



Comments on the Proposed Bill 36,
Local Health System Integration Act, 2005

submitted to

Legislative Assembly of Ontario
Standing Committee on Social Policy

Room 1405, Whitney Block, Queen's Park,
Toronto ON M7A 1A2

February 8, 2006

By the

Canadian Federation of University Women

Ontario Council

62 Thompson Ave.
Toronto, Ontario M8Z 3T4
cfuwontario@yahoo.com

Submitted by:

Edeltraud Neal, President,

Canadian Federation of University Women/Ontario Council

Researched by: Carolee Bailey, CFUW/Burlington

Myrtle Greve CFUW/Hamilton

Linda MacGregor, Regional Director Ontario Central

Teri Shaw, Chair, Ad Hoc Advocacy Committee

Mario G. Racco, MPP Thornhill
Chair, Standing Committee on Social Policy,
Room 1405, Whitney Block
Queen's Park,
Toronto ON M7A 1A2
Fax: 416-325-3505

February 6, 2006

Re: Comments of the Canadian Federation of University Women/ Ontario Council on proposed Bill 36, Local Health System Integration Act, 2005

Dear Mr. Racco:

The Canadian Federation of University Women/Ontario Council (CFUW/Ontario Council) welcomes the opportunity to comment on the proposed Bill 36, the Local Health System Integration Act, 2005.

Our members consider quality public health care one of their foremost concerns. Indeed, ever aware of the importance of public health care in the lives of Ontarians and Canadians and particularly of women, CFUW members resolved in 2003 **“that CFUW monitor health care policies, funding and regulations, as they are implemented”**.

CFUW/Ontario Council and its 6000 members in 58 Ontario communities (see appendix B) also hold firm to their 1995 policy which is also mirrored in CFUW National policy:

Health-Care Delivery Standards

Ontario, 1995

RESOLVED: That the Canadian Federation of University Women/Ontario Council call upon the Government of Ontario to ensure quality, universally accessible, comprehensive, portable, publicly administered health care and preventive health care programs

RESOLVED: That the Canadian Federation of University Women/Ontario Council call upon the Government of Ontario to ensure that all reforms to the health care system incorporate the five principals of Medicare as outlined in the Canadian Health Act (1984); and that input from the public and concerned organizations be given due consideration.

While CFUW/Ontario Council is supportive of the creation of integrated local health networks and of bringing control of the local health resources closer to the community, the shifting of health care decision-making to the local LHINs in the way it is envisaged

in Bill 36 poses some major concerns and leaves us with many questions where universal publicly administered health care may be in danger of giving way to or being taken over completely by the private sector. We are concerned by private providers cutting corners in training and quality of staff or quality of the facilities or only providing the profitable services and about a resulting lack of quality of health care in the long run

In the spirit of maintaining the principles of the Canada Health Act we have questions about the

Composition and Quality of the LHIN Boards

What assurance does the public have that appointees to the LHIN Boards have the necessary skills to decide how health care services should be delivered at the local level? The process of selecting board members has not been transparent.

Will the LHIN Boards and their infrastructure have the skills and capabilities to balance the Preventive to Illness treatment spectre and address the system issues in the larger LHIN?

While Ontario's citizens may want to be able to receive their health services close to their communities, should it not remain the responsibility of the acute care sector to determine if the local facility has the skills at a high enough level to perform the procedures, follow-up care and after care? Physicians, surgeons, nursing and professional staff need to have a critical mass of activity to ensure best practices and cutting edge skills. Accessibility to services should *only* be the determining factor *if* the facility has the skills required to perform the services well.

Relationship of LHIN and Private For-profit Services Providers

It is also unclear from the current legislation if the LHINs have any authority over the delivery of care related to the private sector. Using the Alberta model, the regional health authority can contract with private for profit agencies, for example, to provide cataract surgery by private corporations. This service, however, must be contracted through the Board of the hospital, which retains the responsibility, under statute, for ensuring that the private agency maintains acceptable quality and standards of care.

Contracting Out

What happens, however, when the contracting is done outside of a not-for-profit health service provider whose services are not regulated by legislation?

What will happen to the delivery of services, for example home care services, which are not protected under the Canada Health Act? Do the LHINs have the skills and

necessary knowledge to contract for services when they have no statutory control for quality and accountability?

Dissolution of Not-for-profit Service Providers in Favour of For-profits

What might happen, for example, if a LHIN decides that there should be only one Meal on Wheels (MOW) program for the entire LHIN? Will they permit the closing of community MOW agencies already established as service providers? Could a for-profit agency move in and start a brand new MOW program and be awarded the contract, resulting in the loss of local services and creating a scenario similar to what happened with non-profit home care and ancillary services once provided by the Red Cross and VON agencies in many communities?

