

The health and social services system in Québec

**Access to health services and social
services in the English language in Québec**

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Health: under provincial jurisdiction

Sharing of powers in accordance with the Canadian Constitution

- Powers of the federal government;
- Direct dispensation for certain groups and for certain services:
 - Including Aboriginal communities that are not under agreement;
 - Financial transfers to provincial governments with special conditions.

Health: under provincial jurisdiction

- Exclusive powers of provincial governments:
 - Organization, administration and funding of the health and social services system;
 - Provision of services to their territory's population:
 - Including communities that are under agreement (Inuit, Cree, Naskapi);
 - Application of various acts and regulations (e.g., *Act respecting health services and social services* (chapter S-4.2), *Public Health Act* (chapter S-2.2), *Youth Protection Act* (chapter P-34.1)).

Legislation

- Canada
 - *Canada Health Act* (RSC 1985, c C-6);
 - Canada makes an annual transfer payment to each province as part of the Canada Health Transfer;
 - Criteria to qualify for the transfer to the provinces: public administration, comprehensiveness, universality, portability, accessibility.

Legislation

- Québec

The objective of the health and social services system is to maintain, improve and restore the population's health and well-being by providing access to a range of health services and social services.

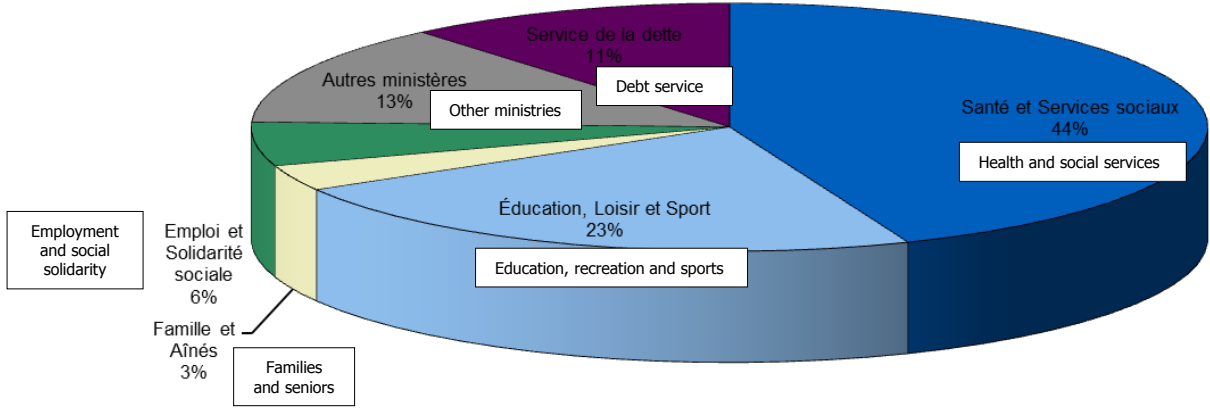
To achieve this, the system is governed by legislation:

- *Act respecting health services and social services* (chapter S-4.2);
- *Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies* (chapter O-7.2);
- *Hospital Insurance Act* (chapter A-28);
- *Health Insurance Act* (chapter A-29);
- *Act respecting prescription drug insurance* (chapter A-29.01).

