

Leadership Council Public Meeting - Minutes

August 26-27, 2020

Explorer Hotel, Yellowknife, NT

PRESENT:

- Mr. Jim Antoine, Chairperson
- Ms. Gina Dolphus, Chair, Sahtu Regional Wellness Council
- Mr. Brian Willows, Chair, Hay River Health and Social Services Authority
- Mr. Ted Blondin, Chair, Tlicho Community Services Agency
- Ms. Patricia Schaefer, Chair, Fort Smith Regional Wellness Council
- Ms. Ruby Simba, Chair, Dehcho Regional Wellness Council
- Ms. Ethel-Jean Gruben, Chair, Beaufort Delta Regional Wellness Council
- Ms. Nancy Trotter, Chair, Yellowknife Regional Wellness Council
- Ms. Jo-Anne Cecchetto, Assistant Deputy Minister, Programs, GNWT DHSS for Mr. Bruce Cooper, Deputy Minister, GNWT DHSS

- Ms. Sue Cullen, Chief Executive Officer, NTHSSA
- Mr. Kevin Whitehead, Senior Advisor – CEO, NTHSSA
- Ms. Kim Riles, Executive Director – Clinical Integration, NTHSSA
- Ms. Gloria Badari, Chief Financial Officer, NTHSSA
- Mr. Tim VanOverliw, Executive Director – Corporate & Support Services, NTHSSA
- Ms. Arlene Jorgensen, Chief Operating Officer, NTHSSA Beaufort Delta Region
- Ms. Shannon Aikman, Chief Executive Officer, Tlicho Community Services Agency

GUEST PRESENTERS:

- Dr. Sarah Cook, Territorial Medical Director, NTHSSA
- Dr. Andy Delli Pizzi, Deputy Chief Public Health Officer, GNWT HSS
- Mr. Peter Workman, Chief Environmental Health Officer, GNWT HSS
- Ms. Kyla Kakfwi-Scott, Project Lead, Primary Health Care Reform, GNWT DHSS
- Ms. Denise McKee, Executive Director, NWT Disabilities Council
- Ms. Nathalie Nadeau, Director, Child, Family and Community Wellness, NTHSSA
- Ms. Nina Larsson, Senior Advisor, Early Childhood Development, GNWT ECE
- Dr. Marlee McGuire, Program Director, Hotii ts'eeda
- Ms. Lisa Rayner, Territorial Manager, Continuing Care Services, NTHSSA
- Ms. Ashley Crump, Territorial Specialist, Palliative Care, NTHSSA
- Mr. David Maguire, Manager of Communications, NTHSSA
- Ms. Jacky Miltenberger, Communications Coordinator, NTHSSA

1.0 Call to Order

The meeting was called to order at 8:35 AM.

- a) Ms. Gina Dolphus led the meeting in an opening prayer.
- b) The Chairperson welcomed everyone to the meeting. It was noted Mr. Bruce Cooper was away, but would be represented at the meeting by Ms. Jo-Anne Cecchetto, Assistant Deputy Minister, Programs with DHSS.
- c) A safety overview was provided by the Senior Advisor, Governance.
- d) Attendance was confirmed by the Senior Advisor, Governance.
- e) There were no conflict of interest declarations for this meeting.

2.0 Agenda/Action Items/Minutes

a) Review/Approve Agenda

The Leadership Council reviewed the agenda for the meeting. There were no amendments.

On a motion duly moved and seconded, the Leadership Council of the Northwest Territories Health and Social Services Authority approved the August 27-2828, 2020 agenda, as presented.

Motion: Brian Willows
Second: Ruby Simba
LC20/08-001 – Carried Unanimously

b) Review/Approve Previous Meeting Minutes

Leadership Council reviewed the minutes from the March 25, 2020, and May 28, 2020 teleconference meetings.

On a motion duly moved and seconded, the Leadership Council of the Northwest Territories Health and Social Services Authority approved the March 25, 2020 meeting minutes, as presented.

