

Submission to the Standing

Committee on Social Policy

Bill 36

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Submission to the Standing Committee on Social Policy – Bill 36

Good afternoon. Thank you for holding this hearing in London.

I am Ron Elliot, OPSEU Regional Vice President and I will be making this submission on behalf of the 15,000 OPSEU members that will be affected by the proposed LHIN legislation, and who live in the geographic areas covered by the Erie St. Clair and South West LHINs. Of the 15,000 members, 5,400 work in health care.

Today I am going to talk about how the LHINs have been implemented with little community consultation, an apparent lack of comprehensive planning, and under the veil of secrecy. For example, we are here today to discuss legislation that guides the formation of the LHINs, while in fact we know the LHIN boards have been appointed, CEOs and senior staff have been hired, and the 14 LHIN offices have been opened.

We believe the government has put the cart before the horse. Change the health care system, to show you are making change, without a plan, with as little public debate as possible. The LHINs are an old idea, which has been rife with problems in Great Britain and in Canada, in provinces such as British Columbia.

Fourteen huge unaccountable, unelected bureaucracies are being set up that will take at least 55 million dollars out of health care. The resulting chaos in our health care system will directly affect all Ontarians.

The District Health Councils were told in January 2005 that they would be closing. By March of 2005 all the workers were fired. District Health Councils were made up of members from the community and helped plan health care in local communities in Ontario. Effectively there has been no health care planning in Ontario for over one year. About 21 million health care dollars were spent to fire the workers. The government has yet to report

how many health care dollars were spent to cancel office leases and other costs.

The Ministry set up seven Ministry of Health and Long Term Care Regional Offices in 1999/2000. The purpose was to plan, manage, fund and monitor the system of health care programs. The offices were staffed by professionals who came from the public service and from health care services. These regional office public servants were accountable to the Minister and to the public. MPPs could request information from the Minister, and Ministry employees would provide the answers. A directly accountable system. Now the Minister will be able to pass the buck and tell the MPP to go to their LHIN for answers.

On January 18, 2006 the seven Regional Offices were told they would close within 12 to 14 months. The staff learned of their precarious position by watching a video supplied by the Ministry. The staff was effectively fired by video.

During the last provincial election campaign, Dalton McGuinty promised to restore successor rights to public servants. He also stated he valued our work.

Well, we still do not have successor rights and clearly he does not value our work. After being fired our members in the Ministry Regional offices were told their jobs would not be transferred to the LHINs. We cannot understand the government turning their backs on trained, experienced, knowledgeable workers.

The seven Regional Offices will be replaced by 14 appointed LHIN Boards. At this early stage of the LHIN boards the government has already cut their legs out from under them. The fourteen LHIN CEOs were hired / appointed by the government, not the LHIN boards.

The South West LHIN CEO appointment is questionable at best. Did the government do any research prior to appointing the LHIN CEOs? A simple internet search reveals a quote from a Deloitte and Touche inquiry into the North Bristol British National Health Service managed by the new South West LHIN CEO, stating the executive group “was conducting its business in a dysfunctional, uncoordinated manner.” The Trust was plunged into a 44 million pound deficit in 2002-03. The report

further said a “culture of fear” had prevented senior finance staff from speaking out.

What a start to the LHINs.

The fourteen LHIN CEOs are each being paid about \$230,000.00 per year in salaries alone. Twice as much money as each of the seven Ministry Regional Directors. The LHIN CEOs have been in place since August 2005 and have not contributed one thing to health care! Again, dollars out of direct health care service for a new, expensive bureaucracy.

Further, there will be changes to the CCAC’s. Forty two CCAC’s will be slashed to fourteen. Can you possibly imagine what kind of service the CCAC’s will be able to provide in your home community considering the huge geographic area covered by a LHIN?

For example, you live in Long Point, located in the South West LHIN. One of your parents requires a bed in a Home for Long-Term Care. Suppose there is no space in the Long Point area, but there is space in Stratford. Will your parent be forced to move out of

their community leaving family and friends behind? Currently, as the population ages there is no plan to build more Homes for Long-Term Care. We also know Long-Term Care beds are not necessarily located in the communities where they are needed.

We question the LHIN boundaries. The Ministry stated that they were set up along patient referral patterns. Well, we can tell you, patients from Sarnia Lambton, now in the Erie St. Clair LHIN, are usually referred to London, located in the South West LHIN, for tertiary care. They are not referred to Chatham or Windsor, the other major centres in the Erie St. Clair LHIN.

As a matter of fact, when the Ministry published the LHIN boundaries they left some smaller hospitals off the map. Was this a mistake, or future planning?

The Minister has stated that people will be able to cross LHIN boundaries for health care services. Yet each LHIN will receive a specific amount of dollars to fund the services contained within their geographic boundaries. It does not take much imagination to foresee citizens vigorously guarding their LHIN

allotted health care dollars and question why citizens from other LHINs are using those dollars.

LHINs are not local. Local is a misleading term at best. The South West LHIN is made up of the following counties: Elgin, Middlesex, Oxford, Perth, Huron, Bruce and parts of Grey and Norfolk counties. From Long Point to Tobermory.

The LHINs will pit community against community. In competing for healthcare dollars within the LHIN, we will see smaller hospitals, supported by the community with community funding, close. Employers want to locate their businesses in communities with hospitals. Hospitals are very important to communities. People identify with their hospitals. Community members provide valuable assistance to the health care system by doing volunteer work at hospitals and other health care services located in their community. Will they want to volunteer for organizations that are not based in their home community?

Let's look at the LHIN mandate in the legislation.

The LHINs have a legal requirement to continually restructure health care within their geographic boundaries. Health care has been going through restructuring for the past 20 years. There is a shortage of health care workers. Who would want to work in a system that is under constant change and turmoil? Health care workers have been beaten down enough. Morale is at an all time low. For health care workers, restructuring means continuous worker turnover, with no job security.

The Minister will be the grand puppet master of the LHINs. The legislation requires the LHINs to sign accountability agreements, follow the Ministries strategic plan, the Minister determines the funding levels, the Minister can veto or order integrations, and the Minister approves bylaws and sets salaries. The Minister has the power to add any health service to the LHINs. To us, this sounds like a job for the Ministry.

With the Minister and Ministry in effect retaining control, why spend millions of health care dollars on the LHINs, which will not provide one additional health care service to Ontarians?

Recommendation:

- Stop the LHINs now, before one more health care dollar is wasted.

Every citizen living in Ontario should be alarmed about 21 billion dollars of the provincial budget being transferred to the LHINs, non governmental organizations, the leadership of which is appointed by one person!

Thank you for listening to me, if you have any questions I would be pleased to answer them.

Ron Elliot
OPSEU Regional Vice President