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**The Honourable Paul Delorey, Speaker**

**Legislative Assembly of the Northwest Territories**

Members of the Legislative Assembly

Speaker

Hon. Paul Delorey

(Hay River North)

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*NWT Power Corporation*

Mr. Norman Yakeleya

(Sahtu)

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Box 1320

Yellowknife, Northwest Territories

Tel: (867) 669-2200 Fax: (867) 920-4735 Toll-Free: 1-800-661-0784

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**YELLOWKNIFE, NORTHWEST TERRITORIES**

**Monday, February 7, 2011**

**Members Present**

Mr. Abernethy, Mr. Beaulieu, Ms. Bisaro, Mr. Bromley, Hon. Paul Delorey, Mrs. Groenewegen, Mr. Hawkins, Mr. Jacobson, Mr. Krutko, Hon. Jackson Lafferty, Hon. Sandy Lee, Hon. Bob McLeod, Hon. Michael McLeod, Hon. Robert McLeod, Mr. Menicoche, Hon. Michael Miltenberger, Mr. Ramsay, Hon. Floyd Roland, Mr. Yakeleya

The House met at 1:44 p.m.

# Prayer

---Prayer

**SPEAKER (Hon. Paul Delorey):** Good afternoon, colleagues. Welcome back to the Chamber. Orders of the day. Item 2, Ministers’ statements. The honourable Minister of Municipal and Community Affairs, Mr. Robert McLeod.

# Ministers’ Statements

## MINISTER’S STATEMENT 93-16(5): 2011 CANADA WINTER GAMES

**HON. ROBERT MCLEOD:** Thank you, Mr. Speaker. Mr. Speaker, it is my pleasure to extend best wishes to Team NWT’s 120 athletes, coaches and mission staff...

---Applause

...who will be participating in the 2011 Canada Winter Games being held in Halifax, Nova Scotia, from February 11th to 27th.

The Canada Games are an important event that demonstrates the benefit of healthy, active living. The GNWT continues to provide funding for NWT youth to participate in multisport games as a way to encourage youth to be physically active and achieve this Assembly’s goal of healthy, educated people.

Our athletes have been preparing themselves physically and mentally for these games. They will compete in biathlon, cross-country skiing, curling, figure skating, hockey, speed skating, snowboarding, judo, badminton, squash and gymnastics. All have spent countless hours training hard in preparation for what will be the pinnacle of their sporting careers to date.

The hard work and long hours put in by the athletes and coaches in preparation for the Canada Games is worthy of our recognition and applause. Not only do these athletes represent the Northwest Territories on the national stage but they are also excellent, healthy, lifestyle role models for the entire North.

The hard work of Team NWT’s athletes could not be accomplished without the behind-the-scenes

efforts and support from members of their communities. The extra hours of preparation, the fundraising, the organizing and support from family members are all critical to the athletes’ experience and ultimately their success. To all of those behind-the-scenes -- volunteers, parents, staff, schools and community governments -- thank you.

As Team NWT sets out for Halifax as ambassadors for the North, I wish to commend them for their efforts and, whether or not they come home with medals, let them know that they will return better for the experience, with new friendships and experiences that will last a lifetime.

The Government of the Northwest Territories is working hard to build our future by promoting healthy and active living among children and youth. Improving the physical and mental well-being of our youth will create healthy, educated Northerners as envisioned in the 16th Assembly’s vision of Northerners Working Together.

**MR. SPEAKER:** Thank you, Mr. McLeod. The honourable Minister responsible for Education, Culture and Employment, Mr. Lafferty.

## MINISTER’S STATEMENT 94-16(5): APPRENTICESHIP AND OCCUPATIONAL CERTIFICATION WEEK, FEBRUARY 7 - 11, 2011

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. Support for apprentices is a key part of the Government of the Northwest Territories’ plan to maximize opportunities for Northwest Territories residents and contributes to achieving this Assembly’s goals of healthy, educated people and a diversified economy. The Department of Education, Culture and Employment, along with our partners and apprentices, celebrate the success of the Northwest Territories apprentices and journeypersons during the Northwest Territories Apprenticeship and Occupational Certification Week, February 7th to 11th.

The department supports training and certification in 53 designated trades. Thirty are eligible for interprovincial Red Seal endorsement. In addition, the department supports certification in 25 designated occupations.

Currently there are 421 apprentices in the Northwest Territories. More than half are Aboriginal. We invest over $1 million in apprenticeship technical training and another million dollars in job wage subsidies each year, available to employers of Northwest Territories apprentices.

For the 2009-2010 academic year the department issued 110 certificates for qualification, 69 with interprovincial Red Seal endorsement, to journeypersons. We also issued nine certificates of competence for people in designated occupations. During February and March each regional Education, Culture and Employment service centre holds apprenticeship and occupation certification awards ceremonies recognizing academic achievement of apprentices. Forty-one apprentices will receive top mark for achieving the highest mark in their respective trade or occupation during the 2009-2010 academic year.

Mr. Speaker, I invite you and other Members of this House to join me in congratulating the Northwest Territories apprentices and certified journeypersons. I also want to take this opportunity to thank and recognize our many partners in apprenticeship training, skilled trades and occupational certification. In particular, we want to acknowledge the employers who participate in the program and without whom the program could not exist.

**MR. SPEAKER:** Thank you, Mr. Lafferty. The honourable Minister responsible for Health and Social Services, Ms. Lee.

## MINISTER’S STATEMENT 95-16(5): DROP THE POP JANUARY 17 – FEBRUARY 28, 2011

**HON. SANDY LEE:** Thank you, Mr. Speaker. This Assembly has made it a priority to focus on prevention by promoting healthy choices and lifestyles and the role of personal and family responsibility. One of the ways that the Government of the Northwest Territories supports this is through the delivery of programs like Drop the Pop. This year the Drop the Pop campaign takes places from January 17, 2011, to February 28, 2011.

Since 2006, Drop the Pop has encouraged students across the three territories to make healthier choices. This year the campaign is more important than ever as childhood obesity continues to be a serious issue across Canada and is considered an international epidemic. According to the Public Health Agency of Canada’s report, Overview: Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, more than one in four children and youth in Canada are overweight or obese.

Mr. Speaker, a child’s risk for obesity increases with every additional daily serving of soda. Drop the Pop, now in its sixth year, raises awareness of the negative impacts of sugary beverages and encourages children to make healthier beverage choices. One of the ways to reverse the trend towards obesity is by reducing the amount of sugary beverages that children drink. Last year 43 of the 51 schools in the Northwest Territories participated in the challenge. This is more than a 300 percent increase from its inception in 2006. I would like to see all schools participate in this year’s challenge. Along with the Minister of Education, Culture and Employment, we encourage all schools to visit [www.dropthepopnwt.ca](http://www.dropthepopnwt.ca) website and register for this year’s campaign.

Mr. Speaker, this year’s theme is Take the Lead. This was recommended by school staff and students. To be successful, Drop the Pop needs to involve everyone: students, teachers, parents, elders, stores and the community. This is why I am strongly encouraging everyone to take on a leadership and championship role when it comes to healthy eating and beverage consumption. Together we will make a difference. Certainly the Legislative Assembly, by dropping the pop, has taken a leadership role in this regard.

Health and Social Services is pleased to continue working with our partners, Education, Culture and Employment, communities, parents, as well as food and other retail stores across the NWT to provide support and education about drinking too many sugar-sweetened beverages. Without their support, this campaign would not be as successful as it is.

Mr. Speaker, Drop the Pop and the Department of Municipal and Community Affairs Get Active campaign are important initiatives that raise awareness of obesity and engage our children and families in a fun manner that creates supportive environments for change. These initiatives help maintain a very important goal in the Foundation for Change action plan to ensure health promotion is delivered effectively across the NWT through resources that help Northerners make healthy choices.

Mr. Speaker, the Department of Health and Social Services will continue to raise awareness about the negative effects of drinking sugary beverages through our Drop the Pop campaign and will have an added school lesson plan-based program that is being piloted this spring called Sip Smart NWT.

To my colleagues and our residents, I encourage everyone to think about what can be done to change the trends towards obesity at homes, school and in your community. Be a role model and join us in promoting healthy lifestyles by dropping the pop. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Ms. Lee. Item 3, Members’ statements. The honourable Member for Great Slave, Mr. Abernethy.

# Members’ Statements

## MEMBER’S STATEMENT ON YELLOWKNIFE INTERNATIONAL FILM FESTIVAL

**MR. ABERNETHY:**  Thank you, Mr. Speaker. The 4th Annual YK Film Festival kicked off last week and runs until this coming Friday. I encourage everyone to get out and watch some of these films. A complete list of events can be found at Western Arctic Moving Pictures’ website.

This event is hosted by the Western Arctic Moving Pictures, which is often referred to as WAMP, whose mandate it is to promote, encourage, support, showcase and produce independent film, video, audio and digital media with the social, cultural and artistic community of the Northwest Territories. In addition to acting as an advocate to the film industry and supporting events throughout the NWT such as the YK Film Festival, the 48-hour music video competition and film screenings, WAMP supports northern filmmakers by offering advice, equipment and community.

Early last calendar year my colleague Bob Bromley and I facilitated a meeting with representatives of WAMP as well as other filmmakers from throughout the NWT and the Minister of Industry, Tourism and Investment to discuss the value of a sustainable film industry within the Northwest Territories

The artists present explained in detail the concerns they have with respect to support currently provided by the Government of the Northwest Territories to this industry and how this industry could be a real contributor to our Territory’s economy. Personally, I believe the industry could be a real sustainable portion of our economy. It brings many advantages, including promoting the Northwest Territories as a place to visit, tourism. It will result in employment and training opportunities across the Northwest Territories and it will help circulate money throughout the NWT as filmmakers travel to different locations throughout the Northwest Territories and engage other small local business for assistance in their productions. It is a win-win industry, Mr. Speaker.

I was very pleased when the Minister indicated that he would have his department conduct some research and develop a report outlining the pros and cons of supporting the film industry and expanding the role of the film commission in the Northwest Territories. I believe the findings will be positive and I look forward to the final report.

Later today I will be asking the Minister of ITI some questions concerning the status of this report. Mr. Speaker, it is time that this government support this industry in a more meaningful way. There are significant opportunities for northern stories, and for films and other media; stories such as the "Lesser Blessed" by Richard Van Camp. It tells a story of growing up in small northern towns like Fort Smith and Behchoko. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Abernethy. The honourable Member for Nahendeh, Mr. Menicoche.

## MEMBER’S STATEMENT ON SOCIAL WORKER POSITION IN FORT LIARD

**MR. MENICOCHE:** Thank you, Mr. Speaker. The people from Fort Liard have some serious concerns about social services in their community. The community needs a second social worker to support the one that is currently there.

Minister Lee and I travelled to Fort Liard in the fall of 2010. She had heard from the concerned citizens about this. There is a second social worker. However, due to medical reasons, she has been off work now for about eight months. Deh Cho Health and Social Services did have a plan for extra coverage, but it is difficult to do from Fort Simpson.

There has been a case where a previous social worker from Fort Liard resigned due to job burnout. During the Christmas holidays the health addictions counsellor went on holidays, leaving the social worker to do the job of three people.

The community wants a social worker and it needs them to be supported. The Minister advised that it was not possible to fill the position in Fort Liard on a casual basis. I think that this is a mistake. We need to find a way to have full-time casual workers or another solution to the problem. We must take this issue seriously and do all we can to help Fort Liard. Staff has been available from Fort Simpson to support Fort Liard, but short visits and long-distance phone calls is not the same as having local staff.

At the appropriate time, Mr. Speaker, I will be asking questions for the Minister. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Menicoche. The honourable Member for Weledeh, Mr. Bromley.

## MEMBER’S STATEMENT ON AURORA COLLEGE’S NURSE PRACTITIONER ADVANCED PRACTICE AND MASTERS OF NURSING PROGRAMS

**MR. BROMLEY:** Thank you, Mr. Speaker. I speak today on the need to maintain Aurora College’s vital Nurse Practitioner Master of Nursing and Introduction to Advanced Practice programs. The introduction to the Nurse Practitioner Program offered since 1989 is a six-week program running three times a year with an average of 12 nurses attending. Graduating nurses gain advanced health assessment skills and techniques needed to practice in remote rural communities.

According to the course instructor, this training has been proven to prevent the sometimes disastrous treatment and cost consequences when “nurses were hired who were not adequately prepared to work in advanced practice.” What are these consequences? The inability to distinguish between medevac cases and those who could be treated in the community. It includes nurses who “arrive in the community, stay for two or three days, realize they were in over their heads and leave on the next available plane.” Imagine the cost both in money and patient care.

The Nurse Practitioner Masters Program was established in 2001 on the recommendation of an independent program review in the ‘90s. There have been 14 graduates, 12 of whom are still working in the NWT. Four more are expected to graduate this year. ECE tells me this program will continue until 2012, depending on demand and funding. However, other sources tell me that the program will end when federal funds are cut in 2012.

The value of the two programs is unanimously endorsed by graduates, employers and community members. Yet, despite the fact that the 2010-2011 Health and Social Services business plan says that “the GNWT is committed to increasing the number of nurse practitioners in the NWT,” it appears that both programs will probably disappear.

This government struggles with health professional recruitment and retention and high position vacancy rates. These two programs train professionals who save us money in recruitment and operating costs and who provide masters level health professional care and deliver high quality treatment relative to the communities we serve.

Mr. Speaker, nurse practitioners, nurses skilled in rural practice and the nursing station health care model are the way to go. How could we possibly risk this loss? I’ll be asking the Minister of ECE and possibly Health and Social Services questions. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Bromley. The honourable Member for Sahtu, Mr. Yakeleya.

## MEMBER’S STATEMENT ON SUICIDE PREVENTION PROGRAMS FOR YOUTH

**MR. YAKELEYA:** Thank you, Mr. Speaker. I want to talk about how badly we need our youth in the Northwest Territories today to stay alive. Mr. Speaker, it’s very hard in our small communities, and I’m pleading right now to the youth in the Northwest Territories. There are families right now in the North that are dealing with issues of suicide, family violence, drugs and alcohol and with our youth. There are families right now that need help and our youth are so valuable and they’re bombarded with so many issues.

Mr. Speaker, I had to deal with one in Colville Lake and I’m asking the youth how hard sometimes they put the families of their communities through. A lot of youth want to give up on life. I’ve asked an elder on the Hay River Reserve, Daniel Sonfrere, how to deal with this kind of issue where youth have all the reasons why they want to end their lives. He says that’s something new. We never had this in our culture. It just became new. I said, “What did you have before?” He said we had all the reasons they wanted to live. It was a good life, a beautiful life. Today the elders are saying that the youth have changed that. So I’m pleading with the youth to go and sit down with the elders and talk to them.

I have done many workshops in the past on suicide prevention across the Northwest Territories and Nunavut. Mr. Speaker, as a government we need to save lives. More importantly, we need to give them hope and inspiration to live and to get up and live life, but we need to teach them in the right way. We need to listen to them. I applaud any initiatives this government does to keep one youth alive, but more importantly, to help the families. So I ask the youth again…

**MR. SPEAKER:** Mr. Yakeleya, your time for your Member’s statements has expired. Thank you, Mr. Yakeleya. The honourable Member for Kam Lake, Mr. Ramsay.

## MEMBER’S STATEMENT ON FAMILY VIOLENCE

**MR. RAMSAY:** Thank you, Mr. Speaker. I’d like to speak today about a very significant and disturbing issue here in the Northwest Territories. Mr. Speaker, family violence continues to plague our Territory. In 2010 there were 640 reported incidents of spousal assault. This is 20 percent higher than last year and, incredibly, 107 percent higher under this government’s watch than it was four years earlier, in 2006.

A parliamentary committee recently visited the Northwest Territories to discuss abuse against Aboriginal women. The root causes of abuse should come as no surprise to Members of this House: poverty, addiction, poor housing situations and a lack of services in our smaller communities.

Mr. Speaker, I know our government is live to the statistics. We have developed action plans, we’ve brought in the Protection Against Family Violence Act back in 2005 and we were spending millions of dollars in an effort to lower the incidence of family violence. However, if we are doing all of these things, why do the numbers continue to climb? Why do we have five times the national average of violence against women?

We have only five family violence shelters to serve our 33 communities, Mr. Speaker, and our shelter usage rate is four times the national average, even despite the travel factor to get to these shelters.

I’d like to share some further evidence that we need to take immediate action. We have the highest crime rate in Canada, the second highest rate of violent crime in this country. In 2008, close to 70 percent of all adults in custody in the Northwest Territories were sentenced for violent crimes compared to 49 percent in 2001-2002; a staggering 43 percent increase over seven years.

As if the statistics are not bad enough, it seems in the Northwest Territories perpetrators of family violence continue to get woefully inadequate sentences. For example, how could an individual with over 40 prior convictions -- almost half of them of a violent nature -- beat up his partner and get five months in jail? What message does this send to the victims and what message are we sending to people out there inflicting violence in the home?

I seek unanimous consent to conclude my statement.

---Unanimous consent granted

**MR. RAMSAY:** The Northwest Territories is in desperate need of more awareness and education about family violence. Later this week I will be highlighting V-Day, a global movement to stop violence against women and girls.

**MR. SPEAKER:** Thank you, Mr. Ramsay. The honourable Member for Mackenzie Delta, Mr. Krutko.

## MEMBER’S STATEMENT ON GNWT RESPONSE TO THE STANDING COMMITTEE ON SOCIAL PROGRAMS REVIEW OF THE CHILD AND FAMILY SERVICES ACT

**MR. KRUTKO:** Thank you, Mr. Speaker. Today I’d like to respond to the Minister’s response to the Standing Committee on Social Programs with regard to child and family services. After glancing through the report, I have some real problems with the recommendations not being supported by the government; especially the 10 that are being rejected. Without those 10 recommendations being implemented, it very much undermines the community involvement in a process that should include communities, should include families and working with the families to find solutions to keep our children in our communities.

This legislation has been around as long as I have. It was introduced in the 13th Assembly, which is some 15 years ago. Yet the problems that this thing has, at that time the cost of this program was $2 million. Right now there are over 600 children in care in the system and it’s costing us $12 million a year. I go through this report and it says, well, because of fiscal challenges -- well, I think if you reinvest that $12 million, re-profile the program from what we heard going around to the majority of the communities throughout the Northwest Territories, and getting those people to come out to the meetings stating the concerns they have with the Child and Family Services Act, clearly requires some major changes and those changes are going to cost us money.

At the end of the day, what happens to the children in the system? As we heard lately in the news, these young people who are under permanent custody of this government are taking their lives. We have to do a better job to improve the quality of life of not only the children in care but of their families and their communities.

I, for one, have put a lot of time and effort into going out there, hearing from the general public, the people in the communities, the caretakers, the people who take care of children in foster homes, and most importantly, the children who have been affected by this system. I feel that we have to do everything we can to implement the 73 recommendations that were put forward and save the lives of the children in our system.