Motion: Nancy Trotter
Second: Brian Willows
LC20/08-002 – Carried Unanimously

On a motion duly moved and seconded, the Leadership Council of the Northwest Territories Health and Social Services Authority approved the May 28, 2020 meeting minutes, as presented.

Motion: Brian Willows

Second: Patsy Schaefer

LC20/08-003 – Carried Unanimously

3.0 Finance Committee Report

Brian Willows, Chair of the Finance Committee, delivered a report on the August 11, 2020 Finance Committee meeting, attended by all Committee Members:

- 2019/20 Annual Audit and Financial Results – Committee reviewed a high level snap shot of the 2019/20 fiscal year. The OAG has indicated financial statements should be ready for the August 25, 2020 AGM. The projected deficit of \$26.1 million is lower than previous estimates due to OAG adjustments, but still significantly over the budgeted deficit of \$17.8 million. A number of one-time items underlie the deficit for last year – for example unbudgeted costs associated with the new Stanton Territorial Hospital, the accreditation process, the need for locums with housing, and high overtime. Although difficult to access useful data from legacy systems, Committee requested some detail on these and other reasons for the larger than expected deficit for the upcoming Leadership Council meeting – Leadership Council was referred to a briefing note in the meeting package. Committee emphasized the Minister is aware of the projected deficit, and the importance of understanding cost drivers to help achieve any deficit reduction plan developed in the coming weeks.
- Q1 Update – Tentative Quarter 1 results are projecting \$4.3M above the budgeted annual deficit – Leadership Council was referred to a briefing note in the meeting package. Committee noted staff wages and benefits budgeted at STEP 4, and a budgeted vacancy rate of 6%, are self-defeating and unrealistic, almost guaranteeing a deficit, more overtime. The OAG has noted NTHSSA cost of ongoing operations being higher than funding levels is not sustainable over time. While a deficit reduction plan is critical to create confidence in the system, the Authority should also be right funded to start.

- Forgiveness Approvals – Previous forgiveness approvals of \$2.1M was submitted for DHSS approval to write off, but did not meet FMB deadlines. CFO is meeting with colleagues to return to the Committee at the November meeting with a re-worked submission.
- Leadership Council and Regional Wellness Council Budgets – The development of a Budget and process for the Leadership and Regional Wellness Councils will be timed to coincide with the 2021-22 NTHSSA Budget process. This will allow more accurate historical cost data to be used in preparing the Budgets, and a full complement of RWC members to be active following the current appointment process being completed. The Senior Advisor, Governance will lead this process and return to the next Committee meeting with draft Budgets.
- Accounting Policy and Financial Reporting Practices – Standards in the Financial Administration Act require NTHSSA to follow Generally Accepted Auditing Standards. Finance is reviewing current accounting policies throughout this fiscal year; first steps are based on OAG recommendations – specimen signature records, financial approval spreadsheets, petty fund closures. Finance staff are also monitoring and working to complete mandated reporting requirements in the NTHSSA Contribution Agreement with DHSS – quarterly variance reports (Q1 submitted), the 2019/20 Annual Report, a 2020/21 operational plan, 2018/19 hospital survey data; an annual vehicle inventory and maintenance review completed with DHSS; an annual report for Family Violence Centre; and quarterly statistical indicators (Q1 submitted).
- 2020/21 Work Plan – Committee reviewed a slightly amended work plan that included deficit reduction as a standing agenda item for quarterly Finance Committee meetings, and will continue to use this plan to guide their activities in 2020/21.

The Committee Chair noted previous discussion around the OAG review of the 2019/20 Annual Audit supplements his report. He stressed the need to focus on the deficit and a plan to recover, to look at 2019/20 as a chapter in the NTHSSA book, with a 3 to 5 year window to achieve a balanced Budget. The Chair closed his report by highlighting the challenges and hard work ahead to make a successful case to the Minister for right-funding the Authority. Leadership Council agreed Finance should be the number one priority for this year, and looks forward to more detail around deficit reduction planning as soon as possible.

The next Finance Committee meeting is scheduled for November 3, 2020.

