Ministère de la Santé
et des Services sociaux

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

Activity report
2019-2020

Votre gouvernement

Québec

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Message from the Provincial Committee chair

On behalf of the Comité provincial pour la prestation des services de santé et des services sociaux en langue anglaise (Provincial Committee), I am pleased to submit this activity report for the period April 2019 to March 31, 2020.

As part of our mandate of advising the government on the provision of health and social services in the English language, and knowing that communication is an essential service tool, we have determined that health outcomes for English speaking Quebecers should be comparable to those provided to the French-speaking population. This objective is most urgent for vulnerable clientele. The aim is to provide English speakers with the same range, quality and intensity of health and social services as French speakers, but in English. When services are not offered in that language, clients should receive health services and social services that are scientifically, humanly, and socially appropriate so as to ensure effective communication between the client and the service provider in each of the nine service programs that serve clients directly. Services must be provided in a personalized and safe manner and continuity of services ensured.

The *Act respecting health services and social services* (AHSSS) establishes a legal right of access to services in English for English speakers in public establishments identified in an access program. When the service is not offered in English in these and other settings, they must be offered in an adapted manner through other best practice strategies, based on successful clinical interventions requiring effective communication. This right is described in article 5 of the AHSSS. “Every person is entitled to receive, with continuity and in a personalized and safe manner, health services and social services which are scientifically, humanly and socially appropriate.”

During the first year of our mandate, we noted major shortcomings regarding the provision of services in English, and further elaborated on them in 2019–2020. The two network reforms brought major changes in the organization and delivery of health and social services, notably the development of services offered by private providers, including a major increase in private for-profit providers of intermediate resources and the development of surgical clinics and community mental health care services by non-profit providers. This reorganization of services was done without amending the legislation and with insufficient administrative updates, especially to the *Guide pour l’élaboration des programmes d’accès aux services de santé et aux services sociaux en langue anglaise* published in 2018 (2018 Guide), which would have allowed for the continuity and development of services in English. The phenomenon went unnoticed due to the lack of an overall evaluation of the access program for services in English by the Ministère de la Santé et des Services sociaux (MSSS), which would have made it possible to implement the necessary modifications.

In addition to a lack of an overall evaluation of the access program, as well as of programs financed primarily by the federal government to support public institutions to improve access, the Provincial Committee identified additional content issues in the 2018 Guide. Of note is the incomplete list of services in each of the nine service programs, the key to understanding the extent of access included in each program prepared by a public institution. The 2018 Guide also fails to reference self-employed professionals, for-profit and non-profit agencies, which are referred to as simply as ***a body or another person*** in article 108 of the AHSSS. Not including these providers is a major oversight in terms of guaranteeing the right of access to services in English.

Unless they are named in an access program, self-employed professionals and for-profit and non-profit agencies are not obligated to provide services in English. The Provincial Committee recommends that these and other issues with the 2018 Guide be addressed going forward.

The Provincial Committee carried out its work in a professional, client-focused manner. Our goal is to ensure that, more than 30 years after the adoption of the first legal guarantees for health and social services in the English language, English-speaking Quebecers benefit from services and activities that allow for comparable health outcomes.

Sara Saber-Freedman
Chair

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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* (AHSSS S-4.2) and the resulting regulations:

> *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 section 348.*

To carry out the mandate entrusted to it by section 509 of the *Act respecting health services and social services* (chapter S-4.2), the 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 Committee maintains relations with the English-speaking communities of Québec. The 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 in 2019-2020

In articulating its 2019–2020 Work Plan (see Annex 1), the Provincial Committee identified its key priorities and proposed activities according to the five functions, duties, and powers identified in Section 18 of the regulation under Section 509 of the *Act respecting health services and social services* (Chapter S-4.2.) as presented on the previous page.

The Provincial Committee built on the experience it had gained in its initial seven months of operation during 2018–2019. It met formally six times during the year, with several members taking on activities throughout the year to advance the work plan objectives under the oversight of a steering committee. Six Provincial Committee members had the opportunity to meet with Minister McCann on April 12, 2019, to discuss key issues and priorities. The Provincial Committee also participated in several teleconference calls to improve its knowledge and understanding of the health and social services system and began discussions with the new presidents of the comités régionaux pour les programmes d'accès à des services de santé et des services sociaux en langue anglaise (Regional Committees), established in late spring/early summer 2019.

The following report summarizes the Provincial Committee's activities, presents several key findings that will inform the work of both the Provincial and Regional Committees, and outlines the advice provided to the Minister on several issues. The overarching objective of the Provincial Committee's interventions remains **to ensure that health outcomes of the English-speaking population are comparable to those of the Francophone population of Québec**.

Comparable health outcomes for English-speaking people

Article 1 of the *Act respecting health services and social services* (AHSSS) states that: "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."

Observations and opinions (As per points 1 and 4 of article 18 of the regulation on the Provincial Committee[1]):

2.1. Erosion of services guaranteed in English: informing the Minister

On April 12, 2019, six Provincial Committee members met with Minister of Health and Social Services Danielle McCann. Among the issues raised was the erosion of services to certain target clientele in English. They went over with the Minister some of the information in the 2018 Guide, for example, as stated in article 15 of the AHSSS, for an English-speaking client to be guaranteed services in English across the continuums of care within each service program, service providers have to have their services indicated in an access program prepared by a public institution.

The Provincial Committee explained to the Minister that as a result of the past two health care reforms, certain types of clientele were no longer receiving their services from a

[1] AHSSS – Regulation 4 - *Regulation respecting the Provincial Committee on the dispensing of health and social services in the English language*. See page 5

public institution, but rather from a private resource such as a surgical clinic, intermediate resource or other third-party provider. As the services were no longer offered in a public institution, these types of private providers were not legally required to offer their services in English unless identified by a public institution in an access program. The Provincial Committee expressed its concern that this had resulted in a loss of guaranteed access for some of the more vulnerable segments of the English-speaking population, such as the frail elderly, those with learning disabilities and those suffering from mental health or addiction issues.

In November 2019, the Provincial Committee asked the MSSS whether the legislative guarantee is transferred to a 'body or a person' when the latter provides the service previously offered by the public institution.

The Provincial Committee also raised the importance of signage to help guide the English-speaking population accessing services in facilities such as hospitals, as well as the key priorities it had identified in its 2019–2020 Work Plan. The Minister did not meet with the Provincial Committee over the following eleven months**.**

2.2. The role of evaluation and basic data required to plan, monitor and evaluate services to the English-speaking population in an evolving healthcare delivery system

Since its first meeting in September 2018, the Provincial Committee placed a high priority on submitting observations and opinions that are grounded in fact and based on a thorough and rigorous analysis of information generated from, within or about the health and social services system. Of particular interest to the Provincial Committee are research studies and evaluation reports that examine the issue of access to and delivery of health and social services in English or in an adapted manner to English-speaking Quebecers, as well as the impact on health outcomes when access is altered.

In its 2018–2019 Annual Report, the Provincial Committee reported that MSSS had not conducted an overall assessment of the provincial access program between 2007 and 2018, even though it was a required component of the reference framework for developing access programs to health and social services in English (*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*) (2006 Guide) nor of the impact the reorganization of the system in 2015 had on the offer of services to the English-speaking population. Without regular assessment and evaluation of policy and programs, the Provincial Committee and the English-speaking population it represents are unable to determine whether access to services in English, or in another manner that is scientifically, humanly, and socially appropriate, is resulting in effective continuums of care across a comparable range of services.

As part of the process of preparing its 2019–2020 Work Plan, the Provincial Committee held a retreat where it discussed the content of a research document called the "Roadmap," prepared independently by one of the Committee members. The document presented a vision of how the healthcare system has evolved and more specifically, the increasing role of private providers in the delivery of health and social services over the last 20+ years and the likelihood of this type of service delivery model increasing in the future. This reality has major implications for the legal guarantee of services in English, as presently these services are only guaranteed if they are identified in an access

program prepared by a public institution. The 2018 Guide does not describe the full range of private providers and the role that they play in ensuring a complete continuum of care in each of the nine service programs.

The Provincial Committee shared a copy of the Roadmap document with the presidents of the Regional Committees and the MSSS, followed by a teleconference call in January 2020 to discuss the findings and answer questions.

The Provincial Committee members' discussion on the evolving healthcare system brought to light the importance of clarifying whether the transfer of a service from a public institution to a private provider would also bring with it the legal guarantee of service in English. It also identified the necessity for each access program to include up-to-date contracts with each of the public and private providers in the local health systems and regional system to ensure that the necessary 'continuums of care' were in place and available. Through its analysis, the Provincial Committee found some additional critical content issues in the 2018 Guide, including the failure to identify most of the types of private providers mentioned in article 108 of the AHSSS.

As the Provincial Committee progressed in its understanding of the delivery of healthcare services to the English-speaking population, it realized, to its dismay, that there is no quantitative data at the MSSS on how this population uses the services in the healthcare system.

Information on clients' preferred language of service is not available for use in Québec, despite the fact that such information is included in the client information system for the Centre local de services communautaires (CLSC) network and was used up until 2001, when the MSSS decided to no longer collect the information for reasons the Provincial Committee is unaware of.[2] Presently this information seems to be used solely in the Youth Protection client information system.

Key Finding

The absence of client information systems that can track language of service across each continuum of care coupled by the lack of a comprehensive evaluation by the MSSS of the access programs over the past 14 years means that the Provincial Committee and the English-speaking population do not truly know the extent to which provincial and federal investments have resulted in improved access to effective continuums of care across a range of services comparable to those available to the general population.

