

**Patients First:  
A Proposal to Strengthen Patient-Centred Health Care in Ontario**

**Response of the Regroupement des Entités de planification des services de santé en français de l'Ontario**

**Introduction**

After issuing its *Patients First* discussion paper on December 17, 2015, the Ministry of Health and Long-Term Care invited agencies and the public to provide their comments and suggestions.

The Regroupement des entités de planification des services de santé en français de l'Ontario is therefore sharing its reflections and recommendations regarding the coming reform with the objective of ensuring that Francophones have equitable access to health care.

The Regroupement welcomes the transformation of the health system as presented in *Patients First*. Expanding the LHINs' mandate will promote greater coordination of local health system planning and integration. Primary care will thus be able to fully play its role of gateway to the rest of the health system, leading to improved coordination of patient care. Community and home care will be made more accessible, thanks in particular to the deployment of care coordinators into community settings. LHIN collaboration with public health units will encourage a population and holistic approach to health.

However, we see an issue with the home care service coordination and delivery role that would henceforth be entrusted to the LHINs. The LHINs would be responsible for both system planning and service coordination and delivery for a major sector of the health system. They would be both judge and party, which would create a risk of conflict of interest.

The Regroupement also welcomes the explicit inclusion of Franco-Ontarians in the paper and the acknowledgement by the Ministry that they "are not always well-served by the health care system". The Entities support the Ministry's statement, "To meet their needs, and improve their patient experience and health outcomes, we must ensure that the health care system is culturally sensitive and readily accessible in French". The literature shows that being a minority Francophone is a determinant that has a negative impact on health. The negative effect of language barriers on the quality and safety of health care has been clearly demonstrated (Appendix 1).

In its response to *Patients First*, the Regroupement would like to emphasize the need to include specific provincial structural conditions for the Francophone population in this reform. It has thus made specific recommendations for the planning and implementation of each of the Ministry's four proposals.

**Create structural conditions provincially that will make this reform work for Francophones**

The coming reform represents a profound transformation of Ontario's health care system. It is therefore essential that the Ministry create the conditions that will enable the changes proposed in *Patients First* to be successful for the Francophone population. Implementation of these structural conditions is necessary to achieve equitable care for Francophones. The conditions under which this reform is implemented are fundamental and will determine whether the transformation of the system has a positive or negative effect on the Francophone community.

## 1. Strengthen the legislative framework for French language health services in Ontario

The discussion paper clearly says that in order to achieve the structural changes proposed by the Ministry, it will be necessary to make changes to the legislative framework. MOHLTC has indicated that at least four acts will be updated, the *Local Health System Integration Act, 2006*, the *Community Care Access Corporations Act, 2001*, the *Home Care and Community Services Act, 1994*, the *Health Protection and Promotion Act*.

These legislative changes represent a unique opportunity for the Ontario government to:

- Demonstrate its will to ensure equitable access to quality health care for all Ontarians;
- Affirm its commitment to the health of Francophone communities;
- Clarify and strengthen the roles and responsibilities of the various actors with respect to planning of French language health services and Francophone engagement (particularly the Ministry, the LHINs and the French language health planning entities).

The Regroupement has sent the Ministry some suggestions for changes to LHSIA and Regulation 515/09 under this Act (Appendix 2).

Similarly, it would be essential to undertake a rigorous analysis of other elements of the legislative framework, particularly with regard to public health units' obligations around French language services, the *Community Care Access Corporations Act* and the regulation on provision of French language services on behalf of government agencies, etc.

[Recommendation 1: Incorporate the Regroupement's suggestions in LHSIA and Regulation 515/09 \(Appendix 2\).](#)

[Recommendation 2: Strengthen and clarify the roles, responsibilities and obligations of the various actors around French language services in the other legislation that will be amended as part of this reform.](#)

## 2. Strengthen provincial and regional French language health services structures in Ontario

The Regroupement takes a very positive view of the Ministry's commitment to pursue discussions with its Franco-Ontarian partners "to determine how best to adapt system structures to provide effective person-centred care".

LHSIA, with the creation of the Minister's French Language Health Services Advisory Council and the French language health planning entities, was heading in the right direction. Nevertheless, implementation of a reform of such magnitude will require strengthening these structures both provincially and locally to achieve equitable care for Francophones.

Appointment of an Assistant Deputy Minister responsible for French language services at MOHLTC, a recommendation previously made in the *Livre blanc sur les assises de la santé en français en Ontario*, published in October 2014, would ensure that the Francophone population's expectations are taken into account at every step in implementation of the reform. It would also give Francophone organizations an accountable interlocutor with the capacity to act within the Ministry.

Such an assistant deputy minister responsible for French language services within the Ministry and the health system as well as various divisions of the Ministry will need operational support to carry out this work. The Regroupement des entités has already started to play this role informally and would like to see the role formalized. This would ensure that the knowledge and expertise of the entities and their French language health services partners are fully used by the Ministry and that the needs of Francophones remain a central concern.

Regionally, the expansion of the role of the LHINs implies the expansion of the role of the French language health planning entities to be consistent with the achievement of equitable care for Francophones.

[Recommendation 3: Appoint an assistant deputy minister responsible for French language services within MOHLTC.](#)

Recommendation 4: Formalize the advisory role of the Regroupement des entités with the various Ministry divisions as a complement to the role of the Minister's French Language Health Services Advisory Council.

Recommendation 5: Expand the planning entities' mandate in light of the transformation of the LHINs' mandate in order to align them and give the entities the means to carry out this mandate.

**Emerging best practices:**

- *The Regroupement's work with the Capacity Planning and Priorities Branch (CPP) on two initiatives: dementia capacity planning and Health Links development.*
- *The Regroupement's work with HQO on health equity.*

**3. Ensure that data collection includes linguistic identity and enables quantification of offer, demand and utilization of French language health services**

In a context where system planning decisions are evidence-based, access to data on the needs of Francophone populations and the system's capacity to offer services in French is essential for equitable planning of health services for Francophones.

In addition, development of a patient-centred health system presupposes there is a capacity to identify the individual characteristics that define their needs, in particular, their language.

Furthermore, without collecting data on linguistic identity, it is impossible to measure the impact of the reform on Francophones' access to different health services and their health status.

Recommendation 6: Ensure that data on patients' linguistic identity is collected across the province, preferably through the health card.

Recommendation 7: Ensure that data is collected on the system's capacity to offer French language health services using a provincially standardized tool.

**Emerging best practices:**

- *Linguistic identity data collection project in 20 hospitals in the Champlain and South-East areas in collaboration with CIHI, the LHINs and MOHLTC.*
- *Tools developed by the French Language Health Services Network of Eastern Ontario that make it possible to collect data on providers' capacity to offer French language health services is currently in the implementation phase in three of the province's LHINs.*

**Patients First Proposals**

**N° 1.1: To provide care that is more integrated and responsive to local needs, make LHINs responsible and accountable for all health service planning and performance.**

The Regroupement supports expansion of the LHINs' responsibilities for the planning and performance of all health services. Expanding the LHINs' mandate will promote greater coordination of local health system planning and integration, including for French language health services.