**MR. SPEAKER:** Thank you, Mr. Krutko. The honourable Member for Frame Lake, Ms. Bisaro.

## MEMBER’S STATEMENT ON “FOUNDATION FOR CHANGE” PLANNING DOCUMENT

**MS. BISARO:** Thank you, Mr. Speaker. As we begin the consideration of the Health and Social Services budget today I want to give voice to my concerns about the Foundation for Change planning document apparently in use by the department. It apparently guides the department’s operations and activities, but this “strategic document,” to quote the Minister, contains little detail on how it does that. That is my concern.

The idea of a strategic document to reform the Department of Health and Social Services was first presented to Members through the Standing Committee on Social Programs about a year and a half ago. I was excited to hear of the department’s plan and anticipated some fundamental changes to the way Health and Social Services delivers its programs; changes which would increase efficiencies and the coordination of their programs. I looked forward to further information and some specifics from the Minister; a fleshing out of the document, so to speak, to have the department put some meat on the bones. That information, that detail, never came. Since the initial briefing by the Minister to the Standing Committee on Social Programs, Members have heard consistent reference to the Foundation for Change in response to questions, queries for information, and in briefings, but without any details provided.

The Minister has referenced us to a website that she says tells us everything we want to know, that it gives us the detail we’re working for and provides quarterly updates on the Foundation for Change. I’ve checked out that website several times and have been disappointed each time I go there. The actions listed under the priorities are more fittingly titled objectives, and the actions necessary to achieve those objectives are very much missing. Priorities and desired results are there, but there’s little to show how the department will achieve those desired results. The detail which would explain how the promised reform will happen is just not there. As of today, the most recent update on the Foundation for Change website covers the period January 1 to March 31, 2010, almost a year old.

As Mr. Ramsay often remarks, we Regular Members are here to stay on top of things and keep the government accountable. I agree with that view and, like the Member for Kam Lake, I take that responsibility seriously. But how can I, how can we Regular Members do our job in the absence of valid, meaningful information?

**MR. SPEAKER:** Thank you, Ms. Bisaro. The honourable Member for Hay River South, Mrs. Groenewegen.

## MEMBER’S STATEMENT ON SATELLITE HEALTH INSURANCE OFFICE IN HAY RIVER

**MRS. GROENEWEGEN:** Thank you, Mr. Speaker. The division of health care services located in Inuvik is called Health Services Administration and has 22 positions that deal with health card registrations, renewals, vital statistics, births, deaths, marriages and insured services benefits administration; for example, medical travel, extended health benefits for specific diseases, seniors’ benefits, Metis benefits, non-insured health benefits, and some of these benefits are partially administered by Alberta Blue Cross or DIAND as they are non-insured health benefits.

There are parties in Hay River, persons in Hay River that would like to see a satellite office for health care services located in Hay River. There are a large number of patients that come from the Deh Cho and South Slave regions to attend medical appointments in Hay River, have testing done, blood work done, ultrasounds, mammograms, et cetera, and these patients would then have an opportunity to visit a health care office, health insurance office in Hay River rather than trying to contact the Inuvik office to file a claim or obtain assistance.

Inuvik is very busy and it takes too long to respond to claims and inquiries, and there have been numerous complaints about the time involved for waiting for claims to be processed and reimbursed. An office in Hay River could relieve the backlog and take the pressure off the Inuvik office. This would alleviate some of the waiting time and reduce the frustration of communicating long distance, as well as provide on-site communication with patients. Health insurance workers could meet face to face with patients, providing more effective and efficient services to clients.

Inuvik, I’m sad to say -- I’m sorry, I hope the Premier and Mr. McLeod are not offended -- is frequently off line when their Internet is down or they have power outages. This is an interruption in service that would not affect a place like Hay River. The delays in receiving claims causes emotional and financial hardship on some people, especially seniors and small businesses who cannot afford to carry the cost in the interim. An office in Hay River could work directly with the people involved and provide efficiencies in the system. Hay River is a large enough community that experienced and skilled staff could easily be recruited to such a satellite office.

Opening an office in Hay River would also provide an economic benefit of the jobs that it would create. There are local businesses and much community support for an office such as this to be opened in Hay River. I want to say that I do believe in decentralization. I’m glad the office is in Inuvik and not Yellowknife, but we’d like a piece of it in Hay River.

**MR. SPEAKER:** Thank you, Mrs. Groenewegen. The honourable Member for Nunakput, Mr. Jacobson.

## MEMBER’S STATEMENT ON CONDOLENCES TO FAMILIES AND FRIENDS OF THE RECENTLY DECEASED IN NUNAKPUT

**MR. JACOBSON:** Thank you, Mr. Speaker. Today is the Inuvialuit tradition respecting our elders and people who have passed away. It’s very important to me. I always start off my Member’s statements with paying respect to the people who have passed away and their families and friends.

Since the last sitting of the Assembly there have been many deaths in our region. In the community of Tuktoyaktuk we lost elder Suzie Kikoak. Condolences to the family, her children: Lena, Caroline, Brenda, Steven and Violet.

December 4th we lost Daniel Reid. Condolences go to his wife, Maryanne, and his stepchildren, Priscilla and Vaughan.

On January 25th we lost Ernest Cockney Elias. Condolences go to his family and his wife, Georgina Cockney, and children, Shirley Steenburg, Steven Cockney, Joanne Cockney, and Brenda Wolki.

In the community of Ulukhaktok, on October 20, 2010, Wilma Memogana, daughter to Nora Memogana. Condolences to the Memogana family. Her common-law was Ronald Binder. Her children are Kevin, Justin and Brianne Memogana.

On December 1, 2010, we lost Nora Memogana. Condolences go to the Memogana family. Wife of the late Jimmy Memogana, children, Emma, Jean, Helen, Beverly, Barb, Roger, Mary, Roberta, Leslie and Kevin.

We are close-knit communities in the communities of Nunakput. All share the loss of our people together.

Lastly, I wish all my condolences to all the people who have lost loved ones in the Northwest Territories in the past few months. Prayers and thoughts are with their families.

**MR. SPEAKER:** Thank you, Mr. Jacobson. The honourable Member for Tu Nedhe, Mr. Beaulieu.

## MEMBER’S STATEMENT ON COMMUNITY SERVICES OFFICER POSITION IN FORT RESOLUTION

**MR. BEAULIEU:** Mahsi cho, Mr. Speaker. During my recent visit to Fort Resolution I discovered the community services officer position had been reduced to half time.

In the small communities, as I indicated many times in this House, we have very low employment rates. We cannot afford to give up even a half PY; especially a GNWT half PY, something that this government has direct control over.

I thought there was plenty of work for a community services officer in the small communities. The requirement for information is usually what holds up the income support payments. People in small communities that do not have job opportunities are often like that due to low literacy skills, and the community services officer in the small communities can do extra to help these citizens complete the required documentation.

Surely the Department of Education, Culture and Employment can find work for an individual in order to retain a full-time job in Fort Resolution. Part of the reason this government does not centralize positions used to be a lack of confidence in their own employees. In other words, the decision-making and too many things are held at a very high level and is a very centralized model.

Surely with the employment rates in small communities below 40 percent this government does not want to decrease employment. This government must do all it can to maintain any and all positions in the small communities. I, for one, cannot sit back and allow the government to reduce a single position in Tu Nedhe. This government must be creative and find meaningful work for the community services officer to do.

I know the transfer of public housing back to the local housing organization has left a bit of a vacancy in work, but surely we can find work to keep the community services officer employed full time. It is important to note that the transfer back of the Public Housing Program does not decrease the number of clients the community services officer is seeing and it’s only a slight decrease in the volume of work per client.

**MR. SPEAKER:** Thank you, Mr. Beaulieu. The honourable Member for Yellowknife Centre, Mr. Hawkins.

## MEMBER’S STATEMENT ON PROGRAM OPPORTUNITIES FOR AURORA COLLEGE YELLOWKNIFE CAMPUS

**MR. HAWKINS:** Thank you, Mr. Speaker. I believe we’re at a critical time in Aurora College development. There’s a widespread call across our Territory to build towards a northern university, a full degree, university-accredited degree programming that could be satisfied very perfectly in the next of what we’ve seen our Aurora College develop into.

I believe that Aurora College offers fine programming today and I believe it must stay true to its roots where it has provided much needed upgrading to students for its 40 years. It must also include a focus that moves forward, not back.

I believe great challenges are facing our college here in Yellowknife. Our local campus suffers from space that is not available in the Northern United Building and with its lease up in less than two years, now is the time to ensure the planning is done to ensure that we build a new local campus that suits the needs of the future.

We must take advantage of the downtown location to ensure that a new campus is seriously located in a way that makes sense to the students, whether it’s close to libraries, recreational facilities, shopping, but good housing as well.

Mr. Speaker, with Yellowknife’s population of about 20,000, our local campus here in Yellowknife only serves approximately 200 students. That’s only 50 more than the Inuvik campus where Inuvik is only one-fifth of the size of Yellowknife. The point I make of this is our campus here in Yellowknife is underutilized for the potential it could provide. Mr. Speaker, one reason I wonder why our campus population and uptake is not higher is because of the space and lack of.

There are private partners out there who would be interested in providing a partnering with the college on doing more and help possibly turn it into a university as such, as we typically would know it. We all know that Aurora College is presently providing that type of programming, but it’s just one step away from that type of university-level recognition. As many people will know, when you become a university you are also able to tap into southern institutional investment where they spend money to come do studies and research here in the North. Mr. Speaker, that would be new investment into the Northwest Territories; much needed investment to the Territory as a whole.

I think there are a lot of advantages that are being overlooked and I think it’s time that we take advantage of the growing interest in our northern programming before we lose any type of interest. We should make sure that we have a northern focus that is based here in the Territories supported by our college. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Hawkins. Item 4, returns to oral questions. Item 5, recognition of visitors in the gallery. Item 6, acknowledgements. Item 7, oral questions. The honourable Member for Great Slave, Mr. Abernethy.

# Oral Questions

## QUESTION 384-16(5): NWT FILM INDUSTRY

**MR. ABERNETHY:**  Thank you, Mr. Speaker. My questions are for the Minister responsible for Industry, Tourism and Investment and relate to my Member’s statement earlier today where I was talking about the study that the department is currently doing into a sustainable film industry.

I was wondering if the Minister could please give me a bit of a timeline as to when we could see that report come in front of the House for consideration, or at least to committee for consideration. Thank you.

**MR. SPEAKER:** Thank you, Mr. Abernethy. The honourable Minister responsible for Industry, Tourism and Investment, Mr. Bob McLeod.

**HON. BOB MCLEOD:** Thank you, Mr. Speaker. It’s good to see the amount of interest in establishing an NWT film industry in the Northwest Territories. We have three MLAs that I met with: MLAs Bromley, Abernethy and Hawkins. We’re on schedule. We hired a Yellowknife-based consultant to undertake a review of the film industry and the report is out. We will be doing a review of the report and meeting with the stakeholders sometime in February. We will also have a session with the stakeholders to review the options and I expect to table the report probably in May. Thank you.

**MR. SPEAKER:** The honourable Member for Yellowknife Centre, Mr. Hawkins.

## QUESTION 385-16(5): AURORA COLLEGE YELLOWKNIFE CAMPUS

**MR. HAWKINS:** Thank you, Mr. Speaker. In my Member’s statement today I talked about the further programming opportunities before Aurora College and one of the problems put forward is the lease is expiring in about two years. The issue is about not just the lease, but its present location, I don’t believe it suits its need for future growth. My question would be to the Minister of Education, Culture and Employment. What is the Minister’s plan to help support the college to move forward towards an independent campus that I believe Aurora College needs to have in the Yellowknife Campus location? Thank you.

**MR. SPEAKER:** Thank you, Mr. Hawkins. The honourable Minister responsible for Education, Culture and Employment, Mr. Lafferty.

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. The college campus itself has been in discussion for quite some time now. We’re fully aware that the lease is up in 2012, and we are working towards possibly extending the lease until we have a plan in place. We probably have to do that anyway, because it will take a few years to develop a plan of action and then find a suitable location, if that needs to happen.

Mr. Speaker, this is an area where we met with several other potential partners as well. We’ve had numerous discussions with different organizations on how we can move forward. This is an ongoing piece of work that’s before us. Probably this fall, Mr. Speaker, we will probably request an extension of the lease on the Northern United Place, as it stands right now. Mahsi.

**MR. HAWKINS:** Mr. Speaker, I appreciate the answer from the Minister there. I’d like to pursue, in my questioning, the area of partnership. As I understand it, the federal government has a P3 office suited for public partnerships, public, private, and institutions like Aurora College would fit into this particular case. Mr. Speaker, what has the Minister done to support the long-term planning of Aurora College with the private partners that do exist out there? I am aware that there are two potentially wanting to work with Aurora College, so I think we have an opportunity of interest. How does the Minister see his department helping that? Thank you.

**HON. JACKSON LAFFERTY:** Mr. Speaker, there has been a couple meetings a few years back on potential partners, private partners, organizations, but the information has been brought back to our attention as we need to move forward. Those are the discussions that we’ve had in the past and we are open to ideas and suggestions on how we can move forward. There have been talks about having possibly a First Nations organization build a facility for us and lease it back to the GNWT. That was an option that was thrown at us, but we haven’t seen anything as a proposal or anything that we can move forward on.

Mr. Speaker, this is an area that I’ve also met with INAC Minister Mr. Strahl, a former Minister, and also dealing with the INAC office in Ottawa, identifying a three territorial jurisdictions MOU we talked about. This is of real high interest for us and we need to discuss it further.

**MR. HAWKINS:** Mr. Speaker, would the Minister of Education be willing to commit to see if he could bring those partners to the table with Aurora College to discuss about putting forward a joint proposal to P3 Canada to take advantage of those opportunities? I won’t name the particular parties here in the House, for obvious reasons. They may not have publicly committed their interest at this stage so I don’t want to put them on the spot. Would the Minister be willing to commit to bringing these parties to the table in short order so a proposal could be put forward? Thank you.

**HON. JACKSON LAFFERTY:** Mr. Speaker, we’re definitely open to discuss any potential opportunities with respect to a facility or programming. We did have a meeting in the past. I’m sure those individuals or organizations are listening to these House proceedings, so by all means, if they want to meet with us as the Department of Education, Culture and Employment, we are more than willing to meet with them. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Lafferty. Your final supplementary, Mr. Hawkins.

**MR. HAWKINS:** Thank you, Mr. Speaker. In speaking to the Board of Governors last month when they were here in Yellowknife having their Board of Governors meeting, I know they are specifically targeting a long-term solution for the Yellowknife Campus. They need a solution that works, and the present solution in the NUP does not work. They are looking beyond that and they need someone to help lead that partnership role. That’s why I’m asking, would the Minister, once again, commit to seeing if he could pull the Aurora College president’s office as well as those potential partners together to develop a joint proposal for P3 Canada? Thank you.

**HON. JACKSON LAFFERTY:** I also met with the Board of Governors on that same day, probably before or after Mr. Hawkins. We talked about the same issue. My understanding is that the Board of Governors will bring an idea forward to our attention within the ECE department. So we are waiting for the Board of Governors to bring us information that we can work on. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Lafferty. The honourable Member for Nahendeh, Mr. Menicoche.

## QUESTION 386-16(5): SOCIAL WORKER POSITION IN FORT LIARD

**MR. MENICOCHE:** Thank you, Mr. Speaker. I just want to follow up on my Member’s statement. The people of Fort Liard had serious concerns about the social worker position. Minister Lee had accompanied me to Fort Liard and we heard the residents at that time. They were very concerned that the social worker was away for about three months for medical leave, Mr. Speaker. We had asked if we can fill it with a casual worker position, but the Minister responded to myself, and I responded to the community, that they will not fill this position on a casual basis. I still don’t understand why. The residents still don’t understand why. I would like to ask Minister Lee to explain why they won’t fill that position on a casual basis. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Menicoche. The honourable Minister of Health and Social Services, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. The Member is right; I had responded to him on this issue on November 12th last year. There were specific personnel details involved with this position that made it difficult to fill the position at that time, but it has been three months since. I would be happy to undertake to see where we are at and get back to him. Thank you.

**MR. MENICOCHE:** Mr. Speaker, I certainly would like to take the Minister’s commitment and move forward with that. Maybe I can ask the Minister what would be the next steps on following through on this commitment. Thank you.

**HON. SANDY LEE:** Mr. Speaker, as the Member stated, the incumbent is away from the job for personal reasons. I need to inquire as to where that situation is. Secondly, that position cannot be filled by a casual because of the statutory obligations and requirements that need to be placed on a worker. That couldn’t be done for a casual, but if it is a situation that the person has to be away longer, we have to look at filling the position or filling it temporarily. Once again, I will undertake to look into that and get back to the Member. Thank you.

**MR. SPEAKER:** Thank you, Ms. Lee. The honourable Member for Kam Lake, Mr. Ramsay.

## QUESTION 387-16(5): FAMILY VIOLENCE

**MR. RAMSAY:** Thank you, Mr. Speaker. I have some questions today for the Minister of Health and Social Services, getting back to my Member’s statement. In 2005 the Legislative Assembly brought in the Protection Against Family Violence Act, an act the Minister is well aware of. Also, we have developed a Framework for Action Against Family Violence. That is going into the second stage of that. I would like to ask the Minister why the incidents of spousal assault have gone up 107 percent increase in the last four years, from 309 to 640. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Ramsay. The honourable Minister of Health and Social Services, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. I would like to first off commend the Member for saying that he will participate in the V-Day events and I would be happy to cooperate with the Member on that event. Secondly, I am not sure if I could give him exact reasons why we are experiencing increased numbers of family violence, but we do keep detailed statistics on that. Thirdly, this government has increased funding and programs in the family violence area in many different ways over the last three years. Thank you, Mr. Speaker.

**MR. RAMSAY:** Mr. Speaker, I highlighted some of the things the government has been doing over the last three years, but the statistics don’t lie, Mr. Speaker. There is a 107 percent increase in the last four years of incidents of spousal assault in the Northwest Territories. The Minister didn’t answer the question. How is the Minister and the government going to evaluate the success of the measures that we brought in, the legislation that we brought in as well as the action plan on family violence? How is that going to be evaluated, Mr. Speaker? Thank you.

**HON. SANDY LEE:** Mr. Speaker, we are in the third phase of the Action Plan on Family Violence. Part of the plan is to have it evaluated. I will undertake to look at where we are with the evaluation and share it with the Members. Thank you, Mr. Speaker.

**MR. RAMSAY:** Mr. Speaker, that is what scares me. I am not sure why the Minister can’t stand up today and articulate what exactly the government is going to do to address the fact that spousal assault in the Northwest Territories has increased 107 percent under their watch. What are you going to do about that matter, Minister? Thank you, Mr. Speaker.

