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Official Report of Debates (Hansard)

Wednesday 1 June 2005

Journal des débats (Hansard)

Mercredi 1er juin 2005

Standing committee on government agencies

Intended appointments

Comité permanent des organismes gouvernementaux

Nominations prévues

Chair: Tim Hudak
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON GOVERNMENT AGENCIES

COMITÉ PERMANENT DES ORGANISMES GOUVERNEMENTAUX

Wednesday 1 June 2005

Mercredi 1er juin 2005

The committee met at 0908 in room 151.

SUBCOMMITTEE REPORTS

The Vice-Chair (Ms. Andrea Horwath): Good morning, everyone. Sorry for the slight delay this morning. I'll be chairing the meeting temporarily while we wait for our regular Chair, who had another commitment first thing. We expect him some time within the next half-hour or so.

I'd like to begin by mentioning that the first item on our agenda is a subcommittee report that we expect we'll want to amend, because there are some names to be withdrawn. I would ask that we move that to the end of the agenda, if that's all right.

Can I get a motion on the report of the subcommittee on committee business dated May 26? Moved by Mr. Berardinetti. Any discussion? All in favour? Any opposed? The motion carries.

Extension of deadlines: Pursuant to standing order 106 (e)11, unanimous consent is required by the committee to extend the 30-day deadline for consideration of the following intended appointee: William Brett Todd, intended appointee to the town of Prescott Police Services Board. Do we have unanimous consent to extend this deadline to, let's say, July 2005?

Interjection: Agreed.

The Vice-Chair: No opposition to that? OK, thank you. We have unanimous consent.

Is there any other business? I think there is correspondence that we received. I believe it is in your packages. I just wanted to bring that to your attention. It's the result of a request for information that the Chair made at a previous meeting. I would ask that we move it to the end of the agenda, particularly because we are running a little bit late.

INTENDED APPOINTMENTS

PENNY THOMSEN

Review of intended appointment, selected by third party: Penny Thomsen, intended appointee as chair and president, Health Integration Network of Toronto Central.

The Vice-Chair: We'll move now to the intended appointee interviews. Our first interview is with Penny Thomsen, the intended appointee as chair and president of the Health Integration Network of Toronto Central.

Is Penny here? Penny, welcome. Join us at the table wherever you feel comfortable. As you're getting settled, I'll just explain the process to you. At the outset, you have an opportunity, if you choose to do so, to make some initial comments, an initial statement. Subsequent to that, there are going to be questions asked by the various members of the committee on a rotating basis. Any time you use in your initial statement will be deducted from the government side. Each party has about 10 minutes for questions. I think that's about it. So welcome. Good morning. You're our first interviewee today, and any time you're ready.

Ms. Penny Thomsen: Good morning, Madam Chair and committee members. I think I thank you for inviting me here this morning, and I am pleased to make a statement to you. It is an honour to have been nominated to play a role in the Toronto Central LHIN, but since you don't know me, I would like to take a couple of minutes just to give you some perspective on my background.

As you can see from the material you received on me, I stepped down last summer as CEO of the Canadian Cancer Society in Ontario. I had been in that position for 11 years. The organization was financially sound, I had a strong senior management team and the board still liked me. I thought that was a good time to go.

I learned a lot in that position and from my other jobs, both paid and volunteer. Indeed, I always feel I learn much more than I can contribute. I learned how to manage a multi-level, complex, multi-functional organization. In this case, it was about $70 million, 300 staff and 100,000 volunteers. It also gave me the opportunity to hone my strategic planning, creative problem-solving and voluntary governance skills. But perhaps just as importantly for this current position, it taught me a lot about health care in Ontario and helped me build collaborative relationships in this field.

The CCS position focused on the community, but I've also spent the last two years on a major teaching hospital board. It broadened my understanding of that part of the sector as well. I've extensive voluntary experience on both sides of the table, as staff and as a volunteer. All of these experiences, coupled with the fact that I retired in part to take on new challenges and therefore have the time, have positioned me well, I believe, to take on the role of chair for the Toronto Central LHIN.

I'm passionate about health care. I'm passionate about making a difference. I like challenges. I like change and change management. I've been privileged that most of

my positions, both paid and volunteer, have allowed me to make a difference in people's lives.

I believe it is a privilege, and that's how I view this current opportunity. I don't want to sound trite or naive, but if my appointment is approved, I will look forward with excitement and some trepidation to what I believe will be another tremendous learning opportunity and another avenue to make a positive difference in health care and ultimately in the lives of the people we serve.

Thank you for providing me with the opportunity to address you.

The Vice-Chair: Thank you very much, Ms. Thomsen. Now we're going to do a bit of a switcheroo because the third party, my party, is in fact the first group to interview you in the rotation because we go based on every meeting. So I'm going to ask Ms. Scott to take over as Chair so that I can start the interviewing process, if that's all right. Thank you for your consideration here.

Ms. Andrea Horwath (Hamilton East): OK. Now I'm wearing another hat, which is just as member. I wanted to welcome you and thank you for coming. There are just a couple of questions that I had, the first being, are you aware of remuneration for this position?

Ms. Thomsen: I believe there's a per diem rate for the chair.

Ms. Horwath: Can I ask you, do you have any particular political affiliations?

Ms. Thomsen: I have none. I might be the kind of person politicians don't like because I really do vote according to my understanding of the individual and their positions on particular issues.

Ms. Horwath: Do you have any history of donations to political parties or political candidates?

Ms. Thomsen: I don't, but in the interest of full disclosure, I was thinking last night, my husband and I do have a joint banking account and he has probably made contributions to professional and personal associates who have become involved in various levels of government. So there may be a receipt out there that has both our names on it because of a donation he's made.

Ms. Horwath: As long as it's not a problem in the family, then—

Ms. Thomsen: No.

Ms. Horwath: OK. Well, thank you for that upfront response. I really appreciate it.

As the chair, you would have a huge responsibility for your LHIN, quite a complex network of services to oversee. Can you tell me what you think some of the major health-related issues are right now facing the area and then also how you expect to be able to put together a functioning LHIN that's going to be able to look after all of those needs.

Ms. Thomsen: It's interesting. I was thinking this morning that that might well be a question, and I was reflecting that, as news of the nomination worked its way out into the more public sector, people have been very supportive and very kind. Everyone would say, "Congratulations," and then in the next breath, they would say, "Condolences," almost to a person. If I had asked each person why they said "Condolences," I would probably have a very interesting list to share with you, but I might not have shown up.

Clearly, the LHINs in themselves are a challenge. It's new and evolving and there is a great deal of learning to take place. If you overlay that on to the complex situation in Toronto, it is a very significant challenge. It's not that it's that many people—it's about a million people—and geographically it's not that large, but it is the greatest density of health care professionals. You have everything from academic health science centres to hundreds of community groups. If you overlay that on top of the issues of an inner city, in terms of the homelessness and the ethnic issues, the cultural diversity and so on, it is going to be a challenge for sure. It is one that can be daunting; I'll be frank about that.

The second part of your question was how to establish a functioning LHIN in light of that complexity. Fortunately, we have other experiences we can draw on. There have been regional health authorities established in other countries, as well as in other provinces. We also have some models in Ontario that we can learn from, models like the Cardiac Care Network, the integration of cancer centres into their host hospitals and the work that Cancer Care Ontario has done since. We'll be able to learn from each other in terms of the LHINs. We were just saying how nice it will be to have a new colleague group that we can learn from in terms of the other LHIN chairs.

I think an additional challenge, though, when you only have a nine-person board, is what kind of structures you establish to make sure that you get the kind of information and input that you need. I think it comes down to communication, communication, communication, consultation, consultation, consultation, and collaboration, collaboration, collaboration. I think we have to strive for a very open, transparent way of working so that we can take advantage of what is going on and get the very best out of all the players.

Ms. Horwath: In following up on that, can I just ask, as you look to building the board—there will be three appointments and then you'll be asked to build that board—where do you see drawing your other board members from? Do you have any notions of either people currently or at least sectors you'd like to draw from?

Ms. Thomsen: I think for the next three we'll still have the extensive list of applications that we'll be able to look at. Then for the third three, if I can put it that way, we'll have to look at some type of community engagement. I'm not sure what that process might be.

I have given a little bit of thought to what kinds of skill sets might be interesting and useful to have. To be honest, I have met the other two nominees for the Toronto LHIN, but I wouldn't pretend that I really, fully understand their skill sets, so I'm not sure that I completely know what I've got yet.

I mentioned that communication is going to be important, so I think to have someone with communications, community development kinds of skills, will be very helpful—human resources, IT.

The other thing I was wondering was if it wouldn't be helpful to have someone with an ethics background. I think someone who has an understanding of the science in terms of developing the values that help you make complex and difficult decisions might be a very interesting ingredient on the board.

0920

Ms. Horwath: Again, in a similar context, in terms of searching for an executive director position, any thoughts on that?

Ms. Thomsen: I think it has to be someone who has a good understanding of the health care system and the complexity of it and someone who understands what it takes to start up a new organization. I think it's very important that it be someone who has excellent communication skills, someone whose management style is open and transparent, and I think someone who is very ethical. We'll have to make sure that the LHINs function in a way that really engenders confidence.

Ms. Horwath: Do you have any other languages that you speak?

Ms Thomsen: No. I can manage in French, but I wouldn't pretend I was bilingual.

Ms. Horwath: Do you think that would be an important asset to build in to your organization?

Ms. Thomsen: I think we'd have to have that capacity. I'm not sure it necessarily means having that capacity in-house as much as accessing a service or something that can provide it.

Ms. Horwath: OK. As the LHINs evolve the way you're describing it, there will be many, many decisions about the allocation of scarce resources particularly. We've heard the minister talk about the need to rein in the exponentially rising costs of the health care system generally. That's going to be no easy task. I'm wondering what skills you would bring to not only the rationalization of services but the allocation of dollars with competing interests in the community after those scarce resources.

Ms. Thomsen: Again, as I mentioned, I'm not sure what specific skills I have as much as my ability to put the right people around me who can help deal with those very difficult decisions. And they are difficult. If they were easy, they would have been figured out a long time ago.

It's important to recognize that there's already a lot of work going on and a lot of good conversations happening, ever since the health services restructuring right through to the balanced budget plans that the minister has put in place with the hospitals. There are a lot of conversations already taking place about, "How can we do things more efficiently, more effectively? Are we the right organization, or is someone else the right organization?" I'm actually quite optimistic that there's a huge receptivity to change. People are ready and welcoming this.

Ms. Horwath: Maybe you can help me understand that within the context of the workers in the health care system. Those words of "change" and "People are ready to see the systems changing" often mean, for workers, layoffs, job losses and those kinds of things. Can you speak to that a little bit?

Ms. Thomsen: I can't specifically speak to potential layoffs. I can understand that change always brings a level of angst and concern. Some people are more comfortable than others in embracing change. I look at this as different ways of doing things. But I haven't been privy to any discussions about whether or not layoffs would be part of the longer-term vision.

Ms. Horwath: You realize, I'm sure, that many workers in the health care sector are unionized workers. Do you have any experience with or understanding of how that impacts on the system, particularly collective agreements? Do you have that as a piece of experience in terms of working with organized or unionized workplaces and/or understanding the place that collective agreements hold in the order of things?

Ms. Thomsen: In another life, many careers ago, I did have unionized staff reporting to me, so I have that minimal appreciation. Beyond that, I wouldn't pretend that I had a great understanding beyond what the average interested person understands and reads about that kind of situation in health care.

The Acting Chair (Ms. Laurie Scott): Ms. Horwath, your time is up. Now we'll be moving on to the government side. You have seven minutes, if you have any questions.

Mr. Ernie Parsons (Prince Edward–Hastings): No, we have no questions.

The Acting Chair: I will ask Ms. Horwath to come and resume the chair so I can ask some questions.

Ms. Laurie Scott (Haliburton–Victoria–Brock): Thank you very much for coming here this morning and being willing to apply as chair and giving back to your community after retiring and looking for another project. I appreciate the philosophy you have.

How did you initially hear? Did you read it in the papers? Where did you see this position?

Ms. Thomsen: Anyone associated with health care was aware of the proposal for LHINs. I first saw it in the newspaper. I think my husband probably said, "Make sure you look at page whatever in the newspaper."

Ms. Scott: I was just wondering, in preparing for today's meeting and when you put your application in, were you told anything as to what the position would really entail, what would happen once you got your patents, the organizational structure, whether you'd be developing human resource policies, hiring and firing? Were you given any instructions as to what your role was going to be? Were you given a handout?

Ms. Thomsen: I attended a briefing session where we were given some materials. I don't think I know a lot more than what is in the public domain. I certainly know that, for instance, the board will be responsible for hiring and firing the CEO, and then the CEO will be responsible for the staff structure underneath him or her. I'm not sure if I'm fully answering your question.

Ms. Scott: We were just wondering what information you have about the position that you're applying for.

What were you given? Are you going in and taking it as it comes, or were you given specific instructions?

Ms. Thomsen: I don't have a lot more than what was listed in the ad in the paper and what's available on the Web and so on. I'll be perfectly frank. I think this is a leap of faith. I'm OK with that. I think when you want to create change, you have to be prepared to make that leap of faith and not have all the answers, particularly in a new organization. It's not possible. The other thing is that we wouldn't want to be presumptuous and go to a level of detail that is not appropriate before the appointment is finalized, if indeed it is.

Ms Scott: Ms. Horwath was asking you about staff and the challenges in surrounding yourself with people who have the appropriate skills. You have three board members, is it? Yourself—

Ms. Thomsen: And two others.

