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Official Report of Debates (Hansard)

Tuesday 19 October 2010

Journal des débats (Hansard)

Mardi 19 octobre 2010

**Standing Committee on
Government Agencies**

Intended appointments

**Comité permanent des
organismes gouvernementaux**

Nominations prévues

Chair: Ernie Hardeman
Clerk: Katch Koch

Président : Ernie Hardeman
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON GOVERNMENT AGENCIES

COMITÉ PERMANENT DES ORGANISMES GOUVERNEMENTAUX

Tuesday 19 October 2010

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The committee met at 0902 in committee room 1.

SUBCOMMITTEE REPORT

The Chair (Mr. Ernie Hardeman): Good morning. We'll call the meeting of the Standing Committee on Government Agencies to order.

The first item on the agenda is to thank you all for being here. The second item, of course, is the report of the subcommittee on committee business dated Thursday, October 7, 2010. Do we have a motion to deal with the subcommittee report?

Mr. Michael A. Brown: Chair, I so move.

The Chair (Mr. Ernie Hardeman): You've heard the motion. Discussion? If not, all those in favour? Opposed? The motion is carried.

That concludes the "other business."

INTENDED APPOINTMENTS

MS. LORRAINE GANDOLFO

Review of intended appointment, selected by official opposition party: Lorraine Gandolfo, intended appointee as member, Central West Local Health Integration Network.

The Chair (Mr. Ernie Hardeman): We'll now go to the interviews. The first interview this morning is Lorraine Gandolfo, recommended as a member appointed to the Central West Local Health Integration Network.

Lorraine, welcome, and thank you very much for coming in for the interview this morning. We will start the interview by allowing you an opportunity to say a few words about your application. Then each party will have an opportunity to ask you any questions. We will start the questioning with the third party.

With that, we'll turn the floor over to you and you may make your presentation.

Ms. Lorraine Gandolfo: Bonjour, mesdames et messieurs. Je vous remercie de m'accueillir ici ce matin. Je suis honorée de me présenter à vous comme candidate au RLISS du Centre-Ouest.

Thank you very much for having me this morning. I wish to thank the members of the committee for giving me the opportunity to introduce myself as a credible member and candidate for one of the board positions on the Central West LHIN. I want to keep my opening

remarks brief to allow members of the committee to ask questions, as I'm sure you may have some.

Our family moved to Brampton, or at least Ontario, in 1977. We've watched the Brampton area thrive and the population numbers balloon—a community now of almost half a million, just shy of half a million.

As an active member of that community, I have been working with groups to secure local access to child care, education and health services over the years.

If you look at the continuum—I was reflecting on this, this morning—it's almost like cradle to the grave: child care, and I'm on my way to the other end, I suspect.

The area covered by the Central West LHIN is one that I know well, and I wish to serve it. It's home to a very dynamic and young generation of citizens. There was an opening on the board of the LHIN, and it seemed to me a good opportunity to contribute to furthering access not only for the francophone community in the area but also for any and all residents.

My 11 years as a school board trustee on the Dufferin-Peel separate school board, the French language section, have provided me with valuable experience on governance issues and I think will serve me well on the LHIN board.

I have been on staff with the Ontario Trillium Foundation since 2001. This has allowed me to be in contact with not-for-profit groups from across the province and provided me with a pretty good provincial perspective on several issues.

I responded to the opening on the LHIN board by first submitting my name through the Public Appointments Secretariat. I was interviewed by the Central West LHIN board, and I'm honoured that they felt that I would be a suitable candidate, hence my appearance before you today.

Merci de votre attention. Je suis ouverte à toutes vos questions.

The Chair (Mr. Ernie Hardeman): Thank you very much. We will revert back to the third party if they arrive before the end, but if we can, we'll start with the government side for questioning.

Mr. Michael A. Brown: Ms. Carroll has a question.

M^{me} M. Aileen Carroll: Simplement pour dire bienvenue. C'est un grand plaisir de vous avoir ici parmi nous. J'ai lu tous les détails de votre CV; c'est bien recommandé. Je n'ai pas de problème. Il n'y a pas beaucoup de questions, mais je pensais que peut-être

vous pourriez nous expliquer votre point de vue au sujet de la langue française dans le monde de la santé publique ici et si vous êtes contente qu'il y a assez de programmes disponibles pour les francophones.

M^{me} Lorraine Gandolfo: Je vais répondre en anglais, si vous me le permettez.

M^{me} M. Aileen Carroll: Oui.

Ms. Lorraine Gandolfo: I believe your question is wanting my opinion on whether francophones have equitable access to health care services in French, and the short answer is no. There's been a valiant effort over the years, depending on where you live in the province. For the area covered by the Central West LHIN, there have been some improvements but not close to where it should be in terms of wanting to have access.

0910

Even though people may speak English as I do, there are a couple of very personal situations where you need to have access in your own language. Our francophone community, particularly in that area, as statistics demonstrate, is made up of a multitude of newcomers from countries where French is the second language and English is nowhere in the picture. So there's quite a chunk of the population that doesn't have access.

I would love to be able to contribute as a member of the LHIN board to trying to help in the planning to make sure that these requirements and needs are kept at the forefront. We have French-language schools; we have had them for many years. We have French-language child care. It seems to me that the next logical step is that we all have access.

