MINISTRY OF HEALTH
DECISION BRIEFING NOTE

Cliff # 1136853

PREPARED FOR: Honourable Adrian Dix, Minister of Health - **FOR DECISION**

TITLE: Request for Ministerial Decision regarding the Waiver of Parental Consent under the British Columbia *Vital Statistics Act* (the Act) for a Change of Sex Designation Application for a Minor.

PURPOSE: To obtain the Minister's decision to approve or deny a request to waive the requirement for parental consent for a change of sex designation application for a minor.

BACKGROUND:

The Vital Statistics Agency (the Agency) has received an Application for Change of Gender Designation from a minor.

Section 27(2)(d) of the Act states that, in the case of a minor, the consent of all parents having guardianship is required. In the application under review, only one parent has provided consent.

Section 27(3) of the Act states the minister may waive parental consent:

a) on application in the form required by the minister, made by the person desiring the amendment, and
b) is satisfied that the waiver would be in the person's best interest.

The authority to waive parental consent has not been delegated. No other jurisdiction in Canada has a provision whereby a Minister has been granted the authority to waive parental consent of this nature.

DISCUSSION:

s.22

s.22

OPTIONS:

Option 1: Approve the application - waive the requirement for the father's consent

- The applicant will be able to obtain a change of sex designation and a birth certificate with the desired sex designation.

s.13; s.22

FINANCIAL IMPLICATIONS: None

RECOMMENDATION: Option 1

Approved/Not Approved
Adrian Dix
Minister of Health

July 12/2019
Date Signed

Program ADM/Division: Martin Wright, ADM, Health Sector Information, Analysis and Reporting Division
Telephone: 778-698-5109
Program Contact: Jack Shewchuk
Drafter: Ingrid Bloomfield
Date: July 11, 2019

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Withheld pursuant to/removed as

s.22

MINISTRY OF HEALTH
DECISION BRIEFING DOCUMENT

CLIFF: 1138303

PREPARED FOR: Honourable Adrian Dix, Minister **- FOR DECISION**

TITLE: Ministry of Health 2018/19 Annual Service Plan Report

PURPOSE: Obtain sign-off on the *Ministry of Health 2018/19 Annual Service Plan Report*.

BACKGROUND:
The *Budget Transparency and Accountability Act* requires that all ministries produce an annual service plan report. The *Ministry of Health 2018/19 Annual Service Plan Report* reports against the *2018/19 - 2020/21 Service Plan* published in February 2018.

Central government requires that the final, approved minister-signed *Ministry of Health 2017/18 Annual Service Plan Report* be received by June 27, 2019, for filing with Public Accounts.

DISCUSSION:
The *2018/19 Annual Service Plan Report* contains six objectives, each with its own performance measure, five of which have been met. This year's report also contains a "Key Highlights" section for each objective, emphasizing accomplishments and acheivements of the reporting year. "Key Highlights" were derived from public announcements made during the 2018/19 year.

Performance measures, targets and actual results are shown in Appendix A below.

The attached final draft of the *2018/19 Annual Service Plan Report* has received standard Ministry review and approval procedures. Per usual practice, the budget information in the financial tables may be modified closer to the publication date as final numbers are confirmed with central government.

RECOMMENDATION:
The *Ministry of Health 2018/19 Annual Service Plan Report* be approved for submission to Public Accounts and subsequent publication.

_____ _____

Approved/Not Approved
Honourable Adrian Dix, Minister

Date Signed

Program ADM/Division: Martin Wright, ADM, Health Sector Information, Analysis and Reporting
Date: June 14, 2019

Appendix A – Performance Results Summary Table

Goal 1: Ensure a focus on cross sector change initiatives requiring strategic repositioning	2018/19 Target	2018/19 Actual
1.1 A primary care model that provides comprehensive and coordinated team-based care linked to specialized services		
Incremental implantation of Primary Care Networks	15	18 Exceeded
1.2 Improved health outcomes and reduced hospitalizations for seniors through effective community services		
Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older	3,138	2,911 Exceeded as of quarter two
1.3 Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services		
Percent of people admitted for mental illness and substance use who are readmitted within 30 days	14.5%	13.6% Exceeded as of quarter two
1.4 Timely access to appropriate surgical procedures		
Surgeries in targeted priority areas completed	23,000	25,846 Exceeded
Goal 2: Support the health and well-being of British Columbians through the delivery of high-quality health care services	**2018/19 Target**	**2018/19 Actual**
2.1 Effective health promotion and responsive services		
Percent of communities that have completed healthy living strategic plans	60%	64% Exceeded as of quarter three
Goal 3: Deliver an innovative and sustainable public healthcare system	**2018 Target**	**2018 Actual**
3.1 Nursing and allied professionals overtime hours as a percent of productive hours		
Nursing and allied professionals overtime hours as a percent of productive hours	3.8%	4.4% Not Achieved as of quarter three

Ministry of Health

2018/19
ANNUAL SERVICE PLAN REPORT

July 2019

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Published by the Ministry of Health

Minister's Message and Accountability Statement

It is a privilege to serve as Minister of Health on behalf of British Columbians throughout the province, and to present this *2018/19 Annual Service Plan Report* on how the Ministry of Health is working to improve the public health care services people count on.

Good health is a foundation for a good life, and good health depends on having access to quality health care services. Over the past year, we have taken action to expand team-based care, reduce surgical and diagnostic imaging waitlists, improve services for seniors, invest in new and existing hospitals, and make prescription drugs more affordable.

Under our primary care strategy, primary care networks were launched in Burnaby, Prince George, Fraser Northwest, Richmond and the South Okanagan Similkameen. These networks work to improve access to everyday health care through team-based primary care providers. Urgent and primary care centres opened in Kamloops, Quesnel, Surrey, Langford, and Vancouver.

Since launching a new Surgical and Diagnostic Imaging strategy in 2018, we performed nearly 44,000 more magnetic resonance imaging, or MRI, exams than the previous year, an increase of 23 percent.

In 2018/19, we committed to investing $105 million over the next three years to our province's PharmaCare program so that 240,000 more British Columbian families can afford their medications more easily. This is the first change to PharmaCare deductibles and co-payments since the program was created fifteen years ago.

Throughout the province we continue to approve capital projects that will strengthen the public health-care system, including projects in Dawson Creek, Duncan, North Vancouver, Fort St. James, Nanaimo, White Rock, Langley, Port Moody, and a new St. Paul's Hospital in Vancouver.

The Ministry of Health *2018/19 Annual Service Plan Report* compares the Ministry's actual results to the expected results identified in the *2018/19 – 2020/21 Service Plan* created in February 2018. I am accountable for those results as reported.

Honourable Adrian Dix
Minister of Health
July 17, 2019

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Purpose of the Annual Service Plan Report

The Annual Service Plan Report is designed to meet the requirements of the *Budget Transparency and Accountability Act* (BTAA), which sets out the legislative framework for planning, reporting and accountability for Government organizations. Under the *BTAA*, the Minister of Health is required to report on the actual results of the Ministry's performance related to the forecasted targets documented in the previous year's Service Plan.