Ms. Scott: Did they give you any timelines as to when you could hire an executive director? Is it just the three of you, or does the board have to be at its full complement before you move forward with hiring the executive director?

Ms. Thomsen: I believe that we'll be able to move forward with just the three, in terms of hiring a CEO.

Ms. Scott: So once they're up and running—the three that are finalized, so after today, maybe, if things go well—then you can immediately proceed to look for an executive director?

Ms. Thomsen: Yes, I believe that process is in place, in that they have started to screen candidates.

Ms. Scott: Have you been told where your office may be?

Ms. Thomsen: Somewhere in Toronto, I assume.

Ms. Scott: It's easier for you than the larger rural ridings.

Ms. Thomsen: Yes.

Ms. Scott: Did they give you any idea of how much commitment of time this is going to take? When you said you were being paid per diem, were you told how much per diem?

Ms. Thomsen: I believe it's $350 per diem. In terms of time, the initial development phase, I believe, will be quite onerous. I'm anticipating it will be at least three days a week, and perhaps more. One would hope that when things are up and running, although I doubt it will ever become simple in this LHIN, it will take less time, but I see it as a very significant commitment of time.

Ms. Scott: How many hospitals do you have in this LHIN?

Ms. Thomsen: I think it's 14 hospitals with 26 locations, right down to hundreds of community groups.

Ms. Scott: Are you going to be looking after the long-term-care centres then, too, to your knowledge?

Ms. Thomsen: Yes, I believe so.

Ms. Scott: I'm not exactly familiar with your area, but have you been told about any condensing of the CCACs?

Ms. Thomsen: I understand that there is a process underway to look at that and whether there need to be realignments and so on, but I've not been privy to any specific details.

In terms of the boundaries for this LHIN, if that would be helpful, it's Islington on the west and Warden on the east. In the north, it's Eglinton, except that it goes up to the 401 between the Allen and Bayview, roughly. I think those are the old Toronto boundaries, more or less.

0930

Ms. Scott: When you said there was a mood for this change to come, where did you get that feeling? I represent a large rural riding. That was certainly not the mood in my area, that we have a larger LHIN, and the fact that our smaller hospitals are not going to have a stronger voice. In Toronto, it's a little easier to do these LHINs. Why did you feel that the mood for change was coming and this was the correct step to go?

Ms. Thomsen: It's largely from my experience, first of all, with Cancer Care Ontario and my work with the regional cancer centres and my experience on the board with Sunnybrook and Women's College Health Sciences Centre. I already see new collaborations, new relationships, new ways of looking at things. I am also on a—I should say "was," because I have resigned from these committees to avoid any appearance of conflict. It's also from some work I've done on a committee at Princess Margaret Hospital. I just see people approaching things differently. Collaboration is almost the standard way of doing things, so that people aren't just thinking in silos any more.

It's my personal belief that people receive very good health care, but it's isolated incidents of health care and it's the lack of seamlessness that people get frustrated with.

Ms. Scott: I know there was quite a period of anxiety when Women's College and Sunnybrook amalgamated, and there is still some—I don't want to say bad blood—conflict there.

You're right; there shouldn't be silos. They should be working together. In that respect, do you see the LHINs as patient-focused or are they just going to be service-delivery entities? What I'm saying is, are you going to be involved more in the day-to-day issues or are you going to be more like an HMO in the States, where patients are told, "This is the facility you must go to because you're in this LHIN"?

Ms. Thomsen: I think it is very much patient-focused. Certainly, LHINs aren't meant to restrict patient flow between LHIN boundaries. The LHIN boundaries should be invisible to patients.

I believe LHINs aren't about facilities; LHINs are about the way patients and their families interact with the system. I think one of the saddest things we hear in this business is, "If only I had known." We hear from patients whose lives perhaps would have been much easier if they had known about a source of information, if they had known they could get a second opinion, if they had known about resources they might have got in the home to help their discharge, and so on. They don't always get the services they need when they need them because of some of these silos and gaps.

I think the mission of the LHINs has to be to provide care that has continuity, not silos and gaps, so that we won't hear, "If only I had known."

Ms. Scott: So you think that the LHINs are going to be directly involved with day-to-day patient care? Are you going to get that detail? I know what you're saying, and I agree. I just can't see the LHINs functioning—

Ms. Thomsen: I think it's more of a philosophical positioning, in terms of how we approach things. We can't possibly become involved in day-to-day care. We can't possibly become ombudsmen for every individual patient issue. That's not what I'm suggesting. I think that it's more of a tactical kind of issue—to help the system work more effectively, rather than individuals.

Ms. Scott: We're frightened that the LHINs may be just another layer of bureaucracy. They're going to be handling a lot of money and distributing it to their LHINs, hopefully appropriately. Can you give me an example of how you could make this more seamless from the LHIN level, to deal with the hospitals, and the co-operation? Just as an example, is one hospital going to be specialized, as opposed to another?

Ms. Thomsen: I think the key to a lot of those kinds of decisions is evidence-based; understanding the right place to do certain procedures and the best way, the right way, to do referrals and so on. There's a lot of experience about how to create systems that do work better for the patient, and I think that's what we need to learn and understand.

Ms. Scott: I'm told that I'm out of time, so thank you very much for your answers.

The Vice-Chair: That's the end of the interview process now. You're welcome to have a seat and wait till the end of the session, if you have the time. That's when we go through all the people we've heard from today and make our final decisions, but you're not obligated to do that either. I'm sure you have a busy day ahead of you. Thank you for coming. We appreciate your time.

JUANITA GLEDHILL

Review of intended appointment, selected by official opposition and third party: Juanita Gledhill, intended appointee as chair and president, Health Integration Network of Hamilton Niagara Haldimand Brant.

The Vice-Chair: I'd like to now invite our second interviewee to join us at the table: Juanita Gledhill, the intended appointee as the chair and president of the Health Integration Network of Hamilton Niagara Haldimand Brant. Welcome, Juanita. You've seen how the process goes, so you have an initial opportunity to make a few comments or make a statement. The time you take will be deducted from the government side. Next time around, we will be starting questions with the government side. I'll leave it to you.

Ms. Juanita Gledhill: I do have a brief statement and I ask your indulgence for just a few moments. Thank you to the members of the committee for inviting me here today to discuss my qualifications for this appointment. I would like to say that it is a privilege to be here and to be considered for public service. I think that's something I hold very dear and I am delighted to have an opportunity.

I'd like to take this opportunity to just share with you very briefly some of my experience, which I believe qualifies me for the role for which I'm being considered for appointment at this time. I believe you have my resumé or CV in front of you so I won't go through a detailed background. My background is in human resources so it's always interesting for me to be on this side of questions, as opposed to on the other side.

I have had a very diverse yet progressive career in both the private and broader public sector. Much of that career has been spent in progressive leadership roles related to client service in one form or another. In particular, I have worked with both large and small organizations and I find myself particularly drawn to what I would term start-up organizations, or new organizations, ones that perhaps may be changing their direction somewhat.

As a career, I came to human resources not through the traditional progression, but rather through progressive management roles. In that, I discovered the true rewards of excellent HR practices and the value of focused and dedicated leadership, which is best achieved through collaboration. As a result, I found myself sought out for roles where the ability to understand, support and lead were required to help organizations move forward and change direction in some cases.

After a very rewarding tenure with what was then known as the Workers' Compensation Board, I went from a very large public organization to a very small private organization. It was a start-up software engineering firm. I do not have an IT background, but I went there as director of operations. It was the mid-1990s, and with the dot-com boom at that time, they were looking to grow. I helped that organization build its infrastructure and two years later when I left to return to a position in my own town, we were three times the size and poised for merger. I learned a lot through that role.

At that time, I moved to an organization called VHA Health and Home Support Services, also known as the Visiting Homemakers Association of Hamilton-Wentworth. I went there as their first HR manager. At the time that I joined VHA, they had a staff of approximately 500 employees, mainly home support workers working in the community. They had just had their union certified and were negotiating their collective agreement. From an HR professional's perspective, it was a terrific challenge because they had never worked with a collective agreement. I was involved in the negotiation of the first collective agreement and with implementing that within the organization and building those new relationships and processes to support working with a collective agreement.

In my role at the time, and I think to some degree still today, the home care sector had a turnover rate of anywhere between 25% and 50%, which was significant. My biggest challenge was to develop innovative re-

cruitment and retention strategies for VHA in order to maintain continuity of service to our clients in the community. We had about 3,000 clients at that time.

Because of my HR skills and my varied background, I quickly became sought out for roles in coalitions and task forces to address the recruitment and retention issues in our sector. Subsequently, a little over a year after I joined VHA, I became the executive director. There again I had a new opportunity to learn even more about the home and community health care sector. I had an opportunity to bring my knowledge, in particular around human resources, to our provincial association and to some provincial task forces. Again, my focus was mainly on recruitment and retention and stabilizing our workforce, which was very critical to the delivery of services, but also to the direction that home care was going at the time.

0940

There are just a couple of very quick things I'd like to highlight. One of my proudest accomplishments at VHA was when we developed a partnership and a collaboration to reach out to new immigrants within our community who had an interest in the home care field, and we built a partnership with Mohawk College, which delivered training for personal support workers. We were able to collaborate with multiple levels of government and a local women immigrants' centre to seek out interested people, and recruit them and train them to become part of our workforce. That was a very exciting project to be part of.

Since leaving VHA, I was drawn into establishing my own business as an HR consultant. My special focus is on organizational development. Again, I worked with clients around recruitment and retention and building high-performance teams—performance management. I work with both private and public sector clients. I've also had an opportunity to develop some training workshops around interviewing, retention and performance management that I've recently delivered in Toronto, Peel and London. I really enjoy that part of helping people understand and develop better HR practices.

With respect to my experience related to governance, I've worked extensively with the board of Catholic Family Services and Ronald McDonald House in Hamilton. I have been on numerous committees: ends, monitoring, bylaw and nominating committees, etc. I find that work extremely rewarding. Any opportunity to connect with the community I find myself drawn to.

In closing, I'd like to summarize my work and volunteer experience by stating that human resources is my profession and community health care is my passion, and I actively look for opportunities where I can bring those two together. I see this as one such opportunity, and I'm truly appreciative of your consideration this morning.

The Vice-Chair: Thank you very much, Ms. Gledhill. The government side has about three or four minutes, I believe.

Mr. Parsons: No questions.

The Vice-Chair: No questions? Ms. Scott, any questions of Ms. Gledhill?

Ms. Scott: Yes. Thank you very much for appearing here before us today, and for coming in. Listening to your background, I just wanted to clarify: Right now, what is your employment?

Ms. Gledhill: I'm self-employed.

Ms. Scott: You're self-employed, and is it in human resources consulting?

Ms. Gledhill: Yes, as a human resources consultant.

Ms. Scott: And that is in Hamilton?

Ms. Gledhill: I'm based in Hamilton but I have clients in various areas.

Ms. Scott: You heard about the position through the newspapers, or—?

Ms. Gledhill: Through the newspaper and it was also on the Web. It was very publicly known.

Ms. Scott: So you just saw that and thought that it was the niche, with your human resources and your health care passion.

Ms. Gledhill: I saw the human resources piece and the health care and away I went, yes.

Ms. Scott: You certainly have more experience with the human resources profession than health care. You said it's your passion, but human resources seems to be your biggest work experience. Can you say that?

Ms. Gledhill: It is, but I was with VHA for a little over four years, and in leadership roles. I found myself being completely drawn into it. In many of the programs we had, we provided community support services as well as home care, and so I had opportunities to be part of collaborations with the hospital sector and some innovative programming, so that's the health care piece. I've also done work with the Ontario Community Support Association since leaving VHA, in the HR field but part of health care recruitment issues.

Ms. Scott: In your cover letter, you say, "My experience working on several community boards, coupled with my tenure as executive director reporting to a community volunteer board, has solidified my knowledge in skills related to effective governance and the provision of strategic leadership for an organization." But while you were the executive director of the VHA home and health support service, it did go bankrupt in 2002.

Given that the LHINs are going to be handling billions of dollars of funding, and you were the executive director when the VHA went bankrupt, could you tell us about that experience and how the financial leadership skills you gained there could actually help in your being the chair of the LHIN and handling the billions of dollars that are going to be flowed through to your LHIN?

Ms. Gledhill: Certainly. I'd be happy to speak to that.

I'd like to take the opportunity to give a little context as to the bankruptcy and closure of VHA. At the time that I was executive director, we were under contract with our local CCAC. It was a four-year contract, and the price was established at the beginning of that contract through an RFP process. Midstream, for lack of a better term, our volume dropped significantly. It dropped by 45% in a six-month window, and there was no oppor-

tunity to revisit the contract in any way to adjust the price for service.

As an organization, what you're faced with is you go in with expected volumes based on historical trends, recognizing that volumes are not guaranteed and the price is set, and then the fundamental basis for that pricing changes. You have all of your overhead, you have all of your structure, you have a collective agreement in place that commits your wages, and your volume plummets.

We went from delivering 50,000 hours of service in December to delivering 25,000 hours of service in July. The board of directors looked at what was happening, the direction that it was going and the inability to change, and made a decision to close the agency.

The bankruptcy resulted because once you give notice to close you invoke employment standards and, therefore, your commitment to termination and severance pay exceeds what is in reserves. That was the decision of the board at the time, it was found through that process, so there was no reflection on my leadership or our management, as an organization, of the finances of the organization.

Ms. Scott: So you felt it was the board's decision to close because the volume had gone down, and not due to financial management skills on your part?