Without client-specific data that includes a language identifier, neither the MSSS nor the Centre intégré de santé et de services sociaux (CISSS) or Centre intégré universitaire de santé et de services sociaux (CIUSSS) responsible for coordinating health and social services in their respective territories can form an accurate portrait of the health and social services used by the English-speaking population. By extension, an access program submitted for Regional Committee and Provincial Committee review will not contain information quantifying the number of English-speaking residents registered with the public institution or the services they are receiving from its facilities. Moreover, there will be no quantitative data providing information on whether an English-speaking person is receiving all the services they require in English, where they are provided, or if there are waiting lists or delays that are longer than those experienced by the general population.

The Provincial Committee is concerned that without this data, the MSSS and public institutions will not know whether the development and subsequent implementation of the upcoming access programs will meet the healthcare act's objectives for the English-

[2] http://www.santecom.qc.ca/BibliothequeVirtuelle/MSSS/I-CLSC.pdf section 3.3.2 pp. 3–21

speaking population, and more specifically, address the identified needs of certain vulnerable clientele.

2.3. Federal and provincial funding for projects to address the health and social service needs of the English-speaking population in Québec

In 2019–2020, the Provincial Committee turned its attention to two federally funded initiatives designed to complement core provincial investments being made by the CISSSs and CIUSSSs to deliver health and social services in English: the **Adaptation of services projects** and the **Canada-Québec agreement on English-language** (Entente Canada-Quebec relative aux services en anglais (Santé et Services sociaux)).

Because of the importance placed by community organizations involved in improving access to services in English on the projects being funded through these initiatives, the Provincial Committee was interested in knowing the overall impact of these investments on both access to public services and improvements in health and well-being. It was important that the Provincial Committee learn which evaluated regional activities or adaptation strategies were successful and therefore might be worthy of broader application in the next round of access programs.

The purpose of the **adaptation of services projects** initiative is to increase access to healthcare services. It is funded by Health Canada under the Official Languages Health Program and is managed on their behalf by a non-governmental organization, the Community Health and Social Services Network (CHSSN). The CHSSN had negotiated an implementation agreement with the MSSS for project funding totalling $5.8 million over five-years (2018–2023), carrying on from funding that started in 2009.

Under the **Canada-Québec Agreement on English-language** the federal government also provides $200,000 a year directly to the MSSS to support projects aimed at improving service delivery in English. The federal government undertook to cover a portion of the eligible expenses institutions incurred to implement the 2019–2020 strategic plan. The federal government contribution under this agreement represents 50% of projects' eligible expenses for each fiscal year. The other half was to be covered by the institutions or by the MSSS.

The Provincial Committee learned that the **adaptation of services projects** and the **Canada-Québec Agreement on English-language** fund CISSS- or CIUSSS-sponsored projects aimed at improving access to health and social services in English. Activities range from translating and disseminating information to sponsoring a range of client-focused workshops and providing resources to local community organizations for navigation and accompaniment services. The Provincial Committee also learned through its review of project applications and reports that certain CISSSs are using some of the federal funds to cover core activities such as personnel to oversee access program implementation on an ongoing basis. Federal funding for adaptation projects is for innovative projects designed to improve access to health services. The Provincial Committee is concerned that short-term project funding meant to pilot adaptations is being used to fund ongoing core activities rather than to incrementally increase access to various healthcare services in some regions of Québec. The Provincial Committee is of the view that if a project funded through these programs proves successful and parties want to continue to fund it on a recurrent basis, then the activity or project should be integrated into the regular activities and budget of the respective CISSS or CIUSSS.

Funding for community groups:

Another source of recurrent funding (over $650 million in 2019–2020) to community groups in the healthcare sector across Québec is the provincially funded Programme de soutien aux organismes communautaires (PSOC). An initial review of PSOC-funded projects and organizations showed that qualifying English community groups received much less funding, on a comparable population basis, to provide services in English.[3] The Provincial Committee was aware that the PSOC admission criteria disadvantaged community organizations that provided multi-sector services, and not solely health care related services (a characteristic of many NGOs serving the English-speaking population). During the fall of 2019 this issue was raised repeatedly by representatives of the English-speaking population at the consultation sessions held across the province with Christopher Skeete, Parliamentary Assistant to the Premier for Relations with English-Speaking Quebecers. It was also covered in the final report for the "Building Bridges" consultations.[4]

An intergovernmental review of the PSOC program was slated to begin, and an update of its admission criteria was identified as a priority by the MSSS in 2019. The MSSS informed the Provincial Committee that the work was under the responsibility of the Ministère du Travail, de l'Emploi et de la Solidarité sociale (MTESS), which set up an interministerial committee to help develop the next government action plan on community action. The Provincial Committee asked to send a representative to participate in the government committee overseeing the work, but its request was denied. The Provincial Committee continued to track progress on the planned PSOC review, which was placed on hold until the government action plan on community action was completed.

The Provincial Committee discovered that the 2018 CHSSN policy guide on preparing CISSS and CIUSSS adaptation projects failed to identify roles for either the Provincial Committee or the Regional Committees, unlike previous guides. While the schedule for reviewing projects submitted for funding pre-dated the creation of Regional Committees in 2019, the five-year program does allow for funding adjustments that both types of committees have an interest in. Given its mandate, and the role that adaptation projects play in addressing gaps in English-language services at the local level, the Provincial Committee unanimously passed a resolution seeking amendments to the 2018 Policy Guide to give both committees a defined role in the decision-making process. The MSSS and the CHSSN accepted the resolution and agreed to adjust the 2018 Policy Guide.

Of even more concern to the Provincial Committee is the fact that the MSSS has not conducted any evaluation work for either the adaptation of services projects or the Canada-Québec Agreement projects. The MSSS does initially review proposed adaptation projects to check their alignment with government priorities and also receives annual activity reports. However, given that federal funds are provided to qualifying CISSSs and CIUSSSs directly via a contribution agreement with the CHSSN, the reporting of quantitative results and other evaluation activities are considered to be the responsibility of the CHSSN, in agreement with Health Canada. The MSSS has informed

[3] If PSOC funds were provided on a pro rata basis, more than $80 million would go to projects and services that target the English-speaking population given that in the 2016 Census, 13.8% of Quebec's population indicated their first official language was English).

[4] https://cdn-contenu.quebec.ca/cdn-contenu/adm/min/conseil-executif/publications-adm/srqea/english/Construire_des_ponts-EN.pdf?1572014516

the Provincial Committee that the results of most adaptation of services projects are shared by each CISSS or CIUSSS with Network Partnership Initiative [NPI] community organizations in each region. To better understand the requirements for evaluating federal funding flowing to public institutions, the Provincial Committee requested a copy of the CHSSN's agreement with the federal government, but the request was denied.

The Provincial Committee also requested via the MSSS the overall results of all evaluation activities conducted by the CHSSN for the previous five-year period (2013–2018). To date the Provincial Committee has received no rigorous overall evaluation of these projects for this period.

Given the way that the adaptation of services and the Canada-Québec Agreement funds are used by most CISSSs and CIUSSSs, the Provincial Committee will try to obtain information to confirm the linkages public institutions make between the projects financed by these funds and the adaptation strategies they are required to develop to address needs and gaps in service delivery in the access programs they are submitting for the upcoming period.

2.4. Funding to analyze research and statistical data to provide pertinent information

In addition to providing funding for activities and projects aimed at improving access, a separate portion of funding from Health Canada is used for the **Enhancing Knowledge** (Amélioration des connaissances**)** initiative, an implementation project run by the CHSSN and the Institut national de santé publique du Québec (INSPQ). Together with the MSSS, they form a tripartite committee that sets research priorities and oversees the investment of funds by the INSPQ into *studies, analyses, and research aimed at improving knowledge of the health status and well-being of English-speaking Quebecers, the problems facing English-language communities, access to and the use of health and social services, and the most effective intervention methods for reaching the English-language communities of Québec.* (see https://chssn.org/chssn-programs-and-projects/enhancing-knowledge-of-the-health-status-and-well-being-of-english-speaking-quebecers/)

The Provincial Committee considers the **Enhancing Knowledge** initiative and the research being conducted as extremely important tools to help it carry out major components of its overall mandate, including providing the Minister with recommendations on access that are based on rigorous scientific evidence. Decisions about what services should be included in the access programs are partially based on research data. The Provincial Committee had hoped to help prioritize studies and analyses it believed would best position it to carry out a rigorous, informed review of the access programs and prepare a professional and objective opinion. As the Provincial Committee was not originally included in the tripartite oversight committee, it asked to participate going forward. The request was denied but the MSSS committed to sharing the tripartite committee's decisions and guidelines with the Provincial Committee. In response, the Provincial Committee requested that the MSSS:

- Ensure that the Provincial Committee receive the results of all research on health outcomes conducted by INSPQ or any other organization;

- Develop an approach that would enable the experience of Provincial Committee members to be taken into account when determining research priorities with INSPQ as well as research on health social services in English that might interest MSSS.

By March 31, 2020, the Provincial Committee had received no follow-up on either of these two issues from the MSSS.

2.5. Prehospital emergency services

As noted in the Provincial Committee's 2018–2019 Annual Report, there are several provincially funded health and social services that are not guaranteed in English. This includes the services provided by most self-employed health professionals, including physicians, pharmacists, optometrists, and other professionals funded by the Régie de l'assurance maladie du Québec (RAMQ) who work in clinics and offices outside an institution.

These include prehospital emergency services, which are coordinated overall by MSSS and consist mainly of ambulance services, with dispatchers working in Health Communication Centers [HCCs] and paramedics who provide emergency care on the scene of the event. Ambulance services are not among those offered directly by the public institutions in each region. Even though it is a service where communication errors can have an extremely negative impact on health, such as a greater risk of misdiagnosis, these private agencies are not obliged to guarantee the provision of services in English to the English- speaking population.