Expenditure budget 2015-2016 Gouvernement du Québec

Titre du graphique

Total \$74.8B



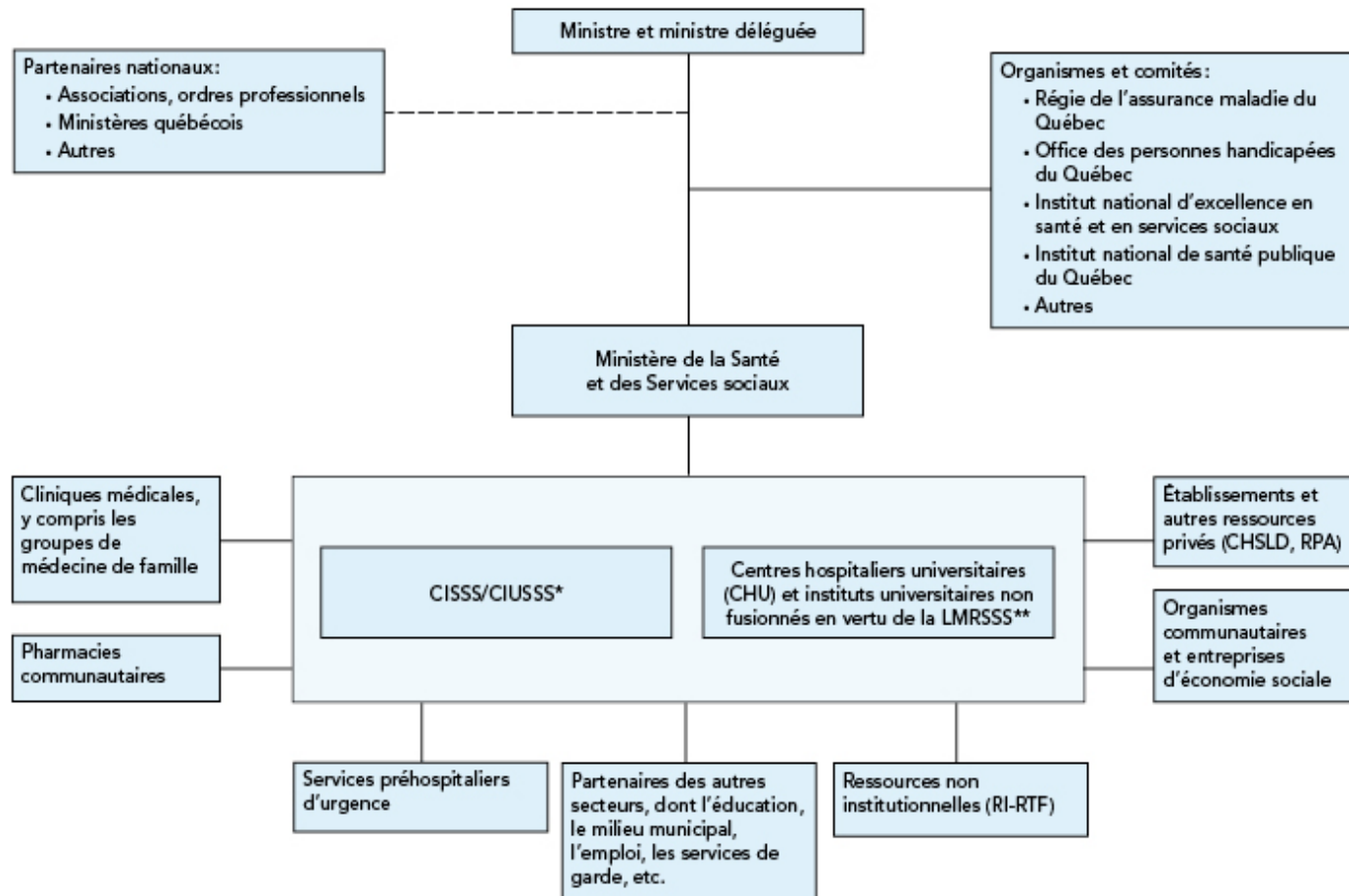
Human resources in the health and social services network (2014-2015)

The health and social services network workforce represents approximately 6.9% of Québec's labour force.

As of March 31, 2014, the network employed:

- 975 managers, professionals and public servants at the Ministère de la Santé et des Services sociaux (MSSS) and 1,702 at the Régie de l'assurance maladie du Québec (RAMQ);
- 268,127 managers or employees in agencies and public or private institutions under agreement:
 - 191,295 people assigned to service programs, including 112,973 nurses, nursing assistants or orderlies and 58,341 technicians or health and social services professionals;
 - 76,832 people assigned to support programs or management staff;
 - 30,318 professionals were remunerated by the RAMQ, including 8,710 general practitioners, 9,779 specialist physicians and 3,544 medical residents.

