

Proposed Health District Under Fire In York

BY HAL BLAINE

One of the members of our infant York Regional Council with wide responsibilities as a representative of Ontario's municipal governments is urgently advocating that the province stop and consult local authorities before trying to move forward with what appears to amount to a revolution in the provision of medical and health services.

At the same time Mayor Mrs. Gladys Rolling of East Gwillimbury Township north of Newmarket ventures the opinion that the provincial Ministry of Health has been virtually paralyzed since January 1973. She is backed up by at least one other local government spokesman, Mayor Paul Blundy of Sarnia, who recently blasted the ministry for erecting what he called "another wall of red tape" while attempting to coerce a group of Southern Ontario counties and urban municipalities into taking the first major step toward implementing the proposed sweeping changes.

Sarnia, Chatham plus Kent and Lambton Counties have been informed by the Ministry they must form one of the proposed new district health councils before getting any approval for modernization, change, improvement and expansion of any hospital, nursing home, aged home or facility for the retarded and crippled.

Some time ago there was a tentative move to promote establishment of a district health council here. But it didn't catch on and there apparently hasn't been any further push lately. However, it is generally believed there is likely to be no further major medical or health service changes approved until the new system is accepted and implemented locally. Additions to York Central and York County hospitals just got "in under the wire".

The situation is highly complex. Changes being contemplated apparently would restructure health services from top to bottom, right from the office of the local doctor — through the local hospital administrations and the municipal corporations — to the specialist and teaching institutions.

THROWN TOGETHER

The local hospital administrative establishments would be combined with everything else to do with medicine and health into a whole new scheme of things on a district basis. The reason for the existence of local health committees or boards of municipal and provincial appointees, such as our York Region Board of Health and Committee, would disappear at least for the present.

For a couple of years the idea has been to have a district health council to advise provincial officials who would run everything. This year some new proposals have been made to add a district management board which would share the administrative function with a Health Ministry director and his staff.

The latest addition to the provincial re-organization proposals is January's "Report of the Health Planning Task Force" known as the Mustard Report. It is so named because the group of medical, economic, accounting, management, ministry and academic people that prepared it was headed by the dean of Medicine at McMaster University in Hamilton.

ROLLING'S INVOLVEMENT

Our East Gwillimbury Mayor Rolling, besides being a member of York Region Council, also is a top executive of an Ontario municipal organization and speaks on health matters for local governments on the 19-member municipal liaison committee which meets every second Friday of the month with members of the Ontario Cabinet. Mrs. Rolling recently prepared a statement on the provincial-local medical services situation and presented it to a meeting of the town and villages division of the Association of Ontario Municipalities. She was elected vice-president of this organization in August of 1973.

Mayor Rolling is worried about the Mustard Report's proposal to wipe out the York Region health set-up as it now exists and to form a new health district combining York with Simcoe County and Muskoka. The Regional health jurisdiction was only organized three years ago when the regional municipality was formed. It was only a short while before that when everything was re-organized here in the forming of a York-Oshawa health unit. The health set-up keeps being changed over and over again.

Mayor Rolling recommends the following:

- That no action be taken to implement the recommendations now before the provincial government until the municipal liaison committee has the opportunity to receive from its members a response regarding the government's task force report and until the liaison committee has a chance to formulate a position having regard for the impact on municipal areas;

- That the province give consideration to the circulation of its task force report to all regional municipalities, counties and districts in Ontario with the request that comments on the report and recommendations be prepared in duplicate copy with one copy sent to the province and on to the municipal liaison committee;
- That a reasonable

amount of time, possibly six months and not the province's present proposal of three months, be given for the return of these responses and consideration of them;

- That upon receipt of these reports and consideration of them, the municipal liaison committee and the province formulate positions to be considered at a provincial-municipal liaison committee meeting.

Mrs. Rollings consulted a group of York Region health officials and experts before writing her recent statement. She also has long experience through involvement in health and social services as a municipally elected representative.

ROLLING'S STATEMENT

Her statement, in part, is as follows:

"I understand that in the fall of 1971 a decision was made by the Cabinet to expand the Ontario Hospital Services Commission and to bring responsibility for health and medical care directly under the Ministry of Health. This was at the same time that elsewhere in Canada provincial governments were considering the setting up of commissions to handle health care matters, rather than (putting them under) extensions of government departments.

"Almost six months later the required enabling legislation was presented to the Legislature and enacted. This was followed by an outline statement of the re-organization of the Ministry to provide for more centralized control and de-centralized planning. This was to be accomplished by the establishment of three assistant deputy minister positions relating to standards, service and finance. The basic building stone of this organization was to be a district health council which would be responsible for planning and co-ordination of all health matters at the local level.

"However laudable this plan might have been, it remained in limbo because the various key positions in the re-organization were only dimly outlined and individuals hadn't been appointed to them. At the same time there was a distinct difference of opinion at the Cabinet level as to the control of the district health councils in terms of reportability.

"The Ministry of Health felt the reportability should be directly to the Ministry as envisaged by their re-organization (plan) while the Department of Municipal Affairs, spurred no doubt by apprehension and non-acceptance expressed by the municipalities, felt it was logical the new regional governments formed in the province should have this responsibility since they (the regions) were concerned with local affairs and were charged with considerable financial responsibility for community health services.

