

Local Health Integration Network and Health Care Restructuring

March 19, 2020

The Ontario government has been less than transparent about its restructuring of health care and Local Health Integration Networks (LHINs). Despite suggestions that LHIN workers should not worry, there is significant cause for concern and workers need to take action to ensure a decent employment future and a reasonable health care system.

The transfer of some LHIN work to Ontario Health

The government had been planning to transfer LHIN legacy staff that help fund and oversee hospitals, LTC, and other providers to the new Super Agency, Ontario Health. The government and Ontario Health planned to do this on April 1st, with notices to affected staff to be sent March 16. According to Ontario Health, workers would have been transferred with their collective agreements in place, creating up to 8 new CUPE collective agreements at Ontario Health. Workers, we were assured, would not change their place of work on April 1st.

With the coronavirus pandemic, Ontario Health told us March 13 that they have decided they will not proceed with this transfer at this time. They have no timetable on when this will proceed, however, and have not supplied us with any further details.

UPDATE since the conference call with members on March 17: On March 18th the government indicated that they still do plan to transfer LHIN work to Ontario Health. They still have not provided any date, however.

While this creates at least a temporary pause in this transfer of work to Ontario Health, we also know that the Ford government has said that they will make significant cost savings at Ontario Health and the LHINs. Unfortunately, there are few promises for workers from this government at this time.

New Legislation Proposed: A new Bill was introduced to the provincial legislature at the end of February. Bill 175 (*Connecting People to Home and Community Care Act, 2020*) would directly affect the other major aspect of LHIN work that will not

transfer to Ontario Health, i.e. the funding and coordination of home and community care. As was the case with this government's previous health care Bill (*The Connecting Care Act*), the government has been rushing this Bill through the legislature. It is now through second reading by the legislature and has been sent to the legislature's Standing Committee on Social Policy. As of writing, we do not know if the coronavirus will force the government to reconsider its headlong rush to pass Bill 175 quickly. We will monitor this closely, however.

The legislation, as written, is simply permissive. The government says it wants to remove most details and leave them to regulation and policy. So, for example, the existing Home Care Bill of Rights is part of the legislation but is not in the proposed legislation and instead will be relegated to regulation. This in itself is troubling as it removes much of the public accountability and oversight that comes with legislation. Regulations and policies can be changed with little or no public consultation, or even notice.

However, some details of the proposed reforms are apparent from the Bill and, especially, from the government's discussion of the legislation's proposed regulatory framework.

The government says the home and community care side of LHIN's will be renamed Home and Community Care Support Service or HCCSS and, for a time, will continue to operate as they have.

This is only transitional, however. Over next few years they are planning a phased and gradual transition of responsibility for home and community care from LHINs (i.e. government organizations) to any of a variety of Health Service Providers (e.g. hospitals, primary care organizations, LTC facilities, community care organizations) or to the newly forming Ontario Health Teams, which are coalitions of Health Service Providers .

These organizations are, in turn, expected to contract for home care with home care businesses. LHIN care coordination (and, presumably, team assistant) work may also be given to these same businesses, creating a significant conflict of interest. They will deliver the service *and* provide care coordination. This is especially troubling as home care delivery organizations are often for-profit corporations and can be expected to focus on making a profit rather than putting

patients and clients first. Compounding the problem, these businesses are usually non-union and provide inferior wages and working conditions.

This deregulated environment will also create significant uncertainty for home and community care workers in the LHINs. To date we have **no** assurances from government about the security of LHIN home and community care workers beyond the immediate period ahead.

The government itself appears to have only limited ideas about what may happen beyond that - they are creating a deregulated home care environment and expect OHTs and HSPs to provide solutions. They are, it appears, very worried that LHIN workers will abandon ship as the government experiments. They should be worried. A “gradual and phased transition” suggests that the LHIN work will disappear piece by piece from under the feet of the LHIN home and community care workers even as they continue to provide dedicated care to the public.

Finally, this reform will fracture the existing 14 LHINs into scores of different organizations – Ontario Health Teams, Health Service Providers of various descriptions, home care businesses, the Ontario Health super agency, and unnamed third-party organizations. Even if workers transfer with this work and with their collective agreements (an outcome that, unfortunately, remains **very far from certain**), our current employment relationships and bargaining unit structures will fundamentally change

Recap: The government plans to move LHIN work to an unknown number of different organizations, creating significant chaos and employment uncertainty for LHIN workers. Their plans also raise the threat of privatization, lower wages and conflicts of interest for the private businesses that may assume LHIN work.

We wish we had better news and more certainty to offer you, but we do not. The government is proceeding with a reckless reform. We are however taking our message to the public to show how these reforms threaten our public health care system. Winning progressive changes with this government will not be easy and will require all our efforts.

We believe that CUPE LHIN members are the most compelling public spokesperson on this issue at this time. If you would like to speak, anonymously, regarding the conflicts of interest this reform is creating or the chaos it is creating for the LHIN workforce, contact Stella Yeadon, a CUPE Communications representative who deals with CUPE health care communications in Ontario, email syeadon@cupe.ca .

We are also going to ask that you watch for future alerts for conference calls, as we will want to pass on information as soon as we can. We also want to hear from you, providing us with information or tips as soon as you receive it via email to the CUPE LHIN coordinator Bev Newman at bnewman@cupe.ca and Doug Allan, a CUPE Health Care Researcher at dallan@cupe.ca .