The health and social services network

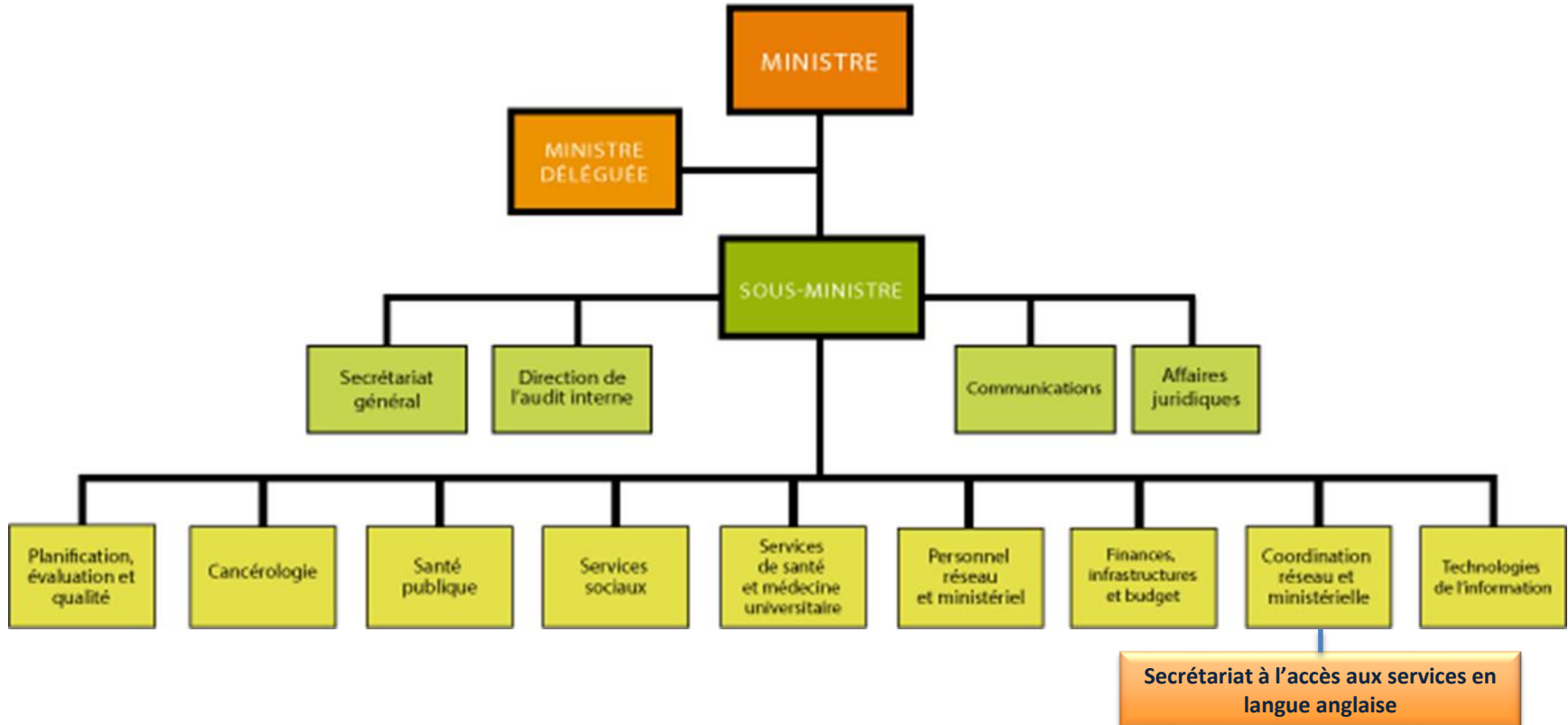


Roles and responsibilities shared between the MSSS and institutions

- MSSS
 - Define national priorities and orientations and establish policies;
 - Plan and coordinate national services that must be provided across Québec;
 - Allocate the funding envelope to integrated health and social services centres (CISSS), integrated university health and social services centres (CIUSSS) and unamalgamated institutions based on service programs;
 - Ensure the organization and delivery of public health functions (promotion, prevention, monitoring and protection) and coordinate these services with regional public health directors;
 - Ensure the delivery of highly specialized medical services with institutions operating a hospital centre designated as a university hospital centre (CHU) placed under its direct governance;

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The ministère de la Santé et des Services sociaux (MSSS)



Roles and responsibilities shared between the MSSS and institutions

- Institutions

CISSS and CIUSSS:

- Plan, coordinate, organize and provide the population on its territory with a complete range of health and social services;
- Draw up regional human resources plans;
- Ensure follow-up and accountability reporting with the MSSS with respect to its expectations;
- Ensure the management of the entire population on its territory, in particular the most vulnerable clientele;
- Ensure the management of simplified access to services;
- Establish agreements and procedures, setting out reciprocal and complementary responsibilities, with partners in its territorial services network (RTS).