This change in the LHINs' mandate and responsibilities will directly impact the entities' mandate and responsibilities. Working closely with the LHINs on the planning of French language health services, the planning entities will in fact see

their mandate and responsibilities evolve along the same lines. The planning entities will have a central advisory role to play to ensure local implementation of the reform respects the principle of equitable access to care for Francophones.

In addition, for the desired outcomes identified by MOHLTC to be achieved, it will be necessary to set up an accountability structure for the planning, implementation and performance evaluation of French language services. There must be accountability for French language services and it must be clear at two levels: between the Ministry and the LHINs and between the LHINs and health service providers.

[Recommendation 5: Please note that recommendation 5 also aligns in here.](#)

[Recommendation 8: Clearly define the obligations and include French language services indicators in the accountability agreements between MOHLTC and the LHINs and in those between the LHINs and health service providers \(particularly in the primary, home and community care sectors under transformation\).](#)

## **No 1.2: Identify smaller sub-regions as part of each LHIN to be the focal point for local planning and service management and delivery.**

Health service planning at the LHIN sub-region level will enable better health care planning, coordination and integration. However, in order for sub-region planning to have a positive impact on access to French language health services, it is essential that the planning include a French language services strategy. Just as French language health services strategies must be developed in conjunction with the LHINs' IHSPs, the planning work at the sub-region level (capacity analysis, strategy development, etc.) must include a component on French language services and must be identified as one of the LHINs' responsibilities.

Furthermore, in order to facilitate implementation of these strategies and consideration of Francophones' needs, it will be necessary to ensure Francophone representation within the governance structures of these sub-regions.

Finally, in view of the minority status and geographical dispersion of Francophone communities, as well as the limited French language services resources, it is imperative that the existence of sub-regions does not become an obstacle to development of or access to French language health services.

[Recommendation 9: Ensure Francophone representation within governance structures at both the LHIN and sub-LHIN levels.](#)

[Recommendation 10: Clearly establish the existence of sub-regions must not hinder the development of innovation solutions for French language services or constitute an additional barrier to access to French language health services.](#)

## **N° 2: Bring the planning and monitoring of primary care closer to the communities where services are delivered. LHINs, in partnership with local clinical leaders, would take responsibility for primary care planning and performance management.**

Effective and efficient primary care is essential for improvement of health outcomes, especially in the case of minority Francophones, who are already disadvantaged in terms of their health status (Appendix 1). Bringing primary care planning closer to the communities where services are delivered will enable it to fully play its role of gateway to the rest of the health system, leading to improved coordination of patient care. Franco-Ontarians have clearly told us that having access to or knowing how to find a family doctor or a nurse practitioner with whom they can engage in French, is of paramount importance. Such French-speaking "Medical Hubs" improve care coordination across the continuum and navigation between different components of the health system, with language being systematically taken into account.

Nevertheless, for primary care to fully play this coordination and system navigation role for Francophones, certain conditions must be put in place:

- Identification of Francophone patients: Have a provincial mechanism for identifying patients' linguistic identity
- Provider capacity: Ensure collection of data on the capacity of primary care providers to offer French language health services
- Community engagement: Engage the Francophone community when defining local implementation strategies
- Governance: Ensure that primary care governance structures are representative of the Francophone population
- Accountability and performance indicators: Clearly define the obligations and include indicators for French language services in accountability agreements between the LHINs and primary care providers

Implementation of these conditions will enable rigorous planning of primary care services in French and the development of a primary care strategy that is equitable for Francophones. With these conditions in place, the LHINs will also be able to fulfill their responsibility "for understanding the unique needs of Franco-Ontarians".

[Recommendation 11: Put in place the conditions set out in section No 2 for careful planning of primary care that considers Francophones' needs, providers' capacity to offer French language services, Francophone representation and accountability for French language services.](#)

[Recommendation 12: Put in place a mechanism for referring Francophone patients to primary care providers able to serve them in French.](#)

### **N° 3: Strengthen accountability and integration of home and community care. Transfer direct responsibility for service management and delivery from the Community Care Access Centres (CCACs) to the LHINs.**

Stronger accountability and better integration of home and community care will encourage better care coordination for the entire population, including Francophone communities.

Access to home and community care in French is especially important because it affects mostly seniors, people with chronic illnesses or mental health issue and those with complex needs. The impact of language barriers on the quality of care for these populations is undeniable.

Strengthening accountability and integration of home and community care for French language services means that certain conditions must be put in place:

- Identification of Francophone patients: Have a provincial mechanism for identifying patients' linguistic identity
- Provider capacity: Ensure collection of data on the capacity of home and community care providers
- Community engagement: Engage the Francophone community when defining local implementation strategies
- Governance: Ensure that home and community care governance structures are representative of the Francophone population
- Accountability and performance indicators: Clearly define the obligations and include indicators for French language services in accountability agreements between the LHINs and home and community care providers

Furthermore, the transfer of responsibilities from the CCACs to the LHINs must take into account the CCACs' existing French language services obligations. Some CCACs are designated under the *French Language Services Act* and all of them have French language services obligations, including designated positions. In each region, it would be important to consider the needs of Francophones and work in collaboration with the planning entities in the transfer of CCAC staff and resources.

It is also important to note that ensuring that the system is "readily accessible in French" requires supporting the development of innovative models that take account of the minority context and the limited number of French-speaking human resources (navigators, new technologies...).

Finally, as we have already mentioned, we see a potential conflict of interest with the accumulation of the planning, coordination and service delivery functions by the LHINs in the home care sector.

Recommendation 13: Put in place the conditions set out in section No 3 for careful planning of home and community care that considers Francophones' needs, providers' capacity to offer French language services, Francophone representation and accountability for French language services.

Recommendation 14: Retain the CCACs' French language services obligations through either legislation or accountability agreements.

Recommendation 15: Ensure optimization of the offer of French language health services in the transfer of CCAC responsibilities to the LHINs, particularly with regard to the deployment of bilingual resources in community settings

#### **N° 4: Integrate local population and public health planning with other health services. Formalize linkages between LHINs and public health units.**

A population planning approach both provincially and locally will have important benefits for the health system now and in the future. Bringing aspects of public health like promotion, prevention and screening closer to aspects covered by the LHINs opens the door to a more holistic approach to health, one that pays greater attention to the social determinants of health.

Integration of the data collected by public health with that collected by the LHINs and use of this range of data for health system planning represent significant advances for health service planning. However, for these benefits to impact the Francophone population, the data must include the linguistic variable.

In its paper, the Ministry clearly sets out the problems with access and the health disparities faced by certain populations, including Francophones. In order to measure progress in this area, it would be interesting for the Ministry to mandate HQO to evaluate and publish an annual report on health equity issues.

Recommendation 16: Ensure that accountability for the planning and performance of French language services be clearly and explicitly dealt with in the formalization of linkages and in the accountability agreements between all of the LHINs and the public health units.

Recommendation 17: Ensure that health service planning for the Francophone population is based on analyses of public health and LHIN data regarding francophone needs, determinants of health and French language service availability.

Recommendation 18: Identify the determinants that have a negative impact on the health outcomes of Francophone populations across the province and develop strategies to address them with health system partners.

