



# *Strategic Plan 2003*

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**The NLHBA Board of Directors views strategic planning as an opportunity for the Board, the senior staff and the CEOs of member health boards to envision the Association's future, focus on fundamental health related issues, define policy, set priorities, and develop the necessary procedures and operations to achieve that future.**

## **DEFINITION OF "HEALTH"**

**Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.**

*THE WORLD HEALTH ORGANIZATION*

# FOUNDATIONAL STATEMENTS

## **Vision**

The effective voice for a high quality and sustainable health and community services system responsive to the needs of Newfoundlanders and Labradorians

## **Mission**

As the federation of *publicly-funded* health boards, the NLHBA is the collective voice of its members and provides advocacy, guidance and selected services to support the delivery of high quality health and community services in all regions of Newfoundland and Labrador

## **Guiding Principles**

Member-centred  
Collaborative  
Strategic  
Evidence-based  
Accountable

## **The Strategic Journey: Where have we come from?**

In 1999, the Newfoundland and Labrador Health Boards Association (NLHBA), then known as the Newfoundland and Labrador Health and Community Services Association (NLHCSA), began a strategic journey, starting with a Planning Day in Rocky Harbour. It was a timely decision: over the previous five years the health system had undergone significant changes, the implications of which had yet to be fully operationalized. Strategic planning was needed to operate collaboratively and effectively in the new regionalized, integrated health and community services system, particularly since the integration of health services with the non-employment related social services was instituted in stages and is still ongoing. As the federation of health boards, the Association and its members wanted to spend some time reviewing its role in the health system, identifying key issues, discussing goals for the future and deciding how to move forward in a proactive manner towards the future in the best interest of the health and community services system.

A wide-ranging and challenging discussion resulted in eight strategic directions which formed the basis of the three-year Strategic Plan 2000, the development of which was directed by the Board's Strategic Planning Committee.

In April 2000, the Board of the Association signalled their forward-looking approach by formally choosing a new name, the Newfoundland and Labrador Health Boards Association, distinctive among other partners in the system, flexible for any further change, and broadly inclusive of all fourteen health boards - Institutional, Integrated and Health and Community Services Boards. A review of the Strategic Plan 2000 was conducted at a Planning Day in July 2001 and the results were included in Workplan 2002.

In July, 2003, the NLHBA Board, senior staff and CEOs of member organizations met again for a day of strategic thinking about the role of the NLHBA in the province. The province had launched its Strategic Health Plan in Fall 2002, setting out the specific strategic directions for the health and community services system under the overall umbrella Strategic Social Plan. This initiative had been long advocated by the NLHBA as an essential province-wide planning tool for the health and community services system. The Department of Health and Community Services had consulted stakeholders widely during its development and the NLHBA and its members were extensively involved in the consultation.

It has also been a year of change for the NLHBA: an outside consultant was engaged to produce an Operational Planning framework that would streamline NLHBA operations in order to offer services valued by the health and community services system within the available financial resources. Decisions for significant operational change resulted from the new framework. The Association needed to take a fresh look at its challenges and opportunities in order to renew its Strategic Plan for the future and to bring it in line with the provincial Strategic Health Plan.

A productive planning session was held in July, 2003. All health boards have now engaged in strategic planning within their own boards, with the NLHBA and through the consultations for the Strategic Health Plan. This experience in strategic thinking enriched the 2003 NLHBA

planning session. Participants reviewed the NLHBA strengths and focused on the challenges and opportunities ahead, while successfully distinguishing the role of the NLHBA from the role of individual health boards in the health and community services system. A review of the comments from 2001 and 2003 shows that the strength of a collective voice was recognized and the NLHBA advocacy role confirmed as an accepted, knowledgeable and reputable voice for health boards to government and the public. Over the course of Strategic Plan 2000, it was noted that the increasing success of the NLHBA in bringing health boards together to resolve issues and build consensus, set strategic directions and listen to concerns has led to strategic partnerships and good relationships with federal and provincial governments, member health boards, other associations and community groups. NLHBA strengths have been achieved through the involvement of good people: the dedication, accessibility and effectiveness of the volunteer directors and CEOs of member organizations, the strategic skills and experience of the Board of Directors, and competent well-trained staff. The consensus was that we are doing a better job of strategic thinking and implementing strategic directions. In the area of accountability, internal accountability has been strengthened through Board and Executive Director evaluation, the new operational plan and regular staff reports in the strategic format.

A NLHBA Board Committee was struck to review and redraft the Foundational Statements, which are included in this document. The decision was made to fold the former list of values into the Guiding Principles, since the Guiding Principles are based on, and therefore assume, a shared set of values.