Community Engagement, Accountability and Appeals

The members of the LHIN Boards are appointed by Lieutenant Governor-in-Council. As a result, there is no way for local communities to choose their own Boards. The Board is accountable to those who appoint it. What will happen when the LHIN orders something, which the community cannot accept? Will politicians keep at arms length and not influence decisions when the service levels in their communities are being challenged?

What mechanisms are in place for resolving these potential disputes?

Of concern more specifically are the following:

Preamble of the Act

The aim of this legislation is to reorganize health services within Ontario, and while the preamble talks about the pre-eminence of the community and systems to deliver health services, two important aspects in health care are missing from this delineation of aims – words stating that care should be patient-centred and the guiding influence of the principles of the Canada Health Act.

Canadian Federation of University Women has policy supporting the Final Report of the Commission on the Future of Health Care in Canada (the Romanow Report). In that report, the Hon. Roy Romanow proposes a Health Covenant for Canadians which speaks of Patient-centred Care, shaping our health care system around the health needs of individual patients, their families and communities.

CFUW/Ontario Council recommends

- **That: the preamble incorporate and state that the aim of the health system is patient-centred care**

- That the preamble state that this care reflects the principles of the Canada Health Act – public administration, comprehensiveness, universality, portability and accessibility.

PART II LOCAL HEALTH INTEGRATION NETWORKS

Continuation and establishment

The large geographic size of the 14 LHINs may be problematic. The first two points of the preamble “acknowledge that a community's health needs and priorities are best developed by the community” and the establishment of the LHINs should “enable local communities to make decisions about their local health systems”

James Bay communities are in the same LHIN as Parry Sound, and Scarborough in the same one as Peterborough and Haliburton. While there may be advantages for remote communities to have established consistent access to large centre health systems networks, it may be a difficult challenge for the board to serve the interests of all the communities within a LHIN the size of Saskatchewan?

Board of Directors

8. (1) “The affairs of each local health integration network are under the management and control of its board of directors” which consists of **7.(1)** “nine members appointed by the Lieutenant Governor in Council who shall form the board of directors of the network”

Our questions: who are choosing the Board members? Based on what criteria?

We also note that in Part I, INTERPRETATIONS, the exclusions to “health service providers” include many of the individuals that the public consider their entry into health services – physicians, surgeons, dental surgeons, optometrists (as well as chiropractors).

To the public, these are our health service providers, yet their involvement within the decision-making of the LHIN is relegated to a “Health professionals advisory committee” as envisioned in 16. (2).

CFUW/Ontario Council recommends:

- that selection process and the selection criteria for LHIN board members be made public
- that health care professionals be included in the decision making bodies of the Local Health Integration Network, preferably at the Board level

PART III PLANNING AND COMMUNITY ENGAGEMENT

Provincial strategic plan

14. It is noted under 15.(3) that “the integrated health service plan shall be consistent with a provincial strategic plan” , yet we note in the legislation that the information about the strategic plan is very vague.

Community Engagement

16. (1) While we are supportive that Community Engagement is noted in the legislation, we are concerned that the provisions for democratic input and community control are weak or almost non-existent. We note that the specifics of Community Engagement are to be determined by regulations set by Lieutenant-Governor in Council. **Given that the Board is appointed, that the physical size of the LHINs is huge, and that now community engagement is set by regulations, community input and involvement seems to be tenuous.**

CFUW/Ontario Council recommends:

- **that the details of community engagement be described in the Act**

PART IV FUNDING AND ACCOUNTABILITY

Accountability of networks

18. Similar to the Preamble, no where is there a statement of patient-centred care. “Performance goals and objectives for the network” and the “performance standards, targets and measures for the network and the local health system” are usually processes and outcomes. This is limiting to care and while we acknowledge that efficiency is necessary, we support putting patients first and the need of patient-centred care to be stated.

CFUW/Ontario Council recommends:

- **that patient-centred care be stated as the base of performance goals and objectives**
- **that the words “a focus on ... quality of the care and treatment of individuals” that is found in the *Commitment to the Future of Medicare Act, 2004* be added to 18. (2).**

PART V INTEGRATION AND DEVOLUTION

Integration by networks

25. (3) “No integration decision shall permit a transfer of services that results in a requirement for an individual to pay for those services, except as otherwise permitted by law. “

- **CFUW/Ontario Council is very supportive of this clause.**

Required Integration – Restrictions

26.(2) (b) “shall not relate to services for which a local health integration network does not provide or propose to provide funding, in whole or in part, to the health service provider, “

and

Integration by the Minister

28. (1) “After receiving advice from the local health integration networks involved, the Minister may ... order a health service provider that receives funding from a local health integration network and... that carries on its operations on a not for profit basis to do any of the following on or before the date set out in the order:To cease operating, to dissolve or to wind up its operations.”

