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Wednesday 21 September 2016

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Mercredi 21 septembre 2016

Standing Committee on Estimates

Ministry of Health
and Long-Term Care

Ministry of Aboriginal Affairs

Comité permanent des budgets des dépenses

Ministère de la Santé
et des Soins de longue durée

Ministère des Affaires autochtones

Chair: Cheri DiNovo
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STANDING COMMITTEE ON ESTIMATES

Wednesday 21 September 2016

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES BUDGETS DES DÉPENSES

Mercredi 21 septembre 2016

The committee met at 1545 in room 151.

MINISTRY OF HEALTH AND LONG-TERM CARE

The Chair (Ms. Cheri DiNovo): Good afternoon. Welcome back, everyone. We're here to resume consideration of vote 1401 of the estimates of the Ministry of Health and Long-Term Care. There is a total of one hour and 20 minutes remaining.

As we have some new members, I would like to take this opportunity to remind everyone that the purpose of the estimates committee is for members of the Legislature to determine if the government is spending money appropriately, wisely and effectively in the delivery of the services intended.

I would also like to remind everyone that the estimates process has always worked well with a give-and-take approach. On one hand, members of the committee take care to keep their questions relevant to the ministry, and the ministry for its part demonstrates openness in providing information requested by the committee. As Chair, I tend to allow members to ask a wide range of questions pertaining to the estimates before the committee to ensure that they are confident the ministry will spend those dollars appropriately. The ministry is required to monitor the proceedings for any questions or issues that the ministry undertakes to address. I trust that the deputy minister has made arrangements to have the hearings closely monitored with respect to questions raised, so that the ministry can respond accordingly. If you wish, you may verify the questions being tracked by the research officer at the end of your appearance.

If there are any inquiries from the previous meetings that the minister or ministry has responses to, perhaps the information can be distributed by the Clerk at the beginning in order to assist the members with any further questions. Are there any items, Minister?

Hon. Eric Hoskins: I understand there are not, but we will be providing the full complement of our responses to the questions.

The Chair (Ms. Cheri DiNovo): Thank you. We will then now resume consideration of vote 1401 of the estimates. When the committee last adjourned, the third party was about to begin their 20-minute round of questions. Madame Gélinas, the floor is yours.

M^me^ France Gélinas: Thank you, Chair. Welcome back, Minister and Deputy. I'll start pretty much the same way I ended in the first session, talking about primary care. I'll start with the nurse practitioners. The budget announced $85 million over three years, and the nurse practitioners, especially the 2,000 of them working in the community who have not seen a wage increase in eight years, were very hopeful. We now understand that this money will be going more toward the funding of HOOPP for the pension plans for people working in primary care. My question is, is there any plan, within the $85 million or outside of it, to address the fact that 2,000 nurse practitioners have not seen a pay increase in the last eight years?

Hon. Eric Hoskins: If I understand the question correctly—and this has been an extremely important issue to the ministry and to myself and to the deputy, the issue of recruitment and retention, since well before—I can only speak to the time that I've been health minister.

You're right: $85 million was announced in the spring budget, an important aspect of that being the change to the pensions with regard to the eligibility for HOOPP, which was extremely important, I have to say, to the sector, who we consulted with widely. But also the provision allowed for a compensation increase, as well.

Now, the $85 million that was announced in the budget included our nurse practitioners; it wasn't necessarily limited to our nurse practitioners. It recognized, for example, that in a family health team environment there are a number of professionals that I think would fall under this element of concern and consideration for recruitment and retention—dietitians and others who would perhaps be employed in similar environments.

M^me^ France Gélinas: If I understand well, the $85 million is over three years. It would allow the primary care providers and community health centres, aboriginal health access centres, family health teams and nurse-practitioner-led clinics to finally have access to HOOPP, so an increase in the benefit line. How much of that $85 million will be available for pay increases for nurse practitioners? As specific as you can get.

1550

Hon. Eric Hoskins: I'm not sure if the deputy perhaps has the answer to that, but it does accommodate both. You asked the question, and in my response, it's in terms of both access to HOOPP on the benefit side, but also a compensation increase.

Dr. Bob Bell: I can perhaps add to that, Minister.

The Chair (Ms. Cheri DiNovo): Could you, as deputy, state your name to begin? Thank you.

Dr. Bob Bell: Thank you. Deputy Minister Bob Bell.

The funding includes, as the minister said, both HOOPP plus increases to compensation. The employers have some ability for discretion around how that compensation increase will be rolled out, so there will be some variability based on local needs. As you know, there's variability in compensation increase requirements for various workers and within the actual primary care organizations, so there is some discretion.

So we can't give you an overall figure as to how the compensation increase will relate as a whole. We do know there will be both, though: compensation increases plus HOOPP contribution.

M^me^ France Gélinas: So of this $85 million over three years, not one penny of this has rolled out yet. When can they expect that money to start rolling out? Is it going to be for all of 2016-17, or are we putting a big X on that and starting next year?

Dr. Bob Bell: Tim, why don't you come up and contribute?

Mr. Tim Hadwen.

Mr. Tim Hadwen: Tim Hadwen, assistant deputy minister of the health system accountability and performance division.

It would be for all of 2016-17. There has been discussion with the associations about the best means and the best plan for rolling it out. We are anticipating that that will occur in the next while for 2016-17.

M^me^ France Gélinas: How much is for 2016-17 out of the $85 million?

Mr. Tim Hadwen: For the $85 million—that's an allocation that is going to be divided amongst each of the three years. The exact amount per year remains to be resolved, but it would be $20 million or $30 million per year, reaching a total of $85 million at the end of the three years.

M^me^ France Gélinas: Okay. Is there any money—there are lots of echoes—associated with the fact that nurse practitioners still face barriers around prescribing and point-of-care testing? Now we trail behind much of North America when it comes to those two acts. What are the reasons for those barriers, and are they economic?

Hon. Eric Hoskins: No. The two issues, nurse practitioner prescribing and—sorry, in the second one, you referenced—

M^me^ France Gélinas: Point-of-care testing.

Hon. Eric Hoskins: —point-of-care testing, which are both issues which, as you know well, have been referenced by that sector. We are moving forward, together with the college, with regard to broadening prescribing for nurse practitioners. It becomes even more important, I think you would agree, in the context of medical assistance in dying and the federal legislation.

But we have been working with the sector as well as with the college on that for some time. It is a priority and it remains a priority for us. With regard to point-of-care testing—Bob, you might have something to add on that—it is something that we have been discussing with the sector as well for some time.

Dr. Bob Bell: I think Suzanne can come up about prescribing.

Ms. Suzanne McGurn: Suzanne McGurn, ADM and executive officer for the public drug programs.

Just a clarification: Nurse practitioners do have broad prescribing abilities now. The last time you asked questions, you raised their ability to access some of the drug funding programs and the legislative barriers, as well as the narcotics. We are continuing to work with the sector on those. It is not a financial barrier; that is working out. We are looking at bringing those forward with the appropriate vehicle.

Hon. Eric Hoskins: If I can clarify very briefly, in fact, I'm glad the clarification was made. We were moving forward, of course, with consultations on our end—prescribing, with regard to nurse practitioners, who already have that scope to a large degree, looking specifically at controlled substances, which was in the context of the intervention that I made.

M^me^ France Gélinas: Okay. There was not only for narcotics, but also for exceptional access drugs.

Dr. Bob Bell: That was the comment that Suzanne just made about access to publicly funding the ability to access the EAP.

M^me^ France Gélinas: Okay. I just want to put it in context. All of the areas that I represent still have a hard time gaining access to primary care. Nurse-practitioner-led clinics are really, really well received. I have three just in my riding. They're loved everywhere. They're busy everywhere. But when those barriers take so long because they're acted upon, the barriers to access to care are not equal to all. It's the people of the north and the people in rural areas for which those barriers are an issue. So my question for them is, can I have a time frame?

Hon. Eric Hoskins: Well, it's difficult to establish with some certainty when controlled substances, for example, and nurse practitioners prescribing them requires a bylaw, I think, to be supported and approved by the college in the first instance. Then we have a regulatory process that we need to go through involving cabinet and cabinet committee.

I completely agree with you, not just in terms of the importance and value of nurse-practitioner-led or nurse practitioners writ large, but expanding the scope. I would hazard a guess that most of the sector would agree that I am one of the strongest proponents of expanding scope that they have seen in some time. We have a ministry that is very much committed to these same issues.

Regrettably, but importantly, it does require a certain level of consultation. There are a number of partners across the health care system that have to be consulted on this. Often, almost invariably, the colleges need to be involved. There's a process that they need to undertake, so it often takes longer than I would like to see, as well. But to reassure you, it's based on a motivation to expand the scope. Obviously, costing needs to be an element of that, but it is not the driving element.

Ms. Denise Cole: Hi, good afternoon. It's Denise Cole, assistant deputy minister, health workforce planning and regulatory affairs with the ministry.

Madame Gélinas, with regard to the specific components of the controlled acts and nurse practitioners, we have, over the course of the summer, had some internal conversations to put some parameters around what that would look like, particularly in the context of the May legislation.

I have had conversations with the registrar of the college for nurses. We have a meeting scheduled—I believe if it's not next week, it's shortly thereafter—to give the college what they need from the ministry to be able to start drafting regulation and so forth. It's our hope that by the ending of this fiscal year, all the regulations and so forth would be in place.

M^me^ France Gélinas: Thank you very much. My next question has to do with the Ministry of Health's relationship to the Financial Accountability Office. When the Financial Accountability Officer released his report on July 26, on page 14 he said, "Seeking to assess the likelihood that health sector spending might end up being higher than forecast, the FAO requested projected spending for 2017-18 and 2018-19 by program area. This information would have allowed the FAO to assess whether the government's health spending projections rested on overly optimistic assumptions about restraining growth in specific health sector programs. The Ministry of Health and Long-Term Care and the Treasury Board Secretariat refused to provide the requested information."

My first question is, could you provide this information to the committee? What is the projection, by program, for 2017-18 and 2018-19?

Hon. Eric Hoskins: We're endeavouring to get that answer for you. Our guru, our wizard in everything financial, is absent, but I think we might have something.