For the future, the NLHBA plans to build on its strengths in order to meet the challenges ahead, working on areas that need improvement, and evaluating its actions for continuous improvement.

# Taking the Lead: What lies ahead?

## Strategic Challenges

### ◆ **Reaching Consensus:**

Although there have been some successes, the NLHBA recognizes this as an area for further work. In order to fulfill its mission as the collective voice of health boards and for maximum impact on public policy, the NLHBA needs to explore the most effective methods of achieving consensus on policy issues, so that member health boards can be assured that every board will follow through with actions according to the consensus decision. It is important to ensure that all decisions are communicated effectively to member boards.

### ◆ **Collective Voice:**

As the central component of both the NLHBA Vision and Mission, a strong collective voice is crucial for effective advocacy, the major function of the NLHBA. It has gained strength and recognition over the past three years, but needs monitoring, maintaining and renewing in order to foster a positive perception of the Association.

### ◆ **Leadership through Change:**

The NLHBA has been proactive throughout the changes of the past few years in the health and community services system as a whole, and in the most recent internal changes in the Association. Looking ahead at two examples identified by Planning Day participants, proactive leadership will be needed to address new, current and emerging health issues such as SARS, to lead the process of change in any further health board restructuring and to address funding issues.

### ◆ **Health Human Resources:**

The challenge of recruiting and retaining health human resources requires ongoing attention. The NLHBA will need to advocate strongly for maintaining and developing initiatives such as the Health Human Resources Planning Unit, Physician Recruitment, health human resources leadership planning and career planning. Demographic and economic imperatives mean that new solutions will need to be explored, with advocacy and support for new initiatives.

## Strategic Opportunities

### ◆ **Advocacy:**

The current media interest and growing public confidence in the health and community services system offer opportunities for advocacy aimed at increasing public awareness and interest in population health, educating and involving the public on issues in the system and managing public expectations. Effective advocacy also opens up opportunities for increased involvement in the decision-making processes of government.

◆ **Governance:**

Leadership in governance education for directors and trustees to enhance learning and growth on health issues, including research, will develop volunteer governance capacity and lead to greater effectiveness of advocacy for health issues to the public and government.

◆ **Thinking Strategically:**

Implementing a strategic planning process to manage major issues will integrate the overall NLHBA Strategic Plan, the Strategic Health Plan and the Strategic Social Plan, giving rise to more opportunities for effective partnerships, an increased focus on evidence-based decision making and an integrated operational process. This will enhance the NLHBA's ability to manage the changes in health needs and technologies to which the health and community services system needs to respond.

# STRATEGIC PLAN 2003

## Strategic Direction 1 ADVOCACY

Advocacy has been confirmed by the NLHBA Board as the key function of the Association. As the collective voice for health boards in the Province of Newfoundland and Labrador, it is essential to develop proactive and effective ways for putting forward the views and issues of these boards. Effective advocacy will increase public understanding of the realities of the health and community services system, influence health policy decisions made by Government and ensure that development in the health and community services system is based on the realities of delivering health and community services in the province, the needs of the population and adequate and sustained funding.

### **Goal:**

**To influence the direction of issues important to the health and community services system by ensuring that the position(s) of the NLHBA membership are known to all stakeholders**

### **Objectives:**

1. To identify and analyze issues of concern in the health and community services system in a proactive manner
2. To ensure that the position(s) of NLHBA members on health concerns is clearly and effectively presented to Government
3. To create opportunities for partnership to enhance advocacy initiatives
4. To ensure that the position(s) of NLHBA members on labour relations and collective bargaining is clearly and effectively presented to Government and union representatives
5. To develop evidence-based position papers to support the NLHBA advocacy role

## Strategic Direction 2 COMMUNICATION

The mission statement of the NLHBA stresses the collaborative mandate to work with members and other organizations, advocating in the interest of members, sharing ideas and ensuring consistency in policy development. Communications is clearly an essential element in fulfilling such a mandate to full potential.

### **Goal:**

**To maintain effective communication amongst members and with external stakeholders.**

### **Objective:**

1. To develop, implement and evaluate a comprehensive communication plan (internal and external) for the Association

## **Strategic Direction 3**

### **DIRECTOR/TRUSTEE DEVELOPMENT**

The Board of Directors views the role of volunteer directors and trustees as a valuable resource for the health and community services system. In order to maintain and increase the effectiveness of this role, governance is a major strategic focus.