CFUW/Ontario Council, along with other community and professional organizations, have some major concerns with this section.

Given that the Canadian Institute for Health Information maintains that 30% of our health care comes from non-public sources, this would mean that **the LHIN and the Minister would not be controlling a large portion of the health services network.**

Integration by regulation

33. (1) ...“public hospitals” may “by regulation” be told “to cease performing any prescribed non-clinical service and to integrate the service by transferring it to the prescribed person or entity on the prescribed date.”

While it is not stated, there is an implicit meaning that services may be ordered to be “**contracted out**”. This in turn could be to a for-profit service provider which in turn removes that organization from the conditions of 26.(2)(b) and 28.(1).

What happens to the staff affected by such transfers?

The Act states that transitions will be guided by the *Public Sector Transition Stability Act, 1997*, **but what happens when integration means employees are moved to a private corporation? As a women’s group we are concerned about the future of the largely female workforce in the caring sector.** What will happen to salaries, benefits and seniority? What will happen to part-time workers?

A corollary situation is **competitive bidding**. While this is not spelled out in the legislation, it is a possibility and it is understandable after the problems with competitive bidding and home care that health service providers, especially not-for-profit community groups are concerned.

CFUW/Ontario Council is also concerned that the quality of staff and the quality of care will suffer as the for-profit health care provider will hire staff as cheaply as possible.

We are already suffering from a shortage of trained qualified nurses. Will more young people undertake nursing training if they can only look forward to being hired under such conditions?

CFUW/Ontario recommends:

- **that it be clearly spelled out in the Act that not-for-profit service providers be the preferred route for integration of services;**
- **that transfer of services to for-profit providers only occur where no not-for-profit provider is willing to accept the transfer of services;**
- **that the Act requires the Minister to take responsibility and accountability for the quality and standards of care for for-profit service providers**

Lack of appeal:

Also within this section we are concerned with the **lack of appeal** to decisions as reflected in **26.(5)** and **27.(8)** of this section, PART V. The power placed in the hands of an appointed board that has no appeal process beyond itself is anti-democratic, and while it might support efficiency, it does not support the premise of community involvement and accountability.

CFUW/Ontario strongly recommends:

- **that an independent appeal be established in the Act**

Public Review of the Local Health System Integration Act after 3 Years

CFUW/ Ontario Council is willing to try the innovation and efficiency in the delivery of quality public health care suggested in the Local Health System Integration Act, 2005. Many of the suggested changes have a positive side but also possess equal potential to be deleterious to quality **universal public health care**. The very large geographic areas a LHIN covers may for instance mean that by being linked in a consistent network with a Greater Toronto Area community the small town will be able to count on services which it would otherwise not be able to receive. But the large LHIN geography may also prove unwieldy and mean impersonal care and expensive decisions devoid of real community input. Only time will prove the effectiveness of the system. Public evaluation will determine whether the LHINs truly serve the health care needs of Ontarians.

CFUW/Ontario Council recommends that:

- **the Ontario Government include a public review of the Local Health Systems Integration Act , 2005 after 3 years**

CFUW/ ONTARIO COUNCIL

CFUW/ Ontario Council is made up of approximately 6000 women university graduates from all the regions of Ontario. We are totally member - funded. Our members live in 58 Ontario communities, in big urban areas as well as in rural and northern towns (see Appendix B). We are non - partisan and non- sectarian. When voting on policy each of our clubs has one vote so that the voice of members from Thunder Bay and Renfrew and St.Thomas have the same weight as those from the Toronto and Ottawa areas. This results in well-balanced policies that may be embraced by most Ontarians.

We are business women, scientists, teachers, university professors, nurses and physicians, seed specialists and engineers, farm women and artists and accountants, wives, daughters, mothers and grandmothers. All put their skills and education at the service of their community, and work

- in all public affairs
- for a high standard in public education,
- for the improvement of the Status of Women in Ontario, and
- to ensure Human Rights in the Province.

CFUW/Ontario Council is part of the Canadian Federation of University Women (CFUW) and has links with the International Federation of University Women (IFUW).

CFUW/Ontario Council is looking forward to the report and the recommendations with regard to *the Local Health System Integration Act, 2005* that the Standing Committee on Social Policy will make to the Legislature and the Ontario Government. CFUW/ Ontario Council and CFUW members in the province will continue to monitor the progress made

in policy and programs in the areas of public health care in general, and in the new area of Local Health Integration Networks in particular.

Sincerely,

Edeltraud Neal, President,
Ontario Council Canadian Federation of University Women

Appendix A



Some Canadian Federation of University Women Policy on Health Care Delivery

**Note: CFUW /Ontario Council policy integrates
CFUW/ Ontario Council policy, as well as CFUW and IFUW policy**

Health Care Delivery Services (Romanow Report)

CFUW, 2003

RESOLVED, That the Canadian Federation of University Women urge the federal, provincial and territorial governments of Canada to work collaboratively to implement the recommendations of the Romanow Commission Building on Values; The Future of Health Care in Canada (2002); and

RESOLVED, That CFUW monitor health care policies, funding and regulations, as they are implemented.

