

Caring for Our People

Strategic Plan for the NWT Health and Social Services System

2017 to 2020

Best | Best | Better
health | care | future

Government of
Northwest Territories



Letter from the Minister of Health and Social Services



As the Minister responsible for Health and Social Services, I am pleased to present the *2017 - 2020 Health and Social Services System Strategic Plan*. The Strategic Plan outlines the strategic priorities, goals and objectives of the health and social services system over the next three years.

Leading up to August 1st 2016, I traveled to every region in the Northwest Territories (NWT) to consult with residents, communities, Indigenous governments,

and staff in the Health and Social Services Authorities on the development of a model for an integrated health and social services system. In addition to the proposed new system structure, a new vision, mission, goals and strategic priorities were presented for review and feedback. An online survey and community gatherings also provided an opportunity for the general public to provide feedback on the vision, mission, goals and priorities presented in this plan.

The Government of Northwest Territories (GNWT) is committed to achieving a vision of social progress, environmental sustainability and economic development. Built on a foundation of strong consensus government there is commitment to implementing the following priorities agreed upon by all members of the 18th Assembly:⁽¹⁾

- Improve accountability, transparency, and collaboration;
- Reduce the cost of living;
- Foster lifelong learning, skills development, training and employability;
- Foster wellbeing and safety; and
- Lead economic diversification and environmental stewardship in the NWT.

The health and social services system is positioned to deliver on the GNWT Mandate and the 18th Assembly's priorities to foster community wellness and safety. This is consistent with the direction outlined in my Mandate Letter issued by the Premier, and the Health and Social Services vision and goals of *Best Health, Best Care for a Better Future*.

The NWT health and social services system faces a number of challenges including increasing rates of chronic diseases, impacts related to mental health and substance abuse issues, an aging population and significant health status disparities, primarily in our Indigenous population. This is combined with significant fiscal challenges and mounting accumulated Health and Social Services Authority deficits. In order to meet these challenges we will need to implement innovative solutions to achieve our triple aim of *Best Health, Best Care for a Better Future*. The next three years, encompassed under this Strategic Plan, are aimed at achieving efficiencies made possible by the change in our governance structure and the move to a one-system-approach for the delivery of health and social services.

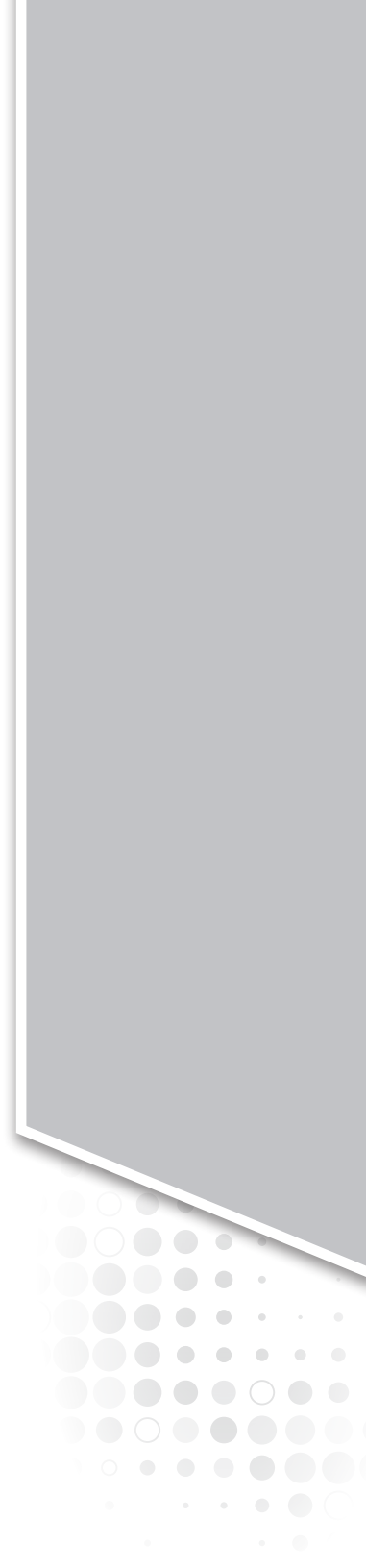
As a system, we have many highly skilled and dedicated professionals and service providers. To improve efficiencies across the system and provide the best possible care for our residents we will better coordinate our existing resources. We will call upon the expertise of staff across all regions to develop community-based primary care models, focus on the development of competencies and ensure that staff are supported with sustainable training and mentoring programs.

To improve health outcomes for those most disadvantaged, at-risk and with the greatest disparities in health status, we will focus on equity within our strategic priorities of: Early Childhood Development, Child and Family Services, Mental Health and Addictions, Chronic Diseases, Seniors and Elders Care, and System Sustainability. Indigenous people, including First Nations, Métis and Inuit make up 50 per cent of the NWT's population and despite some improvements over time there are still significant disparities in their overall health status compared to non-Indigenous residents. All priorities in this Strategic Plan will incorporate equity into the ways they are operationalized so that equity underlies the entire Strategic Plan. What does this mean? It means we will consider those most vulnerable or at-risk in the development of programs and policies. Systemic and avoidable health disparities will be reduced so that we reduce the gap between the best and worst off. It means the Department will work in respectful partnership with Indigenous governments to ensure the seamless provision of health and social services in a culturally respectful manner.