1600

Dr. Bob Bell: Yes. Phil Cooke is here subbing for our chief administrative officer. Phil, can you update?

Mr. Phil Cooke: Sure. Phil Cooke, director of the fiscal oversight and performance branch.

We've been working closely with our colleagues in Treasury Board Secretariat and legal services and determined that we don't have the legal authority to release anything to the FAO that is forward-looking that cabinet has not yet made a determination on. We have provided the Financial Accountability Officer with all the historical program spending that they requested, but we were not allowed to provide forward-looking expenditure forecasts.

M^me^ France Gélinas: Is this solely your ministry that is not allowed to do that?

Mr. Phil Cooke: No, that's government-wide.

M^me^ France Gélinas: All right. I'm not the FAO; I'm an MPP. Could you forward that to me?

Mr. Phil Cooke: Yes, we can look at that.

M^me^ France Gélinas: Thank you. So it would be the 2017-18 and 2018-19, the projected spending by program area.

Dr. Bob Bell: I think we can certainly look to see what we can provide you with, Madame Gélinas.

M^me^ France Gélinas: Thank you.

The next question has to do with the new hydro rebate that is just being debated in the House as we speak. I was quickly approached by all of the municipal long-term-care homes, the not-for-profit long-term-care homes, to see if they will be eligible for the 8% rebate. I asked the Ministries of Energy and Finance, but nobody knows. I was just wondering, in the discussion that led to this, if the Ministry of Health was able to clarify that the not-for-profit long-term-care home sector, including the municipal long-term-care homes, would be allowed the 8% on their energy bills.

Hon. Eric Hoskins: I'll do my best. I think the Minister of Energy is coming to this committee in the next couple of weeks, so you'll have an opportunity to question him as well on this issue.

I'm sure somebody will jump up if I'm incorrect on this, but my understanding is that all long-term-care homes will be eligible for—well, it depends on the size, but both for-profit and not-for-profit long-term-care homes will be able to benefit from the measures that were contained in the legislation introduced last week. If they are of sufficient size, they can benefit from the ICI program, which is based on the level of consumption of energy. Again, the secondary aspect of that: The smaller long-term-care homes, whether they're for-profit or not-for-profit, would benefit from the 8% reduction, which is equivalent to the provincial portion of the HST.

M^me^ France Gélinas: Okay, so it's your understanding that they will qualify for the 8%?

Hon. Eric Hoskins: Nobody got up to try and correct me, so—maybe they did.

The Chair (Ms. Cheri DiNovo): Madame Gélinas, you have under five minutes left.

M^me^ France Gélinas: I have what?

The Chair (Ms. Cheri DiNovo): Just about five minutes left.

Hon. Eric Hoskins: Yes. The smaller one—I was just getting some information with regard to their eligibility for the ICI program, which is based on consumption, which I think is 50,000 megawatts per month. If it's under that level of consumption, they're eligible for the HST reduction, but, again, regardless of the nature of the long-term-care home, whether it's for-profit or not-for-profit.

M^me^ France Gélinas: And is there any opportunity, if they are above that threshold but are a not-for-profit or a municipal home, to qualify for the 8% rebate? Is this something that you would consider?

Hon. Eric Hoskins: I think depending on the local context, the nature of that long-term-care home—not based on whether they're for-profit or not-for-profit, but the level of consumption—below 50,000, it is my understanding that they would be eligible for the 8%. If they're above that, they have eligibility toward the ICI program, which can actually be considerably more than the 8%. So there may be different benefits that accrue depending on the nature of the consumption. But the ICI program is actually, for businesses, quite an attractive option in terms of the potential for savings.

M^me^ France Gélinas: Okay.

Dr. Bob Bell: My understanding from colleagues is this is under active discussion between our two ministries as well. I think what we're describing are some of the things we know. There's probably more detail to follow, I think, Madame Gélinas.

M^me^ France Gélinas: Okay. I just wanted to put on the table that the not-for-profit and municipal sectors have a benefit when it comes to taxation that the for-profits do not have. They were looking at basically expanding those benefits, taxation-wise, to the same group for the 8%. But I'll take it that you are still talking about this and there's still hope. Let me know when all hope is gone, or before.

Hon. Eric Hoskins: Hope is never gone—not entirely. I'm happy to speak with the Minister of Energy. Actually, I have had a brief opportunity, but I'm happy to speak to him so that, hopefully, when he comes for estimates himself, he'll be able to provide additional details.

M^me^ France Gélinas: My next question is a long one, so can I—

The Chair (Ms. Cheri DiNovo): You have two minutes.

M^me^ France Gélinas: Can I add my two minutes to my next one?

The Chair (Ms. Cheri DiNovo): You have two minutes.

M^me^ France Gélinas: Damn. Okay, I'll try to make it a very quick one. Hospital overcrowding continues to be a huge problem—in the hospital where I'm from, anyway. Is there dedicated funding to help those hospitals that are dealing with overcrowding?

Dr. Bob Bell: I think it's fair to say that the alternate-level-of-care issue that we're currently seeing across the hospital sector hasn't increased, but it continues to be a concern. We track this on a monthly basis. Currently, the number of ALC patients approaches about 15% across the province.

We're really interested in acute bed occupancy as well. As you know, the highest number of hospital sites—34—reporting 100% occupancy occurred in fiscal 2014. In 2015, we recognized 23 sites, so there was an actual decrease in the number of sites reporting 100% occupancy in 2015.

We recognize, however, that we really need to be absolutely sure about the data that we're receiving, so we are doing a program with the hospitals to clean up data as to how they're determining their occupancy rates.

We do have quite a bit of work under way currently, looking at alternate-level-of-care patients. We're concerned that in the last four months, the proportion of patients being added to the ALC list has actually increased by about 1% per month rather than—

The Chair (Ms. Cheri DiNovo): I'm afraid that you are at the end of your time. Thank you.

We now move on to the government. Mr. Fraser?

Mr. John Fraser: Thank you very much for being here today. I'd like to continue on with nursing. But as a bit of a prelude to my question, I am the son of a nurse, so I would be remiss if I did not say a few things about that nurse right now, because I think it's important as I frame the question.

My mom was a registered nurse and worked at the National Defence Medical Centre. She was a civilian nurse. She worked the floor for about 35 years. I know how hard she worked. She was a graduate from Western. She got a scholarship through the Victorian Order of Nurses for public health. She was a public health nurse at the time that she was pregnant with me, and she was teaching prenatal classes. As it turned out, she had the worst labour of everyone that she taught. It was—I don't want to go into the length. If I live two lifetimes, I'll never be able to repay my mother for that, for the kind of work that she did for our family.

I joke about this sometimes: The solution to our primary health care problem is actually that every family have a nurse somewhere in their extended family. I know that in circumstances, even with my children now and their children, it has really avoided a lot of emergency room visits. You can pick up the phone and you can call a nurse who happens to be in the family. They have to take your call. It has avoided a lot of emergency room visits.

I have to say thanks to my mother, Mary, since we've got it in Hansard. She's probably not watching right now, but I think it's important to frame—I think everybody's personal experience with nurses—they're a really critical part of our health care system. I know that in the riding I represent, Ottawa South, health care is like what auto is to Oshawa. There are thousands and thousands of nurses who live in my riding, and they work in all different settings, just as my mother did.

1610

I know that at times, we have debate about nursing and nursing positions. We have 26,000 net new nurses since 2003, and I think 3,000 last year. That's a great record. That's something more than a 20% increase.

It's critical that we understand that as the health care system transitions, the kinds of things we're doing to support hard-working nurses as their scope expands, as their fields of expertise expand, as they work in different settings and are working more in the community—my simple question is, what are those things that we're doing?

Hon. Eric Hoskins: Thank you for this very important question. You yourself have referenced some of the important progress that's been made in the province since we formed government in 2003. I think the most dramatic evidence of the progress is that there are 26,000 more nurses employed in the province throughout the sector. Our most recent data demonstrate that there has been an increase in nurses employed in our hospitals as well. Also, extremely importantly, and it's important to the sector, under the Liberal government there has been a significant increase in the percentage of nurses working full-time—so a number of measures taken.

The previous member had referenced the investment in this year's budget of $85 million largely towards our

nurse practitioners and others who are so critically important to the health care system. Arguably, every health care professional plays an equally important role in the lives of Ontarians when they intersect with the health care system in whatever way, and that is often through public health. It's not only through a hospital environment, through home care or long-term care, but our nurses are at the absolute forefront of that effort. There is a tremendous affection, appreciation and respect for nurses in this province because of the work they do day in and day out, so our obligation is to make sure that we're providing them with not only the resources but the opportunity to practise to their full scope.

I'd like to suggest that Denise Cole, who's the assistant deputy minister responsible for this important aspect of health care delivery, come and speak for a few minutes with regard to the question you asked.

Ms. Denise Cole: Thank you, Minister. Do you need me to introduce myself again?

The Chair (Ms. Cheri DiNovo): No.

Ms. Denise Cole: Okay, good. I'm delighted, as you know, that the government recognizes that nurses play an increasingly vital role in the delivery of high-quality health care in Ontario. Nurses make up the majority of the 28 regulated health care providers in the province, and as a ministry we continue to build on the nursing strategy that was developed and introduced a few years ago.

The goals behind the strategy and some of the achievements were to optimize the role of nurses to promote access, integration and patient-centred care across the system, improve access to continuing education and professional development, and enhance recruitment, retention and stability in the nursing workforce. I think it's fair to say that much of the goals of the nursing strategy has been achieved, but there's still more we need to do.

Some of the key initiatives under the strategy include the Nursing Education Initiative; the recently—well, not so recent anymore but a year and a half ago we announced the Attending Nurse Practitioners in Long-Term Care Homes Initiative; our nurse-practitioner-led clinics; the Nursing Graduate Guarantee program; the primary health care nurse practitioner education program; the Late Career Nurse Initiative; and the 9,000 nurses initiatives.

Just to elaborate on those key initiatives, the Nursing Education Initiative, which we often refer to as the NEI, supports continuing education and professional development for nurses across the career continuum. For this fiscal year, 2016-17, the ministry has provided $1.9 million to the Registered Practical Nurses Association of Ontario, and $7.56 million to the Registered Nurses' Association of Ontario, to administer the NEI.

