**HEALTH COMMITTEE REPORT**

**JANUARY 2019**

As agreed to in our September conference call President Bill Berryman wrote to the **Advisory Council on the Implementation of National Pharmacare.** As well, individuals from member associations attended local consultations/meetings with Dr. Hoskins committee. While the consultation website was monitored regularly in order to notify member associations of dates for provincial/territorial discussion the only advertised dates were for British Columbia, Ontario, and Nova Scotia. The council report is due this spring. When released it is **recommended** we review it provide member associations with access to copies/information.

With input from Alyson Hillier, Nova Scotia member of the committee, the **websites** on ACER-CART’s homepage were reviewed. Also visited were the websites of member associations. The majority of them do NOT have health/wellness links and those that do limit them to local/provincial/territorial ones. It is **recommended** the following links be removed:

* Manitoba Seniors’ and Healthy Aging Directorate
* Moving and Aging or Disabled Parent Into Your Home: 4 things You Should Know
* Assistive Technology Buying Guide for Seniors and Their Caregivers
* Peaceful Passing: How to Make a Loved One’s final Days at Home Comfortable
* Emergency Preparedness Guide for the Elderly and Disabled
* Seniors Fraud
* MedBroadcast
* Tuck Sleep

**Recommended** additions follow:

* Canadian Network for Prevention of Elder Abuse [www.cnpea.ca](http://www.cnpea.ca)
* Alzheimers Society of Canada https;//alzheimer.ca
* The Canadian Hospice Palliative Care Association [www.chpca.net](http://www.chpca.net)
* Preventing Fraud, Competition Bureau of Canada <http://www.competitionbureau.gc.ca/eic/site/cb-bc.nsf/eng/h_00122.html>
* Health Canada https://www.canada.ca/en/health-canada.html
* Canadian Institute for Health Information\* https://www.cihi.ca/en
* Canadian Mental Health Association https://cmha.ca/
* Canadian Seniors Directory http://www.canadianseniorsdirectory.ca/
* Sleep Well Without Sleeping Pills https://mysleepwell.ca/
* Canadian Deprescribing Network https://www.deprescribingnetwork.ca/

It is further ***recommended***Wellbeing and Lifestyle for Seniors be combined as Health and Wellness.

\*For those so inclined a visit to this site provides access to considerable data and reports

While the bilateral **Health Accords** were not examined in detail, the following provides an overview. It would seem, given that the accords are bilateral, most appropriate to encourage member associations to review information on the accord for their province/territory, to be vigilant about ongoing developments and spending and to share concerns/issues that arise with ACER-CART.

**Federal, Provincial Territorial Health Accords – 2017-2018**

Source: Press Releases on Health Canada website

In 2017 - 18 provincial and territorial governments made bilateral agreements with the Government of Canada. An agreed upon Statement of Principles focused on two priority areas – mental health and addictions and home and community care. Agreement to review progress annually was reached.

**Improving access to mental health and addictions services**

Governments recognize mental illness and addictions are serious issues. Evidence suggests mental health concerns often begin in childhood and adolescence, and early diagnosis and intervention is vital to effective treatment and recovery.

Promoting mental wellness, and addressing gaps in mental health and addiction services and recovery is important. Over the next ten years, FPT Health Ministers will work together to improve access to evidence-supported mental health and addiction services and supports for Canadians and their families by pursuing one or more of the following actions:

* Expanding access to community-based mental health and addiction services for children and youth (age 10-25), recognizing the effectiveness of early interventions to treat mild to moderate mental health disorders;
* Spreading evidence-based models of community mental health care and culturally-appropriate interventions that are integrated with primary health services; and
* Expanding availability of integrated community-based mental health and addiction services for people with complex health needs.
* To support provinces and territories to improve access to mental health and addiction services. The federal government will provide provinces and territories with $5 billion over ten years starting with $100 million in 2017-18.