Purpose of the Ministry

The Ministry of Health (the Ministry) has overall responsibility for ensuring that quality, appropriate, cost-effective and timely health services are available for all British Columbians. The province's health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of specialized services and province-wide health programs.

The Ministry also works in partnership with the First Nations Health Authority (FNHA) to improve the health status of First Nations in BC. The Ministry is also responsible for provincial legislation and regulations related to health care, including the *Medicare Protection Act* and the *Health Professions Act*. The Ministry's public health roles include regulating food safety in food establishments through the *Public Health Act Food Premises Regulation,* and regulating drinking water safety through the *Drinking Water Protection Act*. The Ministry also directly manages a number of provincial programs and services, including the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance; and the BC Vital Statistics Agency, which registers and reports life events such as a birth, death or marriage.

Strategic Direction

The strategic direction set by Government in 2017 and expanded upon in the Minister's Mandate Letter shaped the 2018/19 Ministry of Health Service Plan and the results reported in this report.

The following table highlights the key goals, objectives or strategies that support the key priorities of Government identified in the 2018/19 Ministry of Health Service Plan:

Government Priorities	The Ministry of Health Aligns with These Priorities By:
Delivering the services people count on	• Ensuring a focus on cross sector change initiatives requiring strategic repositioning (Goal 1) • Supporting the health and well-being of British Columbians through the delivery of high-quality health care services (Goal 2)
A strong, sustainable economy	• Delivering an innovative and sustainable public health care system (Goal 3)

Operating Environment

British Columbians enjoy excellent population health status, pointing to the underlying strength of the province's social determinants of health, and the quality of its health care system. Every day, thousands of successful health care interactions take place demonstrating excellent results in a number of areas including: maternity care, acute care, critical and trauma care, cancer care, elective surgeries, and diagnostic services.

While BC has made meaningful progress in improving services over the past several years, the health care system continues to face pressures. In particular, an aging population, imbalances in health outcomes for Indigenous populations, the ongoing opioid overdose public health emergency, access to primary care, the availability of health care providers across the province, demands for medications, and timely access to diagnostic and surgical procedures were challenges continuing to affect BC's health care system in 2018/19. These complex and often interconnected pressures require long-term, multi-year solutions, an important consideration in the Ministry's strategic approach over the past year.

Report on Performance

Goals, Objectives, Measures and Targets

Goal 1: Ensure a focus on cross sector change initiatives requiring strategic repositioning

Objective 1.1: A primary care model that provides comprehensive and coordinated team-based care linked to specialized services

Health care providers, administrators, policy makers and other partners across BC's health system are collaborating to identify and implement improvements to primary and community care. Innovations designed to better meet demand for services in a changing population have been introduced at the practice, health authority, and provincial levels. Family physicians, nurse practitioners, nurses and other primary and community care allied health professionals and support staff are central to the effort of supporting all patients.

Effective team-based practices and partnerships between care providers and administrators, with a focus on ensuring accessibility to primary care, coordination between primary, specialty and specialized care, and delivering an integrated suite of specialized services are keys to better care for all British Columbians and to reducing preventable hospitalizations.

In order to deliver responsive and effective health care services, the Ministry and its partners continue efforts to shift the culture of health care from being disease-centred and provider-focused to being patient-centred, involving patients, families, caregivers, employees, leaders, health care partners and citizens in the improvement design process to help ensure the results meet their needs.

Key Highlights:

- Launched a primary health-care strategy to fund, recruit and better support doctors, nurse practitioners and other health professionals, and establish team-based primary care networks that allow patients access to a coordinated, streamlined full range of health-care options. Implementation is now underway, and 18 primary care networks were underway in 2018/19 in communities throughout the province.

- Prioritized team-based primary care through the establishment of five urgent primary care centres across the five health regions to best meet the needs of the communities and patient populations they serve.

- Negotiated a new three-year agreement with physicians in British Columbia that will support the shift to team-based care and better care and better access to health care for people.

- Prioritized engagement with First Nations communities and Indigenous health serving organizations in the development of primary care networks throughout the province.

Performance Measure	2016/17 Actuals	2017/18 Actuals	2018/19 Target	2018/19 Actuals	2019/20 Target	2020/21 Target
1.1 Incremental implementation of Primary Care Networks[1]	0	0	15	18	25	35

[1] Data source: Primary Care Division, Ministry of Health.

Discussion

Patients can be attached to family practices through a primary care network, meaning that patients have ongoing care relationships with primary care providers such as family doctors or nurse practitioners who work in team-based practices that include nurses, clinical pharmacists and other health professionals. Currently, the establishment of primary care networks is fully underway across the province as 18 primary care networks have moved into the implementation phase, exceeding the target for 2018/19. Given the positive results achieved with this measure, out year targets for this measure have been adjusted upwards in the *2019/20-2021/22 Ministry of Health Service Plan* published in February 2019 with the aim of driving continued improvement in this important area.

Objective 1.2: Improved health outcomes and reduced hospitalizations for seniors through effective community services

Frail seniors require a range of health supports, especially when frailty is combined with chronic disease, including dementia, which can profoundly impact independence. Coordinated primary and specialist medical care, community outreach, assisted living and residential services, enhanced medication management, and planned access to diagnostic and hospital services are key components of a continuum of care for seniors.

Key Highlights:

- Invested $75 million to expand respite care and adult day programs over the next three years to support seniors and their family-and-friend caregivers.
- An additional 10,393 adult day spaces (days) were provided in 2018/19 over 2016/17, for a total of 250,843.
- Significant investments to increase staffing levels in residential care homes to increase the direct care for seniors to 3.36 hours per resident day, on average, in each health authority will improve life for seniors and for those who care for them.

Performance Measure	2016/17 Actuals	2017/18 Actuals	2018/19 Target	2018/19 Actuals[2]	2019/20 Target	2020/21 Target
1.2 Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older[1]	3,271	3,053	3,138	2,911	3,092	3,046

[1] Data Source: Discharge Abstract Database.
[2] Results as of second quarter 2018/19

Discussion

This performance measure tracks the number of people, 75 years of age and older, with select chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. Proactive disease management and community-based services can help seniors maintain functioning and reduce complications that could require higher-level medical care, such as emergency department visits and hospitalizations. As of the most recent quarter for which information is available (quarter two of 2018/19), this target is being met and exceeded. Given the positive results achieved with this measure, out year targets for this measure have been adjusted downwards in the *2019/20-2021/22 Ministry of Health Service Plan* published in February 2019 with the aim of driving continued improvement in this important area.

Objective 1.3: Improved health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services

Many children, youth and adults with mild to moderate mental health and/or substance use issues can be supported and treated through low-intensity, community-based services that reduce hospitalizations. Specialized community programs integrate multiple related services into a single structure to coordinate seamless interdisciplinary team-based care to best meet the patient's physical and psychosocial needs, guided by strategic direction developed by the Ministry of Mental Health and Addictions. Concurrently, fostering a system that meets the needs of people when and where they need it, including ensuring rapid access to substance use services, ending the stigma with respect to addictions and mental illness, and reducing the disproportionate impact of overdose and overdose

deaths among Indigenous and First Nations peoples remains an important priority of both the Ministry of Health and the Ministry of Mental Health and Addictions.