Through the Nursing Education Initiative, nurses receive education to meet changing patient needs and improve the quality and safety of the care that they provide.

Since the program's inception, over 178,000 education grants have been offered, more than 50 best practices guidelines have been developed by the RNAO, and over 50 Ontario organizations have been designated as Best Practice Spotlight Organizations.

Turning to the Attending Nurse Practitioners in Long-Term Care Homes Initiative, you'll recall that the initiative is meant to fund up to 75 attending nurse practitioner positions. We have provided $14 million to increase access to and quality of primary health care in those long-term-care homes across the province.

In 2015-16, funding was provided for the first round of 30 new attending nurse practitioner positions, so 75 positions are being phased in and implemented over a three-year period: 30 FTEs in the first year, 30 in the second year and the remainder of the 75 in year three.

I'm delighted to say that as of yesterday, we now have 23 attending nurse practitioners that have been hired in the first round, and those 23 attending NPs have been hired across 31 long-term-care homes and are providing services to residents in those 31 LTEs.

The purpose of the position is to enhance resident care through proactive screening and assessment, timely specialist referrals, ongoing chronic disease management and end-of-life care. In fact, it's envisioned that the attending nurse practitioner in those homes will be the most responsible provider. For the homes that have been selected, we've worked quite closely with the LHINs to identify those homes in those LHINs that could best use the attending nurse practitioner positions.

Investments such as the nurse-practitioner-led clinics continue to show positive results. Today, our 25 nurse-practitioner-led clinics are providing faster access to primary health care to more than 50,000 patients across the province.

For early career nurses, the nursing strategy focuses on strengthening the foundation of the nursing workforce in Ontario. Key initiatives are the Nursing Graduate Guarantee and the primary health care nurse practitioner education program.

The Nursing Graduate Guarantee, or as we fondly refer to it, the NGG initiative, provides new nurses with temporary employment to support their transition into practice and to permanent full-time positions. Since 2007, over 21,000 new nurses have been supported by this program. An evaluation conducted by the Nursing Health Services Research Unit at McMaster University indicates that nurses who participated in the Nursing Graduate Guarantee were 1.5 times more likely to be employed full-time and 2.3 times more likely to be retained within the same organization. In fact, based on the evaluations that we've done annually in the program—we've just completed a consultation engagement with key nursing partners across the system, in particular the ONA, the RNAO, the RPNAO and the Nurse Practitioners' Association of Ontario, to make some further refinements to the program. We anticipate being in a position to roll out those refinements in the next short while. That will only strengthen the opportunities for new graduates to transition into that full-time employment.

1620

Turning to the primary health care nurse practitioner education program, not many people are familiar with this initiative, but it provides advanced education and clinical experience for students to become nurse practitioners. The ministry supports this education program with $7.1 million—that's the amount for this fiscal year—and over the last three years, almost 500 nurses have graduated from the education program. I should point out that without that financial support, a number of the participants who have taken advantage of the program to become nurse practitioners would not have been able to do so.

For experienced nurses, the Ontario nursing strategy focuses on using their knowledge and experience to improve patient care. Key initiatives are the Late Career Nurse Initiative and 9,000 nurses initiative. The Late Career Nurse Initiative, or the LCNI, supports late-career nurses to use their knowledge, skills and expertise to advance projects that improve patient care and the quality of work environments. Since 2004, the initiative has benefitted over 21,000 nurses.

The 9,000 nurses initiative supports innovative nursing positions and roles across the health care system through an annual investment of $192.5 million—and that is an annual base investment. This provides opportunities for career enhancement and development of new knowledge and skills. New nursing roles created include: registered nurse-surgical first assist; nurse practitioner with specialty education in anaesthesia; patient navigator; and discharge navigator.

By targeting the unique needs of nurses at different stages in their careers, the nursing strategy has contributed to the increase of nurses employed in nursing in Ontario. The College of Nurses of Ontario reports that 137,525 nurses were employed in nursing in Ontario in 2015. This is up 1.7%, or 2,245 nurses, from 2014, and up 23.7%, or 26,307 nurses, from 2003. By comparison, Ontario's population has grown by 12.8% during the same time period.

The overall rate of full-time employment for nurses in Ontario remains strong at 63.4%, an increase of 14% since 2003—

The Chair (Ms. Cheri DiNovo): Just so you know, you have just under five minutes left.

Ms. Denise Cole: Okay, great. I'll speak faster.

Data from the Canadian Institute for Health Information, or CIHI, shows that in 2015, full-time employment rates for Ontario's nurses continued to be significantly higher than the Canadian average. For our registered nurses and nurse practitioners, Ontario's full-time employment rate was 66.9%, compared to 60.8% nationally. For our registered practical nurses, Ontario's full-time employment rate was 55.2%, compared to 48.4% nationally.

The 2016 budget emphasizes our commitment to nurses with:

—the $85 million, which Madame Gélinas spoke to earlier, over three years to support recruitment and retention of qualified inter-professional staff, including nurse practitioners, in primary care settings;

—an additional 80,000 hours of nursing care in home and community care; and

—expanding the role of registered nurses to allow them to prescribe some medications directly to patients.

The government recognizes that our nurses are valuable, highly trained professionals. We continue to support initiatives that enhance their skills, knowledge and expertise, and optimize their scope of practice to meet patient care and health system needs.

I just want to conclude by speaking very briefly to an initiative that we have in place jointly with the Ministry of Labour, and that's the joint table between the two ministries and key partners across the sector dealing with workplace violence in health care settings.

There has been a leadership table that has been established that consists of senior executives from the health sector, both ministries, representatives from front-line stakeholders, patient advocates, and experts. Over 100 people have volunteered their time and expertise and have been participating in this initiative. The range of organizations includes management and labour groups, agencies and research groups. All of these individuals are making a valuable contribution to the action plan that will be presented to the leadership table at the end of this year.

Examples of the work that the four working groups are undertaking include—but I must stress that it's not limited to these things—standardized data collection to allow for the monitoring of trends and performance; public reporting via quality improvement plans; guidance on the right staffing skill mix; and the development of tool kits for organizations.

The leadership table has met four times since being established in September of last year—September, February, April and August of this year—and is pleased with the progress made so far. I should point out that the leadership table is co-chaired by the Ontario Hospital Association and the Ontario Nurses' Association. A final report with recommendations and plans for action developed by the four working groups will be presented to the leadership table and the Ministries of Labour and Health and Long-Term Care at the end of the calendar year.

Have I used up my time?

The Chair (Ms. Cheri DiNovo): You have just over a minute left, if you'd like to wrap up.

Ms. Denise Cole: All right. I will expand a bit on the—

Mr. John Fraser: Let me tell you something: I'll give you a break this first time.

Ms. Denise Cole: But I really want to talk about this particular thing.

Mr. John Fraser: Okay, then you go ahead.

Ms. Denise Cole: It's the work that we're doing around expanding the scope of practice for registered nurses. We have been doing some consultations over the course of the summer, in particular with the RNAO,

around what that would look like. As some committee members may know, we did ask HPRAC to provide some advice not around whether or not we should do it but, since the government has made the commitment to expand the scope, how best to move forward with implementation.

It is our hope that we will be in a position to do the next stage of engagement with the key partners, looking at what the educational component should look like. The minister has made a commitment that it will be independent prescribing—so what are the parameters around independent prescribing, what does it look like, how will we know it when we see it—with an eye to be able to do the legislative amendments required some time before—

The Chair (Ms. Cheri DiNovo): You are now finished. Thank you.

Ms. Denise Cole: You're welcome.

The Chair (Ms. Cheri DiNovo): We now move to the official opposition. Mr. Yurek, you have around 12 minutes.

Mr. Jeff Yurek: Twelve? Thanks very much, Chair.

It has been a while since we had this talk. In one of the last few times we were at estimates, I asked you about when you were going to come out with a bill to create the new LHINs, and you said "soon." I'm hoping lightning strikes twice here: When are pharmacists getting the expanded scope of practice with regard to vaccinations?

Hon. Eric Hoskins: Soon.

We've been working, as I think you know—and I know you strongly support this, as do I—with our pharmacists and with the regulatory body to put in place the required regulatory changes to enable this. We are very close to being in a position where pharmacists can begin to deliver what I would call "travel plus." There was a committee that was established, comprised of a number of experts, including pharmacists themselves, to determine what those might be or should be. So I'd say we're very, very close.

Certainly in this calendar year, I made a commitment to our pharmacists—I did a number of months ago—that we hope to be able to enable them to do this in the early fall.

1630

Mr. Jeff Yurek: And with regard to the shingles vaccine, it's out and available. I'm getting quite a few calls in my office that people are going to the pharmacy to try to obtain the shot. Now it can only go through the doctor's office or a nurse through the health unit. Is that how it's going to be supplied?

Hon. Eric Hoskins: Through their primary care provider. Through public health offices as well? I'm getting nods. Yes, free of charge. That is the method that they would need to follow to obtain that vaccination, yes; and it is available.

Mr. Jeff Yurek: Great. Just a question. The Health System Research Fund: Can you tell me how much has been allocated to that fund for this year and how many projects or research grants have been allocated and money has been sent to this date?

Dr. Bob Bell: It's a $31-million fund, Mr. Yurek, and we haven't rolled it out this year as of yet.

Mr. Jeff Yurek: You haven't rolled out any this year?

Dr. Bob Bell: Not as of yet. Continuing funding is going out but no new announcements.

Mr. Jeff Yurek: No new announcement? Have you paid out any of the research money to any of the researchers? Has that been taken—

Hon. Eric Hoskins: So in the last fiscal year, we provided $45 million in research funding for HSRF. We will be providing $31 million this fiscal year through HSRF.

Mr. Jeff Yurek: Do you know when that money will be flowing and when the applicants will be notified that they'll be receiving that funding?

Mr. Patrick Dicerni: My name is Patrick Dicerni. I'm the assistant deputy minister of the strategy and policy branch within the Ministry of Health and Long-Term Care. Within my division, we administer the research dollars within the ministry; namely, the strategic health research fund.

We have our fund broken down into a few different streams of research for the purpose of—the first is called program awards, and those are three-year rolling awards to establish researchers within the health research community. A second tranche is capacity awards, which are targeted at new and emerging researchers in the health field to, frankly, expand the scope of the health researchers that the Ministry of Health engages with. Within my division, we also fund the ICES research institute.