**HON. SANDY LEE:** Mr. Speaker, I could say not what we are going to do, but what we are actually doing right now and what we have been doing for the last three years we will continue to do with the support of all the Members on the other side, we as an Assembly have made a full commitment to addressing the family violence issue. We have increased funding under the Shelter Stablilzation Fund. We have also expanded our Family Violence Program funding to communities where there are no shelters, so we have enhanced funding for those communities with shelters and we made funding available for communities without shelters. We have also invested money on children who witness violence. But as the Member stated so well in his statement, there are many factors involved in combating family violence. We work in partnerships with the NGOs to continue to address this issue. That is a serious issue for all of us without one quick simple answer. Thank you.

**MR. SPEAKER:** Thank you, Ms. Lee. Final supplementary, Mr. Ramsay.

**MR. RAMSAY:** Mr. Speaker, judging by the statistics, what we are doing currently is not working. I would suggest that the Minister try to find a way forward that will get those numbers trending the right way, and that is back towards the historic low in 2006, to 309. There shouldn’t be any assault in the Northwest Territories, but if there is going to be a way to trend, it should be the other way, Mr. Speaker.

We have five family violence shelters in the Northwest Territories. The Minister has talked about a Shelter Stabilization Plan. Are there any plans to expand the availability of the shelters in more of the communities than are presently served by family violence shelters today? Thank you.

**HON. SANDY LEE:** Mr. Speaker, I could tell you that the shelters that we have now are having a hard time finding providers, so our focus for now has to be in strengthening the shelters that we have, but understanding that there are communities without shelters that need our assistance as well. We are providing and supporting that. We need to concentrate on that.

As to why we are seeing an increase in the number, I am sure we will have to do a more in-depth analysis on that, but the NWT has not been spared from the economic downtown. Often when there is economic downturn, lots of facts show that family violence and other social problems arise. Perhaps with a more longitudinal time period, we could see that. We hope that with the economic recovery, the numbers go down as well. Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Ms. Lee. The honourable Member for Sahtu, Mr. Yakeleya.

## QUESTION 388-16(5): YOUTH SUICIDE PREVENTION

**MR. YAKELEYA:** Thank you, Mr. Speaker. In my Member’s statement I talked about the youth. Certainly we do our best to support the youth. We want to keep our youth alive. I want to ask the Minister of Health and Social Services what types of programs are in her department that would gear towards working with the youth and specifically the elders in terms of having them come together and look at programs or initiatives that they can do to support each other in the challenges that both the elders and the youth face today.

**MR. SPEAKER:** Thank you, Mr. Yakeleya. The honourable Minister of Health and Social Services, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. There are a lot of programs and funding that the department provides to communities, whether it be through authorities, NGOs, Aboriginal governments. Sometimes we get funding from the federal government. Some programs involve just working with the youth on suicide prevention. We do have programs that work with elders and youth. I would be happy to present the Member with all of the details that he requires. I don’t have it right in front of me. Thank you, Mr. Speaker.

**MR. YAKELEYA:** Thank you. Can the Minister provide to me and the House in terms of types of specifically cultural programs that could be used in our small communities which are primarily in my region, primarily Aboriginal communities in regard to how to deal with these types of issues and if there are ways that they involve elders through the languages?

**HON. SANDY LEE:** Yes, we do have those and we work with other departments and agencies on cultural and language components. I will undertake to have that as part of the reply I provide to him. Thank you.

**MR. SPEAKER:** Thank you, Ms. Lee. Your final supplementary, Mr. Yakeleya. Thank you. The honourable Member for Mackenzie Delta, Mr. Krutko.

## QUESTION 389-16(5): GNWT RESPONSE TO THE STANDING COMMITTEE ON SOCIAL PROGRAMS REVIEW OF THE CHILD AND FAMILY SERVICES ACT

**MR. KRUTKO:** Thank you, Mr. Speaker. My questions are directed to the Minister of Health and Social Services in regard to the response that was tabled in this House yesterday. Mr. Speaker, the area I have concerns about is recommendation number 4. The reason for us that number 4 was at the top of the list was because we thought that was doable. Mr. Speaker, the recommendation states that to ensure funding for prevention and early intervention programs in every community, and also to present it in the Legislative Assembly’s 2010-2011 budget. But, Mr. Speaker, the response by the Minister clearly stipulates that they cannot get it into the 2011-2012 budget. Mr. Speaker, the budget hasn’t been passed yet. So I’d like to ask the Minister if she can work with Members of this House to implement recommendation number 4 in the budget process we’re going through now. Thank you.

**AN HON. MEMBER:** Hear! Hear!

**MR. SPEAKER:** Thank you, Mr. Krutko. The honourable Minister responsible for Health and Social Services, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. In my opening statement to my budget on Friday I stated a couple of programs that we are expanding to Inuvik and Fort Simpson, Healthy Children Initiatives.

Mr. Speaker, I think everybody here knows how the budget process works. A major initiative such as this will require significant funding and the timing issue... Their report came out after we went through the business plan review. The Members had a chance to have a look at this budget in January and the Members are aware that it was not part of that budget.

Mr. Speaker, I think it’s really important for us to state and I’d like to state that we have, in every way possible, worked to respond favourably to the report. We have accepted 61 out of 73 recommendations, and even the 10 that we are not able to accept as it is written, we explain in detail why that is so. So I can tell the Member that we are committed to providing the substantiation as a department to look at these additional funding initiatives in the next business cycle, but given our fiscal pressure, unless we take out something that’s already in the budget it would not be possible for us to add a new program, to add an Early Childhood Intervention Program in every community in this budget. Thank you.

**MR. KRUTKO:** Again, this has been tabled in the House last fall. We’ve given the Minister ample time to bring forward the budget. In the budget right now there’s already $900,000 in regard to intervention or prevention programs. So we already have a category that we can work this into. It’s just a matter of moving the $12 million that’s in that portfolio to the areas where it’s important.

Mr. Speaker, this was a very important element of the consultation that took place. Community members and individuals wanted to ensure…

**MR. SPEAKER:** Do you have a question, Mr. Krutko?

**MR. KRUTKO:** Thank you, Mr. Speaker. Can the Minister tell us exactly how can communities prevent children from being taken away from their communities and working with the families and the children before it gets to this stage where you have to apprehend?

**HON. SANDY LEE:** Thank you. If the Member could provide me with more information on what he said that’s within my budget that I should re-look at, I’d be happy to do that.

**MR. KRUTKO:** On page 8-30 of the budget under child services, intervention services, $858,000. That is something we can work with. I’d like to ask the Minister, can you seriously consider reprofiling these dollars and put it in the area of prevention and intervention?

**HON. SANDY LEE:** The department already spends a lot of money and effort on prevention and the recommendations suggest that we must expend that, which we, in principle, agree with, we need to come up with the resources. But I will have to look at the section that the Member is referring to because I am certain that we have every cent of that accounted for. So if we’re going to talk about reprofiling that, we need to have the full scope of the information so we know exactly what we’re changing.

I’m sure as we go through debating our budget in the next couple of days we will have a chance to do that, but I’d be happy to engage with the Members on the other side about what choices we’re prepared to make, because without knowing even all of the details, I am certain that every cent of that is spoken for and there will be repercussions. Thank you.

**MR. SPEAKER:** Thank you, Ms. Lee. Your final, short supplementary, Mr. Krutko.

**MR. KRUTKO:** Thank you, Mr. Speaker. Again, it’s clear that it seems like the health and social services boards are block funded in regard to how these dollars are being expended and what we heard out in the field is that a lot of these core services are not being prevented in all communities in the Northwest Territories and that’s what the recommendation is asking for. So would you consider re-profiling these dollars, directly expend them in the communities and not send them to the health and social services authorities, and spend it where it really would make a difference? Thank you.

**HON. SANDY LEE:** Thank you. I will undertake to look at that, but I believe that all of the Members on the other side would like to know exactly where that money is being spent before we make a decision about reprofiling them. Thank you.

**MR. SPEAKER:** Thank you, Ms. Lee. The honourable Member for Frame Lake, Ms. Bisaro.

## QUESTION 390-16(5): HEALTH AND SOCIAL SERVICES “FOUNDATION FOR CHANGE” DOCUMENT

**MS. BISARO:** Thank you, Mr. Speaker. My questions today are addressed to the Minister of Health and Social Services. In my statement I presented my perception of the Foundation for Change strategic document that the department is currently using. So my first question to the Minister today is to ask whether or not she can confirm that I’ve understood it correctly and can she define for me and for the people listening the purpose of the Foundation for Change? Thank you.

**MR. SPEAKER:** Thank you, Ms. Bisaro. The honourable Minister responsible for Health and Social Services, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. The Foundation for Change is a pretty straightforward, clearly written document about what the department is proposing to realign the way we deliver our services and what we are focusing on. Mr. Speaker, I appreciate that over the three and a half years I’ve been here working with MLA Bisaro, she has an insatiable appetite for details. So instead of making a broad statement about lack of information, if the Member could tell me exactly what detail she is looking for, I’d be more than happy to provide her with the details she needs. Thank you.

**MS. BISARO:** To the Minister, I like to think that my insatiable appetite for detail enables me to do my job properly.

As to the detail that the Minister is asking that I want, I think I explained in my statement that the Foundation for Change document, to me, has objectives and it has no detail on how those objectives will be achieved. About a month ago, Mr. Speaker, the Standing Committee on Social Programs met with the Minister to discuss the document. We asked for that kind of detail, we asked for the actions, we asked for an evaluation plan to flesh out the Foundation for Change document. Unless those things came today, Mr. Speaker, I haven’t seen them, the committee hasn’t got it. So I’d like to ask the Minister when Members can expect to receive the Foundation for Change update information that was promised to us a month ago. Thank you.

**HON. SANDY LEE:** I don’t believe that was a month ago. I think it was January 14th or 19th. We are working on the details the Member asked for and it’s in my office, it’s about 50 pages long. I’d be happy to get the document to the Member as soon as possible. Thank you.

**MS. BISARO:** Thanks to the Minister for that commitment. I hope that we will see it sooner rather than later. If it’s in her office, I guess that means sooner.

To the Minister: if this is a strategic document and it guides the department, I would think that it should be reactive to new info and it should be a living and breathing document. So I’d like to ask the Minister what actions identified under the Foundation for Change document, the actions which presumably are on her desk, deal with recommendations from the Child and Family Services Act review report?

**HON. SANDY LEE:** The three pillars of Foundation for Change are wellness, accessibility and sustainability. There is a section in Foundation for Change about working to support children, to enhance services for children, and as I said in my Minister’s statement on Friday, we support the direction and the general spirit and intent of the standing committee report on the review because it’s very much in line with what our department’s goals are under Foundation for Change. I see no gaps there and it’s very much in line. We are, I believe, moving in the same direction.

**MR. SPEAKER:** Thank you, Ms. Lee. Final supplementary, Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Speaker. I guess I have to take from the Minister’s answer that there are no specific recommendations from the Child and Family Services Act review which are dealt with in the Foundation for Change. I asked about actions. I didn’t ask about intent and I didn’t ask about direction.

My last question to the Minister is: I would like to know whether the Foundation for Change document has been re-evaluated and/or updated in light of the Child and Family Services Act report. Does it reflect the recommendations in the report, and, if not, will it be updated?

**HON. SANDY LEE:** The Foundation for Change is an action plan that requires direction and intent and spirit. I say again, Children and Family Services Act review of the standing committee we agree with the recommendations. We support the recommendations. We have agreed to implement 61 out of 73 recommendations. The 10 that we’re not able to, the exact way that the committee has recommended, we say in our reply how we are going to go about them.

As I said, I realize it’s not the answer that the Member is looking for, but we see nothing in the recommendations from the report that’s not in line with what the department wants to do and what the Foundation for Change action plan has to say. I believe in that way we are in harmony about what we need to do for the benefit of the children and families in the Territories.

**MR. SPEAKER:** Thank you, Ms. Lee. The honourable Member for Tu Nedhe, Mr. Beaulieu.

## QUESTION 391-16(5): CLIENT SERVICE OFFICER POSITION IN FORT RESOLUTION

**MR. BEAULIEU:** Mahsi cho, Mr. Speaker. Today I’d like to ask questions of the Minister of Education, Culture and Employment on employment in small communities, particularly the client services officer position in Fort Resolution.

Can the Minister tell me if there is any dialogue on how to retain these positions that have been reduced to half time, to full-time positions within the department?

**MR. SPEAKER:** Thank you, Mr. Beaulieu. The honourable Minister responsible for Education, Culture and Employment, Mr. Lafferty.

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. As Members know, the transfer of the positions back to NWT Housing Corporation on the Public Housing Rental Subsidy has been active. As a result, there has been a loss of administration dollars within our Department of ECE. ECE is required to reduce the number of client services offices across the Northwest Territories. Those individuals were also handling the case of public subsidy units, public housing rental subsidy area, and then at the same time the client services officers were responsible for income security. Now the responsibility is with NWT Housing Corporation so we had to downsize the client services officers.

**MR. BEAULIEU:** Can the Minister advise me if there are other positions of a client services officer nature that were filled within the South Slave region?

**HON. JACKSON LAFFERTY:** Yes, there have been other positions such as client services officers in a number of communities across the Northwest Territories that fill similar positions. Full-time/part-time employment status is determined also on the clientele caseloads.

**MR. BEAULIEU:** Can the Minister tell me if there are any discussions at all in the area of employment rates when the department decided to reduce some of the positions. I’m referring to filling positions in communities that have higher employment rates, reducing positions in communities that have lower employment rates. Was there any of that type of discussion in the department?

**HON. JACKSON LAFFERTY:** There have been numerous discussion and consideration taking into account a number of factors when deciding when and where the reduction will happen, including where the positions were initially established, with the funding and the current client caseload again. So, yes, to answer the Member’s question, these have all been taken into consideration when we were deciding.

**MR. SPEAKER:** Thank you, Mr. Lafferty. Final supplementary, Mr. Beaulieu.

**MR. BEAULIEU:** Thank you, Mr. Speaker. Will the Minister direct his staff to re-establish a full-time position of the client services officer in Fort Resolution and find work in the department that’s appropriate for full-time position status?

**HON. JACKSON LAFFERTY:** I appreciate that the Member is persistent. At the same time, we have to look at the caseload. If there is an increase in the caseload for a client services officer to perform extra duty on income security, this is an area we can definitely look at. We will seriously monitor the caseloads in the region.

**MR. SPEAKER:** Thank you, Mr. Lafferty. The honourable Member for Weledeh, Mr. Bromley.

## QUESTION 392-16(5): FUNDING FOR INTRODUCTION TO ADVANCED PRACTICE NURSING PROGRAM AT AURORA COLLEGE

**MR. BROMLEY:** Mahsi, Mr. Speaker. Thank you. I’ve received conflicting information on funding for the Introduction to Advanced Nursing Practice Program at Aurora College. My question is for the Minister of ECE.

It is my understanding that the Department of Health and Social Services contributes support directly to this program, as well as indirectly through coverage of student tuition fees, and that ECE and the federal government may also be contributors, but obviously this needs clarification. I ask the Minister: what is the current and planned status of funding from these partners for this program?

**MR. SPEAKER:** Thank you, Mr. Bromley. The honourable Minister responsible for Education, Culture and Employment, Mr. Lafferty.

**HON. JACKSON LAFFERTY:** Mahsi, Mr. Speaker. The program that we deliver through Aurora College, the funding that’s required is $2.7 million from ECE to Aurora College for a bachelor of nursing, special work in nursing, health access programs. As well, Aurora College receives additional money from the Department of Health and Social Services in the amount of $511,000 to cover the masses of Nursing, Nurse Practitioner and Introduction to Advanced Practice programs. This is funding that’s been required for these programs.

**MR. BROMLEY:** Again I would ask the Minister: what is the status of these dollars? What is the current plan for the immediate and long-term future of these programs?

**HON. JACKSON LAFFERTY:** Part of our plan of the Department of Education, Culture and Employment, working closely with Health and Social Services and also the college, is to continue delivering this program. If there are any changes in the program delivery or if there is an issue with the funding, then we definitely need to sit down and discuss our objectives and options and we’ll definitely let the Members know if there are any changes.

**MR. BROMLEY:** I haven’t heard the Minister talk about federal funding, although I have a communication from him indicating that will end and contribute to the end of the Nurse Practitioner Program, again conflicting with what I’m hearing today from the Minister just a day or two later. I’m looking for clarification. What is at least the status of the federal funding? Are we going to have that renewed, I’m going to ask the Minister on top of that.

**HON. JACKSON LAFFERTY:** The federal funding, I don’t have that information specifically. I just highlighted our department and Health and Social Services’ contribution to Aurora College. I will gather that information on federal funding, if it does exist, to the Members.

**MR. SPEAKER:** Thank you, Mr. Lafferty. Final supplementary, Mr. Bromley.

**MR. BROMLEY:** Thank you, Mr. Speaker. Thanks for the comments from the Minister on that. I’ll look forward to the details that he can provide.

I’d like to ask one last question. As far as the Minister knows, does the following commitment from Health and Social Services still stand? How does this reflect on the longevity of the program as planned? The GNWT is committed to increasing the number of NPs in the NWT. The Health and Social Services planning document also says, “Through Foundation for Change, we will focus on delivering the right services using the most appropriate service provider.” All too often we use high-cost service providers such as physicians to deliver primary care that would be more appropriately delivered by community health nurses or nurse practitioners. Obviously this speaks to the...

**MR. SPEAKER:** Do you have a question, Mr. Bromley?

**MR. BROMLEY:** I’m wondering if that commitment is still there and does the department still recognize that need.

**HON. JACKSON LAFFERTY:** Our GNWT and ECE are supportive of having more NPs in the Northwest Territories. We will continue to have this discussion with Health and Social Services on what kind of options are there. If there’s a budget issue or financial issue or program delivery is an issue, a number of students are in the program so those are discussions that we need to have. We have had contacts within the last couple of weeks, so we’ll continue to do that. With progress, we’ll let the Members know.

**MR. SPEAKER:** Thank you, Mr. Lafferty. The honourable Member for Kam Lake, Mr. Ramsay.

## QUESTION 393-16(5): SALE OF 36,000 ACRES OF COMMISSIONER’S LAND TO THE NORMAN WELLS LAND CORPORATION

**MR. RAMSAY:** Thank you, Mr. Speaker. I’ve got some questions today for the Minister of Municipal and Community Affairs. I just wanted to get a better understanding of how it’s possible that the Government of the Northwest Territories sold 36,000 acres of land to the Norman Wells Land Corporation without Regular Members of the House being informed in any way, shape, or fashion. That’s the first question I’ve got for the Minister.

**MR. SPEAKER:** Thank you, Mr. Ramsay. The honourable Minister responsible for Municipal and Community Affairs, Mr. Robert McLeod.

**HON. ROBERT MCLEOD:** Thank you, Mr. Speaker. The Commissioner’s land just outside the boundary of Norman Wells was... The Norman Wells Land Corporation had come forward with a proposal to purchase the land from the Commissioner and we entered into talks with them and an agreement was put in place.

**MR. RAMSAY:** I’d like to ask the Minister: is there not a policy or protocol that would have the Minister, the department and/or Cabinet inform Regular Members of such a land acquisition or deal like the one in Norman Wells?

