

Department of Health and Wellness

Responsibilities

The role of the Department of Health and Wellness (DHW) as stated in the *Health Authorities Act* is to:

- Provide leadership for the health system by setting the strategic policy direction, priorities and standards for the health system; and
- Ensure accountability for funding and for the measuring and monitoring of health-system performance.

Governance

The Office of the Minister of Health and Wellness is staffed with an Executive Administrative Assistant, an Executive Assistant and a Senior Policy Advisor.

The Office of the Deputy Minister (DM) is staffed with an Executive Administrative Assistant. Reporting the DM are: the Associate Deputy Minister (ADM), four Senior Executive Directors and the Chief Medical Officer of Health. The Chief Financial Officer (Department of Finance and Treasury Board employee), the Director of Communications (Communications Nova Scotia employee) and the Director of Human Resources (Public Service Commission Employee) are also members of the Department Executive Team.

The Office of the ADM is staffed with an Executive Administrative Assistant and an Executive Office Manager. Reporting to the ADM are the Executive Director of Corporate Policy, Planning and Process and the Executive Director Strategic Operations.

Organizational Structure

The department is organized into five Divisions:

1. Investment and Decision Support;
2. System Strategy and Performance;
3. Corporate Service and Asset Management;
4. Client Service and Contract Administration; and
5. Office of the Chief Medical Officer of Health.

Divisions work collaboratively to contribute to the setting of strategic objectives, policy direction and funding allocations. They develop the performance measures and standards to hold the health system accountable for provision of quality health services, and ensure population health needs are met and population health outcomes are achieved.

INVESTMENT AND DECISION SUPPORT

This division ensures that we use data and information to assess future investments, evaluate current investments, and to measure and monitor the health system outcomes, including population health outcomes. This will position the department to strategically target areas of need with our scarce resources and allowing us to make the right policy decisions.

One of the main priorities of this division is to create and maintain a smart system that supports and demands evidence based decision making; provides effective access to information (internally and externally) and helps to increase knowledge and understanding.

To create a smart system, the division will focus on, developing a strategy to identify and address data and analytics needs; developing a strategy to identify and address digital health (and digital health innovation) needs; and supporting the use of health information through policy development, compliance, and risk management with respect to privacy and access; and, using a privacy by design methodology to support compliance with legislation while enabling innovation.

Divisional branches are:

- Advanced Analytics
- Business Analytics and Information Management
- Health Privacy
- Digital Health

SYSTEM STRATEGY AND PERFORMANCE

This division is responsible for advising on how to manage and mitigate risk in health promotion, primary health care (including First Nations health), mental health and addictions care, acute and tertiary care, continuing care, and end-of-life care. This division ensures that health services planning and priorities, as well as our risk management strategies, are based on evidence, and are leading to improved health and health services for Nova Scotians. Adult Protection services as mandated by the Act are delivered across the province and report to the Continuing Care Branch. The AIDS Commission is in this Division.

Divisional branches are:

- Risk Management – Health Promotion
- Risk Mitigation – Primary and Acute Care
- Risk Mitigation – Continuing Care

CORPORATE SERVICE AND ASSET MANAGEMENT

This division ensures that we are supporting health professionals to optimize their scopes of practice and ensure payment and accountability mechanisms support collaborative care, where appropriate. Careful planning of this workforce, including for its compensation, is essential to ensure the province has a sufficient number, mix and geographic distribution of health care providers to meet the health needs of the population – now and years from now. The Health Human Resources Supply Management (HHRSM) branch is composed of the former Physician Services and Health System Workforce branches.

Health Services Emergency Management (HSEM) helps to protect the health of Nova Scotians. The major focus of the branch is to enhance the provincial health system's preparedness to cope with local or provincial emergencies, including a national or international health crisis.

Administrative Services, is a service delivery area, performing day to day operations of facilities and long-range planning in accordance with departmental requirements. The role of this section is to supply DHW with facilities management, leasing, security, building access support, mail delivery service, office coordination, inventory management, printing services, space and accommodation planning, occupational health, safety, and records management.

Divisional branches are:

- Health Human Resource Supply Management
- Health Services Emergency Management and Admin Services

CLIENT SERVICE AND CONTRACT ADMINISTRATION

This division is responsible for:

Leadership in contract management, procurement practices and supporting program areas across the lifecycle of negotiation, execution and performance management of contracts. This includes implementation of policies and systems to monitor vendor compliance and performance.