We will manage information and information systems so that data can be shared across multiple service delivery partners to enhance services to clients, improve client outcomes and monitor system outcomes. We will efficiently manage all of our resources, including our third party service providers, to ensure maximum value for investment.

Consistent with this government's commitment to transparency and improved accountability for performance we will implement our enhanced accountability framework for the new one-system-approach and regularly report on the achievement of the strategic goals and the objectives outlined within this plan through the Department's Annual Report.

Glen Abernethy
Minister of Health and Social Services



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Executive Summary

The NWT health and social services system faces a number of challenges such as increasing rates of chronic diseases, impacts related to mental health and substance abuse issues, an aging population and significant health status disparities, primarily in our Indigenous population. This is combined with significant fiscal challenges and mounting accumulated Health and Social Services Authority deficits. In order to meet these challenges we will need to implement innovative solutions to achieve our triple aim of *Best Health, Best Care for a Better Future*. The next three years, encompassed under this Strategic Plan, are aimed at achieving efficiencies made possible by the change in our governance structure and the move to a one-system-approach for the delivery of health and social services.

The NWT Health and Social Services Strategic Plan sets out a vision for a one-system-approach to the delivery of health and social services that supports the residents of the NWT to be as healthy as they can be. Through our shared goals we will:

- Support the health and wellness of the population through promotion, prevention, disease protection and targeted access to high-risk populations to reduce disparities;
- Reduce gaps and barriers to providing equitable access to safe, culturally respectful programs and services that respond to community wellness needs; and
- Build a sustainable system through appropriate and effective use of resources, innovative service delivery, improved accountability and risk management, and an engaged and skilled health and social services workforce.

To improve health outcomes for those most disadvantaged, at-risk and with the greatest disparities in health status, we will focus on equity within our strategic priorities of: Early Childhood Development, Child and Family Services, Mental Health and Addictions, Chronic Diseases, Seniors and Elders Care, and System Sustainability. Consistent with the Health and Social Services Minister's Mandate and the priorities of the 18th Legislative Assembly our efforts will be directed towards the following strategic directions:

- Continued investments in early childhood development;
- Improvements to the child and family services system;
- A focus on child and youth mental wellness, the mental health needs of our population and addictions recovery;
- Reducing the incidence and impact of chronic disease on our population;
- Responding to the needs of our growing seniors population;
- Improving system efficiencies, quality of care, and accountability for system performance made possible through the move to a one-system-approach; and
- Partnering with other GNWT departments and non-governmental organizations to focus on root causes and the social determinants of health by ensuring effective supports and programs are in place for persons with disabilities, those living in poverty and those impacted by family violence.

Consistent with this government's commitment to transparency and improved accountability for performance we will implement our enhanced accountability framework for the new one-system-approach and regularly report on the achievement of the strategic goals and the objectives outlined within this plan through the Department's Annual Report.

INTRODUCTION

Purpose of this Document

The NWT Health and Social Services Strategic Plan sets out a vision for a health and social services system that supports the residents of the NWT to be as healthy as they can be. It also establishes strategic direction for transforming the health and social services system by realizing the efficiencies made possible by our move to a one-system-approach for the management and delivery of programs and services. This document outlines our vision of *Best Health, Best Care, for a Better Future*, our values and goals, and identifies the priorities to be pursued in an effort to respond to public and stakeholder needs.

This foundational document provides a basis for public reporting, performance monitoring and accountability, and along with the Health and Social Services Business Plans and corresponding Main Estimates, fulfils the requirements under the *Hospital Insurance and Health and Social Services Administration Act (HIHSSA)* for a territorial plan based on the following guiding principles:

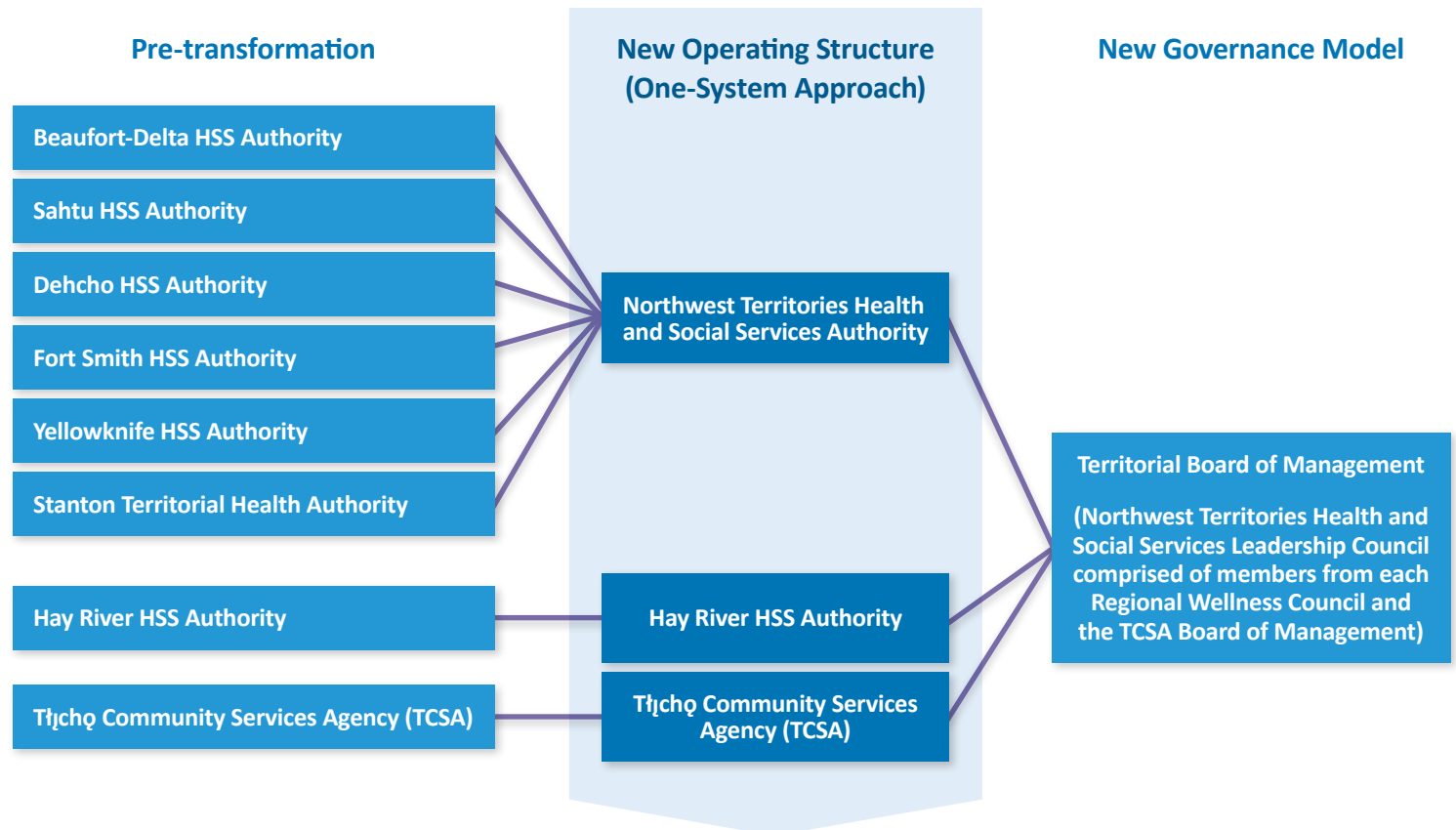
- Focus on the patient/client
- Emphasize safe quality care
- Support individuals and families to stay healthy
- Sustainability
- Ensure regions have a voice at the territorial level
- Ensure equitable access to care and services
- Respect human diversity in cultures, sexual orientation, gender identities and gender expressions

INTRODUCTION

Structure of Our System

On August 1, 2016 six regional Health and Social Services Authorities were consolidated into the Northwest Territories Health and Social Services Authority (NTHSSA). Initially, the Hay River Health and Social Services Authority (HRHSSA) will remain outside of the NTHSSA until such a time that it can also be consolidated. The Tłı̨ch̨o Community Services Agency (TCSA) will always remain outside of the NTHSSA, as per the terms of the Tłı̨ch̨o Self-Government Agreement. Most importantly, the NTHSSA, the HRSSA and the TCSA will become part of

one integrated territorial health and social services system functioning together under a one-system-approach and under a single governance structure. The creation of the NTHSSA and the integrated system will result in enhanced patient/client care, improved safety and more timely and consistent access to care across the entire system. This change will allow the system to work together and be more connected by sharing expertise and resources and improving the overall efficiency of the system.



INTRODUCTION

What We Do

The role of the Department is to support the Minister of Health and Social Services in carrying out the mandate by: setting the strategic direction for the system through the development of legislation, policy and standards; the establishment of approved programs and services; the establishment and monitoring of system budgets and expenditures; and evaluating and reporting on system outcomes and performance. The Department will remain responsible for ensuring that all statutory functions and requirements are fulfilled, ensuring professionals are appropriately licensed and managing access to health insurance and vital statistics services.

The NTHSSA, HRHSSA and the TCSA (Authorities) are agencies of the GNWT governed by the Northwest Territories Leadership Council. Regional Wellness Councils provide strategic advice and valuable input on the needs and priorities of the residents in their regions. The Territorial Leadership Council is responsible to the Minister of Health and Social Services for governing, managing and providing the following health and social services in accordance with the plan set out by the Minister:

- Diagnostic and curative services;
- Mental health and addictions services;
- Promotion and prevention services;
- Long-term care, supported living, palliative care and home and community care;
- Child and family services;
- In-patient services;
- Critical care services;
- Diagnostic and therapeutic services;
- Rehabilitation services; and
- Specialist services.

In addition, the Authorities are responsible for providing access to more specialized diagnostic and treatment services outside of the NWT through contractual arrangements with Alberta Health Services.

Non-governmental organizations (NGOs), and community and Indigenous governments, also play a key role in the delivery of promotion, prevention and community wellness activities and services. The Department and the Authorities fund NGOs for activities such as:

- Prevention, assessment, early intervention, and counselling and treatment services related to mental health and addictions;
- Early childhood development;
- Family violence shelters and awareness;
- Long term care;
- Dementia care;
- Tobacco cessation;
- In-home and in-facility respite services for caregivers of seniors or children and adults with special needs; and
- Health promotion activities related to healthy choices.