**HON. ROBERT MCLEOD:** The land in question, all the proper process was followed in disposing of the land. We normally would communicate to the local MLA that the land is being in question, but all the proper processes, as far as the Norman Wells Land Corporation and the Department of Municipal and Community Affairs, was followed to a T.

**MR. RAMSAY:** Given the fact that it was a sizable tract of land, 36,000 acres, I’m just wondering whether or not the Minister and Cabinet would have an obligation to advise Regular Members of this transaction, especially considering we have constituents that would ask (a) if we know about the deal, and (b) what the selling price was. That piqued my interest, in that what exactly the government is getting in return for the 36,000 acres of land outside of Norman Wells.

**HON. ROBERT MCLEOD:** As far as I know, we don’t normally. I’m not sure what the process is for letting the Members know, if it was an oversight on our part. I’ll follow up on that and see if it’s something that we would normally do.

The price of the land would be about $1.6 million for this particular piece and the Norman Wells Land Corporation are looking to better its economic base for the constituents that they represent. Thank you.

**MR. SPEAKER:** Thank you, Mr. McLeod. Your final supplementary, Mr. Ramsay.

**MR. RAMSAY:** Thank you, Mr. Speaker. My issue is not with the Norman Wells Land Corporation acquiring the land; I guess it’s the precedent this sets. I’d like to ask the Minister: are there currently any other negotiations going on around the Territory to sell any additional Commissioner’s land? Thank you.

**HON. ROBERT MCLEOD:** Mr. Speaker, the same process would be used if anyone else would have an interest in acquiring Commissioner’s land. They would approach the department and then we will work with them and the community to see if it’s feasible to sell this Commissioner’s land. But all the proper process would be followed. Again, I say, if part of the process is informing Members of fairly substantial land sales, Cabinet was informed, but if informing Members is part of the process, then I apologize if this wasn’t done in the particular case. I will ensure that in the future any substantial purchases, besides the local Member, it would be good protocol to let all Members know. Thank you.

**MR. SPEAKER:** Thank you, Mr. McLeod. The honourable Member for Yellowknife Centre, Mr. Hawkins.

## QUESTION 394-16(5): OPERATIONS AND MAINTENANCE FORMULA FUNDING TO COMMUNITIES

**MR. HAWKINS:** Thank you, Mr. Speaker. I too would like to ask questions to the Minister of Municipal and Community Affairs and it’s regarding operations and maintenance funding.

Mr. Speaker, I, like several of my colleagues, have had the benefit of serving on a council for at least one term and understand how important MACA is to the communities and certainly the funding of their operations. Undoubtedly, I know other Members realize that too. One of the problems we’ve always had, I remember from serving on council, is understanding the formula and having an appreciation for the formula that’s distributed to communities. Yellowknife, being one of the largest communities in the Northwest Territories -- the largest, by the way -- there was always the concern of proportional or a respectable fair share of the revenues.

Mr. Speaker, the Minister of MACA has given me a briefing note to say that there was going to be a formula update. My question to the MACA Minister is: has there been a new O and M funding formula update done and have you included people from the municipalities on the discussion and development of this formula? Thank you.

**MR. SPEAKER:** Thank you, Mr. Hawkins. The honourable Minister of Municipal and Community Affairs, Mr. Robert McLeod.

**HON. ROBERT MCLEOD:** Thank you, Mr. Speaker. We’re just in the process of evaluating the O and M funding formula for all the communities. Obviously, with something of this size we would have discussion and we would consult with the NWT Association of Communities. I can assure the Member and all Members that we are reviewing the O and M funding formula as it exists today. Thank you.

**MR. HAWKINS:** I appreciate hearing that from the Minister. Does the Minister have any knowledge as to what level of detail is shared with the communities when you talk to the Association of Municipalities? Do they actually get to see the funding formula or do they just hear about the overtones and the spirit and the intent of what the formula is about and how it’s driven? In essence, do they get into the nuts and bolts of how the formula is developed so they have an appreciation to fair and equitable distribution of that type of money? Thank you.

**HON. ROBERT MCLEOD:** Mr. Speaker, we also continue to work with LGA and LGANT. A couple of times a year we will bring a lot of the SAOs into the community. I’m sure they’re all aware of exactly how the funding formula works. I think they review it with them and that way the communities know on what basis they’re funded for their O and M. Thank you.

**MR. HAWKINS:** Mr. Speaker, that didn’t actually answer the question, although it sure sounded close, as in a good try. But what the question really comes down to is does MACA share the specific formula used in the distribution of O and M funding? Do they share that with the municipalities to ensure that they know exactly how the proportion is spread out throughout the Territory to ensure it’s spread fairly and equitably? Thank you.

**HON. ROBERT MCLEOD:** Mr. Speaker, the answer is yes, we do share all the relevant information, all the information with the communities, because they’re the ones that benefit most from these particular formulas. The answer is yes, we do share all the information with them. Thank you.

**MR. SPEAKER:** Thank you, Mr. McLeod. Your final supplementary, Mr. Hawkins.

**MR. HAWKINS:** Thank you, Mr. Speaker. What is the goal of MACA when they do the development and review of the new formula going forward? What is their goal or effort going to be in the context of developing a reasonable proportion? The example I give is that there’s one community one-fifth of the size of Yellowknife but still gets approximately almost the same amount as Yellowknife. I’m just trying to get a sense of what they’re going to do to work and achieve a fair and equitable balance on the distribution of those types of formulas. As we all know, Yellowknife has a very large population and has a very huge infrastructure deficit that they need to continue to work on.

**HON. ROBERT MCLEOD:** Mr. Speaker, the Member is correct; there are some communities that he may think get close to what Yellowknife gets, but a lot of the tax-based communities have the opportunity to create their own revenue, raise their own revenue and a lot of the non-tax-based communities don’t have that option.

All different areas of the formula funding will be looked at. We try to treat the communities across the Northwest Territories fairly. That’s why we go with a base-plus funding model for a lot of the communities, so you don’t get the smaller communities with, like, 42 people getting $20 when some of the larger communities get a lot more. This is the fairest way and it’s the way we will continue to fund the communities so everybody’s treated fairly.

The formula funding, as I said, we are reviewing it. We talked to the communities. We actually just had a meeting this morning with one community that had some concerns. We talk to the communities, we’ll get their input and then we’ll make some recommendations. Thank you.

**MR. SPEAKER:** Thank you, Mr. McLeod. The honourable Member for Frame Lake, Ms. Bisaro.

## QUESTION 395-16(5): HEALTH AND SOCIAL SERVICES “FOUNDATION FOR CHANGE” DOCUMENT

**MS. BISARO:** Thank you, Mr. Speaker. I’d like to return and ask some questions to the Minister of Health and Social Services in follow-up to my previous questions.

The Minister defines the Foundation for Change as an action plan. I have to say that for me, an action implies that one would actually do something and it has some definition to it. The Minister sort of implied that she doesn’t know what it is that I’m asking for. Well, we can be in harmony, we can have the same philosophy, but what action is it that the department is actually putting in place? What definite action can the Minister tell me that the department will put in place to accomplish any one of the Child and Family Services Act review report recommendations? Thank you.

**MR. SPEAKER:** Thank you, Ms. Bisaro. The honourable Minister responsible for Health and Social Services, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. I thought that I already stated on Friday, as well as in answering questions this morning, that we have accepted 62 out of 73 recommendations; 62 out of 73 recommendations. We prefaced our response to the report by saying we support the work that the committee has done. We agree with the committee that we need to do more to enhance family support and working with children. We have put explanations on 10 recommendations that we could not accept as they are written, but if anybody would take the time to read those, we explain why and we talk about how we could work with that.

Mr. Speaker, in that way, the committee report and our response is very much in line with the Foundation for Change action plan. The Foundation for Change action plan has many, many different aspects to it: ones to do with wellness...(inaudible)...wellness programming and the state of wellness of our people; we talk about how to increase and improve accessibility to health and social services programs by doing things better, by using technology, by using… I mean, there is just so much to that; and sustainability. This is something that we’ve been talking about for two years, Mr. Speaker. The action plan lays out quite straightforwardly how we want to do that.

We appeared before the committee two weeks ago where we told the committee members that we were on target, but the Member wanted more information and we will get that. Mr. Speaker, I think the action plan is very clear about exactly how we’re going to get there and what we want to get done. Thank you.

**MS. BISARO:** Mr. Speaker, I am having a very hard time. I guess it is a matter of semantics. But in my mind, I really don’t know how the department is going to accomplish all of the things that they have in the strategic plan that the Minister talks about.

I would like to ask the Minister to tell me... I am going to give an example from the Foundation for Change. The action is: expand respite care for families of children and youth with special needs. The expected result is families and caregivers are provided with relief time. I would like to know from the Minister how those two statements tell me how the department is going to accomplish the expected result.

**HON. SANDY LEE:** Mr. Speaker, I say that is a good example of how simply and straightforwardly we put our action plan.

Mr. Speaker, we see a vision in the Northwest Territories where we will have more families getting assistance from this government as to how they could get respite care and get a break. In doing that, Mr. Speaker, we have expanded the respite care program to include NWT-wide. We have enhanced funding and it is in this year’s budget for $75,000, and as Members have stated, we are working on a territorial-wide respite care program. That is new because before we only had a respite care program in Yellowknife and delivered by one agency. We are expanding that program, and in the previous answers which stated where it is moving to, it is moving to, I believe, in Simpson and Fort McPherson. I could be wrong about the communities, but we lay out in what communities we are moving, so we are working on it and we did a presentation to the standing committee where we suggested from models on how we do that.

Mr. Speaker, I think that is a very good example of how much in detail and how methodical where we are going about dealing with an issue that everybody here has asked us to do. I think that is a good example of how I fail to see how the Member could suggest we are not giving enough information. Thank you.

**MS. BISARO:** Mr. Speaker, I would like to thank the Minister for her response. I would like to suggest that all that information in her response should be part of the Foundation for Change. That is the kind of detail that committee is looking for. Thank you, Mr. Speaker.

**MR. SPEAKER:** I didn’t hear a question there. The honourable Member for Great Slave, Mr. Abernethy.

## QUESTION 396-16(5): FUNDING FOR INTRODUCTION TO ADVANCED PRACTICE AND MASTERS NURSING PROGRAMS AT AURORA COLLEGE

**MR. ABERNETHY:** Thank you, Mr. Speaker. I want to follow up on the questions my colleague Mr. Bromley was asking the Minister of Education, but I want to ask these questions to the Minister of Health and Social Services. The Department of Health and Social Services provides $511,000 a year to Aurora College to deliver the NP program or the Masters to Nurse Practitioner and the Introduction to Advanced Practice, both incredibly important programs. It is our understanding, or rather we have heard that the department plans to cease that funding in 2012. Could the Minister either confirm or deny that for us? Thank you, Mr. Speaker.

**MR. SPEAKER:** Thank you, Mr. Abernethy. The honourable Minister of Health and Social Services, Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Speaker. This is a situation where a casual conversation between people at the official level was misinterpreted or it is being misread, Mr. Speaker. We have a longstanding tradition with Aurora College where we do fund some programs for them to train people that we need. It is not a normal practice for a department to fund 100 percent of all the programs that the Aurora College do. That is the responsibility of Education, Culture and Employment. It is a normal practice also. We can’t foresee exactly what funding is going to be in perpetuity. Mr. Speaker, my understanding is that there was a brief discussion between two officials. We are committed to expanding the Nurse Practitioner Program. We are committed to working with Aurora College to continue to work on this program. As the Minister of Education, Culture and Employment stated, we will continue to work on that.

Mr. Speaker, I cannot confirm what the Member has heard. This is something that came to us in the last two weeks. We are committed to working together to keep working on this program. Thank you.

**MR. ABERNETHY:** Mr. Speaker, I am not exactly sure what that means. It is my understanding that currently, in addition to the $511,000 we provide or that Health provides to Aurora College to delivery that for us, Aurora College also charges tuition for their NP program and for their IAP program. I have heard through the grapevine that once upon a time the Department of Health used to ensure that all their community health nurses that they hire to go through the IAP and that we paid a tuition on top of that. But I have heard recently that the department is no longer having their employees attend the IAP program. Can the Minister either confirm or deny that for me, please?

**HON. SANDY LEE:** Mr. Speaker, there are about four things that the Member said he had heard. I can’t confirm or deny. I don’t know. That is just the information he has, Mr. Speaker. What I am saying is we are committed to hiring and expanding the Nurse Practitioner Program. We are committing to Aurora College $511,000 that we have in the past. My understanding is that IAP program did not have enrolment interest and that is the reason why Aurora College is not delivering that program today. Thank you.

**MR. ABERNETHY:** Mr. Speaker, does the Department of Health and Social Services require that all the nurses hired into the community health centres throughout the Northwest Territories attend and complete the Introduction to Advanced Practice? Thank you, Mr. Speaker.

**HON. SANDY LEE:** Mr. Speaker, I don’t have that information in front of me. I will have to get back to the Member.

**MR. SPEAKER:** Thank you, Ms. Lee. The honourable Member for Weledeh, Mr. Bromley.

## QUESTION 397-16(5): FUNDING FOR INTRODUCTION TO ADVANCED PRACTICE NURSING PROGRAM AT AURORA COLLEGE

**MR. BROMLEY:** Thank you, Mr. Speaker. My questions are also for the Minister of Health and Social Services. I want to follow up and see if there is a chance for clarification here. I did want to mention by intro that I do have communication from the Minister of ECE’s office that, in fact, the Intro to Advanced Practice nursing program has been cancelled. That is refuted, however, by Aurora College. Correspondence says that, in fact, it is ongoing if there are sufficient people to be registered. But they also note that the Health and Social Services has stopped funding employees. I am wondering if the Minister can confirm that and if the department has also stopped funding students that they would have funded before; for example, the bachelor program. Many of them were funded to take the IAP program. Is that still happening or has that been cancelled? Mahsi.

**MR. SPEAKER:** Thank you, Mr. Bromley. The honourable Minister of Health and Social Services, Ms. Lee.

**HON. SANDY LEE:** Mr. Speaker, there were two or three questions pertaining to the details of the employees being paid to attend such a program. I need to get back to the Member as to whether they were required to do that before, and get the information that the Member needs. I will undertake to get back to the Member on that.

I do agree with the Member that I did have information that that program is not available this time, the introductory one, because of lack of enrolment. I will get back to the Member on the two or three questions that he asked. Thank you.

**MR. SPEAKER:** Thank you, Ms. Lee. Time for question period has expired. I will allow a short supplementary question. Mr. Bromley.

**MR. BROMLEY:** Thank you, Mr. Speaker. I appreciate the Minister’s commitment to get back to me with those details. I just want to know if the Minister was aware that since its inception we have had three to five intakes per year, three on average, with an average of 12 students per intake. I fail to see how we won’t have those registrants unless, of course, we stop our funding. I am wondering if the Minister can commit to getting clarification on that as well. Thank you.

**HON. SANDY LEE:** Mr. Speaker, my information is that there is lack of enrolment. I do not know the reasons for that. I will get back to the Member on the questions about what he committed to get back to. Thank you.

**MR. BROMLEY:** Mr. Speaker, thank you for that commitment. I guess I would like to know when we can expect to hear about that, just to be sure we have a time frame to work with, and also when decisions are made for renewing that program that currently are hearing is to end in 2012. Thank you.

**HON. SANDY LEE:** Mr. Speaker, we approve the budget a year at a time. We are considering the budget for 2011-12. The next year’s consideration will go through the regular business plan process this May through September, I would think. Mr. Speaker, by then I am sure that we would have the information.

We need to look at the needs for nurse practitioners and all the other HR issues that the Department of Health and Social Services consider. As I committed already, my officials and the Department of ECE are going to continue to work on this issue, as they came to our attention in the last couple of weeks. Let me just say that the first question that the Member asked, I will undertake to get back to the Member by this afternoon. Thank you.

**MR. SPEAKER:** Thank you, Ms. Lee. Item 8, written questions. Item 9, returns to written questions. Item 10, replies to opening address. Item 11, replies to budget address. Item 12, petitions. Item 13, reports of standing and special committees. Item 14, reports of committees on the review of bills. Item 15, tabling of documents. Item 16, notices of motion. Item 17, notices of motion for first reading of bills. Item 18, motions. Item 19, first reading of bills. Item 20, second reading of bills. Item 21, consideration in Committee of the Whole of bills and other matters: Tabled Document 4-16(5), Executive Summary of the Report of the Joint Review Panel for the Mackenzie Gas Project; Tabled Document 30-16(5), 2010 Review of Members’ Compensation and Benefits; Tabled Document 38-16(5), Supplementary Health Benefits – What We Heard; Tabled Document 62-16(5), Northwest Territories Water Stewardship Strategy; Tabled Document 75-16(5), Response to the Joint Review Panel for the Mackenzie Gas Project on the Federal and Territorial Governments’ Interim Response to Foundation for a Sustainable Northern Future; Tabled Document 103-16(5), GNWT Contracts over $5,000 Report, Year Ending March 31, 2010; Tabled Document 133-16(5), NWT Main Estimates, 2011-2012; Tabled Document 135-16(5), Response to the Standing Committee on Social Programs Report on the Review of the Child and Family Services Act; Bill 4, An Act to Amend the Social Assistance Act; Bill 14, An Act to Amend the Conflict of Interest Act; Bill 17, An Act to Amend the Income Tax Act; Bill 20, An Act to Amend the Evidence Act; Minister’s Statement 65-16(5), Devolution Agreement-in-Principle, Impact on Land Claims and Protection of Aboriginal Rights; and Minister’s Statement 88-16(5), Sessional Statement, with Mr. Bromley in the chair.

# Consideration in Committee of the Whole of Bills and Other Matters

**CHAIRMAN (Mr. Bromley):** Thank you, colleagues. I would like to call Committee of the Whole to order and ask Mrs. Groenewegen what is on the agenda for today.

**MRS. GROENEWEGEN:** Thank you, Mr. Chairman. The committee would like to proceed with general comments and the detail of the Department of Health and Social Services. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Mrs. Groenewegen. With that, we will take a short break.

---SHORT RECESS

**CHAIRMAN (Mr. Bromley):** Thank you, colleagues. I’d like to call Committee of the Whole back to order. We have before us consideration of the budget for the Department of Health and Social Services. I’d like to ask the Minister if she wishes to give introductory remarks.

**HON. SANDY LEE:** Mr. Chairman, I gave those on Friday. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you for that reminder. Colleagues, general comments on the Department of Health and Social Services budget.

**SOME HON. MEMBERS:** Detail.

**CHAIRMAN (Mr. Bromley):** Hearing none, we’ll move to detail. Minister, would you like to bring in witnesses? Yes, you would. I’ll ask the Sergeant-at-Arms if he could escort the witnesses into the House. Mahsi.

Minister, please introduce your witnesses.