Ms. Gledhill: I do believe that, and that belief is substantiated through public statements made by the board. Absolutely. It was circumstances.

Ms. Scott: Were there any other organizations like yours that went bankrupt in the community at that time, or were you the only one? Was the VHA Health and Home Support Services the only one that went bankrupt in that area at that time?

Ms. Gledhill: In our area? At that time, no. I'm not certain and I'm not comfortable making assumptions, so I won't. I know that it happened in another area shortly after ours, because I was contacted to help them understand what process they were facing.

Ms. Scott: So, to your knowledge, yours was the only organization in your community that went bankrupt in 2002.

Ms. Gledhill: Yes.

Ms. Scott: Have you ever volunteered or worked in a campaign for any person running for office?

Ms. Gledhill: I have volunteered on a campaign. I did some door-to-door. I did that at a couple of different points in my life.

Ms. Scott: Could you tell us the people you have worked for?

Ms. Gledhill: I'm not sure how far back you want to go. I remember that when I was in school I did some work for a local election. Most recently, I did some door-to-door campaigning for our Liberal member of Parliament.

Ms. Scott: That would be Minister Bountrogianni?

Ms. Gledhill: Yes.

Ms. Scott: So you did work for Minister Bountrogianni.

The Chair (Mr. Tim Hudak): Thank you, Ms. Scott.

Ms. Scott: I'm out of time.

Ms. Horwath: Hello again, with my other hat on.

Ms. Gledhill: Hello again.

Ms. Horwath: Since Ms. Scott started down that road, I thought I would just finish it off and ask: Are you a member of a political party at this point?

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Ms. Gledhill: I am a member of a political party at this point. I am a member of the provincial Liberal Party. I've also attended events for members of all parties at all levels of government. I did that as part of being in our community and establishing relationships.

Ms. Horwath: Just for the record, have you made donations to any political party?

Ms. Gledhill: I have. I've made a donation to the provincial Liberal Party, and I believe that I've made others but I can't recall the specifics of those. As I said, I've attended events, fundraisers etc.

Ms. Horwath: All right. Thanks very much.

I wanted to ask a couple of questions about your current consulting business. I noted in your documentation that some of your clients or customers are in fact providers of health care in the community. I'm wondering if you can talk to me about if you feel that any conflict of interests will arise if you are appointed as the chair of the LHIN. Further to that, do you intend on maintaining your current business?

Ms. Gledhill: Thank you for that question. No, I do not believe there is any conflict. Let me begin with that. Currently, I do not have any health care providers as part of my clients. I did a project a couple of years ago. For one, it was completely HR-related. It was around absenteeism policies. I completed that project.

I did some work with the Ontario Community Support Association. One of the projects that I did for them was very interesting to why I'm here today. It was around shared services. I conducted focus groups around the province for them with community health and support agencies to identify what best practices existed around the province around integration among that sector and with other parts of the health care sector.

I did a research paper on the opportunities for integration with community mental health organizations and community support services. Again, that work is completed.

Most recently, I was the principal consultant on a labour market study for the community support sector; again, very HR-related.

All of that work is pretty much wrapped up at this point. I do intend to continue my business, but the work that I'm doing right now is not in any way related to the health care sector in any context. I would certainly be very careful about any conflicts, but I do intend to keep my business going.

Ms. Horwath: I wanted to follow up a little bit on the questions that Ms. Scott was raising around your experience with the health care sector particularly. Maybe the best way to attack it is to ask you straight out what you

think the major issues are facing the LHIN that you are going to be responsible for from a health care perspective, first of all.

Secondly, how do you expect to deal with the conflicting demands not only from the health care perspective but also from the regional perspective, considering the various geographical areas that this LHIN will be covering off?

Ms. Gledhill: To the first question around what I think are some of the key health care issues within the entire scope of this LHIN, I think how we are providing and how our frail elderly and our vulnerable population are accessing health care, in particular primary care and, more specifically, how factors such as poverty and nutrition play a role. That's more the preventive side of health care issues.

There are absolutely issues around acute and wait times. You can't minimize any of it, because health is important to all of us. But we have an aging population and our aging population is facing some very complex issues. People strive to remain in their home or in their community wherever possible, but need access to appropriate health care and community support.

The other key issue we are facing is mental health and addiction and how those people suffering with and managing those issues within their life are accessing all parts of the health care system. I think that's where potentially the opportunity for integration exists. So mental health and addiction, absolutely, and I think that is not limited to our LHIN; that is probably within the health care system. I think also how we are addressing the complex nature of illness of our aging population and the vulnerable within our community. If people don't have access to primary care, if they are struggling with poverty, then their nutrition and therefore their health will be affected. Diabetes doesn't get managed, examples like that.

To your second question regarding the LHIN, it is a large geographic area. It is considerable in scope. Some of the regional attributes that we will be looking at and need to be aware of and respectful of include that Hamilton has a large immigrant population. It's also a regional centre for many things. Niagara has undergone some restructuring and there is a growing demographic, in particular in the Grimsby-Beamsville area. The population in that area is just tremendous and so the role, for instance, of West Lincoln Memorial Hospital there, the demand for that service, is increasing.

One of the other factors within our LHIN area is, we have a very urban area and we have a very rural area. There are differences in how you access health care, what's available locally. What does "locally" mean to you when you're living in a rural area, when you're living in an urban area? You bring that around to the Burlington area. Brant often finds itself—I've heard from people who are from that area that they sometimes feel themselves more closely aligned with the Kitchener-Waterloo area than they actually do with Hamilton. Niagara doesn't really feel aligned with Hamilton. I think then the challenge to myself as a prospective chair of the LHIN is to get out to those communities and start to build relationships and be as representative of all as possible. The only way to do that is to build those relationships, and that is the part of this that I am really excited about, I must say.

Ms. Horwath: Can I just ask quickly, because I have another question as well, do you see then, as you build your board, building the representation more geographically than around skills? Can you speak to that a little bit?

Ms. Gledhill: From a corporate governance perspective we must be mindful of skills around the table in order to effectively lead and manage the organization that is the LHIN. From corporate governance, that is critical. I think you then look for what other opportunities you have to bring perspective and balance to the board. It has to be a combination.

If I can just ask your indulgence for one moment, I also wanted to say around Brant that there is also the Aboriginal health facet that exists in Brant in particular that I think is very important to this LHIN and to be considered as well. Thank you.

Ms. Horwath: Thanks. If I can ask one more question, it has to do with a little bit of your past history that you raised during your comments around working in the unionized environment with the collective agreement at the VHA. I'm not sure if you've had any time to look at some of the response that's coming out around LHINs, particularly from the labour movement. Have you heard of any concerns that have been raised from the labour movement in regard to the LHINs initiative?

Ms. Gledhill: I can't say that I've heard specifically. I know there is concern. There always is, in particular in health care around job loss. I think we have to be cognizant. I think the human resources of health care are very, very important.

Ms. Horwath: Thank you.

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The Chair: Ms. Gledhill, thank you very much for your presentation today. As you probably know, we move to the concurrence votes at the conclusion of the interviews. Any time between 11:30 and noon is when that will transpire. You're welcome to stay and enjoy the show, and hopefully we'll see you around that time. Thank you very much for your presentation.

Ms. Gledhill: Thank you very much for your time this morning.

The Chair: Folks, again, thank you very much to my Vice-Chair, Ms. Horwath, for filling in in my absence. She did an admirable job, as always. It's much appreciated.

KATHRYN DURST

Review of intended appointment, selected by third party: Kathryn Durst, intended appointee as chair and president, Health Integration Network of Waterloo Wellington.

The Chair: We will now move on to the third individual, who is Kathryn Durst. Ms. Durst is with us here this morning. Ms. Durst is the intended appointee as chair and president of the health integration network of the Waterloo-Wellington region. Ms. Durst hails from Kitchener, Ontario. We welcome you to the committee.

Ms. Kathryn Durst: Good morning.

The Chair: Good morning. Make yourself comfortable. You'll have an opportunity to make a presentation about your interest and your background in this particular position. We'll begin any questions with the official opposition in due rotation. Ms. Durst, the floor is yours.

Ms. Durst: Thank you, Mr. Chair, and thank you to the committee for the opportunity to highlight my qualifications to you as the nominated appointee for the chair of the board of directors of the LHIN, Waterloo Wellington. I am very pleased to have been nominated and look very much forward, if appointed, to successfully leading our board in achieving the province's strategic community health care priorities.

You have my resumé in front of you. As you will note, I have been privileged to serve the Waterloo community as a member of the staff of the city of Waterloo for 30 years, all of those in a management capacity, and for the last 20 years as a member of the senior management team, including terms as the chief administrative officer. I am retiring from the city of Waterloo and my last day of work is June 24. I have also resigned my positions at the St. Mary's Hospital board resource planning and utilization committee and the Catholic Family Counselling Centre, as the centre receives funding from the Ministry of Health and Long-Term Care.

Early on in my career, I came to understand the importance of a variety of community care interventions, easily accessible and affordable, in my first job at the city as the director of seniors' programs. I also learned how to make the highest and best use of scarce resources through community collaboration and forging creative partnerships with senior levels of government. As a result, the city of Waterloo was recognized as a leader in the provision of a full range of day programs, caregiver support programs, meals and home care services for older adults, all within a parks and recreation mandate. It was at this point in my career that I was asked by both the provincial and federal governments to consult with other communities in the development of such services and to teach at both the University of Waterloo and Conestoga College in their programs in gerontology.

As I progressed through my career, I gained experience in being accountable for multi-million dollar operating budgets, leading large staff groups and developing community partnerships with a variety of corporate, institutional and community stakeholders, including many in the local health care system. I was also responsible for facilitating community volunteer teams in the designing and building of major capital projects, including the operation of the capital fundraising campaigns necessary to meet those community needs.

I believe the key principles for the establishment of the LHINs match my experience with the public demand for efficient and effective service delivery in the face of limited resources. In this regard, I have led large teams to ensure services based on equitable access, choice and measurable outcomes, all developed within a municipal business planning model. These changes in corporate structure were accomplished with the full support and input of all labour groups.

Based on my 30 years in the public service, I am well familiar with the issues of governance at all levels. Notwithstanding the complexity and size of the health care system, I believe that with good planning, creativity and capable, informed leadership, an integrated and coordinated system is achievable. One of the main reasons for this faith is that each LHIN has the authority and accountability to plan services that make sense for their individual region. In my view, this is not a one-size-fits-all solution.

In closing, I wish to once again thank the standing committee for the opportunity to demonstrate how my qualifications, skills and professional and volunteer experience match those required to be a successful board chair of the LHIN, Waterloo region.

Thank you, and I would be pleased to answer any questions you may have.

The Chair: Ms. Durst, thank you very much for your presentation. Questions begin with the official opposition.

Mr. Joseph N. Tascona (Barrie–Simcoe–Bradford): Thanks very much. I welcome you to the committee. I just want to ask some questions specifically, and if you could then respond to them.

Will you have exclusive authority, without reference to the Ministry of Health and Long-Term Care, to create on organizational structure for the LHIN?

Ms. Durst: I believe that the role of the chair will be to hire the CEO for the LHIN. The CEO will then create their own staff structure. As for the board structure, we have already appointed nominees for two members for each LHIN on the board. We will then be placing board membership for the rest of the board.

Mr. Tascona: What's the basis for your knowledge? How do you know that?

Ms. Durst: We have been given that information by the ministry. It has also been part of the public information with respect to the development of the concept of the LHIN.

Mr. Tascona: Who in the ministry gave you that information?

Ms. Durst: My contacts have been numerous in the ministry, but mostly out of the ministry itself and the Public Appointments Secretariat.

Mr. Tascona: Who in the ministry has been your main contact?

Ms. Durst: I have mostly been in contact with Mr. Gerry Hawes.

Mr. Tascona: Do you know what his position is?

Ms. Durst: Not specifically the title, no.

Mr. Tascona: So you're going to have authority to develop human resource policies and hire and fire staff within the LHIN?

Ms. Durst: Only as it relates to the chief executive officer. The chief executive officer will then deal with their own staffing issues.

Mr. Tascona: Who will set the salary ranges within the LHIN?

Ms. Durst: The salary ranges are established by the ministry.

Mr. Tascona: Do you know that for a fact?

Ms. Durst: I believe that to be the case.

Mr. Tascona: How do you know that?

Ms. Durst: That was part of the information in the briefing session.

Mr. Tascona: So it's your understanding that the ministry will set the salary ranges within the LHIN.

Ms. Durst: Yes.

Mr. Tascona: Who will be responsible for approving individual staff salaries?

Ms. Durst: I would imagine, at the end of the day, that it's the chair's responsibility, subject to the establishment of the structure.

Mr. Tascona: Will the LHIN staff, from the board chair on down, have the power to speak out and advocate on behalf of their LHIN's community and patients, if and when the need arises?

Ms. Durst: Could you please repeat that question?

Mr. Tascona: Are you going to be able to advocate on behalf of your patients, if and when the need arises?

Ms. Durst: I'm not quite sure what—

Mr. Tascona: If a service is needed in your area and the ministry's not being responsive, are you going to be able to advocate on their behalf to try to get that service for your area?

Ms. Durst: Absolutely. I understand that within the planning model, the chair is accountable and responsible to the minister, in terms of bringing issues related to the LHIN and services from that LHIN to his attention. In that regard, not specifically advocating for any one particular patient and any one particular patient's needs, but as it relates to the service model and the delivery of the service model generally, I would expect that to be the case.