The Chair (Mr. Ernie Hardeman): Mr. Brown?

Mr. Michael A. Brown: Thank you for putting your name forward and offering yourself to the province of Ontario and this particular LHIN. I just want to indicate to you that the government will be concurring in your appointment.

Ms. Lorraine Gandolfo: Thank you very much.

The Chair (Mr. Ernie Hardeman): We'll now go to the official opposition. Ms. MacLeod.

Ms. Lisa MacLeod: Welcome, Madam Gandolfo. It's very nice to have you in. As somebody who represents a riding in eastern Ontario, in the city of Ottawa, it's important for me that we see a linguistic balance on many of our committees that we perhaps haven't seen. You're one of the very few francophones I've seen actually being appointed to a LHIN province-wide. It was nice of you to come in here today. I appreciate that.

I also wanted to comment on your strong public service background. I think you're definitely the type of person that this province needs to attract and bring forward.

I have a quick question for you with respect to accountability purposes. The official opposition has been very clear that this time hopefully next year we won't be talking about appointments to the LHINs; we'll be looking at a different model in health care. One of the big issues that we're seeing, and we'll see this more tomorrow with the Auditor General's report, is account-

ability within our health care sector. That's why I'm wondering if you're supportive of an idea of providing full disclosure of contracts over \$10,000 to all provincial bodies, so that full disclosure would mean whether you're at the LHIN or whether you're at the Trillium board or any other publicly appointed body.

Ms. Lorraine Gandolfo: Thank you for that question. As a government agency, the Ontario Trillium Foundation abides by all of the disclosure, all of the procurement policies, and I don't see how the LHIN can do otherwise. So if the policy is the \$10,000, I think that, providing all the rules are clear and everybody knows what the expectations are, I have absolutely no problem with that.

Ms. Lisa MacLeod: Wow, your attitude towards public accountability is very refreshing. I'd like to thank you for coming in today.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation this morning and we do look forward to dealing with concurrence when we've had all the interviews.

We thank you very much for coming in and we wish you well in your future endeavours.

MR. PATRICK O'MALLEY

Review of intended appointment, selected by official opposition party: Patrick O'Malley, intended appointee as member, Erie St. Clair Local Health Integration Network.

The Chair (Mr. Ernie Hardeman): Our next appointee is Patrick O'Malley. Patrick is an appointee as a member of the Erie St. Clair Local Health Integration Network.

Mr. O'Malley, thank you very much for coming in. As with the previous delegation, we will give you an opportunity to make your opening statement, if you wish. We will then have questions, 10 minutes from each party, about your opening statement or application, and that will then conclude the interview. We will start the next round of questions with the official opposition. With that, we'll turn the floor over to you to make your presentation.

Mr. Patrick O'Malley: Thank you, Mr. Chair. Good morning. Thank you for inviting me here this morning. I appreciate the opportunity to appear before you today to discuss my appointment to the board of the Erie St. Clair LHIN.

I currently work at Lambton County Developmental Services in Petrolia. We're a non-profit agency providing 24-hour support and day support for individuals who are developmentally challenged. Serving Lambton county, we have approximately 20 homes and three day programs. We're 90% funded by the Ministry of Community and Social Services. There was a question about the conflict of interest around being funded through the ministry, but the Ministry of Health is quite different. Maybe someday the two will merge, but at this point, I cannot see that.

Last week, I was appointed the executive director for Lambton County Developmental Services. The current

executive director just left. He's gone to a mental health agency in London. I do have the full support of my board for this appointment. I did mention it to them, and they are fully supportive of it. Funding for Lambton County Developmental Services is about \$9.5 million. As I said, it has come from the Ministry of Community and Social Services.

My background includes over 25 years in hospitals. I've been through various hospitals. I began my career in a small hospital in Hanover, Ontario. At that time, we had 72 beds, so it was very small in comparison to a lot of hospitals; I believe today they're down to 49 beds. This was a very good training ground to get my career started in the hospital industry.

I then moved on, looking for something bigger and better. Actually, I moved on to northern Ontario, to Thunder Bay, where I was vice-president of corporate services in the large McKellar General Hospital. This was very valuable experience in just getting a feel for the north in regards to what northern Ontario hospitals face. The travel time is a huge difference. One of the things I really noticed when I went up there—they talk about driving four, five, six hours for a Friday night or going over and coming home on Saturday. Living in southern Ontario, I thought a two-hour drive to Toronto was a big drive. So it was quite a change when you talk four, five and six hours versus two hours in southern Ontario.

In 1989, I moved to Sarnia and was employed by St. Joseph's Health Centre. During the following 17 years with the hospitals in Sarnia, I was very involved in the amalgamation of the three hospitals. There was CEE Hospital in Petrolia, St. Joseph's and Sarnia General Hospital. I'm sure a lot of the members here are aware of all the politics and the things that happen in Sarnia. It was a very good experience, and I think I have a lot of experience I could bring to the board on that behalf.

I was also involved with the joint policy and planning committee for quite a few years. I was on the funding committee. The joint policy and planning committee is a tripartite committee—it was, I should say—of the Ontario Hospital Association, the Ministry of Health and hospital representatives. The goal of the JPPC was to formulate a funding formula for Ontario hospitals. That proved to be a very large job, and when I left the hospital industry, it was still being worked on.

