MINISTRY OF HEALTH
DECISION BRIEFING NOTE

Cliff # 1073727

PREPARED FOR: Hon. Terry Lake, Minister of Health - **FOR DECISION**

TITLE: Approval of *Canada Health Transfer: Funding Options* report

PURPOSE: To seek the Minister's approval of a report to Canada's Premiers from Finance and Health Ministers on options for the Canada Health Transfer

BACKGROUND:

In July 2016, Premiers directed Finance Ministers to work with Health Ministers to develop options for an immediate increase to the Canada Health Transfer (CHT). To fulfil this direction, provincial/territorial (PT) finance officials have been leading work to draft the enclosed report, with input from health officials. The draft report was approved by health and finance Deputy Ministers on November 10, 2016. Following edits to reflect Deputy Ministers' feedback, the final report for Ministers' approval was received on November 14, 2016.

DISCUSSION:

The work on this report has been led by finance officials across the country, with input and commentary from health officials. Several iterations have been reviewed by officials and Deputies over recent weeks, resulting in the enclosed draft.

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Finance and Health Ministers are asked for their approval of the report by November 18, 2016. Following Ministerial approval, the report will be sent to Premiers in advance of their teleconference during the week of November 21.

OPTIONS:

Option 1: approve the report for forwarding to Premiers
Option 2: do not approve the report

FINANCIAL IMPLICATIONS:

There are no direct financial implications of approval of this report; however, FPT negotiations on the CHT and the health accord may be influenced by the options included in this report.

RECOMMENDATION:

Option 1

Nov 18 - Hon. Terry Lake, BC Minister of Health, has given his confirmation that the Stage 2 Canada Health Transfer Funding Options report should be sent to Premiers. Minister Lake has advised that he does have comments on some of the content of the report, so cannot provide his approval at this time; however, he did not want that to prevent the report from going forward to Premiers for their teleconference on Nov 21st.

_____ _____

Approved/Not Approved — Date Signed

Honourable Terry Lake

Minister of Health

Attachment:

Canada Health Transfer: Funding Options

A Report to Canada's Premiers from Finance and Health Ministers

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Program ADM/Division: Heather Davidson, ADM, Partnerships and Innovation
Telephone: 952-2159
Program Contact (for content): Tricia Poilievre, Director, Intergovernmental Relations
Drafter:

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Withheld pursuant to/removed as

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MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 1063041 **August 23, 2016**

PREPARED FOR: Honourable Terry Lake, Minister **- FOR INFORMATION**

TITLE: Update on F/P/T Health Accord Work

PURPOSE: Provide a timeline and update on the F/P/T health accord.

BACKGROUND:
The federal Minister of Health has been mandated to engage provinces and territories (PTs) in the development of a new multi-year health accord that includes a long term funding agreement. Minister Philpott has stated publicly that she would like to have an agreement signed by the end of 2016.

The federal government's preference is to provide targeted funding for specific initiatives under a new health accord. In contrast, PTs have called for an increase to the Canada Health Transfer (CHT).s.16
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As a major fiscal transfer, the CHT falls within the mandate of Finance Ministers. Ongoing collaboration between Health and Finance is required in order to support Premiers as PTs work to come to an agreement with the federal government.

TIMELINE:

2004: Health Accord: *10-Year Plan to Strengthen Health Care*
- In 2004, First Ministers signed a 10-year agreement on health care funding. It included a 6% escalator for the CHT, and resulted in a $35.3B increase in the CHT, $5.5B targeted wait time reduction, and $500M for medical equipment.

2014: Expiration of Health Accord & Changes to CHT
- On March 31, 2014, the Health Accord expired. The federal government did not re-open negotiations with PTs. Instead, it made the following changes to the CHT:
    - New "allocator" (resulting in no net reduction in total payments, but winners and losers among PTs): Starting in 2014/15, the CHT shifted from an equal per capita (cash-plus-tax) to an equal per capita (cash-only) allocation, reducing BC's share by more than $200 million per year, an annual impact that will compound over time.
    - New "escalator" (resulting in a substantial deceleration of total payments, at the expense of all PTs): Starting in 2017/18, the federal government plans to reduce the growth rate of the CHT from 6% per year to a rate based on GDP growth (or 3% per year, whichever is greater).

