

Ontario Health Coalition

LHINs

OHC Health Action Assembly

Strategy Session Notes

Re. LHINS

November 13, 2004

The province will be divided into 14 regions, each containing at least one high volume hospital, on the basis of hospital usage patterns. It appears to be a method of devolving non acute hospital functions and non clinical services into the community.

In evaluating the possible impact of LHINs on health services we must consider the history of Community Care Access Centres (CCAC)s which were created with community based boards of directors who advocated strongly for client care improvements in the face of proposed cutbacks and service reductions. In response to this strong advocacy stance, the Conservative government passed Bill 130 in 2001, which replaced CCAC community board members with government appointees. As a result of this governance change, there were huge cutbacks in home care services with more than 100,000 people removed from home care lists and service reductions to most of the remaining clients.

We must also consider the impact of the Liberal (McGuinty) government's Bill 8 on hospitals, which has the effect of moving control of hospitals towards the provincial government and away from their local community.

We must also look at school boards, who have lost the ability to raise funds locally and whose locally elected trustees have seen many of their powers taken over by the provincial government.

In the case of school boards we see the funding authority moved to the centre while local school boards must take the heat for service reductions due to funding shortfalls. The school boards have the responsibility without the authority.

There is a fear that LHINs likewise will be largely accountable to the provincial minister of health and NOT to the local community. Another fear is that tacking ability for health funding will be lost if LHINs funding does not get scrutinized by the public accounts committee of the legislature.

The Liberal (McGuinty) government has already established a history of disguising its intent to privatize large sections of the health care infrastructure (ex: P3 hospitals).

Will the LHIN integration process mean the concentration of services in large centres at the expense of smaller centres? This is a concern to northern and outlying small towns and rural areas.

These perceived LHIN problems can be used as an opportunity for change:

- we must focus on accountability and transparency of LHINS and LHIN boards
- we note that the upcoming „workshops% on preparing the transition to LHINs are focussed on health care „providers% at the agency level rather than on users and front line workers. Those of us who have applied to attend these workshops will have to act as user advocates.
- If we have no access to these workshops (either missed the deadline to apply or our application refused), then get the public and media involved.

What can we do to get the public involved and raise community awareness re LHINs:

- hold community workshops on LHINs
- start citizen-centred "alternative LHINs."
- raise media awareness on LHINs (use street theatre tactics to get media attention)

Areas for further investigation:

- How does the Caplan review tie in with the LHIN initiative? Note that the Caplan review mandate in respect to the existing Ontario competitive bid process for home care providers does NOT extend to questioning the utility of the competitive bidding process vs other alternatives; it is only considering ways to fine tune competitive bidding.
- The LHIN is somewhat analogous to Regional Health Authorities in other provinces. What positives and negatives have been seen in these provinces? What is their history of transparency and accountability?

Note that LHINs will not be involved in actual delivery of services, and that Alberta is a model for integrating care, but also a model for privatization and other provinces such as Manitoba have much smaller populations than Ontario.. Also consider regional health authorities in Britain.

- Look at the Ontario Hospital Association website for hospital services outsourcing due to budget restraints
- Look at long term contracts now being put in place in the hospital sector for "non-clinical" services.
- Look at the LHIN introduction timetable and note the delays since the concept was originally introduced. Why the delays? What has changed?

Remember the crucial question we should keep in mind when assessing LHINs:

How will the introduction of LHINs affect the delivery and the and quality of end user services?