

Doris Meredith
Local 720

**Presentation to the Standing Committee on
Social Policy Regarding Bill 36 Legislation**

Good afternoon. Thank your for the opportunity to present here today. My name is Doris Meredith. I am a Member of OPSEU and am President of Local 720 at Lakehead Psychiatric Hospital where OPSEU represents close to 450 Nursing, Paramedical/Professional and Service and Clerical staff. I am also Vice Chair of OPSEU's Sector 18, which represents approximately 8,000 OPSEU employees who work in the Mental Health Sector in Ontario.

I am presenting today with the hope that you will be able to use your discernment of the issues presented today, to guide the construction of a legal framework that will preserve certain principles for health care delivery within the 14 LHIN Regions of Ontario. North Western Ontario has a very unique geographical and demographic makeup. I trust that other presenters today have, or will provide you with a snapshot of the unique challenges we face here. Because of time constraints, I have limited my presentation to address one area of process, specifically regarding the priority setting of the LHINs. I will also address issues of employment

stability and briefly speak to the challenge of the importance of constructing the legislation to protect access to mental health services in the province.

My concerns regarding process, speak to the illusion of local or regional input into health service provision. I have been following the progress of transition to the LHIN system since the concept was first introduced in late 2004.

At that time, Community Agencies and Health Service providers were invited to participate in workshops namely, the “Taking Stock” initiative of Setting Integration Priorities in the 14 LHIN Regions. The Northwestern Ontario workshop

was held in Thunder Bay on December 10, 2004. Two Hundred and sixty six representatives of health service providers participated in the workshop. The group identified 38 integration opportunities and subsequently prioritized the top five “Patient Care” and the top 5 “Administrative” integration opportunities for the region.

My specific concern is that during the workshop, the proposed Bill 36 legislative framework was unavailable to participants. The LHIN concept was referred to as “a work in progress” and participants were told to “get on board or get left behind.” At the time that workshop participants

formed their ideas for integration opportunities, they did not have access to any form of the proposed legislation.

In Region 14, only three Labour representatives from one union were able to participate. Those participants, of whom I was one, also had not seen the legislation before us today. What was disconcerting to me at the time was that Labour organizations were not invited to participate during the early public consultation phase of the LHIN initiative. OPSEU was able to participate only because of a very perceptive staff that was paying attention to the issues of health care. The reason unions were not specifically invited,

subsequently became apparent once the draft Bill 36 legislation became public on November 28, 2005. My point is that the absence of any knowledge of the legal framework of the new system during the public consultation phase, will cause a two-prong problem. On one hand, health service providers could not have anticipated the impact of this legislation on the provision of health services during their priority setting exercise. If they had knowledge of what was in the legislation, their priorities may have been different. This will cause that public consultation phase of the LHIN initiative to be skewed from its inception.

Secondly, if Bill 36 passes as it is, there is no way to “un-ring the bell”. The priorities for regions have already been established under this process and are slated to be passed on to the new LHIN Boards. There are no provisions in the legislation to undo this portion of the public consultation process and there is no provision in the legislation that ensures future public consultation.

Now to my concerns of the legislation itself. As an employee and a Local President at one of the former Provincial Psychiatric Hospitals, I have gained first hand experience of the sense of

confusion and instability that employees feel when they are involved in system integration. Despite the sense of insecurity employees felt during the divestment process of the Provincial Psychiatric Hospital from the Ministry of Health to the Broader Public Sector, employees at Lakehead Psychiatric Hospital were able to rely on collective agreement provisions to assist them throughout the transition process. In addition, these employees also had access under the Ontario Labour Relations Act, to other provisions that allowed for employment stability. The Voluntary Recognition Provisions of the OLRA were applied in our case as there was no

intermingling of bargaining units. This allowed the union and the employer to negotiate an agreement that maximized employment stability for employees in the bargaining unit and has allowed the employer retain its specialized workforce. This has to date resulted in better patient care for our community. The same outcomes for staff and employers may not be possible if Bill 36 is passed in its present form.

Negotiations between unions and employers establish a legal framework for workforce stabilization. The most fundamental Labour Relations implications of this legislation, is the proposed extension of the application of the

Public Sector Labour Relations Transition Act 1997, to a LHIN integration decision. The OLRB under Bill 136 had the discretion to order votes only, where there had been the intermingling of employees. If Bill 36 passes un-amended, it may lead to a representation vote whenever health system integration occurs.

By giving itself sweeping powers to enforce integration decisions and Ministerial orders by applying to the Superior Court of Justice for an order to direct parties to the integration orders to comply, found in Section (29(3)) of Bill 36, the LHIN may be able to override existing collective

agreement provisions that address employment stability.

This will cause radically restructured bargaining units, even where the employees have remained separate and apart. This will undermine continuity in the provision of services and force service providers to be continually training and orientating within another organization. Not only will health service providers have to deal with these issues, they may also be immediately involved in layoff situations and will face legal challenges regarding notice and severance under the Employment Standards Act. Legal wrangling to deal with these issues will divert

attention and precious health care dollars away from health service provision.

If competitive bidding by single service providers is added to the mix, stable employment will become a product of history only. This employment environment will under mine the stability of whole communities as people are forced to move to other areas of the LHIN

Region where services may become consolidated. Families will be torn apart where two income earners, cannot work in the same community as the result of an integration order.

Lastly, I am concerned that Mental Health Services will be particularly hard hit by this

proposed legislative framework. Mental health services have often been referred to as the poorer second cousin of health services in general and have had to struggle to obtain sufficient funding. By having a LHIN allocate funding for these services from a global health funding envelope, these services will be put further at risk when facing intense competition for funding against other health services in general.

Mental health funding must be protected in an amended Bill 36, in order to allow for the discussions that need to take place to establish

adequate access to mental health services in the LHIN regions.

This has been my attempt to inform your recommendations for amendments to the legislation before you. In this regard, I respectfully request that the Standing Committee on Social Policy make recommendations that will amend Bill 36 to guarantee:

- A) fully informed, comprehensive, community involvement in LHIN priority setting and accountability of the LHIN to the public.

And

B) a framework for negotiations between employers and bargaining agents, that maximizes opportunities to maintain employment stability

And

C) a separate funding envelope for Mental Health Services that is administered by a separate authority.

Referring back to the priority setting phase of the LHIN initiative, and emphasizing the point that the participants did not know about this proposed legislative framework as they developed priorities for integration in this region,

please consider the following quotes from the workshop...

“Ensure that there is a continuum of care that is client centered”

“Ensure... access to needed services in a timely manner...sufficient funding... support client in setting of choice and ability...”

and finally...

“Integration does not mean amalgamations and mergers. Integration means partnerships, collaboration...appropriate use of existing services”

Thank you .