Mr. Tascona: If the ministry doesn't listen to you, would you have the ability to advocate outside of the ministry communication line and deal with the general public to get what you need?

Ms. Durst: In terms of a governance role, I don't believe it would be the role of the chair to debate with the minister a decision of the government. However, I believe it is the role of the chair to very clearly state to the minister the local health care planning needs of the community and to assist any individual with mechanisms through which they can advocate for their own case.

Mr. Tascona: Is it your understanding that you report directly to the Minister of Health?

Ms. Durst: Yes.

Mr. Tascona: Do you see the LHINs as a patient management entity or a direct delivery entity?

Ms. Durst: I see the LHINs as a planning model. Service delivery is another issue, as it results from the work of the LHIN.

Mr. Tascona: A planning model for patients?

Ms. Durst: A planning model for service.

Mr. Tascona: For patients?

Ms. Durst: By default, then, for patients, yes.

Mr. Tascona: Have you read the legislation yet that empowers you with responsibilities?

Ms. Durst: As I understand it, there is not yet legislation.

Mr. Tascona: Do you know what your responsibilities will be, then?

Ms. Durst: Yes.

Mr. Tascona: What are they?

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Ms. Durst: I have a broad understanding that the responsibility of the chair is to establish the organization, to populate the board to make sure the board members are in place, to assist in the recruitment and hiring of the chief executive officer, to—

Mr. Tascona: You've been given a document to tell you this?

Ms. Durst: It was all in the information that has been provided to us, yes.

Mr. Tascona: Is that information public knowledge?

Ms. Durst: I believe it is, yes.

Mr. Tascona: Where is it public?

Ms. Durst: My information was received in many of the newsletters and in many of the publications that are on the Web site regarding the LHIN development.

Mr. Tascona: You haven't been given any specific documents on your responsibilities from the ministry?

Ms. Durst: No.

Mr. Tascona: Where is your office for your LHIN position?

Ms. Durst: I do not know that yet.

Mr. Tascona: Are you or have you been a member of a political party?

Ms. Durst: Yes, I am a member of the provincial Liberal Party. But my MPP is a member of the Progressive Conservative Party, and I have assisted her as well.

Mr. Tascona: But currently you're a member of the provincial Liberal Party?

Ms. Durst: Yes, I am.

Mr. Tascona: How long have you been a member?

Ms. Durst: Two years, I believe.

Ms. Scott: How much time do I have, Mr. Chair?

The Chair: Three minutes.

Ms. Scott: I just wanted to ask a little bit more on the background of the area and the health services in that area. There's lots of competition for the resources that you have. We hear a lot of demands in our community. The hospitals are saying they don't have enough money; they only got a 1% increase in the recent budget that was brought down from the government. You've got your CCACs and your long-term-care centres. Can you give us a little bit of an idea of what kind of facilities in your area

will be competing with the LHIN that you're looking after? How do you feel that you can break down, as someone mentioned earlier, the silos that may exist and be more efficient—because you are going to be dealing with a lot of money that's going to be channelled through you—and how that's going to be administered?

Ms. Durst: In the Waterloo–Wellington area, as you might know, and in my role on the resource planning and utilization committee of the St. Mary's hospital board, I have been on the front line, if you will, for the hospital rationalization projects that have gone on in Waterloo–Wellington, particularly between Grand River Hospital and St. Mary's hospital. I am fully familiar with that whole process and how that works. I have assisted with the recommendations and implementation of the Timbrell report, so I have a very good understanding of what is necessary in terms of hospital integration services. I am also quite familiar with the fallout of that integration process and how that works. I have been involved, in my role as current director of human resources for the city, in assisting with the doctor recruitment program, so I'm familiar with that whole process. I'm familiar in terms of the community care access centres, particularly as they relate to the establishment of home support services in a municipality, particularly for the elderly.

So I have a very extensive background and familiarity with the whole concept of the necessary integration and the continuum of health care and where each exists. I also understand the tensions between where each exists on the continuum and getting those tensions to work together.

Ms. Scott: Do you feel there is a willingness in your region that the services become more integrated? There was a period of time when the CCACs and the hospitals were not co-operating with each other. You have a good background in your area. Do you see that there are going to be some challenges there, or is there now a spirit of co-operation? I don't quite firmly believe that. It was commented on earlier that there was public demand for the LHINs.

Ms. Durst: Certainly, on the surface, there's always the appearance of the politics of co-operation. I understand and have worked very closely with the tensions that exist underneath that. But we have had great success in getting through those and having almost everyone's needs in their areas, their professional domains, listened to and reacted to. Everyone does not necessarily get 100% of what they would like through all of these process changes, but if we can get an understanding of what it is we are all trying to achieve and work toward that, it seems that that is coming in our area. It has not been without its pain, but it is coming.

Ms. Scott: Just to wrap up—I'm sorry, I have limited time left—how long were you told that this term would go for, as chair?

Ms. Durst: I don't believe that we were told ahead.

Ms. Scott: So you really weren't told time. Were you told your remuneration?

Ms. Durst: Yes, we were told that the remuneration is $350 on a per diem basis.

Ms. Scott: And you've just really had vague terms of reference that you've seen so far?

Ms. Durst: Yes.

The Chair: We'll move on to Ms. Horwath.

Ms. Horwath: I'm just going to wrap up a few pieces that I thought we should close from some of the previous questioning. We understand that you've been a member of the Liberal Party for a couple of years. Have you ever donated to a political party and, if so, which ones?

Ms. Durst: I belong to the Kitchener Club, which is a speakers group.

Ms. Horwath: No, the political parties.

Ms. Durst: I believe some of the funds of that particular organization go to support the office of Kitchener Centre.

Ms. Horwath: Any direct donations from yourself to a political party?

Ms. Durst: No, none.

Ms. Horwath: Have you ever worked on election campaigns?

Ms. Durst: No, I have not.

Ms. Horwath: I just wanted to follow up on another piece, which is the issue about if there are concerns in the community that you have identified as the chair of the LHIN and you're not getting the response from the minister that would solve that problem. If there were an emerging critical health issue of public concern and the minister was intent on keeping that under the radar, keeping that concern low key, what would your position be? Would you be more likely to keep the information quiet, as the minister would perhaps want, or would you feel obligated to, in your role as chair, make sure that issue gets some public attention, gets out into the public eye?

Ms. Durst: I would definitely not keep the information to myself as chair. I would share the information with the minister in a manner that is prescribed as per the mechanisms for doing such a thing. I'm assuming the mechanisms for doing such a thing would be no different than in my role as chief administrative officer in the city of Waterloo sharing some difficult information with the mayor. Once having shared that information, it would be the mayor's responsibility and the mayor's accountability to do with that information as he would, as it would with the minister.

Ms. Horwath: Do you have any prescribed processes that you've received or been made aware of?

Ms. Durst: No.

Ms. Horwath: So at this point in time there is nothing that governs that type of situation?

Ms. Durst: The only thing that would govern my behaviour and my response in this regard is my 30-year history in that kind of governance relationship at a local level, so I would understand the protocols around that. We have not been given our marching orders with respect to a specific protocol on how to contact the minister on any issue, no.

Ms. Horwath: So just to be clear then, if there were an issue of controversy in the community and the min-

ister didn't want that to become public, then your role as the LHIN chair is to bow to the will of the minister and avoid anything becoming public until the minister decides it goes public?

Ms. Durst: It's my understanding in any governance issue of this nature that once I have carried out my role and responsibility as the chair, it definitely is the minister's decision as to what to do with that piece of information.

Ms. Horwath: So you don't see any direct role of the chair of the LHIN in providing information of a controversial nature to citizens, to communities, to opposition MPPs, for example—just strictly to the minister?

Ms. Durst: I would expect to share information that is shareable, if you will, with anyone. However, in any organization you need a governance model. There is information that is privy to those people whose accountability it is to have that information. I would expect to follow that protocol.

Ms. Horwath: Can I ask what your understanding is of the accountability of the chair of the LHIN?

Ms. Durst: Specifically, or in a governance role?

Ms. Horwath: I would say specifically.

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Ms. Durst: Specifically, at the moment, we are, of course, to set up shop; we are to fill out the membership of our board; we are to start collecting information, collaborating with community groups, introducing ourselves out there and introducing the concept of the LHIN to the broader community. We are to start being, if I could, a sponge in terms of gathering up information, telling people, "We're out here, we're starting. Here's our role, here's what we hope to accomplish, and here's what your participation in all of this process is going to be. Here's what we hope to achieve. Here are the mechanisms for you to communicate with us and for us to communicate with you." I believe that to be the first six months of this job.

Ms. Horwath: OK, then talk to me a little bit about the accountability from the governance perspective.

Ms. Durst: The responsibility from the governance perspective is to make sure that all of the proper administrative procedures and structures are in place so that we can begin our work; as you've alluded to, to establish the lines of communication: what is the protocol between the chair and the ministry and how do we establish that; to, in general, start up a not-for-profit board.

Ms. Horwath: I find this very interesting. I recently had occasion to deal with the ministry on a hospital matter in my own local community and was disturbed to find that there is really no accountability that exists unless there's some issue that they hear about in the media. That is the way it was described to me by one high-ranking bureaucrat: There is no accountability in terms of board governance of hospitals, really, except internally to the hospital. So I find it quite disturbing that this is something that is expected to continue and, in fact, to be reinforced in the LHIN model, from the perspective of this particular interviewee. Nonetheless, I really do appreciate your candid response to the questions.

I wanted to switch tracks a little bit—I'm not sure how much time I have left—to ask you a question that I've asked some of the other interviewees, and that's around the labour movement issues that are arising. The Ontario Federation of Labour and the hospital association have both expressed some concerns about the formation of the LHINs I'm wondering, are you aware of or have you done any research to learn about what those concerns are?

Ms. Durst: Yes, I have, and yes, I am. One of the strengths that I have brought to the position of director of human resources for the city of Waterloo is an intimate understanding of the labour issues in any organization and the relationship with our unionized groups that has been built on collaboration and input. At the end of the day, we were able to make significant changes to work structures and downsizing exercises in the city of Waterloo over the years with input from and in collaboration with the union groups. Indicative of this is that, since I have been the director of human resources in the city of Waterloo, I have received no grievances from fire, and two from CUPE. So I have a history of working very closely with labour groups in terms of change.

Ms. Horwath: Is that it, Mr. Chairman?

The Chair: Thirty seconds, if you have anything quick.

Ms. Horwath: No, I think that's it. Thirty seconds isn't enough time. Thank you very much. I appreciate your responses.

The Chair: To the government side.

Mr. Parsons: No questions, thank you.

The Chair: No questions from the government members.

Ms. Durst, thank you very much for your presentation and your response to the members' questions. You're welcome to stay. We move to the concurrence votes between 11:30 and noon.

SHEHNAZ ALIDINA

Review of intended appointment, selected by third party: Shehnaz Alidina, intended appointee as member, Toronto grant review team.

The Chair: The next interviewee is Shehnaz Alidina. Welcome to the standing committee on government agencies. Ms. Alidina is the intended appointee as a member of the Toronto grant review team, which I think is for the Trillium Foundation. Ms. Alidina, you've been in the audience, so you're welcome to make a presentation about your interest in this position, your background and skills, and all three parties will have an opportunity for questions, beginning with the third party. The floor is yours.

Ms. Shehnaz Alidina: Thank you. I would like to make an opening statement.

Mr. Chairman, members of the committee, thank you for considering me for membership on the Toronto grant

review team. I feel I am well qualified to undertake this role and I would like to offer three reasons:

First, I have the right professional background; second, I have the right academic qualifications; and third, I bring personal qualities that would make me an effective member of the grant review team.

In terms of my professional background, I bring experience leading organizations and networks, undertaking health system planning and reform and consulting internationally and in Canada. As executive director of a district health council in northern Ontario, I oversaw the integration of two councils into a single organization and led the development of health system plans to find local and meaningful solutions to health reform. As executive director of the Child Health Network for the greater Toronto area, I led a network involving 20 hospitals and 10 community care access centres to promote more integrated care for children and families. I have also worked at the international level and have undertaken health reform projects in France, Croatia, Tajikistan and East Africa.

As a result of these experiences, I have developed skills in all aspects of grant review processes, including setting priorities for funding, issuing calls for proposals, developing review processes and criteria and reviewing as well as writing grants. Because grants play such a key role in some areas of health funding, I was involved in writing a guide on reviewing proposals and in giving presentations on effective proposal writing. My experience is that while the list of good proposals seems almost unlimited, the money to fund them is not. Sometimes tough choices have to be made. I believe in a grant review process that is accountable, transparent and fair, because a grant review process that relies on evidence and promotes good judgment will be able to make those choices.

In terms of my academic experience, I bring a bachelor's degree in occupational therapy, a master's degree in health administration and a postgraduate fellowship in health administration.

Finally, in my personal experience, I have always believed in volunteerism and building and strengthening civic society. Throughout my career, I have promoted community development and encouraged members of the community to take charge of their own issues and find their own solutions. As a member of the grant review team, I can promote community development that is both innovative and fiscally responsible.

Based on my professional and academic experience, I believe I am well qualified to assist the team as it makes wise use of the Trillium fund's economic leverage. Thank you.

The Chair: Thank you very much, Ms. Alidina. We'll begin any questions or comments with the third party.

Ms. Horwath: I guess I should start by asking your political affiliations. Are you affiliated with a political party?

Ms. Alidina: No, I'm not.

Ms. Horwath: Have you made donations to any political party?

Ms. Alidina: No, I have not.