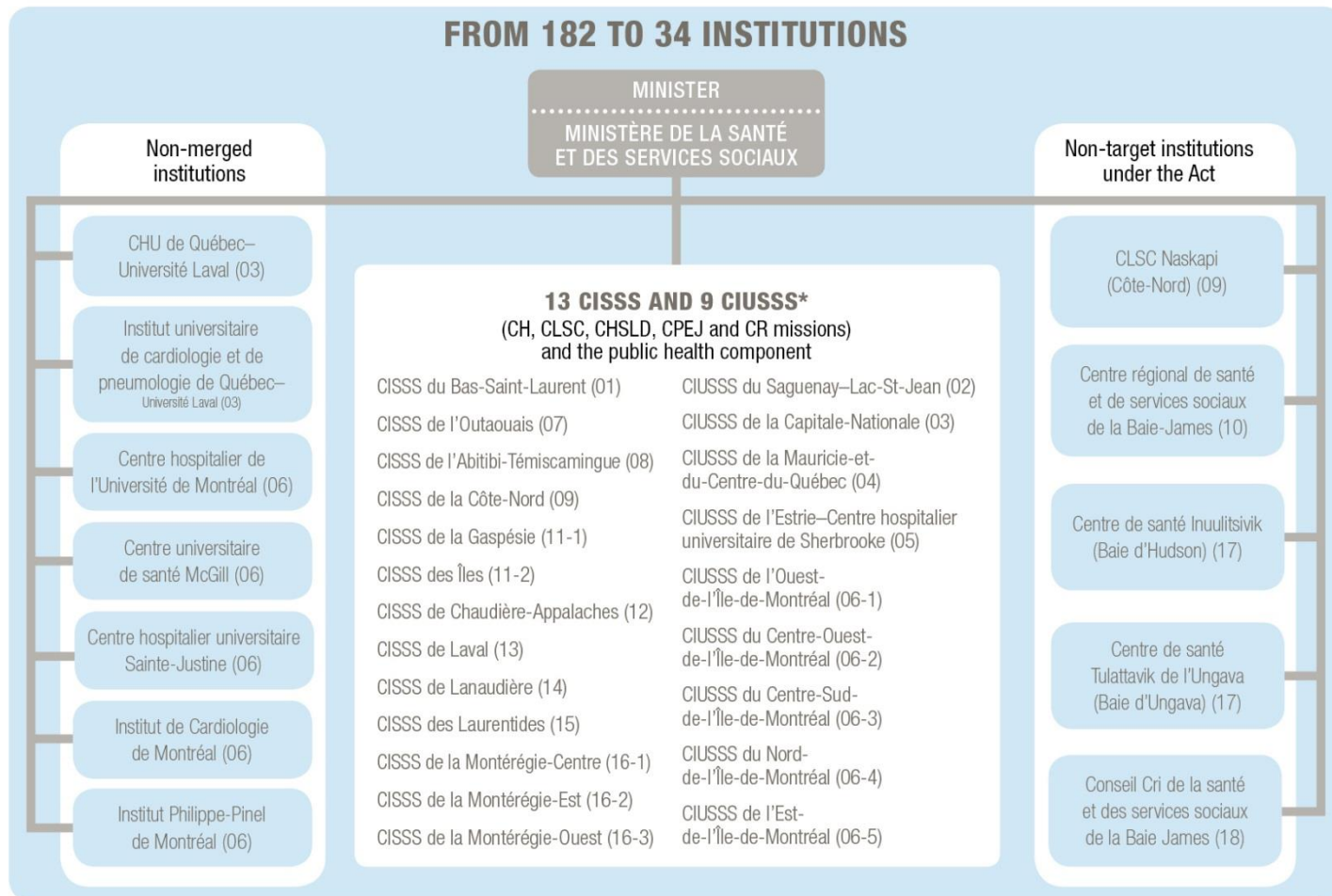
Roles and responsibilities shared between the MSSS and institutions

- Institutions

Four university hospital centres (CHU) and three unamalgamated institutes provide specialized and highly specialized services:

- CHU de Québec — Université Laval;
- Institut universitaire de cardiologie et de pneumologie de Québec — Université Laval;
- Centre hospitalier de l'Université de Montréal;
- McGill University Health Centre;
- Centre hospitalier universitaire Sainte-Justine;
- Institut de cardiologie de Montréal;
- Institut Philippe-Pinel de Montréal.