Why am I interested in the LHIN? I am looking forward to retirement in two or three years. Back in January, Leland Martin, who's a board member of the Erie St. Clair LHIN, came to my office one day—and I knew Leland from when he was on the board at the hospital. If you know Leland, he says, "I just need two minutes of your time." Leland's two minutes is one hour, so by the time he was done talking to me, he thought I would be a good fit for the Erie St. Clair board.

With all my past experience in hospital funding formulas, I'd like to see what the future holds in hospitals. The LHINs have created a big change for the hospitals, and I would like to be involved in that. Perhaps with all my background in health care, I can help out

with that. I know over many years in the hospital industry, we often complained about the ministry, about the funding formula and about how hospitals were funded. This is going to give me a chance to see it from the other side also.

My extracurricular activities have included time on the Lambton Financial Credit Union board—which was an interesting experience, given it's something totally different than hospitals. The Lambton credit union is a small credit union in Sarnia. It's got four branches. I also am involved with the Knights of Columbus, and I've held various positions on the executive of the club. I also love to golf. My wife and I golf regularly and we go on golf trips. We're members of the Huron Oaks golf club in Brights Grove. Some of you may know that this is the home where Mike Weir grew up. I don't know Mike personally, but he was at the club.

I've been married for over 34 years. I have three daughters, a grandson and a granddaughter. My oldest daughter is a registered nurse working in the Stratford hospital, my middle daughter is a criminal lawyer in London, and my youngest daughter is completing her Ph.D. in cognitive psychology at Waterloo. I'm very proud of all the accomplishments of all my children.

To summarize, I believe that with my background with hospitals and my financial experience, I am a good candidate for the Erie St. Clair LHIN.

I'll be happy to answer any questions.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. We will start with the official opposition. Ms. MacLeod.

0920

Ms. Lisa MacLeod: Thanks very much, Mr. O'Malley; that was a great presentation. Congratulations on your new position and congratulations on your 34 years married.

Mr. Patrick O'Malley: Thank you.

Ms. Lisa MacLeod: That's quite an achievement. I can see the pride in your family and the job that you do.

I've got a couple of quick questions for you. You've got extensive experience in hospital funding and extensive background in health care. A couple of issues have come up in this chamber and will start coming up again as we approach the next few days and certainly in question period will be coming up. Do you support expanding freedom-of-information requests to hospitals?

Mr. Patrick O'Malley: To hospitals?

Ms. Lisa MacLeod: Yes. The OMA, at one point, and the Ontario Hospital Association both suggested that this might be a good mechanism to open up public accountability and transparency for tax dollars.

Mr. Patrick O'Malley: I think it's a good thing having freedom of information. The interesting thing is, you have to be very careful about personal information. If it's for a patient, for an individual, they may not want people to know. You've got to be very careful what information you make available.

Ms. Lisa MacLeod: Yes, following privacy laws for sure.

Mr. Patrick O'Malley: You've got to follow privacy laws all the way through. Some people are more open than other people. If you have the proper processes in place to give the information properly and the information is being obtained for the proper purposes, I don't see a problem.

Ms. Lisa MacLeod: Excellent. I have just one more question for you, similar to the one that I asked Madam Gandolfo. I talked to her about contracts over \$10,000. I put forward a private member's bill called the Truth in Government Act, which would have ensured that contracts over \$10,000 would have been made available to the public. Similarly, I requested that the Legislature also have full disclosure of all travel and hospitality expenses that would apply online, including the LHINs. That would mean that, within three months—the federal government does this within three months—those very broadly get posted online. They also do it in a couple of other provinces. I'm just wondering if you see yourself supporting greater transparency in the disclosure of hospitality and travel expenses.

Mr. Patrick O'Malley: The \$10,000 figure: I'm not sure if that's a good figure or a bad figure. It seems pretty low to me. I think \$10,000 nowadays in the environment, the dollar figure—there'd be a lot of contracts that would have to be disclosed.

I have no problem with public accountability. If people have something to hide, then there is a problem. I think public accountability is good, to open up information to the public in the proper forum again. What you do want to somewhat avoid is someone on a personal mission. They're just digging just because they don't like someone. I think we just saw that on the Petrolia town council. We have one individual who went after the mayor. He just went after him and after him and after him. He was even using information that wasn't even truly accurate. You need to make sure that accurate information is out there and it is open to the public.

Ms. Lisa MacLeod: That's an interesting comment. Thanks very much for that.

Just out of curiosity: You think that \$10,000 is low. What would you suggest would be a better number—\$25,000, \$15,000?

Mr. Patrick O'Malley: I think you could try \$10,000 but then you'd get so much information, it creates—

Ms. Lisa MacLeod: Just so you're clear, the federal government has already adopted the same mechanism in place.

Mr. Patrick O'Malley: So it's probably a good number to follow their lead. I guess it's working for the federal government also.

Ms. Lisa MacLeod: Excellent. Thank you very much, and enjoy.

The Chair (Mr. Ernie Hardeman): We'll now go to the third party. Mr. Hampton.

