

**Primary Health Care Reform**

Mr. Speaker, our vision for health and social services in the NWT is one of Best Health, Best Care, for a Better Future. Realizing this vision requires meaningful change at all levels; change within our systems, change within ourselves as individuals working in those systems, and change in the ways we do our work together. Today I want to provide Members with more detail about the work we are doing within the system to improve access and quality of care for all residents of the Northwest Territories.

We've made significant changes to the structure of the Health and Social Services system during this Legislative Assembly. System Transformation, which created the Northwest Territories Health and Social Services Authority, has given us the governance and administrative structures we need to improve services and better support NWT residents.

With that foundation in place, the Department of Health and Social Services and the Authority are now beginning a process to reform primary health care that will put the client at the centre of everything we do.

This isn't about changing our system, that work is already underway. Rather, this is about changing the way our system works. Through primary health care reform, we will shift our approach to planning programming and delivering services so they are responsive and client-focused. The client, along with their families and communities, will become the orienting point and partner in every decision we make as care providers and as a system of care.

Mr. Speaker, we recognize that optimal health and wellbeing for all residents will be achieved by integrating the social determinants of health into our system, and by meeting each client where they are in their journey, to provide the right care, from the right provider, at the right time and in the right place. To make this a reality, we are building a team and relationship-based approach to how we deliver services and offer programming, which is driven by community priorities and data, and grounded in trust and shared outcomes.

We've made great progress in partnering with communities to support community wellness planning and capacity building over the last several years. But we haven't yet applied that same successful approach towards working with communities to define and implement their own health agenda. People and communities have wisdom about their own health needs, both the services they require and the way those services should be delivered. Through primary health care reform we're going to increase community participation in the planning processes to ensure that we're delivering services that work in ways that make sense for the people and the place.

Mr. Speaker, we have exceptionally talented and dedicated people working throughout our system at all levels. They strive every day to provide the highest standards of care and service in challenging environments and circumstances. I've had the privilege of spending time with both staff and clients in every community of the NWT, and I know that they are excited about the possibility of doing things differently, of doing things in a better way.

Over the next few months we'll begin rolling out demonstration projects to test certain elements of primary health care reform. To increase community participation in health planning, we'll be developing a new pilot project for chronic disease management in smaller communities, beginning in the Deh Cho region. To improve access, we'll be looking at new service delivery approaches to better serve Yellowknife's most marginalized populations. To improve continuity of care and support the development of relationships between clients and providers,

we are developing multidisciplinary Integrated Care Teams that will provide clients with ready access to a team of providers, all working at full scope of practice, who can be responsive to the client's needs in real time.

Mr. Speaker, we're committed to a learning process as we take on this work. As we develop new approaches we will test them and refine them before rolling them out across the system to ensure any changes we make are the right ones. We're also committed to leading by example to do this work in a good way. This means that each of the demonstration projects will be developed in keeping with the principles of cultural safety, and in accordance with the recently released Cultural Safety Action Plan. The staff involved in the demonstration projects will participate in cultural safety training as part of their work, to begin embedding cultural safety in our system and facilitating the cultural shifts required to make this our new way of doing business.

The Cultural Safety Action Plan implementation and primary healthcare reform are in the early days, but the enthusiasm and commitment for these efforts within our system are undeniable. I look forward to supporting these initiatives as they move forward, and to providing updates to this House on our progress.

Thank you, Mr. Speaker.