

## [Ford government plans to deepen privatization of hospital and home care service.](#)

### *The repeal of the [Home and Community Care Services Act](#)*

Bill 175 repeals the *Home Care and Community Services Act* and leaves most details to policy or regulation. Deviously, the Ford PC government has made the new *Act* little more than an empty shell that allows them to do much damage without any public or legislative oversight. The Bill doesn't even establish a new home and community act.

Under these reforms, the ministries of health and long-term care will fund Ontario Health. Ontario Health, in turn, will fund scores of Ontario Health Teams and Health Service Providers. They, in turn, will contract for home care. Home care providers will employ home care workers and, also assume significant care coordination responsibilities, currently provided by the public sector Local Health Integration Networks (LHINs).

This convoluted model creates an ***obvious conflict of interest***. Home care providers will deliver the service *and* determine the amount of service. It's like putting the Colonel in charge of the chickens. Worse, home care providers are often for-profit corporations that focus first on making a profit rather than meeting patients' needs. The phasing out of LHINs would also eliminate the last direct public sector delivery of home care in the few remaining instances where LHINs directly provide home care services.

Aside from further privatizing home care, the reforms would also **privatize hospital services in three ways.**

First, private, for-profit hospitals have been frozen for years — but this Bill would modify the *Private Hospital Act* to allow them to expand “home and community care” beds.

Second, the PC government would through regulation add unlicensed “residential congregate care settings” as a location for “home and community care services” — with no restrictions on for-profit operators. Instead of public hospitals, these unlicensed congregate care homes would provide rehabilitative, transitional, or other care. We have learned from the COVID-19, however, that inadequate congregate care is a fatal danger for patients. Instead of introducing new, lower levels of care, we need to develop our best public health care.

Third, privatization will also come with proposed regulations allowing the home care corporations to operate within hospitals. Multiple chains of command within hospitals are a recipe for miscommunication and error. Home care workers moving from one hospital to the next will also be an excellent way to spread infection.

**Deepening past mistakes:** Destroying the last main public sector organizations in home care (LHINs) completes the privatization of home care started by the last PC government in the late 1990s.

However, privatization of home care delivery was a disaster. Government had to impose moratoriums on competitive bidding. To deal with the appalling working conditions, government had to directly intervene twice to improve wages. Waves of restructuring also failed to solve the problems. Privatization was a **complete failure**. Deepening privatization will only make matters worse.

**Home care restructuring:** Right now, 14 LHINs contract for home care services. Under the new model, contracting will be turned over to 50, 100 or more organizations. The new boundaries will be much smaller than LHIN boundaries. Home care providers will simply have to restructure their services — and home care workers will too. More chaos is on the way for home care.

**The negative impact on LHIN workers:** Even as the government moves to wind-up LHINs, we have **no** assurances about the security of LHIN home and community care workers beyond the immediate period ahead.

A “gradual and phased transition” means LHIN work will disappear piece by piece from under the feet of the LHIN workers even as they continue to provide dedicated care. In effect the government is hoping LHIN workers will continue to provide excellent service even as their work is being taken away, with no promises of continued employment, much less fair working conditions.

All of this for an untested experiment that offers no solutions to obvious problems: inadequate hospital and LTC capacity, for-profit home care, inadequate home and community care services levels, rising demand, weak continuity of care, missed visits, and bad working conditions.

**The wrong reform at the wrong time:** The government has passed Bill 175 even as the province is under emergency orders. This is completely inappropriate. The COVID-19 outbreak has exposed major shortcomings in our health care system. Thousands of LTC staff and residents have been infected, and over 1,800 have died.

There is an urgent need for health care reform — but that has nothing to do with this restructuring and privatization. Instead, the focus should be on stopping a second peak of COVID-19, especially in long-term care. This would mean ensuring residents in long-term care are treated in hospitals and not left to die in under-staffed and over-crowded LTC facilities. It would mean increasing pay for workers to attract and retain staff. It would mean increasing full-time work. It would mean weekly testing. It would mean phasing out for-profit LTC. It would mean increasing the time to care.

It would not mean setting off on an unrelated privatization of hospitals and home care.