With respect to your question, Mr. Yurek, in terms of when we will be rolling out new awards against the program awards stream, we took a pause in that award stream as we are—any number of activities going on within the ministry around LHIN renewal and some of the work we're doing around mental health. We want to make sure that our research call is targeted towards priority areas in the ministry. So we put a pause on that and we've been working with the research community to articulate when we hope to restart that, ensuring that the research we get back is actionable and aligns with the emerging ministry priorities.

I hope, in concert with the minister and the deputy, to get back to the research community. Two things would be our priority: to make sure we're not having work done, in terms of applications to the ministry, for research done in vain—so we want to capitalize on the work that's done, not take the valuable time of researchers—and to make sure that we're awarding program awards to studies and research that have the most impact and benefit to the ministry.

Mr. Jeff Yurek: I've just been receiving calls from researchers who aren't getting that information that there's a pause. They are now trying to maintain the research they've started under funding from this fund and now they're struggling to maintain the work they've put into it. So maybe if you can get the word out to them so they can make the countermeasures necessary.

Mr. Patrick Dicerni: Will do.

Mr. Jeff Yurek: Next question—10 minutes left?

The Chair (Ms. Cheri DiNovo): Seven.

Mr. Jeff Yurek: Seven?

The Chair (Ms. Cheri DiNovo): Six.

Mr. Jeff Yurek: Six? If I keep talking, five?

This is with regard to the report of violence on hospital staff that's been on the rise. Last August, you established the Workplace Violence Prevention in Health Care Leadership Table to address the issue. We're going to "make hospitals safer; reduce incidents of workplace violence...." Could you just give us an update on the status of this implementation plan?

Dr. Bob Bell: I'm a member of that committee, Mr. Yurek. We have a variety of working groups that are reporting to the council itself. This partnership between the Ministry of Labour and the Ministry of Health has a leadership table with representatives of front-line stakeholders, patient advocates, experts in violence prevention, as well as senior executives from both ministries in the sector.

The focus in year one, as you know, is a focus on violence prevention for nurses in hospitals. In years two and three, we anticipate expanding the scope to cover all workers in hospitals. In years four and five, we're expanding the scope further to cover all workers in the broader health care sector.

The working groups I mentioned are focused on leadership and accountability, hazard prevention and control, communication and knowledge translation, indicators evaluation and reporting.

The executive committee includes the deputies of health and labour, and the co-chairs are Linda Haslam-Stroud, president of the Ontario Nurses' Association, and Anthony Dale, president and CEO of the Ontario Hospital Association.

Minister, do you want to add further—

Hon. Eric Hoskins: Do you want me to add—

Mr. Jeff Yurek: That's good. Thanks. The number of assaults on nurses, do you have any idea if it's starting to decrease in the hospitals?

Dr. Bob Bell: If I may, Minister, we just saw data on lost time to workplace injury over the last year from Health Quality Ontario. We're delighted that that's actually trending down. I haven't seen the most recent data on workplace violence and lost time. I believe the trend is also down in that area, from what I've heard anecdotally.

Mr. Jeff Yurek: It's important to keep working and focus on this. I know there are nurses in the London hospitals who are fearful to go to work in the ERs. I had one who was beaten and is off work with multiple contusions and concussion. It's not something they should be experiencing in their workplace, so I encourage you to continue any and all efforts you can to—

Dr. Bob Bell: Thank you. You know, the bias is that this is a problem that occurs mainly in psychiatric facilities. But you're absolutely right. There are general areas of risk to nurses: emergency departments, critical care areas and general medicine wards. The data shows that they're all equally risky for violence. This work is extraordinarily important.

The Ministry of Health is absolutely committed to best practices spreading. We have hospitals like the previously named Toronto East General Hospital and Southlake hospital that are really focused on violence prevention and are recognized by the Ontario Nurses' Association as being magnet hospitals in this regard. The concept of zero tolerance for this risk is spreading rapidly in the Ontario hospital community.

Mr. Jeff Yurek: Okay. Just some quick questions here. If you could get me the total number of people employed by the Ministry of Health—it's a number I'm sure you don't have here at your fingers—if you could get that to committee.

With regard to the 12 CCAC CEOs who have legal counsel representing them, is there any public money being used to pay for this legal counsel?

Hon. Eric Hoskins: No.

Dr. Bob Bell: No, there's not.

Mr. Jeff Yurek: If you can get me a number of how much the cost to administer the Exceptional Access Program—

Hon. Eric Hoskins: The administration of it as opposed to the cost of the program itself?

Mr. Jeff Yurek: Right.

Hon. Eric Hoskins: We can look into that.

Mr. Jeff Yurek: And then if you can also give me the total amount of money spent on drugs through the EAP, if you could break that down for me as well.

Hon. Eric Hoskins: Okay. We can look into that as well.

Interjection.

Mr. Jeff Yurek: Last year and this year, please, for both.

Hon. Eric Hoskins: Last year and this year.

Mr. Jeff Yurek: That would be great. How much time is there? One minute?

With regard to Ornge, we've heard that they are using public paramedic services in Ontario for non-urgent transfers without a contract, which means paramedic services are not being compensated when it takes an ambulance off the road. Can you let me know how many paramedic services are affected by this?

Hon. Eric Hoskins: Thank you. We can look into that as well.

Mr. Jeff Yurek: And how many contracts does Ornge have with the private transportation companies across the province for non-urgent transfers?

Hon. Eric Hoskins: Noted.

Mr. Jeff Yurek: Is that it?

The Chair (Ms. Cheri DiNovo): Thirty five seconds or so. Spend them wisely.

Mr. Jeff Yurek: The other one was like a five-minute question. No, I think that's it.

1640

The Chair (Ms. Cheri DiNovo): Okay. Thank you. We now move on to Madame Gélinas. You have, again, about 12 minutes.

M^me^ France Gélinas: Twelve? I thought I had 20. Twelve?

The Chair (Ms. Cheri DiNovo): We're down to 12.

M^me^ France Gélinas: You're stressing me.

All right, so I have five questions. I'll finish hospital overcrowding, then I want to talk about Patients First, then the long-term-care inspections and the changes, then the capital funding and repairs and then the OMA agreement. All of this in 12 minutes—everybody talk fast.

Hon. Eric Hoskins: We'll do our best.

M^me^ France Gélinas: Deputy, you were saying that in the last four months, the ALC increased about 1% a month. I really enjoyed getting this view, but my question was, is there any money coming for any type of help toward overcrowding, or are we still in the data-gathering stage with no action in sight?

Dr. Bob Bell: I'll just start, Minister. There are $345 million being invested in hospitals in the 2016-17 fiscal year, which is a 2.1% increase. That would constitute:

—$175 million to provide access to more services in new and redeveloped hospitals and for targeted priority services such as expanded organ and tissue transplants;

—$160 million to improve access and wait times for hospital services, including additional procedures such as cataract surgeries, total joint replacements and arthroscopies;

—$7.5 million for small, northern and rural hospitals, in addition to Ontario's $20-million Small and Rural Hospital Transformation Fund, as well as $6 million focused for mental health hospitals.

You asked about Health Sciences North earlier. This year, we're anticipating that, with the inclusion of quality-based procedure increases for the health-based allocation methodology funding, the total of incremental funding for Health Sciences North is just under $5 million, which would represent about 2.5%, I believe.

Hon. Eric Hoskins: Just under 2%, actually.

Dr. Bob Bell: Just under 2%, sorry.

Hon. Eric Hoskins: I'll speak fast, but I'll just add, as well, when comparing 2014-15 to 2015-16, if you look at the number of acute beds with regard to capacity issues, the acute beds in the province have gone up by approximately 1,000, from 18,621 to 19,657. So we are adding beds, as well, in that concrete way to deal with the capacity issues.

M^me^ France Gélinas: My next one is on Patients First. After Patients First was tabled, the Ontario Hospital Association came because they were very unhappy with some of the wording of the bill, which they interpret to mean that the LHINs will have the opportunity to basically go over what the boards decide, and they felt that they were not consulted before this came out.

I'm guessing that this bill will be coming back shortly. Is this something you're willing to look at?

Hon. Eric Hoskins: We'll be coming back shortly. We've had numerous discussions with the OHA, the Ontario Hospital Association, with regard to some of the concerns that they have raised. I think that you can appreciate that LHINs already have certain abilities to be able to manage and coordinate care within their catchment area.

The goal of the bill is simply to improve that coordination, planning and oversight for the betterment of the delivery of health care. But we've heard the concerns of the OHA, and I'm confident that, through reintroduction as well as ongoing discussion with the OHA, we'll be able to resolve their concerns.

M^me^ France Gélinas: Can we expect changes in the reintroduction, or is it the same?

Hon. Eric Hoskins: I do not firmly know the answer to that yet. There may be changes.

M^me^ France Gélinas: There may be changes?

We're going to change the powers of the LHINs without ever having finished the review that was mandated by legislation of the LHIN. Are we ever going to finish this?

Hon. Eric Hoskins: As I think you can appreciate, there was considerable work done in advance of, I think, the 2014 election when that review process was terminated, as it would be naturally. Significant recommendations that were put forward—

M^me^ France Gélinas: No, we never made any recommendations. We only heard from deputants—

Hon. Eric Hoskins: But in terms of the recommendations that we heard through the process that I'm confident that the ministry has incorporated, the majority of what we've heard in terms of being able to strengthen—

M^me^ France Gélinas: So the answer is no?

Hon. Eric Hoskins: Well, I think that it was really the decision of the committee to determine whether that—given that there was an electoral process, I think the procedural requirement is that the committee would have to reintroduce that mechanism.

M^me^ France Gélinas: So if the committee so wishes, you'll go forward? I doubt that.

I'm moving on to long-term-care inspections. I was briefed on it. The amount of money doesn't change, just the way we do things.

I was just curious to see: Did you ever quantify, in dollar value, the backlog that needed to be done?

Hon. Eric Hoskins: No, we haven't quantified that, but clearly it was imperative—and there was an expectation and a commitment by the government—to ensure that all long-term-care homes are inspected. That has been done. It's important to speak to the safety and the confidence of the residents who call that home.