Mr. Howard Hampton: I have just a couple of questions. When I saw that your name was being put forward and saw that you used to work with Bluewater Health, I made a few phone calls to Sarnia and area just

to see how people felt about what's happening in their health care system. The general response I got is, people are not happy. People are very concerned about cuts that have been made, reductions that have been made, services that have been lost. In fact, I had more than a few people say to me, "We feel what's really happening is services are being taken out of our community and they're being centralized in other places." How do you propose to deal with that as a member of the LHIN, where people feel that what's really happening is that health care services are being removed from their community?

Mr. Patrick O'Malley: It's interesting that wherever you live, people always think someone else is getting something better. Sarnia is on the edge of the territory, when you look from Sarnia to Windsor to Chatham. So I agree; things seem to be going toward Chatham way, especially from the administrative side. When you look at the procurement system, they now have central purchasing in Chatham. They have the computer system that's being centralized, and a lot of that is moving to Chatham. I think what you have to look at is: What health services are required in Sarnia and are they being provided there? When you hear comments like that, you often ask, "What services are you talking about? What services have moved down to Sarnia in recent years?"

I was in Sarnia hospitals when we closed the obstetrics at Petrolia, and that again was a huge problem. "You're leaving Petrolia and going to Sarnia?" It was like it was the end of the world, although in Petrolia it was not viable anymore. I think the last year of service, there were 19 births in Petrolia. Again, it just made no sense. You couldn't keep the skill set up of nurses. You couldn't keep the doctors up, so it moved to Sarnia. Petrolia residents were very unhappy.

So you can see it going both ways. You can say, "Is it going to Windsor?" Mind you, in Sarnia most people go to London for health care. If they need a specialist, if they need cancer surgery, a lot of times they'll go to London, not toward Windsor.

There are different opinions across the board. Sometimes I think it is better to keep it locally; other times, if you really need a specialist, someone who does health care all the time, you may not be able to get it locally, and that's a difficult decision to make. You can't have every specialist in every community across the province.

Mr. Howard Hampton: I was actually surprised by the course of opinion that people perceived that the health services that were being offered in the Sarnia area were much less now than, say, 10 years ago. It struck me, when you hear that not from one person but if you call 10 people, you hear it from seven or eight. What does that say to you needs to be done?

Mr. Patrick O'Malley: It is a concern. Maybe the hospital needs to do more communication with the public. I don't share that same view. I don't believe a lot of the stuff has moved out. The hospital has grown and new physicians have come into town. Again, I see more stuff going toward London than I do Windsor or Chatham.

It would be interesting to find out who has not received service in Sarnia, and if that's the reason why they have that concern, where did the service go to? In renal dialysis they have a problem getting enough beds. Some of that's a funding issue, just trying to be able to have dialysis in Sarnia. There is a backup on it. So there is some concern there. I think the LHIN needs to take a look at those concerns and try to address them in some manner.

Mr. Howard Hampton: Okay.

The Chair (Mr. Ernie Hardeman): We'll go to the government side. Mr. Brown.

Mr. Michael A. Brown: Thank you, Mr. O'Malley, for putting your name forward. I am one of the few people in this room who knows where Camlachie is, I'm sure. My great-grandfather was a vet, but my great-grandfather's brother practised in Camlachie.

Mr. Patrick O'Malley: I'm impressed you even said it properly. Most people don't.

Mr. Michael A. Brown: And I'm quite familiar with the Sarnia health care system in that my brother and sister live there. My sister is actually married to one of the physicians. So I do know about it.

I wonder if you could tell me what services actually have left. I am very surprised by what the leader of the third party just said. I do know that you have a new hospital. I do know that there are more physicians. While no system is perfect, this system is working quite well—not that it doesn't need some more attention. Maybe you could comment. Do you know of any services that have left the area?

I'm a northern member, so I appreciate your service in Thunder Bay. It gives you a bit of the feeling of what we do, but Mr. Hampton and I would both agree that what happens in Thunder Bay isn't necessarily what happens in Fort Frances or Elliot Lake. From that viewpoint, are there services that have left that are more appropriately provided in the Sarnia-Petrolia area?

0930

Mr. Patrick O'Malley: I don't know of any services I would say actually left. I know in the past, I'd say, seven or eight years, a big issue has been palliative care. We at the hospital had a 12-bed palliative care unit, and we looked at the costing of it. It was very, very expensive. If you look at beds being around \$350 a day per patient, that unit was running in the \$600 range at the time, so the hospital had to make a very tough decision: "Can we afford to continue palliative care?" That became a huge issue in Sarnia.

It was downsized. There was the new St. Joe's hospice opened. The beds actually didn't move out of the community, but the community may have seen that and said we had downsized that, it was no longer available.

As far as other services, I'm not aware of any that I'd say picked up and left.

Mr. Michael A. Brown: Have you had any communication with your local member of the Legislature in any sort of way?

Mr. Patrick O'Malley: In relation to this appointment?

Mr. Michael A. Brown: Yes.

Mr. Patrick O'Malley: About three weeks ago I got a congratulatory letter from him.

Mr. Michael A. Brown: That's very good. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you.

Interjection.

The Chair (Mr. Ernie Hardeman): Did you have another question?

Mr. Michael A. Brown: No.