VIRTUALLY PARALYZED

"This situation remained through January 1973 when the health planning task force was appointed... and has continued through until the early part of 1974 when the report of the task force was tabled. It is important to appreciate the Ministry has been virtually paralyzed during this period of time because members of the old Ontario Services Commission continued to perform a caretaker function while not being aware of (its) reporting responsibilities or whether or not, in fact, their jobs would be phased out. The mood of the past several years is best characterized by the rather tired joke: if the phone rings and it's your boss, get his name.

"It is against the background of this historical perspective and the government's feeling of impotence over rising health care costs that the task force (Mustard) report should be evaluated. To put it bluntly, the government must act in some way and make a definitive statement of where it intends to go on health care matters. In a word, I believe government will have no choice but to implement some of the recommendations of the task force since it has nothing else with which to work," said the East Gwillimbury mayor.

"The (Mustard) Report itself is rather disappointing in that there are very few new ideas being proposed and many of the recommendations are a re-statement of other task force findings. Basically, the report comes

gional director and staff will deal directly with the Area Health Services Management Boards. They will assist the boards in carrying out their responsibilities within the established guidelines. The boards, however, will be fully accountable to the Ministry through the regional director for the use of funds provided. The District Health Council won't be involved in the detailed institutional operations'.

"Of major concern also is the allocation of areas for health regions and districts. They are stated as having been drawn up with consideration for factors such as population, transportation and referral patterns or health and other related services. To give an example, an examination of the York, Simcoe and Muskoka district can hardly be described as meeting the test of this criteria. In fact, the grouping of the Region of York, County of Simcoe, and District of Muskoka appear to meet none of these criteria.

"This proposed health district has a population of some 372,000 persons compared to Durham with 215,000, Peel with 265,000, Halton with 191,000 and Waterloo with 253,000. Since it is well over 200 miles from the southern part of York to the northern section of Muskoka, the cost of transportation and communication to inter-relate services would be fantastic. Considering the problems of communication during the recent mail strike and some Bell Canada problems we have been having in this area, some poor soul in Lake of Bays could well be dead and buried before authorization could be obtained from the proper au-

PROHIBITIVE COSTS

"The (Mustard) Report appears to come out in favor of a de-centralization of health services from a hospital central focus to what appear to be community health clinics. In this report the task force appears to be agreeing with the concept proposed by Prof. Hastings in a federal task force report of 1 1/2 years ago. The Hastings Report at that time stated a new unit of health care delivery facility should be established apart from hospitals, but providing many of the diagnostic and minor treatment services now provided by hospitals. The government at first embraced this idea as the panacea it was seeking, but has since backed away because of the cost implications such duplication would entail.

"Essentially the Mustard task force appears to recommend the establishment of a separate management board (Area Health Services Management Board) which would be responsible for the actual management of services and facilities. (In addition there would be) a District Health Council responsible for planning and making recommendations as to scope of service. The District Health Council would report direct to the Ministry on planning matters with respect to emphasis, scope of service and type of facility to be offered in the area coming under the council's control. The Ministry would react to this advice and give appropriate direction to the Area Health Services Management Board on implementation.

REGIONS ARE OUT

"It is important to note the Mustard Report has come out directly in opposition to either of these two original functions coming under regional government. They haven't clearly stated whether or not they are opposed to this type of control in principle, but have rather taken the less critical approach of saying regional councils are too new to be saddled with the sophisticated responsibility of administering a health care delivery system which, in itself, would be in a state of evolution.

"From a critical point of view, there is no doubt the board outlines of the (Mustard) task force recommendations could be implemented and would be useful in terms of closer integration of health services and avoidance of duplication of facilities. However, there are several areas of concern, since this control is to be clearly retained by the Ministry and not delegated. The actual effect of having priorities set up at the local level may well intensify demands for additional funds and broader services.

"It is a well-known maxim that delegated authority and responsibility must involve fiscal accountability. But the Mustard Report appears to have avoided this maxim since there's no recommendation regarding how the new system will be cost-shared. Indeed, in the proposed composition of the health council there is no definition of a municipality. Does it mean area municipality or regional... the answer to this question makes a vast difference. One must also question whether the establishment of regional directorships might not also be merely the institution of another bureaucratic level.

DIRECTOR OVER BOARD

"The respective roles of the District Health Councils and the Area Health Services Management Board will have to be clearly stated. The Mustard task force has already found some difficulty in the respect, saying 'with respect to on-going operational matters the re-

rather than practicality. (The proposal for) nurse practitioners also appears to be illogical in the face of an excess of medical practitioners in this province.

DOCTORS' POSITION

"Most areas now have a variety of group practices, partnerships, associations and sole practitioners. But there is coverage available in off times so there cannot be a "no system" classification. It appears from studies that group practices of over five doctors with ancillary facilities are economic. Thus in order to provide the service recommended in the report, human rights must be considered. Can society expect or demand a level of service that will limit the privacy of many individuals (doctors)?"

"In conclusion I would point out that the March 30 edition of "Mediscope" indicates Britons are turning back to a private medical system because the waiting period for service is unbearable under the British National Health Services system, also because the service is reported to be deteriorating rapidly. Thus it appears the Ontario Government should tread slowly before getting into any similar health delivery system," says East Gwillimbury Mayor and York Region Councillor Mrs. Rolling in her statement on proposed provincial health system re-organization.

AURORA: Town council has decided to appeal York Region's rejection of its proposed 30 mile speed limit on north Yonge Street to the Aurora boundary. The region's engineering committee reported there was not enough development along the roadway to warrant a 30 mile speed and enforcement would be difficult.

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