2015: Federal Election & New Commitments

- In a letter to Premiers dated September 2, 2015, the leader of the federal Liberal Party committed that if his party formed government, they would call a federal-provincial meeting to reach a long-term agreement on health care funding.
- The Liberal election platform contained only one specific funding commitment: to invest $3B over 4 years to deliver more and better home care services.
- The Prime Minister's mandate letter to the Honourable Jane Philpott, Minister of Health, mandated that she engage provinces and territories in the development of a new multi-year Health Accord, which should include a long term funding agreement, and also include:
    - Home care services, including in-home caregivers, financial support for family care, and palliative care.
    - Pan-Canadian collaboration on health innovation.
    - Improving access to prescription medications.
    - Making high quality mental health services more available.

January 20-21, 2016: FPT Health Ministers' Meeting

FPT Health Ministers agreed to work on the following shared health priorities:

- Enhancing the affordability, accessibility, and appropriate use of prescription drugs;
- Improving care in the community, home care and mental health, to better meet the needs of patients closer to home and outside of institutional settings; and,
- Fostering innovation in health care services to spread and scale proven and promising approaches that improve the quality of care and value-for-money.

More detail on what was agreed to by Ministers is available in the communique, attached as Appendix C.

Ministers also discussed funding:

- PT Ministers reiterated their interest in having the CHT cover at least 25% of PT health expenditures.
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May 6, 2016: Western Premiers' Conference

- Western Premiers signalled that the CHT and health accord are issues for Premiers to decide. They directed through their communique that they "look forward to immediate discussions with other First Ministers and quick progress on renewed financial arrangements." In the meeting and in the news conference, they stated that health care funding and policy discussions should not be separated, and should happen at a single table.
- Premier Clark reiterated publicly that the federal funding formula needs to be addressed, and that federal funding needs to come up to 25% of PT health expenditures.

May 26-27, 2016: Conference of FPT Deputy Ministers of Health

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June 14 and 20, 2016: PT and FPT Health Ministers' teleconferences

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June 20, 2016: FPT Finance Ministers Meeting

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July 21-22, 2016: Council of the Federation (COF) Meeting

- Premiers called on the federal government for "an immediate increase in funding through the CHT as part of a greater long-term funding partnership on health care."
- Premiers called for a meeting with the Prime Minister in the fall, dedicated to an agreement on health care funding. s.16
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Current Status and Next Steps

- s.16
- The next Health Ministers' Meeting is planned for October 17-18 in Toronto.
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Appendix A: Funding background and Estimates
Appendix B: June 7 Information Note – CHT – Provincial Entitlement
Appendix C: January Health Ministers' Meeting Communique

Program ADM/Division: Heather Davidson, PID
Telephone: 250-952-2791
Program Contact (for content): Tricia Poilievre, Intergovernmental Relations
Date: Aug 23, 2016

Appendix A: Funding background and estimates

In July 2015, Premiers called for the CHT to make up 25% of all PT health spending. There has been confusion among PTs over the intent of this figure. s.16
s.16 BC's understanding is that the intent was for the CHT to make up 25% of overall health spending.

Following are BC-specific calculations based on a Finance Ministers' report to Premiers; the 25% figure; the federal commitment of $3 billion for home care; and estimates provided by Ontario.

[All estimates are for 2017/18]

Using figures provided in the March 2016 Finance Ministers' report to COF,

- In 2017/18, if the escalator goes to nominal GDP, BC will receive about **$137.6 million** less than if we remained at a 6% escalator.
- If the escalator were to drop to the 3% floor in 2017/18, BC would receive **$141.7 million** less than with a 6% escalator.

Federal Health Accord commitment of $3 billion:

- BC's share (assuming per capita distribution, same amount each year): **98 million**

If BC received $98 million in targeted health accord funding in 2017/18, it would still be less than what we would receive with a 6% escalator:

- **$39.6 million** less, with a nominal GDP escalator
- **$43.7 million** less, with a 3% escalator

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Appendix B

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

CANADA HEALTH TRANSFER (CHT) – PROVINCIAL ENTITLEMENT

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At the Health Ministers Meeting in late January 2016, the P/T Ministers reiterated their interest in having the CHT funding envelope represent a minimum 25 percent of all health care spending by provinces and territories.

