

## **The Take: An Analysis of the B.C. Bilateral Agreement**

### **Overview:**

The Government of Canada has committed to investing almost \$200 billion over 10 years through the *Working Together to Improve Health Care for Canadians* plan. This investment includes \$25 billion for tailored bilateral agreements with provinces and territories, a 5% Canada Health Transfer (CHT) increase for the next five years, and a one-time CHT \$2 billion top-up to address the pediatric health crisis which was delivered in June 2023.

On October 10, 2023, the Government of Canada signed a bilateral agreement of more than \$1.2 billion with British Columbia. This deal marks a crucial step in the collaborative efforts to address health care system challenges and tackling critical areas which have been under immense pressure within the health care system. This agreement is part of a 3-year action plan to support provincial and territorial health priorities and deliver improvements in the healthcare system by 2026.

The significant improvements that have been outlined aim to create a *person-centered, coordinated, and accessible* health system that provides integrated health care to clients, family members, and health care providers that are accessing and providing services within the BC health system. British Columbia has made significant commitments in areas related to all four priority areas outlined in the *Working Together to Improve Health Care for Canadians* plan. These priority areas include Family Health Services, Health Workers and Backlogs, Mental Health and Substance Use, and Modernizing Health Systems.

### **Analysis:**

While this new bilateral agreement presents a promising roadmap for the future of Canadian healthcare, it demonstrates gaps from a child-and-youth-focused perspective in the health priorities identified within the agreement.

British Columbia has developed a transformative staffing model to transform the support provided to nurses and patients. This innovative model of care will be implemented at 83 acute care sites throughout British Columbia. It will include investments to improve and expand clinical supervision programs for student nurses to allow for improved patient outcomes and better working conditions for nurses. Adopting the Nurse-to-Patient Ratio as part of team-based care is a leading international practice for retaining nurses and delivering high quality and safe nursing services. This practice will be inclusive of hospital-based care, long-term and residential care, and community and non-hospital care. This strategy also includes the establishment of an Executive Steering Committee, associated working groups, and a comprehensive recruitment and retention strategy to alleviate workforce shortages and achieve resilient levels of baseline staffing.

Health care sites providing care to children and youth across the province of British Columbia such as BC Children's Hospital, Northern Health and Island Health must be added to the 83 acute sites to support the human health resource challenges faced by acute care sites serving children and youth. During the COVID-19 pandemic, the situation of Ontario was dire with the lowest RN-to-population in Canada which resulted in significant strain to the healthcare system with a record-high burnout of healthcare providers and a critical backlog in patient care within the pediatric population.

In September 2022, the Ministry released a new Health Human Resource Strategy to address healthcare staffing shortages throughout British Columbia. This is a multi-year strategy that highlights four key areas of focus: **Retain**, **Redesign**, **Recruit**, and **Train**. Children and youth and healthcare providers providing services to children and youth are not referred to in this strategy.

The BC Ministry of Mental Health and Addictions and the B.C. Ministry of Health have been working to improve access to evidence-based mental health and addiction services and supports. One of the health priority areas outlined in the action plan is strengthening the capacity of primary care to respond to mental health and addictions with a focus on prevention and early intervention in children and youth. Half of all mental disorders start by 14 years and account for 45% of the global burden of disease across the 0-25 age span. While some action has been taken to promote the implementation of services dedicated to young people, mental health needs during this critical period are still largely unmet. Integrated and preventative multidisciplinary frameworks are required to increase the range of possible interventions and limit the risk of poor long-term outcomes for children and youth.

As an integral component of Primary Care Networks which provide increased capacity of mental health and addiction supports, British Columbia is supporting a range of evidence-based interventions, including virtual care designed to offer primary care professionals with referral tools designed for prevention and early intervention for children and youth experiencing common and debilitating mental disorders. These interventions will include access to virtual care through online and Telephone Behaviour Therapy and positive parenting coaching with access to culturally appropriate supports and services for Indigenous families. Federal funding in this area will be used to resource evidence-based interventions for primary care professionals and supporting youth in accordance with the Ministry of Mental Health and Addictions Service Plan. The availability of these interventions will provide increased capacity and support efforts to ensure timely and equitable access to mental health and addictions services for children and youth.