The Chair (Mr. Ernie Hardeman): Okay, thank you very much. That concludes the questioning, and we thank you very much for being here this morning and answering all the questions—somewhat more interesting, actually answering questions, as opposed to what we usually do. So we thank you very much and we do wish you well in your future endeavours.

MS. LYNDA DAVENPORT

Review of intended appointment, selected by official opposition party: Lynda Davenport, intended appointee as member, Waterloo Wellington Local Health Integration Network.

The Chair (Mr. Ernie Hardeman): Our next delegation is Lynda Davenport, an appointee as a member of the Waterloo Wellington Local Health Integration Network. Is Lynda present? If you'll come forward.

I notice we're moving along just a little quicker this morning, as we do other times. We didn't give you much time to get settled in upon your arrival, but we do thank you very much for coming in. We will provide you an opportunity to make an opening statement if you wish, and upon completion of your opening statement we will then have questions. Each party will have 10 minutes to ask questions, if they wish, about your presentation and your appointment. We will start the questioning this round with the third party.

With that, the floor is yours and you can make your opening statement. Thank you very much for being here.

Ms. Lynda Davenport: Thank you very much for the invitation to meet with you today while you consider my possible appointment to the Waterloo Wellington LHIN. I just have to say I've been enjoying being out there, walking around. It was quite a number of years ago that I'd been in Queen's Park, so it's actually quite humbling.

Currently I work at the University of Guelph as the director of student health services. I've been a long-time servant of health care in post-secondary education in Waterloo and Guelph-Wellington. You will see from my resumé that I'm a registered nurse. I have a diploma in nursing from Toronto General Hospital, an undergrad degree from Wilfrid Laurier and a master's in education from Brock University.

Over the years, I have been a direct service provider, an educator and a small business owner. I've worked in nursing and health care management leadership positions.

As a volunteer, I've been on professional nursing and allied health discipline boards and on governance and advisory committees of both health care and community colleges, and I also volunteer from time to time for some special events for charitable organizations. Always, I've been a lifelong learner.

This current opportunity to volunteer for the Waterloo Wellington LHIN came to my attention in an ad in the Saturday Guelph Mercury newspaper sometime in the late spring. I don't recall exactly the date. It interests me because I do believe that communities should be more invested in determining their health care and their service priorities. Although at times it's always easy to complain, it's tough sometimes to get in and make the difficult decisions that have to be made. But I do think that it's imperative that individuals take personal responsibility for shaping their communities.

I was involved in the district health councils years ago, and have been curious about this newest attempt to divest responsibilities from a centralized system to a decentralized, more local one. The district health councils were advisory, as you probably all know, and didn't have the authority to require the collaboration and innovation in community solutions and to hold agencies accountable.

The health agenda at the time always seemed to be driven by the big voices of large cities, physicians, and big hospitals. Those voices didn't always address the issues of small, rural communities and small urban centres that were challenged by just simple transportation issues sometimes, different social and cultural structures, different services, a desire for more local solutions, and difficulties recruiting and retaining specialists and other health providers. Also, there are different health risks outside of the large centres.

I've been impressed with the Waterloo Wellington LHIN's progress. My exposure to the LHIN so far—there seems to be more accountability between agencies and more collaboration in the development of programming or solutions. There has been community engagement and consultation to ensure that local needs are being heard and addressed. And there does seem to be a stronger invitational approach to the community to become engaged in that decision-making.

For nearly 10 years now, I've been on the board of the Wellington-Dufferin-Guelph Health Unit. My term's coming to a close and I'm not seeking reappointment. It's time to move on and for new participation from other community members. It's been a wonderful opportunity and I strongly believe that public health is exceptional value for our health care dollars, not only in terms of the significance of public health in the general well-being of individuals but also the health and safety of communities, so I'm a big fan of public health.

But when I saw this ad in the Mercury, I was really interested. I'd always enjoyed the health council opportunity. As I said, I really believe in community engagement in local health planning. I watched the LHIN develop, through media and feedback from colleagues, and was very keen to participate in the ongoing development and evaluation of health care.

Especially of interest was that it had joined Waterloo and Wellington. I'd lived in Kitchener for a number of years, so it was kind of nice to be familiar with two communities—and even with north Wellington; I became familiar with that through my work with public health.

I would also hope that my experience in health care, in public health, in governance and my community involvement would be of value to the LHIN. I hope that I can engage other community members to participate in the planning and discussions around community health issues.

I'm not naive about the challenges or the costs of health care. I do believe that a process is important in decision-making. I understand competing priorities. I understand disparity between communities. I understand the concepts of centres of excellence, rationalization, regionalization and territorialism. I understand that some solutions and services won't come fast enough to solve a personal crisis, and I understand that we don't all have the same priorities at the same time. I also understand the disappointment of passionate lobbying that's unsuccessful.

I believe that tension and passionate debate among committed individuals often produce the best solutions, and I don't shy away from those moments of discussion.

I'm invested in these communities. I care about a health network. I believe a system is important.

For my family, my friends, my neighbours, the students I work with, my colleagues, I believe that we should have a voice in this planning, and I believe that it should be a respected and participating voice in determining priorities. I see the LHIN offering those possibilities at this time, and I sincerely would like to be involved.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation, and we'll now go with the questions. We'll start with Mr. Hampton from the third party.

Mr. Howard Hampton: I thank you for your presentation. I just want to refer to a couple of things that you referred to in your presentation.