The Provincial Committee was very concerned about this issue and asked to meet with the Prehospital Emergency Services representative. Four questions about requests in English to medical emergency call centres (centres de communication santé (CCS)) across Québec in 2017 and 2018 were forwarded to the director beforehand. At a meeting on June 12, 2019, the representative of Prehospital Emergency Services provided the following answers to the Provincial Committee:

1. Service requests in English were not always handled by a CCS dispatcher who spoke English fluently.
2. In cases where the dispatcher didn't speak fluent English, no alternative measures were in place to guarantee health outcomes equivalent to those of the French-speaking population.
3. Not all calls in English to CCS dispatchers were handled subsequently by a bilingual paramedic.
4. When CCS dispatchers had to speak in English to a paramedic who wasn't bilingual, no alternative measures were in place to ensure that English-speaking clients had health outcomes equivalent to those of the French-speaking population.

The Provincial Committee completed a review of these 24/7 prehospital services throughout Québec, which included a literature review on the communication component

of this service. It prepared a notice[5] and sent it to the Minister on October 30, 2019. The Provincial Committee's findings included the troubling conclusion that major negative health outcomes could arise through miscommunication but that MSSS had admitted that no alternative measures had been developed for this essential service. In the notice, the Provincial Committee also provided interim recommendations to be implemented immediately in light of the MSSS initiative to eventually modernize prehospital services across the province. The Provincial Committee hoped that these interim strategies could be put into place until a more substantive reform would include improvements to services in English.

In summary, the Provincial Committee recommended that calls be automatically transferred to an English-speaking dispatcher in another region when no dispatcher in the region of the caller at the time of the request speaks fluent English. If paramedics have to be sent to conduct on-site interventions and none of them are fluent in English, the dispatcher should be able to provide 'translation services.'

As of March 31, 2020[6], the Provincial Committee had received no formal response from the Minister on follow up to the recommendations contained in the opinion.

Regional access programs (as per points 2 and 3 of article 18 of the Provincial Committee's regulation)

2.6. Training (see Annex 3)

One of the key priorities for the Provincial Committee from the outset has been to ensure the development and delivery of training to all newly created Regional Committee members before they review and recommend regional access plans. In conjunction with the MSSS, the Provincial Committee developed a three-phase training approach, which it approved in June 2019, and which the MSSS shared with the CISSSs and CIUSSSs responsible for phase 1 and 3, in July 2019.

The MSSS was responsible for developing and delivering Phase 2 but was unable to secure a contractor during the summer of 2019. In September 2019, the Provincial Committee shared its concern with the MSSS that Regional Committee members, many of whom were new to the health and social services portfolio, were going to be expected to review and recommend their upcoming access programs without receiving the full suite of training the Minister committed to in January 2019 to ensure they would be knowledgeable and able to fulfill their role professionally and competently. The Provincial Committee formally asked the Minister on October 17, 2019, to consider delaying the submission of access programs by public institutions, to allow time for Regional Committee members to receive the required training before being asked to submit their opinion. The Minister denied the request on November 6, 2019, stating that the Regional

[5] The notice is posted in French on the Committee's website at https://cdn-contenu.quebec.ca/cdn-contenu/adm/min/sante-services-sociaux/publications-adm/avis_services_prehospitaliers_d_urgence_langue_anglaise.pdf?1616706380.]

[6] As of August 2021, when the Annual Report was finalized, the interim strategies proposed by the Provincial Committee had not, to the Provincial Committee's knowledge, been put in place nor had the Provincial Committee received a formal response from MSSS personnel or the Minister about the substantive content of its opinion.

Committee members and their public institutions had access to all the information they required to complete their evaluations, including the 2018 Guide.

In late January 2020, the MSSS informed the Provincial Committee that it had contacted Jeffrey Hale - St Brigid's Hospital and the newly formed Centre d'expertise sur l'adaptation aux communautés d'expression anglaise en santé et en services sociaux (ACESS) to develop and deliver the Phase 2 training. A member from the Provincial Committee was named to the steering committee for the project in February 2020 and attended the first meeting in March 2020. The project was placed on hold in spring 2020 due to the COVID-19 pandemic, including impacts on a key project partner, Téluq, whose online platform was being used to address pandemic priorities. The Provincial Committee expressed its concern that without proper training, most Regional Committees would not be able to provide an in-depth opinion on their respective access programs because they lacked the level of expertise required to fulfil their mandate.[7]

The MSSS failed to provide the Provincial Committee with complete information on the full list of services, and appropriate service adaptations to ensure effective communication in English when services are not available in English

Without a comprehensive list of all health and social services available to the population, both the Regional Committees and the Provincial Committee will not be able to determine the extent of the access offer in each access program.

2.7. Client services within the health and social services system

Throughout 2019–2020 the Provincial Committee tried to develop a comprehensive understanding of all the client services offered by the nine health and social service-programs in Québec in order to prepare a coherent and effective approach for evaluating the list of services that will be offered to the English-speaking population in each region through the access programs. The Provincial Committee reviewed numerous policy and program documents on each service program, which presented their specific policy directions, objectives, and frameworks, as well as the list of services included in the 2018 Guide's draft access program template (Appendix A5). The Provincial Committee realized that the 2018 Guide does not include complete information about the services in each service program, nor does it explain how to access this information. The Provincial Committee discovered that the list of services included in the Appendix A5 template was incomplete. It made several requests to the MSSS for a complete list of services and was informed that the MSSS had no consolidated list of the services it funded.

The Provincial Committee requested a presentation from a representative of each of the nine service programs delivering direct client services. A short questionnaire was developed to assist in the preparation of materials, including a question on whether the list of services in the 2018 Guide represented the full list of services available to the population in each program area and questions about the delivery of services to the English-speaking population (see Annex 4). It participated in eight videoconference sessions covering six of the nine service programs and parts of two others between November and December 2019. The Provincial Committee appreciated the effort MSSS personnel made to improve committee members' knowledge.

[7] All the opinions from the 16 Regional Access Committees were submitted in either 2019 or 2020, even though the Phase 2 training was not provided. As this Annual Report was being finalized in August 2021 the development of Phase 2 training was still not complete.

None of the presentations addressed the questions concerning reporting, program evaluation and the delivery of services in English, or other service adaptations being made for members of the English-speaking population who have difficulty communicating in French. The Committee requested this information in January 2020, but only two presenters replied.[8]

The Provincial Committee also discovered that the MSSS has established no standards or norms for adapting services for vulnerable English-speaking client groups across the continuums of care in each service program. The Provincial Committee believes that this guidance should be available to all public institutions in Québec responsible for preparing an access program to ensure successful clinical interventions. The standards should include:

- The need to offer health and social services, either verbally and/or in writing, that are scientifically, humanly, and socially appropriate to ensure a successful clinical intervention in keeping with article 5 of the AHSSS. The service should be provided in English, unless there is another method proven to be effective.
- For those services clinically required to be provided in English, formal interpretation should be used if a service is not provided in English, as outlined in *Orientations ministérielles concernant la pratique de l'interprétariat dans les services de santé et les services sociaux au Québec* published in 2018 by the MSSS.

Without a comprehensive list of all health and social services available to the population, both the Regional Committees and the Provincial Committee will be unable to determine the extent of the service offer in each service corridor in each region to ensure comparable services for English-speaking Quebecers. Moreover, it will be difficult to establish services not offered in English requiring someone in the public institution to accompany the English-speaking person so that they do not have to navigate the health and social services system alone.

Without overall MSSS accountability on the appropriate clinical guidance for verbal and written communications with the target clienteles in each service program, there is a high risk that many access programs will lack effective and efficient service delivery approaches.

The cumulative impact of this lack of information and guidance is that the Provincial Committee and the Regional Committees will be unable to fully assess the provision of services in English or through alternate means that are scientifically, humanly, and socially appropriate that each CISSS or CIUSSS is required to identify in their access programs to ensure that the full range of services in each continuum of care is available for English-speaking clients.

2.8. Review of access programs

The Provincial Committee began preparations for reviewing access programs, including setting up review teams and an in-depth study of the proposed analysis grid in Appendix A4 of the 2018 Guide. On February 8, 2020, the Provincial Committee received an example of what the MSSS review process would include, as well as one access program that had been submitted in December 2019 so that it could refine its process.

[8] At the time of finalizing the preparation of its access program opinion in 2021, the Committee had only heard back from two presenters and had only received a complete list of services for one programme

The Provincial Committee was very concerned that the MSSS process would not include an overall review of the content of the access programs using core clinical standards concerning effective communications for attaining successful interventions for the respective target clienteles. The Provincial Committee expected that MSSS would provide guidance about these core clinical standards to all service providers that it funded to assist them in intervening with and serving clients, especially certain English-speaking clients, including the elderly with Alzheimer's disease, clients in a physical or social emergency, and other types of vulnerable clients, such as victims of violence. The Provincial Committee expected that this professional guidance would also be shared with the Provincial Committee to help it review the access programs.

The Provincial Committee was also concerned that the MSSS was not planning to provide it with the results of its policy oversight function to optimize the provision of services in English by ensuring that the access programs across the province result in effective coordination of services between public institutions through intra and inter-territorial agreements. This applies particularly to the Island of Montreal and the surrounding regions given the number of facilities recognized under article 29.1 of the Charter of the French Language and/or that have a supra-regional or specialized service mandate.

In reviewing the 2018 Guide and finalizing the review process, the Provincial Committee noted the following:

- Given the interdependencies between some regions for a select number of services, including specialized services, and that the Provincial Committee has received no guidance from MSSS, it will examine the access programs as they are submitted, but it will give its final opinion after it has reviewed the plans of all the establishments responsible for providing health and social services in the region concerned and determined that all the identified services have been included.

