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(Hansard)**

Tuesday 6 December 2005

Mardi 6 décembre 2005

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LEGISLATIVE ASSEMBLY
OF ONTARIO

Tuesday 6 December 2005

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mardi 6 décembre 2005

The House met at 1845.

ORDERS OF THE DAY

LOCAL HEALTH SYSTEM
INTEGRATION ACT, 2005

LOI DE 2005 SUR L'INTÉGRATION
DU SYSTÈME DE SANTÉ LOCAL

Resuming the debate adjourned on December 5, 2005, on the motion for second reading of Bill 36, An Act to provide for the integration of the local system for the delivery of health services / Projet de loi 36, Loi prévoyant l'intégration du système local de prestation des services de santé.

The Acting Speaker (Mr. Ted Arnott): Further debate on Bill 36? I recognize the member for Renfrew–Nipissing–Pembroke.

Applause.

Mr. John Yakabuski (Renfrew–Nipissing–Pembroke): I never get that kind of applause when I hit the ice, but we'll see if we can't rag the puck here as well.

It's a pleasure to be speaking tonight on Bill 36, the Local Health System Integration Act, as they call it here, which our great Liz Witmer, the member for Kitchener–Waterloo, spoke to the other day. It was the plan that the minister was going to have this stuff taken care of when he and the government were elected: "We're going to rebuild." He might have used the words, "We're going to rebuild health care and the health care system here in the province of Ontario." One of the things I'd have to ask the people here with regard to this plan for local integrated health networks—

Mr. Jean-Marc Lalonde (Glengarry–Prescott–Russell): Because it was crumbling.

Mr. Yakabuski: I'll ask the member from Glengarry–Prescott–Russell, because he understands construction. If you hired a guy to rebuild or to build a new home and he said, "Do you know what? I'll be at the lot on April 1. We're going to start digging on April 1," and he didn't show up until April 20, you wouldn't be very happy, but, "OK." He says, "I'll have those footings in the ground and they'll be ready by May 1." So he gets the hole dug, and on May 15 he shows up and he's going to pour footings. "Oh, gee, May 15." But he says, "Don't worry; we'll have a foundation in there by May 20 and we're going to start framing on June 1. You'll be moving in, no

problem, by September 1. Everything will be finished." He keeps missing deadline after deadline after deadline. Do you know what? You'd fire him. You'd say, "Look, you can't put together a plan and you can't follow it. You've got no ability to either devise a plan or follow it." That's sort of what's been happening with this.

By the way, I will be sharing—if that's OK, if I have unanimous consent—my time with the member for Leeds–Grenville.

1850

This is what's been going on with this LHINs plan that was much ballyhooed by the minister when they were first elected. They were going to have this place running tickety-boo and like a Swiss watch, and everything was going to be fixed up in health care. Let's ask ourselves, where are we in health care? First of all, his plan is on the rocks. We're almost two and a half years of sessional—if you want to call it—into the mandate here and we have nothing at this point. What we have is a lot of money being spent on abandoning district health councils. We have a lot of money spent running around the province deciding what they're going to do with LHINs. We haven't got anything new in health care, but we have a health care budget that is up around \$33 billion, I think.

I guess people will be asking themselves, "Is this what we get for the minister's new plan? Are we any better off in health care?" Are the waiting times any less for hip and knee replacements or cardiac surgeries or any of those other procedures that they were so concerned about? They haven't even established benchmark times for those surgeries, those procedures. But we do have a huge, punitive \$2.4-billion health care tax that the Premier of today swore against. "We would never institute a health care tax," is what he said. That was in debate in this House back in 2002. Then he swore that he would not raise taxes either, and that was a signed pledge, of course, during the 2003 election campaign.

I guess the people are starting to ask themselves, "What do we really get out of this government when they bring in new plans, other than a huge, burgeoning, bigger bureaucracy with less local control and autonomy?" If you look at these proposed LHINs and you look at the size of them—I must confess I don't have my glasses with me; it might help if I'm looking at the right one. I looked at this map earlier, and they're huge. Quite frankly, I can't read the names of the towns, but I have a pretty good idea where they are. A lot of these people in small towns are going to be asking themselves, "We used to feel that we had some say in health care in our local

area here in Ontario,” and now when I look at the Champlain district, it goes from the Quebec border practically up to Mattawa, the entire Renfrew county. So you’re being lumped in with—I asked my friend from Glengarry–Prescott–Russell about the construction job. We’ll actually be in the same LHIN area, and that is certainly a huge area to be administered, and one that people in Deep River and Barry’s Bay, where they have small hospitals, are asking themselves, “Will we actually have any say in input to the health care decisions that are made for people in our local area?”

