

Integrated Planning and Reporting Model  
for the  
Health and Social Services System

# **INTEGRATED PLANNING AND REPORTING MODEL FOR THE HEALTH AND SOCIAL SERVICES SYSTEM**

## **Introduction**

The Integrated Planning and Reporting Model describes an integrated approach to planning and reporting for the Health and Social Services System. It references the NWT Model of Trustee Leadership and is linked to the system's Accountability Framework for measuring performance outcomes and results, and reporting progress.

The Integrated Planning and Reporting Model will go far in meeting the need to approach planning and reporting from a system-wide perspective. It supports a proactive and collaborative approach to determining priorities and includes a performance measurement perspective that supports the system's continuous improvement.

## **Integrated Planning and Reporting – *Why It's Important***

Delivery of NWT health and social services is complex and involves many different partners that each engage in planning and reporting activities of varying degree. As a result, the current practice of planning and reporting is not well integrated throughout the system.

For example, the Health and Social Services Authorities' planning cycle typically concludes *after* the Department of Health and Social Services has submitted its business plan to government. This results in a full year delay for any local issue to be addressed through the business planning process. Consequently, adjustment of the Department's business plan based on results reported by the seven Authorities is also delayed a year.

There is the need to integrate planning and reporting activities at all levels to ensure that the delivery of services to NWT residents is appropriate, effective and sustainable. The Integrated Planning and Reporting Model responds to this need for a system-wide approach to planning and reporting, where all system partners work collaboratively towards common goals, and where the system operates as one, providing the best possible services to NWT residents.

## **Improved System-Wide Management – Action Plan 2002-2005**

The *NWT Health and Social Services System Action Plan 2002-2005* calls for the implementation of a system-wide planning and reporting model, in Action Item 7.2.1. The new model integrates the planning and reporting efforts of the

Department and the Authorities. It identifies timing, roles and responsibilities for strategic, business, operational and capital planning, annual budgeting, reporting on expenditures, as well as operations and results reporting.

### **Engaging System Planning Partners – Begins with the JLC!**

Moving from a “stovepipe” to a collaborative planning approach will engage all partners in more comprehensive discussions about what is best for the *system*. Progress has already been made with the Minister of Health and Social Services forming the Joint Leadership Council. One of the key responsibilities of the Joint Leadership Council includes setting direction for system-wide planning.

The Joint Leadership Council (JLC) is comprised of the Minister, all Chairpersons of the Health and Social Services Authorities, and the Deputy Minister of the Department. They provide system-wide leadership and ensure that all system partners work collaboratively towards common goals. The JLC also sets direction for planning of system-wide initiatives and issues, and reviews and recommends approval of system-wide plans, activity reports and results information. The Joint Senior Management Committee (JSMC), comprised of system senior managers, directs the implementation of the plans, and monitors and reports to the JLC. Refer to the *NWT Model of Trustee Leadership for the Health and Social Services System* for more information on roles and responsibilities related to planning and reporting.

Successful planning involves collaborative discussions where information is exchanged and priorities are determined. It is this approach that is recommended for the health and social services system, recognizing that the Department receives its funding from the Government of the Northwest Territories, and there are limitations flowing from the GNWT Agenda that drive what the Department can and cannot do.

### **The GNWT Planning Process**

There are a number of external drivers that direct how the Department will undertake planning to access funding from the territorial government.

Planning activities – directed toward achieving the goals and objectives – take place within the context of the government’s overall operating environment, and include identifying emerging needs, pressing issues and strategic priorities. The Department of Health and Social Services is just one department of many that participates in this planning.

The GNWT operates on a three-year business planning cycle, adjusted through the planning and budgeting process on an annual basis.

The budgeting process – attaching funding to activities – takes place within the context of the government's overall fiscal position. This process requires the Department to justify the funding that is needed for delivery of all health and social services within the NWT. Conversely, the GNWT must report on its achievements to the Legislative Assembly, as it must be accountable for its actions and for the expenditure of public funds.

Fiscal sustainability is one of the key issues for the health and social services system. Increasing costs and high public expectations make it essential that the planning and management of available funds is carried out in a careful and coordinated manner. Improving funding allocation and financial accountability requires a renewed approach to planning, funding and reporting.

### **Key Partners in Planning**

The successful implementation of the Integrated Planning and Reporting Model will be inherent upon the ability to engage all partners in system-wide collaborative planning. Health and social services' planning partners include:

- The Joint Leadership Council
- The Joint Senior Management Committee
- The Department and Seven Authorities
- NWT Professional Associations
- Program and Service Delivery NGOs

### **The Integrated Planning and Reporting Model**

The Integrated Planning and Reporting Model supports collaborative planning with system partners and stakeholders, and integrates all their different efforts into one continuous cycle.

This includes strategic planning, business planning, operational planning, and capital planning, as well as the subsequent reporting that is required for each. The Model integrates each of the above processes to allow for a comprehensive system-wide approach to planning for and reporting on the health and social services system.

The charts and illustrations attached include all the detailed steps, however, only the key steps are described below.

## The Planning Cycle

The Integrated Planning and Reporting Model is a continuous cycle with four main streams – the GNWT Political Agenda, the H&SS System Strategic Plan, the H&SS System Business Plan, and the Department and seven Authority's annual Operating Plans/Budgets.