Key Highlights:

Responding to the ongoing opioid overdose public health emergency in BC has required a range of actions at the community level. Working with the Ministry of Mental Health and Addictions, an estimated 4,700 overdose deaths were averted around the province in 2018/19. Specifically, BC:

- Invested $1.7 million into Community Innovation Projects driven by organizations in 27 communities, focused on local action to save lives, addressing stigma and connecting more people to treatment and recovery.

- Supported the FNHA to implement its Framework for Action and address the disproportionate impact of the overdose emergency on First Nations and Indigenous peoples in BC. The Framework for Action calls for a system-wide public health response to the overdose emergency for First Nations in BC focused on preventing people who overdose from dying, keeping people safe when using substances, creating an accessible range of treatment options, and supporting people on their healing journeys, including opportunities to reclaim wellness through ensuring culturally-safe health and social services.

- Expanded availability of Take Home Naloxone (which reverses overdoses from opioids) to over 1,480 locations in the province, including almost 600 community pharmacies.

- Opened a first-in-BC pilot project at the St. Paul's Hospital Emergency Department, providing patients who have survived an overdose with take-home Suboxone, which helps to stabilize people with opioid use disorder, ensuring they are connected to a safe alternative to toxic street drugs.

Performance Measure	2016/17 Actuals	2017/18 Actuals	2018/19 Target	2018/19 Actuals[2]	2019/20 Target	2020/21 Target
1.3 Percent of people admitted for mental illness and substance use who are readmitted within 30 days[1]	14.7%	14.3%	14.5%	13.6%	14.5%	14.5%

[1] Data Source: Discharge Abstract Database.
[2] Results as of second quarter 2018/19

Discussion

This performance measure examines the progress of increased specialized community-based programs and supports, such as Assertive Community Treatment and Integrated Case Management, along with effective hospital discharge planning, to reduce unnecessary readmissions. As of the most recent quarter for which information is available (quarter two of 2018/19), this target is being met and exceeded. Given the positive results achieved with this measure, out year targets for this measure have

been adjusted downwards in the *2019/20-2021/22 Ministry of Health Service Plan* published in February 2019 with the aim of driving continued improvement in this important area.

Objective 1.4: Timely access to appropriate surgical procedures

Leveraging resources and effective information management drives strategies to reduce wait times, including a standardized provincial methodology for wait list management and a regular review of wait list to identify and expedite cases outside benchmarks. To ensure the provision of high-quality care along the entire surgical pathway, programs for hip and knee replacement surgeries are being implemented to establish timely access to surgical expertise and programs as close to home as feasible.

Key Highlights:

- BC hospitals performed 25,846 schedules surgeries in targeted priority areas in 2018/19. In addition, the five hip and knee replacement programs completed implementation. The hip and knee replacement programs are designed to support increased surgical volumes, reduce wait times, and improve continuity of care for patients by coordinating all the services a patient requires to prepare for, undergo, and recover from surgery.

- Added more than 800 MRI operating hours per week throughout the province, and installed four new MRI machines in communities facing demand to increase the number of yearly MRIs performed in the province. By March 31, 2019, of the 33 MRIs across BC, 10 were running 24/7, compared to one in August 2017, resulting in nearly 44,000 more exams compared to 2017/18.

- With new operating room resources, including a new dedicated operating room at Royal Jubilee Hospital, added additional joint replacement surgeries on the South Island in 2018/19, significantly reducing the number of South Island patients waiting for hip and knee replacements.

Performance Measure		2016/17 Actuals	2017/18 Actuals	2018/19 Target	2018/19 Actuals	2019/20 Target	2020/21 Target
1.4	Surgeries in targeted priority areas completed[1]	19,675	20,625	23,000	25,846	23,500	24,000

[1] Data Source: Surgical Patient Registry.

Discussion

The completion of additional surgeries in the areas of hip, knee, and dental, reflects efforts to allocate surgical resources in specific areas to focus on patients waiting for those procedures. This performance measure tracks the efforts to show progress to “catch up” and “keep up” volumes in priority areas. Data shows that actual surgeries of 25,846 exceeded the 2018/19 target of 23,000. Given the positive results achieved with this measure, out year targets for this measure have been

adjusted upwards in the *2019/20-2021/22 Ministry of Health Service Plan* published in February 2019 with the aim of driving continued improvement in this important area.

Goal 2: Support the health and well-being of British Columbians through the delivery of high-quality health care services

Objective 2.1: Effective health promotion and responsive services

Chronic disease is the largest cause of death and disability, represents the largest proportion of the burden of disease, and drives a significant part of downstream health costs in BC. Evidence suggests that, over time, a primary disease prevention and health promotion agenda can make progress in improving the overall health of the population. Working with partners, including the health authorities, the Ministry will continue to build on the number of communities with strategic plans that support healthy living through planning, policies, built environments and other mechanisms. The Ministry will also work to support efforts towards ensuring culturally safe health services for Indigenous Peoples to support the vision of healthy First Nations and Métis communities playing active roles in their collective well-being.

Key Highlights:

- Partnered with the FNHA in developing a training program for pharmacists aimed at reducing stigma experienced by patients receiving opioid agonist treatment medications.
- Provided $500,000 to the Comox Child Development Association to support the Pathways to Healing Program in the Comox Valley, a program that provides culturally safe, one on one support to perinatal women with vulnerabilities throughout pregnancy and for as long as needed after the child is born.
- Launched catch-up immunization program to ensure BC children are protected from measles.
- Opened an innovative therapeutic community centre for men who have experience with incarceration, homeless and addiction, providing culturally appropriate and safe recovery programming, including counselling and integration of Indigenous and non-Indigenous healing approaches.
- Awarded over $700,000 in age-friendly grants to BC communities for 2019 to help seniors age well and contribute positively to their neighbourhoods.

Performance Measure	2016/17 Actuals	2017/18 Actuals	2018/19 Target	2018/19 Actuals[2]	2019/20 Target	2020/21 Target
2.1 Percent of communities that have completed healthy living strategic plans[1]	59%	62%	60%	64%	68%	70%

[1] Data Source: Health Authority annual community survey.
[2] Results as of third quarter 2018/19

Discussion

This performance measure focuses on the proportion of 162 communities across British Columbia that have been developing healthy living strategic plans, in partnership with the Ministry and health authorities. Annual community surveys show that at the end of the third quarter, 64 percent of the communities have developed a healthy living plan, exceeding the 2018/19 target of 60 percent.

Goal 3: Deliver an innovative and sustainable public healthcare system

Objective 3.1: Effective health sector resources and approaches to funding

BC's population and geography are unique, and its health system requires tailored approaches to staffing, information technology, and budget management to maximize productive capacity and meet patient needs, in addition to an understanding of progress using a standardized range of performance management indicators. Coordinated effort of health professionals working to optimal scope in rural and urban settings, along with strong mechanisms for making the most effective use of resources, need to be supported to adapt to changing demands into the future.