M^me^ France Gélinas: So what happens if the changes that you have done do not free up enough resources to handle the full backlog?

Hon. Eric Hoskins: We're confident that the changes that we will be implementing will in fact free up resources to enable us to significantly reduce any backlog.

M^me^ France Gélinas: Okay, but you don't know how much you're saving, and you don't know how much the backlog was going to cost you?

Dr. Bob Bell: We aren't really saving. We've recruited 100 new inspectors as part of the accentuation

of the resident quality inspections process being done. As you know, it's been done for two years running and we're continuing to do an annual inspection of every long-term-care home. However, the length of the inspection process is now being dictated by the risks apparent in the first two inspections, plus what we're hearing from residents and families about the conditions in the home. So a more risk-based approach tailored to what we know about the home—

Hon. Eric Hoskins: In fact—if I can add—that was the recommendation of the Auditor General, that we focus on the high-risk homes and that we modify, or consider modifying, our approach to focus our efforts on those that are deemed to be, or likely to be, more high-risk.

M^me^ France Gélinas: But you cannot answer my question as to how much funds you figure that you'll be able to redirect, that you won't use—

Hon. Eric Hoskins: Well, it's difficult to say. I think we have the same complement of inspectors, they're just going to be deployed in a slightly different way, as per the AG's recommendation, focusing on the moderate- and high-risk homes. The vast majority of homes are fully compliant in this province, and other jurisdictions have successfully deployed models which do precisely what the Auditor General has recommended. So I think it's less a savings and more a modification of the approach, because we still have the same complement of inspectors. They will just be doing their work in a slightly different fashion. The result—

M^me^ France Gélinas: You have somebody beside you.

Hon. Eric Hoskins: We are on track to significantly reduce the backlog.

Dr. Bob Bell: We got the same message.

M^me^ France Gélinas: So on track, with a deadline of? When do you figure we won't have a backlog anymore?

Dr. Bob Bell: We will always have some degree of backlog. The issue is the time from the time of reporting to the time of managing the inspection. We're stratifying that, based on the severity of the complaint—the risk represented by the concern expressed, as recommended by the Auditor General.

M^me^ France Gélinas: I have to move on because I have three and a half minutes.

The capital funding: Remember we asked if we could have the value of the necessary repairs and upgrades that each hospital needs? We got this big list, everything but the name of the hospital. In education, we asked for the same thing; we got it for every school. In health, we don't know which hospital is associated with the necessary repairs and upgrades. When will you make this information public?

Hon. Eric Hoskins: As I've mentioned in the Legislature, there is a concern about both the interpretation of those figures—it's the dollar value required to restore a facility to brand new status. In some instances, it may be a hospital that, the following year, is going to be replaced with an entirely new hospital, so you can imagine that that's not a wise investment, to restore the existing hospital. In other cases, it might be a multi-site facility, but—

M^me^ France Gélinas: But the same thing exists in schools—

Hon. Eric Hoskins: Well, I can't speak for education. I follow the guidance of our ministry and the legal advice that we're provided with as well with regard to not wanting to jeopardize the independent procurement process and for capital investments. That's our goal in not providing the identity of the specific facility.

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M^me^ France Gélinas: But that doesn't hold water when the exact same information is available for schools. When you ask somebody to redo your roof or redo your air conditioning or redo your heating system, they don't care if it's a school or a hospital; they are the same bidders. They have this information for the schools. They don't really care—I'm not even sure they look at it—but I care.

Hon. Eric Hoskins: But when you're replacing your roof, you don't tell the three contractors that you're prepared to pay them $15,000 to do that; you ask them to competitively bid.

M^me^ France Gélinas: The school does. The school has this information available. We have it per school.

Hon. Eric Hoskins: Well, I can't speak to the process that the Ministry of Education goes through.

Dr. Bob Bell: I think it's fair to say that the Facility Condition Assessment Program, or FCAP, in the Ministry of Health is considered to be highly evidence-based and very much related to the funding that we provide to hospitals. Perhaps for that reason, because of that tight alignment—that tight, evidence-based approach that we've taken to the HIRF funding—we feel that it's not appropriate to make that information available, for potential problems with procurement. Perhaps our information is a little more evidence-based than our colleagues' in education.

M^me^ France Gélinas: Can you share the dollar value and the names of each hospital for this year's and last year's allocation of the Health Infrastructure Renewal Fund?

Hon. Eric Hoskins: We can certainly look into that—noted.

M^me^ France Gélinas: In my 20 seconds left: Any idea when we will have an OMA agreement?

Hon. Eric Hoskins: Well, I remain hopeful.

I have to say I'm gratified that both your leader, Andrea Horwath, and Patrick Brown, the leader of the official opposition, have endorsed the government's position with regard to binding arbitration. Both are on record publicly as stating that they're not prepared to give it in advance of negotiations, that it should be part of a number of issues discussed as part of the negotiations process. That has been our position for some time. I'm gratified that both opposition parties support that too.

M^me^ France Gélinas: The question is, when do we expect an OMA agreement?

Hon. Eric Hoskins: Well, it's going to be difficult to have an agreement absent negotiations. That's why I have personally implored the OMA to come back to the negotiations table absent their demand for a precondition, that of granting binding arbitration.

Again, I'm pleased that both leaders of the opposition parties—

The Chair (Ms. Cheri DiNovo): Thank you. I'm afraid the time is up now.

We will move to the government side. Mr. Dong.

Mr. Han Dong: Minister, I have a question on the Behavioural Supports Ontario program.

During the summer, I had the pleasure of touring my riding and being at several events at long-term-care facilities. While they're enjoying the support there and the great care given by the front-line workers, I also hear that from time to time it is a great challenge for the front-line workers to deal with complex behaviour. It affects the environment and also the experience of other residents, as well. A lot of times, the individuals involved in this have circumstances or perhaps a more complex background than we can anticipate.

In my riding, given the fact that there is evidence of an increase in dementia patients—and also the diversity that we enjoy here in Toronto—how is this program going to help the front-line workers in long-term-care facilities better care for their patients? How exactly are these funds being used?

Hon. Eric Hoskins: Thank you for that very important question.

In a moment, I'm going to ask Brian Pollard, the director of our long-term-care homes division, to elaborate. But I should add that today we've released a discussion paper on the province's dementia strategy, which was important work that Indira Naidoo-Harris did when she was parliamentary assistant to the Minister of Health. Her important work and the consultations that she did throughout the province obviously informed the priority that you've referred to.

I'm pleased as well—I think we all are—that there was an additional investment of $10 million on top of the $44 million annually that is spent on behavioural supports. Particularly with an aging population—and we can all appreciate that we see, as a population ages and the demographic shifts so that there are more individuals and, regrettably, a high prevalence of dementia like Alzheimer's and other forms of dementia—we are increasingly understanding the benefit of having an approach which truly responds to and supports the unique circumstances that individuals might have, whether it's in a long-term-care home or elsewhere.

This investment will, without question—and it has been so well received within the long-term-care community, for example, and by the staff who work in that environment and the individuals who are part of that behavioural support program because it allows them, often facing challenging circumstances, to work with individuals with complex behaviours or illnesses or diseases like dementia, again, whether they're in long-term-care homes or in their own homes or have various other forms of community supports.

Brian, perhaps you can introduce yourself formally and then speak some more to this.

Mr. Brian Pollard: Sure, my pleasure. Thank you, Minister.

I'm Brian Pollard, acting assistant deputy minister of the long-term-care homes division. I'm happy to be here today to talk to you about our BSO program and some successes that we've been seeing with the launch of that program.

The ministry is aware, as the minister said, that the number of residents exhibiting dementia and other complex conditions is growing. Improving access to appropriate care for individuals with these diagnoses is a key priority for us. It's embedded in our Patients First action plan. As a result, the ministry has enhanced, and continues to enhance, the amount and quality of care and services provided to residents of long-term-care homes. One such initiative is Behavioural Supports Ontario, also known colloquially as BSO, which I am pleased to, as I said, speak to you about today.

In 2011-12, the ministry launched BSO to implement a framework for care to support system improvements for older people with cognitive impairments who exhibit challenging and complex behaviours, as was said, wherever they live, whether at home, in long-term care or elsewhere.

Between 2011-12 and 2012-13, the ministry invested $59 million to successfully implement BSO, which included supporting the redesign of service delivery across the province and the hiring of over 600 new staff to meet the needs of these individuals with challenging and complex behaviours. As of the summer of 2013, the implementation of BSO was completed with ongoing oversight for BSO resources transitioned to each LHIN. That's where we started to introduce a real local element to it. The Hamilton Niagara Haldimand Brant LHIN is now the point of contact and that CEO is the LHIN lead for Behavioural Supports Ontario.

Through BSO, a provincial framework of care was implemented across the 14 local health integration networks or LHINs, which integrates new, locally appropriate service models, including the establishment of long-term-care home specialized behavioural units. There are also behavioural outreach teams, and included in that are standardized care pathways, best practices and measurements that are all supported by Health Quality Ontario.

Between 2013-14 and 2015-16, the ministry provided $44 million base annually to maintain the health human resources related to BSO. We've just, as part of the 2016 Ontario budget, announced an additional $10 million on top of that $44 million. That money is now out with the LHINs to distribute, so there is $54 million in the field related to BSO.

The local health integration networks will use the additional $10 million in BSO funding to (1) hire specialized health care staff to meet the regional service

needs for older adults in Ontario with cognitive impairments exhibiting complex and responsive challenging behaviours, (2) promote seamless care and coordination between service providers across sectors and (3) enhance services for individuals with challenging and complex behaviours.

LHINs are developing locally appropriate implementation plans to outline how the new investment will be allocated to enhance existing BSO service delivery models and the BSO continuum of care. It's entirely possible that as you go across the province, you will hear BSO talked about in various or different service configurations.

LHINs have the flexibility to allocate the new funding to enhance existing BSO models and for new specialized staffing to support local priorities—and I would underline "local priorities"—in long-term care and other sectors as part of their planning mandate.

1700

The ministry's priority outcomes for BSO include:

(1) Reduced resident transfers from long-term-care homes to emergency departments, hospitals or behavioural units in situations where the resident can be treated in their long-term-care setting. It's really about maintaining the resident in the long-term-care home, if at all possible.