#### **Goal:**

**To be a leader in health and community services governance.**

#### **Objectives**

1. To demonstrate leadership in quality governance principles and practices through an effective board orientation program for the NLHBA Board and the boards of member organizations.
2. To ensure that the Board of Directors of NLHBA are well informed about relevant legislation and proposed legislative changes impacting on health boards.
3. To provide leadership in the development and implementation of the Association's Strategic Plan and to assist the boards of member organizations with their strategic plans.
4. To explore opportunities for enhancing recognition of volunteer directors and trustees for their good quality governance practices
5. To conduct regular evaluation of NLHBA Board governance principles and practices

## **Strategic Direction 4**

### **ACCOUNTABILITY**

Accountability should be a constructive tool for organizational development and renewal, enhancing management practices, and long term planning. The development of the NLHBA Strategic Plan 2003 is an important step towards a comprehensive accountability system for the Association, linking the Strategic Health Plan and the Strategic Social Plan.

#### **Goal:**

To be accountable for the governance, management and use of NLHBA resources consistent with the principles outlined in Government's strategic initiatives.

#### **Objectives:**

1. To develop, implement and monitor a Strategic Plan
2. To develop, implement and monitor an Operating Plan
3. To continue to evaluate the Board and the Executive Director

## **Strategic Direction 5**

### **PROGRAMS AND SERVICES**

#### **Goal:**

**To provide programs and services required by members.**

#### **Objectives:**

1. To implement the 2003 Organization Plan (Dr. Saha's Report).
2. To develop the annual Operating Budget document for programs and services offered by NLHBA according to the identified Strategic Directions.
3. To regularly review with member organizations the programs and services provided by the Association and the needs of our member organizations.

# APPENDIX 1

## PROFILE - NLHBA

- Member Health Boards:
  - Institutional:* Health Care Corporation of St. John's, Avalon Health Care Institutions Board, Peninsulas Health Care Corporation, Central East Health Care Institutions Board, Central West Health Corporation, Western Health Care Corporation, St. John's Nursing Home Board
  - Integrated:* Grenfell Regional Health Services Board, Health Labrador Corporation
  - Health and Community Services:* Health and Community Services Western, Health and Community Services Central, Health and Community Services Eastern, Health and Community Services St. John's
  - Other:* Newfoundland Cancer Treatment and Research Foundation.
- Board of Directors: the Chair or a trustee of a member of the Association is designated by that member organization to serve on the Board of the Association
- Meetings: the second Friday of every other month
- Functions: to represent the members of the Association as a strong collective voice in advocating for health related issues and in provision of services
- Partnerships formed: with government (provincial), national organizations (to represent our views in a national forum), provincial organizations (professional, university, union and administrative)
- Programs and services: core services are advocacy and information, collective bargaining and group purchasing. Non-core services are pastoral/spiritual care; physician recruitment (partly funded by the Department of Health and Community Services and our members) and other labour relations services (offered to members on a user-pay basis).

## **APPENDIX 2**

### **EXTERNAL ENVIRONMENTAL ANALYSIS**

(identified at the 2003 Planning Day)

#### **National Trends\***

##### **Health Canada**

- The Canada Health Act
- Emerging issues such as privatization of health services
- Healthy public policy
- Health funding – federal government
- Health Accord
- Romanow and Kirby Reports: National Health Council; Primary Health Care Reform, Home Care, Catastrophic Drug Coverage
- Emerging public health issues, e.g. SARS, West Nile Disease
- Human resources planning
- Population health approach
- Premiers' Council

##### **Canadian Healthcare Association**

- National lobbying
- Communications
- Policy documents
- Health Leadership Conference, in partnership with CCHSE and CACC

##### **Other National Organizations and Initiatives**

- Canadian Association for Community Care (CACC)
- Canadian Home Care Association (CHCA)
- National research organizations (e.g. CIHI, CIHR, CHSRF, Health Infoway, Statistics Canada, etc.)
- National health professional associations and licensing/accreditation organizations (CCHSE, CMA, etc.)
- Canadian Public Health Association (CPHA)
- Canadian Mental Health Association (CMHA)
- Canadian Association of Pastoral Practice and Education (CAPPE)
- Canada Customs and Revenue Agency (CCRA)
- Safe Communities

## **Provincial Trends\***

### **Socio-economic Trends**

- Strategic Health Plan: Primary Health Care Reform; Wellness; Mental Health Strategy
- The provincial Strategic Social Plan
- Regional variations in unemployment
- Federal/Provincial: Fiscal sustainability; reduction of federal transfer payments; federal funding formula changes
- Aboriginal issues
- Public/private partnerships
- Increase in chronic disease
- Social Audit impacts
- Low personal incomes, high levels of child poverty
- Changing trends in the health and community services delivery system
- Increasingly high public expectations of the health and community services system
- Influence of the media on expectations, attitudes and lifestyles