Key Highlights:

- Enrolled more than 760 patients across BC in the Home Health Monitoring (HHM) Initiative, a collaborative effort of the province's health authorities and the Ministry of Health, which has developed protocols for remotely monitoring patients with chronic conditions such as heart failure, chronic obstructive pulmonary disease and diabetes from their homes. The HHM Initiative won Digital Health Canada's 2018 "Innovation in the Adoption of Health Informatics" Award.

- Removed age restriction on coverage of insulin pumps for Type 1 diabetics, reducing a significant cost of managing their condition.

- Announced reductions in or eliminations of Fair PharmaCare deductibles and/or family maximums for families with net incomes of up to $45,000, improving access to needed medications for 240,00 families.

- Expanded the access zone to protect the dignity and privacy of staff and patients at the Vancouver Island Women's Clinic in Victoria, reducing a possible barrier to care.

- Through the primary-health strategy, providing funding for up to 200 new general practitioners to work in the new team-based model.

- Provided funding to create 200 nurse practitioner positions in settings throughout BC.

- Introduced and passed the *Health and Social Services Delivery Improvement Act* (Bill 47) that repeals Bill 29 and Bill 94, which will help with retention and recruitment of skilled health professionals needed for continuity of care. Repealing these bills improves job security and

stability by reducing the uncertain employment conditions workers have faced for years due to the recurrent practice of contracting out in the health sector.

Performance Measure	2016 Actuals	2017 Actuals	2018 Target	2018 Actuals	2019 Target	2020 Target
3.1 Nursing and allied professionals overtime hours as a percent of productive hours[1]	3.8%	3.8%	3.8%	4.4%	3.8%	3.8%

[1] Data Source: Health Sector Compensation Information System (HSCIS).

Discussion

Overtime is a key indicator of the overall health of a workplace. This performance measure tracks efforts to maintain overtime rates by addressing the underlying causes that may be contributing unnecessary costs to the health system. Data shows that up to the third quarter, the target is not being met.

Financial Report

Discussion of Results

The Ministry of Health 2018/19 budget including other authorizations was $19.867 billion. Actual operating expenditures for the fiscal year ending March 31, 2019 were $19.843 billion, resulting in an operating surplus of $24.0 million or 0.1 percent of the annual budget prior to the accounting entry for adjustment of prior year's accrual.

The significant operating variances were:

Regional Services: The variance is primarily due to higher than anticipated transfer payments to health authorities and various Ministry supported programs as approved by Treasury Board.

Medical Services Plan (MSP): The surplus is mainly due to one-time savings for new Primary Care initiatives and various alternative payment programs, partially offset by increased utilization of MSP fee for service programs.

PharmaCare: Savings is driven by higher than anticipated rebates, offset by increased demand for expensive drug therapies such as hepatitis C drugs and opioid agonist treatments.

Health Benefits Operations (HBO): The deficit is mainly due to MSP Premium Changes (MPC) and MSP Premiums Elimination project (MPE 2020) costs.

Stewardship and Corporate Services: The deficit is mainly due to pressures associated with the planning and future state of the HIBC procurement project and eHealth/Panorama operations, and lower than expected recoveries for amortization of eHealth Drug Strategy.

Resource Summary

	Estimated	Other Authorizations[1]	Total Estimated	Actual	Variance
Operating Expenses ($000)					
Health Programs					
Regional Services	13,391,679	89,434	13,481,113	13,578,234	97,121
Medical Services Plan	4,811,531		4,811,531	4,749,549	(61,982)
PharmaCare	1,272,400		1,272,400	1,224,488	(47,912)
Health Benefits Operations	46,177		46,177	54,159	7,982
Sub-Total	**19,521,787**	**89,434**	**19,611,221**	**19,606,430**	**(4,791)**
Executive and Support Services					
Minister's Office	774		774	703	(71)
Stewardship and Corporate Services	231,353		231,353	236,215	4,862
Sub-Total	**232,127**		**232,127**	**236,918**	**4,791**

	Estimated	Other Authorizations[1]	Total Estimated	Actual	Variance
Recoveries – Health Special Account	(147,250)		(147,250)	(147,250)	0
Total Vote 30	19,606,664	89,434	19,696,098	19,696,098	0
Health Special Account	147,250		147,250	147,250	0
Sub-Total – Operating Expenses	**19,753,914**	**89,434**	**19,843,348**	**19,843,348**	**0**
Adjustment of Prior Year Accrual[2]	0		0	(23,517)	(23,517)
Total – Ministry of Health	**19,753,914**	**89,434**	**19,843,348**	**19,819,831**	**(23,517)**
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)					
Ministry Operations					
Stewardship and Corporate Services	1,432		1,432	601	(831)
Total - Ministry of Health	**1,432**		**1,432**	**601**	**(831)**
Consolidated Capital Plan ($000)					
Health Facilities[3]	615,196		615,196	447,738	(167,458)
Total - Ministry of Health	**615,196**		**615,196**	**447,738**	**(167,458)**

[1]"Other Authorizations" include Supplementary Estimates, Statutory Appropriations and Contingencies. Amounts in this column are not related to the "estimated amount" under sections 5(1) and 6(1) of the *Balanced Budget and Ministerial Accountability Act* for ministerial accountability for operating expenses under the Act.

[2] The Adjustment of Prior Year Accrual of $23.517 million is a reversal of accruals in the previous year.

[3] Only the portion of health authority capital spending funded through restricted capital grants is included. This excludes capital funding through public private partnership debt as well as other funding sources (regional hospital districts, foundations, health authority own-source funding).

Income Statement for Health Authorities

As required under the *Budget Transparency and Accountability Act*, British Columbia's health authorities and hospital societies are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's Service Plan are related to services delivered by the health authorities. The majority of the health authorities' revenues and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

Name of Sector	2018/19 Budget	2018/19 Actual	Variance
Health Authorities and Hospital Societies – Combined Income Statement ($000)			
Total Revenue[4]	15,379,000	15,819,000	440,000
Total Expense[5]	15,370,000	15,918,000	548,000
Net Results[6]	**9,000**	**(99,000)**	**(108,000)**

NOTES:

[4] Revenues: Includes provincial revenue from the Ministry of Health, plus revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities), fees and licenses and other revenues.

[5] Expenses: Provides for a range of health care services, including primary care and public health programs, acute care and tertiary services, mental health services, home care and home support, assisted living and residential care.

[6] This combined income statement is based on financial statements from six health authorities and seven hospital societies, including eliminating entries between these agencies. However, figures do not include the eliminating entries to consolidate these agencies with the government reporting entity. The negative variance is primarily related to unanticipated expenses (recognition of actuarial loss impacts) related to extended health care benefits, claims experience, and lower investment returns through the Healthcare Benefit Trust (HBT) in 2018/19. The HBT is a not-for-profit health and welfare trust that provides group health and welfare benefits to eligible employees on behalf of health authorities (e.g. life insurance, accidental death and dismemberment, long-term disability, dental and extended health care).