**Improving access to home and community care**

As Canada's population ages and chronic disease rates increase, Canadians need access to more health care services outside traditional settings. All jurisdictions are putting in place new approaches to enhance access to vital health care and support services at home and in the community, and reduce reliance on more expensive hospital infrastructure. Over the next ten years, FPT Health Ministers will work together to improve access to appropriate services and supports in home and community, including palliative and end-of-life care, by pursuing one or more of the following actions:

* Spreading and scaling evidence-based models of home and community care that are more integrated and connected with primary health care;
* Enhancing access to palliative and end of life care at home or in hospices;
* Increasing support for caregivers; and
* Enhancing home care infrastructure, such as digital connectivity, remote monitoring technology and facilities for community-based service delivery.
* To assist with improving access to appropriate home and community care, the federal government will provide PT governments with $6 billion over 10 years, starting with $200 million in 2017-18.

**Performance measurement**

FPT Health Ministers agree collecting and publicly reporting outcomes is key to assessing progress on health system priorities. They agree to work collectively and with the Canadian Institute for Health Information (CIHI) to develop a focused set of common indicators to measure pan-Canadian progress on the agreed priorities and to report annually. This will involve working with stakeholders and experts to develop common indicators and share the relevant data by each jurisdiction to permit CIHI to produce annual public reports. This approach will recognize and seek to address differences in access to data and health information infrastructure.

The bilateral agreements with each jurisdiction will specify the more detailed terms for reporting on jurisdiction-specific activities supported by the new federal funding.

To support addressing data gaps and support improved decision-making, the federal government is committing to $53 million over 5 years, starting in 2017-18, with $15 million ongoing to CIHI, which will provide a progress report by March 2018 and report annually thereafter.

**Indigenous health**

Recognizing the significant disparities in Indigenous health outcomes compared to the Canadian population, the governments are committed to working with First Nations, Inuit and Métis to improve access to health services and health outcomes and discuss progress. They commit to approaching health decisions in their respective jurisdictions through a lens that promotes respect and reconciliation with Indigenous peoples. The federal government is committed to working with national First Nations, Inuit and Métis leadership in response to their identified health priorities (developed through the First Nations Health Transformation Agenda, an Inuit –Specific Approach to the Canadian Health Accord and the Métis National Health Shared Agenda). At the regional level, federal, provincial and territorial Health Ministers commit to meaningfully engage and to work together with regional Indigenous organizations and governments.

**Ongoing collaboration**

In addition to the shared priorities identified Ministers of Health will continue to work on areas of mutual interest, specifically supporting health innovation and improving the affordability, accessibility and appropriate use of prescription drugs, including taking steps toward harmonization of drug plan formularies.

**Territorial/Provincial Bilateral Agreements –** most over 5 years with provision for 10

**New Brunswick**: **$104 million** to support priorities as set out in the New Brunswick Family Plan‎ to help New Brunswickers to lead independent, healthy and productive lives.

**Newfoundland and Labrador: $72 million** to support the province's priorities to develop a Home First Integrated Network, implement a province-wide palliative care approach, and enhance home care for persons with dementia. The agreement will also help create a system of integrated mental health services for children, youth and emerging adults, introduce e-mental health services in the province, improve access to addictions services and improve community-based mental health services.

**Northwest Territories: $6.07** million to increase access to services and supports in homes and communities to meet the needs of the territory’s aging population. This includes innovative ways of supporting family and community caregivers, as well as providing health care providers with new tools to assess the home and community care needs of Northern residents.

In addition enhanced action to address suicide, which has had a devastating impact on families and communities in the Northwest Territories, will be taken. The Northwest Territories Department of Health and Social Services will develop and implement a Territorial Suicide Prevention and Crisis Support Network to support communities in proactive suicide prevention, intervention and postvention activities, including culturally appropriate approaches to suicide prevention.

**Prince Edward Island (PEI): $20** million for arange of initiatives including supporting an innovative model that enables paramedics to provide supports within home and palliative care, expanding the use of digital health records for recipients of home and community care, providing mental health supports and services in schools, and creating a province-wide mobile mental health crisis program.