Maintenance of eligibility and subsidy policy for insured health services (MSI) falling under the Canada Health Act, and the adjudication and payment of claims for medically insured services.

Program administration of Emergency Health Services (EHS), Telecare and Pharmacare. Work of the division ensures continued move towards community based care, away from institutionally based care, where appropriate.

Within EHS, the Department will continue to expand in and enhance the use of paramedics in programs in the community. Within Pharmaceuticals, the Department is continually reviewing its public funding of drugs and therapies, like cancer drugs, to ensure that we are incenting appropriate, community based care.

Divisional branches are:

- Contract Management
- Pharmaceutical Services and Extended Health benefits
- Insured Services
- Emergency Health Services

OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH

The Office of the Chief Medical Officer of Health (OCMOH) is responsible for setting the strategic direction for the health protection and prevention function of the department. The office provides leadership in program development related to the prevention and control of communicable diseases as well as direction and advice to Public Health practitioners, internal and external partners, stakeholders and organizations on issues pertaining to communicable disease prevention and control including response to new and re-emerging infectious diseases, and the management of communicable disease outbreaks. OCMOH also works in close collaboration with NS Environment (NSE) to ensure that DHW's and NSE's shared accountability for the *Health Protection Act* is met.

OCMOH also works closely with the Risk Management – Health Promotion division of the System Strategy and Performance division as well as NSHA Public Health to provide leadership and direction on the public health mandate in Nova Scotia's health care system.

The CMOH also participates at the Social Deputies Committee to provide expertise & advice on how to influence the 75% of factors (social determinants of health) that influence health status that are outside of the health system, e.g., income, education, housing.

The office has one branch:

- Communicable Disease Prevention and Control

Legislation

Acts administered by the Department of Health and Wellness as of September 2017:

- *Adult Protection Act*
- *AIDS Advisory Commission Act*
- *Anatomy Act*
- *Audiologists and Speech-Language Pathologists Act* (not proclaimed)
- *Chiropractic Act*
- *Co-ordinated Home Care Act*
- *Counselling Therapists Act*
- *Dental Act*
- *Dental Hygienists Act*
- *Dental Technicians Act*
- *Denturists Act*
- *Dietitians Act* (not proclaimed)
- *Dispensing Opticians Act*
- *Doctors Nova Scotia Act*
- *Emergency Department Accountability Act*
- *Emergency Health Services Act*
- *Fair Drug Pricing Act*
- *Health Act*
- *Health Authorities Act*
- *Health Protection Act* (shared with Environment)
- *Health Research Foundation Act*
- *Health Services and Insurance Act*
- *Healthcare Services Continuation (2001) Act*
- *Homemakers' Services Act*
- *Homes for Special Care Act* (shared with Community Services)
- *Hospitals Act*
- *Human Organ and Tissue Donation Act* (not proclaimed)
- *Human Tissue Gift Act*
- *Insured Health Services Act* (not proclaimed)
- *Involuntary Psychiatric Treatment Act*
- *Licensed Practical Nurses Act*
- *Mandatory Testing and Disclosure Act*

- *Massage Therapy Act (not proclaimed)*
- *Medical Act*
- *Medical Imaging and Radiation Therapy Professionals Act (not proclaimed)*
- *Medical Laboratory Technology Act*
- *Medical Professional Corporations Act*
- *Medical Radiation Technologists Act*
- *Medical Services Act*
- *Midwifery Act*
- *Naturopathic Doctors Act*
- *Occupational Therapists Act*
- *Optometry Act*
- *Paramedics Act (in force April 1, 2017)*
- *Patient Safety Act*
- *Personal Directives Act (shared with Justice)*
- *Personal Health Information Act*
- *Pharmacy Act*
- *Physiotherapy Act*
- *Prescription Monitoring Act*
- *Professional Dieticians Act*
- *Protection of Persons in Care Act (shared with Community Services)*
- *Psychologists Act*
- *Queen Elizabeth II Health Sciences Centre Expansion Act*
- *Quality Improvement Information Protection Act*
- *Registered Nurses Act*
- *Regulated Health Professions Network Act*
- *Respiratory Therapists Act*
- *Safe Body Art Act (not proclaimed)*
- *Safer Needles in Healthcare Workplaces Act*
- *Self-Managed Support-care Act*
- *Smoke-free Places Act*
- *Snow Sport Helmet Act*
- *Social Assistance Act (shared with Community Services)*
- *Tanning Beds Act*
- *Tobacco Access Act*

Administrative update: **November 17, 2017**
