<u>Submission to the Standing Committee on the Legislative Assembly Concerning Bill 41, *Patients First Act*, 2016</u>

Canadian Union of Public Employees Ontario Division
and
Ontario Council of Hospital Unions

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The Canadian Union of Public Employees (CUPE) has 78,000 health care members in Ontario:

- 35,000 hospital members,
- 30,000 long-term care members,
- 3,000 community care access centre (CCAC) and home care members,
- 5,000 paramedic members,
- 3,000 public health members, and
- 2,000 other health care members (primary care, mental health, etc.).

CUPE is the largest union of health care workers in both Ontario and Canada.

We also have several thousand workers in our social services sector providing Community Support Services (CSS) that are funded by LHINs and that are seriously affected by this Bill.

Transfer of CCAC Operations: A key impact on CUPE members is the transfer of CCAC operations to the Local Health Integration Networks (LHINs). This is a very significant change which has attracted much public comment. It will upset the lives of thousands of CCAC employees, some of whom went through the previous restructuring in the mid-1990s which established the CCACs.

Now they will go through restructuring again — but this time to kill off these same organizations. Moreover, the existing CCAC services will be placed in LHINs that have acted as “flack catchers” for government but which lack democracy, transparency, and accountability to local communities.

Unfortunately, the CCACs have been blamed for the significant problems of the Ontario home care system. This is largely unjustified. In many ways, CCACs have been an island of public sector stability in a home care system beset by privatization, instability, low wages, high turnover, the lack of continuity of care, and inadequate and unequal levels of service.

The main problems of the home care system are not driven by the CCACs but instead are driven by the compulsory contracting-out for home care services that was introduced in the 1990s by a former government and which CCACs are still required to implement.

Initially that system used "competitive bidding". This proved disastrous, increasing costs for the government. With this it also turned over much of the industry to private corporations, sometimes foreign-based. The lack of continuity of care became a major problem. Wages and working conditions were far behind those for the same workers in hospitals and long-term care. Full-time work was rare and work hours for individual workers varied from week to week.

All of this was completely inappropriate for a home care system the government claimed was the new focus for health care, where patients would receive care formerly provided in hospitals or long-term care. Ultimately the system of compulsory contracting-out broke down and the government was forced to end this system.

While this led a modest improvement in the stability of the industry, this also fixed in place the high level of privatization and failed to resolve the many other problems that existed in home care.

Service levels remain inadequate and unequal from area to area and from one time in the year to another, rationing of care is endemic, and as more and more patients are transferred from hospital care, there has been widespread cuts in the level of care provided to less acutely ill patients (or "clients" as this corporate system insists on calling the patients).

The set up of the system makes unionization and collective bargaining very difficult. As a result, the sector is still beset with woefully inadequate working conditions far below the standard for similar workers in hospitals and long-term care. While some workers are willing and able to subsidise this system for the love of the work, others obviously cannot and are simply waiting to move on elsewhere, with obvious negative implications for the home care system.

Merging the CCACs with the LHINs clearly will not solve these many problems. That reform has nothing to do with the main problems in the sector. It is as if the government discovered a fire in the living room and resolved to solve the problem by throwing the fire poker out the window.

Exemption of Privatized Home Care Sector from Increased Oversight:
This Bill spends considerable effort to increase LHIN and government oversight of health service providers. Apparently, the government believes increased oversight is necessary. But the privatized, contracted home care providers are completely exempt from this increased oversight.

In other words, the one sector that has had the most problems is just left alone — to rot. This is perverse. The home care sector that has brought untold trouble and problems is left alone to carry on with their contract based system, while public hospitals (which provide excellent care with the lowest number of beds in the developed world, which have faced years of real funding cuts, and which provide services much more efficiently than the rest of Canada) are faced with more government control.

The truth is that the government has moved repeatedly over the years to reduce the autonomy and local control of hospitals (and other public health care providers) and this has resulted in hospitals too cowed to speak up publicly about the funding and other problems government has created for them. In many cases, this was likely the purpose of the increased government control.

Community Support Services: The Bill will make the situation worse by allowing LHINs to contract-out Community Support Services to for-profit organizations. Currently, approved agencies under the Home Care and Community Services Act (HCCSA) are required to be not-for-profit. The proposed bill would make LHINs approved agencies under HCCSA with the power to purchase and contract-out services under HCCSA to for-profit agencies.

Privatization would reduce quality services through siphoning off public funding into private profit, putting pressure on quality services and working conditions. We fully endorse the efforts of the not-for-profit employers in that sector to change the legislation so as to prevent this frightening possibility. The main problems in home care have been caused by privatization — it would be a terrible mistake to let this expand into Community Support Services.

In addition to for-profit delivery, the Bill currently opens the door to direct or individualized funding under S28.5, which would provide funding directly to individuals rather than organizations. CUPE believes the government needs to strengthen the ability of organizations to provide patient-centred services rather than download responsibilities onto individuals and families. This would inevitably degrade the network of quality community supports and services available to the public.

A real solution is needed: CUPE calls for a real solution to the now decades old problems in home care. We need to end contracting-out and privatization of home care. We need a comprehensive, universal, accessible, portable, and fully publicly insured home care system that is delivered by local, public, not-for-profit institutions that are democratic and controlled by local communities. Unfortunately, there is no progress on this goal through this Bill — and so the myriad problems will continue.

Under Bill 41, LHINs and public health units are required to work more closely. However, boards of health are not made "health service providers" and will not be funded by LHINs, as originally suggested. This is appropriate.

Public Health: While public health should be coordinated with other health care sub-sectors, it is important to: [1] avoid the diversion of provincial funds from public health, and [2] maintain municipal delivery of public health. Public health is a vital public service that is already significantly underfunded. Municipal delivery is a proven delivery method with a long history that should not be undermined.

Importantly, it is one of the few health care sub-sectors with significant democratic control. Unlike municipalities, LHINs are completely bereft of any democratic, or community control. We urge all parties to commit to strong provincial funding for public health and continued municipal delivery, now and in the future.

Labour Relations: Our remarks have been primarily critical, but we do wish to give credit where it is due. Although we find this reform as largely missing the point, and in some ways making the main problem worse, the Ministry of Health and Long-Term Care have listened carefully to our concerns about the labour relations impact of the transfer of the CCAC services to the LHINs.

The Ministry has done a good job in meeting employee concerns about these issues and for this we must commend the Ministry. This will help make the transition for CCAC workers to the LHINs less troublesome and problematic than it would have otherwise been. While this reform misses the mark, it is good that, at least, some attempt has been made to make the restructuring less painful for health care workers and the transition of service less disruptive to the public. While we remain wary, we hope this attempt continues in any restructuring the government may consider.

Thank you for considering our issues.