**Saskatchewan: $158** million on a range of initiatives including:

* establishing Community Health Centres and teams to shift the delivery of care from hospitals into community settings;
* improved access to palliative and end-of-life care to provide care at the right place, by the right providers, at the right time;
* improving mental health services for youth through targeted training programs;
* expanding internet-delivered cognitive behavioural therapy services; and
* improving mental health services and supports for children, youth and families, through increased capacity for diagnosis and treatment.

**Nova Scotia : $130** million on a range of initiatives including:

* enhancing continuing care services for patients, providing them supports to remain in the community as long as possible; and supporting their caregivers;
* strengthening health partnerships, systems and processes to enable a coordinated approach to care, and to ensure health services and their performance are based on evidence and data;
* enhancing integrated mental health and addiction service delivery for children and youth through school-based programs; and,
* improving access to community-based mental health and addiction services. For example, increasing the number of mental health clinicians in the community and developing a central intake system to provide a single point of entry for mental health and addiction supports.

**Yukon: $5.2** million As well, an investment of $25.6 million over four years (Yukon's portion of the Territorial Health Investment Fund) will support health system innovation.

The Territorial Health Investment Fund is designed to support efforts by the territories to innovate and transform health care systems, and to ensure that Northerners have access to the care they need.

**British Columbia: $1.4 billion** **over 10 years** as follows**:**

* $785.7 million for better home care including addressing critical home care infrastructure requirements; and
* $654.7 million in support of mental health initiatives.

It is expected wait times for mental health services for children and youth will be improved and the number of hospital patients who could be supported/better cared for at home or in the community will be reduced.

**Alberta: $1.3 billion over 10 years as follows:**

* $703.2 million for better home care including addressing critical home care infrastructure requirements; and
* $586.0 million in support of mental health initiatives.

It is expected wait times for mental health services for children and youth will be improved and the number of hospital patients who could be supported and better cared for at home or in the community will be reduced.

**Manitoba: $399 million over 10 years**

* $218.0 million for better home and community care; and
* $181.6 million in support of initiatives to address mental health and addictions.

Funding will flow in the 2017-18 fiscal year. In the coming months, the federal and Manitoba governments will also work collaboratively to develop a bilateral agreement outlining how federal funds for home and community care and mental health and addictions will be used, along with performance indicators and the details of accountability and annual public reporting. It is expected wait times for mental health services for children and youth will be improved and the number of hospital patients who could be supported and better cared for at home or in the community will be reduced.

An additional $5 million in 2017-18 will assist the pursuit of health care improvements in specific areas the province has identified as critical - combat kidney disease-recognizing that Manitoba has one of the highest rates of kidney failure in the country, affecting more people per capita than in any other province-and as part of its ongoing efforts to address the opioid crisis**.**

Both will work together with Indigenous organizations and governments to pursue improvements in health care service delivery for remote Indigenous communities, with particular emphasis on transportation challenges and procurement.

**Ontario: $4.2 billion over 10 years**

* $2.3 billion for better home care including addressing critical home care infrastructure requirements;
* $1.9 billion in support of mental health initiatives.

It is expected wait times for mental health services for children and youth will be improved and the number of hospital patients who could be supported and better cared for at home or in the community will be reduced.

**Quebec: $2.52 billion over 10 years**

Recognizing Québec's desire to exercise its own responsibilities within the health field and to fully assume the planning, organizing and managing of health services, the Government of Canada and the Government of Québec agreed to an asymmetrical arrangement distinct from the Statement of Principles and based on the asymmetrical agreement of September 2004. They will discuss indicators and mechanisms for reporting to citizens The Government of Québec will continue to report to Quebecers on the use of all health funding and will continue to collaborate with other FPT governments by sharing information and best practices.

For more detailed analysis review Health Accord Breakdown: Costs and Consequences of the Failed 2016-2017 Negotiations by Canadian Health Coalition and Ontario Health Coalition, October 2018 http://www.healthcoalition.ca/wp-content/uploads/2017/10/Health-Accord-Report.pdf