**HON. SANDY LEE:** Thank you, Mr. Chairman. To my left is Paddy Meade, deputy minister of Health and Social Services; to my right is Mr. Derek Elkin, director of finance; and to my far right is Mr. Dana Heide, assistant deputy minister of operations. Thank you, Mr. Chairman.

**CHAIRMAN (Mr. Bromley):** Thank you, Minister. Colleagues, we are on the Department of Health and Social Services. The operations expenditure summary on page 8-7, I’d like to request agreement that we defer that until after the detail and begin on page 8-8 with the Department of Health and Social Services, infrastructure investment summary. This is an information item. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Moving to page 8-9, Health and Social Services, information item again, revenue summary. Agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Moving to 8-10, Health and Social Services, information item, active positions summary. Agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Thank you. Moving to page 8-11, Health and Social Services, information item, active positions, health and social services authorities. Agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Thank you, committee. Moving to page 8-13, Health and Social Services, activity summary, directorate, operations expenditure summary, $7.678 million. Comments? Seeing no comments, committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Page 8-14, Health and Social Services, activity summary, directorate, grants and contributions, contributions, $35,000. Mr. Yakeleya.

**MR. YAKELEYA:** I have a question for clarification. I want to ask the Minister, Mr. Chair, if the Tlicho cultural coordinator, is this part of their self-government arrangements in regards to this position. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Yakeleya. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. We don’t have that information. I’ll have to undertake to get that. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Minister. Mr. Yakeleya.

**MR. YAKELEYA:** Thank you. I’ll wait until the Minister gets the information back to me.

**CHAIRMAN (Mr. Bromley):** Thank you for that, Mr. Yakeleya. So, committee, we’re on page 8-14. Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chair. I beg your indulgence and ask if we can return to page 8-13.

**CHAIRMAN (Mr. Bromley):** We can do that. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Page 8-13. We have Health and Social Services, activity summary. Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chair. I did wonder on this page under details of other expenses, the purchased services has increased considerably from ‘10-11 revised estimates for ‘11-12. I just wondered if I could get an explanation as to why, please.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Bisaro. I’d like to call on Mr. Elkin.

**MR. ELKIN:** There’s an increase of $1.1 million under purchased services primarily due to the THSSI funding for Foundation for Change. That was approved in the October session.

**MS. BISARO:** Thanks for the explanation. It does go back to a pet peeve of mine, which I’ve been harping on since I got here. We’re being asked to approve $1.1 million basically without any kind of other information. So could I get a breakdown, please, of what the $1.1 million of THSSI funding is being used for? Thank you.

**MR. ELKIN:** Thank you. The $1.1 million in ‘11-12 is made up of $100,000 for a Territorial Chronic Disease Management Strategy; funding for the Health Information Act of $100,000; a review of territorial midwifery practice, $75,000; $300,000 toward the territorial support network; and $547,000 related to a number of reviews that are being undertaken in the current fiscal year to implement next year.

**MS. BISARO:** I appreciate the breakdown. I’m struggling to understand. We’ve got, I don’t know, one review for sure which was itemized and then at the end it was a number of reviews. I know that this funding is sunsetting at the end of March of 2012 and I appreciate that federal funding has to end sometime, but I am sort of struggling with what some of this funding is being used for and I wondered two things: what is the territorial support network, and which reviews. Mr. Elkin mentioned a number of reviews. I wonder if he could tell me what those reviews are. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Bisaro. Ms. Meade.

**MS. MEADE:** Thank you. The Territorial Service Support Network is the work that was presented through the health dialogues and also to standing committee. This is the work with Dr. Affleck and a couple of other physicians, myself, two CEOs, around how we can best use physician and nurse practitioner resources virtually to support both the physicians in small communities, but more importantly, the nurse in charge. So it’s moving out our resources for a 24-hour on-call hook up through technology. We were calling it many things, we’ve landed on a support network because we’re also going to connect a lot of our medevac coordination and dispatch through that. So that’s work being done now with that group.

On the other types of reviews or works in progress there was an issue to further scale down medical travel, medical travel really being clinical decision-making and how we do a better handoff with clinical decisions that relate to travel. Governance and accountability has several components. That’s really around their accountabilities on money to standards both within the authorities as well as some of the key providers and the beginnings of the pharma strategy because of the capacity in the department and to be able to link up with some of the other jurisdictions, larger jurisdictions on generic pricing and other issues that would be in a pharma strategy. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Deputy Minister Meade. I believe one of the earlier names we covered that under was the Community Call Coverage System. Thank you for that clarification. Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chair, and thanks for that clarification as well. I did wonder in terms of the medical travel review and I certainly support an evaluation of sort of the clinical decisions and how we do that, but it’s my understanding that the Program Review Office is also undertaking to look at medical travel and efficiencies there. I wondered if these two reviews are being done in conjunction. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Bisaro. Deputy Minister Meade.

**MS. MEADE:** Thank you. We did work with the Program Review Office. There was an initial review done that actually started to identify where some of the key points are. It’s a very complex area and the first review actually looked at it as a travel issue. We quickly realized that it’s much more about clinical handoff in case management, coordinated case management. So we have several pieces doing that review with the Program Review Office being an initial part of it and now we’re going further. We’re also connecting this with referrals, standards around referrals. So the medical directors have come up with a process around specialist referrals and all of that connects. So we’ve built on the first part of the review with the program office, and this will take us to those next levels. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Meade. Committee, once again, we’re on page 8-13, Health and Social Services, activity summary, directorate, operations expenditure summary, $7.678 million. Agreed.

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Thank you. Page 8-14, Health and Social Services, activity summary, directorate, contributions, $35,000. Agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Page 8-15, Health and Social Services, information item, directorate, active positions. Agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Page 8-17. Mr. Abernethy.

**MR. ABERNETHY:** Thank you, Mr. Chairman. I see this is the division that has health human resources. Could the Minister please tell me how much of the $34.32 million is allocated to the health human resources division?

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Abernethy. Ms. Meade.

**MS. MEADE:** Thank you, Mr. Chairman. We don’t have a division in the department. With the transfer to Human Resources, both department and health authority resources went into the corporate service. We do have a small budget that is jointly maintained; things like the Bursary Program. Of that $34.2 million, the actual resources for that is just over $4,000. Four million. Sorry; $4 million. My apologies.

**MR. ABERNETHY:** So that $4 million is, I guess, co-managed by HR and Health and Social Services and is responsible for programs such as CHN development, our med school bursaries, our nursing bursaries. Could the Minister tell me: have we eliminated any of our bursaries in this division over the last year? For instance, do we still provide physician bursaries? Do we still have a community health nurse development bursary? Are we still providing all of the nursing bursaries? Have any of the bursaries that we provide or have provided in that section been eliminated?

**MS. MEADE:** They haven’t been eliminated but that budget was significantly over budget two years ago and we had to reassess how the alignment was. We did have to manage the budget down to within the actual operating budget. So they haven’t been eliminated, but it was a budget that was significantly overspent the last few years and we’re trying to manage within the fiscal allotment. We are having ongoing discussions around the priorities and how we can make sure that the programs like the CHN, that are so valuable out in the communities, continue to be fully funded and prescribed.

On the medical bursaries for physicians, we’re having conversations with the medical directors not to reduce the amount but to manage it so that if you go on for a specialist, then -- if in fact it’s a specialty that could be used in the NWT; a thoracic surgeon isn’t someone that the NWT is going to recruit back -- how do we align the bursary to the types of physicians that we need to recruit and retain in the North.

**MR. ABERNETHY:** So just for clarity, I heard that none of the bursaries have been eliminated but they may not be utilized particularly due to budget reasons. If the deputy minister could confirm that.

The other thing that I’m curious about or, rather, I would like the department to provide, is: I’d like the department to provide a list or summary over the last or probably since the duration of the bursaries -- they haven’t been around that long -- showing how much we’ve paid out, how much return of service was owed to the GNWT in all categories: nurses, social workers, physicians. How much return of services owed, how much has been collected, how much has not been returned? I know that a significant number of people have graduated and gone to work and didn’t necessarily come back to the Northwest Territories. I’d like a bit of an assessment as to how much return we got.

Also for confirmation, could the Minister and/or deputy minister confirm that the Community Health Nurse Program will definitely have intake in the 2011-2012 year?

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Abernethy. Ms. Lee.

**HON. SANDY LEE:** Thank you. We will undertake to provide the Member with all the answers to the questions he raised.

**MR. ABERNETHY:** Another section, division, whatnot, responsibility under the program delivery support is information services division. There’s been a lot of talk about e-health and EMRs, DI/PACS and all the great programs that are out there, all the great technology that’s out there to help us provide health services in a more streamlined manner. I understand that bandwidth has been a significant issue in getting these fantastic technologies into our small communities. These things, in my opinion, could help us reduce potential medical travel if we have ability for physicians to use this technology to help treat in the communities. What is this department doing with respect to lobbying or encouraging Public Works and Services to help create bandwidth or expand bandwidth throughout the Territories, for communities in particular, as it relates to these types of technologies?

**HON. SANDY LEE:** As the Member stated, this is a very important area and it will become more important as we move forward. NWT actually is at the forefront of rolling out programs and using the information technology. We are sort of a model student under Canada Infoway funding and being able to tap into those.

As the Member stated, bandwidth is a problem, it is a challenge in the NWT, as it is for the rest of the country. We do appreciate the support of the standing committee and the enthusiasm they’ve shown. Our department works with other departments and DPW and Education as we plan as a government on how we cope with what will, you know, most certainly be more and more increased demand for bandwidth. My deputy minister and staff are part of the working group that works on that issue.

**MR. ABERNETHY:** Thanks to the Minister for that. We obviously share the same desire to get these particular systems up and running, but as the Minister you have a unique seat at a table in this government where you can really put pressure on your colleagues, the Ministers, to put some greater attention to expanding bandwidth up the valley into our communities so that we can really utilize these technologies that exist. There are so many advantages here to help us reduce medical travel costs, to increase services to the communities, to overall, you know, I mean, if we’re talking Foundation for Change -- and there has been a lot of Foundation for Change -- I think this is something that should fit as a critical aspect to Foundation for Change for helping to improve services in the communities. So as the Minister sitting at that unique table with six of your ministerial colleagues, what are you doing, what can you do to create a greater awareness in your ministerial colleagues so that we can get some movement on this and get some extended or increased bandwidth? Which isn’t just good for Health and Social Services, it’s good for education, it’s good for anybody providing services in the community, but there’s definite benefit for health. What are you doing? What are you doing to make sure that bandwidth is a priority?

**HON. SANDY LEE:** As the Member stated, this is an issue that is very much alive among our Cabinet. It is an issue of discussion. This is the reason why we have a Deputy Ministers’ Steering Committee set up. That’s where we have directed for the officials who work on the technical side of the increasing demands of this program and Health is making their case on absolute necessity into expanding investments in this area so that we can continue to increase the accessibility of health care programming and service delivery in small communities. There is a steering committee set up to work on that and it’s very much a live issue for all of the Cabinet Ministers.

**MR. ABERNETHY:** Thanks to the Minister for that response. I guess I got just a quick comment and that’s, I think, going to be directed to the Minister of Finance, the Minister of Health, the Minister of Education, Culture and Employment, as well as the Minister of Public Works and Services. Clearly, bandwidth is an issue of ultimate importance as far as reducing our future costs and I’d like to see this Cabinet making more progress on extending bandwidth within the communities, especially up and down the valley. If we can put these technologies that health has access to, we’re going to improve services, have a greater control over costs, and ultimately that’s good for all the people of the Northwest Territories. So to all of those with some decision-making power: get some more bandwidth up our valley and to our small communities in the Northwest Territories.

**CHAIRMAN (Mr. Bromley):** Next on my list is Mr. Yakeleya.

**MR. YAKELEYA:** Certainly, Mr. Chairman, I agree with the Member for speaking in support of the bandwidth. Certainly we would see it beneficial in our communities and to lend our support to see this government put some resources that would eliminate some of the headaches that we have in our smaller health centres in terms of providing efficient health care to our residents in the Sahtu and other communities that certainly would benefit from an e-health care system. If you could work closely with your Cabinet colleagues.

I want to ask the Minister in terms of working with our health boards. It’s about three years now that my community in Tulita and Sahtu that’s been working on every different angle to have a social worker in my community. Somehow we seem to not get to that resolution. There are always numerous excuses not to have a social worker there. It seems that we are regressing in terms of the goals of what’s stated in the program delivery support. I want to ask the Minister how much longer our community has to wait until we actually get a social worker in our community to serve the people there. If they say lack of housing or culture sensitivity or any of those excuses we’ve heard before, it’s going to raise my temperature here. I just want to know why we can’t get a social worker in our community. Break through those barriers, break through those excuses. If you want to work with us, work with us.

I want to ask the Minister again, we went to Tulita, we had a good meeting, but that was it. I go back there and there’s no social worker there. I went and talked with the health board, they gave me the reasons why they’re not having one there. But we’re not serving our people. We’re just satisfying the system here. The people want, at the end of the day, to see a social worker in Tulita. Let’s see how serious this department, this government is in terms of getting some of these resources in the communities where it’s needed.

I want to, I guess, maybe challenge the Minister and her department, hopefully by the end of this government we’ll have a social worker in Tulita. I want to ask the Minister in that sense.

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Yakeleya. Ms. Lee.

**HON. SANDY LEE:** Thank you, not only as the Minister of Health and Social Services but as his colleague and what I consider to be his friend, I would not want to do anything to raise his heart rate or temperature.

Seriously, on the social worker situation, the last I was aware of it from our visits, there were some personal things like, the Member mentioned housing, but I believe one of the workers were in a relationship with somebody in Norman Wells. We live in a small town where personal backgrounds could determine where one who’s hired could decide to leave and such. What I would like to do is, I haven’t had the update on that social worker situation in Sahtu since our visit. I believe we did get back to the Member on that information but I don’t have the most recent update. I will undertake to look at that because I haven’t had that brought up to me in the last while. The positions are there. I know all authorities try their hardest to keep the positions occupied and to have the people on the ground as much as possible. Sometimes just life predetermines some of the decisions of our workers, which we need to respect as well.

**MR. YAKELEYA:** Mr. Chairman, the response from the Minister, I’m having a hard time accepting it. I know that’s part of life, I guess, when you get into a relationship. You know, the husband or the wife wants to move here or stay there. However, I don’t know if that’s one of the requirements of this government here or this department here hiring social workers or our nurses. I mean, that’s part of life. I hope the Minister will be big enough to see that the whole community needs one of our workers in that community and to tell the community of Tulita because of our social worker is now in a relationship, so it’s pretty hard for this social worker now to be away from their spouse. Well, that really doesn’t give much weight in terms of not serving over 500 people, or 400 people.

I just want to ask the Minister if she can have a little more heart than that and to look at the big picture here in terms of serving our people’s needs in this area here, because right now it shows very little heart in her answers. I want to ask again, put the challenge there to the Minister and the fine staff that she’s leading, in terms of making something work for our community.

It’s been three years, Mr. Chair, and we’ve got seven more months in this term here. After that it will be four years that we don’t have a social worker in our community. People are not really feeling confident, I guess, in some of the areas that we do. I think that I need to push the health board and push the Minister’s staff to provide better action plans to have a social worker in our community. It’s something that we need to show.

I want to ask the Minister if she’s up to the challenge to put somebody physically in Tulita. I want to make that known to the House here, that after awhile I tend to say, well, I don’t know if I should bring it up anymore because it doesn’t seem to go anywhere. I’m always hearing reasons why we don’t have it.

Again, I know the resources out there are tight and the challenges are difficult. However, that’s why we’re in this position: to make things happen and to serve people in our communities. I hear social workers, from time to time when I travel in the Sahtu, off the record, that talk to me, and some of them are pretty tired, but they don’t want to say too much because they don’t want to get in trouble. They tell me that we certainly need somebody dedicated in our communities. They are working really hard and they are hardworking people but we need to do more. We need to do something quick to help our communities.

This is only one issue under the chapter here. I want to ask the Minister again if she would provide some concrete direction to our health board and for the person to be located into the community of Tulita. There are other areas in the Sahtu. I have five communities she needs to work with and this is only one community. I’ve got four more and my time is running out so I’ll have to use some other time to look at some of the issues elsewhere. Thank you, Mr. Chair.

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Yakeleya. To the issue of more heart, Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. I’d like to put for the record that this Minister does have a heart, and three and a half years of being the Minister of Health did not lessen that power of the heart. I don’t think we could do this job without feeling for what our people go through.

Mr. Chairman, I was just commenting on the latest information that I remember having about some of the challenges we have with social workers’ positions in the Sahtu, and I just want to put, for the record, that the department and the authorities are committed to having our workforce on the ground. For a community as big as that, we would have positions in Tulita allocated.

From time to time we do run into some of the challenges that are beyond our control and I was just simply stating the latest information. I don’t know what the most recent update is on the social worker position in Tulita because I haven’t talked to the Member recently on that. I will undertake to get an update on where we are with getting the social worker down to Tulita. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Minister Lee. Next on my list is Mr. Ramsay.

**MR. RAMSAY:** Thank you, Mr. Chairman. I’ve got a couple of questions on 8-13. I’m just wondering if we could just go back there for a brief second. Thank you.

**CHAIRMAN (Mr. Bromley):** Does committee agree that we go back to page 8-13?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Mr. Ramsay.

**MR. RAMSAY:** Thank you, Mr. Chairman. I just wanted to ask the Minister to what extent is the department involved in giving financial advice to the authorities and I’d like to know what shape that advice takes. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Ramsay. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. I can tell you that we are intimately involved with giving financial advice and interaction with the authority. I think a large part of the time that the director of finance sitting next to me is spent on working on financial issues. As well, this government and this Cabinet directed the department and the authorities to provide detailed financial information, more detailed than ever before, and, lastly, we have undertaken a step where we have now a financial contribution agreement with authorities that lays out in detail the financial expectations of each authority. Thank you.

**MR. RAMSAY:** I thank the Minister for that. I’m wondering if the Minister could provide to the House copies of the correspondence between the department and the authorities as related to the financial standing in the authorities and what the advice would be in written form that was communicated from the department to the authorities. I’d like to see that in writing, Mr. Chairman.

**HON. SANDY LEE:** I would be happy to do that, but could the Member help us with a little bit more detail on what kind of information he’s looking for, because I hope that he can appreciate that there are lots of people spending a lot of time talking to authorities about financial information. Could I ask for some more detail on exactly what he’s looking for? Thank you.

**MR. RAMSAY:** What I’d be looking for is written communication from the department to the authorities, especially the authorities that are in deficit situations. I’d like to get a better idea of what the department is telling the authorities in written communication between the department and the authorities. That’s what I’m looking for. Specific to deficits and financial management at the authority level, and that’s communication coming directly from the department to the authorities. I don’t know if I can make it much more clear than that, Mr. Chairman. That’s what I’m looking for. Thank you.