4.0 Governance and HR Committee Report

Jim Antoine, the Governance and HR Committee Chair, led the Leadership Council through the report of the August 18, 2020 Committee meeting. All Committee Members attended, discussing:

- Leadership Council Training and Development – With COVID-19 still very much affecting air travel, Committee recommended to postpone any training, education and development initiatives requiring out-of-Territory travel until at least 2021. The focus for the rest of 2020 will be on education opportunities coordinated with Leadership Council meetings. Any in-Territory training, development or education plans should proceed. If facilitators or consultants are required, Committee encouraged the use of qualified Northern contractors who might employ more traditional practices and approaches.
- Leadership Council Self-Evaluation – Committee considered the annual Leadership Council evaluation mandated in the Governance Manual, and supported bringing that discussion to the Leadership Council meeting on August 25. Consideration should be given to using a Northern facilitator.
- Annual Report – The draft Annual report was circulated to the Committee on August 12, 2020, for feedback regarding content. Committee noted there is limited flexibility in design of Annual Reports, but thought it contains a significant amount of good information. The final version, along with the AGM presentation from management, will be distributed to the Leadership Council in the AGM package on Friday, August 21, 2020.
- AGM and Leadership Council Meeting – Committee reviewed the format for the upcoming AGM on August 25, 2020 and Leadership Council meeting August 25-27, 2020, and recommended regional reports be on the agenda as early as possible during the 2 days of public meetings.
- Code of Conduct – The annual review of the Code of Conduct will take place on August 25, 2020. Many Council Members have signed the acknowledgement form for 2020 already, but those who haven't can sign and return it after the review.

Council asked the Committee for an update on CEO succession planning at

the next Leadership Council meeting.

The next Governance and HR Committee meeting is scheduled for November 4, 2020.

5.0 Quality Committee Report

The Quality Committee held its meeting on August 13, 2020 – eight Members of the Leadership Council attended. The Committee Chair asked the Committee lead, Executive Director, Clinical Integration to read the report into the record, including:

- Accreditation Update – Committee reviewed the extended deadlines granted to NTHSSA by Accreditation Canada to submit detailed work plans for unmet accreditation standards by December 13, 2020, and evidence to support achievement of the unmet standard by June 2021.
- Enterprise Risk Management Framework – Committee reviewed the Enterprise Risk Management (ERM) Framework for NTHSSA. The purpose of an ERM Framework is to establish ERM roles and responsibilities including the NTHSSA strategy to manage its risks. NTHSSA identifies and manages its risks in support of its vision, mission, and goals as set out in the strategic plan. Committee supported investigating the HIROC electronic ERM program for suitability as an NTHSSA risk management tool.
- Quality Management Framework – Committee completed its annual review of the Quality Management Framework, a description of NTHSSAs commitment to Quality Improvement and Patient Safety (QIPS) approved by Leadership Council in 2019. Committee expressed their full support to continue using the Quality Management Framework approved in 2019 for this year, in a motion: ***Be it resolved that the Quality Committee recommends continued approval of the NTHSSA Quality Management Framework as presented.***
- Quality Scorecard Quarterly Update – Committee reviewed performance indicators available to date, compared to previous indicators. Some new indicators have been added, the intent is to move toward a consistent set of indicators for Committee and LC to evaluate performance.
- Primary Health Care Reform – Committee received an update on efforts to improve access, relationship based care and outcomes within

the health and social services system. Significant progress has been made on expanding same day access to services with integrated care teams. It was noted the Yellowknife RWC is very pleased with integrated care team achievements in their region. Work continues on developing other regional demonstration projects.

Overall, Council was pleased with the progress in the areas of Quality and Risk over the last year, and supported a proactive communications plan to publicize that progress. Council appreciated hearing advice to consider “Joe Trapper” in NTHSSA public communications – to consider Dene laws incorporating respect, caring, sharing, and inclusiveness.

The next Quality Committee meeting is scheduled for November 5, 2020.

The Chairperson adjourned the meeting until 10:15 am for a Break.

6.0 COVID-19 Update

Dr. Andy Delli Pizzi, Deputy Chief Public Health Officer, and Peter Workman, Chief Environmental Health Officer, presented an update on COVID-19 and Emerging Wisely to the Leadership Council.