I think most people were shocked a couple of weeks ago to find that there are a number of hospitals in the province that are spending in the range of \$100,000 a year, sometimes more than that, for paid lobbyists to lobby the Premier's office, to lobby the Minister of Health's office. And I'm trying to figure out, if LHINs are trying to integrate the health care system, where's the line item that says "Money for paid lobbyists"?

Ms. Lynda Davenport: That's a good question, and I'm afraid I don't have a good answer for it. I think that it's that level of accountability that hopefully, over time, the LHINs will be able to address. I don't know.

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Mr. Howard Hampton: I try to put it in the perspective of real people that I know. I'm dealing right now with communities where people are waiting long periods of time to get access to a long-term-care bed. I had an enraged family come to my office a couple of weeks ago. Their mother is an 89-year-old senior; she's suffering from Alzheimer's. They've been trying to care for her at home because they can't get access to a long-term-care

bed, and they get a letter from the local—well, the regional—community care access centre saying, “There is a long-term-care bed you can apply for. It’s 550 kilometres from your community.” When people get that letter and then they hear that some hospitals and other health care institutions are spending upwards of \$100,000 a year on paid lobbyists, this doesn’t sound like integration or rationalization of the health care system to them. What does it sound like to you?

Ms. Lynda Davenport: No, I agree, and having worked in long-term care, I totally appreciate some of the dilemmas that families face. I think that as with anything—I think the LHINs are new. I think that there’s still a lot of decisions, as I understand, about what’s going to be their responsibilities; all of the accountabilities haven’t been transferred. I think those are the things that people do need to be held accountable for, that hospitals need to be held accountable for in communities. Like I said, I don’t think that you can ever find solutions in enough time to satisfy all of the needs for and the expectations for health care. I’m sure you would hear the bad stories and the demands on service that aren’t being met.

Mr. Howard Hampton: May I ask you one other question? I ask this because of your experience in public health: I’m being approached by people who work in public health who are very worried about what they see happening to public health. They don’t see public health as being a priority. What do you see?

Ms. Lynda Davenport: I don’t see public health being enough of a priority either, to tell you the truth, and I think that—

Interjections.

The Chair (Mr. Ernie Hardeman): Order. Over there, not you.

Ms. Lynda Davenport: Oh, sorry.

No, I don’t think it’s enough of a priority either, as I said. I mean, I think it’s an essential service. I think that it’s competed, often unfairly, with the sexiness, as I call it, of hospitals: of big hospitals, of heroic solutions to health care. I think one of the reasons I’m a fan is that if you look sort of statistically at the success of public health versus the success, sometimes, of the acute care system, you’ll find that without public health, really, you’ve got nothing. When you’ve got a shortage of family physicians and you’ve got demands on services, public health, I think, provides the basic, essential health care in communities. I don’t think it gets its fair deal.

Mr. Howard Hampton: So with the way in which LHINs are set up and the way in which health care is funded, how do you see public health getting the priority that—I think for all of us, if we took a step back and looked at the systems, investments in public health probably pay more than investments in most other areas of health care. How do you see public health getting a fair deal out of the current structure?

Ms. Lynda Davenport: Well, I think it was very wise that it didn’t go into the LHIN pot, I have to say. I think it’s good that it stays out of that, that it doesn’t compete with hospitals, acute care and other community services for their share.

I think that with the building of capacity in health care you see more attention. Unfortunately the economy took a downward spiral, but I think the risks of SARS and the pandemic last year, those are things that have drawn attention to the need for capacity in public health. I sincerely hope that they maintain their own funding stream and they don’t come under the LHIN because I think it’s always difficult to compete. There’s a bit of motherhood and apple pie and do the good things; live well, eat well, sleep well; make sure your water’s clean, your hands are clean etc.—things that we really take for granted. I would hate to think that that would have to compete with, as I said, the heroic interventions, the situations you were talking about earlier about long-term care. Public health needs to be identified as an essential part of community service.

I could go on about the funding model—the shared funding between municipalities and the government. I was really pleased that public health got more of the public purse a few years ago; that it relied less on municipal funding because I think that there was too much politics involved in decision-making around that budget and that didn’t always advantage the citizens of an area, ensuring that they had a similar level of service.

I could debate funding for public health for some time, but I think that it’s best left in its own funding stream out of the LHIN. It doesn’t have to compete that way, and it shouldn’t. I don’t know whether I’ve answered your questions.

Mr. Howard Hampton: It seems to me if you’re building an integrated health care system, one of the biggest pieces you want to integrate is public health.

Ms. Lynda Davenport: And I think that a lot of the services of public health and the dialogue and discussion are present in the community. Certainly in our community, our public health has engaged with—we actually touch on a couple of different LHINs, the Wellington-Dufferin-Guelph Public Health. So the way the divisions were made, it’s been important that dialogues exist.

I think the competition is greater between hospitals and acute care. I think that there are lots of system opportunities that can be created by concentrating on that and partnering with public health. At some point, maybe it comes in, but the LHIN needs some time still, I think, to sort out a lot of the community-relation issues where there is more transfer and sharing of care.

The Chair (Mr. Ernie Hardeman): Thank you very much. To the government side: Mr. Brown.