### **Demographic Trends**

- General population shifts and decline in the province
- Location of services in rural communities
- Projections that the student population will drop to 69,500 by 2010 (equal to 1945 levels)
- Increasing out-migration, particularly amongst young adults
- Rural to urban migration within the province
- Declining birth rate
- Changes in family demographics affecting supports in the community
- General level of education
- Aging population
- Difficulty in recruiting and retaining health professionals, particularly in rural communities

### **Technological Trends**

- Better informed public
- Health information systems network
- Electronic charts
- Technology-driven service expectations and demands
- Use of technology for distance education
- Cost of new technology
- Impact of technology on care

## **Political Trends**

- Pending provincial election
- Public/private partnerships
- Restructuring within health boards
- Different community views on the most appropriate location of services
- Implementation of the Model for the Coordination of Services to Children and Youth, extending to adults and seniors
- Increasing respect for the health and community services system
- Privacy and confidentiality
- Need for health professionals' training and practice to address a broad spectrum of social and economic problems through interdisciplinary teams in the continuum of care
- Value placed on talk /open line shows
- Legislative trends
- Influence of the media
- Government's emerging style (e.g., line-by-line budgeting vs global budgets)

## **Human Resource Issues**

- Lack of succession planning
- Creeping credentialism
- Recruitment and retention
- Self-directed education opportunities
- Physician integration into the care process
- Funding
- External factors affecting the way we do business: Workplace Health Safety and Compensation Commission; Citizen's Representative; Child and Youth Advocate; Labour Standards Act; Human Rights Commission
- Low levels of formal education over the age of 45

*\* Some of these national and provincial trends are also interprovincial*

# APPENDIX 3

## INTERNAL ORGANIZATIONAL ANALYSIS

### Strengths

- Dedication of the NLHBA Board of Directors and their willingness to accommodate and listen to the concerns of the Executive Director and the CEOs of member boards
- Speaking with one voice
- Focus on health and community services in directors' decision-making
- Effective committee structures
- Values of caring and concern for the health and community services system which are exhibited by the Board of Directors
- Diverse backgrounds of the Board of Directors of the Association serving to strengthen the Board and its deliberations
- Fiscal responsibility demonstrated by the Board of Directors
- Bringing health boards together to resolve issues
- Utilizing the CEOs to build consensus and set strategic directions
- Adoption of the organizational plan based on Dr. Saha's report
- Accountability system: Board evaluation; Executive Director evaluation by Board
- Doing a better job of strategic thinking and implementing strategic directions organizationally
- Good relationship with government
- Dedication of Executive Director and staff in all health-related work
- Highly competent, qualified, trained and effective staff
- Coordinated planning function of the staff
- Health human resources planning
- NLHBA services
- Good examples of meaningful partnerships with government (federal and provincial), member boards, other associations and community groups
- Accessibility of boards and NLHBA staff to each other
- Dedication of CEOs and other staff in all health-related work
- CEOs' meetings as good forum for interest groups etc.
- Improved recognition of CEOs' meetings by the Department of Health and Community Services
- Good adjustment to changes within the system

### Challenges

- Difficulty in reaching consensus of member organizations and achieving follow through on decisions
- Retaining competent staff in light of restructuring
- Need to lead process of change in Board restructuring
- Effective input into government accountability framework

- Political milieu
- Need to work strategically in CEOs' meeting in order to avoid small operational issues
- Need to take a proactive approach to new, current and emerging health issues such as SARS
- Maintaining an effective provincial voice
- Recruitment and retention of health professionals
- Making sure that decisions are communicated to all members
- Maintaining a positive perception of the Association
- Sustaining the health human resource planning unit
- Human resources leadership planning and career planning

## **Opportunities**

- Strengthen the Association's links by creating stronger partnerships, within the system and externally
- Work with other major boards through the Strategic Health Plan and the Strategic Social Plan, taking advantage of the Community Accounts and the Social Audit, *From the Ground Up*
- Increase focus on evidence-based decision making
- Take leadership role on major issues to represent members e.g. organize a think tank on issues that will affect us in the next five years (to be included under actions)
- Review and reassess our vision and mission
- Implement strategic planning process to grapple with major issues, e.g. ambulance framework, both road and air, to present credible proposals to DOHCS
- Take advantage of technology
- Develop trustee education opportunities to enhance learning and growth, including research issues
- Increase awareness and interest in population health
- Media interest in health services
- Increase interest and involvement by the public
- Increase involvement of NLHBA in the decision-making processes of government relating to the health system
- Respond to the dramatic shifts in health needs and technologies that are requiring significant changes in the delivery and integration of health services

## **Threats**

- Data Quality and Availability
- Limitations of new funding sources
- Inconsistent messages and policy directives across government departments
- Lack of agreement over standards and policy development leading to inconsistent standards across the province and country in areas such as mental health and home care