

# Ontario Health Coalition

LHINs

## Comments on the LHINs Consultation Session

Kingston, Dec.7, 2004-12-07

These are not minutes or a report on the detail and outcomes of the session. When the coordinating committee forwards the report I will send it along. There were a couple of other active members of the Kingston Health coalition there and they may also send along their thoughts on the meeting.

I found the following interesting about the meeting:

- 1) These are not consultation sessions in any meaningful sense. It is clear, and the facilitators are clear, that all of the major decisions about LHINs have been made or will be made by the Minister within the next few months. Questions of governance, what they will cover, that they will not directly provide services, that they will enter into agreements with local organizations, that will leave all existing organizations in place (so the LHIN becomes just another level of bureaucracy between the government and care provision), and that there will be no meaningful local input. There is some slight concern about the present boundaries and there will likely be some changes there. The major operational decisions have already been made. We were not asked for our input on these.
- 2) There was no opening in the format to put issues of governance on the agenda.
- 3) Different communities are organizing, particularly the mental health and addiction community, the community health care groups, the palliative care folks were effective in ensuring that there issues are prioritized in the Kingston discussions.
- 4) The day was spent trying to decide what were the most important opportunities for integration with the LHINs. In others words, they were trying to come up with good reasons for regionalization, they just were not prepared to discuss how it was done.
- 5) Questions of privatization and contracting out came up in a couple of the discussion groups but did not make it to the final cut. These discussion reinforced Smitherman's earlier statements that suggested that hospitals could save money by integrating services and contracting out. The integration of services was provided in the workbook as an example of what a LHIN might do.
- 6) It was jargon filled day on "transformative change" and how some will be on the "back of the bus" fighting change and we should be the drivers for an "aggressive' implementation timetable. Trouble was, there was not discussion of whether people liked the direction or structure of the LHINs, that is, the direction the change. Maybe we would like to have change but change that strengthens local control and a non-profit health care system.
- 7) "Let them eat cake, and if they do not have cake...give them a circus". The LHIN directorate credo.