Recommendation 19: Mandate HQO to evaluate the Francophone aspect of progress made with respect to equity and to publish this report.

## **Conclusion**

The Regroupement welcomes the health system transformation presented in *Patients First* and is pleased with the strong emphasis on the principles of equity and patient-centred health system planning.

The proposed reform will foster improved care coordination for the patient and an approach to health that acknowledges the importance of the social determinants of health. Both of these elements are of crucial importance for Francophone communities that, in addition to coping with the challenges faced by all Ontarians in dealing with a complex and fragmented system, must also contend with cultural and language barriers when accessing care.

Whether this reform is a success for Franco-Ontarians will depend on the conditions under which it is implemented both provincially and locally. The 19 recommendations we have presented outline these conditions for the Francophone

community. We reiterate that these conditions are fundamental to the success of this reform, that is, to really putting patients first and improving equity of access to care for all, including Francophones.

The Regroupement des entités and every one of the French language health planning entities are ready to support the work of the Ministry and the LHINs and to help make this reform a success.

## List of Recommendations

### **Create structural conditions provincially that will make this reform work for Francophones**

Recommendation 1: Incorporate the Regroupement's suggestions in LHSIA and Regulation 515/09 (Appendix 2).

Recommendation 2: Strengthen and clarify the roles, responsibilities and obligations of the various actors around French language services in the other legislation that will be amended as part of this reform.

Recommendation 3: Appoint an assistant deputy minister responsible for French language services within MOHLTC.

Recommendation 4: Formalize the advisory role of the Regroupement des entités with the various Ministry divisions as a complement to the role of the Minister's French Language Health Services Advisory Council.

Recommendation 5: Expand the planning entities' mandate in light of the transformation of the LHINs' mandate in order to align them and give the entities the means to carry out this mandate.

Recommendation 6: Ensure that data on patients' linguistic identity is collected across the province, preferably through the health card.

Recommendation 7: Ensure that data is collected on the system's capacity to offer French language health services using a provincially standardized tool.

### **Proposal 1.1: To make care more integrated and responsive to local needs, make LHINs responsible and accountable for all health service planning and performance.**

Recommendation 5: Please note that recommendation 5 also aligns here.

Recommendation 8: Clearly define the obligations and include French language services indicators in the accountability agreements between MOHLTC and the LHINs and in those between the LHINs and health service providers (particularly in the primary care and community sectors under transformation).

### **Proposal 1.2: Identify smaller sub-regions as part of each LHIN to be the focal point for local planning and service management and delivery.**

Recommendation 9: Ensure Francophone representation on governance structures at both the LHIN and sub-LHIN level.

Recommendation 10: Clearly establish that the existence of sub-regions shall not hinder the development of innovation solutions for French language services or constitute an additional barrier to access to French language health services.

### **Proposal 2: Bring the planning and monitoring of primary care closer to the communities where services are delivered. LHINs, in partnership with local clinical leaders, would take responsibility for primary care planning and performance management.**

Recommendation 11: Put in place the conditions set out in section No 2 for careful planning of primary care that considers Francophones' needs, providers' capacity to offer French language services, Francophone representation and accountability for French language services.

Recommendation 12: Put in place a mechanism for referring Francophone patients to primary care providers able to serve them in French.

### **Proposal 3: Strengthen accountability and integration of home and community care. Transfer direct responsibility for service management and delivery from the Community Care Access Centres (CCACs) to the LHINs.**

Recommendation 13: Put in place the conditions set out in section No 3 for careful planning of home and community care that considers Francophones' needs, providers' capacity to offer French language services, Francophone representation and accountability for French language services.



Recommendation 14: Retain the CCACs' French language services obligations through either legislation or accountability agreements.

Recommendation 15: Ensure optimization of the offer of French language health services in the transfer of CCAC responsibilities to the LHINs, particularly in the deployment of bilingual resources in the community

**Proposal 4: Integrate local population and public health planning with other health services. Formalize linkages between LHINs and public health units.**

Recommendation 16: Ensure that accountabilities for the planning and performance of French language services be clearly and explicitly dealt with in the formalization of linkages and in the accountability agreements between all of the LHINs and the public health units.

Recommendation 17: Ensure that health service planning for the Francophone population is informed by analyses of the Francophone segment in public health and LHIN.

Recommendation 18: Identify the determinants that have a negative impact on the health outcomes of Francophone populations across the province and develop strategies to address them with health system partners.

Recommendation 19: Mandate HQO to evaluate the Francophone aspect of progress made on equity and publish this report.

## APPENDIX 1

### References:

- Statistics Canada, Corbeil, J.P. & Lafrenière, S. (2011). **Portrait of Official-Language Minorities in Canada: Francophones in Ontario.**
- Réseau de recherche appliquée sur la santé des francophones en Ontario (RRASFO). (2012). **La santé des francophones de l'Ontario : un portrait régional tiré des Enquêtes sur la santé dans les collectivités canadiennes (ESCC).**
- Réseau de recherche appliquée sur la santé des francophones en Ontario (RRAFSO). (2011). **Les services de santé en français en Ontario : offre-demande-utilisation.**
- Institut franco-ontarien (IFO). (2005). **Deuxième rapport sur la santé des francophones de l'Ontario.**
- Health Canada, Bowen, S. (2001). **Language Barriers in Access to Health Care.**
- Health Canada. (2002). **"Certain Circumstances" Issues in Equity and Responsiveness in Access to Health Care in Canada.**
- Santé Canada. (2008). **Évaluation de la validité des preuves présentées dans l'étude intitulée « Language Barriers in Health Care Settings : An Annotated Bibliography of the Research Literature ».**
- Institut canadien de recherche sur les minorités linguistiques (ICRML). (2011). **L'offre de services de santé en français en contexte minoritaire.**
- Puchala C., et coll. (2011). **Comparison of mental health services utilization in minority versus majority official language populations in Canada.**
- Institut canadien de recherche sur les minorités linguistiques (ICRML). (2009). **Utilisation des services gouvernementaux de langue française.**

APPENDIX 2

**Feedback from the  
Regroupement des Entités de planification  
des services de santé en français de l'Ontario**

**on**

**Local Health System Integration Act, 2006**

**Ontario Regulation 515/09: Engagement with the Francophone Community  
under Section 16 of the Act**

**Funding and Accountability Agreement between the French Language  
Health Planning Entities and the LHINs**

**Prepared for Nancy Naylor, Associate Deputy Minister,  
Delivery and Implementation**

**February 18, 2016**

# Table of Contents

Executive Summary.....	13
Feedback and Suggestions:	
Local Health System Integration Act, 2006.....	15
Ontario Regulation 515/09: Engagement with the Francophone Community under Section 16 of the Act.....	23
Funding and Accountability Agreement between the French Language Health Planning Entities and the LHINs.....	26
Conclusion.....	27

# Executive Summary

As it moves forward with implementation of the structural changes to the health system proposed in the [Patients First Discussion Paper](#), the Ontario Government will be required to make changes to a variety of legislation and regulations, including the *Local Health System Integration Act, 2006* and Regulation 515/09 under this Act.