Institutions



* The 13 CISSS are found in each of the health and social service region apart from Montreal, Capitale-Nationale, Estrie, Mauricie et Centre-du-Québec and Saguenay-Lac-Saint-Jean in which we find 9 CIUSSS (5 in the region of Montreal, 1 in the region of Capitale-Nationale, 1 in the region of Mauricie et Centre-du-Québec, 1 in the region of Saguenay-Lac-Saint-Jean and 1 in the region of Estrie).

Institutions and facilities

- Institution: legal entity (legal person or corporation) that has legal responsibilities and fulfils one or more missions;
- Facility: physical location where care is provided to the population in accordance with one or more missions;
- An institution often comprises several facilities.

Missions of institutions (1)

Local community service centre (CLSC) (LSSSS, s. 80):

- To offer, at the primary level of care, basic health and social services;
- To offer services of a preventive or curative nature and rehabilitation or reintegration services;
- To carry out public health activities in its territory, in accordance with the provisions of the *Public Health Act* (chapter S-2.2).

Missions of institutions (2)

Hospital centre (CH) (LSSSS, s. 81):

- To offer diagnostic services and general and specialized medical care;
- Two classes of hospital centre:
 - general and specialized hospital centre (CHSGS);
 - psychiatric hospital centre (CHPSY).

Missions of institutions (3)

Residential and long-term care centre (CHSLD)
(LSSSS, s. 83):

- To offer, on a temporary or permanent basis, an alternative environment, lodging, assistance, support and supervision services as well as rehabilitation, psychosocial, nursing care and pharmaceutical and medical services to adults who, by reason of loss of functional or psychosocial autonomy, can no longer live in their natural environment, despite the support of their family and friends.

Missions of institutions (4)

Rehabilitation centre (CR) (LSSSS, s. 84):

- To offer adjustment, rehabilitation and social intergration services to people who, by reason of physical or mental impairment, behavioural disorders or psychosocial or family difficulties, or because of an alcohol, drug or gambling addiction, require such services, as well as persons to accompany them, or support services for their family and friends;
- Five classes of rehabilitation centre depending on the clientele they serve:
 - rehabilitation centre for mentally impaired persons or persons with a pervasive developmental disorder;
 - rehabilitation centre for physically impaired persons;
 - rehabilitation centre for persons with an addiction;
 - rehabilitation centre for young persons with adjustment problems;
 - rehabilitation centre for mothers with adjustment problems.

Missions of institutions (5)

Child and youth protection centre (CPEJ) (LSSSS, s. 82):

- To offer psychosocial services, including social emergency services, pursuant to the *Youth Protection Act* (chapter P-34.1) and the *Youth Criminal Justice Act* (*Statutes of Canada*, 2002, chapter 1) and services for child placement, family mediation, expertise at the Superior Court on child custody, adoption and biological history.