Capital Expenditures

Major Capital Projects (over $50 million)	Year of Completion	Project Cost to March 31, 2019 ($ millions)	Estimated Cost to Complete ($ millions)	Anticipated Total Cost ($ millions)
#1 Queen Charlotte/Haida Gwaii Hospital	2016	48	2	50
Construction on the new Haida Gwaii Hospital and Health Centre – Xaayda Gwaay Ngaaysdll Naay (Queen Charlotte Hospital) completed in September 2016 and patients moved in November 16, 2016. The existing hospital was demolished to make way for parking. The new hospital replaces an aging facility and consolidates health services into one location. The facility consists of 16 beds, including eight residential care beds plus a labour, delivery, recovery suite in a two-storey, 5,000 square metre Leadership in Energy and Environmental Design (LEED) Gold facility. The new hospital will provide adequate space to enable client-focused care delivery, as well as specialized care services such as low-risk maternity, obstetrics, and cancer care. The capital cost of the project is estimated at $50 million and is cost shared with the North West Regional Hospital District. For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522448/qch-replacement-project-capital-plan.pdf				
#2 Surrey Emergency/Critical Care Tower	2019	482	30	512
The new emergency department is five times larger and includes specialized units for mental health, geriatric care, a separate children's emergency area, an enhanced minor treatment unit and an improved area for acute patients. The Critical Care Tower includes a perinatal centre with 48 neonatal intensive care unit beds. The maternity department was also expanded, and 13 new obstetric beds were added. The project also included additional inpatient beds thereby increasing the inpatient bed capacity at Surrey Memorial Hospital by 30 percent. The capital cost of the project is estimated at $512 million. The new emergency department opened for service in 2013 and the tower opened in 2014. The connector link and final renovation work completed in March 2019. For more information, please see the website at: http://www.llbc.leg.bc.ca/public/PubDocs/bcdoc/456304/Capital_project_plan.pdf				
#3 Royal Inland Hospital Clinical Services Building	2016	61	2	63
Construction of the Clinical Services Building completed in spring 2016, followed by commissioning and move-in summer 2016. The new six-storey structure will improve patient flow and access to services, improve site access (vehicular and pedestrian), improve patient care experience and support enhanced education and its integration with the clinical environment. The capital cost of the project is estimated at $63 million and is cost shared with the Thompson Regional Hospital District. For more information, please see the website at: https://www.interiorhealth.ca/sites/BuildingPatientCare/RIH/Pages/default.aspx.				
#4 Royal Inland Hospital Patient Care Tower	2024	43	374	417
A new 107-bed patient care tower at Royal Inland Hospital in Kamloops will improve patient experience and outcomes by significantly increasing the number of single-patient rooms, providing new and larger operating rooms and expanding the existing emergency department. Construction of the new patient care tower started in fall 2018 and it is scheduled to be open to patients in July 2022. Internal renovations to the emergency department, pediatric unit and morgue are scheduled to begin in 2022 and complete in 2024.				

Major Capital Projects (over $50 million)	Year of Completion	Project Cost to March 31, 2019 ($ millions)	Estimated Cost to Complete ($ millions)	Anticipated Total Cost ($ millions)
For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf				
#5 Vancouver General Hospital – Jim Pattison Pavilion Operating Rooms	2021	14	88	102
The Vancouver General Hospital Operating Room project will modernize the operating rooms to create appropriately-sized operating rooms leading to better services and outcomes for patients. This phase of the Vancouver General Hospital Operating Room renewal project includes construction of 16 new operating rooms and a 40-bed perioperative care unit. The $102 million project will enable Vancouver General Hospital to increase the number of surgeries performed and to reduce the cancellation rate for scheduled cases. OR construction started in 2019 and is planned to complete in 2021. For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669312/capital_project_plan_vgh_or_renewal_project_phase1.pdf				
#6 North Island Hospitals	2017	595	11	606
The North Island Hospitals Project includes a new 95-bed, four-storey, 32,000 square metre LEED Gold facility and parking structure in Campbell River and a new 153-bed, five-storey, 40,000 square metre LEED Gold facility and parking structure in the Comox Valley. Construction completed in spring 2017. Both sites opened to patients in early fall 2017 and demolition of the Campbell River and District General Hospital was completed in late 2018. The new hospitals will enhance the quality of care for patients, increase capacity to meet the population's growing and changing needs, improve access to services for all northern Vancouver Island communities, and increase safety for patients and staff. The project will also increase acute care capacity with safe and efficient facilities, improve the ability of the Vancouver Island Health Authority to recruit and retain physicians and other health care professionals, and increase the opportunity to introduce new services to the communities. The capital cost of the project is estimated at $606 million. The Comox-Strathcona Regional Hospital District is contributing approximately $238 million, with the balance provided by the Province. For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522449/north-island-hospitals-project-capital-plan.pdf				
#7 Interior Heart and Surgical Centre	2018	308	73	381
The Interior Heart and Surgical Centre (IHSC) project consists of a four-storey, 14,000 square metre surgical facility, a three-storey 7,850 square metre clinical support building and renovations to three existing Kelowna General Hospital facilities. The IHSC building opened in September 2015 and renovations to the final existing building, Strathcona, completed in December 2018. The project will improve patient care, design program areas to enable a comprehensive multi-disciplinary team approach, and improve health service delivery and patient flow at Kelowna General Hospital. The project will also feature capacity for 15 new operating rooms, a revascularization program including open heart surgery, and updated and expanded support services. The capital cost of the project is estimated at $381 million. The Central Okanagan Regional Hospital District is contributing approximately $85 million with the balance provided by the Province. For more information, please see the website at: http://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx				