Article 76 of the *Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies* (AMOGHSS) requires each CISSS, CIUSSS or specialized institution to develop a program on access to services in English. As part of this work the public institutions are to *set out the language requirements for the recruitment or assignment of the personnel needed to provide such services.* http://www.legisquebec.gouv.qc.ca/en/showDoc/cs/O-7.2?&digest=. Unfortunately, the 2018 Guide does not quote article 76 in its entirety in one place so that all users of the Guide clearly understand the law's requirements. The 2018 Guide also does not provide clear, succinct guidance to public institutions in the access program template (Appendix A5) on how best to provide all the information described in article 76, particularly with respect to the recruitment and assignment of personnel. Despite this oversight, the Provincial Committee expects that public institutions will fulfill their legal obligation and provide this information when they prepare their access programs.

On page 22 of the 2018 Guide, reference is made to the ability of public institutions to sign contracts with third party providers as defined under article 108 of the AHSSS. Upon closer examination, the Provincial Committee discovered that not all the potential types of partners described in the law are listed. As noted in Section 2.1.2, while reference is made to contracts with public institutions, private institutions or family medicine groups, there is no reference to self-employed professionals or for-profit and non-profit agencies, which are simply described as a ***body or another person*** in Section 108. These providers include intermediate resources providing care in a protective setting for vulnerable clients of all ages, as well as community organizations providing mental health services and NPI organizations that a public institution in a given area may want to

contract out with for a particular service, etc. Not identifying these providers, who are covered under the legislation, when referring to article 108 is a major oversight in terms of guaranteeing the right of access to services in English. Unless named in an access program, self-employed professionals and for-profit and non-profit agencies are not obligated to provide services in English.

These oversights, along with the incomplete list of services as described in 2.2.2 will be mentioned in the recommendations the Provincial Committee will make about continued improvements to the 2018 Guide once it has completed its access program review in 2021.

The Provincial Committee will also point out that had it, or its predecessor, been asked to formally review the 2018 Guide before it was finalized, many of the omissions and other issues now being brought up would likely have been addressed before the access programs were prepared and submitted.

As of March 31, 2020, due to impacts of the pandemic, the Provincial Committee agreed to delay starting its access program review until the 2020–2021 fiscal year.

Communications (As per point 5 of article 18 of the regulation on the Provincial Committee)

2.9. Informing the English-speaking community of our work in 2018–2019.

The Provincial Committee prepared its 2018–2019 Annual Report and had it fact-checked by the MSSS staff before its formal adoption on November 14, 2019. The Provincial Committee submitted the report to the Minister on December 2, 2019 and indicated that it wanted to publish it on the Provincial Committee's webpage in January 2020. The Minister requested clarification of a section in the document on December 17, 2019, and a response was provided by the Provincial Committee on January 31, 2020.

As of March 31, 2020, the Provincial Committee had received no response from the Minister and the 2018–2019 Annual Report had not been made public.

2.9.1. Communications policy

On September 28, 2018, when the Provincial Committee held its initial meeting, the MSSS presented a communications policy dating back to 2006. The Provincial Committee was surprised, as the 2006 policy did not fully reflect the 2018 update of the Provincial Committee's mandate set by regulation, including provisions allowing it to perform its functions by maintaining relations with the English-speaking communities of Québec. This includes holding consultations as required, soliciting opinions, and receiving and hearing requests and suggestions from individuals, organizations, and associations. As twelve years had passed, the Provincial Committee also wanted to know if there were more up-to-date communications policies used by other government advisory committees and requested copies of other existing policies. The Provincial Committee asked if it was bound by any by-laws or operating rules, including the communication policies, of any of the previous Provincial Committees and was told by the MSSS that this was not the case. In January 2019, when a member of the Provincial Committee discovered that the 2006 Communication Policy was still on the Committee's webpage, the Committee rescinded this decade old policy.

The Provincial Committee had asked to receive by February 2019 all MSSS's legal requirements it would have to take into consideration when adopting a communication policy. The Committee received no policy guidance or information on legal obligations from the MSSS in this regard. The Provincial Committee was informed that there were no examples of communications policies from any other government advisory committee.

After several months of work on important issues concerning the provision of services to the English-speaking population, presented in other parts of the Annual Report, the Provincial Committee returned to its duties concerning communication with the English-speaking population. It drafted a communications policy, drawing on the 2006 Communication Policy and specific aspects of its present mandate described in the regulation concerning its duties, functions and powers. The policy was adopted at the Provincial Committee's November 14, 2019, meeting and was completed in tandem with the finalisation of the Provincial Committee's 2018–2019 Annual Report in anticipation of its public release in January 2020. The Provincial Committee requested that the policy be forwarded to the Direction de communication at the MSSS to obtain feedback on alignment with government policy.

In December 2019, as part of her feedback on the 2018–2019 Annual Report, the Minister indicated that the MSSS would provide the Provincial Committee with a communications policy that complied with the MSSS communications rules and guidelines. In January 2020, when responding to the Minister's December letter, the President of the Provincial Committee took the opportunity to provide a detailed account of the challenges the Provincial Committee had faced since September 2018 in finalizing an appropriate communications policy and how this was impacting the ability of the Provincial Committee to fulfill its mandate to communicate publicly with the English-speaking population.

By the end of March 2020, the Provincial Committee had received no further feedback or follow-up to its January letter concerning the publication of its 2018–2019 Annual Report, nor had it received a communications policy from the MSSS.

The Provincial Committee requested an accompanying communications budget in its 2019–2020 Work Plan submission, which was approved. This decision was very important to the Provincial Committee given that its 2018–2019 Work Plan and budget adopted in December 2018 did not receive a Ministerial response before the end of the fiscal year and that the MSSS had advised the Provincial Committee that seeking communications funds for 2018–2019 might place its request for funds in 2019–2020 at risk.

During 2019–2020, the Provincial Committee members responsible for communications made no headway with MSSS staff on carrying out its planned communication activities in a manner satisfactory to the Committee and so it did not use the allocated budget. When the Provincial Committee requested that the unspent funds be credited to the 2020–2021 fiscal year, they were informed that the government does not permit unspent funds to be carried over from one fiscal year to the next.

The Provincial Committee's decision not to communicate publicly, including with the media, since September 2018, was due to the MSSS's failure to provide Provincial Committee members with the administrative guidance they needed to communicate with the English-speaking population, the community organizations serving the community, the media and the Québec population in general in a manner that would ensure the messages it wanted to send were clearly understood. The MSSS refused or failed to respond to each recommendation on strategies for communicating with the community

and proposed no alternative strategies. The Provincial Committee wanted to maintain a respectful and positive relationship with the Minister and the MSSS and so refrained from carrying out this major part of its legal mandate.

2.9.2. Communications activities

The Provincial Committee, aware of the need to work in partnership with the MSSS regarding formal public communications, submitted a draft communications plan to the MSSS on March 3, 2020. One important communications platform in the draft plan was the MSSS website. MSSS has established a web presence for the Provincial Committee https://www.quebec.ca/gouv/ministere/sante-services-sociaux/organismes-lies/comite-provincial-langue-anglaise/ and the Provincial Committee intended to post its meeting minutes, correspondence, annual reports and links to relevant information and community organizations in the spirit of transparency and information sharing with the community it serves. The Committee planned to officially launch the website with the publication of its 2018–2019 Annual Report in January 2020. Delays in approval of the annual report and the lack of progress on the Provincial Committee's communications policy have meant that as of March 31, 2020, the website still only contained basic MSSS information and the names of the members of the Provincial Committee.

In January 2020, the Provincial Committee started work to develop a short video and information release about the Provincial Committee and the upcoming access program review process. At the beginning of March 2020, the COVID-19 pandemic put this work on hold indefinitely.

In the fall of 2019, the Provincial Committee began its informal work with the presidents of the Regional Committees that had been initiated to address concerns about the lack of formal training. This informal exchange of information allowed the Provincial Committee to provide links to key documents like the 2018 Guide and pertinent legislation that had not been provided to some Regional Committee members by the CISSSs and CIUSSSs, although this information was supposed to be provided by these institutions as part of the phase one and phase three training so that the Regional Committees would be better positioned to review the access programs. At a teleconference in January 2020, in addition to presenting the Roadmap document (see Section 2.1.2), the Provincial Committee shared information on the upcoming review of the access program and estimated timelines.

3. Operations

3.1. Implement 2019–2020 Work Plan

The Provincial Committee officially submitted its 2019–2020 Work Plan and accompanying budget to the Minister on February 26, 2019 (Annex 1). The Minister responded positively on March 28, 2019. A full-time professional to support the Provincial Committee's work was recruited in August 2019. The Provincial Committee also received approval for its communications budget, and the members were informed that the MSSS would plan and fund the development and dissemination of a basic training program for Regional Committees to complement the two training phases to be offered by the CISSSs and CIUSSSs.

3.2. Adopt and submit notices to the Minister in 2019–2020

The Provincial Committee issued four notices to the Minister of Health and Social Services:

i) A request that no Regional Committee be asked to recommend its access program until the members have received the training that was promised by the Minister and the MSSS beginning in January 2019 (see 2.2.1).

ii) A notice concerning two major issues requiring examination, prehospital emergency services and the continuum of services (see 2.1.5, Annex 2 and the Committee's website)

iii) A notice regarding proposed changes to the use of French as the official language for communication between New Quebecers and the government as well as new possible requirements on receiving public services in English

iv) Submission of the Provincial Committee's 2018–2019 Annual Report (see 2.3.2 and the Committee's website)

3.3. Optimize the expertise of members of the Provincial Committee by the Minister

When asked to apply to join the Committee, Provincial Committee members understood that the Provincial Committee would be *advising the Government on the dispensing of health and social services in the English language [art. 509 AHSSS].* The Provincial Committee started work in September 2018, yet after more than 18 months of operation, it is concerned that the Minister and the government are carrying out activities and consultations with the English-speaking population concerning health care services and by-passing the Provincial Committee, in spite of its legal mandate and instead of taking full advantage of the Provincial Committee's experience and expertise.