Ms. Horwath: And have you worked on any political campaigns?

Ms. Alidina: No, I have not.

Ms. Horwath: OK, thank you.

I wanted to ask a little bit about the issue of advocacy. I'm not sure if you're aware of it, but there's been some controversy over the years at both the provincial and federal levels around whether organizations that are not-for-profit and receive funding from the Trillium Foundation should be able to do advocacy work. I'm just wondering if you are aware of that issue and if you have any opinions on it.

Ms. Alidina: My understanding is that there is a restriction that you cannot apply for grants for advocacy purposes, and that this restriction is consistent with all charities. I think the idea here is to promote the interests of society as a whole rather than any one particular viewpoint. The return is much higher when we do that. I do understand that there are organizations where advocacy is a very important function, and there is no restriction on their being able to carry out their advocacy role, but the purpose of the Trillium grants is not for that. The purpose of the Trillium grants is to have a direct impact on people.

Ms. Horwath: Do you see there being any division between partisan political advocacy and any other kind of advocacy?

Ms. Alidina: Yes, there is.

Ms. Horwath: Can you describe the difference between partisan advocacy and other types of advocacy?

Ms. Alidina: I would need to think that through a little bit more before I could answer your question.

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Ms. Horwath: Maybe I can be a little bit clearer in my question. I come from a history of community activism myself, and know that there are are often systems that require change to be able to achieve broader social values or increase social benefits, and sometimes those systemic changes require individual advocacy of people who are facing systemic barriers. I don't see that personally as partisan advocacy; however, many community organizations would say that their ability to do that kind of advocacy has been severely restricted by government granting requirements. Can you comment on that at all?

Ms. Alidina: I'd need to think about that a lot more. I've expressed my general viewpoints but I would need to think about those separations a lot more.

Ms. Horwath: So you have no comment at all on the situation that I've just raised.

Ms. Alidina: No, I don't.

Ms. Horwath: OK. Let me ask you a couple of questions, then, on the changes to the mandate of the Ontario Trillium Foundation as it relates to both small and rural communities, and libraries particularly. Do you have any knowledge of those changes and can you comment on them?

Ms. Alidina: My understanding is that the smallest municipalities, those with a population of fewer than 20,000 people, can now apply for Trillium grants.

Ms. Horwath: And your opinion on that?

Ms. Alidina: I've had the opportunity to work in northern Ontario for about 12 years and my observation is that the smallest communities are quite disadvantaged compared to large urban communities. There are three things I observed. First of all, they have a very small tax base to draw upon. Secondly, they don't have the ability to fundraise the same way that places like Toronto could. The third is that they don't have organized agencies through which they can apply for this grants form, and sometimes the municipality may be the only organized structure through which they can apply for this grants form. So I think that the funds actually give the tools to small communities through which to participate in broader society.

Ms. Horwath: I noticed in your application your history of a number of different appointments. Why this one now in particular? What drew you to this particular appointment?

Ms. Alidina: I've always believed in the value of volunteerism and building and strengthening civic society. I am familiar with the Trillium Foundation and have seen first-hand the positive impact that the grants program can have. Because I have extensive experience in grants review, I felt it was something I could participate in and make a positive contribution to, for the community.

Ms. Horwath: Do you see that as having any particular bias to any of the sectors, of granting opportunity from you, the history of work that you've done in the community?

Ms. Alidina: No. I would say that most of my background and experience is in the human services area, but I really understand that there are four sectors and would be open to looking at all four sectors.

Ms. Horwath: Do you have any opinion or comments on the ratios of funding, the percentages of funding that each of those sectors obtains from the process?

Ms. Alidina: At the moment, I don't. I have looked at, generally, what the ratios are but I think once I'm more familiar with the Trillium Foundation and have gone through my orientation process I may be able to comment further at that time.

Ms. Horwath: Are there any particular organizations that you're aware of that you think would require special consideration, or is there any kind of group or organization out there that you think needs some special attention at this point in time?

Ms. Alidina: No, I don't. I believe that the minute you have a list of preferred groups you elevate those above the rest, and it means that because there isn't enough funding to go around you may overlook some meritorious proposals. I think that my role, if I were appointed as a member of the grants review team, would be to ensure that there is a fair and transparent process, to ensure that I comply within the foundation's framework and review criteria, and to review each proposal based on its own merits. You can't have a hidden agenda.

Ms. Horwath: Those are all my questions.

The Chair: We'll go to the government members.

Mr. Parsons: No questions.

The Chair: Mr. Milloy looks anxious. Are you sure?

Mr. John Milloy (Kitchener Centre): No, I'm just enjoying the—

The Chair: They're very happy with the presentation.

We'll move to the official opposition.

Ms. Scott: Thank you very much for appearing here before us today. It's kind of a break from the chairs in the LHIN sector, but you have a lot of qualifications, so you could be chair of a LHIN. You do have a very impressive resumé.

I was wondering, are you relatively new to the area? How long have you been here?

Ms. Alidina: I moved to Toronto in 2000.

Ms. Scott: I know it has been a problem, certainly in my riding and all across the province, we need more appointments on the grant review teams. Do you know how many vacancies are on your board right now?

Ms. Alidina: I do not, no.

Ms. Scott: Do you know any of the members on the grant review team?

Ms. Alidina: No, I don't know any.

Ms. Scott: How did you hear about the opening?

Ms. Alidina: I noticed it on the provincial Web site on public appointments.

Ms. Scott: So you were searching for a possible role to fill in public appointments?

Ms. Alidina: Correct.

Ms. Scott: Did you talk to anybody in the ministry?

Ms. Alidina: Certainly. I applied through the Web site, as I mentioned, in January. I did receive communication from the ministry in February that I had been shortlisted. Subsequent to that, in April, I received communication that I had been nominated by cabinet, and then in May, I believe, I received communication that I was to come before the standing committee.

Ms. Scott: The Trillium grants are of great benefit in my area, and definitely in the rural area. They help boost non-profit organizations in their communities and then make them better communities. So it has been a very positive program, certainly in my riding. I know they need more grant review team members there and also across Ontario, so I'm happy to see that they are moving, at however slow a pace, toward filling those.

You're going to the Toronto grant review team. Under the arrangement, you distribute a larger amount of money than any other grant review team in the province. Were you aware that you distribute that?

Ms. Alidina: I was looking at information on the Web site, and, yes, I understand that their funding model is on a per capita basis and therefore Toronto has the largest share.

Ms. Scott: They're based on a per capita allocation of the provincial population, which has a negative effect in my riding, in terms of dollars, so we'd maybe like to see a different formula come up. Do you think that's the fairest way for allocations? Do you think you might like to make some changes in that? Do you think that per

capita is the fairest way to distribute Trillium grant funds?

Ms. Alidina: You raise an important point. I lived and worked in northern Ontario for 12 years, so I understand the issues of smaller communities. I think that I'm too new to comment right now, but once I've had my orientation and participated in the process, I would be able to look at that issue with more information and understanding.

Ms. Scott: There are four categories that receive grants. Do you think that should be expanded? Do you agree with those four categories? I know that you're just researching and are just new, but do you have any comment on that?

Ms. Alidina: At the present time, I've taken the four categories at face value, but as I get more oriented and learn the impact of the grants program and receive feedback, I'd certainly be open to looking at any new information that's coming in. But at the moment, I would not have a comment on that.

Ms. Scott: I want to thank you for appearing here before us today. You have good qualifications, and you'll have our support.

The Chair: Ms. Alidina, thank you very much for your presentation, your interest and your responses to the members' questions. Please make yourself comfortable. We'll move to the concurrence votes in about an hour's time.

KENNETH MORRISON

Review of intended appointment, selected by third party: Kenneth Morrison, intended appointee as chair and president, Central Health Integration Network.

The Chair: Our next intended appointee is Kenneth Morrison. Mr. Morrison is an intended appointee as chair and president of the Central Health Integration Network. Mr. Morrison joins us from Newmarket, Ontario. Mr. Morrison, welcome to the standing committee on government agencies. I'd ask you, if you're interested, to make a presentation about your interest in the position and your background, and then we'll begin any questions that the members of the committee have, starting with the government members. Mr. Morrison, the floor is yours.

Mr. Kenneth Morrison: Thanks for inviting me this morning. I do have a brief statement to make. I think most of my information is in the application form, but I can just give you a few highlights.

I live in Newmarket, as the Chairman said, and I work in the community of North York. I'm a registered professional engineer. I'm president of R.V. Anderson Associates, a consulting engineering practice specializing in environment and infrastructure projects. I've been employed with the firm since I graduated from university in 1972. The work has afforded me the opportunity of living in other parts of Canada and traveling throughout the world.

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I have been a volunteer at North York General Hospital for the past 15 years. I first served on their foundation board and then their main hospital board, of which I've been chair for the past five years. During that time, I've been involved with a hospital merger, a rationalization of services in conjunction with the merger, recruitment of health care executives, community hospital governance models, deficit recovery plans, major capital projects, infectious disease containment and medical staff relationship management.

I'm honoured to be considered for the appointment. I'm available to answer any questions your committee has.

The Chair: Short and sweet, Mr. Morrison. That leaves plenty of time for any questions from members. Any questions from the government members?

Mr. Parsons: No questions, thank you.

The Chair: We'll move to the official opposition, and Mr. Tascona.

Mr. Tascona: Thanks for attending here today. I just have a few questions with respect to this appointment. Do you know what your job is going to be as chair?

Mr. Morrison: We have a basic outline. I think it's not unlike what I've been doing with the hospital in the past five years, basically chairing and providing leadership to the board. We are going to be involved in overseeing the activities of the management or the administration of the LHIN. So I envisage it being quite similar to what I have been doing: recruitment of senior staff and overseeing the development of a strategic plan and implementation of the strategic plan over the period of time.

Mr. Tascona: You report directly to the Minister of Health?

Mr. Morrison: I believe that's the relationship. I think the documents that have been published so far just indicate that I am a spokesperson with the minister on behalf of the LHIN.

Mr. Tascona: Do you know categorically whether you report to the Minister of Health?

Mr. Morrison: Categorically, just what's in the documents on the Web site. So it's how you interpret that. That's my understanding.

Mr. Tascona: You haven't been told that you report to the Minister of Health?

Mr. Morrison: No. No specific individual has been identified other than what's on the Web site.

Mr. Tascona: So you haven't been told who you report to. You're taking your information in terms of what you may be doing as chair from the Web site; is that correct?

Mr. Morrison: Basically, yes.

Mr. Tascona: And you haven't been told anything differently by anyone in the Ministry of Health as to what you're going to be doing?

Mr. Morrison: Nothing beyond what's outlined there. I would say basically what's been depicted there is what I understand of it, yes.

Mr. Tascona: So you don't know who is going to set staff salary ranges and that?

Mr. Morrison: For the staff of the LHIN?

Mr. Tascona: Yes, for the staff of the LHINs. You don't know who's going to set those ranges.

Mr. Morrison: The CEO would generally be responsible for that and accountable to the board for that activity.

Mr. Tascona: You're saying "generally." Do you know specifically who's going to set the salary ranges?

Mr. Morrison: No.

Mr. Tascona: And you don't know who is specifically going to approve individual staff salaries?

Mr. Morrison: No.

Mr. Tascona: Do you know who's going to develop the human resource policies, hire and fire staff within the LHIN?

Mr. Morrison: I assume it's the CEO, but do I know?

Mr. Tascona: I don't want you to—

Mr. Morrison: It hasn't been established yet.

Mr. Tascona: Do you have any knowledge of who's going to create the organizational structure for the LHIN?

Mr. Morrison: No.

Mr. Tascona: Do you see the LHINs as a patient management entity or as a direct delivery entity for service?

Mr. Morrison: It's certainly not a direct delivery entity. And the first you called "patient management"?

Mr. Tascona: Yes.

Mr. Morrison: I'm not familiar with that term.

Mr. Tascona: So what do you see the LHINs doing?

Mr. Morrison: Basically, the functions have been outlined: do the planning of health services in the LHIN, coordinate the provision of health services amongst the providers and ultimately provide some funding allocation and resource allocation functions.

Mr. Tascona: If there's a dispute between what you thought was right for the LHINs in terms of delivering service and what the Minister of Health is indicating to you, if there was a difference of opinion, do you believe that you could raise that issue publicly?

Mr. Morrison: It would probably be similar to the way we handle it on the hospital board. Usually we wouldn't choose to raise the issue publicly unless we thought there was a patient care and safety matter at hand. So I would make my response that way. It would be conditional on what the particular matter was. If we considered it patient care and safety, then I think going to the public when necessary would be part of the LHIN responsibility.

Mr. Tascona: So you're not aware of nor have any knowledge of any directives from the Minister of Health in terms of how you can communicate with the public?

Mr. Morrison: No, nothing's been provided.

Mr. Tascona: Where is your office for the LHIN position going to be?

Mr. Morrison: I don't know exactly. My understanding is it will probably be north of the Toronto city limits, but we haven't been told exactly yet.

Mr. Tascona: Have you read the legislation yet that empowers you with responsibilities?

Mr. Morrison: I don't believe there is any legislation yet.

Mr. Tascona: So you don't know what your responsibilities will be, then?

Mr. Morrison: Under the legislation, no, other than what's been published so far in the public documents on the Web site.

Mr. Tascona: Are you a member or have you been a member of a political party?

Mr. Morrison: No.

Mr. Tascona: Never?

Mr. Morrison: No.

Mr. Tascona: How did you become aware of this position?

