



NEWFOUNDLAND
AND LABRADOR

HEALTH BOARDS ASSOCIATION

**KEY PRINCIPLES AND ISSUES
FOR A NEW INTEGRATED
HEALTH BOARDS SYSTEM IN
NEWFOUNDLAND AND LABRADOR**

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INTRODUCTION

The Newfoundland and Labrador Health Boards Association (NLHBA) is presenting the following key principles and issues for Government to take into account in restructuring the delivery of health and community services in this province. Health Boards support the continuous improvement of the health and community services system for the benefit of the population, and in the past have collectively and individually presented recommendations to ensure that changes have positive outcomes. Although there have been no recent consultations for this stage in the reform of the health and community services system, much work has already been completed within the Department of Health and Community Services (DOHCS) particularly in location of services, in addition to recommendations from Health Boards and successful existing partnerships within regions. It is hoped that this valuable information will be used as evidence on which to base the coming decisions. The move to integrated boards will be the latest stage in the process of change that began in 1992 with the consultations and creation of the community health boards, followed by the amalgamation of the then hospital and nursing home boards into regional institutional boards and the integration of social services from the Department of Human Resources and Employment.

We do not yet know the implications of further change in the sensitive health and community services sector; one potential negative implication might be further destabilization of the system, so it is important to move carefully and strategically, using all the available consultation and existing evidence. Lessons learned from the past can help the decisions on the new structure to be a successful and forward-thinking change with a dynamic strategic vision for the future, offering a continuum of high quality, streamlined and appropriate services to the population of the province.

VISION

Communicate the Vision

As a small province, integrated delivery of health and community services is a valid and positive way of using available resources effectively to address the health needs of the province. The key is to maintain the optimal balance between province-wide services and regional ability to address regional needs, so that the health and community services system can function as a provincial system with a streamlined regional focus.

A well-communicated, dynamic vision of the new health and community services structure is essential to ensure that the coming changes are received with a positive, constructive mindset, that the messages are upbeat and the eventual outcomes are welcomed as offering clear benefits for tomorrow's integrated health and community services system.

If innovative new structures are shown to be essential for a sustainable vision of better health and community services delivered in an integrated and client-centred way, people

will work together proactively to achieve the envisioned benefits to clients, patients, residents and communities. The first priority of people working in the health and community services system is to give the best quality care; a vision of change with a commitment to the best interests of clients, patients and residents will therefore be well supported. We have good models of integrated, client-centred care in our province to advance as evidence for this support and in many regions we are close to realizing the full potential of interdisciplinary collaboration. Primary healthcare renewal, supported by federal and provincial governments, is part of this movement towards teamwork and cooperation.

Principles for seeking the right balance between prevention and treatment in the integrated health and community services system should include commitments to high quality programs and services throughout the continuum, evidence-based decision making, intersectoral collaboration and the effective and efficient delivery of services through the appropriate allocation of primary, secondary and tertiary services and long term care services. We will look for improvements to the health status of the population and to the continuum of care from early intervention through to long term care, palliative care and supportive services.

POPULATION HEALTH

The NLHBA recommends that the focus of population health practice on prevention and early intervention and the social determinants of health should be maintained and strengthened with continued designated funding. The new Board structures need clear accountability guidelines with appropriate funding for population health as well as long term care, diagnostic and treatment services, and explicit goals and objectives to be reported on annually according to the government Accountability framework. This makes good sense by addressing every element of the continuum of care: funds spent in prevention and early intervention as well as in long term, acute and chronic care will eventually increase access to needed care by reducing wait lists and need for acute care beds as the incidence of disease and ill health is reduced. Prevention and early intervention is an essential health system component for a province that uses its health dollars wisely.

INTEGRATE PROGRAMS AND SERVICES

For the health and community services system to function as a provincial system with a regional focus, services and programs should build on previous integration work and become fully integrated in a interdisciplinary and collaborative manner. The seamless approach should promote the interregional mobility of clients, patients and residents to centres where appropriate care is available. This will require supporting the excellent air ambulance services, strengthening land ambulance services and coordinating centrally. Consideration should be given to moving public health and environmental health officers into the integrated Health Boards, together with appropriate funding, to complete the

integration of all aspects of public health. Additional administrative changes and efficiencies within programs should be identified as part of the integration.