Major Capital Projects (over $50 million)	Year of Completion	Project Cost to March 31, 2019 ($ millions)	Estimated Cost to Complete ($ millions)	Anticipated Total Cost ($ millions)
#8 Vancouver General Hospital – Joseph and Rosalie Segal Family Health Centre	2017	73	9	82
Construction on the 100-bed, eight-storey, and 12,250 square metre LEED Gold Joseph and Rosalie Segal Family Health Centre completed in spring 2017 and patients moved in late August 2017. The centre will create seamless access to acute secondary psychiatric services and community-based programs for patient populations in Vancouver and consolidate services to allow for improved staff utilization, streamlined discharges and improved patient engagement. The project will result in the development of an optimal purpose-built facility designed to reduce critical safety risks and improve patient outcomes. The capital cost of the project is estimated at $82 million. The Vancouver General Hospital and University of British Columbia (UBC) Foundation contributed $25 million to the cost of the project, including $12 million from the Segal family.				
#9 Children's and Women's Hospital Redevelopment	2020	610	66	676
The redevelopment of BC Children's Hospital and BC Women's Hospital will be completed in three phases. The first phase is now complete and included expansion of the neonatal intensive care unit by three beds, expansion space for the UBC Faculty of Medicine, and construction of a new 2,400 square metre Clinical Support Building. Construction of the second phase of the project was substantially complete in summer 2017 and consists of the demolition of A-Wing, L-Wing and Medical Education and Research Unit building, construction of a new 59,400 square metre Teck Acute Care Centre (TACC), and renovations to the BC Women's Urgent Assessment Room in the 1982 Building. The TACC opened for patients on October 29, 2017. The third phase includes a 10-bed expansion of single room maternity care, and relocation of the Sunny Hill Health Centre for Children into renovated space in the 1982 Building at the Oak Street campus. Government approved the Phase 3 business plan in spring 2016. The project will improve delivery of patient-centred care by creating optimal patient access and patient flow, improve operational efficiency/capacity for inpatient services by consolidating and developing space designed to current pediatric care standards, and provide flexible spaces to support changes in health care models. Construction of Phase 3 is underway with completion planned for 2020. The capital cost of the redevelopment project is estimated at $676 million, including a $144 million contribution from the BC Children's Hospital Foundation. For more information, please see the website at: www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf.				
#10 Penticton Regional Hospital – Patient Care Tower	2021	258	54	312
The Patient Care Tower (PCT) project will proceed in two phases. Phase 1 construction of the new 25,582 square metre PCT started in April 2016 and includes a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. The PCT opened to patients on April 29, 2019. Phase 2 will involve renovation of vacant areas in the current hospital to allow for the expansion of the emergency department, as well as renovations to existing support areas. To improve the model of care and patient outcomes, the project will apply evidence-based design principles and health care facility design and construction standards that all have a patient-centred design philosophy. Phase 2 renovations are planned to start in summer 2019 with completion planned for 2021. The capital cost of the project is estimated at $312 million. Costs are shared between Government, the Interior Health Authority, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation.				

Major Capital Projects (over $50 million)	Year of Completion	Project Cost to March 31, 2019 ($ millions)	Estimated Cost to Complete ($ millions)	Anticipated Total Cost ($ millions)
For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf				
#11 Royal Columbian Hospital – Phase 1	2019	165	94	259
Phase 1 of the Royal Columbian Hospital (RCH) redevelopment project consists of a 75-bed, five-storey, approximately 13,000 square metre LEED Gold mental health and substance use building, plus four levels of parking, a new energy centre and relocation of the helipad. This project will improve operational efficiencies, expand clinical programs in mental health to address capacity issues, increase energy efficiency by 20-30 percent, and eliminate the current risk of power systems failure with a post-disaster building. The project will result in the creation of a modern facility designed to deliver exemplary clinical outcomes and provide a patient-centred approach to health care delivery, while increasing safety for patients and staff. The preferred design-build proponent was selected in December 2016. Construction started in early 2017 and is expected to be complete in late 2019 with patients scheduled to move in April 2020. The capital cost of the project is estimated at $259 million. The RCH Foundation is contributing $9 million with the balance provided by the Province. For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686374/capital-project-plan-royal-columbian-hospital.pdf				
#12 Royal Columbian Hospital – Phases 2 & 3	2026	12	1,088	1,100
Phase 2 of the RCH redevelopment project consists of a 348-bed, 11-storey, approximately 55,000 square metre Acute Care Tower with an underground parkade and heliport on top of the building. Phase 3 is critical, enabling works to support the RCH campus' increased capacity and to improve the delivery of patient care. It includes upgrades and expansion of the services located in the Health Care Centre and Columbia Tower. Upon completion of Phases 2 and 3, there will be an increase in RCH campus inpatient capacity of over 50 percent to a total of 675 beds. The project will address growing service needs, help ease congestion, improve patient-centred outcomes, introduce advanced medical technologies and enhance the working environment for health professionals. Construction on the tower is expected to start in 2020 and complete in 2024. The renovations will be complete in 2026. The capital cost of the project is estimated at $1.1 billion. The RCH Foundation is contributing $30 million with the balance provided by the Province. For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669855/20170626130516.pdf				
#13 Peace Arch Hospital Renewal	2021	8	76	84
The project at Peace Arch Hospital in White Rock will improve patient experience and outcomes by providing new and larger operating rooms (as well as related support spaces) and will expand the existing emergency department. The surgical suite will also benefit from the relocation and expansion of the medical device reprocessing department, allowing for improved access to sterilized surgical equipment. Construction started in January 2019 with completion expected in late 2021. For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2017/669856/20170626124423.pdf				

Major Capital Projects (over $50 million)	Year of Completion	Project Cost to March 31, 2019 ($ millions)	Estimated Cost to Complete ($ millions)	Anticipated Total Cost ($ millions)
#14 Centre for Mental Health and Addictions	2020	24	77	101
The new 105-bed facility will be located on the Riverview lands in Coquitlam and will replace the current Burnaby Centre for Mental Health and Addictions. Construction of the new facility is expected to complete in 2021 and will be a more therapeutic space for those living with complex mental health challenges and substance-use issues. The capital cost of the project is estimated at $101 million with funding provided by the Province.				

Significant IT Projects

Significant IT Projects (exceeds $20 million in total or $10 million in one fiscal year)	Year of Completion	Project Cost to March 31, 2019 ($ millions)	Estimated Cost to Complete ($ millions)	Anticipated Total Cost ($ millions)
#1 Clinical and Systems Transformation	2023	337	143	480
The primary purpose of the Clinical and Systems Transformation Project is to establish a common standardized, integrated, end-to-end clinical information system and environment for Provincial Health Services Authority, Vancouver Coastal Health Authority and Providence Health Care. The vision of this integrated system is "One Person. One Record. Better Health". The system has recently been implemented at Lions Gate Hospital and will be rolled out to other locations in the future. The most significant benefit to patients and the care delivery process is in relation to the reduction of adverse events associated with a hospital stay. The ten-year total cost of ownership (TCO) for the project is projected to be $842 million, composed of a $480 million capital and $362 million operating cost component. This TCO includes expenditures on the installation and implementation of the new system and related maintenance and support costs for the ten-year period. This TCO estimate is currently being reviewed and the operating cost component is expected to be significantly over budget. For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2013_2/536407/capital-project-plan-clinical-systems-transformation.pdf				
#2 IHealth Project – Vancouver Island Health Authority	2020	92	8	100
IHealth is a multi-year, Island Health-wide strategy to support quality, safe patient care, increase consistency across sites and systems, and reduce the risk of medication-related errors. IHealth will provide a single electronic health record for all parts of the health care system. It is interactive for health care providers, and includes clinical decision support and quality measures that will guide critical thinking in a new way. It is a powerful, integrated electronic system that will keep track of a patient's health records in one single record, across sites and across programs and services, over a patient's entire life. However, the project has been delayed and is facing serious financial pressures. A recent review concluded that Island Health will not be able to complete the full project scope within the timelines identified, and it is expected that the project will be significantly over budget.				

Appendix A: Selected Agencies, Boards and Commissions and Tribunals

Assisted Living Registrar
https://www2.gov.bc.ca/gov/content/health/accessing-health-care/assisted-living-registrar
The Registry administers the registration of assisted living residences; establishes and administers health and safety standards, and administrative policies and procedures; investigates complaints about health and safety; and inspects residences if there is a health and safety concern.