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FINANCIAL IMPLICATIONS

In 2016/17, THE CHT will total $36.1 billion nationally, of which BC's share is expected to be $4.7 billion, reflecting its 13.1% share of the population. While BC is projecting a slightly greater growth in population than the national average (and hence a larger percentage share of the CHT), its average growth rate in overall health spending is less than that projected for the CHT (effective 2017/18 the CHT will increase based on average economic growth with a legislated minimum of 3 percent growth annually).

($ millions)	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Canada Health Transfer (CHT) Entitlement	34,026	36,068	37,150	38,264	39,412	40,594
BC Population (000)	4,683	4,741	4,802	4,863	4,924	4,984
BC Est Share of National Population	13.1%	13.1%	13.1%	13.1%	13.1%	13.2%
BC CHT Entitlement	4,446	4,716	4,866	5,021	5,181	5,345
BC Health Spending (by function)	19,080	19,638	20,189	20,753	21,333	21,929
Share of CHT to Health Expense	23.3%	24.0%	24.1%	24.2%	24.3%	24.4%

DISCUSSION:

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Appendix C: January Health Ministers' Meeting Communique

Conferences

PRESS RELEASE - Statement of the Federal-Provincial-Territorial Ministers of Health

VANCOUVER - The Federal, Provincial and Territorial Ministers of Health today issued the following statement at the conclusion of their meeting on Jan. 20 and 21, 2016:

"Today, we agreed to move ahead on shared health priorities, working collaboratively while respecting our jurisdictional roles, and guided by the common vision of creating more adaptable, innovative and affordable health-care systems for all Canadians. We discussed the pressing need to address gaps in health outcomes for Indigenous peoples.

Shared Health Priorities:

"We agreed that strong, universally accessible, publicly financed health-care systems are an essential foundation for a strong and prosperous Canada. We affirmed our commitment to continue transforming and strengthening health-care systems so that they can provide high-quality, accessible and patient-centered health services in a sustainable way. To this end, we, as Federal, Provincial and Territorial Ministers, agreed to work individually and collectively on the following immediate priorities where efforts will yield the greatest impact:

- Enhancing the affordability, accessibility and appropriate use of prescription drugs;
- improving care in the community, home care and mental health, to better meet the needs of patients closer to home and outside of institutional settings; and
- fostering innovation in health-care services to spread and scale proven and promising approaches that improve the quality of care and value-for-money.

Funding Commitment:

"While acknowledging that health-care transformation will improve the responsiveness and patient focus of our health care systems, ministers agreed that new resources are needed to stimulate and support needed changes in health-care systems across the country. The federal minister confirmed the federal government's commitment to work collaboratively with provinces and territories toward a long-term funding arrangement, which would include bilateral agreements.

Going forward, in respect of jurisdictional areas of responsibility and precedent agreements, the bilateral agreements will take into account the different circumstances and starting points of jurisdictions.

Prescription Drugs:

"Ministers agree that improving the affordability and accessibility of prescription drugs is a shared priority. Provincial and territorial ministers welcome the Government of Canada's decision to join, at the invitation of the provinces and territories, the pan-Canadian Pharmaceutical Alliance, which negotiates lower drug prices on behalf of public drug plans.

Our governments will also consider a range of other measures to reduce pharmaceutical prices and improve prescribing and appropriate use of drugs, while striving to improve health outcomes. We also agree to explore approaches to improving coverage and access to prescription drugs for Canadians. In this regard, Minister Philpott agreed, at the invitation of Ontario, to join a Federal-Provincial-Territorial working group.

Care in the Community:

"Recognizing our aging population, as well as growing rates of chronic disease, including mental illness, we must pursue a shift of health-care systems from a predominant focus on institutions and specialized care toward a greater emphasis on providing care in the home and community. Building on the work of provinces and territories and the federal commitment to invest in home care, we will consider ways to better integrate

and expand access to services at home, including palliative care at home; enhanced support for informal caregivers; and continue to work to improve access to mental-health services.