Mr. Morrison: In the hospital, we're quite aware of the evolution of LHINs. When the positions were advertised on the Web site, the hospital staff alerted us to the fact they were there and asked any board members or anybody in any sort of stakeholder group to submit their applications if they were interested. So that was the process.

Mr. Tascona: Have you spoken to an elected member of the Liberal government about this?

Mr. Morrison: About this, yes, because again in my hospital role I am—

Mr. Tascona: Who did you speak to?

Mr. Morrison: All of the Liberal MPPs in our catchment area. Part of my hospital role is to keep the MPPs in the catchment area briefed on what's going on in the hospital.

Mr. Tascona: Can you provide names of who you spoke to?

Mr. Morrison: In the past government, it was David Turnbull and David Young. In particular in the current government, it was Monte Kwinter, Dave Zimmer, David Caplan and Kathleen Wynne.

Mr. Tascona: Those elected Liberal government officials, you spoke to them about you wanting to be appointed to this—

Mr. Morrison: No, just in the course of the hospital discussions about what was going to evolve with the LHIN and the concerns of the hospital going forward, being apprehensive as to what LHIN would mean at that time. But that was in the early going.

Mr. Tascona: Do you have any apprehension now?

Mr. Morrison: Yes.

Mr. Tascona: What is that?

Mr. Morrison: I think it's a big role to be performed. It's a brand new organization. I haven't seen any of their business infrastructure yet, so I'm apprehensive that this has a huge amount of responsibility and I'm not aware of all the details of how it's going to be implemented yet.

Ms. Scott: Thank you for coming here today. That is what we've been learning from the proposed chairs who have been before us: that there has not been a lot of information flowed to them as to what their role may be. So you were never told at any time what kind of budget you're going to manage? Have they given you any time?

Mr. Morrison: No.

Ms. Scott: No terms of reference?

Mr. Morrison: Nothing other than what's public.

Ms. Scott: Are you going to report to the Minister of Health? Is that the final minister?

Mr. Morrison: The way it's characterized in the Web site is that it would function as the spokesperson with the minister's office. So if that means reporting to the Minister of Health—I haven't tried to interpret that any other way yet.

Ms. Scott: So they really haven't given you specifics of fiduciary responsibilities or even if you have director's liability?

Mr. Morrison: I haven't seen any policies yet, no.

Ms. Scott: I can understand your apprehension. Do you agree with the evolution of the LHINs?

Mr. Morrison: Yes.

Ms. Scott: You've felt they were needed?

Mr. Morrison: I believe that integrated health care is necessary, and I think this model is an appropriate way to undertake it, yes.

Ms. Scott: You were involved in the North York hospital board of governors regarding the LHINs. What do you see as the main differences between the items as identified with the North York hospital foundation and the priorities that you'll be pursuing for the LHINs? You're going to be from the hospital sector and now you have a large LHIN of integrated health networks to look after. What do you see—

Mr. Morrison: It's actually the hospital board; it's not the foundation. I've had roles in both organizations.

Ms. Scott: I'm sorry.

Mr. Morrison: I think primarily what I see is integration of the different levels of service, from primary care through secondary care and so on, and the opportunity to streamline the communications and the activities between the different levels of health care. That's not what was happening at the hospital board. It's more focused on secondary and tertiary care in the hospital board.

Ms. Scott: OK. In your resumé, I see you've done some work in terms of use of the private sector resources for the delivery of traditional public services. Do you think there's a role in that type of health care delivery in the LHIN and, if so, what areas would you—

Mr. Morrison: I don't know of the specific application it would have in our LHIN. My experience with private delivery of public sector is around infrastructure: water waste, water transportation infrastructure. I haven't really looked at the applicability with respect to health care. I know there's lots of debate going on, including financing and what role the private sector would have around financing and operating and providing facilities. We didn't do much of that at North York General Hospital—we didn't see the need to do it—so we never got into the debate in that way.

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The Chair: We'll now move to the third party and Ms. Horwath.

Ms. Horwath: I'm going to actually follow right up on that particular issue. We pulled from the Internet your bio from the company that you're with, and I just wanted to quote it briefly. It says, "Recent experience focuses on issues pertaining to competitiveness and accountability, including use of private-sector resources for delivery of traditional public services."

I'm sure you recognize that small phrase. What is your opinion of privatization in the health services?

Mr. Morrison: As I say, I don't have any experience with that in the health services yet, so I wouldn't say I have a very well-formed opinion.

My experience so far has been in infrastructure, in the water and waste water transportation sector. In that particular case, I do think there is a place for the private sector, and they do perform functions in that sector.

Regarding health care, as I say, at the hospital, we looked at it on occasion for different things—food services and environment services within the building. It was never outsourced or privatized, so in the end, I never had an opportunity to experiment with it or be exposed to it much there, so I don't have much of an opinion.

Ms. Horwath: Just an aside: Interestingly enough, I'm from the city of Hamilton, and we've had quite an experience in water and waste water privatization. I wouldn't necessarily agree with your opinion on that, but that's fine.

You do mention that you know that there's quite a debate currently around the privatization of health services, but at this point you're saying you have no opinion at all on that issue.

Mr. Morrison: I have nothing that I would offer as a clear opinion, no.

Ms. Horwath: Some people feel that the LHIN structure is going to move to require separation of services between purchasers and providers of health care services, so that there will perhaps be consolidation of, for example, food services or housekeeping services. They won't be separate to various organizations, but they will be consolidated and separated out from the provider of health care services. Do you agree or disagree with that?

Mr. Morrison: I haven't heard that theory or that proposition put on the table anywhere.

Ms. Horwath: You've not heard of that at all?

Mr. Morrison: No.

Ms. Horwath: Can I ask, then, if you have any understanding of or if you have done any research on some of the concerns that are coming out from organizations such as the Ontario Federation of Labour and the Ontario Hospital Association around the LHINs?

Mr. Morrison: I've had a little bit of exposure to the Ontario Hospital Association, the main one being the clarity-of-role issue. They would like to have more clarity-of-role definition between the LHIN and the hospital. I haven't been exposed to any of the labour group's perspectives on it.

Ms. Horwath: Initially, you talked a little bit about integration in your comments. Some people would say that the word "integration," in their experience, particu-

larly in the health care sector, is really a code word for layoffs and service cuts. There's a real concern out there that there's going to be a significant threat to support services and clinical services, particularly in smaller communities, and also that community control at the smaller community level is going to be significantly lost. Do you have any assurances that that's not the direction in which you would see yourself going as chair of the LHIN?

Mr. Morrison: You're talking about the clinical services?

Ms. Horwath: I'm talking about all of the services, not just clinical. There's more to health care provision than just clinical.

Mr. Morrison: I haven't perceived from the information provided so far that there was to be a cut in services or a reduction of people. I think my experience from the hospital is that we actually need more people in the system, that we're in danger of not having enough nurses and enough doctors. I know, from my own experience, the hospital administration staff is a group that's very overworked and thin too. So I haven't had that proposition put that this was about downsizing organizations in that way.

Ms. Horwath: So what would your vision be for an integrated health system? What does that mean, in your opinion?

Mr. Morrison: In my opinion, I guess I'd focus mostly on the clinical side, the movement of patients through the primary care system and secondary and tertiary and then into home care or seniors-type facilities, that there would be a smooth movement and that that movement is facilitated by the system, as opposed to the way I think it comes across to people now, where each movement is an obstacle that they struggle with.

It starts with the primary care people, the family doctors out in the communities. They are the gateway to the system. Making sure that those people get some relief from their workload or management of their workloads—I think the family health teams are a good start at that, but that's really, as I see it, the gateway to the system and that's where we need to start working: making life easier for those folks and making it easier for them to move patients through their offices and into the other parts of the system when required.

Ms. Horwath: I wanted to follow up a little bit on the issues of communication, particularly on controversial issues. I think you indicated clearly your perspective on that in the previous questioning, but I'm wondering how you would respond to the suggestion that LHINs are simply a way of insulating the minister from any problems that are arising as we go through the restructuring process.

Mr. Morrison: I would hope that's not the intent of it. I obviously think that the minister still has a major responsibility and accountability for health care in the province. So as a person going into that role, I would hope that my role is not there to insulate the minister from those issues. I perceive the role as being one where there is more representation right in the community for the overall planning and coordinating. I'd be disappointed if that scenario unfolded.

Ms. Horwath: I wanted to ask one last question around your particular experience being from the hospital sector and how you see that helping or hindering your ability to obtain the trust, if you will, and to develop the relationships that are required across the entire sector. Can you speak to that a little bit?

Mr. Morrison: I suspect that there could be some people who would perceive that the hospitals are at the top of the food chain and many other parts are lower down, and so that my experience, my exposure, my knowledge may be more based at that level.

If you know North York General Hospital at all, it's got the largest family practice in the province based there. We have a lot of family doctors. It's very focused on primary care. We have a seniors' health centre associated with that facility, so we're very much involved with care of the elderly. We have a lot of outreach programs from the hospital going into the communities to support the CCAC activities, the home care activities and education for patients with problems.

I would hope eventually, as that experience started to become evident, that I would make people feel comfortable with my background in that respect. I do feel that the home care and the care that the CCACs and the family doctors provide is the gateway to the system. If we're going to make the system work better, it's got to start there. Part of my aspiration is to make sure that they understand that and are convinced of it.

Ms. Horwath: Do you have any particular strategies in mind to try to reduce any perceived bias or any problems that might arise?

Mr. Morrison: My experience so far is just being available to people and going out and listening to people and having some understanding of their issues. That's what I've found so far in the hospital. If I can demonstrate that, then we can build up some trust and work on it, so that's what I'm going to try to do.

Ms. Horwath: Do I have any—

Interjection.

Ms. Horwath: Just another minute or so? Well, you know what? I think that's pretty much covered it, Mr. Chairman. I have a few others, but I'll leave it.

The Chair: Mr. Morrison, thanks for the presentation and your responses to the members' question.

Mr. Morrison: That's it?

The Chair: We'll move to the concurrence votes after the next interview, so you're welcome to stay.

MINA GROSSMAN IANNI

Review of intended appointment, selected by third party: Mina Grossman Ianni, intended appointee as chair and president, Health Integration Network of Erie St. Clair.

The Chair: Next we'll call forward Mina Grossman Ianni. Ms. Grossman Ianni is an intended appointee as

chair and president of the Health Integration Network of Erie St. Clair. She joins us all the way from Amherstburg, Ontario, this morning. A bit of a drive.

Ms. Mina Grossman Ianni: Good morning, everybody.

The Chair: Welcome to the committee. Ms. Grossman Ianni, you have an opportunity to make a presentation about your interest in the position, your background and skills, and then all three parties have an opportunity for any questions, beginning with the official opposition. The floor is yours.

1100

Ms. Grossman Ianni: Thank you. Mr Chairman and committee members, I'm appearing before you today as a nominee for the chair of the Erie St. Clair local health integration network.

I believe you have a copy of my curriculum vitae in front of you. You will note that I have had several careers, the major one being in broadcasting, where I occupied functions from copy editor, reporter, producer and finally manager or director of programs. This broadcasting career was very varied in that in took in radio and television at the local and national levels, both English and French networks at the CBC. It also allowed me to familiarize myself with all the major issues of public policy at the time. It was more of a passion than a career. It also introduced me to the fascinating world of Franco-Ontarian communities and their history in our province.

The CBC is a large and complex organization, as you know, and I learned a great many things that I have used in many of my other activities and I just have found all the training to be extremely transferable. I participated in one of the re-engineering exercises undertaken by senior management as a representative of the Ontario region. While I was a producer, I was a member of a national committee establishing new producer evaluation materials for the corporation. I sat as a management representative on the national CBC-CUPE negotiating team. And as a director of programming for both Windsor and, for one year concurrently, the Toronto French radio station, CJBC, I supervised all local programming and network contributions with teams of about 30 employees in each place. I also interacted with other segments of the corporation which provided services. So I'm very accustomed to working with people in co-operative ventures and I love working in teams.

I left the CBC in 1997 to care for my ailing husband, who died a few months later. I then undertook the job of managing the Windsor Symphony Orchestra, which was in dire financial and administrative straits. I was able to effect a major turnaround in three years, working with an effective board of directors, setting goals, strategic directions and recruiting an effective team. The orchestra doubled its ticket sales, doubled its fundraising, doubled its grants from various levels of the public sector, doubled its budget, increased programming, especially in the fields of outreach, education and family programming, and is generally recognized as a great success story in Canada. It's won numerous awards.

In 2001, I presented a restructuring plan to the board of directors of the Windsor Symphony Orchestra which contained a succession plan for promotion from within the organization. I undertook a part-time director of development position, which is a fundraiser—that's basically what I do—a position I still hold today and I intend to maintain during my term, if I am so designated as chair of the LHIN board.

Parallel to my professional career were positions on various boards—national, provincial or local in scope. I have quite a bit of experience with issues of governance from my time as a member of the Green Shield Canada board, a not-for-profit, pre-paid medical service company. I chaired several committees during my mandate as a member of the board of the Ontario Arts Council. I'm the chair of the governance committee of the National Gallery of Canada. I have served on several other boards and committees, including being part of the first group of public members on the College of Family Physicians of Canada.

I believe that the reorganization of the health care system is a major step forward, to say the least. We will have learned many lessons from the other provinces and jurisdictions which have already instituted similar reorganizations. I'm excited by the prospect of making a contribution to the success of the transition. I believe I have people skills, proven organizational abilities, public relations experience and many contacts in various communities.

I would be pleased to answer any questions you may have to the best of my abilities.