Mr. Michael A. Brown: I just want to thank you for putting your name forward before us to work with and on the LHIN. Your experience is remarkable in that it touches on such a wide variety of both caregiving and supervision, should I say, of those. That’s something we value a great deal. I just wanted to indicate to you that the government will be concurring in your appointment.

Ms. Lynda Davenport: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much. To the opposition: Ms. MacLeod.

Ms. Lisa MacLeod: Welcome, Ms. Davenport, and thanks for taking the time to speak with us here today. I

noticed you've got quite an extensive background in health care and long-term care. It's certainly important to bring that expertise forward to the province in some facet or another.

I have a couple of quick questions on accountability. It's no secret that PC leader Tim Hudak has serious concerns with the LHINs. One of the biggest challenges the LHINs face, I think, is accountability. Previously, Mr. McGuinty had promised a review of the LHINs, and that has not moved forward. Some would suggest it's breaking law, others would suggest it's just turning a blind eye to it. Given the problems we've seen in health care, whether we're talking about what Mr. Hampton sort of indicated, which is the hospital spending millions of dollars—\$100,000 at one facility—on paid lobbyists, and then we look at Cancer Care Ontario and eHealth: Would you be in favour of a review of the LHINs?

Ms. Lynda Davenport: Absolutely. I don't think that any good idea should go unexamined over time. I think that evaluation's always important. I think it would have been very helpful if, at the onset, there had been a criteria determined and if there was some baseline information on what the success of centralized funding and centralized management of health care had produced as well. I'm not quite sure how the LHIN would be evaluated, what it would be evaluated against because that criteria, as far as I know, wasn't really established. I know there were goals.

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In terms of evaluation, probably the best idea is to lay out your evaluation plan at the outset so that you can determine more clearly what it is that you've set out to do and whether or not you've achieved that. I'm a big supporter of evaluation, and I don't have a problem putting closure to something if it isn't working.

I just think that this idea, the district health council idea a few years ago—I do think that community engagement in such an important issue as health care and health care services is really important. I hope that the evaluation is done with regard to—

Ms. Lisa MacLeod: With regard to that, the Hamilton Niagara Haldimand Brant LHIN handed out a \$75,000 contract to a US health care consultant for undefined "community engagement." That has raised the ire of many people. I guess the question I would then go to you with is, should you bear witness to an untendered contract such as that one, would you raise it with the appropriate ministry officials?

Ms. Lynda Davenport: I would like to think I would. I have to say that the whole idea of—I was surprised that in this building I saw somebody with a Tim's cup. I was going for coffee, and I said, "Oh, is there a Tim Hortons here?" They said, "No, there's a cafeteria." They didn't know the name. It's Seattle's Best or something, which is good coffee, but it struck me, hmm, why aren't we having Tim's? In the legislative building of Ontario, the home of Tim Horton—

Ms. Lisa MacLeod: They save that for the government right across the way. That's why. They get the special treatment.

The Chair (Mr. Ernie Hardeman): Just across the street is a Tim's.

Ms. Lynda Davenport: So I think, yes, there are always—

Ms. Lisa MacLeod: I just make it in my own office and call it Nepean's Best. I only drink tea.

Ms. Lynda Davenport: I would hope that I would have the integrity to speak my piece on some of those things. Some of these issues offend many. I wouldn't knowingly contribute to that kind of funding. I wouldn't knowingly give a contract without due consideration of not only costs but outcomes, anticipated outcomes, reputation—all the things that matter. I would hope that I would.

Ms. Lisa MacLeod: Just one final question—and I appreciate that answer, Ms. Davenport. Are you familiar with the Ombudsman's recent report on the LHINs?

Ms. Lynda Davenport: The one about transparency and engagement? Yes, I am.

Ms. Lisa MacLeod: What are your thoughts on that? Obviously, it's a "We can do better" message. What are your thoughts?

Ms. Lynda Davenport: As I said, I'm a huge supporter of community engagement. Student engagement: We're big on that at the university. I really think that if you're in any kind of public service, whether you're a volunteer or paid for it, you need to be listening to the voice of the people that you're there to represent. I don't have any particular position that I would really promote except an openness and an ear.

Ms. Lisa MacLeod: Okay. Listen, thanks very much for your time here today.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. That concludes the interview, and we thank you for coming in. We apologize for unintentionally almost cutting you off.

Ms. Lynda Davenport: That's okay.

The Chair (Mr. Ernie Hardeman): It wasn't intended for the speaker.

We do thank you for you coming in, and we will consider concurrence on your appointment following the interviews. Thank you very much for your participation, and we wish you well in your future endeavours.

Ms. Lynda Davenport: Thank you.

The Chair (Mr. Ernie Hardeman): That concludes our interviews this morning. If we want to go to concurrences, first, we have Lorraine Gandolfo as member of the Central West Local Health Integration Network. Do we have a motion?

Mr. Michael A. Brown: I move concurrence in the appointment of Lorraine Gandolfo as a member to the Central West Local Health Integration Network. Recorded vote.

The Chair (Mr. Ernie Hardeman): You've heard the motion. Discussion?

Ms. Lisa MacLeod: Chair, I request a deferral.

The Chair (Mr. Ernie Hardeman): A deferral has been requested. We'll have the vote on that at the next meeting.