THE ROLE OF THE DEPARTMENT OF HEALTH AND COMMUNITY SERVICES (DOHCS)

In order to give certainty, it will be crucial to clarify and communicate the role of DOHCS in the integrated system, particularly with respect to the relationship with the new Health Boards over standards and guidelines for services and funding. This should be backed up by a protocol or mechanism for developing, monitoring and enforcing standard policies and guidelines for provision of service, including accountability guidelines for all parties.

BOUNDARIES

Boundaries should be carefully coordinated to strike a strategic balance between population and geographic needs, taking into account the potential marginalization of vulnerable populations and recognizing the challenges and conflicts inherent in managing services with diverse mandates, multiple sites and dispersed populations in many communities. The NLHBA recommends that DOHCS solicit the views of all Health Boards and their staff on this issue, so that they have as much information as possible for the decision.

BOARDS OF TRUSTEES

Outgoing trustees from the former board should receive full acknowledgement of the volunteer hours freely given in serving their community. This respect will enhance the dignity of volunteer activity and support the incoming trustees in their work. A letter to each trustee from the Minister would be a welcome gesture to these volunteer community representatives.

For the new Boards of Trustees, we have the following recommendations:

- Each Board should consist of between 12 and 14 trustees for a small and effective group which reasonably represents the region;
- Identify the expertise and skill mix needed for Health Boards and ensure that trustees are appointed to fill the identified roles (legal, financial, business, community leaders, consumer/patient representatives etc.);
- Trustees are appointed by the Minister of Health and Community Services;
- Trustees will continue to have the responsibility of hiring the Board CEO;
- Board vacancies should be filled within three months;
- Government should provide formal governance orientation with annual updates, including expectations for time requirements of being a Board trustee, duties and responsibilities (budget, legal etc.);

- Consideration should be given to including representatives from each of the former Boards in the region among the Board appointments for the new Board.

LINKAGES WITH THE COMMUNITY

It will be of utmost importance to involve the community and foster direct community-board linkage and consultation for regional needs. One way of doing this is to formally facilitate local Advisory Committees, with a defined mandate and relationship with the regional integrated Board for community input. Boards would be required to take the identified community issues into account, providing explanations where no agreement is reached.

FIRST PRIORITY DECISIONS AFTER THE RESTRUCTURING ANNOUNCEMENT

Some decisions will need to be made as a first priority by the new integrated boards. Lessons learned from past changes offer the following recommendations to manage change in the health and community services system most effectively:

- Decisions on the location, levels and types of services, including change of function or closure of services and/or facilities
- Decisions on adequate, consistent compensation for staff and managers that addresses recruitment issues, including support and re-employment programs coordinated through the NLHBA for those staff and managers impacted by change
- Decisions on bargaining unit issues at each Board, including consistent hours of work, should be made in consultation with the NLHBA and DOHCS, with legislated implementation if necessary.

FUNDING

For the most positive fresh start, Government should ensure that the new Boards begin on an equal debt-free footing by taking over the previous Boards' debts, with penalties to disallow boards from going into debt in the future. The NLHBA recommends the following measures be adopted for funding the new integrated Boards for the delivery of health and community services in an integrated manner:

- Adoption of a funding model, such as the model developed and presented to Government by the NLHBA in 2001, to provide principles and guidelines for the allocation of available health funds for the provision of mandated health and community services;
- Adequate transition funds, encompassing contract changes on all issues, costs of integrating information technology, human resources costs and many others. There were long drawn-out debates on this point during the movement of services

- from the Department of Human Resources and Employment in 1998 and thorough preparation will avoid a repetition;
- Adequate fiscal and human resources for the required services;
 - Adequate funding of severance pay and redundancy packages will be needed to avoid the new Boards being saddled with unexpected costs;
 - CEO and management salaries that reflect the added responsibilities.

CONCLUSION

The above key principles and issues identified by the NLHBA are the result of consultations with Health Boards and are based on the realities of delivering the programs and services in the health system and past experience of undergoing structural change. We are ready to discuss all or any of these principles and are prepared to work with Government for the process of change.