As an example, in late February/early March 2020, the Provincial Committee was ready and available to discuss with MSSS leadership, how best to provide essential COVID-19 pandemic information to English-speaking Quebecers, particularly to the most vulnerable, such as those over 70 years old, some of whom are not able to use and/or access the Internet at home. Neither the Minister nor the MSSS asked the Provincial Committee to help find a solution, so it spent the first part of the 2020–2021 fiscal year advocating for the delivery of a Self-Care Guide to the homes of over 1.1 million English-speaking Quebecers.

A second example is related to the work of Secrétariat aux relations avec les Québécois d'expression anglaise under the leadership of Christopher Skeete, Parliamentary Assistant to the Premier. The Provincial Committee highlighted the complementarity between the secretariat's mandate and that of the Provincial Committee on June 12, 2019, when it met with the secretariat's assistant secretary. Although the assistant secretary was aware of our mandate, the Provincial Committee was not involved in the planning and implementation of the healthcare component under the various themes in the pan-Québec consultation. It was only officially advised of the consultation when the Provincial Committee chair received an invitation to attend a consultation session 24 hours before it was held in Québec City on November 14–15, 2019, on the same day as the Provincial Committee's regular meeting. The chair of the Provincial Committee wrote

to Mr. Skeete on November 19, 2019, reminding him of the Provincial Committee's unique legal role and inviting him to meet with them. The letter remains unanswered.

3.4. Prepare and adopt the 2020–2021 Work Plan and budget

The Provincial Committee prepared its 2020–2021 Work Plan and approved it at its meeting on February 27, 2020, together with a budget request (see Annex 5). The plan was officially sent to the Minister on March 5, 2020. The Provincial Committee did not receive a response before March 31, 2020.

Key activities for 2020–2021 include:

- Reviewing and preparing a notice and opinion for each 2020–2025 access program developed and submitted to the Provincial Committee;
- Offering additional recommendations to improve the 2018 Guide used in the development and implementation of access programs;
- Assisting with content development and the roll out of on-line training for Regional Committee members; and
- Informing and discussing with the English-speaking community, community organizations and the public about the role and activities of the Provincial Committee and the right of access to health and social services in English.

4. Composition of the Provincial Committee and term of office

According to the operating rules of the Provincial Committee, the term of office of committee members is three or four years, renewable only once. The eleven members of the Provincial Committee in office on March 31, 2020 are as follows:

MEMBERS OF THE PROVINCIAL COMMITTEE	
Name	Region
Sara Saber-Freedman, Chair	Montreal (06)
Donald Warnholtz, Vice Chair	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	Laurentides (15)
Bonnie Jean Mitchell	Montérégie (16)

April – July 2019 Pierre Lafleur, Secretary Iannick Martin, Coordinator August – March 2020 Manon Boiley, Secretary Ange Beaulieu, Advisor	

Sara Saber-Freedman was elected chair of the Provincial Committee and Mr. Donald Warnholtz as vice chair for the 2019–2020.

Provincial Committee contact information:

Secrétariat à l'accès aux services en langue anglaise et Secrétariat à l'accès pour les communautés culturelles
Direction générale de la coordination, de la planification, de la performance et de la qualité
Ministère de la Santé et des Services sociaux
2021 avenue Union, 12ième Étage (Bureau 12.30)
Montréal, Québec H3A 2S9
Telephone: 514-873-2292
ange.beaulieu@msss.gouv.qc.ca

5. Annexes

Annex 1

2019–2020 Work Plan

Pour decision, reunion du 25 février 2019, point 5

Comité provinciale pour la prestation des services de santé et des services sociaux en langue anglaise
Plan de travail 2019-2020

Ce Plan de travail est organisé en fonction des fonctions, devoirs et pouvoirs identifiés à l'article 18 du règlement en vertu de l'article 509 de la Loi sur les services de santé et les services sociaux (chapitre S-4.2.).

Fonctions, Devoirs et Pouvoirs	Priorités	Activités proposés[1]	Échéancier	Budget proposé
1] art.509: Le gouvernement prévoit, par règlement, la formation d'un comité provincial chargé de donner son avis au gouvernement sur: **1° la prestation des services de santé et des services sociaux en langue anglaise;**	**Un Comité fort, bien informé, et bien branché.**	Tenu des réunions du Comité provincial (8-10 par année) Rencontre avec la Ministre de la Santé (minimum 1x) Construire une compréhension politique et un soutien pour le dossier d'accès aux services en langue anglaise à travers: - Communications avec les principaux responsables et les administrateurs publics (Office de la langue française; Cabinet du premier ministre; Secrétariat anglophone) - Réunions avec des députés locaux clés Sur une base trimestrielle, examiner le plan de travail 2019-2020 - ajuster au besoin Préparer et soumettre un rapport d'avancement pour le plan de travail 2019-2020 et préparer et soumettre un plan de travail pour 2020-2021	Trimestre 1-4 Trimestre 4	(traduction) 1.5 postes ETC supplémentaires Formation des membres du Comité provincial; frais de participation conférences etc.
	Préparer les avis sur les plans d'action ou orientations ministérielles, y compris: • **Plan stratégique MSSS 2020-25**	En consultation avec les instances de la communauté d'expression anglaise, préparer officiellement les avis et les soumettre au ministre.	Selon les échéanciers du MSSS	soutien admin de 5-7 jours/avis + autres frais re: réunion, etc.

[1] Ce Plan de travail est un document « evergreen ». Le Comité régional pourrait apporter des ajustements aux priorités et aux activités pendant l'implantation.

1

Pour decision, reunion du 25 février 2019, point 5

	• **Orientations Ministérielles sur l'intervention de crise 24/7** • **Programme de Soutien à la famille[révisé]** • **Politique nationale pour les Proches Aidants** • **Politique soins longue durée**			

Pour decision, reunion du 25 février 2019, point 5

Fonctions, Devoirs et Pouvoirs	Priorités	Activités proposés	Echéancier	Budget proposé
2] Présenter des observations ou donner son avis sur tout document administratif produit par le ministre pour guider les établissements dans l'élaboration des programmes d'accès aux services de santé et aux services sociaux en langue anglaise pour les personnes d'expression anglaise	**Mise en place des comités régionaux**	Lors de chaque réunion, recevoir des mises à jour sur la mise en place de chaque comité régional, à compter de la première réunion en 2019-2020. Participer à l'élaboration de la trousse de formation pour les membres des comités régionaux, y compris sa portée et son cadre de référence. Tenir une réunion avec toutes les présidentes et tous les présidents des comités régionaux pour échanger des informations sur l'élaboration des plans d'accès régionaux et fournir un soutien, au besoin.	Trimestre 1-4 Trimestre 3 Trimestre 3-4	Formation des comités régionaux SI activité sous la responsabilité du Comité
3] Donner son avis sur l'approbation, l'évaluation et la modification par le gouvernement de chaque programme d'accès	**Écriture et approbation des plans régionaux d'accès**	Demander du MSSS un rapport mensuel sur l'avancement du développement des plans régionaux de chaque établissement, à partir du 20 août 2010 jusqu'à l'achèvement en 2019-2020. Discutez chaque rapport avec le MSSS, et ratifier chaque rapport. Consultation par le Secrétariat sur le contenu de la trousse à outils à l'intention des répondants au dossier de langue anglaise avant la transmission de ce document aux établissements. Établir un plan pour mener à bien un processus d'examen informel des plans régionaux au fur et à mesure de leur développement, afin d'éviter que des plans inadéquats ne soient soumis à l'examen. Cet examen consistera notamment à s'assurer que l'établissement a mis en place des coordinateurs d'accès régionaux ayant de	Trimestre 1-4	réunions des sous-comités

Pour decision, reunion du 25 février 2019, point 5

2 et **3** …		disponibilités nécessaires pour mobiliser les cadres dans l'élaboration et la mise en œuvre du plan d'accès; et un processus pour assurer des interactions continues avec la communauté, les CAR et l'évaluation des plans. Revue du développement de l'intervention de crise 24/7 au sein des plans d'accès régionaux en relation avec les nouvelles Orientations ministérielles 2019-20. Préparer un avis à l'intention de la ministre sur chacun des plans d'accès régionaux, contenant des recommandations sur l'adoption [art.18. 2, Règlement sur les comités provinciaux]. C'est-à-dire que le Comité Provincial adopte une résolution donnant son avis sur chacun des plans régionaux qu'il reçoit des établissements de chaque région. Le Comité provincial donnera également son avis sur les protocoles adoptés par chaque institution dans le domaine des plaintes et de l'information, respectivement, conformément aux résolutions de sa réunion du 31 janvier 2019	Lors du dépôt des plans régionaux	

4

Pour decision, reunion du 25 février 2019, point 5

2 et 3 …	**Supervision / mise en œuvre des plans d'accès régionaux**	Examen du plan du MSSS pour la surveillance continue de l'élaboration réussie des plans d'accès régionaux	Trimestre 2	
	Améliorations critiques du Guide 2018	Préparer une section sur les indicateurs critiques nécessaires pour faciliter le succès de la planification, de la mise en œuvre et de l'évaluation des du Guide. Aller au-delà des indicateurs de «processus» pour atteindre des indicateurs tels que «la satisfaction du client» [ex. enquêtes de satisfaction auprès de clients ciblés dans chaque corridor de service].	Trimestre 2-3	