Mr. Michael A. Brown: I move concurrence in the appointment of Patrick O'Malley as a member, Erie St. Clair Local Health Integration Network. Recorded vote.

The Chair (Mr. Ernie Hardeman): You've heard the motion. Discussion?

Ms. Lisa MacLeod: Requesting a deferral.

The Chair (Mr. Ernie Hardeman): We have another request for a deferral. That will be a deferral until the next meeting.

The third appointment?

Mr. Michael A. Brown: I move concurrence in the appointment of Lynda Davenport as a member to the Waterloo Wellington Local Health Integration Network. Recorded vote.

The Chair (Mr. Ernie Hardeman): You've heard the motion. Discussion?

Ms. Lisa MacLeod: Request for deferral.

The Chair (Mr. Ernie Hardeman): Another request for deferral has been requested—

Mr. Michael A. Brown: On a point of order, Chair: Does the deferral of the vote also mean deferral of the recorded vote?

Ms. Lisa MacLeod: Yes.

The Chair (Mr. Ernie Hardeman): Yes.

Mr. Michael A. Brown: Thank you.

The Chair (Mr. Ernie Hardeman): Okay, that concludes the appointments.

Now, we do have a little order of business for the next meeting. First of all, we have an appointment for the next meeting for an interview of a Michael Shea for a member of the Hamilton Niagara Haldimand Brant LHIN. That appointment has been scheduled for the next meeting, but that's the only appointment scheduled for the next meeting. We also have a—

Mr. Michael A. Brown: So that's next Tuesday?

The Chair (Mr. Ernie Hardeman): Yes.

Ms. Lisa MacLeod: Mr. Chair, given that there's a subcommittee report that the third party has requested to bring in the new chair of the OSC, I would put a motion forward for unanimous consent that we do them both at the same time, whether that is next Tuesday or the following—

The Chair (Mr. Ernie Hardeman): The reason I brought this up is because it doesn't necessarily require a subcommittee. If the member of the third party has already—maybe he'd like to speak to it—requested that that interview be conducted, that could then be tried to be arranged for the next meeting to move that one along. Mr. Hampton?

Mr. Howard Hampton: Whatever works for the committee. We think, given some of the things that have gone on at the Ontario Energy Board, we want to ask some questions of the proposed new chair of the Ontario Securities Commission. So, whatever works for the committee.

Mr. Michael A. Brown: I'm sorry—you have to bring me a bit up to speed. Is the chair of the OSC, is he—

The Chair (Mr. Ernie Hardeman): Yes, Howard Wetston is presently the chair of the Ontario Energy

Board. He is being recommended by the government to be chair of the Ontario Securities Commission. That was published in the newspapers this past week. He has not yet been interviewed or had not been on a certificate coming to the committee for the subcommittee to ask for him to be brought before the committee. That's why I'm doing this with the full committee, which can override a subcommittee. That would facilitate the ability to interview him next week.

Ms. Lisa MacLeod: Or, I guess the other thing is, Mike, I think if we left it so that they were both at the same time, it would either be next Tuesday or we could grant a deferral for our intended appointee next week, who would then—we wouldn't have to meet next week. We would just push that back and give them a week extra to attend, the OSC chair.

Mr. Michael A. Brown: I wouldn't want to preclude the committee from voting on the people who were proposed today, either.

Ms. Lisa MacLeod: Okay.

Mrs. Donna H. Cansfield: I agree.

Ms. Lisa MacLeod: Whatever you want, but—

The Chair (Mr. Ernie Hardeman): Yes, Mr. Brown.

Mr. Michael A. Brown: So, help me with the process. My real question was process. The process is, we do not have a certificate?

The Chair (Mr. Ernie Hardeman): Yes, we have the certificate. It's been circulated through the three parties. The reply from the three parties that they want to interview the individual—the deadline has not yet been reached so they have not replied yet. That's why I asked the third party, because my understanding was that they were going to ask to interview that one.

The committee has every right to suggest that we move both of them to the next meeting. I just think it would be more beneficial to do report writing at the next meeting and have both interviews on the same day.

Mr. Michael A. Brown: Well, I think this is highly unusual. This should have been dealt with at a subcommittee meeting. We're a little bit uncomfortable, feeling almost that we have been blindsided on this without being able to give it much thought. So I'm not opposed to the idea, but I haven't been able to give it any thought and neither have my colleagues.

The Chair (Mr. Ernie Hardeman): I would point out that I've just been told by staff that it would be very inconvenient to do it next meeting because of the report writing. The staff have not yet received the certificate. So I would agree with you: If it's the committee's wishes then we will just move that, but it would also require the committee's concurrence that we change the one that was on for next week to move it one week hence, too.

Mr. Michael A. Brown: No, I think we should stay with the original schedule.

The Chair (Mr. Ernie Hardeman): Okay, so you want to interview that one and then we will finish the day off with report writing after the interview next week?

Mr. Michael A. Brown: Correct.

The Chair (Mr. Ernie Hardeman): So we're going to do one next meeting and one the following week. Is that right?

Interjections: Yes.

The Chair (Mr. Ernie Hardeman): Okay. With that, we thank you very much for your participation and we look forward to seeing you next week at 9 o'clock.

The committee adjourned at 0959.

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