



**MINUTES  
SPECIAL BOARD MEETING  
October 13, 2009  
2<sup>nd</sup> Floor Boardroom  
Goga Cho Building**

<b>Present:</b>	Liz Wyman, Chair Kevin McLeod, Vice-Chair Karen Hamre, Secretary Andy Wong, Trustee Florence Catholique, Trustee Ruth Robertson, CEO Tammy Brenton, EA (Recorder) <b>Guests:</b> Dana Heide, DHSS Shaleen Woodward, DHSS Donna Allen, DHSS	<b>Absent :</b>	Robert Sayine, Trustee
		<b>Regrets :</b>	Pawan Chugh, Trustee

**1. CALL TO ORDER AND WELCOME**

The meeting was called to order by the Chair at 12:45p.m. The Chair welcomed everyone present.

**2. OPENING PRAYER/REFLECTION**

The minute of silent reflection was observed for Pawan and his family.

**3. CONSIDERATION OF AGENDA**

3.1 Additions/Changes to the Agenda: None.

3.2 Approval of Agenda – agenda approved.

**MOTION:** That the Yellowknife Health and Social Services Board accept the Agenda as presented.

**MOVED BY:** Karen Hamre

**SECONDED BY:** Kevin McLeod

**ALL IN AGREEMENT – CARRIED**

3.3 Disclosure of Conflict of Interest  
None noted.

#### 4. BUSINESS ARISING

##### 4.1 Foundation for Change Presentation

Dana Heide, the Assistant Deputy Minister for the Department of Health and Social Services (DHSS) and Shaleen Woodward, Director, System Reform and Evaluation (DHSS) were introduced. Ms Woodward will be leading the Foundation for Change initiative. Donna Allen, Director of Population Health, will be joining the meeting to answer any health related questions.

Dana indicated that every Department has been challenged to put forward budget reduction plans over the past few years. When the Minister of Health went forward with the last set of budget reductions, an action plan was developed to represent the work that was or should be happening. This plan has been through Cabinet and Standing Committee, and now the Minister is ready to present it to the public.

Shaleen indicated that the document, on which the plan is based, is a work in progress. The current version of the plan has incorporated recent feedback from the CEOs.

Shaleen presented "A Foundation for Change".

Question: Is the use of modern technology in health care increasing costs and is the Department bearing this cost?

Answer: The Department is providing a wider range of services which may include new technology, often require staffing and associated ongoing costs.

Donna Allen joined the meeting at 1:05pm.

Question: When you speak about the number of "beds" in the plan, what is the definition of beds?

Answer: This refers to acute care or hospital based beds. Some communities do not have acute care facilities.

Comment: YHSSA has approximately 250 "beds" in the community. These are beds that are funded by YHSSA to have NGO's provide services such as foster care, shelters, YWCA transitional housing, group homes etc.

Question: How does the community wellness plan fit with the infrastructure plan?

There is a twenty year infrastructure plan, but if the community assessment does not fit in with this plan, modifications may be made in terms of space and design.

**Question:** Does the Department have a timeframe?

There will be a certain level of core services which are needed, but we may have to be flexible in where the services are provided. We need to think beyond the health centre and think about what can be provided in the community to maximize independence and support people to remain in their homes as long as possible.

**Question:** Is Board reform still being discussed?

**Answer:** The seventy to seven concept has been taken off the table, but there are still good ideas being discussed on how we can work better across systems.

**Comment:** The Department will ask the Authorities to make this plan available on their websites and to provide a list of stakeholders, so it can be communicated to community partners.

**Question:** In terms of this presentation, what are you trying to achieve?

The system is currently driven by acute care and until we can successfully intervene and transition to a wellness model, hospitals and the need for acute care will continue to drain the system. As a government and as a Department, there is a finite amount of money. The ideas in this plan are not new. Changing the way things are done is the challenge. The Department wants to work with the Communities to decide what services they most require. We do not necessarily know what this plan will look like at the end of the day. Community consultation is required and we need to work together.

**Question:** What are the resources and timeline attached to this project? What are the performance measures, challenges and risks?

There are timelines established and the expectation is that it will be completed within the timelines. We have committed to quarterly public reports on the plan. The Department is prioritizing goals and reallocating funding and has three people dedicated full time to this project.

**Question:** Dana, what do you see as your top three challenges?

**Answer:** The will to do it, and for the Authorities to work as a system. The financing and resources across the system. The bodies to do the work, as

everyone is busy. The risk is that people will lose site of the larger vision and get bogged down in what it means individually and locally, instead of looking at what it means for the entire system.

Donna: The challenge is that the payoff isn't going to be seen until we are long gone. Some of the ways to change local wellness will need to happen at the local level. It is trying to stay engaged. The big goals need to translate into local actions.

The Chair indicated that the Authority will align its plans with those of the Department.

Question: Is there a successful model out there?

Yes, there are other jurisdictions and countries which have successfully advanced primary care models with demonstrated outcomes.

Question: As an Authority, we have had challenges for the past four years with staff retention and HR. We haven't found a way to solve this challenge, how does the department plan to solve larger issues?

Answer: As individual entities, it has been difficult to get resolution. We need to approach challenges and provide support as a system.

Question: With the new PHC Clinic, it is the intent that people will be using this instead of Stanton emergency department and lab and radiology services and, with this comes greater expectations surrounding hours and availability. How does the Department see managing these expectations?

The Department will start with community assessments and have discussions around priorities. People will begin to understand the constraints the Department is under.

Question: This Authority has been efficient and cost effective. We now are projecting a deficit, and when we hear that at year end the Department has excess federal funding, this is concerning. Isn't there a mechanism in place for offloading surpluses?

Answer: Some surpluses come from communities not providing services or using the funds they were allocated for projects or funds may come too late in the year to be redirected.

Question: What is the role for the Authority? Are we being asked to accept this plan? Are any comments going to be considered in changing this plan?

Answer: We have gotten feedback from Board Chairs and CEOs and have been working on this for a while.

Question: There has been a lot of reference about Aboriginal governments. Some are not recognized by the GNWT. What governments are you referring to? How is this plan going to work with the Government, Authority and Community? Is the Authority going to come into the community to do consultations?

Answer: There is a challenge in that there are many different models in terms of Aboriginal government. It is going to be a long discussion because there is not one model that can be used. The goal around community assessments is to make better linkages.

The Chair pointed out that YHSSA will need the Department's plan in order to complete its own Strategic Plan, which being reviewed in December. The roles of the Authorities need to be defined.

There are changes and policy decisions that are made politically which impact how we do business and YHSSA needs the ability to work with and support the Department to determine the implications of these policy decisions.

The Chair indicated that YHSSA looks forward to working with the Department and being part of the Foundation for Change. She thanked the Department staff for attending.

#### 5. NEXT MEETING

The next regular board meeting will be held on Tuesday, October 27, 2009.

#### 6. ADJOURNMENT @ 2:30pm.

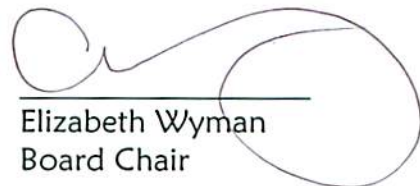
MOTION: That this meeting of the Yellowknife Health and Social Service Board be adjourned.

MOVED BY: Andy Wong

ALL IN AGREEMENT – CARRIED



Tammy Brenton  
Recording Secretary



Elizabeth Wyman  
Board Chair