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CHARITABLE NO. 106887284RR0002

November 22, 2016

Honourable Monte McNaughton, Chair
Standing Committee on the Legislative Assembly
Ontario Legislature
c/o Trevor Day, Clerk of the Committee

Via Email: tday@ola.org

Dear Chair and Committee Members:

I am writing to you on behalf of The Neighbourhood Group to share our concerns about, and request amendments to, Bill 41, the Patients First Act.

The Neighbourhood Group (TNG) is a Toronto based charity bringing together Central Neighbourhood House and Neighbourhood Link Support Services. We have been providing services and building communities since 1911. Early in the 20th century, we were providing free health care to mothers and babies when no one else was; working with the poorest of the poor to improve both societal conditions and individual wellbeing. Today, we provide nearly half a million units of service to more than 25,000 people across Toronto yearly, including over 240,000 hours of personal support and a wide range of supports and services to enable independent living at home. All of this we do within a community development framework.

While we are happy to see a Bill that puts 'Patients First', we are concerned with a number of clauses within it. We feel that there is, in truth, little reference to the concerns of patients and a great deal of reference to governance, ownership and increases in the powers of the LHIN and of the Ministry.

Of greatest concern to us is Section 21, regarding the right of the LHIN to order operational reviews, and, most concerning, to appoint a Supervisor to take over both management and governance of the Health Service Provider. This is an offence to the fiduciary duties and rights of a Board of Directors to govern the organization, and prevents those Directors from carrying



out their legal obligations under both provincial and federal law. As a duly incorporated and licensed Canadian charity governed by a Board of Directors and accountable in a broad sense to the community, we feel this is out of the LHIN's or Ministry's purview. Moreover, it is not a necessary compliance tool by any means. The existing accountability and contractual provisions that bind HSPs already allow the LHIN - or any funder for that matter – to simply terminate contracts and move services to another provider, should the funder find that the conditions of the contract are not met.

The level of power such legislation gives government funders is out of step with the function of volunteer community organizations. Draconian legislation that provides wide ranging powers to government, without accompanying regulation about the exercise of those powers, tends to produce a society that is fearful and repressed. In this instance, the knowledge that a government funder can take over one's organization as retribution for unnamed infractions may result in organizations that are unwilling or unable to advocate for their clients, work for social change or challenge policy. It is those kinds of activities that have produced many of the wonderful programs provided today by the Ministry of Health and Long Term Care and the LHINs. Without organizations like ours who have for the past 100 years developed and advocated for such programs and services, community health services would look very different today. For over a century we have been important partners in building a healthy community. Legislation like Bill 41 ignores that important partnership and reduces us to mere contractors, and that bodes ill for the future of community health care in Ontario.

Section 21 also ignores the multi-service, multi-funder nature of many organizations that provide health services. The Neighbourhood Group, for example, provides a wide range of social, educational, vocational and health related programs in the City of Toronto. How would a LHIN appointed Supervisor have the knowledge and experience to manage that range of programs? Would they manage our fundraising, maintain accountability to our multi-level government and other funders, comply with licensing requirements and submit our proposals? This section is a poorly thought out proposition that may have unforeseen consequences in implementation.

The portion of the Act dealing with the dissolution of Community Care Access Centres also contains some cause for concern. While we understand the need for the absorption of the Community Care Access Centres, we are concerned with the prospect of the LHIN becoming both funder and service provider, as well as the absorption of CCAC contracts that include a large percentage of agreements with for-profit entities. We urge you to recommend revisions to the Act that would prevent expansion of such agreements. By its very definition, the profit making sector must design its services to earn profits, and not necessarily in the best interests of the patient or the community that surrounds him or her. The tendency in that sector to under-compensate front line staff and the lack of volunteer resources constitute a significant threat to the quality of service available to patients, while the undercutting of fees is a threat to the survival of an important volunteer sector that adds value at every stage of care.

In closing, we strongly urge you to consider the following recommendations:

We respectfully ask that the portion of Section 21 dealing with the appointment of a Supervisor be removed from Bill 41, or be explicitly limited to organizations that are 100% funded by the LHIN or MOHLTC.

Should the appointment of a Supervisor remain an option in the case of those health service providers that are 100% funded by the LHIN, we ask that the Act define specific circumstances under which a Supervisor can be appointed, that regulations and guidelines be clear, and that there be a requirement for Ministry approval as well as an appeal process.

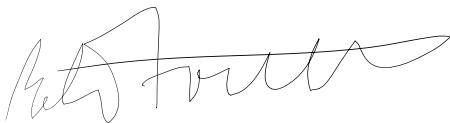
We further ask that any directives or operational reviews be clearly aimed at only LHIN funded programs, that they be well justified, and that the phrase 'in the public interest' be clearly defined.

Finally, we strongly recommend language in the Act that would preserve the provisions of the Home Care and Community Services Act 1994: that approved agencies must be not for profit organizations, and that any expansion of the current CCAC agreements with the for-profit sector be prohibited.

The Neighbourhood Group has always put the people we serve first, and we will continue to put their needs and interests ahead of all else. We make the above recommendations in the interest of preserving the ability of not for profit organizations like ours to continue to provide high quality programs and services that not only promote individual wellness, but build healthy communities for all.

Should you have any questions or require further information related to this submission or the work of our organization, please do not hesitate to contact me.

Sincerely,



Elizabeth Forestell
Executive Director
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Cc: Hon Eric Hoskins, Minister of Health and Long Term Care
Hon. Glen Murray, MPP Toronto Centre
Arthur Potts, MPP Beaches East York

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