BC Emergency Health Services
http://www.bcehs.ca
BC Emergency Health Services, an agency of the Provincial Health Services Authority, oversees the BC Ambulance Service and Patient Transfer Coordination Centre, providing out-of-hospital and inter-hospital health services.

BC Patient Safety and Quality Council
https://bcpsqc.ca
The Council provides system-wide leadership to efforts designed to improve the quality of health care in the province. Through collaborative partnerships with health authorities, patients, and those working within the health care system, the Council promotes and informs a provincially-coordinated, patient-centred approach to quality.

First Nations Health Authority
http://www.fnha.ca
The First Nations Health Authority is responsible for planning, management, service delivery and funding of health programs, in partnership with First Nations communities in BC.

Fraser Health Authority
https://www.fraserhealth.ca
Fraser Health delivers public health, hospital, residential, community-based and primary health care services in communities stretching from Burnaby to White Rock to Hope.

Interior Health Authority
https://www.interiorhealth.ca
Interior Health delivers public health, hospital, residential, community-based and primary health care services to residents across BC's Southern Interior.

Northern Health Authority
https://www.northernhealth.ca
Northern Health delivers public health, hospital, residential, community-based and primary health care services to residents of Northern BC.

Métis Nation BC
https://www.mnbc.ca
The Métis Nation BC develops and enhances opportunities for its Métis Chartered Communities and Métis people in BC by providing culturally relevant social and economic programs and services.

Patient Care Quality Review Boards
https://www.patientcarequalityreviewboard.ca/
Patient Care Quality Review Boards are aligned with each health authority to receive, investigate and respond to patient complaints about quality of care under the jurisdiction of the health authorities.

Provincial Health Services Authority
http://www.phsa.ca
The Provincial Health Services Authority works collaboratively with the Ministry of Health, BC's five regional health authorities and the First Nations Health Authority to provide select specialized and province-wide health care services (BC Cancer, Renal, Transplant, Cardiac, Perinatal and others), ensuring that residents have access to a coordinated provincial network of high-quality specialized health-care services.

Vancouver Coastal Health Authority
http://www.vch.ca
Vancouver Coastal Health delivers public health, hospital, residential, community-based and primary health care services to residents living in communities including Richmond, Vancouver, the North Shore, Sunshine Coast, Sea to Sky corridor, Powell River, Bella Bella, and Bella Coola.

Vancouver Island Health Authority
https://www.islandhealth.ca
Island Health delivers public health, hospital, residential, community-based and primary health care services to residents living in communities from Victoria to Cape Scott, and Tofino to Campbell River.

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 1139526

PREPARED FOR: Honourable Adrian Dix, Minister of Health **- FOR INFORMATION**

TITLE: Conversion Therapy in BC.

PURPOSE: To outline options on whether the practice of conversion therapy should be further restricted in BC.

BACKGROUND:

Conversion therapy (also referred to as reparative therapy) is a range of dangerous and discredited practices "by any person that seeks to change another individual's sexual orientation or gender identity or expression." It is based on an erroneous belief that homosexuality is a "curable" disorder or disease. It is unethical, has been rejected by medical and mental health organizations for decades, and is not supported by peer reviewed science. The World Health Organization found that there is "no medical indication for changing sexual orientation" and conversion therapy poses a "severe threat to the health and human rights of the affected persons." These practices are associated with significant psychological harms including depression, substance use, suicidal ideation and attempts. One third of conversion therapy survivors have attempted suicide[1]. Professional bodies in BC and across Canada have condemned the practice. The Canadian Psychological Association "opposes any therapy with the goal of repairing or converting an individual's sexual orientation, regardless of age".

In 2015, Manitoba became the first province to issue a position statement stating that "conversion therapy can have no place in the province's public health-care system." A month after Manitoba, Ontario passed the *Affirming Sexual Orientation and Gender Identity Act*, which banned payments under the Ontario Health Insurance Plan for conversion therapy and banned regulated healthcare professionals from performing the therapy on minors without their consent. Following Ontario, Nova Scotia passed a bill banning conversion therapy for anyone under 18 (unless they provide consent) and made it an uninsurable practice for adults. In November 2018 Prince Edward Island issued a joint statement by all MLAs supporting a ban on conversion therapy in the province. The City of Vancouver and the City of St. Albert also acted on the issue by making bylaw amendments, which prohibit conversion therapy services by licensed businesses.

In February of 2019, Alberta's New Democratic Party government formed a working group to provide recommendations on legislation and policy options to ban conversion therapy; however, this working group was disbanded by the United Conservative Party in May. Following this

[1] 2019. Salway, T., Ferlatte, O., Gesink, D., Lachowsky, N. Prevalence of exposure to sexual orientation change efforts and associated sociodemographic characteristics and psychological health outcomes among Canadian sexual minority men (in preparation).

reversal, the Green Party of BC tabled the *Sexual Orientation and Gender Identity Protection Act* which attempts to prevent the therapy from being performed by health professionals and persons in a position of trust or authority. Most recently, the federal government has also indicated that it is considering changes to the Criminal Code to enact a national ban on the practice. The federal government also acknowledged that these measures would not cover the full range of circumstances in which conversion therapy could occur and has encouraged provinces (through a letter addressed to the Minister of Health attached in Appendix 1) to take action and end the practice in their respective jurisdictions.

DISCUSSION:

BC has long held the position that conversion therapy is an abusive, unsupported practice that is not condoned in the BC healthcare system and is not covered by any Medical Services Plan (MSP) billing code. At this time, the Ministry of Health is not aware of any instances of conversion therapy being provided in the province by regulated health professionals. None of the regulated health professions in the province recognize conversion therapy as an appropriate or legitimate therapy.

An increasing number of organizations and concerned citizens are calling on all levels of government, including the BC government to restrict the practice in a more explicit manner. Conversion therapy presumes that homosexuality is abnormal and one's sexual orientation can or should be changed. There is no credible scientific evidence to suggest that someone's sexual orientation or gender identity can be changed. In addition, the assertion that it can be, or should be, changes have been shown to have the potential to harm persons receiving this message, as well as the potential to increase societal prejudice against and injure the LGBTQ2+ community more generally.

Some individuals remain concerned that the practice is being performed under the guise of a different therapy (e.g. depression).s.13

s.13

OPTIONS:

s.13

Program ADM/Division: David Byres, Associate Deputy Minister; Clinical Leadership
Program ED/Branch: Mark MacKinnon, ED; Professional Regulation & Oversight
Drafter: Brian Remington
Approved Date: July 19, 2019

Appendix 1: incoming correspondence from Health Canada

JUN 2 1 2019

The Honourable Adrian Dix, M.L.A.
Minister of Health
Province of British Columbia
Room 337, Parliament Buildings
Victoria, BC V8V 1X4

Dear Minister Dix:

We are writing to urge you to take action to end the shameful practice of conversion therapy. Conversion therapy is a cruel exercise that can lead to life-long trauma. It has no scientific basis. The provincial, territorial, municipal and federal governments all have roles to play to protect Canadians from the harms associated with this practice. We are considering *Criminal Code* reform concerning conversion therapy, and are asking you to do more within your jurisdiction.