Members received details of the current COVID-19 situation in Alberta, BC, rest of Canada, and around the world. Council noted the gradually increasing number of cases in parts of southern Canada (of note Calgary, Edmonton, northwest Alberta) and other jurisdictions, and their concern about growing complacency in the NWT with no recent cases, making the likelihood of bringing COVID-19 to the NWT through travel. Strong social connections seem subject to break-outs – in facilities, communities, meat-packing plants, hospitals, bars. Canadian death rate from COVID-19 is higher than the global average – risk of infection and impacts are higher with age, the elderly are worst affected).

There are 9 vaccines currently in phase 2 or 3 trials. Canada recently announced the pre-purchase of several million doses of 2 vaccine candidates that will require Health Canada approval prior to being used, but it will be well into 2021 before an approved vaccine is widely available in Canada.

Council noted the relatively low incident rate in Canadian children, but were cautioned children usually have a milder course of illness, and may have had fewer infections through limited social interactions and early school closures.

In NWT, return to school was deemed overall beneficial when balancing risks vs. reducing harms, without community transmission.

Council reviewed the social and structural determinants of human health, and their inter-relation to societal, public health, and health system actions. The system goals are to reduce the impact of COVID-19 harms, reduce harms of public health actions, and improve effectiveness of public health measures.

Members discussed current NWT public health measures like border controls, including requirements for self-isolation plans, enforcement protocols, risks associated with personal failure of individuals to comply with orders and protocols, risks of re-infection and long term effects of infection, the upcoming flu season and vaccine clinics, mandatory extra precautions for essential workers who can't self-isolate for 14 days, the risk of infection versus benefits of social interaction, opportunities to improve social determinants of health like homelessness through collaboration, the importance of COVID-19 communications resources in aboriginal languages, system readiness for a second wave in the NWT, communicating about that to people in the communities to avoid complacency, the importance of increased rapid testing capacity in the NWT, remaining in Phase 2 of Emerging Wisely until second wave impacts are clear, and guidance for funerals and non-resident harvesters.

Council looks forward to their next scheduled COVID-19 update at the next Leadership Council meeting.

The Chairperson adjourned the meeting for Lunch, and called the meeting back to Order at 1:10 pm.

7.0 Cultural Safety Action Plan

The Leadership Council reviewed an update presentation on the 2-year Cultural Safety Action Plan launched in February 2019, and the system Action Plan to achieve the goals of the plan. Three of 12 actions for 2019-20 were completed, 5 are still in progress, and 4 are late.

Council reviewed the 2020-21 actions underway or planned to achieve the 4 objectives of the Plan:

1. Create an organizational culture of Cultural Safety;
2. Strengthen staff capacity for Cultural Safety;

3. Honour Traditional Knowledge and healing approaches in care; and
4. Improve client and community experience.

Council looks forward to continued work to finalize and staff Cultural Safety positions, building a case for core funding, developing a process to embed Cultural Safety in the health and social services system, and a cultural competency training framework.

Council complimented the work done to date, and encouraged staff to incorporate cultural training elements from all regions of the NWT. They also encouraged the inclusion of previous work in the area of traditional healing, be incorporated into new cultural safety practices. Council believes the ideal balance of traditional and western medicine could take some time to achieve. The principles should apply across government, and will require the system to acknowledge and address systemic racism, bullying and harassment to truly create a safe and respectful environment for residents to receive programs and services, and to work.

Council looks forward to receiving further regular updates on Cultural Safety implementation.

The Chairperson adjourned the meeting until 2:40 pm for a Break.

8.0 Regional Wellness Council Reports

The Leadership Council received updates from each region during the meeting. Below are summaries of the actions, suggestions and activities of each region that provided a report:

- a) **Dehcho** – Chair Ruby Simba highlighted:
 - The last RWC meeting was held June 12, 2020.
 - In addition, Dehcho has the following issues and/or concerns for the Leadership Council and NTHSSA:
 - The RWC requests information on the protocol for entry of medical escorts accompanying patients into Stanton Territorial Hospital.