These legislative changes present the Ontario Government with a unique opportunity to:

- Ensure equitable access to quality health care for all, which includes Franco-Ontarians;

At the same time, the Ministry of Health has just completed an evaluation of the Entities-LHINs model that reveals that improvements to the model are required. For example, the evaluation shows the need to:

- Clarify and strengthen the roles and responsibilities of the various actors (Ministry, LHINs, planning entities) with respect to planning of French language health services and Francophone engagement.

This feedback, produced at the express request of Nancy Naylor, Associate Deputy Minister, Delivery and Implementation, by the six Executive Directors of Ontario's French language health planning entities (Entities), suggests some changes along this line.

Essentially, with our suggestions for each component of the legislative framework, we are attempting to:

## *Local Health System Integration Act, 2006*

- Clearly define the LHINs' duties with respect to French language services;
- Clarify the Entities' role as partners in planning and Francophone community engagement;
- Define a provincial role for the Regroupement des Entités with the Ministry;
- Ensure clear accountability for French language services throughout the health system, that is, from the Ministry down to the LHINs and on to health service providers;
- Ensure Francophone representation on LHIN boards and other governance structures.

## *Ontario Regulation 515/09*

- Clarify the collaborative relationship between the LHINs and the Entities at each step in the planning of French language health services;
- Clearly define the responsibilities of the LHINs and the Entities as well as their joint responsibilities with regard to French language services;
- Reflect the expanded mandate of the LHINs and the Entities following transformation of the system as set out in *Patients First*;
- Clearly define the provincial role of the Regroupement des Entités with the Ministry.

## *Agreement between the LHINs and the Entities*

- Develop and sign a LHIN-Entity collaboration agreement;
- Define responsibilities and methods of collaboration more precisely in relation to the expanded mandates;
- Adjust funding levels to reflect the Entities' expanded mandate;
- Clearly state that funding levels and conditions are determined by the Ministry.

We recognize that these suggestions will need to be analysed from a legal standpoint in order to determine how best to integrate them into the legislation. We have nevertheless made concrete suggestions in the following pages in order to provide food for thought. We fervently hope that this document will be just the start of a conversation.

# Local Health System Integration Act, 2006

In this section, the feedback is linked directly with the text of the Act. The exact reference to the section of the Act is given, followed by our observations, suggestions and a box in which new wording is proposed. As previously indicated, we are aware that these suggestions will be subject to legal review. We have attempted to express our thoughts as explicitly as possible.

## PREAMBLE

### Observations:

In paragraph f) of the preamble:

- The verb “believe” could be perceived as having an interpretive effect on the verb “respect”;
- The respect of the *French Languages Services Act* seems to be stated more as an aspiration than as an obligation.

### Suggestion:

In order to address these concerns:

- Divide paragraph f) into two parts;
- Change the verb “respect” to le verb “conform to”.

### Preamble

The people of Ontario and their government,

- (a) confirm their enduring commitment to the principles of public administration, comprehensiveness, universality, portability, accessibility and accountability as provided in the *Canada Health Act* (Canada) and the *Commitment to the Future of Medicare Act, 2004*;
- (b) are committed to the promotion of the delivery of public health services by not-for-profit organizations;
- (c) acknowledge that a community’s health needs and priorities are best developed by the community, health care providers and the people they serve;
- (d) are establishing local health integration networks to achieve an integrated health system and enable local communities to make decisions about their local health systems;
- (e) recognize the need for communities, health service providers, local health integration networks and the government to work together to reduce duplication and better co-ordinate health service delivery to make it easier for people to access health care;
- (f) believe that the health system should be guided by a commitment to equity and respect for diversity in communities in serving the people of Ontario;
- (g) conforms to the requirements of the *French Language Services Act* in serving Ontario’s French-speaking community;
- (h) recognize the role of First Nations and Aboriginal peoples in the planning and delivery of health services in their communities;
- (i) believe in public accountability and transparency to demonstrate that the health system is governed and managed in a way that reflects the public interest and that promotes continuous quality improvement and efficient delivery of high quality health services to all Ontarians;
- (j) confirm that access to health services will not be limited to the geographic area of the local health integration network in which an Ontarian lives; and
- (k) envision an integrated health system that delivers the health services that people need, now and in the future.

## Préambule

La population de l'Ontario et son gouvernement :

- a) réaffirment leur fidélité aux principes de gestion publique, d'intégralité, d'universalité, de transférabilité, d'accessibilité et de responsabilisation que prévoient la *Loi canadienne sur la santé* (Canada) et la *Loi de 2004 sur l'engagement d'assurer l'avenir de l'assurance-santé*;
- b) s'engagent à favoriser la prestation des services de santé publics par des organismes sans but lucratif;
- c) reconnaissent que ce sont la collectivité, les fournisseurs de soins de santé et la population qu'ils desservent qui sont le mieux en mesure d'établir les besoins et les priorités sanitaires de la collectivité;
- d) créent des réseaux locaux d'intégration des services de santé dans le but de réaliser un système de santé intégré et de permettre aux collectivités locales de prendre des décisions au sujet de leur système de santé local;
- e) reconnaissent le besoin qu'ont les collectivités, les fournisseurs de services de santé, les réseaux locaux d'intégration des services de santé et le gouvernement de travailler ensemble dans le but de réduire le double emploi et de mieux coordonner la prestation des services de santé de sorte qu'il soit plus facile pour la population d'accéder aux soins;
- f) croient que le système de santé devrait être guidé par un engagement à l'égard de l'équité et un respect de la diversité des collectivités lorsqu'il dessert la population de l'Ontario ;
- g) se conforment aux exigences de la *Loi sur les services en français* lorsqu'il dessert les collectivités francophones;
- h) reconnaissent le rôle des Premières Nations et des peuples autochtones dans la planification et la prestation de services de santé au sein de leurs collectivités;
- i) croient en la responsabilisation et la transparence des pouvoirs publics comme moyen de démontrer que la gouvernance et la gestion du système de santé permettent de favoriser l'intérêt public et de promouvoir une amélioration constante de la qualité des services de santé de grande qualité pour tous les Ontariens et Ontariennes et une prestation efficiente de ces services;
- j) confirment que l'accès aux services de santé ne sera pas limité à la zone géographique que sert le réseau local d'intégration des services de santé dans laquelle réside une personne;
- k) conçoivent un système de santé intégré qui réponde aux besoins actuels et futurs de la population en matière de services de santé.

## **PART II - LOCAL HEALTH INTEGRATION NETWORKS – RÉSEAUX LOCAUX D'INTÉGRATION DES SERVICES DE SANTÉ**

### **General observations on this part:**

Part II of the Act dealing with LHINs:

- Does not include any specific reference to their roles and responsibilities with regard to French language health services;
- Does not clearly define how the LHINs are to collaborate with the Entities, with respect to not only engagement of the Francophone community, but also the planning of French language health services.

### **5. Object – Mission**

#### **Suggestion:**

This section should:

- Include a specific reference to the LHINs' responsibility to ensure equitable access to care within their geographic area, particularly with respect to French language health services;



- Clearly define the key partnership between the LHINs and the Entities with regard to the planning of French language health services and articulate the LHINs' obligation to collaborate with the Entities at each step a) to n).