Health Care Delivery Standards

CFUW, 1996

RESOLVED, That the Canadian Federation of University Women call upon the Government of Canada and the provincial and territorial governments to ensure quality health care and preventive health care programs which are universal, accessible, comprehensive, portable and publicly administered and that all reforms to the health care system incorporate these five principles of Medicare as outlined in the Canada Health Act (1984).

RESOLVED, That governments ensure the public and concerned organisations are included in consultations during any reform process and that their input is given due consideration by these governments.

Health-Care Delivery Standards

Ontario, 1995

RESOLVED: That the Canadian Federation of University Women/Ontario Council call upon the Government of Ontario to ensure quality, universally accessible, comprehensive, portable, publicly administered health care and preventive health care programs

RESOLVED: That the Canadian Federation of University Women/Ontario Council call upon the Government of Ontario to ensure that all reforms to the health care system incorporate the five principals of Medicare as outlined in the Canadian Health Act (1984) ; and that input from the public and concerned organizations be given due consideration.

Inclusion of Home Care Services under the Canada Health Act

CFUW, 2005

RESOLVED, That the Canadian Federation of University Women urge the federal, provincial and territorial governments to extend home care services to individuals beyond those identified in the Final Report of the Commission on the Future of Health Care in Canada 2002 (Romanow Report), to include the elderly, the chronically ill and/or disabled; and

RESOLVED, That the Canadian Federation of University Women urge the federal, provincial and territorial governments to ensure that the provision of home care for both acute care and chronic care patients become an integral part of the Canada Health Act.

Accountability in Home Care Delivery

CFUW, 2005

RESOLVED, That the Canadian Federation of University Women urge the federal, provincial and territorial governments to establish methods to ensure that there be regular, appropriate and effective accountability, communication and collaboration in the delivery of quality home care in a cost efficient manner.

Hospice/Palliative Care

CFUW, 2000

RESOLVED, That the Canadian Federation of University Women (CFUW) urge the

federal, provincial and territorial governments to ensure that a high standard of hospice/palliative care is available and accessible to all eligible residents of Canada;

RESOLVED, That CFUW urge the provincial and territorial governments to promote education, training and research in hospice/palliative care among professionals, social workers, psychologists, spiritual advisors, other involved professional and volunteers;

RESOLVED, That CFUW urge the provincial and territorial governments to promote awareness within the general public about hospice/palliative care;

RESOLVED, That CFUW urge local health care agencies to work in coordination with the entire interdisciplinary care team to ensure continuity of hospice/palliative care wherever the patient is located; and

RESOLVED, That CFUW urge the federal government to enact legislation which would enable individuals to take unpaid leave from their work for up to twelve weeks without penalty to care for a terminally ill family member.

Health Care Practitioners and Nursing Services as an Insured Service

CFUW, 1990

RESOLVED, That the Canadian Federation of University Women support the provincial and territorial nurses associations in their efforts to have the provinces and territories name nurses holding a baccalaureate degree as "Health Care Practitioners" as defined by the Canada Health Act 1984 and include nursing services as an insured service.

Crisis in the Homemaker Program

CFUW, 1989

RESOLVED, That the Canadian Federation of University Women urge provincial and territorial governments, to establish, where they do not currently exist, standards for Homemaker Service training and appropriate certification, whether public or private, and to define criteria for appropriate remuneration and, in addition, to fund services at a level which will provide adequate wages and other incentives to Homemakers.

Appendix B



Ontario Council of The Canadian Federation of University Women Club Locations

Ajax – Pickering	Kitchener - Waterloo	Owen Sound & Area
Aurora - Newmarket	Leaside - East York	Perth
Barrie & District	London	Peterborough
Belleville & District	Markham- Unionville	Renfrew & District
Brampton	Milton & District	Sarnia Lambton
Brantford	Mississauga	Saugeen
Brockville & District	Muskoka	Scarborough
Burlington	Nepean	Southport
Cambridge	Niagara Falls	St. Catharines
Chatham -Kent	Norfolk	St. Thomas
Cornwall & District	North Bay	Stratford
Etobicoke	North Toronto	Sudbury
Georgetown	North York	Thunder Bay
Grimsby	Northumberland	Toronto
Guelph	Oakville	Vaughan
Haliburton Highlands	Orangeville & District	Welland & District
Hamilton	Orillia	Weston & District
Kanata	Orleans	Windsor
Kincardine	Oshawa & District	
Kingston	Ottawa	