In response to years of colonization and intergenerational trauma, Indigenous communities have been challenged with exacerbating mental health and addiction issues, the internalization of racism and harm, and inadequate existing mental health supports. Rates of suicide for Indigenous peoples in Canada are three times the national average in which youth and young adults are overrepresented, which highlights the need to address inadequate and inaccessible mental health services for Indigenous communities. Federal funding will be used to increase the number of individuals and communities with access to culturally safe, appropriate and trauma-informed healing and treatment services for mental health and substance use, while building on a longer-term strategy to address the mental health and substance use needs of Indigenous peoples.

We know First Nations children and youth have long experienced prolonged delays in accessing mental health services. Jordan's Principle is a child-first principle to ensure First Nations children have equitable access to all government funded public services. First Nations children and youth are disproportionately impacted and must have timely access to holistic, culturally appropriate, and equitable health care services in the child health system. Children's Healthcare Canada supports this as a priority area and acknowledges this as a step in the right direction to support and address the ongoing inequities that impact the healthcare and outcomes of First Nations, Inuit, and Métis Indigenous children and youth in Canada. It is unclear how the current bilateral agreement intends to implement and uphold Jordan's Principle and should be considered in this plan to address inequities in healthcare.

Advancing integrative and accessible systems of care is essential to create system-wide coordination and alignment for health systems serving children and youth. The disconnectedness in the health care systems serving children and youth has impacted health care delivery for children and youth and led to persistent challenges in accessing optimal and timely health care services. Improving the mental health, development and physical wellbeing of children and youth requires creating connected systems centered around the preferences and needs of service users and families. Fragmented delivery of health services can impact access to high-quality, person-centered care. Improving health system navigation in the current fragmented child health system should be prioritized to reduce barriers to healthcare access and improve the quality of care for children and youth.

This priority area within the action plan supports the incremental expansion of access to integrated service centers across B.C, especially for youth. Further, it proposes building a virtual workforce designed to provide timely mental health and addictions care through virtual clinic access points which would allow for enhanced productivity, sustainability, and scalability within the health workforce. The integrated service centers will create a streamlined approach and increase timely access for youth and young adults to integrated services by providing youth-friendly services that are easily accessible and lead to reduced systemic barriers. We are pleased to see a specific recommendation addressing the population of youth in this priority area.

The Canadian healthcare landscape has critical data gaps and a lack of coordinated data which undermines the ability of decision makers to make evidence-based decisions. This priority area involves expanding the availability and accessibility of data through onboarding new data sets, data contributors, and developing a centralized, sector-wide health metadata repository. Enhanced data sets through a series of planned data acquisition and product activities will provide high-quality, secure, and comparable data needed to improve services for those within the province. Modernizing the system will allow more advanced analytics while contributing to the knowledge base on health care and support the sharing of data among health users and other partners in British Columbia.

The agreement does not focus on addressing and creating opportunities to improve children's healthcare systems in B.C. and is missing key areas of pediatric focus within the health priorities identified. The HHR strategy to address backlogs should include specific considerations for pediatric care including data on pediatric subspecialty types in each province (i.e. pediatric

cardiologists, oncologists, respiratory therapists, nurses) and the general consideration that pediatrics is a subspecialty that requires speciality training.

To address backlogs in children's healthcare service delivery, it is essential that a strategy be developed to leverage the federal government's \$2 billion CHT pediatrics top-up of which B.C.'s allocation of \$273 million is intended to address pediatric surgical and emergency backlogs. While we are pleased to note that virtual and primary care access will be bolstered to ensure timely and equitable access for children and youth, we know mental health intervention access remains a challenge and backlogs for children and youth continue to increase.

We would like to see more actionable commitments as to how the province will be increasing access to services and interventions specifically for children and youth. We are pleased to see a commitment towards providing culturally appropriate care for Indigenous communities but more clarity is needed on how the current bilateral agreement intends to engage Indigenous communities in this process and how to uphold Jordan's Principle to address healthcare inequities experienced by children and youth.

We were pleased to note the considerations around improving integration of care and services but more details are needed specifically on the integration of child and youth care across the continuum of care and with transitioning to adult care. It is also essential to include broad consultation with children's healthcare providers to ensure that child health indicators and metrics are being collected and monitored within the larger health data strategy to ensure equity within the province.

Working with our B.C. members, Children's Healthcare Canada will continue to monitor the implementation and roll-out of the Bilateral agreement and will support regional efforts to make child health a priority for BC decision-makers.