs will be clarified, and communication with the Minister will be improved;

2. the existing relationships between boards and the department must be changed and improved to foster the planned development of the NWT health care system;

3. the proposed MOU is a vehicle for dealing with boundary disputes, and must be pursued quickly and jointly;

4. planning efforts currently under way must have your participation and support.

I am very much looking forward to working with you to sort out these issues, and implementing some commonly defined goals.

Memoranda of Understanding
Major Elements

1. Description of normal service area
2. Board composition, role, responsibility, authority
3. Senior staff responsibility, accountability, authority
4. Programs and Services to be provided or administered
5. Services provided jointly, by or with another Board
6. Facilities and Assets administered by the Board
7. Territorial responsibilities transferred to the Board
8. Staffing roles assigned to the Board
9. Programs/services unique to the Board
10. Funding issues, including alternative sources, applicable policies and processes
11. Delegation of other service department functions
12. Compliance with GNWT legislation and policies
13. Responsibility and authority of the Department
14. Responsibility and authority of the Minister
15. Communication protocol

Health Facilities & Services Review
Outline of Approach

- ***Prepare to Plan:***
  identify, involve key participants
  set objectives, define process

- ***Collect and Verify:***
  characteristics of population served
  nature of service use, of unmet needs
  factors affecting services

- ***Identify Opportunities:***
  to improve effectiveness, quality
  to improve efficiency, reduce cost

- ***Develop Options and Strategies***

- ***Prepare Action Plan***

- ***Identify Evaluation Criteria, Process***

- ***Assess Progress, Review Plan***