The next meeting is scheduled for September 2020 in Fort Simpson.

- b) **Yellowknife Region** – RWC Chair Nancy Trotter reported on:
 - The board said goodbye to 2 long-serving Members at their June

meeting – Emily Saunders and Karen Hamre. They were both wise women, with strong voices, and a deep understanding of the issues.

- Replacement of the phone system at the Primary Care Clinic is critical; public is frustrated because they can't get through for technical system reasons, not human errors.
- In addition, Yellowknife has the following issues and/or concerns for the Leadership Council and NTHSSA:
 - Is there a standard policy for recognizing long-serving RWC Members? Can NTHSSA develop one?

The RWC Chair passed on a positive experience from a resident who had surgery at Stanton Territorial Hospital in July, with kind words for the friendly and helpful staff, and comfort and good food at the facility.

The next meeting will be scheduled for September 2020, after RWC appointments are confirmed.

c) **Fort Smith** – RWC Chair Patricia Schaefer summarized :

- The last meeting of the Fort Smith RWC was for a COVID-19 update on May 21, 2020.
- There are 2 vacancies on the board, the Chair is hoping to have more orientation for the whole Council.
- The Fort Smith RWC had no other issues and/or concerns for the Leadership Council and NTHSSA.

The next meeting will be scheduled for September 2020 before the COO departure.

d) **Hay River** – RWC Chair Brian Willows reported on :

- The board has been unable to achieve a quorum to meet, with 3 vacancies currently.
- Chair is concerned this is delaying good work, expressed frustration the process is taking so long with so little information shared directly with the Chair.
- The Hay River RWC had no other issues and/or concerns for the Leadership Council and NTHSSA.

The next meeting will be scheduled once RWC appointments are confirmed.

e) **Beaufort Delta** – RWC Chair Ethel-Jean Gruben highlighted:

- The last meeting of the Beaufort Delta RWC was June 11-12, 2020, and included a presentation on Cultural Safety Training.
- Concerns about nurses travelling to small communities without approved self-isolation plans.
- Concerns about homelessness, want more regional resources, the same temporary accommodation supports as Yellowknife; delivered letter to Minister yesterday.
- In addition, the Beaufort Delta RWC had the following issues and/or concerns for the Leadership Council and NTHSSA:
 - Need stronger communications and messaging about what COVID-19 means for elders and communities.
 - When can the RWC review the pandemic response plan for local impact?
 - NTHSSA finances continue to be in deficit, not sustainable.
 - More concrete answers from the Minister on RWC issues, more discussion with the Minister at RWC and LC meetings.

The next meeting is scheduled for September 17, 2020.

f) **Tlicho Community Services Agency** – TCSA Chair Ted Blondin reported:

- Significant activities of the TCSA Board, including engagement with the NTHSSA, NWT Ministers of HSS and Education, Aurora College, Tlicho Government Chiefs Executive Council, and a report to the Tlicho Annual Gathering.
- Concerns about COVID-19 impacts on funerals, mental health, increased reliance on alcohol and drugs; developing a proposal for Tlicho Government to deal with trauma, addictions, grieving.
- TCSA structure breaks down silos between HSS and ECE, based on aboriginal tradition of circle to settle, direct and manage affairs.
- The TCSA had no other issues and/or concerns for the Leadership Council and NTHSSA.

The next meeting will take place in September 2020.

g) **Sahtu** – RWC Chair Gina Dolphus highlighted :

- The most recent RWC meeting was held August 11, 2020. The RWC received an update on Primary Health Care Reform.
- There are currently 3 vacancies on the Sahtu RWC.
- The Council is concerned about decreases in health and social

services due to COVID-19, and residents increased reliance on alcohol and drugs.

- In addition, the Sahtu RWC has the following issues and/or concerns for the Leadership Council and NTHSSA:
 - The need to reinstate drug and alcohol workers in the Sahtu is more evident with the increased use of alcohol and drugs due to COVID-19 restrictions.
 - Current locum physician model is not working. While there were interested physicians, much has changed due to COVID-19, highlighting the need for a new model.

