



Health, Seniors and Active Living

Active Living, Indigenous Relations,
Population & Public Health
Assistant Deputy Minister
2nd Floor - 300 Carlton Street
Winnipeg, Manitoba R3B 3M9

January 18, 2019



Dear [REDACTED]

Re: Your request for access to information under Part 2 of *The Freedom of Information and Protection of Privacy Act* [Our File Number 301-18].

On December 20, 2018 Manitoba Health, Seniors and Active Living (MHSAL) received your request for access to the following records:

From the Department's Fall 2018 Briefing Book, record 7.2 "Health Accord"

Access is granted in part to your request. As required by subsection 7(2) of the Act, we have severed information that is excepted from disclosure and have provided you with as much information as possible. The severed information has been identified with the applicable exceptions to disclosure under *The Freedom of Information and Protection of Privacy Act*. The exceptions cited are as follows.

Severing information

7(2) The right of access to a record does not extend to information that is excepted from disclosure under Division 3 or 4 of this Part, but if that information can reasonably be severed from the record, an applicant has a right of access to the remainder of the record.

Cabinet confidences

19(1) The head of a public body shall refuse to disclose to an applicant information that would reveal the substance of deliberations of Cabinet, including

- (b) discussion papers, policy analyses, proposals, advice or similar briefing material submitted or prepared for submission to Cabinet;

Some of the information in the responsive records record forms part of, or was taken directly from, submissions that were prepared and submitted to Cabinet for its review. The disclosure of this information would reveal the substance of deliberations of Cabinet. Accordingly, in compliance with s. 19(1)(b) exceptions to disclosure, this information must be refused.

Advice to a public body

23(1) The head of a public body may refuse to disclose information to an applicant if disclosure could reasonably be expected to reveal

- (a) advice, opinions, proposals, recommendations, analyses or policy options developed by or for the public body or a minister;

Clause 23(1)(a) has been applied in order to preserve the processes necessary for effective decision-making. These processes include the provision of advice, opinions and recommendations by or for the public body or a Minister.

In each case that we cited the s 23 exceptions we first considered whether the information in question came within an exception to the exception to disclosure under s 23(2) (meaning it would be disclosable). We concluded that the information did not come within s 23(2). We then, in each case, considered whether we should exercise our discretion in favour of waiving the exception to disclosure. In each case we concluded that on its face the exception applied and that there were no factors which caused us to think we ought to waive the exception.

Subsection 59(1) of *The Freedom of Information and Protection of Privacy Act* provides that you may make a complaint about this decision to the Manitoba Ombudsman. You have 60 days from the receipt of this letter to make a complaint on the prescribed form to:

Manitoba Ombudsman
750 - 500 Portage Avenue
Winnipeg MB R3C 3X1
982-9130 or 1-800-665-0531

If you have any questions concerning this matter, please contact the Department's Access and Privacy Coordinator, Michelle Huhtala at (204) 786-7237.

Sincerely,



Avis Gray
Access & Privacy Officer

c: M. Huhtala

7. FEDERAL GOVERNMENT

7.2 HEALTH ACCORD (SHARED HEALTH PRIORITIES)

Issue:

Manitoba is in the process of finalizing negotiations with Health Canada on the bilateral agreement, the *Canada-Manitoba Home and Community Care and Mental Health and Addictions Services Funding Agreement*.

Bilateral Agreements signed to date in other provinces and territories include:

- | | |
|-------------------------|-------------------|
| o New Brunswick | December 15, 2017 |
| o Newfoundland | January 24, 2018 |
| o Northwest Territories | February 21, 2018 |
| o Prince Edward Island | February 23, 2018 |
| o Saskatchewan | May 14, 2018 |
| o Yukon | July 25, 2018 |

Response:

- In August 2017, all provinces and territories agreed to a Common Statement of Principles on Shared Health Priorities, which outlines common priorities for action in home and community care, and in mental health and addiction services.
- On August 21, 2017, Manitoba announced that they had reached an agreement with the federal government for additional federal funding. Federal Budget 2017 confirmed an investment of \$11 billion over ten years to provinces and territories specifically targeted to improve home and community care and mental health and addiction services.
- [23(1)(a)
]
- For the 2017-18 fiscal year, the federal government provided Manitoba Health Seniors and Active Living (MHSAL) with targeted funding of \$7.27 million in funding for home and community care, and \$3.63 million for initiatives to address mental health and addictions.
- Over the next 10 years, the federal government will provide Manitoba with a total of \$399.6 million in targeted funding for home and community care and mental health and addiction initiatives. Annual reporting is required by all Provinces and Territories (PTs) through a set of common indicators developed by PT representatives and the Canadian Institute for Health Information (CIHI).
- Manitoba received an additional \$5 million in federal funding during the current 2017-18 year for other critical areas identified by the province. An August 21, 2017 news release was issued by the province stating

that Manitoba will use these funds in the battle against opioid addiction and the disproportionately high rate of chronic kidney disease suffered by Manitobans, particularly among Indigenous peoples.

• [

19(1)(b) and 23(1)(a)

]

- Despite this investment, Manitoba will receive \$2.25 billion less through the Canada Health Transfer (CHT) over the same time-frame than it would have under previous funding arrangements with Health Canada.
- While additional targeted funding to support health services for Manitobans is welcome, it is no substitute for a strengthened growth model in the annual Canada Health Transfer.

Background:

- As part of its election commitment in 2015, the federal government indicated it would pursue a new multi-year Health Accord and a long-term funding agreement with the provinces and territories to help strengthen the public health system, particularly with respect to home care and mental health services.
- In December 2016, the federal government presented a unilateral, time-limited offer at the Finance Ministers' Meeting (3.5% fixed growth in the CHT for five years plus an additional \$11 billion over ten years in money targeted for home care and mental health services). The provinces and territories unanimously rejected that offer, arguing the annual increase should be about 5.2% to better reflect the estimated annual average cost of providing health care services.

Date: August 29, 2018

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