

## **MCGUINITY GOVERNMENT INTRODUCES LEGISLATION TO ADDRESS LOCAL HEALTH CARE NEEDS**

The McGuinty government today introduced legislation that would change health care in Ontario by putting planning and decision-making power in the hands of Local Health Integration Networks (LHINS). LHINS would have the authority and tools to make it easier for patients to access the care they need.

### **Local Health Integration Networks**

LHINS are 14 organizations with specific geographic boundaries. The proposed legislation would give the networks the power to integrate health care services in each community, and would help eliminate barriers that patients face in accessing services at the local level. LHINS would ultimately be responsible for planning, coordinating and funding local health care services within their boundaries. LHINS would concentrate on the management and delivery of quality health services in each community, focusing on patient needs and improving patient access to services. In addition, each LHIN would ensure accountability through the introduction of service accountability agreements with local health care providers. LHINS would also engage the local community to determine local needs and priorities through extensive dialogue that would emphasize planning and setting priorities.

### **Overview of the Proposed LHIN Legislation**

LHINS are a “made in Ontario” model. The transition to the LHIN model will be seamless, enabling local health care providers to better offer services to those in their community.

### **LHIN Health Service Providers**

Local Health Integration Networks would have responsibility for the following providers:

- Hospitals
- Divested psychiatric hospitals
- Community Care Access Centres
- Community Support Service Organizations
- Community Mental Health and Addictions Agencies
- Community Health Centres
- Long-Term Care Homes

In addition to continuing to fund major capital projects, the Ministry of Health and Long-Term Care would retain responsibility for the following providers:

- Public health
- Physicians
- Ambulance Services (emergency and non-emergency)
- Laboratories
- Provincial drug programs

## **LHIN Governance**

The legislation would:

- Define LHIN structure, powers and board composition
- Provide LHINs with the ability to create their own by-laws to help them operate as corporations
- Ensure that LHIN board meetings are open to the public
- Require the Auditor General to conduct an annual audit of LHINs.

## **Community Engagement and Planning**

The legislation would:

- Require the province to develop and publish a provincial strategic plan to help guide the health care system
- Require LHINs to develop a local integrated health service plan with input from the community
- Set out requirements for community engagement by LHINs and health service providers
- Require each LHIN to establish a health professionals advisory committee as part of its community engagement process.

## **Funding and Accountability**

The legislation would:

- Give LHINs the authority to fund the following service providers – hospitals, Community Care Access Centres, home care, long-term care, mental health and addiction, community health centres and community support services
- Require the ministry to enter into accountability agreements with LHINs
- Require LHINs to enter into accountability agreements with service providers
- Provide authority for LHINs to reinvest a portion of savings back into patient care in the community if they find efficiencies within their local health system.

## **Integration**

The legislation would:

- Recognize that LHINs could help to integrate services through:
- The negotiation of integration plans with service providers/other
- The introduction of funding levers (incentives and disincentives)
- Requiring integration.
  
- Both LHINs and service providers would be required to develop strategies to integrate services;
- Service providers would be required to comply with LHIN decisions on integrating services;
- Legislation would specifically set out the types of integration LHINs could require such as moving a service from one provider to another;
- LHINs would be prohibited from requiring corporate changes such as amalgamation, changes to provider boards or closure of a corporate operation.

## **Labour Relations**

The legislation would:

- Generally apply the Public Sector Labour Relations Transition Act, 1997, labour relations framework to LHIN integration decisions involving the transfer of services of health care providers.

The act currently provides a process for resolving complex labour relations issues arising from amalgamations and significant reorganizations of municipalities, school boards and hospitals. The act outlines a framework for addressing issues.

### **Community Care Access Centres (CCAC)**

The legislation would:

- Amend the Community Care Access Corporations Act, 2001, to permit the Lieutenant Governor in Council and the minister to re-organize CCACs and return them to non-profit boards under provisions of the Corporations Act
- Allow the CCAC in the future to select its own board of directors as well as hire its executive director
- Remove the requirement for CCACs to have Community Advisory Committees while retaining the ability to establish committees of the board that they consider appropriate
- Allow the Lieutenant-Governor-in-Council to broaden the CCAC mandate to permit an expanded role in the future.