Health Innovation:

"Service delivery innovation is a vital component of sustainable, quality health systems. Today, we agreed to support the adoption and spread of proven and promising innovations in the organization and delivery of health services. We will examine how the existing pan-Canadian health organizations and provincial counterpart organizations could support system transformation, and explore the role of critical enablers such as health information and data analytics, digital health and technology management.

Next Steps:

"Given the importance of advancing work on our shared health priorities, we agreed to meet again in mid-2016 to take stock of progress and decide on next steps.

Indigenous Health:

"We, as Health Ministers, will work together and within our jurisdictions with Indigenous leaders to determine areas of shared priority, and to improve the co-ordination, continuity and appropriateness of health services for Indigenous peoples as part of a population health approach to improving Indigenous peoples' health in Canada.

Physician-assisted Dying:

"As Health Ministers, we appreciate that physician assisted dying is a complex and important issue for Canadians. Mindful of the recent timeline set by the Supreme Court of Canada, we discussed the recent and ongoing federal and provincial/territorial work on physician-assisted dying. We received updates on the recent reports of the Provincial-Territorial Expert Advisory Group and the Federal Expert panel, and the proposed work of the Special Joint Committee. We recognize that a response to the Carter decision will have significant implications across governments and for Canadians. Recognizing that Quebec has its own law, our governments will continue to work toward a consistent approach to physician-assisted dying in Canada.

Prescription Drug Abuse:

"As Health Ministers, we are concerned with problematic prescription drug use and the burden it is having on Canadians and their families and communities. As part of our commitment to work on this important public-health and safety issue, ministers have agreed to continue to work with their respective regulatory authorities, professional colleges and medical schools to enlist their support in working with their jurisdictions to combat problematic prescription drug use, including improving awareness and education on appropriate prescribing practices.

Health Promotion and Prevention:

"Ministers of Health agreed that the continued transformation of health-care systems is a critical element of improving health outcomes for Canadians, while recognizing that progress on the social determinants of health is equally important. In this context, ministers received an update on the important issue of antimicrobial resistance, a report on healthy weights, and the Pan-Canadian Joint Consortium for School Health Annual Report (2015)."

Media Contacts:

Health Canada Media Relations
613 957-2983

B.C. Ministry of Health Media Relations
250 952-1887 (media line)

Connect with the Province of B.C. at: www.gov.bc.ca/connect

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff #1066061 **September 22, 2016**

PREPARED FOR: Honourable Terry Lake, Minister - **FOR INFORMATION**

TITLE: Diagnostic Medical Sonography Supply Challenges

PURPOSE: To provide background information and describe actions being taken by the Ministry of Health to address concerns regarding supply of diagnostic medical sonographers in British Columbia.

BACKGROUND:
Diagnostic medical sonography, commonly known as ultrasound (sonography), is a medical imaging technology using high-frequency sound waves in hospital and clinic settings to examine the heart, abdomen, pelvis, blood vessels and fetal development. Cardiac ("echo") sonography is often differentiated from general sonography.

Ultrasound is a high volume service. In fiscal year 2014/15, more than one million ultrasound outpatient procedures were billed to the Medical Services Plan (MSP), representing more than $91 million in fees. Since 2012/13, the overall volume of ultrasound procedures has been growing at an average rate of 6.75 percent annually.

In BC, ultrasound services are provided in publicly-funded hospitals (e.g., emergency departments, inpatient and outpatient basis) and privately-owned community imaging clinics, which may bill the Medical Services Plan (MSP) for provision of approved services (outpatient basis only). To bill MSP, both public and privately-owned providers must be approved by the Medical Services Commission's Advisory Committee on Diagnostic Facilities, or the Medical Services Commission (MSC) itself.

Privately-owned diagnostic ultrasound facilities delivered 37 percent of outpatient ultrasound services in 2014/15, representing more than $34 million in MSP billings. Private sector market share has been increasing (up from 33 percent in 2012/13). If services restricted to public facilities are removed from the calculation, then privately-owned facilities account for fully half of all outpatient ultrasound procedures.

The process to expand ultrasound capacity is provider-driven, in that providers must apply to the Medical Services Commission for approval to create a new diagnostic facility or to increase the volume of services in an existing facility. Typically, neither the Ministry of Health nor the MSC instigates or controls when, or for what location, applications are made (with the exception of new hospital builds).