<b><u>Four Planning Streams</u></b>	<b><u>Duration</u></b>
GNWT Political Agenda	4 years
H&SS System Strategic Plan	5 years
H&SS System Business Plan	3 years
Annual Operating Plans/Budgets	1 year
<b><i>Monitoring and Reporting</i></b>	<b><i>continuous</i></b>

At the core of each planning stream is a continuous monitoring and reporting function. This is paramount to ensuring that all planning for delivery of H&SS programs and services to NWT residents is appropriate, effective and sustainable.

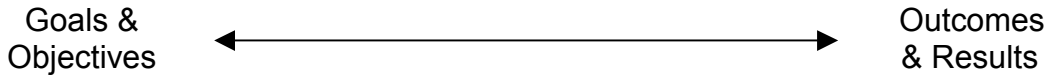
Reporting back to those who conferred responsibility in the first place allows for adjustments to be made at the planning and implementation stages of the cycle. Review and feedback, and consequent changes to strategic directions and resource allocations, are essential steps in the process of achieving goals and objectives.

## The Accountability Framework

The *Accountability Framework for the Health and Social Services System* outlines how the system meets its reporting obligations to the Legislative Assembly.

The accountability cycle begins with the setting of goals and objectives for the health and social services system. These are derived from both mandated responsibilities (as required by legislation) and from strategic directions (as determined by needs assessment).

The next step involves determining how to measure progress toward the goals and objectives – identifying the results and outcomes that will form the basis of reporting on performance.



The goals and objectives, and their associated results and outcomes, are then overlaid on a typical planning cycle, yielding the conceptual model of a continuous feedback loop, as shown below.

### The Accountability Cycle



Setting Goals and Objectives – Planning and Budgeting – Implementing Actions—Monitoring and Evaluating – Determining Outcomes and Results – Reporting on Progress – and Making Adjustments, all describe the processes of a planning and reporting model. The challenge for the NWT Health and Social Services System is to *integrate* the above actions for the Department and the seven Authorities for *all* planning and reporting that is done.

## Integrated Planning and Reporting

For integrated planning and reporting to be successful, the Authorities and the Department must plan collaboratively through all streams of planning. This includes strategic planning, business planning, annual operational planning and budgeting, and monitoring and reporting on progress.

The highest level of planning begins with the **GNWT's political agenda**. A territorial election occurs every four years when new MLAs are elected and a new Cabinet is formed. Cabinet determines the government's strategic direction for its four-year term and the GNWT political agenda is formed.

It is this agenda, called *Towards A Better Tomorrow*, that states the vision, priorities, goals and strategies that guide the work of the government over the next four years. The agenda gives direction to all departments, including the Department of Health and Social Services.

The Department also works with its partners and stakeholders to develop a strategic plan for the health and social services system that supports the GNWT's political agenda. **Strategic planning** typically should occur every five or more years. This broad long-range planning is necessary to determine what direction the health and social system should be heading.

Strategic planning naturally evolves into **business planning**, where the system partners, namely the Department and the seven Authorities, plan for a shorter timeframe of three years, while still moving the system in the direction of the goals and objectives stated in the system's strategic plan.

Authorities and the Department work collaboratively to develop one system business plan and it is this plan that funds the system. It is therefore essential that the system business plan responds to the needs of the Authorities and the Department and contains accurate information that can be substantiated by supporting data. This is where monitoring and measuring performance becomes essential. Other key elements of the business plan include an environmental scan and identification of critical investment areas and forced growth items.

In addition to the above planning, Authorities and the Department also engage in **annual operational planning** where they review the system strategic and business planning objectives and *operationalize* them into a one-year plan with an assigned budget for capital, operations and maintenance.

The Health and Social Services System also has a **system-wide Action Plan 2002-2005** that culminates previous year's system reviews into one report calling for action over a three-year period. The Minister has committed to annual reporting to the Legislative Assembly on the status of the *Action Plan's* implementation.

Throughout each process, the Joint Leadership Council (JLC) is responsible for leading the system and setting goals, strategic direction and planning objectives. The Joint Senior Management Committee (JSMC) is responsible for directing the implementation of the plans and for **monitoring and reporting on results**. Each of the processes are interrelated and the JLC relies on information from the JSMC in order to make necessary adjustments to any planned directions.

The Minister of Health and Social Services has ultimate responsibility for the overall quality of health and social services system. The Minister reports on the system's business planning results through year-end results reports. It is this reporting that makes the Minister accountable to the Legislative Assembly and the public for the provision of services, and for ensuring that the social and health needs of NWT residents are met.

Other monitoring, evaluating and reporting activities continue the planning cycle. This provides essential feedback and analysis to enable substantiated changes to strategic directions and resource allocations. It is an essential step in the process of achieving goals and objectives while working within a philosophy of continuous improvement of the system.

The attachments illustrate specific actions required for a complete planning and reporting cycle.

## **Conclusion**

Effective planning and reporting is a continuous cycle that never ends. Planning typically begins approximately 18 months in advance of any fiscal year start. For fiscal year 2004-2005, planning typically begins in November 2002. This gives ample lead-time for Authorities to engage with their stakeholders and Boards of Trustees to determine priorities to advance to the Joint Leadership Council for consideration from a system perspective.

The Integrated Planning and Reporting Model responds to the need for a system-wide approach to planning and reporting within the health and social services system. It will enable integration of all planning and reporting functions while supporting the new NWT Model of Trustee Leadership, the Accountability Framework, and responding to the Action Plan 2002-2005.