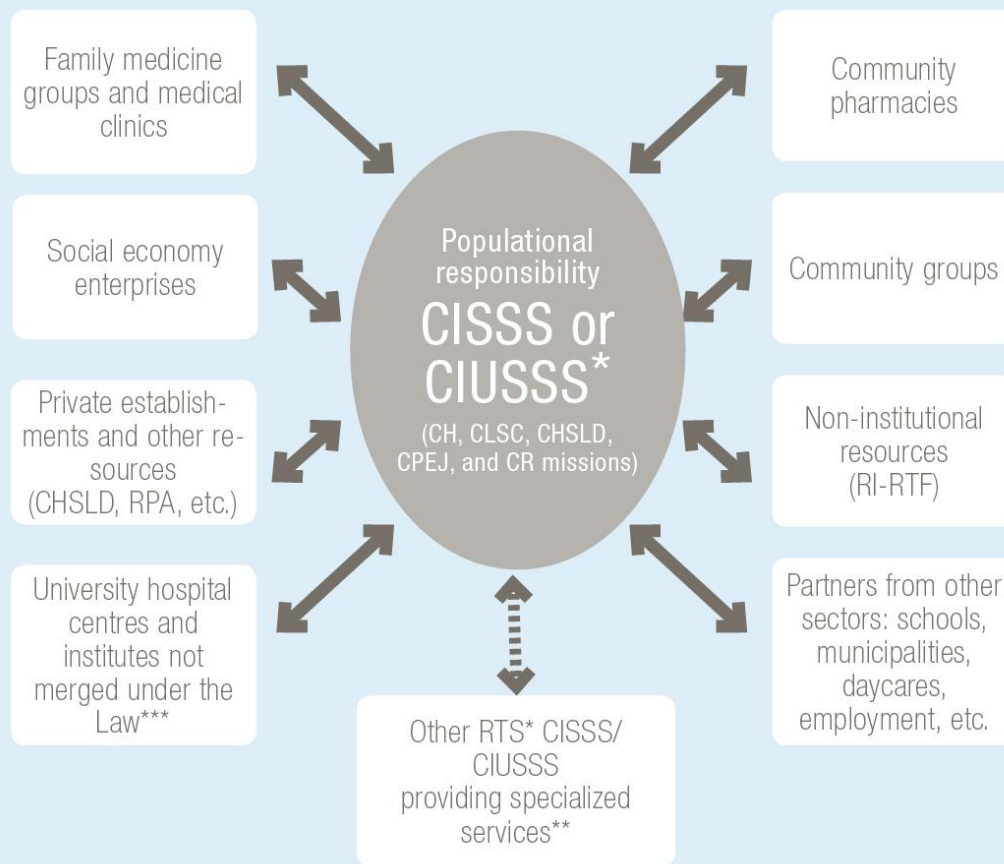
Territorial service network (RTS)

To ensure the services provided to the population are truly integrated, every CISSS and every CIUSSS:

- is at the centre of a territorial service network (RTS);
- is responsible for ensuring the delivery of care and services to the population on its territory, including the public health component;
- assumes population-based responsibility for the population on its health and social services territory;
- ensures the organization and complementarity of services on its territory in accordance with its multiple missions, (CH, CLSC, CHSLD, CPEJ, CR) and based on population needs and territorial realities;
- concludes agreements with other facilities and partner organizations in its territorial service network (university hospital centres, medical clinics, family medicine groups, network clinics, community organizations, community pharmacies, external partners, etc.)

Territorial service network (RTS)

MAIN ACTORS OF A TERRITORIAL OR LOCAL HEALTH AND SOCIAL SERVICES NETWORK*



* Any given RTS may include more than one RLS that uses identical categories and partners at the local level.

** The CISSS or CIUSSS must establish, if necessary, regional or interregional service corridors in order to complete the services provided to the population of their territory.

*** An Act to Modify the Organization and Governance of the Health and Social Services Network, in Particular by Abolishing the Regional Agencies (CQLR, c. O-7.2).

The Health and Social Services System Complaint Examination System

First level:

- File a complaint with the integrated centre's or institution's Service Quality and Complaints Commissioner if the complaint concerns a health and social services institution or a professional at that institution.
- <http://sante.gouv.qc.ca/en/systeme-sante-en-bref/plaintes/>
- [French only]
- <http://sante.gouv.qc.ca/en/systeme-sante-en-bref/plaintes/>

The Health and Social Services System Complaint Examination System

Second level:

- If you are not satisfied with the Service Quality and Complaints Commissioner's answers or conclusions, you may contact the Québec Ombudsman.
- <https://protecteurducitoyen.qc.ca/en>

***Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies
(chapter O-7.2) (LMRSSS)***

LMRSSS

- For the board of directors of an integrated centre, one of the independent members is appointed from a list of names provided by the Regional Committee for Access to Services in the English Language (LMRSSS, section 15);
- An integrated centre that requests the withdrawal of a recognition under section 29.1 of the *Charter of the French Language* must, for the request to be admissible, file the request with a favourable recommendation by at least two thirds of the members of its regional committee and a favourable recommendation by the Provincial Committee for the Delivery of Health Services and Social Services in the English Language (LMRSSS, section 208).