(2) Delayed need for more intensive services, either in the community or in a long-term-care setting, thereby reducing admissions to hospital and risk of becoming ALC, as we were just talking about.

(3) Reduced length of stay for persons in hospital who can be discharged to the community or a long-term-care setting with appropriate supports—and those would be enhanced behavioural resources. So if you're in hospital today with ALC, these resources can hopefully help expedite your leaving a hospital setting.

The ministry maintains strong engagement with BSO stakeholders, including the BSO provincial coordinating office and the lead LHIN for BSO. As I mentioned just now, it's the Hamilton Niagara Haldimand Brant LHIN. They have all provided invaluable input on investment and implementation approaches. Our BSO stakeholders include clinicians who are dealing with these residents on a daily basis—so front-line staff who are actually living it with residents.

BSO has been successful in establishing foundational health human resource capacity and other resources to support the care and safety of individuals with complex and challenging behaviours. One of the real successes of BSO is that care delivery has been enhanced through flexible models that can adapt to the needs in local areas. This includes integrated teams that support patients and long-term-care residents as they transition within the health care system, community outreach teams to divert people from long-term care, and additional direct care staffing who are right in the long-term-care homes.

BSO is having real results for residents and families. Just to give you a snapshot, in 2015-16, for BSO initiatives: We received over 33,000 referrals, with the majority being triaged to teams in long-term-care homes, and we supported an average of 23,000 patients and families in each quarter. This is quite a sizeable impact that our BSO investment is having. As mentioned, BSO services include successfully supporting individuals as they move across the health care continuum. As reported by eight LHINs—this is just a snapshot—in 2015-16, over 3,000 such transitions were supported by BSO teams.

That just gives you a sense of how Behavioural Supports Ontario has been launched and is being rolled out across the province. We're currently at a stage where we're very engaged with our LHINs, as we introduce this new $10 million this year, in enhancing their models. We look forward to continuing to work with them and the sector on the best implementation of this program.

The Chair (Ms. Cheri DiNovo): You have about two minutes left.

Mr. Han Dong: I just want to say that this is really good information just given by our staff. Back in my riding, I've got to do more communication work and let people know that these are available now. One of the challenges that I think any government faces is to effectively communicate these programs to the level where people will feel the difference and see the difference. We've got a lot of jobs as MPPs, both on this side and on the other side as well—making sure that government programs from all ministries get properly communicated. In my case, in my community I need to translate some of these so that the service receivers and taxpayers can better understand what we are doing. I'm preparing a news piece to go out, as well as some social media, blogs and stuff. We have all of these technologies available to us right now and there is no reason why we can't take advantage of that and really broaden our communication projection to the constituency here in my riding.

Thank you very much for that information.

The Chair (Ms. Cheri DiNovo): You've got about a minute left.

Hon. Eric Hoskins: It's really about a culture change, too. Our society is changing, and it has to change to reflect an aging demographic and the fact that dementia in its various forms is a reality that's with us. And we're not simply talking about dementia. That's obviously a big part of this—and it won't be with us forever. I'm confident there will be a cure or preventive measures or supportive measures that can be put in place. So that education and awareness is critically important, but it's also—literally, virtually everything we do in society, we need to begin to rethink it so it accommodates and is supportive of the populace that resides there, right? Sometimes that's focused on protections—

The Chair (Ms. Cheri DiNovo): That is about it.

Hon. Eric Hoskins: You're welcome.

The Chair (Ms. Cheri DiNovo): Thank you very much.

This concludes the committee's consideration of the estimates of the Ministry of Health and Long-Term Care. Standing order 66(b) requires that the Chair put, without

further amendment or debate, every question necessary to dispose of these estimates. Are the members ready to vote?

Shall vote 1401, ministry administration program, carry? Carried.

Shall vote 1402, health policy and research program, carry? Carried.

Shall vote 1403, eHealth and information management, carry? Carried.

Shall vote 1405, Ontario health insurance program, carry? Carried.

Shall vote 1406, public health program, carry? Carried.

Shall vote 1411, local health integration networks and related health service providers, carry? Carried.

Shall vote 1412, provincial programs and stewardship, carry? Carried.

Shall vote 1413, information systems, carry? Carried.

Shall vote 1414, health promotion, carry? Carried.

Shall vote 1407, health capital program, carry? Carried.

Shall the 2016-17 estimates of the Ministry of Health and Long-Term Care carry? Carried.

Shall I report the 2016-17 estimates of the Ministry of Health and Long-Term Care to the House? That is carried.

We're going to have a bit of a break before we start our next ministry. We'll reconvene at 5:15. Thank you all.

The committee recessed from 1707 to 1715.

MINISTRY OF ABORIGINAL AFFAIRS

The Chair (Ms. Cheri DiNovo): Could members take their seats, please? We're due to start. Minister, members, we are going to get started. Mr. Miller's up first.

I'll read the preamble. We are here to resume consideration of vote 2001 of the estimates of the Ministry of Aboriginal Affairs. There is a total of nine hours and 47 minutes remaining. As we have some new individuals in the room, I would like to take this opportunity to remind everyone that the purpose of the estimates committee is for members of the Legislature to determine if the government is spending money appropriately, wisely and effectively in the delivery of the services intended.

We would also like to remind everyone that the estimates process has always worked well with a give-and-take approach. On one hand, members of the committee take care to keep their questions relevant to the estimates of the ministry. The ministry, for its part, demonstrates openness in providing information requested by the committee.

As Chair, I tend to allow members to ask a wide range of questions pertaining to the estimates before the committee to ensure they are confident the ministry will spend those dollars appropriately. The ministry is required to monitor the proceedings for any questions or issues that the ministry undertakes to address. I trust that the deputy minister has made arrangements to have the hearings closely monitored with respect to questions raised so that the ministry can respond accordingly. If you wish, you may verify the questions being tracked by the research officer at the end of your appearance.

If there are any inquiries from the previous meetings that the minister or ministry has responses to, perhaps the information can be distributed by the Clerk at the beginning in order to assist the members with any further questions. Minister, are there any items?

Hon. David Zimmer: I'm sorry, I was distracted.

The Chair (Ms. Cheri DiNovo): Are there any items, Minister, that you would like to distribute to the committee?

Hon. David Zimmer: Not at this time.

The Chair (Ms. Cheri DiNovo): Okay. We will now resume consideration of vote 2001 of the estimates. When the committee last adjourned, the official opposition had six minutes remaining in their 20-minute round of questions.

Mr. Miller, the floor is now yours.

Mr. Norm Miller: Thank you, Chair. Only another nine hours and 47 minutes to go.

Hon. David Zimmer: I'm looking forward to developing our relationship over these nine and a half hours.

Mr. Norm Miller: I thought I'd start with something that's current, and that is the situation in Grassy Narrows First Nation in northern Ontario. There's a report in the Globe and Mail from just yesterday, September 20, saying, "The chief of the Grassy Narrows First Nation in northern Ontario says the federal and provincial governments must help his community overcome the effects of decades of mercury poisoning." The report was current because—I'll just read a bit from it—"Japanese researchers found more than 90% of the people in Grassy Narrows and the Wabaseemoong (White Dog) First Nation show signs of mercury poisoning, including a new generation of residents....

"Fobister calls it 'shameful' that communities and people impacted by mercury poisoning have to fight for every bit of help they can get, and said he still wants a commitment from the province to clean up the local river."

This is the chief speaking: "'There's been no real, solid, clear commitment that a cleanup will take place if the scientists say it can be cleaned up.'"

I understand that a study was funded to look at the science. I'm just wondering, if that study comes back and suggests a way to clean up the river, is there money budgeted to clean up the river, and if so, how much money is budgeted to clean up the river?

Hon. David Zimmer: Thank you for that question, Mr. Miller.

Look, I want to emphasize this as strongly as I can: This government and my ministry are very serious about finding some solutions—the solution or solutions—to the situation in Grassy Narrows.

You're right; we have just received the latest report on Grassy Narrows. We're reviewing that in detail. That

report came down on September 20, Tuesday of this week, and that report is being studied now by the relevant ministries.

1720

There are a couple of schools of thought about the best way to address the problem. The key here, as I said in my answer to the question this morning from, I think, Ms. Gélinas, is that we have to get the right answers. There are some discussions from different points of view within the scientific and engineering community on the right way to proceed or the best way to proceed. There are some options that are out there.

But we are committed to addressing the problem. We are committed to getting the best option. In fact, in support of that, Ontario has provided $300,000 to support water, sediment and fish study sampling in the area.

Earlier in the summer, in June, Minister Murray from the Ministry of the Environment and Climate Change and myself—there were representatives from the federal government there, and my deputy minister was there with her team and there were some other scientists—met with Chief Fobister at Grassy Narrows, and we had a full and frank discussion of these issues. As a result of that meeting, we agreed to proceed with the study that I've just referenced.

The other important thing that happened at that meeting was that we agreed that Chief Fobister, Minister Murray and I would meet on a regular basis to review the work that the scientific team was bringing forward to address this.

I can tell that about six weeks after that initial meeting with Chief Fobister, Minister Murray, Chief Fobister and I met here in Toronto with our respective teams to discuss the progress of that team over the immediate preceding six weeks. We have another meeting scheduled coming up soon.

We are keeping a close political eye on the problem. The scientists are doing their diligent work to come up with the best possible options.

Mr. Norm Miller: It sounds like you've met a few times, but obviously, as reported in this article, the chief says that there is no commitment. His exact words are, "There's been no real, solid, clear commitment that a cleanup will take place if the scientists say it can be cleaned up." I think I'm hearing—

Hon. David Zimmer: I'm sorry; I missed the last few things you said.

Mr. Norm Miller: He said, as reported yesterday, "There's been no real, solid, clear commitment that a cleanup will take place if the scientists say it can be cleaned up."

It sounds like you've met with him a few times, and I'm hearing that you're willing to do what you can to try to fix the problem. But based on what he's saying in the newspaper, he doesn't seem to think that there is a commitment from the government to clean up this problem.

Hon. David Zimmer: We are committed to addressing this problem. That's why we had the initial meeting. That's why we've had the follow-up meetings about the political oversight of the work that the scientists are doing. I can tell you that the Minister of the Environment and Climate Change is committed to protecting the environment and the watershed there.