Expansions of ultrasound capacity are subject to the MSC's *Use of Existing Facilities* policy, sometimes referenced as 'public preference' policy. In practical terms, this policy requires that if a need for additional capacity is identified, that existing public diagnostic facilities (hospitals) in the area are offered the opportunity to deliver the additional services, before considering an application from a new privately-owned facility.

There has been a (temporary) moratorium on applications for new, expanded or relocated outpatient ultrasound facilities since December 2012. Originally the moratorium applied to all diagnostic facilities, and was established to provide time for Ministry staff to complete the significant policy work involved with the Advisory Committee on Diagnostic Facilities Modernization Project which took place between October 2011 and December 2014.

In June 2014, the moratorium was continued for ultrasound only, due to the ongoing review of MSC policy concerning the approval of outpatient ultrasound facilities and the significant shortage of ultrasound sonographers in the province. The moratorium on expansion of private ultrasound facilities is still in place, due to the ongoing sonographer shortage, although there are some exceptions to the moratorium (e.g., specific services, urgent health and safety needs).

Sonography is identified by the Ministry of Health (the Ministry) as a priority profession for the province as all health authorities report chronic supply issues with sonographers. Health authorities and Cardiac Services BC have raised concerns regarding long wait times for non-urgent ultrasound scans. Health authorities report an estimated vacancy rate of 17% across the province (note that vacancy rates for private providers for 2016 are not available, though previous information suggests the vacancy rates are less than half of health authority rates).[1] In Q1 of 2016, 21 difficult to fill vacancies were reported by health authorities, with a difficult to fill vacancy rate of 5.44%.[2] Data provided to the Ministry by health authorities in February 2016 inidicates the following:

Health Authority	Supply (headcount)	Vacancies	Total Demand	Surplus/Gap
VCH/FHA/PHC/PHSA	204	46	250	**-46**
NHA	18	7	25	**-7**
VIHA	72	10	82	**-10**
IHA	61	7	68	**-7**
TOTAL	**355**	**70**	**425**	**-70**

BC Institute of Technology (BCIT) presently offers the only diagnostic medical sonography program in the province, a two year program that enrols a maximum of 30 students per year. However, as discussed below, this program will be expanding in 2016/17. Some health authorities also use alterantive programs, such as a distance-based program offered by the Burwin Institute of Diagnostic Medical Ultrasound.

A detailed labour market report on sonography was produced in August 2016 by a joint Recruitment and Retention Committee established under the Health Science Professionals Bargaining Association (HSPBA) collective agreement and co-chaired by the Health Employers Association of BC (HEABC) and the HSPBA. The report makes 11 recommendations: three related to compensation and eight related to training. The Ministry of Health, Public Sector Employers' Council Secretariat (PSEC) and HEABC met on September 13, 2016, to review the report and its recommendations.

[1] Survey sent to HAs by the Ministry in February 2016.
[2] HEABC. Difficult to Fill Vacancy Report: British Columbia 2016 Q1

Subsequently, on September 15, 2016, an Island Health memo referencing an "unprecedented shortage" of ultrasound technologists was provided to the media, and the Health Sciences Association informed the Ministry that it would be launching an ad campaign regarding shortages for health science professions.

DISCUSSION:
The HEABC-HSPBA analysis identifies a number of factors contributing to the supply challenge for sonographers but suggests that compensation disparities between public and private providers in BC, as well as disparities between BC and other provinces, are the primary cause of the present shortage. For example, community imaging clinics in BC reportedly pay sonographers a starting wage up to $10.64/hour (or 35.8%) more than starting wages in the public sector. Alberta's public health care employers pay a starting wage that is $9.56/hour (or 32%) more than BC public sector health employers. Saskatchewan's public sector health employers pay a starting wage that is $12.34/hour (or 42%) more than the BC public sector starting wage. The *top* wage for public sector employers in BC is $2.25/hour less and $5.03/hour less, respectively, than the *starting* wage for public sector positions in Alberta and Saskatchewan. Alberta public sector employers also offer a recruitment bonus of $5,000 or $10,000 for one and two year commitments. Private clinics in Alberta also reportedly pay significantly more and offer sizable signing bonuses and relocation expenses.