**HON. SANDY LEE:** I will undertake to provide him with the first package and then go from there. Thank you.

**MR. RAMSAY:** Under the policy, the division provides leadership and services in policy, legislation and regulation, and, as well, for the licensing of a number of health professions. I’m just wondering, under the scope of practice for health professions in the Northwest Territories, are we up to date on all of our scope of practice for all health professionals in the Northwest Territories today? Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Ramsay. Deputy Minister Meade.

**MS. MEADE:** With respect to policies saying that we want all providers to work to their full scope of practice, then that would be there, but this is actually a practice challenge, not just here but in all Health departments across the country. We are clarifying what the scope of practice is of a physician nurse practitioner. When you have a nurse practitioner, what is the scope of practice with a regular nurse? We are trying to introduce PMs. I could say yes as far as the policy and the standard, but in practice we are still struggling with the full scope of practice. It is an ongoing change management issue. It also is significant as to whether you have a sole practice or whether you have other providers. I think it is better to say that this is still a work in progress and one that we continue to push and monitor and certainly have the key authorities really champion this, as well, with us.

**MR. RAMSAY:** Mr. Chairman, if I am to understand correctly, if we are still working on proper scope of practice for health professionals in the Northwest Territories and we don’t have those concluded or done to a certain extent, I am just wondering, doesn’t that open the Government of the Northwest Territories and the department up to liability. I am thinking malpractice. I am thinking something goes wrong and when you are dealing with health care, there are a lot of things that can go wrong. I would think that this is a huge risk for us not having this work done. I am just wondering if we have any time frame on when that work might get done. In my mind, that is a huge liability that that work is not done. Thank you.

**MS. MEADE:** Mr. Chairman, to clarify my last statement, in fact, from a policy perspective, this work is done. The standards are there and the professional practice standards are there. My comments were actually trying to encourage providers to work to their full scope of practice. They usually tend to not work and not worry about the... And certainly it is a liability issue if you don’t have that or if people don’t exceed their scope of professional practice. That is not the case. I am trying to encourage broader, through change management with the authorities, that they work to their full scope of practice. But as far as what the policy and where the procedures are, well, we don’t have all of the potential professions under the legislation. What we do have in practice and the scope of practice is defined.

**MR. RAMSAY:** Mr. Chairman, I guess I am a little bit confused. On the department’s website I don’t see a defined scope of practice for all health professionals in the Northwest Territories. It might be in policy somewhere, but where is the definition for every health professional in the Northwest Territories? Where is the definition for their scope of practice on the department’s website? I don’t see it there, Mr. Chairman. Maybe I am missing something here. Where would I locate that? Thank you.

**MS. MEADE:** A lot of those are actually defined by the profession itself, as far as the scope of practice between a pharmacist or a nurse, those types of things. If you are talking about our umbrella legislation around the health professions, then we have not got all in that legislation. That is a piece that we are working on, but those that we have, the scope of practice is defined. I think the best thing to do is follow up through the Minister’s office to provide what we have on the practice that we have currently.

**MR. RAMSAY:** Mr. Chairman, I look forward to more information on that. Again, I don’t know how we have come this far since the federal government devolved responsibility for health here in the Northwest Territories. We still don’t have that work all concluded. It is troublesome, I guess, to put it in a word.

I also wanted to, while I have a minute and 28 seconds left, comment on my colleague Mr. Yakeleya’s concern over the lack of a social worker in Tulita. I think that is appalling that there is not a social worker there and there hasn’t been one there for three and a half years. All the Minister can say is, well, circumstances and this and that, but, yes, we can understand if it was six months or maybe even a year that a community goes without a social worker, but we are talking three and a half years that that community has been without a social worker. I think we have a huge problem there, Mr. Chairman, that we have to take seriously. People will understand, like I said. Things happen, people move and things change, but the bottom line is that the community has been without a social worker for three and a half years. Somebody has to be held accountable for that situation, keeping itself there for that length of time. It is ridiculous, Mr. Chairman. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Ramsay. I just want to point out your last comment had to do with page 8-17. We were on page 8-13. Just to complete that again, Health and Social Services, activity summary, directorate, operations expenditure summary, $7.678 million. That is on page 8-13. Does committee agree?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Thank you, committee. We will return now to 8-17. I believe I have Mr. Abernethy. Sorry. Mr. Menicoche.

**MR. MENICOCHE:** Thank you, Mr. Chairman. I just wanted to get a comment on something new that the federal government is doing or when it comes to the Metis health benefits. They are actually changing the definition of the Metis in the federal government system. I am wondering if the Minister and her department is aware of that and, if so, how much of an impact it would have on our health budget and how it will affect the delivery of our services to our Metis membership out there in the Northwest Territories, Mr. Chairman. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Menicoche. Minister Lee. Ms. Meade.

**MS. MEADE:** Thank you, Mr. Chairman. We are aware, although this issue is more with DIAND and the conversation has not come formally to the federal/provincial health deputies. It would be too early to tell whether in fact there will be any implications. I would suggest that, given that their stand traditionally has been that that is a role provincially for health funding, or been the jurisdictions that there may not be an impact, but we will certainly watch it closely and I assume it will come to the deputies of Health to review for impacts. Thank you.

**MR. MENICOCHE:** Given the large population of Metis people in the Northwest Territories, I believe the Health ministry should do what we can to keep us informed as well as all Regular Members and not only our Social Programs committee, because sometimes the federal government does that, they do one level of change and it affects, like the deputy minister said, all the way up to health funding agreements and that kind of stuff if they are changing the definition of who is a Metis and who is not. It will certainly affect the numbers if it comes to implementation from the federal level. Maybe if they get a comment on keeping MLAs informed and the proper committees informed, as well, with regard to this issue.

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Menicoche. Minister Lee.

**HON. SANDY LEE:** Mr. Chairman, I could assure the Members that we are on the lookout for things like that. Had there been something that would have been more concrete, I would be sending the information well in advance. As the DM mentioned, this is something we are monitoring. I will report the progress to the Members as they become available. Thank you.

**MR. MENICOCHE:** Mr. Chairman, I will thank the Minister for going that extra effort and keep us in the loop as the situation develops. It is just any situation, certainly, I do have.

Early today in my Member’s statement I spoke about the lack of social worker issue as well. I don’t know if it is appropriate to this page, Mr. Chairman, but it is probably a few pages down, but a provision of a health and social services worker for our communities is much needed and the people have asked for... They are looking forward to it only because having a staff member in the community, in the larger communities, to develop a repertoire with the local clients and local people and are able to respond more quickly than if we were to fly somebody in a day or two after an incident or via phone call, Mr. Chair. So I’m supportive of doing what we can to fill the positions that are there. I think in my case the community of Fort Liard was asking for coverage while that one staff member is away on personal leave. So that’s something that’s got to be... We’ve got to listen to the community. That’s what they want and those are the needs that they see. So, Mr. Chair, I’ll just let the Minister comment on that again once more.

**HON. SANDY LEE:** I committed earlier in the day to get back to the Member on that and I just want to say that, for the record, when our Member said earlier that a community was without a social worker for three years or something like that, I think it’s important to state for the record that where there is a vacancy, the system would have social workers going in and covering those. It’s not necessarily about coverage of the work. I just want to say that I appreciate that for many communities they would like to see the actual body of the social worker there working in the community, getting to know the community and not be flying in and out. So I just want to state I understand what the Member’s concerns are and to say, for the record, that no community will be without a social worker for three years, they would still have access and we’re talking about two different things. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Minister. Next on my list I have Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chair. I have some questions on this page. The first one is related to the health and social services authorities’ agency administration. The description talks about that this funding is for activities associated with management under the administration of authorities. I’d like to know if the Minister could advise what actions have taken place or what actions will be funded in this budget to improve the administration and management of health and social services authorities. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Bisaro. Minister Lee.

**HON. SANDY LEE:** Mr. Chairman, I’m assuming that the Member is referring to the bottom of page 8-17. That’s the block funding for the authorities. Thank you.

**MS. BISARO:** I’m referring to the text on page 8-16, the last paragraph.

**HON. SANDY LEE:** Yes, that is the section where through this program we block fund the authorities and the Member asked what we were doing to improve the administration. I, as a Minister, work through Joint Leadership Council. We have regular meetings, we talk about all manner of things right from the budgetary issues, policy issues, working as a system, Foundation for Change action plan or whatever else is on the go. We seek advice from each other. So that’s how we work together at my level. The deputy minister is in constant touch every day with the administration, on delivery of services and so are the director of Finance and ADM for operations. So this is what we do every day in delivering our services. Thank you.

**MS. BISARO:** I understand that all those things happen. My question was more to what on the ground, or what sort of day-to-day changes have been made to the way the health and social services authorities are managed and administered. I believe the Minister advised us some time ago that the department was looking to try and streamline things between authorities and the department. So have any changes taken place and, if so, what are those? Thank you.

**HON. SANDY LEE:** There have been a number of initiatives, so I would like to get the deputy minister to just highlight some of them. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you. Ms. Meade.

**MS. MEADE:** There are several and the main area that we work on these is with the joint senior management, which is this administration and the CEOs. First of all, in the area of governance, we’ve moved to system reviews. So it’s not just authority by authority whether that’s on budgets or flow of patients. A key area that both bring in efficiencies as well as patient safety is on quality. So we’re developing quality measures and risk management measures. We’ve also raised the profile of risk management committees. This was not understood well by all authorities initially as to how to operate those and what the needs are. The other area is on the fiscal reporting and looking at how we can share capacity. A big focus was on billing and revenue recouping. So there are multiple areas around the whole accountability and governance.

Some of the things that we’ve made changes on is the role of the medical directors. You have to have the medical directors aligned and the clinical decisions and them also sharing budget and efficiencies. We’re reviewing currently the physician resources, number of specialists, best way to use that. We’re looking at a centralized bed management. Right now we’re doing that manually, but because of the flow it can’t just be one authority’s fold, there has to be movement of patients. We’re also looking at our wait time management. Again, we’ve reviewed this with standard benchmarks both through the CEOs and the medical directors, looking at a way of managing that centrally and how we will pull off where we start to have wait lists. An example is the extra mammograms and colonoscopies we did this year to reduce the backload. We’ve reviewed both how we do scopes, the standards, referrals to make that standard, the specialist referral. I can go on and on, but a lot of this has been how you start to turn the system, raising the profile around patient safety, quality risk management and efficiencies.

That’s really just the beginning. Some of the things the standing committee has been advised on is the overall governance in how we can pool some of the administrative back office capacity deficits that we have and better ways to manage in that area in financial and administration. So it’s an ongoing process when you’re attempting large-scale change in a complex health system. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Meade. Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chair, and thanks for the explanation. There’s lots going on and I understand that much of it is probably efficiencies as opposed to savings, but I’d appreciate an explanation from either the Minister or the deputy minister as to sort of what the expectations are. Will all these changes end up basically allowing us to spend the same money for more, or are we anticipating that we’ll get some savings through these changes? Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Bisaro. Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. I think I can safely say that there is no such thing as savings in the health and social services system. We’ve said many times that it’s about bending the trend, if you are lucky, and that’s what we are trying to do. Also to make sure that we look after the care and the quality and the safety of our patients. So a lot of the work that the deputy minister outlined are the things that need to be done on an ongoing basis for any health care system, but we also believe that it is a way and we use the Foundation for Change as the overriding sort of action plan and it is to realign and change the way we do things.

To deliver programs we are looking to have all of the authorities working together. We are encouraging them and working with them to see the whole picture, not just their authority from their perspective, which they’ve been trying to do for many years. So in the health care system there is no such thing as savings, but there is a lot of room for efficiency and more smooth delivery of the program and trying to bend the trend by changing the system. Thank you.

**MS. BISARO:** I’d like to know if the Minister could advise -- I hope it goes on this page, it’s kind of hard to tell -- but one of the things that we discovered in the Child and Family Services Act was the need to I want to say update but I actually mean to throw out the current system that the social services division works on and replace it with a new, modern, updated, CFIS system or some other system. I’d like to know from the Minister whether or not there’s any money in this budget to begin that work and when we might expect a replacement of the current computer system that social services uses.

**HON. SANDY LEE:** That would be a capital item and it would have to go through the capital planning process.

**MS. BISARO:** Can the Minister advise if there is any money within this budget within the department to start planning for that capital replacement?

**HON. SANDY LEE:** No, there is a pretty strict and well laid out capital planning process that we need to meet to go through for all departments when they’re asking for new capital funding. We would have to work through that process and we don’t have the money set aside here for that.

**MS. BISARO:** Thank you. One quick last one. I didn’t hear the end of the Minister’s statement but I have to assume that at some point in time the department is going to have to produce a document that goes to the Cabinet for the capital planning process, so is that intended to be started within this budget funded from within?

**HON. SANDY LEE:** I guess the Member is asking, well, not having money in this budget, which was a question, that work would have to be done as a part of a regular process that the staff at the department that works on getting the capital planning process ready.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Lee. I shortchanged you, Ms. Bisaro, on time. If you have one more question, I’ll allow it.

**MS. BISARO:** Thank you. I was going to ask you to put me back on the list, but there we are. I’ll leave the question that I tried to get an answer to and ask another one.

The Assembly has passed the motion to the government asking for the development of an Anti-Poverty Strategy and I know that there is a working group that is currently doing some work. I’d like to ask the Minister two things: what kind of a priority is the development of this strategy for her department, and how is her department involved in the working group, or are they?

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Bisaro. Minister Lee.

**HON. SANDY LEE:** That’s a government-wide work that we’re undertaking and it is a priority for our department. Our director of policy sits on the steering committee and we are involved.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Lee. Next I have on my list Mr. Yakeleya.

**MR. YAKELEYA:** Mr. Chairman, I want to ask the Minister regarding the change of the health benefits programs that we’re administering. I know that puts a lot of pressure onto our financial pocket here in the GNWT in terms of how that rolls out. I want to ask the Minister about the challenges that we’re going to see changing the program and if that puts any constraint onto some of the programs we want to see in our communities or resources in our communities such as the community of Colville Lake having a nurse there or having a social worker there. We just seem to be operating on the accessibility from Fort Good Hope or Norman Wells to fly into Colville Lake, do the program, and then they leave. People again left without really having a health worker there or social worker there like other communities and now they’re starting to put some pressure on me to put pressure to the department on how we work around this so that basic services in the North are there when people need them. I want to ask the Minister how to work around these tough challenges to see that equal accessibility of health care workers are the same in the North.

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Yakeleya. Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. That’s a very, very broad question that could lead to a very broad discussion. Let me just say that with respect to extended health benefits, we do not use the language “supplementary health benefits” anymore because that policy has been rescinded. We are following the guidelines of the Joint Working Group. We have been having discussions with the standing committee and we are working on making some changes that would follow the Joint Working Group recommendation. So basically until something is changed, the status quo remains.

The Member is asking how that impacts the general service level of the system and I think that question is much larger than that. We as a system are under pressure. We’re not the only one. Health and Social Services spending keeps rising and, as Senator Kirby said, there are only two options: it’s either you bring more money into the system or you have to cut the programs. We have experienced that nobody wants anything reduced. If anything, our people want to see more services. What we are doing as a system is trying to do as much as we can with the resources we have, making necessary adjustments so that we become efficient to work together better, authorities work as one, we work as a system and we put all our practitioners in every field to their fullest scope, that we talk to each other more, we avoid duplicates. All kinds of system things that we can come up with to manage our system. At the end of the day we’re not going to make changes to our system unless we as an Assembly make real tough choices.

**MR. YAKELEYA:** I pose this question because it’s a big issue. That’s what we’re dealing with in our communities, some of the changes. We could have a discussion but somewhere it gets lost in the system. Some of the communities in my region want to have some programs, like, for example, to develop their own home care service in Colville Lake, but we’re just unable to get into the system. Why not have the system get into the needs of Colville Lake? The books and policies say we can’t do this, we know you’re going to do this, you shouldn’t do this. It gets lost and after awhile they say we’re not really serving our people, we’re serving the system.

This proposal that came from Fort Good Hope to the system, to the Minister, on a drug and alcohol program doesn’t quite meet what the funding is there for, so we have to work on it. They want a drug and alcohol program that will meet the needs of the people. That’s where we have the philosophical differences between do we serve the people or do we serve the system.

Right now the system is busting at the seams in terms of health care. Something’s got to give. There’s still the $345 million in the budget. Six percent increase. That’s $20 million in forced growth. You have something here. The majority of the people that I represent are Aboriginal people. They have a system of health care prevention, but we’re not really using it to the extent that we think we should be using it, yet the cost is increasing. That’s why I give this long, philosophical question to the Minister. It’s not to say we need more discussion on this. It’s to say it’s coming down to the basics of health care.

Like I said, if we had a social worker in Tulita three years ago I wouldn’t be raising this question. The Minister is right; there was a social worker scheduled. They had a family relationship that prevented the social worker from coming in. There were housing issues that prevented the social worker from coming in. She was willing to work with the community but somewhere we didn’t follow through. We weren’t strong enough. That’s what I’m saying.

I’m not going to harp too long on this page here, but we need to change the program delivery services in our community. It’s going to require more than just running through the O and M budget right now. That’s what we’re doing now. That’s why I just wanted to give a piece of my mind to the Minister on how health and social services needs to be looked at from our communities. I’ll leave it at that. It’s more of a comment to the department. You can have another discussion at another time.

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Yakeleya. Just a comment. I’ll give the Minister an opportunity to comment.

**HON. SANDY LEE:** Thank you, Mr. Chairman. I take his comments. These are ongoing files that I’ve been working on and I will get back to the Member.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Lee. Committee, we’re on page 8-17. I don’t have any further people for comments here. Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chairman. Just one question in relation to the contract services on page 8-17. It’s increased about $500,000 or so. Could I get an explanation why?

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Bisaro. Mr. Elkin.

**MR. ELKIN:** Thank you. The increase of $497,000 is due to the funding from the strategic initiatives related to $375,000 for health services administration increases and $133,000 for continuing care services and a small increase to the HPV of $10,000 for 2011-2012.

**MS. BISARO:** A further question. The health services administration, is that not covered under the health and social services authorities agency administration, the $14 million at the bottom of the page?

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Bisaro. I see there’s a health services administration just above that, but I’ll go to Mr. Elkin for further clarification there.

**MR. ELKIN:** That was additional funding that was related to the implementation of the changes to the Extended Health Benefits Program.

**MS. BISARO:** Okay. Have we made changes, then, to the implementation of the program, or was it in anticipation and they may perhaps not be needed?

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Bisaro. Ms. Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. That money was put in in anticipation of changes and, as the Member knows, we are discussing making some changes and we will need the resources still.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Lee. Committee, we are on page 8-17, Health and Social Services, activity summary, program delivery and support, operations expenditure summary, $34.32 million. Agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Page 8-18, Health and Social Services, activity summary, program delivery support, grants and contributions, contributions, $17.619 million. Ms. Bisaro.

**MS. BISARO:** Thank you, Mr. Chairman. The professional development recruitment and retention increased significantly from main estimates to revised estimates in this current budget year and then we have estimated the same amount in 2011-2012 as the revised estimates from this current budget year. What was the reason for the huge increase from $1.6 million to $2.9 million in this current year? Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Bisaro. Mr. Elkin.

