



February 11, 2016

Via Email

To: Municipalities of Ontario

Re: Ontario's Consultation on Primary, Home, and Community Health Care

Please find attached the resolution approved at the Township of Cavan Monaghan Regular Council meeting held February 1, 2016 with respect to Ontario's Consultation on Primary, Home, and Community Health Care.

Cavan Monaghan Council has directed staff to send this resolution requesting your comments be forwarded directly to Michael Jacek, AMO Senior Advisor with a copy to our Council.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Elana Arthurs".

Elana Arthurs
Clerk
En.

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Whereas the Ministry of Health's consultation process solicits input from Ontarians, on the Patients First document; and
Whereas municipalities will be effected by the decisions related to Patients First; and
Whereas Michael Jacek, Senior Advisor at AMO, has requested that we inform him of our input;
Be it resolved that Council directs Staff to draft a letter to Mr. Jacek asking to be kept informed of this situation and expressing concerns such as:

1. The questions accompanying the document allow no comment as to our experiences with the LHINs up to the current date. If Councillors have been hearing concerns from our residents, those problems should be addressed prior to giving further responsibilities to the LHINs. We have certainly heard complaints regarding lack of long term care spaces.
2. The Province has only recently received the 2015 Auditor General's Report, which included comments regarding LHINs. A number of problems were identified as well as recommendations to address the problems. Until the problems are resolved, it seems unwise to add further responsibilities to the mix.
3. One of the issues raised in the Auditor General's Report, had to do with a problem similar to a problem experienced by Councillors who serve on Boards of Health.

4.5.2 Ministry Finalizes Annual Funding Late in the Year and Health Service Providers Receive Funding Late from LHINs

Health service providers need to know how much funding is available to them in order to effectively plan health services for the year and ensure they do not run deficits. However, LHINs do not confirm their final funding until well into the fiscal year.

With the exception of funding for reforms of hospitals and CCACs, health service providers are generally funded based on the amount they received the year before. But annual funding is subject to changes depending on the Ministry's and LHIN's funding decisions during the year. In the two years leading up to March 31, 2015, the Ministry finalized funding to the four LHINs we visited well into the fiscal year. These delays resulted in these LHINs not informing the health service providers about their funding decisions until six months before the fiscal year end that first year and three months before the fiscal year end the second year. At all four LHINs we visited, health service providers were notified of funding changes as late as the last month of the fiscal year

in the year ending March 31, 2015. These delays made it difficult for health service providers to provide the intended services for the period, and to meet their service volume target. As a result, some service providers had to return the money to the LHINs. The LHINs, in turn, needed to reallocate the surpluses to other providers, and returned the residual amount to the Ministry, defeating the purpose of providing funding to those health service providers in the first place.

RECOMMENDATION 17

To ensure health service providers can properly plan to meet patient-care needs, the Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks, should finalize the annual funding each health service provider will receive before the fiscal year begins or as early in the current fiscal year as possible.

Those of us who have experience with this late funding, know it leads to uncertainty as to whether programs will be approved to be completed within the current year, until it may be too late. It must be demonstrated how directing the Health Unit budgeting processes through one more process could improve service delivery. The system of having Health Units deal directly with the Province has been straight forward though slow until now.

4. Before downloading responsibility for Primary Care to the LHINs, the Province should demonstrate how this would improve upon the current system.
5. The Province should provide evidence of a cost benefit analysis of the first transfer of responsibilities to LHINs, and the current proposed transfer of responsibilities. Proposed changes should not happen until such an analysis is completed, peer reviewed and it predicts improved efficiency of services and costs.
6. If the Province does not complete such an analysis, AMO should investigate the cost of such an analysis and make municipalities aware of what it would cost on a per person basis for municipalities to fund the study.
7. Since the inception of the LHINs, some improvements have been made in shortening some hospital wait lists. In our County, increased home care has not made up for lack of long term care for those who cannot stay at home. Long travel distances in rural areas make home care less efficient than in areas where drive times are short between homes. The changes have not been successful in dealing with pressures and costs related to funding formulas in Long term care.