INTRODUCTION

The Health Status of Our Population

Overall the population growth in the NWT is slowing. At the same time, the population is aging, with seniors representing the fastest growing age group in the NWT. The proportion of those ages 60 and over is expected to increase by over 80% by 2035.⁽²⁾ As the median age in the NWT rises, so does the demand for service, most notably increased demand for long-term care, home care, pharmaceuticals, and chronic disease related care.

The NWT has a lower proportion of the population reporting they have a disability at 8.2% compared to 13.7% nationally for those aged 15 and over. While our overall rate is lower, the NWT has a relatively younger population than Canada as a whole. Disabilities are more likely to be found amongst seniors than youth and adults. Both NWT and Canadian seniors had similar disabilities rates.⁽³⁾

Indigenous people, including First Nations, Métis and Inuit make up 50 per cent of the NWT's population. Despite some improvements over time, there still remain significant disparities in the overall health status, compared to non-Indigenous residents.

Diabetes, hypertension, asthma and chronic obstructive pulmonary disease (COPD) are growing issues in the NWT. Between 2004-05 and 2013-14, the proportion of the population affected by diabetes has increased at an average rate of 3.0% per year, hypertension at 1.6%, asthma at 2.6%, and COPD at 1.5%. Similarly, hospitalizations represent the severity of disease and injury that occur in the NWT. Over the last ten years, the top five conditions have consistently been injuries, mental health issues, digestive system diseases, respiratory, and circulatory diseases.

Relative to the rest of Canada, the NWT population fares worse in a number of life style indicators such as: physical activity, daily smoking, heavy drinking, healthy eating and obesity. These lifestyle choices can all have serious short-term and long-term consequences such as injury, cancer, circulatory and other chronic diseases. The NWT also has a higher incidence of sexually transmitted infections, at 7 to 8 times the national average.

In 2014, the NWT had significantly lower rates of self-reported overall health, compared to the national average, with 51% reporting that their overall health was very good or excellent compared to 61% nationally. Self-reported mental health was also significantly lower than the national average, with 59% versus 72% of the NWT reporting their mental health as very good or excellent. Life stress on the other hand was better than the national average with only 20% reporting that their life was quite a bit or extremely stressful. Sense of community has also always been higher than the national average with 81% of the population reporting it as somewhat strong or very strong. Life satisfaction has decreased slightly in recent years with 89% of people reporting they are satisfied or very satisfied with life. The NWT's mental health hospitalization rate is on average approximately over twice that of the national average (2012-13) – primarily due to a high rate of alcohol and drug related hospitalizations – at seven times the national average. The proportion of the population hospitalized for a self-inflicted injury has been decreasing with a rate 10.1 per 10,000 in 2014-15 from 13.8 in 1996-97; and the suicide rate has decreased to 2.1 deaths per 10,000 (2011-2015) from 2.6 in 1980-1984.

The NWT has a higher rate of potentially avoidable deaths than the national average – 300 versus 207 per 100,000. In the NWT, the three leading causes of avoidable deaths were injuries, cancers and circulatory diseases. Together, the three leading causes were responsible for 78% of all potentially avoidable deaths. Achieving success in the areas of injury prevention, early detection and treatment of disease, as well as the promotion of healthy lifestyles would go a long way in reducing avoidable mortality.

INTRODUCTION

Challenges and Pressures

Other pressures on the system include human resource pressures, the costs and challenges associated with providing equitable access to services for people living in small and remote communities, pharmaceutical costs, and increasing costs for out-of-territory physician and hospital services, as well as residential southern placements.

The complex care needs of the residents of the NWT must be addressed in a way that maximizes efficiencies to operate within the GNWT's current fiscal restraint while ensuring access to high quality patient centred care. System efforts and resources need to remain targeted to our strategic priorities of: Early Childhood Development, Child and Family Services, Mental Health and Addictions, Chronic Diseases, Seniors and Elders Care, and System Sustainability. Within those strategic priorities focus must be given to reducing disparities and working in respectful partnership with Indigenous governments to ensure a culturally respectful system.

INTRODUCTION

Our Mission

Through partnerships, provide equitable access to quality care and services and encourage our people to make healthy choices to keep individuals, families and communities healthy and strong.

Our Values

Caring

We treat everyone with compassion, respect fairness and dignity and we value diversity.