**MR. ELKIN:** Thank you. The overall budget for the professional development recruitment and retention had not changed but we changed from operations funding to grants and contributions funding as to how we administered the funding.

**MS. BISARO:** So does that mean that it is a shuffling of the money from one pot to another and nothing has changed, the totals haven’t changed? I need an interpretation. Thank you.

**MR. ELKIN:** Thank you. That is correct; the bottom line hasn’t changed. We just moved between where the money sits in the budget line.

**CHAIRMAN (Mr. Bromley):** Thank you Mr. Elkin. Committee, again, we are on page 8-18, Health and Social Services, activity summary, program delivery support, grants and contributions, contributions, $17.619 million. Agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Thank you, Page 8-19, Health and Social Services, information item, program delivery support. Agreed?

**SOME HON. MEMBERS:** Agreed.

**CHAIRMAN (Mr. Bromley):** Thank you, committee. Page 8-21, Health and Social Services, activity summary, health services programs. Mr. Abernethy.

**MR. ABERNETHY:** Thank you, Mr. Chairman. This is probably one of the largest expenditure sections in the Department of Health and Social Services at $188 million-plus. There has been a lot of talk in the last couple of years about deficits and increased debt at some of our authorities, in particular Stanton and Beaufort-Delta. Could the Minister tell me what the projected debt and deficits are for both those authorities for the 2010-2011 fiscal year, and how that affects us coming into the 2011-2012 fiscal year and the amount that is going to be transferred to them?

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Abernethy. Mr Elkin.

**MR. ELKIN:** Thank you. We are currently in the process, actually in the last couple of weeks, working with the authorities on their revised year-end projections, but the latest figures we have prior to that is Beaufort-Delta projecting a $3.9 million deficit and Stanton is projecting a $5.9 million deficit for 2010-2011.

**MR. ABERNETHY:** Thank you, Mr. Chairman. What does that put us at for total debt for those two facilities?

**MR. ELKIN:** Thank you. For Beaufort-Delta the projected accumulated deficit will be $9.4 million and for Stanton the projected accumulated deficit will be roughly $19 million.

**MR. ABERNETHY:** In the life of this 16th Assembly there has been an awful lot of conversation about the debt and deficits of both those institutions and there has been reference to plans and action items and things we are going to do to reduce those debts, but they keep growing. I know the department is doing a lot of things. I know Stanton and Beaufort-Delta are trying things. I know there has been some changes in the Beaufort-Delta and now it is under the control, I guess, of a public administrator, but what kind of things, what kind of large activities are we doing out of Foundation for Change or any of the other reviews, to help us get this deficit and debt under control? I know, personally, I think it is underfunded but we have what we have and we have to do what we have to do, but what is being done to control these types of things and can we see any improvements for 2011-2012 fiscal year, going into the life of the 17th Assembly?

**CHAIRMAN (Mr. Bromley):** Thank you Mr. Abernethy. Minister Lee.

**HON. SANDY LEE:** Thank you Mr. Chairman. This is a big and important topic, so I am going to ask the deputy minister, who is also public administrator for a couple of authorities, to elaborate.

But before I do that, I just want to say that you will see from the debt figures that the debt amount, the trend has stabilized somewhat over the last couple of years and also the Member does have a point in saying he believes some of the authorities are underfunded. That might be true, but as a system we need to be able to justify how so, not look at the whole thing but we need to be able to break it down to see where is it funded or not funded in a correct way and then what can we do as a system, what changes we need to make to change the way we are doing things. Because I would think that not only as a Legislature here, but as a Cabinet Minister, if you are getting a presentation from the Department of Health and Social Services about where we really think the deficit lies or the reason for it, we need to be able to establish and come up with that blue chip information, which is what we have been working on.

So I am going to ask Paddy to highlight some of the findings that she has had and she is working on, because I think in a year and a half I believe that we are coming to a time where we will have a lot more clear picture than we ever had before. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Minister Lee. Deputy Minister Meade.

**MS. MEADE:** So there has been a zero-based review done of Stanton, but what happens is it doesn’t show you where the change has to be, it just shows you where the money is going to go. So the drill-down in both, Stanton is ahead of this, has been where is the actual money being spent, where do we see the system offloading and creating that deficit, because the money actually hasn’t been realigned since 1998 and the way we are delivering health care in the Northwest Territories has changed and the movement of patients.

So some of the things we have done, a specialists review, we started that with Stanton but we found out that specialists are being used by some of the other authorities, and some of the use of those specialists might be avoided if we look at how we better utilize the specialists at Stanton, so that is both what are the real services we must and need to apply here.

There has not been a business case come forward, so again the specialists have, I think there are at least 10 specialists that have been added to over time without the funding, because the business case wasn’t made. Those specialties are not nice to have, they are actually must haves to run the kind of acute system we have. The specialist review is now looking at so what about the other specialists. For example, we have used a specialists model at Beaufort-Delta and we may be able to save costs and efficiency by marrying that better with Stanton and looking at a general practitioner model where they have the ticket and that is done in many rural and remote areas. So it is not just what is the actual funding required but what is the funding and how do we find that internally by better use of resources.

The same thing with the physician model. If you see the physician resources and a territorial resource as opposed to authority by authority, you can actually expand the use of nurse practitioners. This is where the Territorial Support Network and the use of electronics to maximize that use is coming in. When you are in the health system, you have to have the key decision-makers and providers lined up, and a lot of the work was rejigging and realigning the medical directors forum and getting them back into the leadership piece. The other professions have to follow suit, but that was a major piece of it because the medical leaders have to take leadership around the number of labs, the number of tests, the kinds of things that both the locums and general practitioners are doing. So they have looked at standardization of referrals, clinical screening guidelines, all of which brings efficiency and patient safety and quality into it. Some of the other things have been what is a better way of covering off, how do you manage your ORs. You have greater efficiency in large hospitals, but even looking at the amount of time to turn over an OR and is there a way of increasing that. So we’ve looked. Hay River can turn it around fast. How can we bring that over into Stanton and Beaufort-Delta? Some of it is equipment sterilization. Some of it is manpower and how we better utilize them. So your efficiencies are less about deficit but they’ve hit that cost curve on deficit because of the ongoing increase in need. So it’s everything from staffing mix, how are we using our specialists, what kind of programs are in each authority, and can we do that as a system better. Quite frankly, over time there have been a lot of services that are managed by those authorities currently in deficit or close to -- I would throw Yellowknife Health and Social Services into that -- and how do you align where you have a surplus. Part of that has been that those services can’t be and won’t be provided in those authorities so how do you have the dollars basically flow with the patient?

It’s quite a massive undertaking. Every time you peel this one it gets more interesting. I do think that there are efficiencies for scale, less so at Beaufort-Delta just because of size, but certainly as a system there are efficiencies. So when you’re talking about what are we doing, we’re trying to address that cost curve and live within the growth that’s been given to us but also to make a business case of where money has to move or where we have to reprioritize within the system. That’s just a highlight.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Meade. Mr. Abernethy.

**MR. ABERNETHY:**  Excellent. There’s still a little bit of time on the clock too. Thanks for that. That’s all good information. I’m happy to hear that. There are some areas that I don’t hear much talk about and I’d like to hear a little bit more from the Minister or the deputy minister on this area.

Under this area we have hospital services and NWT health centres. Now, there’s certainly one thing that crosses over that, and that is nurses. We need nurses in hospitals and we need nurses in health centres. There’s still an international and national shortage of nurses in the country and around the globe, and as a result, we have in the past had significant use of agency nurses where we hire the nurses that are identified by the agencies, we pay them a salary based on our Collective Agreement, but then we also pay a finder’s fee to the agencies who happen to have identified the nurses. I’ve seen those rates and they range anywhere from $90 a day to $450 a day.

I’m curious how many agency nurses that fall under this category were used in 2010-11. Actually, you know what I want? I want the department to give me a summary for the last five years on agency nurse usage, how many agency nurses we’ve utilized, how much we paid in salary, but also how much we’ve paid in the top-up, the fee to the agencies. I also want a bit of a summary on nurses that we’ve hired as locums or backfill in community health centres and the hospital over that same period. Those are the ones that we hire as employees that we don’t go through an agency, and there are some that we have in our own relief pool, I know that too. Can I get those two breakdowns so we get a bit of a sense of what this backfill is costing us?

The reason I’m bringing it up is I think that’s an area where we need to find some efficiencies. Agency nurses are just really expensive and a necessary evil now, but what are we doing to break that dependence from the agencies? I think that could save us some money that we can reprofile back in, but also creating some stability in the communities with respect to community health nurses.

Now, we had a really great program, in my opinion, Community Health Nurse Development Program, which wasn’t used in 2010-11, or at least to the capacity I think it could. What are our plans for those types of programs in the future? I think those should be expanded as opposed to cut back. If we truly want to get northern nurses back into the communities, we better make sure they have the skills to go in there. So I want some information on that as well.

And while we’re here, once again, just go back to Hansard and re-read everything I said on broadband because I think it fits this section as well. So I want some statistics on what the agency nurses are costing us, what our locum nurses are costing us, and what we’re doing and what our plan is to transition away from our reliance on this model when we’re training nurses at Aurora College and we’re having larger and larger grad classes. What are we doing to break the model of our dependence on agencies and locums?

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Abernethy. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. There was a lot there that the Member has raised so we will have to get back to the Member with more detailed information.

I haven’t seen the latest information on agency nurses, but the last stats I saw, I believe, showed that it is something that should get a lot more positive light on. We have substantially reduced the use of agency nurses by a huge amount. That was, I think, the latest stat about six months ago. I need to get the information for the Member, but over the last three to five years we have substantially, 60 to 80 percent reduction in agency nurse use. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you, Ms. Lee. Next on my list I have Mr. Yakeleya.

**MR. YAKELEYA:** Thank you, Mr. Chair. I want to say to the Minister, in terms of the health care services in our small communities and some of the equipment that I’ve seen, now it certainly shows that there’s a great improvement to the health centres. There’s actually some equipment there that’s beneficial to the people and their residents. I really want to thank the Minister for putting those in our communities. It makes a big difference when we have people come to our health centres on an emergency basis and there’s actually equipment there that’s being used by our nurses now. They’re very appreciative of that equipment going into our centres now.

I want to ask the Minister when she’s doing the health care planning facilities, is there anything in there in terms of the health centres that we have in the Sahtu; specifically Colville Lake? I know right now they don’t have any running water or they have no proper, I guess they call it now, washroom facilities. It’s still back into the honey bucket system there. Is there something in the planning system that would advance it to a capital infrastructure when they’re looking at health centre funding? I wanted to ask the Minister in that respect.

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Yakeleya. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. I don’t have the information here on the capital and I don’t know where exactly Colville is, but I will look into that. I can tell you that as the department we’ve worked over the last fiscal year to put more focus on some of the small equipment that has fallen behind in the line-up using the regular process, and my colleagues have been positive in responding in that regard so that we can address some of the equipment issues in the health care system. Thank you.

**MR. YAKELEYA:** I certainly look forward to seeing what type of information the Minister can provide to me. I know we’re in operations and maintenance expense budget and I’m not too sure of where it fits in terms of operations and maintenance of the Colville Lake Health Centre there, our nursing centre, in terms of what I’m asking for in terms of the planning or to advance it to funding for capital expenditures, and if that’s something that should be at another table here. I look forward to whatever the Minister can give in terms of how do we improve that health centre there to where now they’re going to have running tap water and use of a proper facility, a flushing toilet rather than the honey bucket system. I think we need to move out of that era there and bring it up to the modern society. Thank you.

**HON. SANDY LEE:** I hear what the Member is saying. I will undertake to look to see what we have for capital items for Colville Lake, but that’s not part of this budget we are dealing with here, so I do not have that information readily available. Thank you.

**MR. YAKELEYA:** Mr. Chairman, I certainly appreciate that from the Minister. I know that another area that I need to talk about and because this is an operation and maintenance budget, I have...(inaudible)...in terms of at least the planning of the operations and maintenance. Anyhow, I won’t get into the details.

I want to tell the Minister that if they had a hospital or services that I saw firsthand in Edmonton... I appreciate the Territories have a staff person at our hospital. She was very helpful with some of the stuff I had to deal with. It sure does make a big difference when you are out looking at things that we need to take care of. She was there. I want to say that the money is well spent in that area in terms of who we had down there and how this person helped out of our Territory’s hospital. The person was a good thing for us. I just want to commend the Minister and the department on that person here. I just want to leave it at that. I have no other questions.

**HON. SANDY LEE:** I appreciate his comments. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Minister Lee. The next on my list is Mr. Hawkins.

**MR. HAWKINS:** Thank you, Mr. Chairman. In listening to some of the comments provided by the deputy minister of health, she mentioned that there was a zero-based review on Stanton. Could she elaborate a little further and even if it is for my benefit if I didn’t hear her give the answer? My question is specific. What year was the zero-based budget review done? Is there a copy of it that can be provided to Members? If so, can I have an electronic copy? Thank you.

**CHAIRMAN (Mr. Abernethy):** Minister Lee.

**HON. SANDY LEE:** Mr. Chairman, it was started before I went into office. It was completed, I believe, around that time, three years ago. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Minister Lee. To Mr. Hawkins’ second question about getting a copy.

**HON. SANDY LEE:** Thank you, Mr. Chairman. That information is not a public document. There was not a formal report per se. It was more of an internal working document as to where the money was spent. It was basically a budget document. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Lee. Mr. Hawkins.

**MR. HAWKINS:** Mr. Chairman, can I request a copy of that informal document? Thank you.

**HON. SANDY LEE:** Mr. Chairman, I will see if that is available and whether or not it can be made available. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Minister Lee. If it can be shared, we would like it shared with the entire committee. Mr. Hawkins.

**MR. HAWKINS:** Thank you, Mr. Chairman. I don’t want to muddy the waters. I will take the yes. Would the Minister make the commitment to get it back to either me or this committee in some form by tomorrow to find out if that will be the case, that she should be able to provide a copy to the House or the Members or whatever form is appropriate, but could she do that by tomorrow? Thank you.

**HON. SANDY LEE:** Mr. Chairman, I will look to see what we can do. Thank you. It is actually a real old internal document. I need to track it down and work with other agencies, but I will do what I can. Thank you.

**MR. HAWKINS:** Mr. Chairman, well, if it is only two years old or even two and a half years old, I wouldn’t define it as old. I am sure we are dealing with other facts that are much older than that. Does the Minister or anyone, for that case, know what that zero-based review would have cost to do? Furthermore, what results have been driven out of this? So the costs and results that have been formalized. Thank you.

**HON. SANDY LEE:** Mr. Chairman, it was done internally in the department and by the program office, I think, in FMBS was involved as well. I think we talked about this three years ago. Thank you.

**MR. HAWKINS:** Well, actually that doesn’t sound familiar. Now, when you are suggesting that committee members talked about that, can you also provide... Obviously, then, there must be some subsequent briefing documents that reflect upon the observations it made as well as direction and decisions that could be made on the particular document. Can you provide those pieces of information? Just to be clear, the only thing I am looking for a yes tomorrow is can we get a copy of this information? Of course, we will sort out the timeliness of the remainder. Thank you.

**HON. SANDY LEE:** Mr. Chairman, yes, I will get back to the Member and Members here. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Minister Lee. Next on my list is Mr. Bromley.

**MR. BROMLEY:** Thank you, Mr. Chairman. The first question concerns the budget for hospital services. I see that is going up by $5 million and I am wondering where that is going. Is that Stanton dollars or is that divided amongst the authorities?

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Bromley. Mr. Elkin.

**MR. ELKIN:** Mr. Chairman, it is going up by $6.5 million: $2.4 million as related to Collective Agreement increase for that year; $1.8 million is for Stanton and Beau-Del to fund their benefits from 17 percent up to 23 percent because they are a 24/7 operation; as well, another $800,000 roughly for Beau-Del for relief costing. Stanton previously received that in the previous budget. There is also some various contract increases across all authorities, about $500,000, and $400,000 for additional staff at the medical daycare unit at Stanton. There is also $790,000 related to the Territorial Health Sustainability Initiative going to authorities as well.

**MR. BROMLEY:** Mr. Chairman, what is the relief costing for? Is that for physicians or nurses, that sort of thing?

**MR. ELKIN:** Mr. Chairman, it is funding for relief in call back of nurses in the hospital which is not core funded in their base salary.

**MR. BROMLEY:** I am not sure what that means exactly. If we have nurses, how can we not include that sort of thing for them? If this is for the absence of nurses, unfilled positions that are going out to agency nurses, I would like to know that. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Bromley. Ms. Meade.

**MS. MEADE:** This relates to how we are funded. We are funded by the position, so we are not provided the call-back money when a nurse is called back, because on a 24-hour operation, you can’t run the position vacant. This isn’t about agency nurses. This is the backfill when someone is called in, and under the agreement there are ways that is done and what they are paid for. That was never funded, so we came forward and asked for that balancing and that is what you see.

**MR. BROMLEY:** Mr. Chairman, thank you for that information. I believe I heard Mr. Elkin say that we did that last year too, or perhaps that is current year. Is this now a regular part of our budget? We can expect that this is now funded?

**MS. MEADE:** Yes, it will now be part of the core funding.

**MR. BROMLEY:** Mr. Chairman, I note that we have a physician for inside the NWT and for outside the NWT. I am just wondering if there is any way to report on a regular basis the services we pay for from nurses who are part of our staff and those that are brought in on a local or temporary basis. Thank you.

**MS. MEADE:** The physician resources that are outside of the Territory are not the physicians that we are bringing in as a specialty. It is anytime someone goes south and they are seen by a physician or they’re in Edmonton, and they’re all fee-for-service. So all of those are billing codes that come as per the reciprocal billing. That’s very different than nurse locums, which I believe we were asked earlier for trying to find to the best of our ability how much we’ve been spending on the use of locums. They are different.

**MR. BROMLEY:** I realize they are different. I’ll look forward to that information coming forward from an earlier request.

I also wanted to talk about the -- sorry, I still think of it as Community Call Coverage System -- the Territorial Support Network. How is that reflected in this? My impression, from the briefings we’ve had and so on, is that there is some capacity building that’s needed. I believe we have a lot of new equipment out in our health centres now in terms of X-ray capability and ultrasound and so on; perhaps some training needs still. I know bandwidth might be part of the whole equation. I’m sure there are others. How is work on that achieving an effective and efficient operational Territorial Support Network reflected in this part of the budget?

**MS. MEADE:** The work of the Territorial Support Network, or the TSN, is very much in the design phase. This is a very complex, new way of doing business. We’re looking at doing this maximizing the equipment that we have, maximizing the resources. So there’s a committee that meets twice weekly. We do have some research funding, it looks like, from Health Canada, because we have to evaluate and do research as we come along. That model is still very much in its infancy development and then we hope to take that both to medical directors and the joint leadership and management committees. It will have to have a lot of the tires kicked as to implementation and how we’ll implement this slowly. I think as we have that model further developed, we’ll be able to do more costing. It’s very exciting work. I can tell you that the physicians, nurses and authority leads that are involved in this work are very enthusiastic and working very hard, but it is very preliminary at this stage.