LMRSSS

An integrated centre that succeeds an institution designated under section 508 of the *Act respecting health services and social services* or an institution whose board of directors administers a grouped institution so designated must continue to ensure that English-speaking persons have access to English-language health and social services in the facilities indicated on the most recent permit of the amalgamated or grouped institution:

- If all the amalgamated or grouped institutions are recognized, the integrated centre is deemed to have obtained such recognition. This is the case of the CIUSSS du Centre-Ouest-de-l'Île-de-Montréal;
- If most of the amalgamated or grouped institutions are recognized, the integrated centre is deemed to have obtained such recognition, except with respect to the facilities that were not recognized. This is the case of the CIUSSS de l'Ouest-de-l'Île-de-Montréal;
- If one or more amalgamated or grouped institutions are recognized, the integrated centre is deemed to have obtained such recognition with respect to the facilities that were recognized. This is the case of the CIUSSS de la Capitale Nationale and the CIUSSS de l'Estrie-CHUS as well as of the CISSS de l'Outaouais, the CISSS de la Côte Nord, the CISSS de Laval, the CISSS des Laurentides and the CISSS de la Montérégie Ouest.

LMRSSS

Creation of new regional committees for access to health services and social services in the English language (LMRSSS, section 108):

- a regional committee for each integrated centre or, for regions having more than one integrated centre, for the centre resulting from the amalgamation of the agency and other institutions;
- the members of these committees are to be appointed by the board of directors of the integrated centre from a list of names provided by organizations that promote the interests of English speakers and are identified by the Provincial Committee for the Provision of Health Services and Social Services in the English Language;
- in the Montréal region, the lists of names are provided by organizations that promote the interests of English speakers and are identified by the integrated centres recognized under section 29.1 of the *Charter of the French Language*.

Access Programs for Health Services and Social Services in the English Language

- Rights
- Access programs
- Institution status
- Provincial committee
- Regional committees

Individual rights

Every person is entitled to:

- Receive, with continuity and in a personalized and safe manner, health services and social services which are scientifically, humanly and socially appropriate;
- Choose the professional or the institution from whom or which he wishes to receive health services or social services;
- Participate in any decision affecting his state of health or welfare;
- Be informed of the existence of the health and social services and resources available in his community and of the conditions governing access to such services and resources.

English speakers' rights

English speakers are entitled to receive health services and social services in the English language:

- in keeping with the organizational structure and human, material and financial resources of the institutions providing such services;
- and
- **to the extent provided by an access program.**

Access programs for English-language services

Section 76 (LMRSSS) stipulates that:

- the 34 public institutions must develop a program of access to English-language services;
- an access program must take into account the institution's human, physical and financial resources;
- an access program identifies the English-language services that are available in the facilities operated by each institution;
- an access program must set out the language requirements for the recruitment or assignment of the personnel needed to provide such services;
- an access program must be approved by the Government and revised at least once every five years;
- government approval is given in the form of a decree.

Access program content

- An overview of the health and well-being needs of the English-speaking population, including demographic, socioeconomic, health and social profiles and a profile of service use;
- Identification of the health services and social services required to meet needs;
- An overview of the English-language services offered, i.e., the services and resources currently available;
- Identification of the conditions governing access to English-language services.

Objective of an access program

- To ensure that English speakers have access to a range of English-language health services and social services that is as complete as possible and as close as possible to their place of residence.

Recognized institution and facility

- Recognition by the *Charter of the French Language* as providing services to persons who, in the majority, speak a language other than French (section 29.1);
- Recognition requested by the institution from the Office Québécois de la langue française;
- The institution must show that it satisfies the criterion whereby the majority of the clients it serves speak a language other than French;
- Recognition is a privilege, not a right;
- An institution's status may only be revised at the request of the institution: any request for withdrawal of recognition must be approved by two thirds of the members of the Regional Committee as well as by the Provincial Committee for the Provision of Health Services and Social Services in the English Language (LMRSSS, section 208);
- Recognition simply allows an institution to derogate from the application of certain elements in the Charter.

What derogations apply?

In addition to its French name, the institution may use a name in another language (section 26):

- The institution may erect signs and posters in both French and another language, the French text predominating (section 24);
- The institution may have recruitment and promotion policies regarding the use of a language other than French (section 20);
- The institution may use both French and another language in their internal communications (section 26);
- The institution may use a language other than French in their communications with other recognized institutions (section 26);
- All institutions must ensure that their services to the public are available in the official language (section 23).

