



**Ministère de la Santé
et des Services sociaux**

**Comité provincial pour la prestation
des services de santé et des services
sociaux en langue anglaise**

2018–2019 ACTIVITY REPORT

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Masculine pronouns are used generically in this document.

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Message from the Committee Chair

On behalf of the Comité provincial pour la prestation des services de santé et des services sociaux en langue anglaise, it is a great honor to share this activity report for the period August 2018 to March 31, 2019.

As part of our mandate to advise the government on the provision of health and social services in English, and knowing that communication is an essential service tool, we have identified a fundamental objective: to ensure that health outcomes for English-speaking clientele are comparable to those for French-speaking clientele. This objective is most urgent for vulnerable clientele.

The *Act respecting health services and social services* establishes a legal right of access to services in English for English speakers. However, this right is limited to services offered in public establishments that are identified in an access program for services in English.

The first year of work revealed significant shortcomings. The two network reforms brought major changes in the organization and delivery of health and social services, notably the development of services offered in private, non-residential settings (intermediate resources and family medicine groups and surgery clinics). These services were reorganized without changing the Act or the administrative provisions, which would have ensured the continuity and development of services in English. This went unnoticed because the service access programs were not assessed overall to monitor the services.

Given that the health network is constantly changing, we wanted to put in place conditions conducive to more comprehensive access programs. Knowing that the regional access committees would have a key role in the preparation of access programs, the Provincial Committee submitted two opinions: the first being a draft by-law for the regional committees, and a second on the provision of training to help members of regional committees acquire the knowledge and skills necessary to examine access programs.

We also reviewed the *Guide to the Development of Access Programs for Health and Social Services in the English Language (the 2018 Guide)*, which was sent to institutions in the spring of 2018 without being reviewed by the previous Provincial Committee. We supported the three fundamental principles and the five ministerial directions in the Guide, while noting certain other gaps that should be filled in a second iteration.

The Provincial Committee carried out serious, transparent and committed work. Our goal is to ensure that more than 30 years after the adoption of the first legal guarantees for health and social services in English, our English-speaking citizens have access to a range of services that allow comparable health outcomes. It is an honor to table this activity report for the year 2018–2019.

Sara Saber-Freedman
Chair

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1. Mandate of the Comité provincial pour la prestation des services de santé et des services sociaux en langue anglaise

The role and functions of the Comité provincial pour la prestation des services de santé et des services sociaux en langue anglaise (Provincial Committee) are defined in article 509 of the *Act respecting health services and social services* and the order in council adopted under that article.

509. The Government shall, by regulation, provide for the formation of a provincial committee entrusted with advising the Government on

(1) the dispensing of health and social services in the English language;

(2) the approval, evaluation and modification by the Government of each access program developed by an agency in accordance with article 348.

To carry out its mandate under article 509 of the *Act respecting health services and social services* ([chapter S-4.2](#)), the Provincial Committee may

(1) submit observations or give its opinion on any administrative document produced by the Minister to guide institutions in the preparation of programs of access to health services and social services in the English language to English speakers;

(2) give its opinion on the approval, assessment and modification by the Government of each program of access;

(3) monitor the application of the programs of access in the various regions of Québec;

(4) give its opinion on any proposed legislative amendment likely to affect the provision of health services and social services in the English language and on any other matter affecting the provision of services;

(5) favour the preparation and circulation of the documents and programs to inform on the provision of health services and social services in the English language.

Furthermore, for the purpose of performing its functions, the Provincial Committee maintains relations with the English-speaking communities of Québec. The Provincial Committee also holds consultations as required, solicits opinions and receives and hears requests and suggestions by persons, organizations or associations. It may also create subcommittees.

2. Key activities of the Provincial Committee: 2018–2019

The members of the Provincial Committee were appointed in early August 2018. From their very first meeting held on September 28, 2018, Provincial Committee members worked hard to fulfill their mandate. They were very aware of the task at hand, given that the previous Provincial Committee had not met since October 24, 2016.

They had to look back in time at what had affected health and social services to the English-speaking population.

From the first meeting until March 31, 2019, the members of the Provincial Committee met on five occasions. From the beginning of their work, committee members agreed that their objective was **to ensure health outcomes for the English-speaking population comparable to those of the French-speaking population of Québec.**

Advisory role

The Provincial Committee requested and reviewed a number of key documents necessary to understand the guarantees of access to health and social services in English and how the application of these guarantees had changed with the two major reforms between 2003 and 2018.

