



Health  
Canada

Santé  
Canada

Deputy Minister

Sous-ministre

Ottawa, Canada  
K1A 0K9

November 25, 2020

Mr. Yves Giroux  
Parliamentary Budget Officer  
Office of the Parliamentary Budget Officer  
99 Bank Street, 9<sup>th</sup> Floor  
Ottawa, Ontario K1A 0A9

Dear Mr. Giroux:

This is further to your correspondence of November 6, 2020, addressed to the Honourable Patty Hajdu, Minister of Health, regarding Information Request IR0554 concerning a provincial/territorial breakdown (for each fiscal year, from 2017-2018 to 2020-2021) of all amounts sent to each province and territory with respect to the “Home and Community Care and Mental Health and Addictions Services Funding Agreements”, as well as initiatives relating to palliative care.

In Budget 2017, the Government of Canada committed to invest \$11 billion over ten years to improve home and community care access, including palliative care and mental health and addiction services.

The Government of Canada has signed bilateral agreements (<https://bit.ly/3nOvAQs>) with the provinces and territories. The agreements are informed by the Common Statement of Principles on Shared Health Priorities (CSoP) (<https://bit.ly/33hO7x0>), which was agreed upon by Federal/Provincial-Territorial Ministers of Health (except Quebec, which agreed with the federal government to an asymmetrical arrangement distinct from the CSoP and based on the asymmetrical agreements of September 2004). The CSoP set out a shared agenda for improving access to home and community care and mental health and addiction services supported by federal investments.

The bilateral agreements detail how each province or territory will use federal investments to increase access to services in these two priority areas. Each jurisdiction developed an action plan, annexed to their bilateral agreement. The action plans identify the new or expanded programs in home and community care and mental health and addiction services—including palliative care—to be supported by the federal investments.

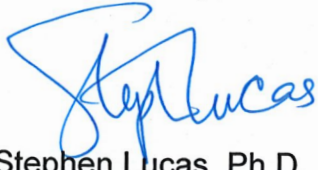
.../2

- Six provinces have included initiatives specific to palliative and end-of-life care in their action plans: British Columbia, Alberta, Saskatchewan, Manitoba, New Brunswick, and Newfoundland and Labrador. For example, New Brunswick is increasing palliative care education for providers and the public; implementing a palliative care monitoring and evaluation framework; supporting the development of residential hospices and alternate residential services in rural communities; and developing a physician model for integrated community-based palliative care services. Saskatchewan is using the federal funding to support training for physicians, nurses, continuing care aides and paramedics in end-of-life care; increase the availability of services outside the hospital setting; and improve access to care in rural areas. Likewise, the federal funding is being used by Alberta to enhance palliative home care programming and services to rural and remote parts of the province, and expand the number of hospice spaces.
- Other jurisdictions have identified palliative care in their broader initiatives. For example, Ontario's Expanding Access to Home Care initiative supports all client types and services, including palliative care. Through this initiative, Ontario is implementing a cross-sector model of palliative and end-of-life care, providing palliative and end-of-life care in the community, and expanding residential hospice capacity through capital and operating investments. Prince Edward Island's Mobile Integrated Health initiative includes a project where paramedics provide in-home support to patients registered with the Provincial Integrated Palliative Care Program until home care and palliative care services become available.

Table 1 (enclosed) provides the actual amounts spent through the Bilateral Agreements for Home and Community Care and Mental Health and Addictions Services by jurisdiction and fiscal year (from 2017-2018 to 2020-2021). Please note, however, that Health Canada does not have specific information that disaggregates the amount of federal funding supporting provincial and territorial palliative services initiatives. Recognizing the need to respect provincial and territorial jurisdiction for the administration and delivery of health care services, the action plans do not provide program-specific or line item details, and Health Canada has no access to, nor the authority to ask for, accounting by specific program or line item.

In addition to the federal investments supporting provincial and territorial initiatives for palliative care through the Bilateral Agreements on Home and Community Care and Mental Health and Addiction Services, the Government of Canada has also made other investments in palliative care. A breakdown on this matter is available in Table 2 (enclosed).

Yours sincerely,

A handwritten signature in blue ink that reads "Stephen Lucas". The signature is fluid and cursive, with the first name "Stephen" and the last name "Lucas" clearly legible.

Stephen Lucas, Ph.D.

Enclosure