One of the concerns I have, for example, is South Algonquin. It doesn’t show it on this map, but I’ve received communications from the township of South Algonquin, which originally was going to be in the Champlain LHIN. As huge as it may be, it would make sense because South Algonquin, which is part of my riding, and the hamlet of Madawaska and Whitney are within 17 and 30 miles, basically, of Barry’s Bay. That’s where they go for their health care services, to St. Francis Memorial Hospital in Barry’s Bay, where they do a wonderful job, by the way.

I was just at a tree-lighting ceremony for St. Francis on Friday night. What a wonderful event in Barry’s Bay, where people can purchase a bulb to support the hospital in its ongoing efforts to raise funds. It was widely attended; a few hundred people there—a wonderful evening in Barry’s Bay last Friday night.

But people in South Algonquin are now being told, unless something has changed, that no, they’re not going to be part of the Champlain LHIN; they’re actually going to be served out of North Bay. The district of Nipissing, which Whitney and Madawaska and the township of South Algonquin are in—they do receive a lot of their services through North Bay because it’s part of the DSBs, the district service boards that are established for districts. But the people gravitate to Barry’s Bay and Pembroke and places beyond for their services, because that’s where they do their normal-type business. So they’re asking themselves, what sense does it make for them to be served out of North Bay? Even the doctor who is stationed in Whitney has privileges at St. Francis in Barry’s Bay. Everything they do centres and gravitates around the services in Barry’s Bay. The people in South Algonquin are rightfully asking themselves—and I have spoken to the Minister of Health about this. I have not had an answer as of yet, but I hope that’s coming.

These LHINs do require some sense. You have to try to make some sense of it. You can’t just tear down a system because you want to put your stamp on it. The minister wants this to be his crowning glory, that he’s redesigned health care. Well, he certainly made health care a lot more expensive: \$2.4 billion in additional taxes, without providing additional services to the people of Ontario; more and more administration and more and more bureaucracy.

Of course, the government promised they were going to hire 8,000 nurses, and what do we find? They’re spending \$91 million to fire the nurses that we’ve got, when in fact they were going to be hiring 8,000 nurses.

So there’s a tremendous number of inconsistencies in what we hear, what the government tells us and what is actually happening when it comes to health care in Ontario.

What we’ve got here is—

Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader): A note.

Mr. Yakabuski: A note. A note is coming to me, and what is that supposed to tell me? One-word notes. I’m looking for a little greater explanation from my House leader here, and as soon as I get a greater explanation, I’m going to be able to impart that to the people here in Ontario. So I am going to—

Hon. Mr. Bradley: On a point of order, Mr. Speaker: I have a point of order to give the member time to consult with his House leader. I always think it’s important that members of the Legislature can consult with their House leaders on what matters might be before the House tonight. So that’s what my point of order is. The purpose is to allow that kind of consultation, and as you know, this House works very well in terms of consultation. I want to commend the House leader of the official opposition and the whip of the third party on their ability to cooperate in matters of great importance to this House this evening. Thank you very much.

The Acting Speaker: That wasn’t exactly a point of order, but we all appreciate hearing it. I will return to the member for Pembroke.

Mr. Yakabuski: I appreciate that. It did give me the opportunity, and I thank the government House leader. What my House leader was saying was that there’s a change: I’m going to be sharing my time with the member from Timmins–James Bay, and I will do so at this time.

The Acting Speaker: We require unanimous consent, I believe, to allow a member from one party to share his time with a member from another party. Is there consent in the House to do that? Agreed.

Mr. Gilles Bisson (Timmins–James Bay): I want members to know, I am not a Progressive Conservative. You know what? I’ve been in the House for 16 years and that’s the first time I’ve seen that move, where two parties agree to share each other’s time.

I want to put a couple of things on the record that need to be put on from the perspective of northeastern Ontario and Timmins–James Bay, the place I represent. There’s a general comment that I want to make, first of all, on LHINs.

One of the big fears we have in ridings such as mine is that you’re going to end up with large geographic LHINs, like we’re going to have in our particular area—a LHIN that will extend from Moosonee, down to Highway 17, North Bay, Sudbury, all the way back up to Timmins, along Highway 144, all of Highway 11. There’s going to be a real big push to concentrate services in larger centres. I just want to put on the record that this is not a good idea, in my view, when it comes to health planning provisions and health services in communities across Ontario.

1900

Let me give you a couple of very quick examples. We know, for example, in the community of Hearst they've been asking for a long time to move dialysis services to the community of Hearst. Under the LHIN model, there's really going to be, I think, in the long run, a push to try to centralize health services as much as possible into larger regional centres. If it's already difficult for a town like Hearst or a hospital like l'Hôpital Notre-Dame, as we know it, to get dialysis services, imagine how much more difficult it's going to be if there is pressure to regionalize services into the larger urban centres such as Sudbury, North Bay or Timmins. I think it really puts the small communities at a disadvantage, and on that basis I have a real problem with the LHINs.