The Provincial Committee reviewed the minutes and activities of the former Provincial Committee (2013–2016), including the advice it provided to the Minister of Health and Social Services. The Provincial Committee was briefed on the timelines used to revise MSSS’s regional access programs for services in English from 2006 to the present and reviewed a select number of previous regional access programs.

Based on this historical understanding of changes in the Québec health system and the legal guarantees defined in the legislation concerning services to be offered in English, the Provincial Committee was better able to examine the current problems with access and service delivery in English under the regional access programs.

This overview helped the Provincial Committee play its advisory role and led to a number of findings summarized in the following sections.

Comparable health outcomes for English-speaking people

Article 1 of the *Act respecting health and social services* states, “The health services and social services plan established by this Act aims to maintain and improve the physical, mental and social capacity of persons to act in their community and to carry out the roles they intend to assume in a manner which is acceptable to themselves and to the groups to which they belong.”

One particular focus is “attaining comparable standards of health and welfare in the various strata of the population and in the various regions.”

2.1 Changes in health and social services for the English-speaking community: 2006–2018

2.1.1. *Cadre de référence pour l'élaboration des programmes d'accès aux services de santé et aux services sociaux en langue anglaise pour les personnes d'expression anglaise (the 2006 Guide)*

To examine the services offered in English at the time its members were appointed, the Provincial Committee referred to the *Cadre de référence pour l'élaboration des programmes d'accès aux services de santé et aux services sociaux en langue anglaise pour les personnes d'expression anglaise*, adopted in 2006. This Guide was used to establish and apply the parameters for health and social services provided in English to the English-speaking population from 2006 to 2018. The Provincial Committee concluded that many of the objectives and principles in the 2006 Guide continue to resonate for the English-speaking population today.

2.1.2. *Impact of structural reforms in the 2000s*

The Provincial Committee noted that between 2006 and 2018, when the 2006 Guide was in force, two major structural reforms were carried out in the health network. These reforms changed how services were organized and reduced the range of services offered directly by public institutions to persons with certain healthcare needs profiles who had been guaranteed services in English. The English-speaking population has the right to receive services in English, as provided for by public institutions, taking into account available resources and the extent to which such services are indicated or designated in a regional access program [article 15 of the *Act respecting health services and social services*].

As a result of the structural reform, certain target clienteles that had been previously served directly by an institution—such as the frail elderly or those with physical or intellectual disabilities housed in a CHSLD—were no longer eligible for services provided by these institutions. Instead, this clientele began receiving health and social services through expanded intermediate resources and foster homes. None of these service providers had the legal status of an institution, nor did they become a

2006 Goals

The objective of an access program is to ensure that English-speakers have access to a range of health and social services provided in English by the institutions in their locality, in their region or, where applicable, in another region.

The goal of access programs is to provide English-speakers with a range of health and social services in English that is as comprehensive as possible and as close as possible to their homes.

The success of clinical interventions

In health and social services, the language of the user is recognized as an essential tool for successful clinical interventions. To receive adequate services, an English-speaking person, like any other person, must be listened to and consulted. When one's own health is at stake, it is important, if not essential, to express oneself in English.

2006 Principles

The first principle is the harmonious integration of access programs into a health system based on local networks and the new population responsibilities of CSSSs and their partners in the local network.

The second principle is the flexibility to revise existing access programs and to create new models, where necessary, in order to better meet the needs of English-speaking users, adapt to local and regional differences, and fit into clinical and organizational projects.

The last principle is the coexistence of the right of English-speaking people to receive services in English and the right of stakeholders to work and carry out their activities in French. [2006 Guide, Introduction]

designated or indicated facility within the meaning of the access program for services in English.

As a result, the legal right to receive these services in English was no longer guaranteed. While some of these receiving agencies or organizations signed contracts with a public institution to provide certain services in English, others among these new health care providers stopped offering all healthcare services in English.