I can tell you also that, on June 27, 2016, the Minister of the Environment and Climate Change and I committed $300,000 through the MOECC for the sediment study. That's ongoing as—

The Chair (Ms. Cheri DiNovo): I'm afraid your time is up. If you could just wrap up, Minister.

Hon. David Zimmer: The important thing here is that the work that we're doing is going to be guided by Grassy Narrows leadership, with the participation of Ontario and the community leaders—

The Chair (Ms. Cheri DiNovo): Thank you. I'm afraid that's it.

We are going to move on to Madame Gélinas.

M^me^ France Gélinas: How long do I have, Chair?

The Chair (Ms. Cheri DiNovo): You have 20 minutes.

M^me^ France Gélinas: Okay; thank you.

I'm going to stay on Grassy Narrows because I would like you to have an opportunity to explain things. We have done the studies, we know that we can clean the river, and it's $200 million to clean the river, and this is the best method that all the scientists and engineers agree to. Where would the money come from?

Hon. David Zimmer: As I said in my introductory remarks, we are committed to dealing with this situation. But your question jumps ahead to how that should be done. What's the best way to address this problem?

The so-called—I'll call it the Japanese report. It was released yesterday or the day before. While I haven't had a chance to review it in detail, I do note that a press conference or a media availability—as I said this morning in my answer to the question you posed, Dr. Hanada, who is the lead Japanese physician and scientist on this—even he said, "It is possible that things get worse because of the turning of the soil and the water."

One of the options here—

M^me^ France Gélinas: I'll interrupt you for one second because we looked through the entire report and I cannot find that quote. Where did you get that quote from?

Hon. David Zimmer: It was at a press conference, not in the report; a press conference or media availability. Dr. Hanada made that statement to the press conference or the media availability.

M^me^ France Gélinas: Yesterday, you were saying that he made those comments.

Hon. David Zimmer: Yes.

M^me^ France Gélinas: Okay. So those comments are not from the report—

Hon. David Zimmer: No.

M^me^ France Gélinas: —they are from the availability that he did after the press conference yesterday.

Hon. David Zimmer: Yes.

M^me^ France Gélinas: Okay.

Hon. David Zimmer: I think I should add that any of the technical questions relating to the river cleanup that you've raised really have to be directed to the Minister of the Environment and Climate Change. That's within his technical purview of what the appropriate technical solution is. But I come back to my point: There are options out there and it's a question of getting the best solution.

Here, I have the transcript of the press conference. It's in small print here. Question from an unidentified—I gather it was a reporter or somebody: "Sorry, I just wanted to ask: Many government officials, including the Premier of Ontario, have said that they don't want to make the problem worse." Answer from Dr. Hanada: "It is possible that things get worse because of the turning of the soil and the water.... but the monitoring of this level is very important." That's what the sediment study that the Ministry of the Environment is funding is digging into.

But clearly, the challenge here is to get the best solution, and there are different ideas on what that might look like. Having said that, we want to address this problem.

M^me^ France Gélinas: Okay.

Hon. David Zimmer: You can get the transcript.

M^me^ France Gélinas: Yes. This morning, when you answered my question, you said that it was in the report.

Hon. David Zimmer: Yes. I was asked about that later and that was corrected. I should have said "media availability," not "report."

M^me^ France Gélinas: Okay. We have an entire report that basically talks about the health effects of this mercury contamination on 90% of the people, including the children. This has been going on for decades. How much longer do you figure they're going to have to wait before we agree on a best solution?

Hon. David Zimmer: That will depend on the expert advice that we get and on the decisions that are taken as a result of that advice, both by the government and by Grassy Narrows.

1730

For instance, I know that the Ministry of Health and Long-Term Care is also working with the community of Grassy Narrows on their request for the results of blood testing done by Health Canada. I think it's between the years 1978 and 1992. Officials from the ministry are working with the Office of the Chief Archivist, the Chief Coroner of Ontario and the federal government to determine the location of the data that they requested; that is, the blood sampling and so on.

The point here is that there has to be some good science done to get the best options to choose the best solution.

M^me^ France Gélinas: How can we justify that it has been 50 years and we have not had time to do the best science yet? Really, how can we look at each other—how can I look at the minister responsible for reconciliation 50 years later and we still don't know what to do? How can you give those people hope that you are serious, that you want reconciliation, that First Nations lives matter, and answer the questions with that one quote—not from this big report, one quote that gives you permission to study some more and, from their point of view, stall at making a decision, so that they will all be dead and you won't have to make one?

Hon. David Zimmer: That is an unfair characterization. We are not stalling on any decision to address this problem—

M^me^ France Gélinas: Fifty years.

Hon. David Zimmer: I can't live my life backwards, and you can't live your life backwards, but I can live my life forward and we can all live our lives forward. The question is, what are we going to do to deal with this problem? We can't deal with 20 or 30 years ago. This government, our Premier and I and everyone at my ministry, from the deputy minister right down to the receptionist answering the phone, are passionately committed to indigenous affairs.

It's not just happenstance that we changed the name of the ministry recently from the Ministry of Aboriginal Affairs to the Ministry of Indigenous Relations and Reconciliation. We put huge importance on developing, maintaining and improving our relationship with indigenous peoples and tacking onto the ministry name "reconciliation." We put huge importance on that.

Dealing with issues like Grassy Narrows—in fact, dealing with the range of issues, be it Grassy Narrows, be it education, be it economic opportunity—we are mandated to get the right answers, to get the best answers.

M^me^ France Gélinas: So you agree to commission a study. When you ask the people locally as to, "How is it going with the study? Has anybody come to do sediment testing?" the answer we got was, "They haven't come yet." There hasn't been any testing of the sediment. There hasn't been any scientists who have come. So did they all come in the middle of the night and nobody saw them?

Hon. David Zimmer: Well, I can tell you that the Ministry of the Environment and Climate Change has made that commitment of $300,000 and that that work is under way, but just who arrived on the site, on what day and did what testing—you'd have to ask the technicians or the folks over at the Ministry of the Environment.

M^me^ France Gélinas: But can you see that within your ministry, to make sure that those promises of action actually deliver is an important part of reconciliation? Your government has made a promise of a $300,000 study. We all know that up north the leaves are turning red. Pretty soon, the river will be frozen over. There is no sediment testing once the river is frozen over. You made that promise back in the spring; we are now looking at fall, and nothing has been done.

When we talk about reconciliation, we talk about taking those things seriously. Your ministry has a job to do: to make sure that this work is done promptly. How can you reassure them that this job is done promptly? Have you made sure that it was going to be done promptly?

Hon. David Zimmer: Look, as I said, it's the Ministry of the Environment that carries out those technical

studies. I'm going to ask the deputy if she has any information of what has been happening and so on, but I'm sure it's going to end up over with Assistant Deputy Minister Batise.

Ms. Deborah Richardson: Sure. Just to—

The Chair (Ms. Cheri DiNovo): For the purpose of Hansard, would you introduce yourself?

Ms. Deborah Richardson: *Remarks in indigenous language.*

My name is Deborah Richardson, and I'm the Deputy Minister of Indigenous Relations and Reconciliation.

I would like to elaborate a little bit more on the specifics. We visited the community, and Minister Zimmer pointed to that, but at the community we came away with some agreement about how we were going to move forward. It was actually quite an honour because the community did, in ceremony, have a request to both Minister Zimmer and Minister Murray, in terms of presenting Minister Zimmer with a pipe, which is quite an honour, and that we would smoke that pipe when that river is cleaned up and remediated.

We spent a whole day with the community, and we did have some agreement with the leadership within Grassy Narrows. What we agreed on was that we would work immediately on a transfer payment agreement—Shawn can speak to that; he has been negotiating that with the community and with the Ministry of the Environment and Climate Change—and also to ensure political check-in. Minister Zimmer and Minister Murray felt very strongly that there would be regular check-ins monthly with Chief Fobister to make sure that things were moving as they needed to move and that there was an agreement on how the scientists could move forward together, because Grassy Narrows First Nation feels very strongly—there's a lot of mistrust in the government and mistrust of scientists. So there's an agreement that Grassy Narrows will continue to be able to work with their scientists and that the scientists will figure out how to move forward together and undergo that testing and that data collection that needs to happen.

I'm not sure if you, Shawn, have any additional information you wanted to share beyond that, or if you think that covers it.

Hon. David Zimmer: You can introduce yourself and then give the technical information.

Mr. Shawn Batise: Shawn Batise: assistant deputy minister for the negotiations and reconciliation division of the Ministry of Indigenous Relations and Reconciliation. Sorry, I'm fairly new, so I have to keep reminding myself of some of the acronyms and terms.

In terms of what we have done in fact with the testing itself, there has been some testing that has been carried out by Grassy Narrows scientists. It was done, as far as I know, sometime in July. We actually flowed some funding, an advance on the $300,000, to cover off those expenses. The MOECC did not have any involvement in that testing, as far as I know. So some sediment samples have been taken. I don't know exactly how many, but this has been confirmed by the First Nation.

We are now waiting just to get the transfer payment agreement in place so that we can provide the resources to have those samples analyzed and tested at a lab. Then, sometime in the next few months Grassy scientists will presumably do an analysis of the results from those tests and, from what I understand, meet sometime in the winter—January is the current date—to review the analysis from those scientists along with MOECC scientists and independent, objective scientists from—I can't say for sure which university, but there were a couple of scientists identified from a university and agreed upon by the group.

1740

The Chair (Ms. Cheri DiNovo): You have just over four minutes left.

M^me^ France Gélinas: I will stay on Grassy Narrows and wait for my other question.

You all realize how important it is for the First Nations, and you said it yourself: They gave you a pipe. With the pipe came a commitment that you will smoke it when the river will be cleaned up and the river will be restored. So you understand that this means you have a commitment to this First Nation to clean it up and to restore, or you don't accept the gift. Once you've accepted the gift, it came with a commitment that you will smoke it when the river will be cleaned up and when the river will be restored.