The next meeting will be scheduled once RWC appointments are confirmed.

Leadership Council discussed the need for consistency in recognizing departing RWC Members. It was agreed that the Senior Advisor, Governance would confirm with DHSS if Ministerial letters of acknowledgement are standard practice, and if applicable, provide DHSS with the names of departing individuals for all RWCs with the upcoming round of appointments, to prepare letters on behalf of the Minister. Council also asked the Senior Advisor, Governance to return to the next meeting with a standard framework for departing RWC Member recognition.

Council also discussed the need for more orientation for all RWC Members, current and new. Council asked the Senior Advisor, Governance to work with RWCs and DHSS on an updated RWC orientation presentation and schedule.

9.0 Adjournment – August 26, 2020

The Leadership Council adjourned its meeting for the day at 3:30 pm.

On a motion duly moved and seconded, the Leadership Council of the Northwest Territories Health and Social Services Authority adjourned its August 26, 2020 proceedings.

Motion: Brian Willows

Second: Ethel-Jean Gruben

LC20/08-004 – Carried Unanimously

10.0 Call to Order Day 2 – the Chairperson called the meeting back to Order on August 27, 2020 at 9:04 am.

Ms. Gina Dolphus led the meeting in an opening prayer for Day 2.

11.0 Chairperson's Report

The Chair provided his report of activities since the May Leadership Council meeting. This included meetings with the Minister and CEO along with other NTHSSA management. The Chairperson also attended various LC update meetings and Committee meetings, and sent 2 letters to the Minister regarding the NWTs pandemic response, and systemic racism.

The Chair referenced the next round of meetings for Committees November 3-5, 2020 and Leadership Council meeting November 24-26, 2020. And he stressed the importance of LC members receiving advance notices of important public updates.

Council asked if there was an update on community dental services, and vacancies on Regional Wellness Councils. The CEO referenced her report, with an update on a DHSS, NTHSSA, and Indigenous Services Canada working group to work out longer term solution to community dental services, with out-dated equipment and facilities across the NWT not meeting public health guidance for dental services under threat of COVID-19. Urgent dental services will be provided in regional centres, or in some cases out-of-Territory, with safe equipment and facilities until further notice.

The Senior Advisor Governance confirmed new RWC appointments from the Minister were imminent, but there would still be some vacancies on some Councils, pending an additional nomination and appointment process this fall.

12.0 Deputy Minister, Health and Social Services Report

Ms. Joanne Cecchetto, Assistant Deputy Minister, Programs with DHSS, spoke to the report of Mr. Bruce Cooper, Deputy Minister with DHSS, including:

- Establishment of a COVID Secretariat encompassing protectnwt, 811, border patrol, enforcement, isolation centre services; will use mostly re-deployed staff, announcement expected next week.
- Authorities Pandemic Response Plan has been released to staff, public release planned for next week; OCPHO also updating NWT modelling for COVID-19, and strategies to improve NWT testing and lab capacity
- HSS is procuring 4 rapid test units increasing NWT capacity to 500 tests per week; will always send some testing to Alberta; goal is to

- test asymptomatic isolators to shorten required self-isolation time; Federal/Provincial/Territorial coordination for pandemic responses.
- Funding identified for a community based mental health and addiction recovery peer support initiative, assessing community need and capacity, will offer \$12,000 per year per community.
 - Pandemic-related changes to the *Pharmacy Act* and Regulations make it easier to get prescriptions and refills; draft *Nursing Profession Act* changes would bring all nursing professions under one regulator, and give registered nurses power to prescribe medications.
 - GNWT has moved to a 4 year Business Plan cycle, Strategic Plan will now be the 4 year Business Plan, the “territorial plan for HSS” required by legislation; RWCs and LC have been consulted, Business Plan reviews with Standing Committee start late September.
 - DHSS and HSSAs are working with the Mental Health Commission of Canada on a 2-year project to reduce wait times and improve mental health and addictions support services, including one-to-one counselling, online resources and apps, and video/phone supports.
 - Significant progress on the Child and Family Services Quality Improvement Plan includes funding for 20 new positions, training, and youth-in-care networks; offered NWT-wide foster caregivers and staff training on how to support youth with FASD, and other training options; 2018-19 system-wide audits for all HSSAs completed.