### Objects

**5.** The objects of a local health integration network are to plan, fund and integrate the local health system, *in collaboration with the French language health planning entities for French language health services*, to achieve the purpose of this Act, including,

- to promote the integration of the local health system to provide appropriate, co-ordinated, effective and efficient health services;
- to identify and plan for the health service needs of the local health system in accordance with provincial plans and priorities and to make recommendations to the Minister about that system, including capital funding needs for it;
- to engage the community of persons and entities involved with the local health system in planning and setting priorities for that system, including establishing formal channels for community input and consultation;
- to ensure that there are appropriate processes within the local health system to respond to concerns that people raise about the services that they receive;
- to evaluate, monitor and report on and be accountable to the Minister for the performance of the local health system and its health services, including access to services and the utilization, co-ordination, integration and cost-effectiveness of services;
- to participate and co-operate in the development by the Minister of the provincial strategic plan and in the development and implementation of provincial planning, system management and provincial health care priorities, programs and services;
- to develop strategies and to co-operate with health service providers, including academic health science centres, other local health integration networks, providers of provincial services and others to improve the integration of the provincial and local health systems and the co-ordination of health services;
- to undertake and participate in joint strategies with other local health integration networks to improve patient care and access to high quality health services and to enhance continuity of health care across local health systems and across the province;
- to disseminate information on best practices and to promote knowledge transfer among local health integration networks and health service providers;
- to bring economic efficiencies to the delivery of health services and to make the health system more sustainable;
- to allocate and provide funding to health service providers, in accordance with provincial priorities, so that they can provide health services and equipment;
- to enter into agreements to establish performance standards, *including performance standards for French language health services* and to ensure the achievement of performance standards by health service providers that receive funding from the network;
- to ensure the effective and efficient management of the human, material and financial resources of the network and to account to the Minister for the use of the resources; and
- to carry out the other objects that the Minister specifies by regulation made under this Act. 2006, c. 4, s. 5.

### Mission

**5.** La mission de chaque réseau local d'intégration des services de santé consiste à planifier, à financer et à intégrer le système de santé local, *en collaboration avec l'entité de planification des services de santé en français lorsqu'il s'agit de services de santé en français*, de façon à réaliser l'objet de la présente loi et, notamment, à faire ce qui suit :

- promouvoir l'intégration du système de santé local afin de fournir des services de santé appropriés, coordonnés, efficaces et efficaces;
- déterminer les besoins du système de santé local en matière de services de santé et prendre des dispositions à leur égard conformément aux plans et priorités provinciaux et faire des recommandations au ministre au sujet du système, y compris ses besoins en matière de financement d'immobilisations;
- engager la collectivité de personnes et d'entités qui œuvrent au sein du système de santé local dans la planification du système et l'établissement des priorités de celui-ci, y compris l'établissement de mécanismes formels pour la participation et la consultation de la collectivité;
- veiller à ce que le système de santé local soit doté de processus appropriés pour répondre aux préoccupations de la population au sujet des services qu'elle reçoit;
- évaluer et surveiller le rendement du système de santé local et de ses services de santé, y compris l'accès à ces services et leur utilisation, leur coordination, leur intégration et leur rentabilité, et faire rapport à ce sujet au ministre et en assumer la responsabilité devant lui;
- participer et collaborer à l'élaboration, par le ministre, du plan stratégique provincial ainsi qu'à l'établissement et à la mise en œuvre de la planification à l'échelle provinciale, de la gestion de systèmes et des priorités, des programmes et des services en matière de soins de santé à l'échelle provinciale;
- élaborer des stratégies et collaborer avec les fournisseurs de services de santé, y compris les centres universitaires des

sciences de la santé, les autres réseaux locaux d'intégration des services de santé et les fournisseurs de services à l'échelle provinciale, entre autres, afin d'améliorer l'intégration des systèmes de santé provincial et locaux et la coordination des services de santé;

- h) mettre en œuvre des stratégies mixtes avec d'autres réseaux locaux d'intégration des services de santé afin d'améliorer les soins aux malades et l'accès à des services de santé de grande qualité et de promouvoir la continuité des soins de santé entre les systèmes de santé locaux et partout dans la province, et participer à ces stratégies;
- i) diffuser de l'information sur les meilleures pratiques et favoriser le transfert des connaissances entre les réseaux locaux d'intégration des services de santé et les fournisseurs de services de santé;
- j) rehausser l'efficacité économique de la prestation de services de santé et la durabilité du système de santé;
- k) accorder un financement aux fournisseurs de services de santé, conformément aux priorités provinciales, de sorte qu'ils puissent fournir des services de santé et du matériel sanitaire;
- l) conclure des ententes visant l'établissement de normes de rendement, [incluant des normes de rendement pour les services de santé en français](#), et faire en sorte que les fournisseurs de services de santé qui reçoivent un financement du réseau se conforment à ces normes;
- m) faire en sorte que les ressources humaines, matérielles et financières du réseau soient gérées de façon efficace et efficiente et répondre de leur utilisation devant le ministre;
- n) réaliser les autres objets que précise le ministre par règlement pris en application de la présente loi. 2006, chap. 4, art. 5

## 7. Board of directors - *Conseil d'administration*

### Observations:

- No reference is made to Francophone representation within the LHINs' governance structures. There is no mechanism to ensure Francophone representation.
- Ensuring that LHIN governance is representative of the populations served is crucial in order to make certain that local health system planning respects the principle of equity.

### Suggestion:

- Guarantee that the make-up of the LHINs' governance and of other local governance structures includes Francophone representation that reflects the proportion of the Francophone community within the population served.
- Align with the Francophone representation requirements in the designation criteria.
  - o If the agency serves a community with a Francophone population greater than 10%: The number of Francophones on the board of directors and the committees of the board of directors must reflect the proportion in the community served.
  - o If the agency serves a community with a Francophone population that is less than 10% and the board of directors has less than 10 members: The board of directors and the committees of the board of directors must have at least one Francophone member.
  - o If the agency serves a community with a Francophone population that is less than 10% and the board of directors has 10 or more members: The board of directors and the committees of the board of directors must have at least two Francophone members.

### **Board of directors**

*7. (1) Subject to subsection (10), each local health integration network shall consist of no more than nine members, including Francophone representation that reflects the proportion of the Francophone community as set out in the designation criteria, appointed by the Lieutenant Governor in Council who shall form the board of directors of the network. 2006, c. 4, s. 7 (1).*

### Conseil d'administration

*7. (1) Sous réserve du paragraphe (10), chaque réseau local d'intégration des services de santé se compose d'au plus neuf membres, [incluant une représentation francophone reflétant la proportion de la communauté francophone tel que défini dans les critères de désignation](#), que nomme le lieutenant-gouverneur en conseil et qui en constituent le conseil d'administration. 2006, chap. 4, par. 7 (1).*

## Part III – PLANNING AND COMMUNITY ENGAGEMENT – *PLANIFICATION ET ENGAGEMENT DE LA COLLECTIVITÉ*

### 14. (4) Consultation - *Consultation*

#### Observations:

- No provincial organization has been mandated by the Ontario government to advise the Ministry on how to apply a Francophone lens to provincial health strategies.
- The Regroupement des Entités is being asked more and more often by the Ministry of Health and Long-Term Care to advise Ministry staff on how to apply a Francophone lens to strategies under development.
- This advisory role is different from that of the Advisory Council which provides advice to the Minister at a political level.