5

Pour decision, reunion du 25 février 2019, point 5

Fonctions, Devoirs et Pouvoirs	Priorités	Activités proposés	Echéancier	Budget proposé
4] Observer l'application des programmes d'accès dans les différentes régions du Québec;	**Veiller à ce que trois principes fondateurs et cinq orientations ministérielles soient appliqués:** **Principes régissant la planification et la prestation des services:** **- la relation entre une communication efficace et des interventions cliniques réussies;** **- les besoins exprimés par la communauté anglophone en matière d'accès aux services de santé et aux services sociaux dans leur langue; et** **- l'évaluation des résultats dans le cadre d'une amélioration continue** **Orientations ministérielles:** **- la responsabilisation basée sur la population;** **- organisation hiérarchique des services;** **- facilitation de la circulation des personnes dans le réseau;** **- interventions cliniques réussies;** **- Participation des utilisateurs anglophones et de la population anglophone**	Fournir des commentaires et des conseils sur l'offre de service en anglais aux populations vulnérables, en particulier dans les régions rurales du Québec.	Trimestre 1-4	

6

Pour decision, reunion du 25 février 2019, point 5

Fonctions, Devoirs et Pouvoirs	Priorités	Activités proposés	Écheanciers	Budget proposé
5] Donner son avis sur toute proposition de modification législative susceptible d'affecter la prestation des services de santé et des services sociaux en langue anglaise ainsi que sur toute autre matière affectant cette prestation;	**Services de santé et services sociaux exclus des plans d'accès**	Révision de liste décrivant tous les services exclus du Guide 2018, financés en partie ou en totalité par le MSSS Passer en revue l'inventaire des stratégies et les mécanismes d'évaluation mis en place par le MSSS pour mesurer le succès des interventions au sein du système; -interventions de santé aiguë nécessitant une réponse rapide, telles que les services d'ambulance d'urgence. - des interventions psycho-sociales, telles que des services de santé mentale; -services à la clientèle dans des environnements «protecteurs» où il est nécessaire de disposer d'une approche «milieu de vie»; services à la clientèle ayant une très faible «littératie en santé» Examinez les paramètres utilisés par PSOC pour évaluer les services de santé et les services sociaux qu'il finance, afin de déterminer si la population anglophone de chaque région bénéficie d'un éventail de services comparable.	Dans les 2 mois suivant la réception de la liste Dans les 6 mois suivant la réception de la liste complète des stratégies du MSSS	

7

Pour decision, reunion du 25 février 2019, point 5

Fonctions, Devoirs et Pouvoirs	Priorités	Activités proposés	Echéancier	Budget proposé
6] Favoriser la réalisation et la diffusion de la documentation et des programmes d'information relatifs à la prestation de services de santé et de services sociaux en langue anglaise. **De plus, aux fins de l'exercice de ses fonctions, le Comité maintient des relations avec les communautés d'expression anglaise du Québec. Il procède également au besoin à des consultations, sollicite des opinions et reçoit et entend les requêtes et les suggestions de personnes, d'organismes ou d'associations. Il peut aussi créer des sous-comités**	**Préparer et mettre en œuvre un plan de travail de communication**	Informer et engager la communauté anglophone, les organismes communautaires et le public sur le rôle et les activités du comité provincial et le droit d'accès aux services de santé et aux services sociaux en anglais.	Trimestre 1-4	

8

Annex 2

Prehospital notice

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

PAR COURRIER ÉLECTRONIQUE

Québec, le 30 octobre 2019

Madame Danielle McCann
Édifice Catherine-De Longpré
1075, chemin Sainte-Foy, 3e étage
Québec (Québec) GIS 2Ml

Madame la Ministre,

Au nom des membres du Comité provincial, je tiens à vous remercier de l'intérêt porté pour la prestation des services de santé à la population de langue anglaise du Québec lors de notre rencontre en avril dernier. Nous reconnaissons en même temps votre désir de nous revoir bientôt, afin de poursuivre nos discussions et de trouver des pistes de solution.

Nous avons soulevé deux problèmes majeurs et reliés qui, à notre avis, requièrent un examen approfondi et un suivi rigoureux, soit les services préhospitaliers et le continuum des soins.

Les services préhospitaliers d'urgence

Les situations d'urgence médicale et sociale sont parmi les plus difficiles pour les usagers, et dans bien des cas l'intervention commence avec un appel au 911. Le travail des répartiteurs et des techniciens ambulanciers est très complexe, et exige une interprétation instantanée de la demande de service. Ils doivent être en mesure de comprendre la gravité du problème de santé décrit par la personne et d'en assurer le suivi clinique immédiat nécessaire.

Une adaptation linguistique est incontournable pour que les personnes d'expression anglaise aient des résultats en matière de santé équivalant à ceux de leurs concitoyens d'expression française.

La problématique d'adaptation linguistique est bien documentée. En 2013, l'Institut national de santé publique du Québec (INSPQ) a publié un rapport intitulé *Adaptation linguistique des soins et des services de santé : enjeux et stratégies*. Ce rapport est une analyse documentaire qui présente les forces et les faiblesses de quelques approches d'optimisation de la communication linguistique entre les professionnels de la santé et des services sociaux et les usagers de langue minoritaire. Des études menées aux États-Unis, en Scandinavie , au Royaume- Uni et en Australie ont toutes souligné l'importance de la maîtrise linguistique des premiers répondants et des prestataires de soins d'urgence. D'autres travaux ont révélé de graves erreurs cliniques attribuables à des erreurs de communication. Notons également qu'il y a deux ans, la province du Nouveau-Brunswick s'est engagée à fournir les services ambulanciers en français et en anglais.

... 2

2021, Avenue Union, 12e étage, bureau 1240 Montréal
(Québec) J3A 2S9 asaber58@gmail.com

Nous savons que plus de la moitié de la clientèle d'Urgences-santé (53 %) est des personnes de plus de 65 ans. Au Québec, parmi la population d'expression anglaise, le taux des personnes très âgées (75 ans et plus), reconnues comme étant les plus fragiles, est plus élevé que le taux de la population d'expression française. De plus, en 2013, 41,5 % des personnes âgées d'expression anglaise de 65 ans et plus (57 285 personnes) avaient un revenu annuel inférieur à 20 000 $. Vu le faible taux de bilinguisme, ces deux groupes sont d'autant plus vulnérables.

Malgré l'approbation des garanties légales relatives aux services en langue anglaise de 1986, aucun programme d'accès aux services de santé et aux services sociaux en langue anglaise n'inclut des services préhospitaliers d' urgence. Il s'agit d'une sérieuse lacune en ce qui a trait à la garantie d'accès aux services de santé et aux services sociaux pour la communauté d'expression anglaise.

L'article 348 de la *Loi sur les services de santé et les services sociaux* stipule : « […] un programme d'accès aux services de santé et aux services sociaux en langue anglaise pour les personnes d'expression anglaise de sa région dans les centres exploités par les établissements [...] » Puisque les services préhospitaliers ne sont pas offerts par les établissements publics, ils ne sont pas inclus dans les programmes d'accès aux services en langue anglaise et, par conséquent, se situent hors des garanties légales prévues par la Loi.

En raison de ce qui précède, le Comité a entrepris des recherches pour améliorer sa compréhension quant à l'accès aux services préhospitaliers d'urgence pour les communautés d' expression anglaise. Afin de vérifier si des mesures alternatives avaient été instaurées pour combler cette lacune, le Comité a invité M. André Lizotte, directeur des services préhospitaliers d'urgence du ministère de la Santé et des Services sociaux (MSSS) à sa réunion du 12 juin 2019. Quatre questions, concernant les demandes adressées en anglais aux centres de communication santé (CCS) dans chacune des régions du Québec en 2017 et en 2018, avaient été transmises à M. Lizotte au préalable.

Lors de notre réunion le 12 juin 2019, M. Lizotte a fourni les réponses suivantes :

1. Les demandes de service en anglais n'ont pas toutes été prises en charge par un répartiteur du CCS parlant anglais couramment.

2. Dans les cas où le répartiteur ne parlait pas anglais couramment, aucune mesure alternative n' était mise en place pour garantir des résultats en matière de santé équivalant à ceux offerts à la population francophone.

3. Tous les appels faits en anglais, aux répartiteurs des CCS, n'ont pas été pris en charge par la suite par un technicien ambulancier paramédical parlant anglais couramment.

... 3

4. Dans les cas où le répartiteur médical d'urgence de CCS devait parler à un technicien ambulancier paramédical qui ne parle pas anglais couramment, des mesures alternatives n'étaient pas mises en place pour assurer que les clients d'expression anglaise aient les résultats en matière de santé équivalant à ceux de la population francophone.

   Il est extrêmement troublant de constater que le MSSS admet qu'aucune mesure alternative n'est envisagée pour ce service essentiel.

   Nous recommandons donc que les stratégies suivantes soient mises en place afin de permettre un accès linguistique approprié et des résultats en matière de santé équivalents pour les Québécois et Québécoises d'expression anglaise lorsqu'ils ont besoin des services ambulanciers :

   Pour les répartiteurs médicaux d'urgence du CCS :

   Que toute demande de services d'une personne d'expression anglaise, au CCS, soit dirigée vers un répartiteur qui maîtrise l'anglais. Si aucun répartiteur de ce CCS ne maîtrise l'anglais, l'appel doit être acheminé à un autre CCS.

   Pour les paramédicaux et les ambulanciers :

   À long terme : garantir que l'un des premiers répondants peut bien comprendre la personne qui a communiqué en anglais avec le répartiteur du CCS.
   À court terme : s'assurer d'avoir un répartiteur du CCS pour faire la traduction simultanée lors de leur arrivée sur les lieux de l'urgence. Cette mesure peut prévenir des malentendus et éviter des risques inhérents à la santé du patient. Normalement, le répartiteur du 911 qui a d'abord parlé au patient devrait fournir ce service.

   Ce système, dont la mise en œuvre serait relativement simple, pourrait assurer de meilleurs résultats en matière de santé pour les usagers d'expression anglaise.

