



July 14, 2016

Dear Minister Hoskins:

We are pleased to provide input to the consultation process regarding the restructuring of Ontario's health care, and home and community care systems.

We appreciate and applaud the Province's willingness to engage system users, especially seniors, along with service providers in the discussion and decision-making process.

Care Watch supports the two principles of "patient-centeredness" and "client choice in service provision and providers" which are intended as foundations for restructuring. We would, however, add a third principle – *provision of public service to Ontarians*. While efficiency and efficacy in the use of public dollars should always be goals, and are demonstrably essential respecting health expenditures, reducing, eliminating or privatizing needed public services primarily to achieve "cost savings" is the antithesis of caring government policy.

1. Increased investment in home and community care

Care Watch appreciates the initiatives outlined in the parallel *Roadmap to Strengthen Home and Community Care* process, and welcomed the additional funding provided last year and the commitment to an annual 5% increase for the next three years. However, increased investment is needed at several levels: For instance it is unclear what new funds will be provided to support the change process.

Care Watch recommends that the Ministry set aside funding to assist community agencies to undertake the necessary research, planning and organizational changes required for successful system restructuring.

Fundamental to an effective home and community support system is the availability of a well-trained and stable work force. Service reviews have repeatedly identified low pay and precarious working conditions as a significant barrier in service provision, as well as a threat to the health and safety of the workers.

Care Watch advocates investment in establishing educational/training standards, effective registration of, and stable working conditions for personal support workers. Additionally, all who work within the system should receive cultural competency training to be able to recognize and appropriately address client diversity.

2. Expansion of LHIN Mandate and Responsibilities

Care Watch acknowledges the potential efficacy of transferring current CCAC functions to the LHINs and the proposed expansion of the LHINs' mandate to include primary care planning and performance management; home and community care management and service delivery; and the development of formal linkages with population and public health planning, in order to improve system planning and accountability, funding equity, delivery standards and client outcomes. Integration of the primary health care sector (e.g., community health centres, Aboriginal health access centres, family health and nurse



practitioner teams, and solo practitioners) within the ambit of the LHINs is also required to provide critical local anchors for the continuum of *health* care.

*Care Watch is concerned that despite repeated references, the Discussion Paper does not identify community social and support services, even those limited services previously provided via the CCAC system, as being part of either primary health care or the continuum of care. **Services which support autonomous living for seniors, people with disabilities and persons with chronic illnesses – like transportation, home-making, meals-on-wheels, adult day programs and respite care – are critical to the success of any home and community care plan.***

Care Watch advocates increased provision of such services, to prevent illness, keep people healthy at home, mitigate the need for clinical medical intervention, and delay or prevent entry, and support effective discharge from the acute care sector. Such services are essential to the long-term sustainability and affordability of Ontario’s health system

3. Local Service Coordination

Repeated reference to “patients”, “health care” providers and “clinical” services and leadership demonstrates that medicalized paradigms still dominate the government’s discourse and priorities in designing and delivering home and community-based services to seniors and people living with disabilities who, in fact, strive to maintain their autonomy in their own homes and communities.

*Based on prior experience, Care Watch worries that local service coordination responsibility will be delegated predominantly to local hospitals and that home and community care services will consequently become even more medicalized and expensive. Based on cost alone, **Care Watch disagrees with the apparent perception that hospitals are appropriate lead agencies for “home and community care coordination”, and advocates that multi-disciplinary primary health and/or community care agencies assume local service coordination responsibilities and be funded appropriately.***

Multiple reports have also highlighted the difficulties that seniors and caregivers have navigating the health care system and the inconsistency in availability of services province-wide. While having “services closer to home in sub-LHIN areas” may mean smaller bureaucracies, we do not yet understand what mechanisms will be put in place to improve system navigation and wait times for home and community care, as well as the accessibility of services.

Care Watch believes that the design criteria for the LHIN sub-regions must be clear and transparent, and incorporate public accountability for funding and services. Thus, Care Watch calls for public hearings on the legislative amendments required to implement the renewed mandate following Second Reading.

4. Integrated Funding and Bundled Care:

In order to remain affordable, Ontario’s health system needs to respond to the demographic implications of an ageing population. An antiquated model oriented to acute care is clearly no longer sustainable; it cannot meet the needs of people living with chronic health conditions. Service users live in the community and that is where services must be provided. However, hospitals and acute care services



consume the lion's share of health budgets. The influence of the acute care sector, with its powerful advocates, easily drowns out the voice of the community services sector.

*Based on experience, Care Watch opposes the proposed "bundling" or integration of funding that encompass hospitals, primary health care, and community care sectors and services. **Care Watch advocates that instead of bundling funding, the government establish a protected budget envelope that is dedicated solely to home and community care services; a budget envelope that cannot easily be reallocated elsewhere, even when increasing hospital, physician or pharmaceutical costs stretch existing resources.***

Also, being cognizant of the significant leakage of public funding inherent in pro-profit service provision, *Care Watch advocates that not-for-profit organizations and service provision be the foundation of the restructured service system. It also advocates that services be portable to facilitate caregiving by family and friends*

5. Services to be delivered:

Finally, multiple system reviews have identified gaps and inconsistencies in accessibility and service provision across the province. Notwithstanding the proposed statement of Home and Community Care Values, and the commitment to create a "Levels of Care Framework", *Care Watch urges that a consistent and reliable envelope of services must be delivered across the province within the restructured home and community care system to avoid perpetuating the current service inequities and gaps.*

Thank you for this opportunity to provide input to the consultation,

Yours sincerely,

Josephine Grayson

Chair, Care Watch