

## **Update for Locals and CUPE Staff: Meeting with the Ministry of Health and LTC regarding *Patients First***

CUPE met with the Ministry of Health and LTC February 22 regarding the government's Patient First initiative. The ministry started by emphasizing the larger goals of *Patients First*. The ministry indicated that we are in the period of "the transition" (i.e. the takeover of the CCACs by the LHINs) but we are moving on to the period of "transformation". Regarding the transformation, the ministry flagged the following:

- Care will be based more on community needs.
- There will be better connections between hospitals, clinics, offices, and other providers.
- There will be clear standards for home and community care.
- There will be greater consistency of service for home care across the province.
- The 76 sub-LHIN regions will increasingly be used for consultation and planning for their regions. They are a planning tool. At a later (Feb 27) ministry webinar, Deputy Minister Bob Bell indicated that sub-LHIN planning is key as is "care closer to home"

On the transition:

- The ministry reiterated the plan for 8% reduction in management /administration costs and no (negative) impact on front line care. Any savings will be reinvested.
- They plan from this \$10.7 million in savings – by eliminating 59 managerial positions (\$181,000 per manager). The ministry suggests that direct managers of union employees will not be affected – but more senior managers will be.
- OACCAC and two smaller shared service organizations will merge into "Health Shared Services in Ontario" (HSSO) on March 1.
- The new LHIN organizational structure has been finalized and should be communicated to the employees.
- Ongoing updates are promised.
- May 1 is the planned date for the first transfer of staff into the LHINs.
- The first transfer order from the Minister will come out April 7-10 or thereabouts.
- The transfer order will be communicated out to staff immediately. It will tell them they will be employed by LHIN, that they will report to the same manager, and that most things are status quo. The communication will also reference that employees will have government conflict of interest and whistleblower rules, and will receive training on government directives re travel, meals and hospitality. When queried by CUPE, the ministry assures us that the agreements will trump policy. But where agreement is silent, policy will prevail – e.g. pre-approval for travel may be required if collective agreement is silent.

- While the Ministry is planning for May 1, they still expect the 14 CCAC-LHIN transfers will be staged. Some will be later in May or in June. It could take as long as September, but they would like to do it all in May and June.
- The Ministry will communicate further on this at the end of March or early April.
- There will be as many as 7 VPs per CCAC – perhaps fewer in some cases.
- “Once the transition takes place and the organizations come together, the LHINs will be ready to discuss potential inclusions” in the bargaining units.
- CUPE forcefully argued that discussions should be started on this before the transition to ensure a smooth change-over. There was significant resistance to this proposal (“there is only one employer at a time”) but eventually the ministry conceded that they would *encourage* consultation beforehand.
- The ministry stated that the process of who is in and who is not in the bargaining units will be determined by LRA with seniority determined by the dovetailing provisions of PSLRTA. (Note: CUPE’s position is that the new bargaining units will be determined by the existing scope clause and any dispute will be resolved through the OLRB.)
- A “priority” following transition is the sub-regional alignment of home care contracts. They suggest that contracted providers will not lose volume. Mississauga-Halton CCAC, Waterloo-Wellington CCACs have already done some rearrangement along these lines, apparently. Goals include less travel for PSWs and for patients to experience more continuity of care.
- Another post transition priority is increased linkages with primary care.
- There will be further consultation re deployment of care coordinators. The ministry indicates they have no plan to change the deployment of team assistants, for now at least.
- Each LHIN should be sharing out to their CCAC the details of the integrated structure.
- The ministry indicates that there is no plan for CCAC back office staff or services to transfer to HSSO. (In CUPE’s view, the ministry’s position on this may change in the future, however, so we advise the locals to keep an eye for such movements of work or service.)
- HSSO will support a smooth workforce transition and will play some role in LHIN Human Resources and Labour Relations functions.
- The ministry indicates that several new regulations coming. One is supposed to ensure employees will still be covered by the Labour Relations Act rather than Crown Employees Collective Bargaining Act. Another regulation is supposed to ensure outstanding pay equity complaints move forward (with any retroactivity arising from these issues the responsibility of the affected LHINs).
- A Community Support Service (CSS) regulation is coming to clarify the non-expansion of privatization of CSS services (CSS organizations and CUPE feared that Bill 41, as written would allow privatization of CSS. The government responded that this was not their intention and that they would take steps to clarify the situation.) The regulation will however allow existing for-profit provision to continue.