Based on the above, the first recommendation in the joint report is for the Ministry of Health and Public Sector Employers' Council Secretariat to immediately provide a labour market increase for ultrasonographers in the public sector. The report also recommends that consideration be given to recruitment incentives on a without prejudice/without precedent basis (e.g., signing bonuses, education incentive funding linked to return-to-service agreements, etc.), as well as government funded bursaries for students enrolled in the Diagnostic Medical Sonography Diploma program.

The Ministry of Health, PSEC and HEABC are of the view that the report does not provide sufficient basis for approval of an immediate labour market increase for sonographers for a number of reasons.[s.13]
s.13

However, there is support among the Ministry, PSEC and HEABC for pursuing a series of targetted incentives to support immediate recruitment of sonographers to the public system. The Ministry is therefore proposing, as part of its broader health workforce recruitment and retention strategy, three initiatives:

- Creation of a Provincial Recruitment and Retention Program for nursing and allied professions to address provincial and regional priority areas of need. This approach would would meet a deliverable identified in the Ministry's health human resources and rural services policy papers.
- Creation of a Provincial Continuing Professional Development Program for nursing and allied staff, which would provide targetted for skills enhancement for existing professionals in priority areas of need (e.g., the fast-track program to cross-train existing diagnostic professionals in sonography).

- Expansion of eligibility criteria for AVED's Loan Foregiveness Program, such that recruitment and retention of provincial and regional priority professions can be better supported.

The Ministry is presently developing a proposal for these programs. Annual funding will be required and any incentives would potentially include a return of service commitment.

The Ministry is also of the view that the report's recommendations for training expansion should be fully pursued prior to consideration of any labour market adjustment. The report's recommendations include short, medium and longer term recommendations related to training, and actions are underway to address each of these recommendations:

- Health and AVED have agreed to increase student capacity at BCIT for both on-campus diploma students and online fast-track students by December 2017. The fast-track program is designed to train existing allied health professionals already employed by health authorities over the course of one year. The program is also designed to mitigate regional distribution disparities to some extent, as students will train where they currently are employed. This expansion (8 in general sonography and 8 in cardiac, plus 2 more in Fall 2018), will provide for a steady state of 48 graduates per year by 2018.
- Proposals for further regional expansion from the College of New Caledonia (Northern-Interior) and Camosun College (Vancouver Island) are also anticipated and will need to be reviewed by government.
- Some health authorities are presently pursuing alternative approaches to education and training which could be expanded as a short-term measure. For example, Northern Health's Sonography Training at Rural Sites program uses a combination of distance learning through the Burwin Institute and internal clinical practicums. The Ministry will engage health authorities in a discussion about expansion of this approach (which could be supported through access to Ministry funding as part of the proposed Provincial Continuing Professional Development Program).
- Increasing the use of simulation and ensuring clinical placement capacity in public and private settings are active topics of discussion at the Partnership on Health and Education chaired by the ministries of Health and AVED.

In addition to the above, the Ministry will direct health authorities to take targetted action to address high rates of workplace injury for sonographers, as musculoskeletal injuries are common in this group of employees.

ADVICE:
The Ministry is aware of the supply issues for sonographers and is taking targeted action in the areas of recruitment, retention and education to address these issues. The Ministry, PSEC and HEABC do not support a labour market compensation increase except as a last resort and subject to other strategies being first vigorously pursued.

Division ADM: Ted Patterson, ADM, Health Sector Workforce Division
Program ED: Kevin Brown, Executive Director, Workforce Planning & Management Branch, HSWD
Drafter: Karla Biagioni/Brian Vatne
Date Approved: September 22, 2016

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 1065553

PREPARED FOR: Honourable Terry Lake, Minister - **FOR INFORMATION**

TITLE: Final Outcomes: Ombudsperson's Report on Seniors Care

PURPOSE: To provide an update on the status of the recommendations in by *The Best of Care: Getting it Right for Seniors in British Columbia* (Part 2).

BACKGROUND:
On April 1, 2016, senior leadership from the Ministry of Health (the Ministry) met with the Ombudsperson to discuss future reporting requirements for the Ombudsperson's report on seniors' care, *The Best of Care: Getting it Right for Seniors in British Columbia*, Part 2, (the Report). The Ministry noted that typically, after four annual progress reports, the on-going requirement to report out to the Office of the Ombudsperson stopped, and suggested that the upcoming response should be the final annual submission made by the Ministry.