Similar problems occurred for medical and surgical clinics, which previously offered outpatient services in a hospital or other institutional setting. As part of the reforms, the physicians running certain of these clinics were obliged to find other premises in the community outside the institution, effectively removing the legal obligation of the clinic staff to provide services in English. The range of mental health services and psychosocial services also changed during this period. Some of the clientele expected to be served by professionals based in an institutional setting, such as a hospital or a CLSC, were forced to receive care from other healthcare providers outside the institution.

One of the main goals of the structural reforms was to improve continuity of care for users across the service delivery network. The Provincial Committee found that this goal was not achieved for many English-speaking clients, in part because the 2006 Guide did not explicitly state that any new service delivery model must ensure that services designated or indicated in a regional access program would continue to be offered in English even if they were transferred to service providers who did not have the legal status of a public institution. No monitoring mechanisms were put into place after the adoption of the 2006 Guide to track services and the clientele receiving them, as such services moved outside the institution and effectively outside the access program.

2.1.3. Overall assessment of the regional access plans for 2007–2010, 2011–2014, and the 2016 update

The 2006 Guide states that a monitoring and evaluation framework will be developed by the MSSS specifying, among other things, the types of monitoring and evaluation desired (e.g., monitoring the establishment of access programs, evaluating the results of their implementation), priority targets, and methods. Indicators will be prepared from available tools and other work on the subject (such as the checklist of the Secrétariat à l'accès aux services en langue anglaise et aux communautés ethnoculturelles). Eventually, some of the indicators selected for monitoring or evaluating access programs could be included in management agreements.

According to the information received, the Ministry of Health and Social Services (MSSS) never conducted an overall assessment of the regional access programs for the periods 2007–2010 and 2012–2015, respectively, nor after the 2016 update of regional access programs.

According to the minutes of the Provincial Committee since 2013, the MSSS did not request that the previous Provincial Committee analyze or evaluate the impact of the regional access plans (2013–2018) or the impact of the 2015 network reorganization on services for the English-speaking population.

Thus, the systemic difficulties of ensuring continuity of services in English to the English-speaking population in each service program were not known to the members of the Provincial Committee nor to the English-speaking community.

Based on these findings, the Provincial Committee will be sensitive to the situations discussed in 2.1.2 and 2.1.3 when reviewing the new five-year access programs. The Provincial Committee will want to see what provisions or adaptations each CISSS or CIUSSS identifies to ensure an appropriate continuum of care and the potential for comparable health outcomes for English-speaking clients, so that each regional access program addresses the general objectives and the rights of users set out in the provincial health and social services legislation.

2.2. Advise the government on the delivery of health and social services in English, 2020–2025

2.2.1. *Examine the Guide to the Development of Access Programs for Health and Social Services in the English Language (2018 Guide) adopted by the Provincial Committee and distributed to the institutions, approve certain items, and identify gaps*

In April 2018, a new Guide was adopted to replace the 2006 version of the *Cadre de référence pour l'élaboration des programmes d'accès aux services de santé et aux services sociaux en langue anglaise pour les personnes d'expression anglaise*. This new version of the Guide will be used for the development of regional access programs for 2020–2025 by each CISSS and CIUSSS.

The previous Provincial Committee, whose term officially expired on April 25, 2018, generally does not appear to have been consulted on the 2018 Guide, nor did it formally take a position on the updated Guide. Given that the Provincial Committee must advise on regional access programs for health and social services in English for the period 2020–2025, which are to be developed based on the Guide, the Provincial Committee examined the content of the 2018 Guide as one of its first activities.

On the basis of this initial examination and in accordance with its mandate to give an opinion on relevant administrative documents (Article 18.1 of the Regulation), the Provincial Committee reached the following conclusions concerning the Guide.

The Provincial Committee fully agrees with the following three basic principles of this client-focused guide, which should inform planning and service delivery in English:

- The link between good communication and the success of clinical interventions;
- The need, expressed by the English-speaking community, to have access to health and social services in their language;
- The evaluation of results with a view to continuous improvement.

In addition, the Provincial Committee fully supports the ministerial orientations set out in Section 3.4 of the Guide:

- Population-based responsibility;
- The hierarchical organization of services;
- Facilitated flow of people within the network;
- Successful clinical interventions;
- The participation of English-speaking people.

2.2.2. Identify services and activities offered by institutions that are not included in the 2018 Guide

In reviewing the Guide, the Provincial Committee found that certain activities were missing that were critical to the successful articulation and implementation of regional access plans and the access program in general.