The Chair: Great. Thank you very much for the extensive presentation. It's much appreciated. We'll have any questions from the members, beginning with the official opposition.

Mr. Tascona: Thank you for coming here today. Did you have a pleasant ride from Windsor?

Ms. Grossman Ianni: Yes. It was easy and I got to see a brand new grandnephew.

Mr. Tascona: Good. I just want to ask you a few questions on this. Do you have any actual knowledge of what you're going to be doing as the LHIN chair?

Ms. Grossman Ianni: I have the same knowledge as everyone has, in that I have received the materials. I've gone on the Web site, so I know that I'm going to be with the board, certainly not by myself, and with a staff and with a lot of consultation from stakeholders, I will be participating in the planning, coordination, integration and, eventually, funding of health care as it's provided for the groups specified.

Mr. Tascona: You report to the Minister of Health, I understand?

Ms. Grossman Ianni: That's what I understand too.

Mr. Tascona: But neither the minister nor someone from the Ministry of Health says, "This is exactly what you're going to be doing"?

Ms. Grossman Ianni: No.

Mr. Tascona: And neither the minister nor Ministry of Health officials have told you, "This is how you're

going to do your job; this is what we're going to do with the LHINs"?

Ms. Grossman Ianni: They've said that they expect a great deal of community engagement. How we do that community engagement has not been specified.

Mr. Tascona: Dealing with the development of the organizational structure, at this point in time, there's no structure at all, is there?

Ms. Grossman Ianni: No.

Mr. Tascona: And there are no employees, are there?

Ms. Grossman Ianni: No.

Mr. Tascona: In dealing with the physical location, there's no actual office location, is there?

Ms. Grossman Ianni: No.

Mr. Tascona: You understand, and I think the other people we've talked to today understand, that there's no legislation at this point in time as to what the LHINs will be doing and what their mandated powers are. Does that leave you with any apprehension, in terms of what you're going to be doing?

Ms. Grossman Ianni: It leaves me with a little bit of excitement about it, because I think we're founding something. So whenever you're founding something, you don't want to have everything all dictated in advance. The fact that there is no legislation, I understand, is not a precedent. There have been other very prominent organizations established the same way, so we have a little history in that way.

Mr. Tascona: Not to interrupt you, but the thing is that you've got a fairly major role as chair.

Ms. Grossman Ianni: I know.

Mr. Tascona: There's no apparatus in place, and here you are assuming the responsibility, subject to the review of the board today.

Ms. Grossman Ianni: Right.

Mr. Tascona: Have they told you about what, if any, liability you would have as chair in taking over an organization such as this?

Ms. Grossman Ianni: No.

Mr. Tascona: Does that concern you?

Ms. Grossman Ianni: I think it's something that we can work out. Just because one has a concern doesn't mean it's a major obstacle.

Mr. Tascona: Liability might be a major concern, in terms of whether there's insurance in place to protect the chair and the board of directors.

Ms. Grossman Ianni: I don't know that now, but I'm sure that these are things we will be discussing. Don't forget, I've dealt with boards. The people who sit on the board of the Windsor Symphony Orchestra know about liabilities. These are things that are overcome.

Mr. Tascona: Yes, and you're aware of that because of the laws changing. I want to ask you a question. There was a Mr. Ianni who was the dean of the Windsor law school.

Ms. Grossman Ianni: No, he was the president of the university. He was a dean, and then he was also the president, and he's the fellow that I said died in 1997.

Mr. Tascona: Sorry about that. He was very well respected.

Ms. Grossman Ianni: He was.

Mr. Tascona: Two of my in-laws went to the University of Windsor law school when he was there, I believe when he was dean.

Ms. Grossman Ianni: And it bears his name. It's called the Ron W. Ianni Faculty of Law at the University of Windsor, of which I'm very proud.

Mr. Tascona: That's right. Yes, he was very well respected and made a tremendous contribution to the city of Windsor.

Ms. Grossman Ianni: One of the reasons I thought to do this is because I know that if he were around, he would be involved in some way. I'm following a very good example of service to the community.

Mr. Tascona: Your record is certainly very active. I notice you're a member of the Rotary Club in Windsor. I'm a member in Barrie. That's a very active role.

I just have one final question, and we always do this: Are you currently a member of any political party?

Ms. Grossman Ianni: I'm not.

Mr. Tascona: Have you ever been a member of the Liberal Party?

Ms. Grossman Ianni: No.

Mr. Tascona: No?

Ms. Grossman Ianni: No.

Mr. Tascona: OK. Thank you.

Ms. Scott: Thank you for appearing here today, and congratulations on the 2005 Woman of the Year awarded by the Women's Incentive Centre.

Ms. Grossman Ianni: Thank you very much.

Ms. Scott: That's a great honour to add to your other accomplishments and the impressive resumé that you have.

We've been asking a lot of questions about the structure and the knowledge that you've had. It is a big job that you're going to be taking on. I noticed in your resumé that you are a member of the board of directors of the College of Family Physicians of Canada.

Ms. Grossman Ianni: I actually have resigned.

Ms. Scott: Have you resigned now? OK. That was one of my questions. They don't have a great history of always agreeing with the Ontario Medical Association. So do you think this involvement would cause any difficulties in your ability to function as a LHIN chair?

Ms. Grossman Ianni: I personally don't think so. I thought they were a very interesting group. I learned a lot and it was a lot to take in. Their major function is education. I know they do take advocacy positions on important issues to the family doctors of the country; I was on the Canadian board. But I don't think so, because this is a brand new organization and I certainly do have a lot to learn. I will be listening to a lot of people and getting a lot of input from all areas, and I will endeavour to be very open. I really don't have that many preconceived notions.

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Ms. Scott: You have involvement certainly in health care, not as high an involvement, maybe. Do you know a lot about the health care systems within your communities? I know you have strong community involvement, but the health care system is very demanding—

Ms. Grossman Ianni: It is.

Ms. Scott: —and very complicated. We've heard a lot of discussion on how it functions and some comments that LHINs may be able to function better than the DHCs did. Do you have any comments, in your area specifically, of where some challenges lie?

Ms. Grossman Ianni: I was following what was going on in the health care system through my involvement in the media, and I'm still following it today because I think in our area, if I'm not mistaken, we're quite well advanced at integration. There's been a great deal of work done. We were one of the first areas to voluntarily go ahead with hospital amalgamation, if you want to call it that. So from four hospitals in the Windsor area we went to two, and there's still the Leamington hospital in Windsor itself. I know a little bit less about the situation in Chatham and Sarnia, because although if you look at the map, Erie St. Clair is one of the smallest areas in Ontario, it still takes in from Grand Bend right down to Pelee Island. So there are some areas where I know a little bit less, for sure, but I certainly am interested in learning more. But in the Windsor area they've done, I know, a great deal of work already and there's a great deal of progress made. We are still one of the most underserviced areas.

Ms. Scott: One of our orthopaedic surgeons from Lindsay's Ross Memorial Hospital has gone down to Chatham. He's an excellent orthopaedic surgeon.

Ms. Grossman Ianni: Right. I heard about that.

Ms. Scott: Yes, Dr. Stone.

I have the largest LHIN, and we certainly have challenges with urban and rural doctor shortages, so I'm sure—

Ms. Grossman Ianni: Doctor shortages: This is an area which I have never understood. Our area there—I don't know why the perception of it is how it is, but it's one of the most beautiful areas in the province to live. It's totally accessible and has so many advantages, and yet recruiting doctors is a big deal. The Windsor Symphony Orchestra has been participating with a recruitment team and bringing doctors to orchestra concerts and things like that.

Ms. Scott: I'm on one of those committees myself to try to entice more doctors to my area, so I guess we'll be competing in that way with each other.

Were you given a term of contract? Did you say how long you might be appointed to this position as chair?

Ms. Grossman Ianni: I have not. I had a feeling it was three years, but I was looking through materials and I don't know why I had that feeling. It's just that three years seems to be a—

Ms. Scott: Did they say what the time commitment may be? Is it a full-time job? It's how much per diem?

Ms. Grossman Ianni: They certainly said there would be a lot for the chair to do in the first year, but they understood that I am going to continue with my position as the fundraiser at the Windsor Symphony Orchestra, which is a part-time position. I'm paid part-time. I work a little bit more than that, of course, but I think I'll be able to juggle the two because it's not a full-time job. Everybody did emphasize the great time commitment.

Ms. Scott: I'm sure there will be, especially since there are no terms of reference or specifics that are given to you. This will be a challenging job, so I wish you all the luck in it.

Ms. Grossman Ianni: Thank you very much.

The Chair: To the third party, Ms. Horwath.

Ms. Horwath: Welcome. I know that you worked with the College of Family Physicians. What other health care sector experience and knowledge can you bring to this position?

Ms. Grossman Ianni: I was on the board at Green Shield Canada, which is a pre-paid, not-for-profit medical services company, but that's about it, specifically in the health care area.

I could stop there if you have other questions.

Ms. Horwath: No, that's OK. Feel free.

Ms. Grossman Ianni: The description showed that they were looking for people from various sectors. What I don't bring in health care, I bring in management skills and in communications and—

Ms. Horwath: I recognize that completely. Absolutely. I do see all of those experiences and I know that they are very, very important in this particular role. But I guess one of the things that I'm wondering if you would help me with is, as you move forward in your role as chair, not having perhaps in-depth experience of the health care sector itself, and understanding that restructuring and integration means moving of resources and competing of interests and those kinds of things, do you see your—and I don't mean this in a derogatory way—lack of engagement in that sector as a benefit or a detriment to juggling all of those interests and those potential conflicts? Then, in expansion of that, how do you think you are going to be able to handle that?

Ms. Grossman Ianni: I've thought about that, obviously. I think it could be either, depending on how I do the job, how I am received and how the communication goes, because I think fresh eyes are a really important thing. Of course, I have been a consumer of health care, as everybody has, not just for my husband but also for my parents, and so I'm quite familiar with the whole piece on seniors and home care as a client. I think I can bring a perspective.

At the same time, I have a « recul », a perspective, that maybe others don't have. I think I bring a whole other set of skills. And there will be a lot of people on this with me—I'm not a one-person operation here—who will bring that other set of skills that maybe I'm not as strong in.

How will I do it? I'll do it the same way I've always gone about my affairs, in that I will look to the best

people around me. I will listen to the people who are involved. I know most of the players in the various areas. I've met them under different circumstances. So I will work at that whole planning piece. It's very important in allowing people access to me and to the other members of the board and to the staff eventually. I will try to look at all the information—I really love to get as much information as I can about anything—and then we'll have to see.

Ms. Horwath: OK. You mentioned, in some of the earlier questioning, physician shortages being an issue. What would you say are some of the other major health care issues facing the LHIN?

Ms. Grossman Ianni: I read some of the documentation. I went on the site and saw the consultations that took place and heard what the people were saying. There are no real secrets there: the integration piece, working together, partnerships, making sure that we're using the resources the best way possible. Patient-centred is another issue that everybody is concerned about, thinking about the patient as the central piece in the whole system. There are other issues, like care for seniors. Mental health services are really in dire straits in our area, especially for children. And there are women's health issues as well.

Ms. Horwath: I'm wondering, if you were looking at your LHIN right now, who would you identify, maybe not by name but certainly by organization, as the major players in the health care system?

Ms. Grossman Ianni: The major players in the health care system?

Ms. Horwath: In your LHIN.

Ms. Grossman Ianni: The hospitals for sure; the CCAC. I think those are the two major ones, but then there are the various agencies that provide services to seniors and to the mental health issues.

Ms. Horwath: The support services.

Ms. Grossman Ianni: Support services.

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Ms. Horwath: I wanted to ask you a little bit about your knowledge or understanding of some of the controversy around the LHIN proposals. I've asked the others, so if you've been here, you've heard this question already. The Ontario Federation of Labour and the Ontario Hospital Association have both expressed some concerns about LHINs. I'm just wondering, do you have any awareness of those concerns, or have you done any research into those areas?

Ms. Grossman Ianni: Not very much. I have an awareness. Of course, whenever there is a change happening and we talk about integration, it's a normal reaction, especially on the part of the people who are working. But as far as I can see, there has been an expressed intention not to make it a way to get rid of people in the system and to respect all the master agreements and collective agreements that are in place. There are memorandums of understanding that are going to be happening.

So I think I do understand maybe the insecurity that arises as a result of an announcement of change, but this LHIN, I believe in it. I believe that we can organize services better at a local level. Something had to be done. The population has certainly expressed a desire. So I think it's a really great thing that we're trying something, we're evolving. I also like the idea that things can evolve. Even some of the boundaries of the LHINs have been changed as a result of consultation. So that shows a responsiveness to concerns of people. I think it's wise to be vigilant, but I think nobody should prejudge right now.

Ms. Horwath: In some of the other interviews today we got into the area of the privatization of health care services. That's quite a controversial issue that's been vocally debated in many ways across the province. I'm wondering if you have any opinion about the privatization of health services in particular or any concerns.

Ms. Grossman Ianni: Well, I'd rather not express too much of an opinion on those things. Now in my prospective role, I'd rather see what's going on and not just be anecdotal about it, because that's all it would be right now. I'd really like to reserve judgment on that.

Ms. Horwath: So you have no opinion one way or the other, or you're not prepared to divulge it at this point in time?

Ms. Grossman Ianni: It's not a question of divulging; it's just that my knowledge is based on personal experience and anecdotal experience, and now I'm embarking on this other thing, and I'm going to get into it in a deeper fashion. I don't think it would be useful right now to get into it. The fact is that certain of our health benefits have been privatized, or we have to pay for them now, if that's what you mean. Is that what you mean?