Accountable

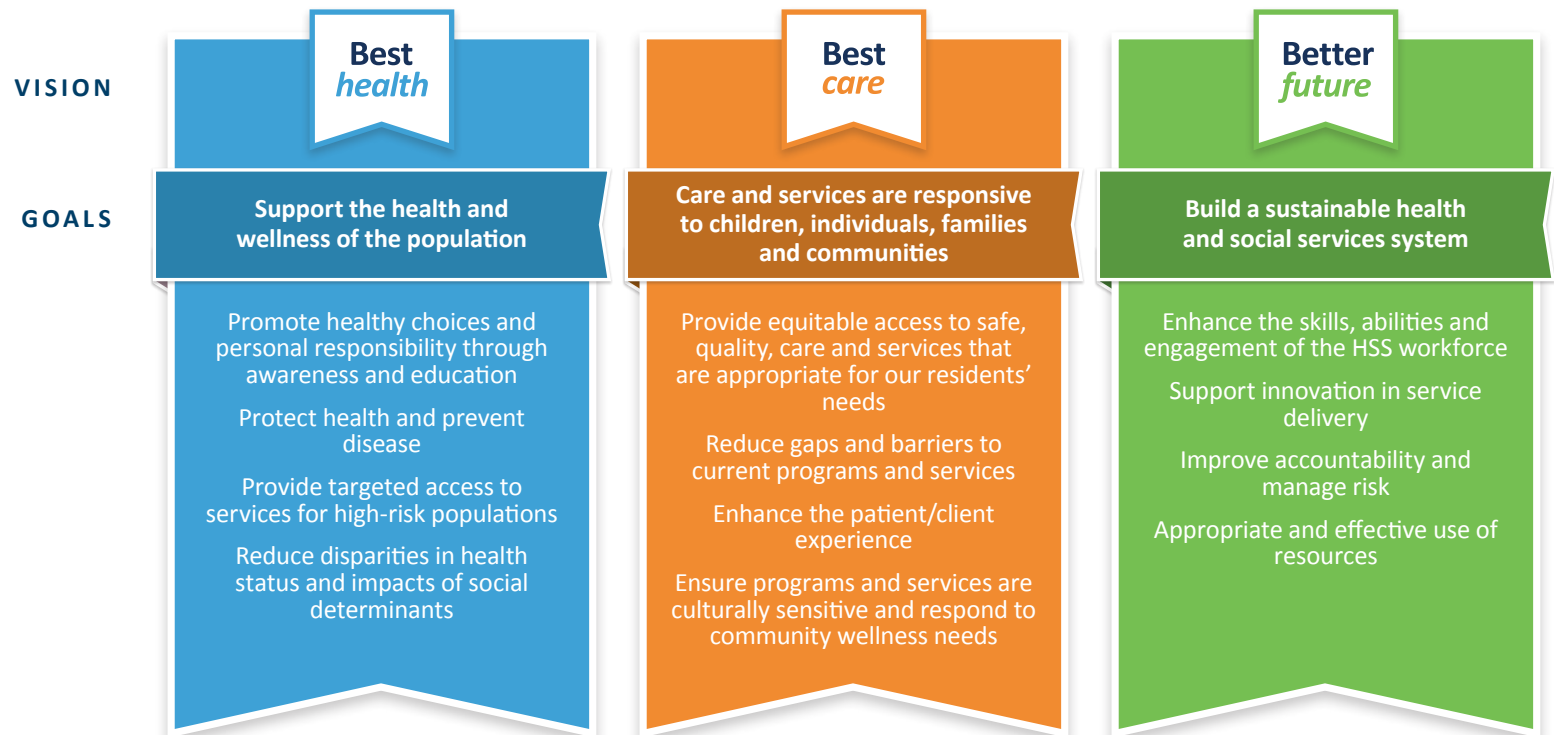
System outcomes are measured, assessed and publicly reported on.

Relationships

We work in collaboration with all of our residents, including Indigenous governments, individuals, families and communities.

Excellence

We pursue continuous quality improvement through innovation, integration and evidence based practice.



INTRODUCTION

Our Strategic Priorities



Why is this important?

Social determinants of health are economic and social conditions that influence the health of people and communities.⁽⁴⁾ These conditions are shaped by the amount of money, power, and resources that people have, all of which are influenced by policy choices. Social determinants of health affect factors that are related to health outcomes and include:

- Experiences during the first few years of life (early childhood development)
- How much education a person obtains
- Being able to get and keep a job
- What kind of work a person does
- Having food or being able to get food
- Having access to health services and the quality of those services
- Housing status
- How much money a person earns
- Discrimination and social support

Partnering to Improve Health Outcomes

Increasingly, our government is required to respond to complex social issues which have a significant impact on the overall health and wellbeing of our population. Responding to the needs of persons with disabilities, those living in or at-risk of living in poverty, and victims of violence are examples of complex issues that cut across all demographics. It will take an all of government approach to address these complex issues, as the solutions to these problems are often rooted in the social determinants of health, and will require:

- A focus on root causes (social determinants of health);
- Efforts to prevent the problem from happening in the first place;
- Evidence to support decision-making;
- Efforts aimed at the whole population as well as an equity focus on the special needs of vulnerable populations;
- A commitment to partnerships and collaboration;
- Flexible and multidimensional solutions; and
- Community and patient/client participation.

What will we do?

- We will partner with other GNWT departments and NGOs to ensure that effective supports and programs are in place for persons with disabilities;
- We will continue to work collaboratively with other GNWT departments and NGOs to reduce poverty; and
- We will strengthen initiatives and partnerships to prevent and reduce the impacts of family violence.

PRIORITY 1

Early Childhood Development

What will we do?

In partnership with the Department of Education Culture and Employment, develop and implement the 2017 to 2020 Early Childhood Development Action Plan.

Goal

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health**

Support the health and wellness of the population through promotion, prevention, disease protection and targeted access to high-risk populations to reduce disparities

What will we achieve?

- Parents and caregivers have access to early learning information and tools to support their child's development;
- Promotion and prevention initiatives are targeted to those children and families most at risk; and
- Prevention initiatives are aimed at improving maternal, infant and child health.

Goal

**Best
care**

Reduce gaps and barriers to providing equitable access to safe, culturally respectful programs and services that respond to community wellness needs

What will we achieve?

