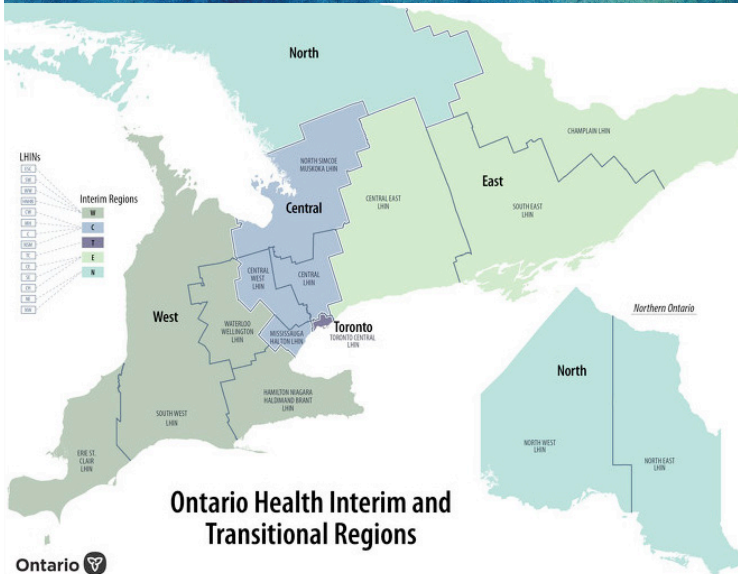


2019 CUPE LHIN Sector UPDATE

On November 13, the Ontario government announced that the 14 Local Health Integration Networks (LHINs) have been clustered into five interim geographic regions that will be led by five CEOs who have been cross-appointed as Transitional Regional Leads.



CUPE is mounting a campaign to raise awareness about the true nature of the LHIN restructuring, which is more about privatization of care than well-thought health system change. The campaign begins with the release of a CUPE report called *Unhealthy Changes: Ontario PCs' Experiment with Cuts, Restructuring and Privatization of Patient Care Navigation* in December 2019.

More campaign information will follow in future updates.

The five geographic regions are as set out in this accompanying map.

The new appointees are: Bruce Lauckner (West), Scott McLeod (Central), Tess Romain (Toronto), Renato Discenza (East), and Rhonda Crocker Ellacott (North).

The government states that this is not a merger of LHIN boundaries:

“Rather, these changes are a means of streamlining the regional oversight as an interim measure as the ministry continues its work to integrate home and community care supports with Ontario Health Teams.”

For now, the LHINs will continue to be responsible for the ongoing management of operations, including:

- Coordinating patients' access to home and community care and long-term care;
- Continuing the day-to-day administrative oversight of health service providers;
- Leading and managing the LHIN workforces within their region.

Regarding this reform, Doug Ford claims:

“...we need to get rid of the inefficiencies and back office duplication. This is how we are continuing to put patients first and ensure sustainability for future generations.”

Ontario Health has suggested to us that this interim structure would be in place for about one year.

At the same time the government also announced that transfer orders were issued to five agencies:

Cancer Care Ontario, eHealth Ontario, Health-ForceOntario, Health Shared Services Ontario, and the Ontario Health Quality Council. Those agencies will be transferred to the new provincial “super agency” Ontario Health on December 2, 2019.

CUPE does not represent workers at any of these agencies but does represent approximately 1,700 workers at the LHINs. **The government is not issuing transfer orders for the LHINs and the Trillium Gift of Life Network “at this time”.**

COMMENTARY: The later transfer of LHIN services to Ontario Health may, in part, be due to the lengthy process the government has created to establish scores of Ontario Health Teams (OHTs) across the province.

The government suggests it will transfer some LHIN services to Ontario Health and some services (e.g. home and community care services) to OHTs. Once fully-formed, the OHTs will be coalitions of hospitals, home care businesses, long-term care homes, community care services, primary care physicians, etc.

However, the plans of the government and the OHTs are not fully developed, making it difficult for them to divide and transfer the LHIN services at this time. Connected with this, the government may not have yet determined exactly what other work will transfer from the LHIN to Ontario Health.

Three issues to point out:

1. The early transfer of five non-CUPE agencies to Ontario Health raises the possibility that **labour relation and bargaining unit issues at Ontario Health may be dealt with before the arrival of CUPE members** who may be transferred when some LHIN work is eventually transferred to Ontario Health. **This is an issue of concern to CUPE.**

2. Home and community care **work currently done by the LHINs may be assumed by OHT partners** such as hospitals, home care providers, and family physician practices.

While **this whole restructuring is very troubling and not fully thought-out**, the assumption of this work by for-profit home care corporations (which play the lead role in the home care industry) and family physician practices would, in particular, raise serious concerns.

But there is considerable 'corporate' support for this restructuring by the for-profit providers. They have eagerly endorsed the government changes despite little public information about LHIN restructuring.

CUPE adamantly opposes the privatization of health care.

LHINs are one of the few beach heads of public health care in the home care industry. LHIN workers provide solid public sector guidance to patients and have won decent working conditions for themselves. This is under threat.

Most home care providers are private for-profit corporations. There are strong indicators that patient care case management and team assistant work will be turned over to home care providers. This creates a big conflict of interest, whereby those providing home care services would also be have oversight of what patients get the care and how much.

3. The government has sold the restructuring as a cost cutting exercise, flagging the reduction in CEOs. That reduction will at best net only relatively tiny savings after some years. The spring budget, however, indicates that the government plans to save \$350 million annually through Ontario Health.

Even the elimination earlier this year of 815 positions at the agencies that will be assumed by Ontario Health will only reduce expenditures by a small fraction of that level of cut. Moreover, the Financial Accountability Office indicates that the government's budget plans will require billions more in as-yet un-announced health care cuts in the years ahead.

These cuts and privatization are just beginning.

The only way to reverse them is for CUPE and our community allies to mount effective campaigns. Collectively, we have won hundreds of millions of extra dollars in funding for health care funding since the 2019/20 Budget, but much more needs to be done.