**MR. BROMLEY:** Just, I guess, leave it as a comment that the presentations we’ve had it sounds like a lot of it should be fairly straightforward and perhaps to some degree there’s parts of it being implemented already. The technology is as simple as a phone or cell phone, where we have coverage. I guess I’m looking for efficiencies here. I like the model. I’m looking for complexity, but it seems pretty straightforward to me. I’m wondering where the bottlenecks are in implementing this. I realize it’s a new model, the tires need to be kicked and so on.

**MS. MEADE:** We’re certainly already maximizing, to the best of our ability, the use of the technology and the existing physician and nurse practitioner resources as far as the use of specialists that are now available to the other authorities and the review of everything from lab tests to X-ray results. We are continually challenging ourselves on the use of telehealth and that equipment. But the Territorial Service Network will be extremely complex. There is controversy amongst physicians. If I am a locum physician, part of my interest in coming here is I can make a lot of money on call. If I’m a physician who wants to come here -- and I’m talking about outside of Yellowknife -- and I want to come here, one of the deterrents is that I don’t want to be on call every second night or have a solo practice. We’re looking at how we actually move dispatch and clinic dispatch into our medevacs. We’re being pushed by this because of the pressures from other jurisdictions as well as our own complexities. We’re already doing as much as we can. I’m talking about a real change of delivery model that will take buy-in from all the providers and while we have seen some pieces of this... Australia’s medevac, some of the STARS ambulance use of dispatch, we’re borrowing all of that, we’ve just got interest from Ottawa on what’s called The Best Brains to come and help us share some of this because this has not been done in Canada before. We’re looking at Labrador and how they’re utilizing on call with physicians and nurse practitioners. We’re not using what we have now, but this really will be something that has not been done in Canada and certainly we want to make sure before we roll it out, that we’re not having unintended consequences. Even talking about what will initially be in the mix and how that impacts simple things like the calls to ER, who’s going to answer and how we marry that up with dispatch to a medevac, it actually is extremely complex to get it right. So we’re not not doing it, but that core piece is pretty complex.

**CHAIRMAN (Mr. Abernethy):** Thank you, Ms. Meade. Mr. Bromley, your time is up. I could put you back on the list, if you wish. Otherwise I’ll go to next on my list, which is Mr. Ramsay.

**MR. RAMSAY:** Thank you, Mr. Chairman. Just a few questions. Sorry, I had to step out there. I understand there is going to be some more information coming forward on locum nurses in the Northwest Territories. Just a quick question: does the department know how many are currently being utilized in the Northwest Territories today?

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Ramsay. Ms. Meade.

**MS. MEADE:** That’s actually a daily, weekly event. In particular there are high seasons like in the summer where we had people on holidays, people for other reasons, you bring in a higher number of locums when we’re having trouble with recruitment in some areas. I know that a couple of authorities, Beaufort-Delta being one, had a higher percentage of locums and, in fact, a higher percentage of not even being able to fill at the locum level. I think the best way is to give you averages over the past time.

The use of locum nurses in the smaller communities is increasing and part of that is our own nurses who have been coming in, a lot of people, doctors as well, are at late in career. Also the locum pools that we’ve used historically are also end-of-career people and they tend to come in for longer. Newer nurses are coming in for shorter periods, so it increases the numbers. It’s things that we’re looking at as far as how we fill, recruit, and even use locums. We will include those numbers from an average. It doesn’t necessarily tell you on the ground, the community-by-community, but we will do our best to give you a picture of that.

**MR. RAMSAY:** One of the reasons I ask that question is because we have gone to a four-year degree program with our northern nursing students now and one of the concerns that I’ve heard is that there aren’t the jobs, the jobs aren’t posted. Even though we’ve got locums and we’re relying on agency nurses, the jobs aren’t being posted. They’re not out there. For new grads coming into the work scene, it’s a pretty scary sight when you’re graduating from a four-year Northern Nursing Program and there are no jobs to be had on paper. Then you see all these locum nurses and agency nurses working in the Northwest Territories. If I was a student, I’d be asking some questions, too, about what the government’s priorities are. Are they with the locum nurses or are they with our graduating northern nursing students? I think they should be with the northern nursing students.

I’d like to ask the Minister how the department is going to take the northern nursing grads and integrate them into this system. Are we going to make every effort to decline the amount of reliance there is on agency nurses in the Northwest Territories and how are we going to do that?

**MS. MEADE:** This issue about the new nurse grads is not unique to the NWT. The issue is whether the new nurse grads can actually practice in more independent or solo practice. A lot of jurisdictions are actually putting a lot more from the hospital side or delivery side training into that. We find that ourselves. A lot of the new nurses could come into Yellowknife where there’s a cohort around them. So what we’re doing is looking at how we can better support new nurses, new social workers to practice in the more remote areas.

The project I talked about earlier, the Territorial Support Network, I believe will also help that. We’re looking at whether we can have virtual mentors so that there’s somebody connected, again, through technology, to those new nurses so they can go out in a more isolated practice, and we’re having conversations with the CEOs around so what will it take to start to put these new nurses.

The problem is that Yellowknife is more stable and, while we had an issue there, we’ve been able to fill a lot of the permanent positions. It’s the more rural and remote positions that are difficult. We have to adjust how we’re going to support new grads in a more remote area through technology, through mentors, through supervisors that’s different than we have traditionally to be able to get them out there. Clearly, the focus is on trying to hire as many of our own because they will stay here.

**MR. RAMSAY:** I did ask the Minister to answer that question and I’ll perhaps ask some questions to the Minister during formal session when I can get some answers from the Minister on where exactly the game plan is to integrate northern nursing grads into the health care system here in the Northwest Territories. I appreciated the deputy minister’s response, but I want to hear it from the Minister and I’ll ask her when I get a chance sometime this week, hopefully.

I wanted to also ask a couple of questions about the new working protocol with the Government of Alberta, how our patients that are requiring service in Alberta are going to be taken back to the Northwest Territories sooner than has been the practice in the past. They would stay there until they recovered, but now we’re going to be recovering more patients here in the Northwest Territories. I don’t see a corresponding increase in the budget for allowing that to happen. I also don’t see a corresponding increase in the budget anywhere to look at the increased cost that it’s going to take for our medevac patients into Alberta. There’s, at the very minimum, ambulance costs that are going to be involved from the international into the city. There may even be helicopter service required. That’s $2,500 a shot. I’m just wondering how the department puts this into the budget, so that I can understand where it’s at here.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Ramsay. I think that last question actually refers to the next section in the budget, but I’ll go to the Minister anyway.

Just for the record, after the deputy minister spoke I was going to go back to the Minister. I think she wanted to answer your first question but I skipped over her. So I apologize to the Minister for that and I’ll go to the Minister for a response on both questions, I imagine.

**HON. SANDY LEE:** Thank you, Mr. Chairman. The first item about nurses and how we’re going to make it possible for them to work here, obviously, as a government we are committed and wanting to make sure that we hire and keep as many of our northern nurses as possible. One thing the nurses are actually doing, we have communicated to the nurses who have written to us, is that they should not, actually they should, it’s not a bad thing if there’s local nurses being hired because that means there are jobs there for them to take. Secondly, they wouldn’t be responding to jobs advertising for nurses positions. They wouldn’t be applying for those jobs upon graduation. They would be in a different stream, the Graduate Nurses Employment Program. So we are committed to doing that. Thirdly, I want to tell you that we are working with HR to have someone go in and talk to these nursing grads so that we can provide them with the information that they need about what the next step is in terms of finding jobs and have them stay here, because that’s what we want to do.

The second thing I want to say about medical travel... MLA Ramsay I think referred to two things. One is the 48-hour rapid repatriation policy that Alberta has administered. We’ve been working to adapt to that change. In the longer term the investment in facilities in Hay River and Norman Wells were in anticipation of what we know will come in future. All of the jurisdictions, especially Alberta, are under pressure and it’s important for us to be ready. So that is the medium and long term.

In the short term, the deputy minister is in daily contact with CEOs on a daily basis to make sure we are managing our beds properly and adequately and that we have a full picture in place every day with respect to the movement of patients.

Lastly, regarding the medical travel question about Edmonton airport, as the Member knows, the Premier of Alberta committed, and the mayor of Edmonton when he was here reconfirmed, that this airport is not going to close until we have a plan in place, and the quality council is working on coming up with the recommendations to the Premier. We are involved in that process and there will be a plan in place as to how we deal with the medevac of patients out of the international airport before the last runway closes.

With respect to what the extra costs are, we can’t put something that is not going to happen for a year or two, or even three years from now, in a budget. The health system responds to demands. We pay for what is required for patients to move around and between now and then, a lot of things could change. We hope to have more patients staying in the Territories. Alberta is going through their change. They are pushing patients out of Edmonton. They are revamping services in other places like Grande Prairie and such, so you know there is lots of moving parts there. The important thing is that our system is organic, it is a living system and it is our job everyday to respond to it and we do. Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Minister Lee. Mr. Ramsay, your time is up. I can put you back on the list if you want, but for now I will go to the next Member on the list, which is Mr. Bromley.

**MR. BROMLEY:** Thank you, Mr. Chairman. I have a specific question here in the area of audiology services. This seems to be a perennial topic because we have had such problems delivering these services and I want to ask the Minister where we are at with this in the Northwest Territories, specifically with the positions we have here at Stanton and in the Yellowknife Social Services Authority, if any. Where in this budget are we addressing the gaps and filling them, knowing what we must know by now? Thank you.

**CHAIRMAN (Mr. Abernethy):** Thank you, Mr. Bromley. Minister Lee.

**HON. SANDY LEE:** Thank you, Mr. Chairman. The issue there is the challenge we have had in recruiting staff for that program. We had gone out with advertisements for competitions at least twice, I believe, and we were not able...were not successful in getting the trainee for the audiology aide, so that is where we are but we are committed to continue to work on that.

**MR. BROMLEY:** Do we have an audiologist position and is that filled at this time? Thank you.

**HON. SANDY LEE:** We do have the position, but it is not filled. Thank you.

**MR. BROMLEY:** Are there any other audiology positions that we have and are they filled or are they vacant as well? Thank you.

**HON. SANDY LEE:** As would be the case with other positions, we would use locums to fill those positions as there are no permanent ones. Thank you.

**MR. BROMLEY:** So just to be clear, I believe there is one audiologist position and one aide position; both are vacant and the audiologist is probably being served, it sounds like, by a locum. I am wondering what is that costing us compared to these positions should they be filled, if that is known, and how long have these positions been vacant. Thank you.

**HON. SANDY LEE:** There are a couple of questions there that I need to get back to the Member on. I don’t know how long it has been vacant and I don’t know how much money it costs to use a locum as opposed to having our own. Thank you.

**MR. BROMLEY:** This sounds like a particularly difficult profession for finding qualified people in Canada. Perhaps that is the case. I know we spent a couple of hundred thousand dollars on this retention and recruitment, recruitment and retention website last year. Have we had any bites in the area of audiology or any return on that investment in this area?

**HON. SANDY LEE:** I don’t know if we have had specific requests or information seeking that position, but I could undertake to try to get some stats on what kind of feedback we have received on practicenorth.ca website. Thank you.

**MR. BROMLEY:** The earlier questions on the audiologist and the costs and so on and how long they are vacant, I will look forward to that information and perhaps I could broaden my question, although I would welcome any specifics on the website business. I would appreciate any update on how that is working for us and if that has actually gained us some ground here. We will leave it at that, Mr. Chairman. Thank you.

**HON. SANDY LEE:** Yes, I will get that information for him. Thank you.

**CHAIRMAN (Mr. Bromley):** Thank you Minister Lee. Next on our list is Mr. Abernethy.

**MR. ABERNETHY:** Thank you, Mr. Chairman. I want to go back to the question I was asking earlier in the questions that Mr. Ramsay had been following up on. When I was talking earlier, I was talking about getting statistics on specifics and different things and not just agency nurse statistics but also our locum pool. I just want to confirm a couple of things so that we can make sure we get the right information when you are coming back to us with the locum pool. Does the Government of the Northwest Territories still maintain a pool, a locum pool of nurses that we use in our authorities but also in our departments? Once upon a time, the Department of Health and Social Services through Human Resources, was running nurses through IAP and other programs so that they could become part of our pool, our Government of the Northwest Territories relief pool, and we would hire those people to go out to the communities instead of using agencies. Is this still true?

**CHAIRMAN (Mr. Bromley):** Thank you, Mr. Abernethy. Deputy Minister Meade.

**MS. MEADE:** Thank you. We have a pool of relief casual nurses, mainly in Yellowknife but not limited to that. The term locum is usually when you have got longer coverage, so we have a pool for short term, but we have moved to developing and training our own casuals, not as it was when Human Resources was in the department but clearly still continues. So, yes, we have them.

**MR. ABERNETHY:** I think we are combining and using terms and it is getting a little confusing for me. Relief nurses are an indeterminate nurse that has been hired by Stanton to provide backfill when nurses call in sick or are away on holidays, but they are permanent without guaranteed hours and they are indeterminate employees. That is one category. I would be curious what the utilization of them is.

There is the other category which is casuals, who have been offered training, IAP particular, so that we could hire them to go out and provide backfill in the communities when there isn’t somebody, a permanent nurse in a position, whether it is vacant or whether that nurse has gone on holidays. Once upon a time, we used to advertise. We used to bring people up from the South, we used to train them through IAP and then they would owe us a return of service. That is what the Government of the Northwest Territories casual relief pool was. Not indeterminate but no guaranteed hours, we would train them and they would owe us a period of time. We would also call those the community health nurse locum pool. I believe that still exists. Can you confirm that that exists on top of the relief work and our utilization of agency nurses?

**MS. MEADE:** Yes, and we can get a breakdown, as you requested earlier, but also beyond that, authorities find themselves with nurse shortages and they are looking at experienced nurses who may or may not have worked in the North; usually people that have been here or are now working in other jurisdictions or even retired, who are also coming up for longer locums. So that’s a whole other piece that I refer to as the locum pool.

**MR. ABERNETHY:**  Once upon a time any nurse working in a community health centre who was employed by the GNWT, and that included agency relief nurses or agency nurses as well, we required them to take or provide proof that they have equivalent to IAP. We also required every nurse who worked in a community health centre to have the IAP equivalent. Do we still require that of nurses, regardless of how or why we’re employing them, who are working in the community health centres to have that or its equivalent?

**MS. MEADE:** We’d certainly look at the equivalency because not everybody is trained with the numbers that we need. Our use of locums and casuals has increased. It’s the equivalency that we looked at but we can certainly clarify more information on that.

**MR. ABERNETHY:**  In clarifying that, I also want to see whether or not we require our term and indeterminate nurses working in community health centres to have IAP.

Another section within this particular division or area is physician services. I was interested, when the Minister was talking she referred to if we were running on physicians on sort of a territorial model rather than a regional or authority model. Is there any progress to going to that territorial model for physicians or are we still running it as an authority-based model?

**MS. MEADE:** I would say that there certainly is support from the medical directors’ forum. The issue is what’s the actual coverage need from what the new model will be. In general, at the JSMC there’s always fear when you make this kind of a change, because it gets misinterpreted as what does that really mean, will we lose doctor services? So we’re talking about a virtual pool, pooling all the resources and what the future model is. Part of that work is being done by the medical directors as far as the physician resource model numbers that are required and where. Is there 100 percent buy-in yet? No, but clearly we’ve got a lot of work developed in that area.

**CHAIRMAN (Mr. Bromley):** Thank you. Mrs. Groenewegen.

**MRS. GROENEWEGEN:** I move that we report progress.

**CHAIRMAN (Mr. Bromley):** I would like to thank the Minister and her witnesses and ask the Sergeant-at-Arms to escort the witnesses from the House.

I will now rise and report progress.

# Report of Committee of the Whole

**MR. SPEAKER:** Can I have the report of Committee of the Whole, please, Mr. Bromley.

**MR. BROMLEY:** Mr. Speaker, your committee has been considering Tabled Document 133-16(5), Northwest Territories Main Estimates, 2011-2012, and would like to report progress. Mr. Speaker, I move that the report of Committee of the Whole be concurred with. Mahsi.

**MR. SPEAKER:** Thank you, Mr. Bromley. A motion is on the floor. Do we have a seconder? The honourable Member for Tu Nedhe, Mr. Beaulieu.

---Carried

Item 23, third reading of bills. Mr. Clerk, orders of the day.

# Orders of the Day

**CLERK OF THE HOUSE (Mr. Mercer):** Orders of the day for Tuesday, February 8, 2011, at 1:30 p.m.:

1. Prayer
2. Ministers’ Statements
3. Members’ Statements
4. Returns to Oral Questions
5. Recognition of Visitors in the Gallery
6. Acknowledgements
7. Oral Questions
8. Written Questions
9. Returns to Written Questions
10. Replies to Opening Address
11. Replies to Budget Address
12. Petitions
13. Reports of Standing and Special Committees
14. Reports of Committees on the Review of Bills
15. Tabling of Documents
16. Notices of Motion
17. Notices of Motion for First Reading of Bills
18. Motions
19. First Reading of Bills
20. Second Reading of Bills
21. Consideration in Committee of the Whole of Bills and Other Matters

* Tabled Document 4-16(5), Executive Summary of the Report of the Joint Review Panel for the Mackenzie Gas Project
* Tabled Document 30-16(5), 2010 Review of Members’ Compensation and Benefits
* Tabled Document 38-16(5), Supplementary Health Benefits - What We Heard
* Tabled Document 62-16(5), Northern Voices, Northern Waters: NWT Water Stewardship Strategy
* Tabled Document 75-16(5), Response to the Joint Review Panel for the Mackenzie Gas Project on the Federal and Territorial Governments’ Interim Response to “Foundation for a Sustainable Northern Future”
* Tabled Document 103-16(5), GNWT Contracts over $5,000 Report, Year Ending March 31, 2010
* Tabled Document 133-16(5), Northwest Territories Main Estimates, 2011-2012
* Tabled Document 135-16(5), GNWT Response to CR 3-16(5): Report on the Review of the Child and Family Services Act
* Bill 4, An Act to Amend the Social Assistance Act
* Bill 14, An Act to Amend the Conflict of Interest Act
* Bill 17, An Act to Amend the Income Tax Act
* Bill 20, An Act to Amend the Evidence Act
* Minister’s Statement 65-16(5), Devolution Agreement-in-Principle, Impact on Land Claims and Protection of Aboriginal Rights
* Minister’s Statement 88-16(5), Sessional Statement

1. Report of Committee of the Whole
2. Third Reading of Bills
3. Orders of the Day

**MR. SPEAKER:** Thank you, Mr. Clerk. Accordingly, this House stands adjourned until Tuesday, February 8, 2011, at 1:30 p.m.

---ADJOURNMENT

The House adjourned at 6:12 p.m.