Do you see what you have agreed to? You have agreed to a cleanup. And now the expectations are that we are moving toward a cleanup. But whenever we ask you about this, you take the first exit away from it. You say, "Oh, forget about the report from the Japanese scientist; let's focus on one sentence he said during a press conference, that maybe we won't do the cleanup because it will disturb the sediment."

Can you see that this is not in line with reconciliation? Can you see that you cannot give false hope and carry your mandate of reconciliation? Will you agree that you made a commitment to cleaning up when you accepted the pipe?

Hon. David Zimmer: I have two parts to your answer.

One, I accepted the pipe. I accepted the pipe personally, I accepted the pipe on behalf of the ministry and I accepted the pipe on behalf of the government of Ontario. I am aware of the sacredness of that acceptance.

Number two, in answer to your question, I hope, France, that you would agree with me that whatever solution is taken is the best solution. To paraphrase the medical doctors' oath, the big thing is to do no harm, to do no further harm.

How do we get to that point, where we have the best solution in place that does no further harm? It's by looking at the options that are being presented to us and choosing the best one. And it's not just the government or the Ministry of the Environment choosing the best option; we are doing that in conjunction with and, in fact, it's being led by Grassy Narrows First Nation and in particular Chief Fobister.

M^me^ France Gélinas: When Chief Fobister hears you say things like—in my question you could have said, "If the science says we should clean, we will clean." They are wanting so badly for you to say this, but you chose to say: "Oh, there's a quote that says maybe it's better not to clean."

Do you see? We're talking reconciliation. They want to hear you say that if it can be clean, it will be clean. This is what you did when you accepted the gift. But yet, whenever you have an opportunity to speak on this issue, you say, "Maybe it's better not to clean."

Hon. David Zimmer: No, that's not what we said. We said we wanted the best solution. Now you're putting words in my mouth and you're grandstanding a bit; I apologize for saying that, but you are.

Everybody wants the best solution. The comment from Dr. Hanada—he said, "It is possible that things get worse because of the turning of the soil and the water." So turning the soil and water and digging up the sediment is one approach. There are other approaches too.

The Chair (Ms. Cheri DiNovo): I'm afraid we're going to have to leave it at that, Minister, and move on. You can, perhaps, finish your thought as we turn to the government side.

Ms. Kiwala.

Ms. Sophie Kiwala: Thank you, Madam Chair, and a warm welcome to the estimates committee.

I just want to say at the outset that, since I have become your PA, I corroborate fully what you have said about the commitment on behalf of your entire ministry to the positive reconciliation and relationship with all indigenous peoples across this province. I've been truly impressed with that every step of the way, every day that I've had the opportunity to work on any of the projects that we have worked together on so far.

I think it's important also at this point to say that we do need to have faith that we are going to do the right thing in all areas of the ministry. I think we need to assume that as a modus operandi, and move on from there. No, we can't go back 10, 20, 30, 40 or 50 years, and I sense that it's the intention of this ministry to make good on their commitment and do everything possible.

I would like to talk a little bit today about the Chapleau Cree settlement treaty. I just want to make some reference to the historical aspect of the wonderful celebration that we had just over a week ago. In 1905 and 1906 the crown negotiated Treaty 9 with the Cree and Ojibway peoples living in the vicinity of the Albany, Missinaibi and Abitibi Rivers in northeastern Ontario. Chapleau Cree First Nation is an adherent to Treaty 9. However, Chapleau Cree First Nation submitted a treaty land entitlement claim to Ontario and Canada, asserting that it did not receive all of the reserved lands to which it is entitled under the terms of Treaty 9.

Minister, as you are well aware, Chapleau Cree First Nation, Ontario and Canada successfully concluded that agreement, their negotiations of the treaty land entitlement claim—an event in history that we had the honour of celebrating just last week.

I also wanted to talk a little bit about my impressions of that event. I was really quite struck at how committed every member of the team was, both in the Ministry of Indigenous Relations and Reconciliation, as well as in the Ministry of Natural Resources and Forestry. We had the opportunity to meet with John Nolan, the senior negotiator; Leigh Freeman, another negotiator for your ministry; Allyssa Case, who was a lawyer who worked on this settlement agreement initiative, who is now with MCSS; as well as Wikar Bhatti, who is a surveyor—often, the surveyors are not acknowledged in some of these very large projects. The work that has gone on behind the scenes has been astounding. It's gone on for many years, as you know.

As we know, indigenous peoples have a physical, spiritual, social and cultural connection to the land, so the settlement of treaties is an enormous event for all parties to celebrate. The importance of looking after the land and being nurtured by the land is all the more important when fresh produce and food are expensive.

To get back to the question, specifically, I'm wondering if you can elaborate a little bit on why Ontario agreed to negotiate a settlement of the Chapleau Cree claim.

Hon. David Zimmer: Thank you for that question, and thank you for attending at Chapleau Cree First Nation—I guess it was last week—to celebrate that.

1750

The background to the Chapleau Cree claim: Back in 1905-06, the crown negotiated Treaty 9 with the Cree and the Ojibway peoples living in the vicinity of the Albany, Missinaibi and Abitibi Rivers. That's up in northeastern Ontario. Chapleau Cree First Nation is an adherent to Treaty 9, but here's the wrinkle: Chapleau Cree First Nation submitted a treaty claim entitlement to Ontario and to Canada asserting that it did not receive all of the reserve lands which it was entitled to under the terms of Treaty 9. So that sets the background for it.

Negotiations got started, and, as you've said, they were concluded successfully from all parties' points of view.

The reserve of Chapleau Cree First Nation is within the municipality of Chapleau; it's about 250 kilometres northeast of Sault Ste. Marie.

Under Treaty 9, reserve lands were to be set apart for each band, "the same not to exceed in all one square mile for each family of five, or in that proportion for larger and smaller families." So what that worked out to was the equivalent of about 128 acres of land per person. In 1905-06, a reserve of only 267 acres was set apart for the Chapleau Cree First Nation. In 1991, Ontario transferred about 2,500 acres to Canada, to the federal government, to be set aside as reserve for the Chapleau Cree First Nation, also known as the Fox Lake Indian reserve. This transfer partially fulfilled the crown's obligation under the treaty to provide lands for a reserve. The Chapleau Cree First Nation submitted its treaty claim to Canada and Ontario in May 1992. Ontario accepted the claim in 2000; Canada accepted the claim in December 1999. When I say "accepted the claim," they accepted that there

was a claim there, and then it was a question of negotiating how to resolve the claim.

What's the status of the Chapleau Cree First Nation land entitlement claim? Well, as you've pointed out, it has been resolved. But let me tell you something about the settlement. The settlement agreement provides:

—the transfer from Ontario to Canada of about 4,000 hectares—that's 9,800-and-something acres—of unpatented crown land that's to be set aside as a reserve for Chapleau Cree First Nation;

—the payment by Ontario to the First Nation of a little over $350,000—that has already been paid;

—the payment by Canada of a little over $21 million—that has already been paid;

—in addition, Ontario will provide Tembec—that's a company out there—with $500,000 to construct a new access road to divert existing forest traffic away from what will become the reserve lands.

So this is a good-news story for Chapleau Cree First Nation. It's a good-news story for Ontario, for the federal government and, above all, it's just the right thing to have been done.

Ms. Sophie Kiwala: Thank you for that. I want to talk a little bit more about the importance of land to indigenous people and the settling of the treaties.

As you know, I'm also the PA to the Minister of Children and Youth Services. We had an opportunity to go to Moosonee, Moose Factory and Kashechewan. We had the opportunity to be present in Kashechewan when 24 youth came back from a 300-mile canoe trip which lasted about three weeks. It was quite an emotional moment when the youth came back. They were embraced on the shores by their family, and you knew when they came back that they got their life out of that journey. The families knew that and you could feel that.

Non-indigenous people have a different relationship with the land. They buy and sell it, and sometimes they make a profit; sometimes they make a loss. But indigenous people have a much more profound connection to the land and I don't think that that can be stated often enough. I'm glad that we continue to work hard on building those relationships and working on reconciliation in every sector of our province.

I wanted to ask you also a little bit about why Ontario negotiated a settlement of the Chapleau Ojibwe claim, and if you could just elaborate a little bit more on that.

Hon. David Zimmer: I gave the preamble in my answer to your previous question about the Chapleau Cree. There are little differences here. Under Treaty 9, as I've said earlier, reserve lands were to be set aside for each band. I quote again, because it's a lot of language there: "…the same not to exceed in all one square mile for each family of five or in proportion for larger and smaller families." That worked out to an equivalent of about 128 acres.

With respect to Chapleau Ojibwe as opposed to Chapleau Cree, the reserve set aside for Chapleau Ojibwe at the time of the treaty was 160 acres in area. In 1950, a little over 2,000 acres were added to the reserve. The Chapleau Ojibwe First Nation submitted its treaty land entitlement claim to Canada in 1995 and to Ontario in 1997. It was a couple of years before the Chapleau Cree.

The Chapleau Ojibwe First Nation submitted a revised claim in 2007. The Chapleau Ojibwe First Nation asserted that it did not receive all of the lands that it was entitled to under Treaty 9, which I referenced in my earlier answer, and that at least a little over 8,000 acres of land or a little over 12 square miles were owed to Chapleau Ojibwe.

Ontario accepted that claim in August 2007. Canada accepted the claim in October 2008—and when I say "accepted the claim," they accepted that there was a valid claim there, part 1, and then part 2 is to negotiate a settlement to the claim. There was no issue that there was a claim. There was a claim, but what should the settlement look like?

Negotiations commenced in November 2008 and the current status or the result was that in December 2013, Chapleau Ojibwe First Nation requested cash in lieu of land for the settlement of the treaty land entitlement claim that I've just referenced.

An agreement was reached between the First Nation and Ontario with respect to the value of that outstanding land. After some further negotiations, we were waiting for Canada's negotiators to make a formal settlement offer. The First Nation—that is, Chapleau Ojibwe—requested that Ontario settle the claim bilaterally, not trilaterally. The claims are usually Ontario, the relevant First Nation and the federal government—

The Chair (Ms. Cheri DiNovo): I'm afraid, Minister, that we are out of time. We're at the 6 o'clock mark, so hold that thought. We will be adjourned, but we will come back next Tuesday morning at 9 o'clock. Thank you all.

The committee adjourned at 1800.

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