- i) The 2018 Guide does not specify how complaints are handled within the institutions, whether through the support of user committees or by complaints handling staff. The Provincial Committee called on the MSSS to encourage each institution to develop protocols providing access to English-language complaints services comparable to those offered in French.

Following the adoption of its resolution, the Secrétariat à l'accès aux services en langue anglaise et aux communautés ethnoculturelles (Secrétariat) informed the Provincial Committee that it would inform the institutions of the importance of including the services of complaints commissioners in the access program.

- ii) The 2018 Guide does not address written information about health and social services for the English-speaking population. This information includes, among other things, pre- and post-hospital written instructions, medication instructions, informed consent forms, signage, and guidance on service availability.

In addition, one of the objectives of the Québec government's 2017–2021 interministerial action plan is to improve people's ability to take care of their own health and that of their loved ones, particularly through plain-language, population-friendly health communications. The action plan indicates that almost two-thirds of people aged 16 and over (66%) and almost all people aged 66 and over (95%) have a low or very low ability to manage their health.

In preparing the regional access programs for 2020–2025, the Provincial Committee asked the MSSS to ensure that each institution develop or receive

assistance in developing protocols to ensure access to information in English comparable to that offered in French.

At the same meeting on January 31, 2019, the signage at the Argenteuil (Lachute) hospital was discussed. The Committee secretary informed the Provincial Committee that he had not been informed prior to the decision to remove external and internal signage in English at the hospital. He confirmed that the Office québécois de la langue française (OQLF) does not consult the MSSS before intervening with an institution, and that the MSSS does not have jurisdiction over this issue.

- iii) The 2018 Guide does not address the erosion of the basket of health and social services offered by public-sector institutions as a result of the transfer of certain services to resources not covered by a regional access program. The Guide does not suggest how regional access committees or the Provincial Committee can monitor these services to ensure they are offered in English to English-speaking people in the region.
- iv) In addition, like the 2006 Guide, the 2018 Guide contains no parameters to ensure that future organizational changes in the delivery of health and social services will require new providers to offer services in English when a service is no longer offered by an institution in English.

2.2.3 Initiate a review of services offered by the MSSS outside those offered by the institutions

Nowhere does the Guide recognize that there are many publicly funded health and social services that are not guaranteed in English. This includes the services offered by most health professionals, including physicians, pharmacists, optometrists, and other professionals funded by the Régie de l'assurance maladie du Québec (RAMQ) and working in clinics outside an institution.

One of these services is prehospital emergency services. These services, consisting of dispatchers in health communication centers (HCCs), paramedics, and paramedics on the scene of the event, are not part of the services offered directly by the institutions in each region. Even though communication errors in these services can have a very negative impact on health, these private agencies are not obliged to guarantee services in English to English speakers. The Provincial Committee has begun a review of 24/7 services throughout Québec. It hopes to complete its review and issue any recommendations during 2019–2020.

The Provincial Committee has stated that it intends to make additional recommendations concerning the Guide during 2019–20.

Regional Committees

2.3. Assume our responsibilities in establishing regional committees for access programs for health and social services in English

2.3.1. Work with the community network in the regions to identify suitable organizations to nominate candidates for regional committees

In consultation with the Quebec Community Groups Network (QCGN), the Community Health and Social Services Network (CHSSN), and the provincial network of community organizations working with the English-speaking population, the Provincial Committee reviewed and approved the list of regional community organizations that would be invited by each institution to nominate candidates for regional access committees.

2.3.2. Propose a regional by-law model for regional committees

The Provincial Committee prepared a draft resolution with the help of a professional from the QCGN. It was approved at its meeting of December 14, 2018, and a notice regarding the development of by-laws on regional committees for the program ensuring access to health and social services in English was sent to the Minister on December 18, 2018. The Minister responded on January 22, 2019, indicating her preference to respect the independence of each CISSS/CIUSSS in defining their by-laws and selecting the members of regional committees, but accepted the selection criteria for regional committee members proposed by the Provincial Committee.