#### Suggestion:

- Formalize the role of the Regroupement des Entités in legislation by giving it an official mandate to advise the Ministry.

#### **Consultation**

*(4) In setting goals, developing priorities, and strategic directions for the health system and the local health systems in the provincial strategic plan, the Minister shall seek the advice of province-wide health planning organizations that are mandated by the Government of Ontario. 2006, c. 4, s. 14 (4). [Implicitly Includes the Regroupement des Entités.](#)*

#### Consultation

*(4) Lorsqu'il élabore un ensemble de priorités et une orientation stratégique pour le système de santé et les systèmes de santé locaux dans le cadre du plan stratégique provincial, le ministre consulte les organismes de planification des services de santé de la province qui tirent leur mandat du gouvernement de l'Ontario, 2006, chap. 4, par. 14 (4). [Inclut implicitement le Regroupement des Entités.](#)*

### 15. (1) INTEGRATED HEALTH SERVICE PLAN – *PLAN DE SERVICES DE SANTÉ INTÉGRÉS*

#### Observations:

The obligations of the various actors (Ministry, LHINs, Entities) in the planning of French language health services are non-existent or minimal and are limited to community engagement in sub-section 16. (1).

- While they play an important role in the planning of French language health services, the Entities are mentioned only in the section on community engagement.
- LHIN collaboration with the Entities should not be limited to the development of the IHSP but should be ongoing throughout the planning process.

#### Suggestion:

- Clearly set out the LHINs responsibility for ongoing planning for French language health services in collaboration with the Entities, in particular through the development of a French language health services strategy to ensure equitable access for Francophones.
- Position the role of the Entities as working in collaboration with the LHINs on the planning of French language health services.

#### **Integrated health service plan**

*15. (1) Subject to subsection 16 (1), each local health integration network shall, within the time and in the form specified by the Minister, [engage in an ongoing planning cycle in collaboration with the health planning entities in order](#) to develop an integrated health service plan for the local health [system that includes a French language health services strategy](#) and make copies of it*

available to the public at the network's offices. 2006, c. 4, s. 15 (1).

### **Contents**

15. (2) *The integrated health service plan shall include a vision, priorities and strategic directions for the local health system that includes French language health services and shall set out strategies to integrate the local health system in order to achieve the purpose of this Act. 2006, c. 4, s. 15 (2).*

### **Plan de services de santé intégrés**

15. (1) Sous réserve du paragraphe 16 (1), chaque réseau local d'intégration des services de santé, dans le délai et sous la forme que précise le ministre, **s'engage dans un cycle de planification continue en collaboration avec les Entités de planification afin d'élaborer un plan de services de santé intégrés pour le système de santé local qui comprend une stratégie pour les services de santé en français**, et en met des copies à la disposition du public aux bureaux du réseau. 2006, chap. 4, par. 15 (1).

### **Contenu**

15. (2) Le plan de services de santé intégrés comprend une vision, un ensemble de priorités et une orientation stratégique pour le système de santé local **qui inclut les services de santé en français** et énonce des stratégies sur les moyens d'intégrer celui-ci de façon à réaliser l'objet de la présente loi. 2006, chap. 4, par. 15 (2).

## **16. (1) COMMUNITY ENGAGEMENT – ENGAGEMENT DE LA COLLECTIVITÉ**

### **Observation:**

The concept of engaging (*engaging the Entities on an ongoing basis*) may be subject to interpretation. It would be more relevant to talk about a collaborative relationship and partnership between the LHINs and the Entities.

- There is no definition of the term “engage”. It is important to define its essential components.
- There is no definition of the link between the LHINs and the Entities.

### **Suggestion:**

- Position the Entities as working in collaboration with the LHINs on community engagement.

### **Community engagement**

16. (1) *A local health integration network in conjunction with the French language health planning entities, shall engage the community of diverse persons and entities involved with the local health system about that system on an ongoing basis, including about the integrated health service plan, and while planning, setting priorities, evaluating results, and making improvements. 2006, c. 4, s. 16 (1).*

### **Definition**

(2) *In this section,*

“community” includes, in respect of a local health integration network that engages the community,

- (a) patients and other individuals in the geographic area of the network,
- (b) health service providers and any other person or entity that provides services in or for the local health system, and
- (c) employees involved in the local health system. 2006, c. 4, s. 16 (2).

### **Engagement de la collectivité**

16. (1) Les réseaux locaux d'intégration des services de santé **de concert avec les entités de planification des services de santé en français** engagent de façon soutenue la collectivité des diverses personnes et entités qui œuvrent au sein du système de santé local au sujet du système, notamment le plan de services de santé intégrés, et lors de l'établissement des priorités. 2006, chap. 4, par. 16 (1).

### **Définition**

(2) Les définitions qui suivent s'appliquent au présent article.

«collectivité» Relativement à un réseau local d'intégration des services de santé qui engage la collectivité, s'entend des personnes et entités suivantes :

- a) les malades et autres personnes de la zone géographique que sert le réseau;
- b) les fournisseurs de services de santé et toute autre personne ou entité qui fournit des services au sein du système de santé local ou pour lui;
- c) les employés qui œuvrent au sein du système de santé local. 2006, chap. 4, par. 16 (2).

## 16. (4) DUTIES – FONCTIONS

### Observation:

The idea of ‘duties’ in English should be translated as ‘devoirs’, ‘obligations’ or ‘responsabilités’ and not simply ‘fonctions’, which means ‘functions’.

### Suggestion:

- Specify a duty to engage as defined in the addition to sub-section 16. (2)

#### **Duties**

(4) In carrying out community engagement under subsection (1), the local health integration network shall engage collaborate with:

- (a) the Aboriginal and First Nations health planning entity for the geographic area of the network that is prescribed; and
- (b) the French language health planning entity for the geographic area of the network that is prescribed. 2006, c. 4, s. 16 (4).

#### **Devoirs (ou obligations ou responsabilités)**

(4) Lorsqu’il engage la collectivité comme le prévoit le paragraphe (1), le réseau local d’intégration des services de santé engage collabore avec :

- a) d’une part, l’entité de planification des services de santé aux Autochtones et aux Premières Nations de la zone géographique du réseau qui est prescrite;
- b) d’autre part, l’entité de planification des services de santé en français de la zone géographique du réseau qui est prescrite. 2006, chap. 4, par. 16 (4).

## PART IV – FUNDING AND ACCOUNTABILITY – FINANCEMENT ET RESPONSABILISATION

### Observations:

The accountability agreements do not include any clearly defined accountability for French language health services:

- Between the Ministry and the LHINs – section 18;
- Between the LHINs and providers – section 19.