Council was pleased with the new money for mental health and addictions support, and the potential for increased COVID-19 testing capacity with new machines. They look forward to community advertising on social media, posters, and through community counsellors, nurses, and health centres. The ADM offered to take any unanswered questions from LC Members and provide follow-up answers by email.

13.0 Chief Executive Officer Report

CEO Sue Cullen, highlighted several key areas in her report and answered questions where applicable, including:

- Communications with the Leadership Council for information and awareness, through Chairperson meeting summaries and emails from the Senior Advisor, Governance; updated process for action item responses and improved communications protocol.
- COVID-19 pandemic response team includes all 3 health authorities; continuous masking in health facilities; update on testing capacity;

annual leave for staff after September 30; Brief updates on the reduction of public health restrictions through Emerging Wisely, and the expected release of the Authorities Pandemic Plan.

- Primary health care reform project in Ft. Good Hope based on RWC input and the Beaufort Delta model for physician services; making progress with quality team approach in Child and Family Services.
- Financial matters including the 2019/20 year end, 2021/22 operating Budget, and deficit reduction planning.
- Continued negotiations with Indigenous Services Canada regarding community dental services; the Information and Privacy Commissioner report on files found at the Ft. Simpson dump; quarterly Stanton Hospital update to Standing Committee and sterilization issues; Yellowknife Primary Care Clinic phone upgrade; TB project in the Inuvialuit Settlement Region; Accreditation timelines for Action Plans (December 2020) and Evidence (June 2021) to address unmet criteria.
- Management updates including Fort Smith COO Brenda Gauthier last day September 11, new Territorial Medical Director Dr. Ann Marie Pegg starting November 16; the next collective bargaining process has been initiated; and systemic racism highlighted in June message to staff.

Council concerns about delayed contact and response time from 811, and a lack of enforcement when complaints are made, will be forwarded to the COVID Secretariat.

The Chairperson adjourned the meeting until 10:25 am for a Break.

14.0 Yellowknife Day and Sobering Centre – NWT Disabilities Council

The Leadership Council reviewed a presentation from Denise McKee, Executive Director of the NWT Disabilities Council, regarding their recommendations and observations from operating the Yellowknife Day and Sobering Centre for over 6 years. The Centre runs 24/7 with a 2 hour break between 8 and 10 am for cleaning.

Council was concerned about the statistics that showed high demand for their client driven and culturally informed programming – 83 unique users per day, for showers, meals, computer use, and clothing; programming like beading, traditional cooking, smudging, storytelling. It's apparent that homelessness and addictions are closely intertwined – driven by mental illness, trauma, pain, disability, racism, cultural disconnection, social circumstances like

poverty, violence and family break-down.

Council learned there is still a need for additional services for Day Centre users – like sober social spaces for homeless adults, on-the-land opportunities for homeless adults looking to escape substance use, alcohol management and NWT treatment programs, services and supports in home communities, housing waitlists, and consistent program admission criteria. These gaps led to the 12 recommendations (4 short-, 4 mid-, and 4 long-term) presented to the Legislative Assembly.

Offering safe place off street for homeless is cheaper than long term health care costs if no assistance offered. With a large number of community residents served in Yellowknife, long term success might mean program funding going directly to communities, having them lead mental health and addictions programming locally, with GNWT auxiliary support. Solutions are not one-size-fits-all.

Council very much appreciated the value of the service for communities, and looks forward to receiving statistical reports quoted in the presentation, and periodic updates at future meetings.

The Chairperson adjourned the meeting for Lunch at 12:15 pm, and called the meeting back to order at 1:20 pm

15.0 Healthy Families Program (HFP)

The Leadership Council reviewed a presentation regarding renewal of the Healthy Family Program, from Nathalie Nadeau, Director of Child, Family and Community Wellness with NTHSSA, Nina Larsson, Senior Advisor, Early Childhood Development with GNWT ECE, and Dr. Marlee McGuire, Hotii ts'eeda.