- Expectant mothers have access to evidence-based pre and post natal care;
- Barriers are reduced and interdisciplinary approaches integrate and link our programs and services in ways that meet the needs of each child and family situation;
- Regional responses are developed and implemented to improve access to community-based follow up for children identified with a developmental delay;
- Programs and services focus on protective factors such as oral health and nutrition; and
- Responses for Indigenous children and families are improved, and services are culturally respectful.



Why is this important?

We know that many NWT children starting school are already behind in their development, as identified by the Early Development Instrument. In the baseline year of 2014, 38% of NWT 5 year olds were identified as being vulnerable in one area of their development while the Canadian norm is 25%. It is substantially higher in small NWT communities, at 53%.⁽⁵⁾

"By focusing on the early years, we can promote health and prevent a whole host of problems in later life. Not only are investments in early childhood development in the interest of parents and families, but as a society we stand to benefit tremendously."

Dr. Andrew Lynk, President-Elect of the Canadian Pediatric Society



Why is this important?

There are a number of families in the NWT that require support to meet the safety, development and wellness needs of their children. In any given year, approximately 7 to 9 per cent of the NWT population under the age of 19 receive services under the *Child and Family Services Act*.⁽⁶⁾

Children abused, maltreated, neglected and having grown up in highly dysfunctional homes are at a higher risk to experience issues later in life, including: poor mental and physical outcomes, and a cycle of addictions and violence.

August 29, 2014 – Charlottetown, Prince Edward Island – 55th Annual Premiers' Conference
Canada's Premiers discussed the disproportionate and large number of Aboriginal children in care across the country and the many complex social and economic factors that underlie this situation.⁽⁷⁾



PRIORITY 2

Child and Family Services

What will we do?

Continue to implement *Building Stronger Families: An Action Plan to Transform Child and Family Services* and the recommendations of the Office of the Auditor General.

Goal

Reduce gaps and barriers to provide equitable access to safe, culturally respectful programs and services that respond to community wellness needs

What will we achieve?

- Prevention services are provided to those individuals and families most at-risk (those families that are struggling to protect their children from harm or are unable to provide an environment that supports healthy child development);
- Services focus on stability and child development in addition to safety;
- A standardized approach to assessing children's immediate safety needs and future risk of harm is implemented;

- Interdisciplinary approaches are used to integrate and link our programs and services in ways that meet local needs and each child and family situation;
- The coordination, delivery, quality and effectiveness of Family Services, Child Protection Services and Out-of-Home Care Services is improved;
- Improve responses for Indigenous children and families and improve the cultural competence of services;
- Strengthen initiatives and partnerships to prevent and reduce family violence; and
- Ensure compliance with the *Child and Family Services Act* through ongoing auditing.

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PRIORITY 3

Mental Health and Addictions

What will we do?

- Under the new Mental Health and Addictions Strategic Framework develop and implement the Child and Youth Mental Wellness Action Plan, the Mental Health Action Plan, and an Addictions Recovery Action Plan
- Implement the amendments to the *Mental Health Act*

Goal

Support the health and wellness of the population through promotion, prevention, disease protection and targeted access to high-risk populations to reduce disparities.

What will we achieve?

- Individuals are supported through prevention and early intervention initiatives that effectively promote mental wellness and addiction recovery in the NWT; and
- Prevention and early intervention initiatives include a variety of upstream approaches aimed at preventing mental health problems and substance abuse from developing in the first place.

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Why is this important?

- The NWT has a significantly lower proportion of the population, compared to the national average, reporting that their overall mental health was very good or excellent – 63% versus 72%⁽⁸⁾.
- The NWT has a rate of self-inflicted injury hospitalizations that is almost three times that of Canada⁽⁸⁾.
- Between 2008/09 and 2010/11, on an annual average basis, 627 patients were hospitalized 917 times, with at least one mental health issue recorded, resulting in 7,252 bed days at an estimated cost of \$15.3 million⁽⁹⁾.
- The NWT's mental health hospitalization rate, between 2011/12 and 2015/16, is on average over two times higher than the national average (2013/14). The NWT has higher rates of hospitalizations relative to national rates, with especially higher rates of alcohol/drug hospitalizations (over six times) and anxiety disorder hospitalizations (four times)⁽⁸⁾.
- Heavy drinking can have serious short-term and long-term consequences for the drinker and those affected by negative outcomes of the drinking. Consequences include: injury, chronic health conditions, as well as assaults, family violence and social dysfunction.

Why is this important?

In structuring programs and services that respond to individual wellness needs, it is important to recognize the clear distinction between mental health and mental illness and the distinction between a short-term (acute) mental health episode versus a long-term (chronic) problem.

Mental health is a spectrum, just like physical health. The World Health Organization defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, can work productively and is able to make a contribution to his or her community.”⁽¹⁰⁾

The Mayo Clinic recognizes mental illness as “a wide range of mental health conditions-disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.”⁽¹¹⁾

PRIORITY 3

Mental Health and Addictions (continued)

Goal

Reduce gaps and barriers to provide equitable access to safe, culturally respectful programs and services that respond to community wellness needs.

What will we achieve?