Unless the accountabilities of the LHINs and providers for French language health services are clearly defined in sections 18 and 19, the phrase regarding the agreements between the LHINs and providers: “on the terms and conditions that the network considers appropriate” – “assujetti aux conditions qu’ils estiment appropriées”, leaves room for restrictive as opposed to inclusive interpretations of French language health services.

### Suggestion:

- Include in the Act the obligation to incorporate obligations with respect to French language health services in accountability agreements (performance standards/indicators, conditions, guiding principles).
- Guarantee a cascade of accountability for French language health services obligations from the LHIN down to the provider (performance standards/indicators, conditions, guiding principles).

#### **Accountability of networks**

18. (1) The Minister and each local health integration network shall enter into an accountability agreement in respect of the local health system. 2006, c. 4, s. 18 (1). (needs to be understood as meaning including with the Regional FL Health Planning Entities)

#### **Accountability agreement**

(2) An accountability agreement shall be for more than one fiscal year and shall include,

- (a) performance goals and objectives for the network and the local health system that include French language health services;
- (b) performance standards, targets and measures for the network the local health system including French language health services;
- (c) requirements for the network to report on the performance of the network and the local health system;
- (d) a plan for spending the funding that the network receives under section 17, which spending shall be in accordance with the

- appropriation from which the Minister has provided the funding to the network;*  
(e) *a progressive performance management process for the network; and*  
(f) *all other prescribed matters, if any. 2006, c. 4, s. 18 (2).*

#### Responsabilisation des réseaux

**18. (1)** Le ministre et chaque réseau local d'intégration des services de santé concluent une entente de responsabilisation à l'égard du système de santé local. 2006, chap. 4, par. 18 (1).

#### Entente de responsabilisation

**(2)** L'entente de responsabilisation couvre plus d'un exercice et comprend les éléments suivants :

- a) des objectifs de rendement à l'intention du réseau et du système de santé local **comprenant des objectifs pour les services de santé en français;**
- b) des normes de rendement, des buts et des critères d'évaluation à l'intention du réseau et du système de santé local **incluant les services de santé en français;**
- c) l'obligation pour le réseau de rendre compte de son rendement, et de celui du système de santé local;
- d) un plan d'affectation du financement que reçoit le réseau en vertu de l'article 17, lequel doit être conforme à l'affectation de crédits sur laquelle le ministre a prélevé le financement qu'il a accordé au réseau;
- e) des mesures progressives de gestion du rendement à l'intention du réseau;
- f) les autres questions prescrites, le cas échéant. 2006, chap. 4, par. 18 (2).

#### **Funding of health service providers**

**19. (1)** *A local health integration network may provide funding to a health service provider in respect of services that the service provider provides in or for the geographic area of the network. 2006, c. 4, s. 19 (1)*

#### **Terms and conditions**

**(2)** *The funding that a local health integration network provides under subsection (1) shall be on the terms and conditions that the network considers appropriate and in accordance with the funding that the network receives under section 17, the network's accountability agreement and the prescribed requirements, if any. 2006, c. 4, s. 19 (2).*

#### Financement des fournisseurs de services de santé

**19. (1)** Un réseau local d'intégration des services de santé peut accorder un financement à un fournisseur de services de santé à l'égard des services qu'il fournit dans la zone géographique que sert le réseau ou pour cette zone. 2006, chap. 4, par. 19 (1).

#### Conditions

**(2)** Le financement qu'accordent les réseaux locaux d'intégration des services de santé en vertu du paragraphe (1) est assujéti aux conditions qu'ils estiment appropriées et est conforme au financement qu'ils reçoivent en vertu de l'article 17, à l'entente de responsabilisation qu'ils ont conclue et aux exigences prescrites, le cas échéant. 2006, chap. 4, par. 19 (2).

## **20. (2) No restriction on patient mobility – Aucune restriction à l'égard de la mobilité des malades**

### **Observation:**

The often limited access Francophones have to French language health services makes it essential that the right to patient mobility be maintained.

### **Suggestion:**

- Retain this section and extend its application to LHIN sub-regions.

#### **No restriction on patient mobility**

**(2)** *A local health integration network shall not enter into any agreement or other arrangement that restricts or prevents an individual from receiving services based on the geographic area in which the individual resides. 2006, c. 4, s. 20 (2).*

#### Aucune restriction à l'égard de la mobilité des malades

**(2)** Les réseaux locaux d'intégration des services de santé ne doivent conclure aucune entente ni aucun autre arrangement qui empêche un particulier de recevoir des services en fonction de la zone géographique où il réside, ou qui le restreint à cet égard. 2006, chap. 4, par. 20 (2).

## ONTARIO REGULATION 515/09: ENGAGEMENT WITH THE FRANCOPHONE COMMUNITY UNDER SECTION 16 OF THE ACT

In this section, our feedback is also linked directly with the text of the regulation wherever possible. The exact reference to the section of the Regulation is given, followed by our observations, suggestions and a box in which new wording is proposed.

We draw to your attention that the proposed changes to the Act will probably require changes to the scope of the Regulation (addition under section 15 as well as section 16).

Before going into specific observations and suggestions, we would like to clarify that our suggestions have two objectives:

- Ensure congruence with the Act and more specifically ensure that the role of the Entities is to contribute to the planning of French language health services (section 15.) and is not limited to community engagement (section 16)
- Clarify the collaborative role of the LHINs and the Entities at each of the stages in the planning of French language health services.

### PURPOSES – OBJET

#### Observation:

- The purpose of the Regulation is to set out the duties (*devoirs* or *obligations*, or *responsabilités*), of each LHIN but the regulation talks about only the Entities' mandate and not the LHINs' responsibilities.

#### Suggestion:

- Clearly define in the Regulation:
  - o The duties of the Entities
  - o The duties of the LHINs with respect to French language health services
  - o Joint duties

#### **Purposes**

**1.** The purposes of this Regulation are,

- (a) to prescribe a French language health planning entity for the geographic area of each local health integration network for the purposes of clause 16 (4) (b) of the Act;
- (b) to set out the duties of each French language health planning entity
- (c) to set out the duties of each local health integration network with respect to French language health services and for collaborating with ~~engaging~~ the French language health planning entity for the geographic area of the network for the purposes of section 16 of the Act. O. Reg. 515/09, s. 1. (to be revised according to the scope of the Regulation)
- (d) to specify the joint responsibilities of the LHINs and the French language health planning entities for planning French language health services.

#### **Objets**

**1.** Les objets du présent règlement sont les suivants :

- a) prescrire une entité de planification des services de santé en français pour la zone géographique de chaque réseau local d'intégration des services de santé pour l'application de l'alinéa 16 (4) b) de la Loi;
- b) établir les responsabilités de chaque entité de planification des services de santé en français
- c) établir les responsabilités de chaque réseau local d'intégration des services de santé en ce qui concerne les services de santé en français et la collaboration avec l'engagement de l'entité de planification des services de santé en français de la zone géographique du réseau pour l'application de l'article 16 de la Loi. Règl. de l'Ont. 515/09, art. 1. (à réviser en fonction du champ d'application du règlement)

- d) de spécifier les responsabilités conjointes des RLISS et des entités en ce qui concerne la planification des services de santé en français.