2.3.3. Collaborate in the development of training for regional committee members

From its first meetings in the fall of 2018, the Provincial Committee focused on creating powerful and knowledgeable regional access committees. The Provincial Committee felt it was essential that all new regional access committee members receive appropriate training on a range of topics before being invited to review and make a recommendation on their region's access plan. A motion to that effect was adopted at the meeting of November 8, 2018, and a notice was prepared and sent to the Minister. Minister McCann responded favorably to the Provincial Committee's request on January 22, 2019. For the rest of the year, the Provincial Committee helped the Secrétariat set up a training approach and content, both of which were finalized at the beginning of the 2019–2020 fiscal year.

Operations

2.4. Development and implementation of a strategic plan

2.4.1. Prepare and adopt a work plan including a budget for 2018–2019

After its introductory meeting, the Provincial Committee set to work. A steering committee was established and prepared a work plan for the remainder of 2018–2019,

which was reviewed at the November 8, 2018 meeting. This work plan was approved on December 14, 2018 and sent to the MSSS.

The plan included a request for a communication budget to develop and begin operationalizing a communication plan.

2.4.2. Adopt and submit notices to the Minister in 2018–2019

The Provincial Committee issued three opinions to the Minister of Health and Social Services:

- i) An invitation to meet with members of the Provincial Committee. The Provincial Committee requested a meeting with the Minister of Health in November 2018. Although the meeting with the Minister did not take place in 2018–2019, a meeting was held between Minister McCann and Provincial Committee representatives on April 19, 2019. Various topics were discussed, including key findings regarding the current state of health and social services delivery to the English-speaking population of Québec in the context of recent reforms to ensure better continuity of care for vulnerable clientele.
- ii) A notice regarding the development of regional committee by-laws for the program ensuring access to health and social services in English. See 2.3.2.
- iii) A notice concerning the development of training for members of regional committees for the access program for health and social services in English. See 2.3.3.

2.4.3. Prepare and adopt a work plan including a budget for 2019–2020

The Provincial Committee prepared a work plan and approved it at its meeting of February 25, 2019, together with a request for a budget and funding for the training of regional committee members. The plan was officially sent to the Minister on February 26, 2019. The Minister responded on March 28, 2019, informing the Provincial Committee that steps would be taken to recruit a full-time professional to support its work, and that a budget for communications had been approved. The secretary of the Provincial Committee informed members that the MSSS would plan and fund the development and dissemination of a basic training program for regional access committees.

Key activities for 2019–2020 include:

- Ensuring the development and delivery of training to all newly appointed regional access committee members before they are invited to review and recommend regional access programs.

- Developing a comprehensive understanding of all client services offered by the health and social services system in Québec in order to prepare a coherent and effective approach to evaluating health and social services offered to the English-speaking population of each region.
- Reviewing and preparing a notice for each 2020–2025 regional access program developed and submitted to the Provincial Committee.
- Offering additional recommendations, if necessary, to improve the 2018 Guide for developing and implementing access programs.
- Revising the list describing all services excluded from the 2018 Guide.
- Informing and engaging the English-speaking community, community organizations, and the public on the role and activities of the Provincial Committee and the right of access to health and social services in English.

2.4.4. Revise and adopt a code of ethics and professional conduct

On December 14, 2018, the members of the Provincial Committee adopted a code of ethics by resolution. During the year 2018–2019, no incident or violation of the code of ethics was noted, and no disciplinary measure or sanction was applied.

Likewise, no real or apparent conflict of role or interest was brought to the attention of the Provincial Committee.

3. Committee composition and term

According to the Provincial Committee’s operating rules, the term of office of members is three or four years and is renewable once. The eleven Provincial Committee members in office on March 31, 2019, were as follows:

MEMBERS OF THE PROVINCIAL COMMITTEE	
Name	Region
Sara Saber-Freedman, <i>Chair</i>	Montréal (06)
Donald Warnholtz, <i>Vice-chair</i>	Estrie (05)
Jennifer Hobbs Robert	Québec (03)
David Morris	Montréal (06)
Terry Kaufman	Montréal (06)
Ella Amir	Montréal (06)
Sheilagh Murphy	Outaouais (07)
Eileen Schofield	North Shore (09)
Cathy Brown	Gaspésie (11)
Carolynn Roberts	Laurentians (15)
Bonnie Jean Mitchell	Montérégie (16)
Pierre Lafleur, Secretary Iannick Martin, Coordinator	

Sara Saber-Freedman was elected chair of the Provincial Committee and Donald Warnholtz was elected vice-chair.

Committee contact information:

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