- Residents have access to mental health services and supports in locations ranging from inpatient beds, to regional centers and small communities;
- Programs and services meet the needs of NWT residents along the full spectrum/continuum of mental health (those suffering with mental wellness issues, those suffering with short-term acute episodic mental health issues, as well as individuals suffering with long-term chronic problems);
- Residents have access to services delivered through an “all of government approach” that links all parts of the system that serve the same people including the health care system, housing, criminal justice, social services and income support;

- Programs and services provide a holistic approach to mental health and wellness and recognize the importance of individual outcomes, past trauma on mental health, and the importance of connection to culture, family, community and the land;
- Information systems provide timely access to critical patient/client data and support decision making and patient/client care;
- Performance of the system is tracked and monitored through quality indicators, patient care indicators and outcome indicators; and
- Practice and service delivery models are evidence informed, incorporate traditional knowledge and are based on innovative best practices.

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PRIORITY 4

Chronic Disease

What will we do?

Develop and implement a chronic disease prevention and management framework and action plan.

Goal

Support the health and wellness of the population through promotion, prevention, disease protection and targeted access to high-risk populations to reduce disparities.

What will we achieve?

- Population-based health promotion and disease prevention initiatives support individuals to engage in healthy living activities and choices that support their health throughout their life;
- Communities are supported in setting and achieving health priorities and addressing known barriers that prevent healthy living; and
- Targeted interventions are developed using an “equity lens” to examine population groups that are at higher risk or are more vulnerable to chronic disease due to biological, social, cultural or other factors.

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Why is this important?

- Several chronic diseases are growing issues in the NWT: diabetes, hypertension, asthma and chronic obstructive pulmonary disease. These conditions are often preventable and if not properly treated and managed, can lead to serious complications, disability and, in some cases, premature death
- Although chronic diseases are among the most common and often the most costly, they are also among the most preventable.
- Many chronic disease share common risk factors or conditions such as: physical inactivity, unhealthy eating, smoking and alcohol use. With healthy eating, regular exercise, and not smoking, up to 90% of type 2 diabetes, 80% of coronary heart disease, and one-third of cancers can be avoided.⁽¹²⁾



Why is this important?

- A hospitalization where the primary diagnosis is an ambulatory care sensitive condition (ACSC) represents "... a measure of access to appropriate primary health care. While not all admissions for these conditions are avoidable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care."⁽¹³⁾
- The NWT ACSC hospitalization rate (age-standardized) is nearly twice the rate nationally at 62.6 per 10,000 (population) versus 33.1 per 10,000 (2014-15).⁽¹³⁾
- Detecting chronic disease early, and intervening quickly to prevent its progress, has significant potential to reduce deaths and improve quality of life for those living with chronic disease.⁽¹⁴⁾



PRIORITY 4

Chronic Disease (continued)

Goal

Reduce gaps and barriers to provide equitable access to safe, culturally respectful programs and services that respond to community wellness needs.

What will we achieve?

- Patients, families, care providers and community partners, are involved and supported with culturally relevant information, tools and follow up to enable them to better manage chronic conditions in their home community;
- Patients receive integrated and coordinated primary care services and support from specialists when required;
- Service providers are supported through consistent program standards, clinical practice guidelines and evidence informed practice protocols;
- Clinical information systems provide timely access to critical patient data and support decision making through feedback and status on the management of chronic disease and screening uptake; and
- Performance of the system is tracked and monitored through quality indicators, patient care indicators and outcome indicators.

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PRIORITY 5

Seniors and Elders

What will we do?

Develop and implement a continuing care action plan for home and community care, palliative care and long-term care

Goal

Reduce gaps and barriers to provide equitable access to safe, culturally respectful programs and services that respond to community wellness needs.

What will we achieve?

- Home care responds to more complex care needs and better supports residents in their homes and communities;
- Communities are involved in making decisions about how services should be delivered and services are culturally respectful;
- Patients and families have access to a range of palliative care options to support end-of-life;

- Home and community care decisions are evidence informed and based on comprehensive planning and assessment of the system's ability to meet the current and future needs of our aging population;
- Options to respond to identified shortfalls in existing resources/capacity are innovative and reflect the government's fiscal situation;
- Information systems enable comprehensive client assessments and support informed decision-making on placements to ensure clients receive the appropriate level of care based on their needs; and
- Information systems support clinical, administrative and policy decision making and monitor outcomes.

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Why is this important?

- The NWT population is aging, with seniors representing the fastest growing age group in the NWT.
- The proportion of those ages 60 and over is expected to increase by over 80% by 2035.⁽²⁾
- As the median age in the NWT rises, so does the demand for service, most notably increased demand for long-term care, home care, pharmaceuticals, and chronic disease related care.



Why is this important?

- Based on the 2016/17 GNWT Main Estimates, the Department of Health and Services budget is 24.9% of the overall GNWT Budget.⁽¹⁵⁾
- There is a growing political requirement across Canada for greater accountability. Politicians and the public want to know what results are being achieved through the spending of public money.
- Compared to 25 years ago, today there is a much greater emphasis on risk management in both health care and social services. This has led to new and strict legal requirements, standards of care and standards for operations and maintenance in health care facilities.⁽¹⁶⁾

PRIORITY 6

Effective and Efficient System

What will we do?