The presenters reviewed the HFP redesign and go through the next steps in the renewal process. The goal in renewal is to move away from a colonial context of healthy families, address system level program issues, and restore focus on traditional parenting knowledge and culture system-wide. System changes will prioritize early childhood development, culturally-based prevention, and community driven programming. This work supports the NWT's emerging reputation as a centre for excellence in culture, family, and community care.

A process to revise and implement the new program across existing HFP site is in place for 2020/21. The program could grow into a community hub and connector for safe healing, culture, and parenting excellence. Planning is under way for the possibility for expansion to 5 new sites in collaboration with regions, community partners, based on community need, readiness.

Council noted the program focus away from a system-based approach, similar to NTHSSA broader transformation to a client or patient-based model. Council looks forward to the renewed promotion of the program after the updated curriculum is complete, to build on current needs-based referrals through well-child clinics, with invitations to all families at physician/mid-wife contact. **Council would like to see the final reports on HFP renewal when they are complete.**

16.0 In-Camera Session

On a motion duly moved and seconded, the Leadership Council of the Northwest Territories Health and Social Services Authority moved in camera at 2:20 pm.

Motion: Ethel-Jean Gruben
Second: Patsy Schaefer
LC20/08-005 – Carried Unanimously

The Leadership Council met in-camera to discuss CEO performance goals and objectives for 2019-20.

On a motion duly moved and seconded, the Leadership Council of the Northwest Territories Health and Social Services Authority moved out of camera at 2:45 pm.

Motion: Ruby Simba
Second: Gina Dolphus
LC20/08-006 – Carried Unanimously

17.0 Goals of Care – Advance Care Planning

Leadership Council reviewed a presentation on advanced care planning, goals of care from Lisa Rayner, Territorial Manager, Continuing Care Services, Ashley Crump, Territorial Specialist, Palliative Care, David Maguire, Manager of Communications, and Jacky Miltenberger, Communications Coordinator, all

with NTHSSA.

Advance Care Planning provides peace of mind for a person and those who may be making decisions. Patients and decision-makers are reassured their wishes are known and being followed. Their wishes help family members or loved ones making decisions to know what to do and may help avoid conflict and stress. Every person has a say in who provides care and who doesn't provide care and the type of care they want, advance care planning is a way to get that information known to others.

Advance care planning and goals of care is a process that occurs together. First a person has a conversation with their loved ones/family about their beliefs and values as it relates to their health and medical needs. The person also shares information with their health care provider on their beliefs and values and how they relate to their health and medical needs.

During the goals of care conversation the health care provider shares information with the person and their family (or substitute decision maker) about their diagnosis, prognosis, outcomes, and options for health care. A goals of care order form is then completed and becomes a legal medical record. The goals of care designation can change when the person's health or wants change.

Communications for this should provide resources to facilitate goals of care discussions between patients, their loved ones, and their health care providers – “plant the seed” of discussing advanced care planning with all patients, not just those in critical illnesses situations.

The goal is to work with community partners to create a culturally respectful environment for community and public conversations around values and goals of health care, including variances and accommodations; to address the stigma of speaking openly regarding death and related health care situations, and to spur people to start the conversation themselves and share with their health care provider.

Council recognized this important and sensitive work and expressed their appreciation and respect for the work done so far, and understanding of the need to take the time to get this right.

18.0 Leadership Council Meeting Evaluation

The Leadership Council was asked to complete the meeting evaluation forms and submit them to the Senior Advisor, Governance for tracking, follow up.

19.0 Adjournment

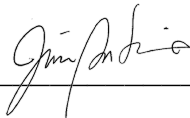
The Leadership Council formally ended its business and closed its meeting at 3:35 pm.

On a motion duly moved and seconded, the Leadership Council of the Northwest Territories Health and Social Services Authority closed its August 27-28, 2020 meeting.

Motion: Ruby Simba

Second: Brian Willows

LC20/08-007 – Carried Unanimously



Chairperson Approval Signature

December 09, 2020

Date