Professional bodies like the Canadian Psychiatric Association, the Canadian Psychological Association and the Canadian Association of Social Workers have condemned therapies with the goal of converting an individual's sexual orientation. The World Health Organization has stated that conversion therapy has "no medical indication and represent[s] a severe threat to the health and human rights of the affected persons." The American Psychological Association's Task Force on the Appropriate Therapeutic Response to Sexual Orientation has indicated that, in relation to minors specifically, it is concerned that conversion therapy can increase self-stigma and distress in children and adolescents.

We are concerned about the harmful effect of the message that someone's sexual orientation is abnormal, and that it can and should be changed. Research tells us that therapy or practices promoting that message have the potential to harm the individual receiving it. We are also mindful that these practices are damaging to the LGBTQ and two-spirit communities more generally.

There is a movement across Canada to restrict or condemn practices that seek to change sexual orientation. Addressing the availability of conversion therapy is a complex issue. We believe that a multi-faceted response is required. No one jurisdiction can end this dangerous practice alone.

Canada

A number of provinces and municipalities have already taken steps to denounce or prohibit conversion therapy, including a public position statement, a motion adopted at their legislative assembly, and legislation prohibiting its provision to minors. In particular, Manitoba, Nova Scotia, Ontario, and Prince Edward Island have acted to discourage or restrict conversion therapy from taking place within their respective jurisdictions. Legislation has been introduced in British Columbia that would do the same. We commend these efforts, which communicate the important message that conversion therapy is harmful. At the same time, we believe that more remains to be done, and are concerned that a number of jurisdictions have not yet taken steps to end or condemn the practice.

At the federal level, existing *Criminal Code* offences may apply in some instances of conversion therapy. For example, kidnapping, forcible confinement, and assault may apply where a person is forcibly compelled to undergo conversion therapy. The fraud offence may apply where fees are charged for conversion therapy services, since the practice has been roundly discredited by medical and psychological associations.

However, existing *Criminal Code* offences may not capture the full range of circumstances in which conversion therapy occurs. For this reason, we are actively examining potential *Criminal Code* reforms to better prevent, punish, and deter this discredited and dangerous practice. The federal government is committed to doing everything within its jurisdiction to combat conversion therapy.

Canadians are proud of our country's diversity and inclusion. We believe that all Canadians should be safe to be themselves, and to express their sexual orientation and gender identity. We unequivocally denounce conversion therapy, and will be assessing what can be done at the federal level to ensure that LGBTQ and two-spirit people are not subjected to this misguided and destructive practice. We strongly encourage you to take action to discourage and end conversion "therapy" within your jurisdiction.

Respectfully,

The Honourable David Lametti, P.C., Q.C., M.P.
Minister of Justice and Attorney General of Canada

The Honourable Ginette Petitpas Taylor, P.C., M.P.
Minister of Health

Randy Boissonnault, M.P.
Special Advisor to the Prime Minister on LGBTQ2 Issues

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

1137766

PREPARED FOR: Honorable Adrian Dix, Minister of Health, **FOR INFORMATION**

TITLE: Update on Dawson Creek & District Hospital (DCDH) Redevelopment

PURPOSE: Provide an update on DCDH business planning

BACKGROUND:
Government approved the Northern Health Authority (NHA) concept plan to redevelop DCDH on June 14, 2018.

The concept plan recommended renovating and expanding the current DCDH on the existing site ("Option 1"). The concept plan also considered a complete replacement of the DCDH ("Option 2"). The concept plan indicated that complete replacement is a better option in every category except cost. NHA committed to further examine the option of complete replacement during business planning. After further examination, NHA now recommends Option 2.

DISCUSSION:
Option 1 requires a phased approach starting with construction of a new inpatient tower, then a targeted renovation to the 1990s building, then demolition of the 1960 building, and finally site works (e.g., access roads, parking and landscaping). Option 2 involves building a whole new hospital next to the existing DCDH, which would be entirely demolished after the site works are complete. See Attachment 1 for diagrams of Option 1 and Option 2).

s.13; s.17

s.13

ADVICE:

s.13

Program ADM/Division: Peter Pokorny, Associate DM, Corporate Services
Telephone: (250) 952-2066
Program Contact (for content): Kirk Eaton, Executive Director, Capital Services Branch
Drafter: Mark Bell, Director, Capital Services Branch
Date: July 3, 2019
File Name with Path: K:\CSB\BNs and FACTSHEETS\BN 2019\1137766 IBN for Minister re Dawson Creek Service Delivery Options Analysis v2 CLEAN.docx

Page 55 of 62 to/à Page 57 of 62

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s.13; s.17

Page 58 of 62

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s.13; s.16

Page 59 of 62

Withheld pursuant to/removed as

s.13; s.17

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff #1138005

PREPARED FOR: Honorable Adrian Dix, Minister of Health, **FOR INFORMATION**

TITLE: Kelowna General Hospital (KGH) Parking Issue

PURPOSE: Provide information on parking issues at KGH related to the Interior Heart & Surgical Centre (IHSC) project

BACKGROUND:
The IHSC business plan was approved by government in November 2009. The IHSC project had 5 components: a new clinical support building (CSB), the IHSC building and renovations to 3 existing KGH buildings: Royal, Centennial and Strathcona. The IHSC building was procured as a Public-Private Partnership (P3) and opened in September 2015. The renovation work completed in December 2018 when the last of the updated inpatient rooms opened in the Strathcona building. The approved budget for the IHSC project was $381 million. s.17
s.17

The IHSC business plan estimated the additional parking requirements resulting from the IHSC project at 90 stalls in 2014, and 135 stalls by 2024. This future demand was partially offset by 47 surface parking stalls developed under the CSB as part of the IHSC project, leaving a shortfall of 88 stalls expected by 2024. Aplan and funding to address this shortfall was not included in the approved scope of Interior Health Authority's (IHA's) business plan for the IHSC project.

The parking stall shortfall has amplified an already challenging parking situation for staff and visitors at KGH, which will get worse as demand continues to increase. In 2015, the waitlist for staff parking was at 500 employees. By April of 2017, that waitlist had grown to 670 employees. Today, the waitlist is 1,125 employees. The KGH site currently has adequate parking for patients and visitors; however, the shortage of staff parking puts pressure on public parking and spillover pressure on surrounding neighbourhood parking.

DISCUSSION:
s.13; s.17

s.13; s.16; s.17

ADVICE:
s.13; s.17

Program ADM/Division: Peter Pokorny, Associate DM, Corporate Services
Telephone: (250) 952-2066
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Drafter: Mark Bell, Director, Capital Services Branch
Date: June 20, 2019
File Name with Path: K:\CSB\BNs and FACTSHEETS\BN 2019\1138005 IBN for Minister re IHSC parking.docx

Attachment 1 – Current* KGH Staff and Public Parking Rates

	Hourly	Daily	Annual
Staff/Physician – peak hours	-	-	$410.81
Staff/Physician – after hours	-	-	$219.46
Patients/Visitors	$1.50	$6.00	-

*Parking rates expected to increase annually