   Fonds de recherche

   À court terme : l'affectation ou la réaffectation des fonds de recherche sur les études comparatives visant, dans chaque région administrative, les résultats en matière de santé de la population d'expression anglaise et la population d'expression française ayant un profil socioéconomique similaire. Des recherches sur des services préhospitaliers d'urgence devraient être priorisées.

.. .4

Le continuum des soins

Le continuum des soins fut un des principes fondamentaux des deux réformes structurelles des 20 dernières années. Les changements organisationnels qui ont suivi pourraient avoir amélioré la prestation des services de santé et des services sociaux pour la population francophone, mais ils ont entraîné une réduction de services aptes à être garantis en anglais pour diverses clientèles cibles des programmes services.

La Loi prévoit que les centres exploités par les établissements de chaque région ont l'obligation légale d'offrir certains de leurs services en anglais, mais puisque les services ci-dessus mentionnés, incluant les services essentiels (services préhospitaliers d'urgence) sont maintenant offerts ailleurs, la population anglophone ne jouit d'aucune garantie légale pour recevoir les services en anglais.

Par conséquent, le droit d' accès aux services en langue anglaise est donc inévitablement affaibli et nous vous demandons d'envisager des pistes de solution qui peuvent redresser cette situation et qui ne semblent pas avoir été abordées auparavant.

Sachez que vous pouvez compter en tout temps sur l'expertise des membres du Comité provincial pour vous éclairer sur les besoins et les attentes des personnes issues des communautés anglophones du Québec.

Je vous prie d'agréer, Madame la Ministre, l' expression de nos sentiments distingués.

La présidente du Comité,

Sara-Saber-Freedman

c. c.: Mme Manon Boily, secrétaire, Comité provincial pour la prestation des services de santé et des services sociaux en langue anglaise
M. Donald Warnholtz, vice-président, Comité provincial pour la prestation des services de santé et des services sociaux en langue anglaise

Annex 3

Formation pour les membres des comités régionaux - 2019-2020

Formation pour les membres des comités régionaux - 2019-2020

Introduction

Il est important que tous les membres des Comités régionaux pour les programmes d'accès à des services de santé et des services sociaux en langue anglaise reçoivent une formation similaire afin qu'ils puissent participer activement aux échanges du Comité.

En ce sens, le Secrétariat à l'accès aux services en langue anglaise et aux communautés ethnoculturelles, de concert avec le Comité provincial pour la prestation des services de santé et des services sociaux en langue anglaise, suggère une série de programmes de formation qui permettront à terme aux membres des comités régionaux de parfaire leurs connaissances sur :

les objectifs du réseau de la santé et des services sociaux;
l'organisation du réseau de la santé et des services sociaux;
les services offerts par les CISSS/CIUSSS et leurs partenaires régionaux;
les droits de la population d'expression anglaise du Québec; et
les programmes d'accès aux services de santé et aux services sociaux en langue anglaise

Une fois ces formations complétées, les membres des comités régionaux seront à même de collaborer avec leurs CISSS/CIUSSS sur le développement et le suivi du ou des programmes d'accès aux services de santé et aux services sociaux en langue anglaise de même que tout autres enjeux reliés à l'accessibilité des services de santé et des services sociaux en langue anglaise au sein de leurs régions.

Trois périodes de formation

Il est suggéré de tenir trois périodes de formation.

Phase 1- Introduction des nouveaux membres

Il est suggéré d'aborder les sujets suivants:

- La règlementation du comité, afin que les membres comprennent leur rôle et le fonctionnement du Comité;
- les organisations de promotion des intérêts des personnes d'expression anglaise de la région œuvrant dans le domaine de la santé et des services sociaux et leur rôle;
- l'organisation des services de santé et des services sociaux dans la région; (partenaires, réseau local de service, organisation du CISSS/CIUSSS); et,
- un résumé du programme d'accès présentement en vigueur, incluant la mise à jour 2016.

Phase 2 - Programme de formation de développement des compétences des nouveaux membres des comités régionaux pour les programmes d'accès aux services de santé et aux services sociaux en langue anglaise

Le MSSS prévoit qu'un programme de formation permette, en 2019-2020, le développement des compétences des nouveaux membres des comités régionaux. Plus précisément, ce programme de formation d'une demi-journée sera offert aux membres des comités régionaux qui en seront à leur premier mandat.

Cette formation sera donnée au siège social de chaque CISSS/CIUSSS, et contiendra les volets suivants:

- Une compréhension de base du RSSS, incluant l'architecture des services de santé et des services sociaux et les programmes services;
- Une compréhension de base des droits des usagers et plus spécifiquement du droit des usagers d'expression anglaise en vertu de la LSSSS et de la LMRSSS;
- Une compréhension de base des programmes d'accès aux services de santé et aux services sociaux en langue anglaise adopté par les établissements;
- Une compréhension de base de la Charte de la langue française en lien avec le réseau de la santé et des services sociaux;
- Les attentes envers les membres au sein d'un comité régional;
- Le fonctionnement d'un comité régional.

Phase 3 - Programme de format ion régional détaillé

Il est suggéré aux établissements de poursuivre la formation en abordant en profondeur plusieurs sujet s abordés lors des phases précédentes , te ls que:

- l'organigramme et une liste détaillée des services offerts par l'établissement;
- La liste et le rôle des organisations de promotions des intérêts des personnes d'expression anglaise de la région;
- les partenaires de l'établissement;
- le profil démographique de la communauté d'expression anglaise de la région;
- le programme d'accès aux services de santé et aux services sociaux en langue anglaise pour les personnes d'expression anglaise de la région;
- les projets Adaptation 2014-2018 et 2018- 2023, incluant les résultantes et leur lien avec le programme d'accès;
- Le projet de formation Anglais langue seconde de Dialogue McGill de la région;
- le processus de dépôts de plaintes,
  d' amélioration des services et le rôle du commissaire aux plaintes.

Annex 4

GUIDE : PRÉSENTATIONS DES PROGRAMMES-SERVICES DU PROGRAMME D'ACCÈS AUX SERVICES DE SANTÉ ET AUX SERVICES SOCIAUX EN LANGUE ANGLAISE POUR LE COMITÉ PROVINCIAL POUR LA PRESTATION DES SERVICES DE SANTÉ ET DES SERVICES SOCIAUX EN LANGUE ANGLAISE

Objectif général de la présentation: Le Comité provincial devra examiner sous peu les programmes d'accès des établissements qui identifieront les services qui seront offerts en anglais à la population anglophone d'une région (directement ou par l'entremise d'ententes de services). Afin d'analyser ces programmes d'accès basés sur le système de santé et de services sociaux mis en place au Québec, de façon cohérente et professionnelle, le Comité provincial doit avoir la gamme complète des services – liste de services clients - de chaque programme-services tels que définis dans l'architecture des services de santé et des services sociaux émis par le MSSS en 2004, ainsi que tout service ou programme ajouté après cette date.

Afin de compiler cette liste, le Comité provincial a demandé au ministère d'identifier les experts du MSSS pour chaque programme-services, afin qu'ils viennent présenter leur programme.*

** N. B : Lors de la présentation il est important que le présentateur puisse communiquer en anglais ou qu'il comprenne l'anglais assez bien pour répondre aux questions des membres du Comité provincial.*

Contenu de la présentation

Une brève présentation (30 minutes) qui passe en revue l'architecture générale des programmes-services telle que présentée dans l'architecture des services de santé et des services sociaux (janvier 2004) serait favorable pour les membres du Comité, avant de passer à chacun des programmes-services :

Pour chaque programme-service, les membres du Comité aimeraient que les présentations fournissent les informations suivantes:

1. **Aperçu général des programmes-services :**
    a. Orientations générales ou principes directeurs clés;
    b. Quelle politique ou lignes directrices expriment clairement ces orientations (l'expert peut fournir, de façon concise, une liste et quelques points saillants)
2. **L'organisation des services au sein de chaque programme :**
    a. Une liste des sous-programmes (clientèle spécifique ou problèmes spécifiques)
    b. Dans le cadre de chaque sous-programme, la liste de tous les services offerts à la population générale ou à une population ciblée et ce, peu importe la langue.
    c. Quel (s) organisme (s), établissement (s) ou institution (s) assume la responsabilité globale des dépenses et des résultats de chaque sous-

programme (par exemple : CISSS / CIUSSS, ressources externes, MSSS ou autre).

N. B. : À cette étape, le comité souhaite connaître tous les services offerts au niveau de la clientèle, et ce, peu importe la langue. Il est moins intéressé aux services internes liés à des éléments comme l'élaboration de politiques ou de programmes du MSSS ou des CISSS / CIUSSS. Afin que les membres puissent se préparer d'avance et échanger avec le présentateur, les membres souhaitent qu'on leur indique les sections des documents du MSSS qui contiennent des informations détaillées sur les normes de service, la gamme de services offerts à la clientèle, etc. dudit programme.

3 Autres services offerts en dehors de ceux décrits dans la section des sous-programmes (présentés au point 2) ou ajoutés à un programme récemment :

a. Existe-t-il d'autres services clients distincts qui relèvent des programmes-services, mais qui ne figurent pas dans un sous-programme? Si oui, veuillez fournir une liste.
b. Quels sont les changements et/ou ajouts apportés aux services depuis la publication du guide de 2004 ou plus récemment avec la réorganisation du système de services de santé et de services sociaux (le Comité s'intéresse en particulier aux ajustements survenus après 2016, date à laquelle a eu lieu la dernière mise à jour des plans d'accès régionaux).
c. Le gabarit de l'annexe A5 du Guide pour l'élaboration du programme d'accès représente-t-il la liste complète des services disponibles pour la population en général? Dans le cas contraire, le Comité aimerait savoir quels services à la clientèle doivent être ajoutés.

4 Rapports :

a. Pour chaque sous-programme des programmes-services, y-a-t-il des rapports/documents qui permettent de distinguer les clients en fonction de la langue ou de l'appartenance ethnique? Si oui, le Comité peut-il consulter ces rapports?