There would have to be some kind of guarantee in this legislation that, whatever restructuring happens as a result of the LHINs, it is not going to adversely affect the smaller communities and that we're not going to centralize services into larger regional centres. That's an amendment that I believe we need to have at the committee level, once we get into committee. Otherwise, we know what's going to happen. Those regional LHINs, as large as they are, are going to be concentrated in the larger regional centres, and the smaller communities are going to be left behind. For the record, I want to voice my opposition to that particular part of the LHINs.

The second thing I want to say in regard to the LHINs is what we're doing with the CCACs, the community care access centres. We currently have a number of community care access centres across this province that provide much-needed services for people to live at home independently. We all agree, all of us on all sides of the House—Conservative, New Democrat and Liberal—that it is the best way of delivering health care services to keep people at home as long as humanly possible. One of the ways we do that is by investing in our community care access centres, CCACs. They provide everything from Meals on Wheels to nursing services in the home, all those services that are really necessary for people to live at home independently.

We think that is the right direction to go, something that was started first under the New Democratic government. It was expanded under the Conservative government and certainly has been supported under the Liberal government.

However, we are now moving, because of the LHIN legislation, to larger regional CCACs. Currently, there's a CCAC that is about the size of my riding. There's another CCAC in Mr. Ramsay's riding in Timiskaming, another one down by North Bay and another one in Sudbury; the point being, those communities, for example, in my riding have worked out relationships by which we're able to deliver services on a local level. If you live in Smooth Rock Falls, Moosonee, Hearst or Timmins, there is a service that's being provided in your community. But if there's a lack of services, as there has been a number of times where constituents have contacted me from Smooth Rock Falls, Timmins or Kapuskasing, I'm able to pick up

the phone and call Joy Galloway, who's the head of the CCAC in Timmins, have a chat with her and meet with the board, if necessary, to deal with the issues to make sure that people are able to get services at home.

The CCAC model under LHINs is going to be made as large as the LHINs. So it's going to mean, for people in places like Hearst, Smooth Rock Falls or Moosonee, that decisions are going to be made in North Bay or Sudbury. Not that I've got anything against the good people in North Bay or Sudbury, but it's awfully far from Moosonee. When you've got decisions being made far away from where people are the end users, I don't see that as a good thing.

One of the things that I want to see as an amendment to the LHIN legislation is that we don't destroy our CCACs as such. Bigger is not necessarily better, and it's not necessarily more efficient. A case in point is the city of Toronto. Since we amalgamated, we're spending much more money today than we did under the old cities. Our school board models are also a lot larger and are not necessarily saving us money.

I want to put the last point—I know they want time. I've got two minutes to put on the record another issue, and that is the view of the Nishnawbe Aski Nation.

Nishnawbe Aski Nation, which is known as NAN, represents some 60 First Nations communities in north-eastern and northwestern Ontario. They've got some really big concerns in regard to what LHINs mean to them, and specifically services that are provided by the federal government by way of the fiduciary responsibility of the feds. They are worried that this government is going to try to put into the LHINs those services that are normally dealt with by way of the federal government; for example, a number of the programs that are involved to service our James Bay communities and our northwestern Ontario communities.

This particular letter, signed by Deputy Grand Chief Alvin Fiddler, is a good one because he goes on to basically say that they understand what the government is trying to do, but "The current version of the bill puts First Nation health programs and services at risk. The devoted resources attached to such programs and services may be transferred to LHINs. First Nations are not represented on LHINs and they are not obliged to take First Nation rights ... into account."

One of the things we need to deal with at committee is to figure out how services for First Nations communities play within LHINs.

Those are some of the issues that I want to see once we get to committee. I look forward to the time we're going to have in committee in order to deal with that.

The Acting Speaker: Questions and comments? Seeing none, I will ask for further debate. Further debate?

Mr. Smitherman has moved second reading of Bill 36, an Act to provide for the integration of the local system for the delivery of health services. Is it the pleasure of the House that the motion carry?

All those in favour of the motion will please say "aye."

All those opposed will please say “nay.”

In my opinion, the ayes have it.

Call in the members.

I have received from the assistant government whip a deferral notice. This vote will take place tomorrow at the time of deferred votes.

Hon. Mr. Bradley: I move adjournment of the House.

The Acting Speaker: Is it the pleasure of the House that the motion carry?

All those in favour of the motion will please say “aye.”

All those opposed will please say “nay.”

In my opinion, the ayes have it.

This House stands adjourned until tomorrow at 1:30 p.m.

The House adjourned at 1907.

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