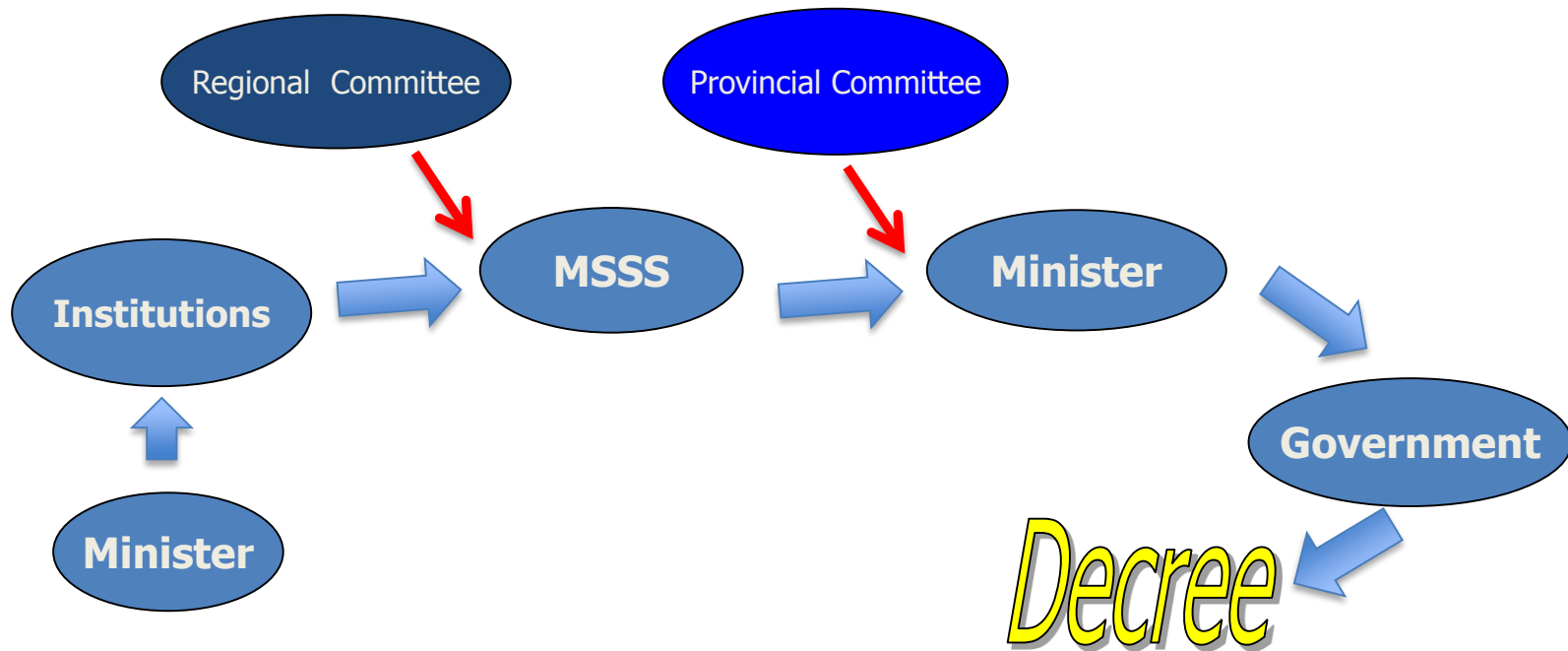
Designated institutions

- An institution is designated by government decree following the recommendation of the Minister of Health and Social Services (section 508);
- To be designated, an institution must first have obtained recognition under section 29.1 of the *Charter of the French Language*;
- A designated institution must provide its services in French and in another language (section 23).

Indicated facility

- Indicated facilities are facilities that are identified in an integrated centre's access program as having to provide at least one service or a service program in the English language.

Access program approval process



Provincial Committee for the Provision of Health Services and Social Services in the English Language

- The Government provides, by regulation, for the formation of a provincial committee mandated to advise it on:
 - the provision of health services and social services in the English language;
 - the approval, evaluation and modification of access programs developed by institutions.

Regional Committee for Access Programs for Health Services and Social Services in the English Language

- A regional committee for each integrated centre or, for regions that have more than one integrated centre, for the centre resulting from the amalgamation of the agency and other institutions;
- The Government provides, by regulation, for the formation of a regional committee mandated to:
 - advise it on the regional access program;
 - evaluate the regional access program and suggest modifications where appropriate.