## Define the responsibilities of the planning entities

### Observation:

- The description of the Entities' responsibilities accurately reflects their scope of action.

*to advise the network and collaborate on,*

- (a) methods of engaging the Francophone community in the area;*
- (b) the health needs and priorities of the Francophone community in the area, including the needs and priorities of diverse groups within that community;*
- (c) the health services available to the Francophone community in the area and the gaps in these services;*
- (d) the identification and designation of health service providers for the provision of French language health services in the area;*
- (e) strategies to improve access to, accessibility of, and integration of French language health services in the local health system; including the evaluation and improvement and*
- (f) the planning for, evaluation and improvement and integration of health services in the area. O. Reg. 515/09, s. 3 (1).*

pour la zone géographique du réseau afin de conseiller ce dernier sur ce qui suit :

- a) les façons d'engager la collectivité francophone de la zone;
- b) les besoins et priorités de la collectivité francophone de la zone en matière de santé, notamment ceux des divers groupes qui la composent;
- c) les services de santé dont dispose la collectivité francophone de la zone;
- d) l'identification et la désignation de fournisseurs de services de santé en vue de la prestation de services de santé en français dans la zone;
- e) les stratégies visant à améliorer l'accès aux services de santé en français, leur accessibilité et leur intégration au sein du système de santé local;
- f) la planification et l'intégration des services de santé dans la zone. Règl. de l'Ont. 515/09, par. 3 (1).

## Define the responsibilities of the LHINs

### Observation:

- The purpose of the Regulation is to set the duties of each local health integration network but it does not include a description of the LHINs' responsibilities.

### Suggestion:

- Include in the Regulation a description of the LHINs' responsibilities with respect to French language health services and the collaboration with the French language health planning entity for the geographic area.

*French language health services responsibilities of the LHINs:*

- (a) plan, finance and integrate French language health services within the health care system;*
- (b) solicit, consider and implement the advice provided by the entities in accordance with paragraphs 3 (1) a) to f);*
- (c) ensure that the health service providers funded by the LHINs are accountable for French language health services, in particular through accountability agreements and performance indicators.*

*Responsabilités des RLISS en matière de services de santé en français :*

- a) planifier, financer et intégrer les services de santé en français à l'intérieur du système de santé;
- b) solliciter, considérer et mettre en œuvre les conseils visés aux alinéas 3 (1) a) à f) de l'Entité de planification;
- c) assurer que les fournisseurs de services de santé financés par les RLISS sont imputables pour les services en français, notamment via les ententes d'imputabilités et les indicateurs de rendements.



## Define the joint responsibilities of the LHINs and the Entities

### Observation:

- Although a collaborative relationship is sought, the current Regulation does not set out any joint responsibilities.

### Suggestion:

- Include joint responsibilities in the Regulation.

#### *Joint LHIN and Entity responsibilities:*

- (a) *agree on and sign a collaboration agreement;*
- (b) *Implement collaborative work and information sharing processes;*
- (c) *Develop a French language services strategy aligned with LHIN planning documents (e.g. provincial health strategies, IHSP) and implement it;*
- (d) *report to the community and the Ministry on progress in implementation of the French language services strategy, using precise indicators.*

#### *Responsabilités conjointes des RLISS et des Entités :*

- a) *conclure une entente de collaboration;*
- b) *mettre en place des processus de travail collaboratif et de partage d'informations réciproques.*
- c) *développer une stratégie des services en français alignée avec les documents de planification des RLISS (ex. stratégies provinciales en santé, PSSI) et la mettre en œuvre.*
- d) *faire rapport à la communauté et au ministère des progrès accomplis dans la mise en œuvre de la stratégie des services en français notamment, via des indicateurs précis.*

## Provincial role of the Regroupement des Entités de planification

### Observation:

- No provincial organization has been given a mandate by the Government of Ontario to provide advice to the Ministry on implementation of a Francophone lens within provincial health strategies.
- The Regroupement des Entités is being asked more and more often by the Ministry of Health and Long-Term Care to provide advice on to Ministry staff on implementation of a francophone lens within strategies under development. This advisory role is different from that of the Advisory Council which provides advice to the Minister at a strategic level.

### Suggestion:

- Formalize in the agreement the advisory role of the Regroupement des Entités with the Ministry.

#### *Advisory role to the Ministry of Health and Long-Term Care*

*At the request of the Ministry, the Regroupement des Entités de planification will provide advice to the Ministry on provincial initiatives.*

*Rôle-conseil auprès du Ministère de la Santé et des Soins de longue durée*

*À la demande du Ministère le Regroupement des Entités de planification fournira des conseils à celui-ci sur des initiatives provinciales.*

## **Funding and Accountability Agreement between the French Language Health Planning Entities and the LHINs**

Considering the proposed changes to the Act and the Regulation, we believe that it is essential to completely review the accountability and financing agreement between the planning Entities and the LHINs.

it would be better not to propose detailed changes to the text of the current agreement at this time.

### **Suggestions:**

Essentially we suggest:

- That the next agreement be a collaboration agreement, not an accountability agreement;
- That the responsibilities proposed in the previous section (O. Reg. 515/09) be set out and defined in the agreement;
- That the modes of collaboration be specified;
- That the Entities' funding be reviewed in light of the LHINs' expanded mandate following implementation of *Patients First* and the Entities' provincial role;
- That if funding must continue to flow through the LHINs, it be clearly stated that funding levels and conditions will be defined by the Ministry.

In order to put in place the suggestions proposed in this document, we would be happy to participate, in conjunction with the LHINS and representatives of the MHLTC, in the elaboration of a new model-agreement.

## Conclusion

The intent of all of the proposed changes to the *Local Health System Integration Act, 2006*, Regulation 515/09 on engagement with the Francophone community under section 16 of the Act and the Funding and Accountability Agreement between the French language health planning entities and the LHINs is to:

### *Local Health System Integration Act, 2006*

- Clearly define the LHINs' duties with respect to French language services;
- Clarify the Entities' role as partners in planning and Francophone community engagement;
- Define a provincial role for the Regroupement des Entités with the Ministry;
- Ensure clear accountability for French language services throughout the health system, that is, from the Ministry down to the LHINs and on to health service providers;
- Ensure Francophone representation on LHIN boards and other governance structures.

### *Ontario Regulation 515/09*

- Clarify the collaborative relationship between the LHINs and the Entities at each step in the planning of French language health services;
- Clearly define the responsibilities of the LHINs and the Entities as well as their joint responsibilities with regard to French language services;
- Reflect the expanded mandate of the LHINs and the Entities following transformation of the system as set out in *Patients First*;
- Clearly define the provincial role of the Regroupement des Entités with the Ministry.

### *Agreement between the LHINs and the Entities*

- Develop and sign a LHIN-Entity collaboration agreement;
- Define responsibilities and methods of collaboration more precisely in relation to the expanded mandates;
- Adjust funding levels to reflect the Entities' expanded mandate;
- Clearly state that funding levels and conditions are determined by the Ministry.

We very much hope that this document marks the beginning of a conversation between the Ministry, the planning Entities and the LHINs.