5 Évaluation du programme :

a. Le MSSS a-t-il effectué une évaluation ou une analyse comparative des programmes-services sur l'utilisation proportionnelle des services, ainsi que les résultats sur la santé de la communauté anglophone du Québec par rapport à ceux de la population francophone?
b. Du point de vue socioéconomique, y-a-t-il eu des évaluations du programme ou pour l'un de ses sous-programme?
c. En général, quels ont été les résultats et comment ont-ils été utilisés pour améliorer l'offre de service?

6 Quels sont les plus grands défis de ce programme pour desservir la Communauté anglophone du Québec :

a. Dans ce cas, le Comité souhaiterait connaître les 3 ou 4 principaux défis auxquels sont confrontés les programmes ou sous-programmes pour

obtenir des résultats comparables aux communautés francophones pour les clients de la Communauté anglophone du Québec.

Annex 5

2020–2021 Work Plan

Plan final – approuvé lors de la réunion du 27 février 2020

Comité provinciale pour la prestation des services de santé et des services sociaux en langue anglaise
Plan de travail 2020-2021

Ce Plan de travail est organisé en fonction des fonctions, devoirs et pouvoirs identifiés à l'article 18 du règlement en vertu de l'article 509 de la Loi sur les services de santé et les services sociaux (chapitre S-4.2.).

Fonctions, Devoirs et Pouvoirs	Priorités	Activités proposés[1]	Échéancier	Budget proposé[2]
1] art.509: Le gouvernement prévoit, par règlement, la formation d'un comité provincial chargé de donner son avis au gouvernement sur: **1° la prestation des services de santé et des services sociaux en langue anglaise;**	**Un Comité fort, bien informé, et bien branché.**	Tenue des réunions du Comité provincial (8-10 par année) Rencontre avec la Ministre de la Santé (minimum 2x - 1) les résultats de 2019-2020 et 2) l'avis du Programme d'accès) Communications avec les principaux responsables et les administrateurs publics (e.g. Cabinet du premier ministre, Secrétariat anglophone, autres ministères) Dialogue avec le personnel du ministère responsable des politiques et cadres du programme en vue d'améliorer l'accès aux services en anglais ou à de meilleures pratiques afin que la communauté d'expression anglaise obtienne des résultats sur l'état de santé comparables à ceux de la population francophone. Sur une base trimestrielle, examiner le plan de travail 2020-2021 - ajuster au besoin Préparer et soumettre un rapport annuel pour 2019-2020 et	Q1-Q4 Q1-Q4 Q2/Q3 Q1 Q4	(traduction) Formation des membres du Comité provincial; frais de participation conférences etc.

[1] Ce Plan de travail est un document « evergreen ». Le Comité provinciale pourrait apporter des ajustements aux priorités et aux activités pendant l'implantation.

[2] L'équipe de soutien actuel de MSSS aux CPA, y compris le poste crée en vertu du budget approuvé en lien avec le plan de travail 2019-20 est comprise dans le budget de fonctionnement récurrent et et non inclus dans le budget proposé.

1

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		Préparer et soumettre un plan de travail pour 2021-2022		
	Préparer les avis sur les plans d'action ou orientations ministérielles, y compris: • **Orientations Ministérielles sur l'intervention de crise 24/7** • **Programme de Soutien à la famille[révisé]** • **Politique nationale pour les Proches Aidants** • **Politique soins longue durée** • **PSOC**	Obtenir la liste des politiques du ministère qui seront mises à jour ou révisées. Identifiez celles qui affectent la communauté d'expression anglaise et pour lesquelles le Comité provincial souhaite être consulté. En consultation avec la communauté d'expression anglaise, préparer officiellement les avis.	Selon les échéanciers du MSSS	soutien admin de 5-7 jours/avis + autres frais re: réunion, etc.
Fonctions, Devoirs et Pouvoirs	**Priorités**	**Activités proposés**	**Échéancier**	**Budget proposé**
2] Présenter des observations ou donner son avis sur tout document administratif produit par le ministre pour guider les établissements dans l'élaboration des programmes d'accès aux services de santé et aux services sociaux en langue anglaise pour les personnes d'expression anglaise	**Soutien des comités régionaux**	Participer à l'élaboration et à la distribution de la trousse de formation (notamment la phase 2 gérée et financée par le MSSS) pour les membres des comités régionaux, y compris sa portée et son cadre de référence. Convoquer (audioconférence, visioconférence ou réunion) toutes les présidentes et tous les présidents des comités régionaux pour échanger des informations sur l'élaboration et la mise en œuvre des plans d'accès régionaux et fournir un soutien, au besoin.	Q1-Q3 Q1-Q4	
3] Donner son avis sur l'approbation, l'évaluation et la modification par le gouvernement de chaque programme d'accès	**Écriture d'un avis et approbation des programmes d'accès régionaux**	Mise en œuvre d'un plan pour mener à bien l'analyse des programmes d'accès, selon un processus d'examen formel. Préparer un avis à l'intention de la Ministre sur	Q1 Q1-Q2	réunions des équipe évaluatrices

2

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		chacun des programmes d'accès régionaux, contenant des recommandations sur l'adoption [art.18. 2, Règlement sur les comités provinciaux]. C'est-à-dire que le Comité provincial adopte une résolution donnant son avis sur chacun des plans régionaux qu'il reçoit des établissements de chaque région. Le Comité provincial donnera également son avis sur les protocoles adoptés par chaque institution dans le domaine des plaintes, conformément à la résolution de sa réunion du 31 janvier 2019.		
2 et 3 (suite…)	**Suivi de la mise en œuvre des programmes d'accès régionaux**	Dans le cadre de nos avis et recommandations relatifs aux programmes régionaux, établir un processus et des paramètres de suivi quant à la mise en œuvre des programmes d'accès régionaux. Travailler en partenariat avec le MSSS et les comités régionaux afin d'effectuer un suivi de la mise en œuvre des programmes d'accès régionaux.	Q3-Q4	
	Améliorations critiques du Guide 2018	Préparer une section sur les indicateurs critiques nécessaires pour faciliter le succès de la planification, de la mise en œuvre et de l'évaluation du Guide 2018. Aller au-delà des indicateurs de « processus » pour se baser sur des indicateurs de type « résultats santé », tels que « la satisfaction du client » [ex. enquêtes de satisfaction auprès de clients ciblés dans chaque corridor de service].	Q2-Q3	

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Fonctions, Devoirs et Pouvoirs	Priorités	Activités proposés	Échéancier	Budget proposé
4] Observer l'application des programmes d'accès dans les différentes régions du Québec;	**Veiller à ce que trois principes fondateurs et cinq orientations ministérielles soient appliqués:** **Principes régissant la planification et la prestation des services:** **- la relation entre une communication efficace et des interventions cliniques réussies;** **- les besoins exprimés par la communauté anglophone en matière d'accès aux services de santé et aux services sociaux dans leur langue; et** **- l'évaluation des résultats dans le cadre d'une amélioration continue** **Orientations ministérielles:** **- la responsabilisation basée sur la population;** **- organisation hiérarchique des services;** **- facilitation de la circulation des personnes dans le réseau;** **- interventions cliniques réussies;** **- Participation des utilisateurs anglophones et de la population anglophone**	À développer.	Q1-Q4	

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Fonctions, Devoirs et Pouvoirs	Priorités	Activités proposés	Échéanciers	Budget proposé
5] Donner son avis sur toute proposition de modification législative susceptible d'affecter la prestation des services de santé et des services sociaux en langue anglaise ainsi que sur toute autre matière affectant cette prestation;	**Services de santé et de Services sociaux exclus des plans d'accès**	Étudier les différentes mesures de rechange mises en place par le CISSS / CIUSSS pour obtenir des résultats sur l'état de santé comparables pour la communauté d'expression anglaise qui ne sont pas identifiés dans le programme d'accès et fournir des commentaires et des avis au besoin. Dresser une liste de la gamme complète de services basée sur ceux préparés par chaque CISSS / CIUSSS afin d'identifier tous ceux qui ne font pas partie du programme d'accès. Passer en revue l'inventaire des stratégies et les mécanismes d'évaluation mis en place par le MSSS pour mesurer le succès des interventions au sein du système incluant des services à la clientèle dans des environnements « protecteurs » où il est nécessaire de disposer d'une approche « milieu de vie »; et des services à la clientèle ayant une très faible « littératie en santé »	Q1-Q4	

Fonctions, Devoirs et Pouvoirs	Priorités	Activités proposés	Échéancier	Budget proposé
6] Favoriser la réalisation et la diffusion de la documentation et des programmes d'information relatifs à la prestation de services de santé et de services sociaux en langue anglaise.	**Mettre en œuvre le plan de travail de communication**	Informer et engager la communauté anglophone, les organismes communautaires et le public sur le rôle et les activités du comité provincial et le droit d'accès aux services de santé et de services sociaux en anglais.	Q1-Q4	

5

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De plus, aux fins de l'exercice de ses fonctions, le Comité maintien des relations avec les communautés d'expression anglaise du Québec. Il procède également au besoin à des consultations, sollicite des opinions et reçoit et entend les requêtes et les suggestions de personnes, d'organismes ou d'associations. Il peut aussi créer des sous-comités		1. Visiter chaque région du Québec, afin de rencontrer les organisations communautaires locales. Renseigner la population du travail effectué par le Comité provincial et recueillir la rétroaction et les opinions des utilisateurs anglophones en ce qui concerne les Services de santé et de Services sociaux. 2. Engager une agence de communication pour développer des stratégies de communication et coordonner la distribution d'information (documents, journaux, médias sociaux), afin de présenter les faits saillants à la communauté d'expression anglaise.		

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