Discussions with the Ombudsperson included identifying that since the release of the report, a number of key changes had occurred within the Ministry to ensure a continued focus on seniors' services (e.g. the creation of the Office of the Seniors Advocate, identifying seniors' services as one of five top priorities, and creating a new branch dedicated to seniors' services). The Ministry further communicated that most of the remaining work flowing from the Report was being integrated into the Seniors' Services normal operational work plan, and that it would carry out a review over the summer to determine if there were any further recommendations that the Ministry may not accept.

The Ministry provided a response on May 6, 2016 to the Ombudsperson's Office annual request for an update on remaining recommendations, accompanied by a letter that reiterated the cessation of the annual reporting process and the rationale, and made a commitment to arrange another meeting after the Ministry's review of the remaining recommendations was completed.

In June 2016, the Ombudsperson's Office released its annual report. Unlike previous years, the annual report did not include an evaluation of progress made by the Ministry and each of the five regional health authorities on each recommendation in the Report.

DISCUSSION:
In a follow-up meeting with the Ombudsperson on August 29, 2016, the Ministry summarized the current status of all s.13 which were sorted into a number of categories, and provided information about 2 recommendations (169 and 171) that had been completed since its report in May (see Appendix A), and s.13

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The Ombudsperson requested further information about the s.13 , as well as the Ministry's rationale, in writing, for s.13
'In-Progress' recommendations are those where the Ministry plans to carry out specific work related to either the finding or the recommendation that will meet the actual recommendation, or at least the spirit of the recommendation.

Ministry staff have identified that s.13 are planned for this fiscal year (Year 3), and that 11 are planned for next fiscal year 2017/18 (Year 4). Many of these recommendations relate to the regulatory work underway to support the amendments to the *Community Care and Assisted Living Act*, as well as improvements to the Patient Care Quality Review Board Ministerial Directives, and changes to the access policy for residential care services.

A consolidated list of these recommendations and their applicable years in the work plan will be shared with the Ombudsperson. Ministry staff will also provide the rationale for s.13
s.13

CONCLUSION:
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Program ADM/Division: Doug Hughes, Health Services Policy Division
Telephone: 250 952-1049
Program Contact (for content): Karen Archibald, Director, Strategic Initiatives
Drafter: Kendal Alston, Policy Analyst, Strategic Initiatives
Date: September 23, 2016

Appendix A: Distribution of Recommendations as of August 2016

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Appendix B: Recommendations Not Accepted by the Ministry

(Shaded recommendations are ones that have been identified since May as 'Not Accepted')

Recommendation	Rationale	Notification Date*
s.13		
R39: The Ministry of Health take the steps necessary to extend the $300 monthly cap to seniors who do not have earned income, so that they are treated the same way as those seniors who do have earned income.	This policy is intended to provide an incentive for home support clients to enter and remain in the workforce, rather than relying on government supports. It is based on similar rationale for provincial and federal disability supports initiatives that are designed to encourage people with disabilities to achieve greater independence for themselves and to contribute to their communities, through the redesign and adaptation of existing programs and to improve their employment outcomes. The Ministry has no plans to change this policy at this time.	April 2014
s.13		

Recommendation	Rationale	Notification Date*
s.13		
R166: The Ministry of Health take the steps necessary to expand the enforcement options available under the Community Care and Assisted Living Act, and create a system of administrative penalties that can be applied to facility operators who do not comply with legislative and regulatory requirements.	The Ministry's view is that it currently has a suitable range of enforcement options under the CCALA.	April 2014
R175: The Ministry of Health, in discussion with the health authorities, the provincial health officer and other interested stakeholders, consider the broader issues raised by health authorities monitoring, evaluating and enforcing standards against themselves, and whether an independent public health agency that is responsible for monitoring and enforcement in residential care facilities is a viable and desirable alternative.	The Ministry consulted with the Provincial Health Officer who advised the Ministry that the recommendation to establish an independent agency has been considered previously, and has been rejected. The Ministry is not planning on taking any further action on this recommendation.	May 2016

* **Note**: s.13

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