- Identify, implement and track efficiencies of system transformation
- Implement the new Accountability Framework
- Develop a one-system-approach to workforce planning, recruitment and retention
- Develop and implement an Enterprise Risk Management Program and a system-wide quality improvement plan for the NTHSSA, HRHSSA and the TCSSA

Goal

Build a sustainable system through: appropriate and effective use of resources, innovative service delivery, improved accountability and risk management, and an engaged and skilled health and social services workforce.

What will we achieve?

- Through our one-system-approach, we will pursue shared service and service integration initiatives that improve the quality of care and improve efficiencies;
- Multi-disciplinary teams will support community-based care for our residents and be tailored to meet regional needs;

- Professional expertise will be shared across all regions for the benefit of the whole NWT;
- A stable and representative work force will strengthen the delivery of care for residents of the NWT;
- Data are used to target interventions towards the most health disadvantaged communities and populations;
- Research, data and analytics are used to improve clinical effectiveness and quality of care for our patients/clients, improve operational effectiveness and financial and administrative performance; and
- Benchmarks and targets are established to effectively monitor system performance.

**Better
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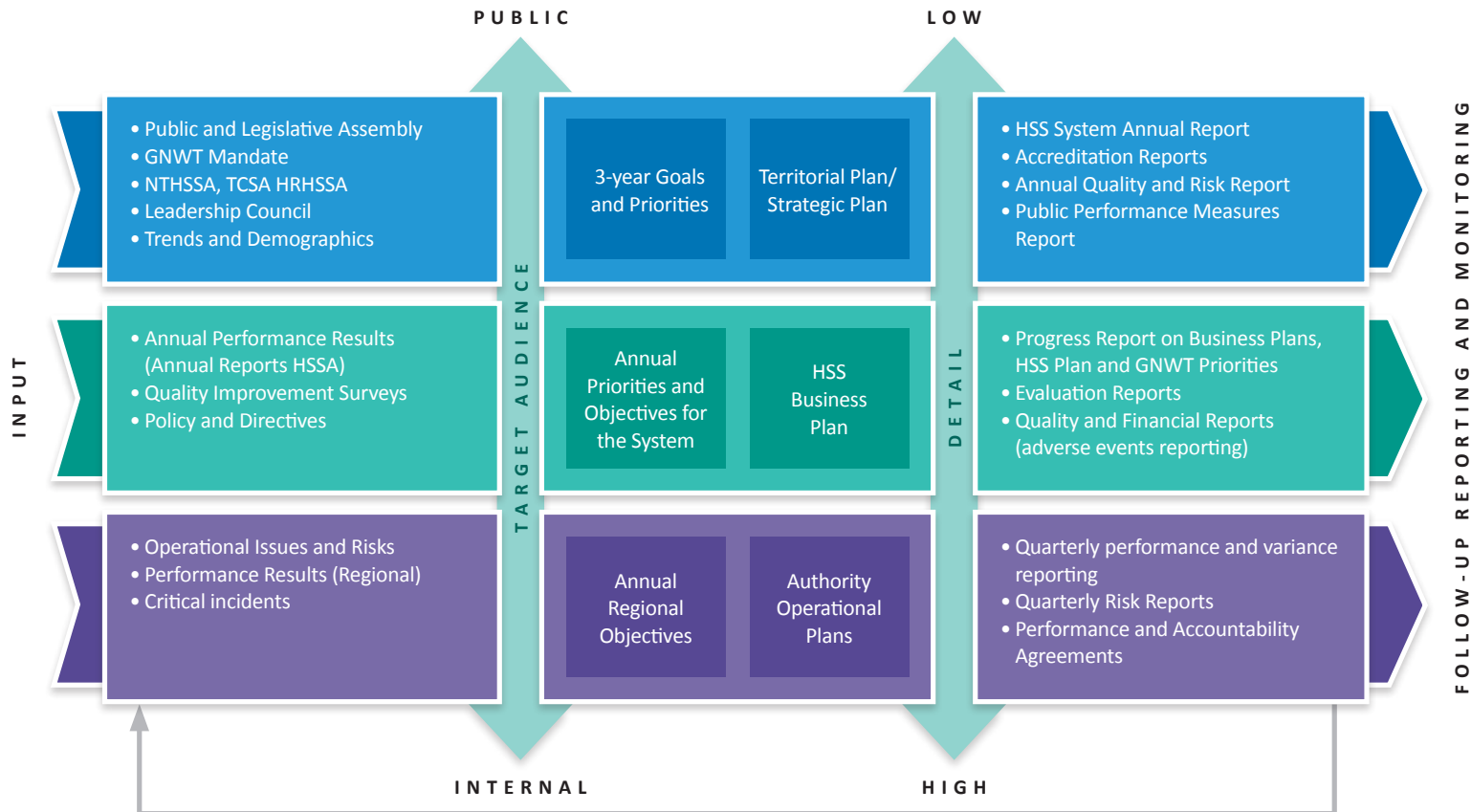
Performance and Accountability Framework

This Strategic Plan is part of a broader performance and accountability framework. The graphic below provides an overview of this framework, key planning, monitoring and reporting components, and sources of input.

As part of our commitment to sustain and strengthen performance and accountability across operations, defined monitoring processes are used to ensure transparency on an ongoing basis.

This includes:

- An annual review and analysis of system progress (Annual Report) on strategic areas of priority and financial statements
- Annual performance measurement reporting
- Progress reporting on the priorities of the 18th Legislative Assembly
- Mandate reviews conducted every 5 years



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