Ms. Horwath: No, I wasn't talking particularly about the health tax. That's not where I was going—

Ms. Grossman Ianni: I'm not talking about health tax; I'm talking about having to pay for certain things that maybe you didn't have to pay for before.

Ms. Horwath: Oh, the delisting of services.

Ms. Grossman Ianni: The delisting of services.

Ms. Horwath: No, I was thinking more about the CCACs, for example, the previous government's initiative to basically contract out those services or to create a system of bidding on those contracts and thereby the proportion of private sector delivery went extremely high during that process.

Ms. Grossman Ianni: I understand that. There was a great deal of controversy in Windsor over the bidding process. I didn't follow it that closely, I do have to say. In general, I'm in favour of a little competition.

Ms. Horwath: OK. One last question, and that's around the issues, again, that have been explored in other interviews around the role that the LHIN chair will have in regard to communication of controversial issues. As a chair of the LHIN board, if there was something controversial that was coming out of your community and the minister would prefer that that not be a public issue, do you see any obligation in your role as chair to make

public or to raise in the public realm issues of controversy?

Ms. Grossman Ianni: If it's controversy, it'll be out there already. There will be issues that will be out there that—I mean, it will be there. I'm not sure I understand the question.

Ms. Horwath: Oftentimes in the health care sector, particularly considering the whole restructuring aspect of this initiative, there might be areas where the minister would prefer that information not flow publicly, yet there might be a need for a community to understand what's happening because the outcome will affect them one way or the other. As chair of the LHIN, how do you see yourself coming down on that?

Ms. Grossman Ianni: First of all, I think in an organization like the LHIN, there will be very few secrets. I think things will come out, and I think the obligation of the LHIN is to act in the public interest, so we'll just have to see.

The Chair: We'll now move to the government members.

Mr. Parsons: We have no questions.

The Chair: Ms. Grossman Ianni, thank you very much for your presentation and your responses to the members' questions. You're welcome to stick around as we move to the most exciting part of the agenda, the concurrence votes.

In the order that they appeared before the committee, we will now consider intended appointments.

The first is the consideration of the intended appointment of Penny Thomsen, the intended appointee as chair and president of the Health Integration Network of Toronto Central.

Mr. Parsons: I would move concurrence.

The Chair: Is there any discussion with respect to Ms. Thomsen's intended appointment? Seeing no discussion, all in favour? Any opposed? It is carried. Congratulations to Ms. Thomsen.

We will now consider the intended appointment of Juanita Gledhill, intended appointee as chair and president of the Health Integration Network of Hamilton Niagara Haldimand Brant.

Mr. Parsons: I would move concurrence.

The Chair: Is there discussion? Seeing no discussion, I'll move the question. All those in favour? Any opposed? It is carried. Congratulations to Ms. Gledhill.

We will now consider the intended appointment of Kathryn Durst, intended appointee as chair and president of the Health Integration Network of Waterloo Wellington.

Mr. Parsons: I move concurrence.

The Chair: Any discussion?

Mr. Milloy: On a point of order, Mr. Chairman: Could I just put on the record that I'll be abstaining from this vote?

The Chair: Certainly. Any other discussion?

Mr. Tascona: I'd like to know why he's abstaining.

The Chair: Further debate, Mr. Tascona? Any other comment or debate on Ms. Durst?

Mr. Tascona: If you're going to abstain from something, there's got to be a reason. I think we are entitled to know. It's a public record.

The Chair: Any other comment or debate?

Mr. Tascona: Are you going to ask him why he's abstaining?

The Chair: No. This is the debate point. If the member wants to enter debate or not—

Mr. Tascona: If he's going to abstain from something, I can only assume there must be a conflict of interest.

The Chair: I think the members know the rules. They can vote for, or they can oppose, or they can abstain from a vote at committee. It's up to the members to enter into debate as they see fit.

Any other comments or questions? I'll move the question. Again, I'll remind members this is Ms. Durst for the Health Integration Network of Waterloo Wellington. All those in favour? Any opposed? It is carried. Congratulations to Ms. Durst.

We'll now consider the intended appointment of Shehnaz Alidina, intended appointee as member of the Toronto grant review team.

Mr. Parsons: I move concurrence.

The Chair: Mr. Parsons is on a roll and moves concurrence. Any discussion? Seeing none, all those in favour? Any opposed? It is carried. Congratulations to Ms. Alidina.

We will now consider the intended appointment of Kenneth Morrison, intended appointee as chair and president of the Central Health Integration Network.

Mr. Parsons: I move concurrence.

The Chair: Mr. Parsons ends the suspense and moves concurrence. Any discussion? Mr. Berardinetti?

Mr. Lorenzo Berardinetti (Scarborough Southwest): Pardon?

The Chair: I just saw your hand.

Mr. Berardinetti: I was voting in favour.

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The Chair: Thank you. Is there any—

Mr. Berardinetti: I was considering whether or not to abstain from the vote, but—

The Chair: Obviously you feel very strongly about Mr. Morrison's appointment. We appreciate that, as does Mr. Morrison.

Any further discussion on Mr. Morrison's appointment? I'll call the question. All those in favour? Any opposed? That was carried. Congratulations to Mr. Morrison.

We will now consider the final appointment today, the intended appointment of Mina Grossman Ianni, intended appointee as chair and president of the Health Integration Network of Erie St. Clair.

Mr. Parsons: I move concurrence.

The Chair: Mr. Parsons moves concurrence. Any discussion?

Mr. Tascona: This is not directed at this particular candidate per se, but I want to make a comment for the record with respect to all of the appointees who were

before us today. None of them had any knowledge of what they were going to be doing, how they were going to be doing it and what their specific role was in terms of dealing with these LHINs. The fact also remains that there is no legislation in place to put in place the LHINs.

Notwithstanding that they're all people who come from different walks of life, the fact remains that what they put forth today and what we reviewed wasn't very helpful to this committee, other than knowing about their personal backgrounds, as opposed to questioning them as to what they were going to be doing and how the LHINs were going to be operating, which is very frustrating to the members of the opposition, I believe, and makes this exercise far less useful than it was intended to be. That's all of my statement.

The Chair: Thank you, Mr. Tascona. Any further debate on the appointment?

Mr. David Orazietti (Sault Ste. Marie): I call the question.

The Chair: Seeing none, Mr. Orazietti calls the question. All those in favour? Any opposed? Very good. It is carried. Congratulations to Ms. Grossman Ianni.

COMMITTEE BUSINESS

The Chair: Folks, as you'll remember from the beginning of the session, we do have some other business to get to, beginning with the revised report of the subcommittee on committee business dated May 5, 2005. I understand that there may be some motions. There are some potential motions to amend, if I'm correct?

Ms. Scott: No.

The Chair: No? OK. Then any debate on the revised report of the subcommittee on committee business dated May 5, 2005?

Seeing no discussion, all those in favour of its adoption—

Interjection.

The Chair: There were no amendments—thank you to the clerk. That has already been passed by the committee.

We'll move to other business in general. Any other business that members have to bring before the committee?

Mr. Tascona: There are two items. The first involves the certificate from the Premier, his letter of May 20, 2005, which is a memorandum to the clerk re order-in-council appointments to the agencies which received cabinet approval on May 18.

One of those was a person by the name of Sandra Jane Campbell, the Greater Sudbury Police Services Board appointment. I want to bring to the attention of the committee that her order-in-council certificate did not appear until May 20, yet in the Sudbury Star it's reported on May 3, 2005, through a press release, I believe issued by Sandra Campbell. I'll read it:

"Sandra Campbell, the manager of communications at FedNor, has been appointed to the Greater Sudbury Police Services Board. The lifelong resident of Sudbury began her broadcasting career at MCTV. Board chairman Eldon Gainer welcomed Campbell, saying, in a press release, she 'brings a wealth of experience and community involvement to the board.'"

This is May 3. She wasn't put forward until, from what we can see, she received cabinet approval May 18, 2005. I would like the Chair to write to Management Board to find out how this happened and for them to investigate it so that we know what's going on.

The Chair: Any comments or questions? Any further debate on the item?

Mr. Tascona: I have another matter, Mr. Chair, and it deals with your letter of April 5 to Debra Roberts at the Public Appointments Secretariat and her letter of May 27, 2005, which is to you. There are a couple of areas, and they centre around the personal and conflict-of-interest disclosure statement, which was initiated by the government in January 2005.

Your letter of April 5, 2005, posed three inquiries. The first one, in the first paragraph, was, "The committee requested that I inquire whether or not it would be possible for the committee to receive a form from the Public Appointments Secretariat confirming the successful completion of the screening process and outlining whether the individual agreed to a screening check and what checks took place."

The response that you were given by Debra Roberts, in the third paragraph of her letter, is that she states, "With respect to providing the committee with an additional form, the Public Appointments Secretariat will continue to follow the reporting requirements as set out under the current standing orders of the committee."

Now, I would put that to our clerk. I don't know what she's saying there, and I don't know what that means. We do get provided with the resumé, but we don't get provided with the entire form. We continue not to be provided with that complete form, though Debra Roberts did provide us with the entire form as an attachment to the May 27, 2005, letter. That's my first question: I don't know what she means by that. Is it saying that in the standing orders we're limited to only receiving a certain type of document? Maybe the clerk could explain.

The Clerk of the Committee (Ms. Susan Sourial): According to the standing orders, 106(e)1, they are only asked to provide a copy of the position description, a summary of the person's qualifications and the certificate of intended appointments.

Mr. Tascona: So your interpretation is that all they're going to provide is what the standing orders would indicate.

The Clerk of the Committee: Right.

Mr. Tascona: I'll go back to the letter. The Chair also posed two questions, arising from two other issues that were raised in his April 2005 letter. She never responded in the May 27, 2005, letter at all to those two other issues and I would ask the Chair perhaps to review the correspondence. If he feels, in his wisdom, that she never did do that and feels that he should write again, that would be something that I think would be proper to get a proper

response from her to all the issues that were raised in your letter.

She did not respond to those two issues, one where you state that "Mr. Tascona, MPP, Barrie–Simcoe–Bradford, indicated that the previous government had a policy not to appoint people who were in arrears on their child support payments to government agencies, boards or commissions. Is the current government continuing with that policy?" She doesn't respond to that.

The second part had to deal with a particular individual: "The Public Appointments Secretariat provides the committee members (via the committee clerk) with a copy of the resumés of the intended appointees. Mr. Vance Badawey, intended appointee as member, Regional Municipality of Niagara Police Services Board, appeared before the committee on Wednesday, March 30, 2005. In response to a question, Mr. Badawey stated that he had included his candidacy in the 2000 election on his resumé under 'Summary of Achievements'; however, the version of his resumé received by the committee members did not include any reference to Mr. Badawey's participation in the 2000 election. The committee felt there was 'some lapse in information between what's submitted and what we're getting.'"

That wasn't responded to, either. So that would be something I would be looking for.

The Chair: The last paragraph of the letter does respond to the issue with respect to Mr. Badawey. Your first point, though, is well taken, and I'll review the letter.

Mr. Tascona: But she says, "With respect to Mr. Vance Badawey, the Public Appointments Secretariat provided the committee with the information that the secretariat received from Mr. Badawey in his application for an appointment to the Regional Municipality of Niagara Police Services Board."

So we've got his testimony and we've got what we felt we had. There's a conflict there. I can only assume that he had a different version of his resumé when he was testifying here versus what we were provided. That's the only assumption I can make, unless they can offer something more to that. But they're not really conclusively saying that the resumé that we were provided did include that information on it under "Summary of Achievements," so it really hasn't been responded to.

The Chair: Further comment or debate?

Mr. Parsons: I read the last paragraph somewhat differently. I read it understanding that they passed on the information they received.

The Chair: Mr. Tascona, you have more points?

Mr. Tascona: The final point is with respect to that May 27 letter. I'm not asking for Mr. Parsons's interpretation. I just want to make sure I've got the right documents.

Halfway through the second paragraph it says, "The type of screening check conducted is outlined on pages 5 and 6 of the personal and conflict of interest disclosure statement (attached). No screening check can take place unless the intended candidate has given permission for the check to be conducted."

I go to page 5 of that form, under the title, "Personnel Screening Checks." In the second sentence of the first paragraph it says, "Applicants must receive a personnel screening clearance before they may be offered a public appointment."

My question is, has the government made any offers to people who refused the personnel screening clearance? I'd like to know that.

The Chair: Through Ms. Roberts?

Mr. Tascona: Yes, that's correct. Based on her letter, she says that it's up to the candidate to decide. But I want to know whether the government has actually done that, where they've refused. Those are all my comments.

The Chair: We will inquire. Any other comments on Mr. Tascona's points? Thank you, Mr. Tascona. We'll pursue those items.

Any other items for debate or discussion as part of other business today?

The subcommittee that we had intended to have this afternoon may be necessary, but we had actually cancelled it because we didn't think it would be necessary. I'll tell you what we'll do. We will notify the members that a subcommittee meeting is necessary to clear up the backlog. That may be the case between now and the intersession.

Mr. Tascona: I'm available today.

The Chair: Very good. I will contact members of the subcommittee. I'll get an update from the clerk. There are potentially a couple of additional certificates that may transpire before we recess, so we should be aware of that.

Seeing no other business, the next meeting is set for a week from today, on Wednesday, June 8, at 9 a.m. Folks will be notified when we confirm the room.

Thank you very much, folks. This meeting is adjourned.

The committee adjourned at 1143.

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