



Advant**Age**
Ontario

Advancing Senior Care

Submission on the Proposed New Regulations and Amendments under the *Connecting Care Act, 2019* and other Acts.

May 12, 2024

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Introduction

We appreciate the opportunity to share feedback on the proposed regulations under the *Connecting Care Act, 2019* and amendments impacting other Acts through the formation of the new organization, Ontario Health atHome.

While we recognize that the regulatory posting provides a general overview of the new changes, our main source of input highlights the need to prioritize the diverse representation of senior care providers in OHTs and to ensure enough regulatory flexibility to sufficiently support evolving needs through this new transition, while also providing greater rigor to the governance of Ontario Health.

Our submission provides valuable insights on the delivery of care from the perspective of the not-for-profit seniors' care sector. We are hopeful that this submission will be helpful in crafting the new regulations and amendments under the *Connecting Care Act, 2019* and other relevant Acts.

Background

Once in force, the *Convenient Care at Home Act, 2023* (CCAH) will amend the *Connecting Care Act, 2019* (CCA). The major amendment proposed is to consolidate the fourteen existing LHINs or Home and Community Care Support Services (HCCSS) organizations to form a new Crown agency called Ontario Health atHome (OHH).

OHH will continue the delivery of HCCSS services to the public and provide operational support to Health Service Providers (HSPs) and Ontario Health Team (OHTs). This transformation provides the opportunity for enhanced standardization across the province and the potential for securing contracts with third party providers provincially, which is an exciting prospect.

The current proposal describes new regulations and regulatory amendments with regard to OHH under the CCA and other statutes. While some of the proposed amendments appear to be straightforward, we believe careful considerations should be made with respect to our comments on funding controls, and governance related to OHH.

Commentary

Consolidating LHINs to Ontario Health atHome (OHH)

Regarding the amendment that will allow OHH to deliver HCCSS services to the public (i.e., home and community care services, long-term care home and other placement management services, and information and referral services), and provide operational support to Health Service Providers (HSPs) and Ontario Health Team (OHTs), as they are funded to provide home and community care services, this proposal includes an exemption for OHH from certain regulatory provisions that apply to HSPs because, unlike other HSPs, OHH will be a Crown agency.

While this aspect makes sense, it is challenging to provide sufficient feedback without the details of the exemptions. We ask the Ministry of Health to share more information about the regulatory provisions that would not apply to OHH.

Funding and Coordinating OHTs

Proposed regulations will stipulate that if a coordinating corporation in an OHT receives funding from Ontario Health and allocates it to other OHT HSP members, it is those members, not the coordinating corporation that would be accountable for providing the funded services in accordance with the requirements set out in legislation and regulation.

While we understand the principle behind this regulatory proposal seems sound -although is not specified to allow for detailed feedback on the implications- we recommend that the regulations be designed to ensure further compliance complexities are not added for providers who are receiving funding and already abide by various accountability conditions.

The potential realignment of funding accountabilities and models without streamlining existing requirements may place our members in a difficult spot with having to take on additional compliance burdens set by other Ministries.

When crafting the regulations with respect to this proposal, the Ministry of Health should carefully consider possible unintended consequences that may occur. For instance, setting more funding and accountability rules in regulation may decrease flexibility in the sector, which will then result in an OHT and/or HSPs facing barriers in transferring funding among other HSPs.

This could be especially common in cases where an OHT and/or HSPs will try to respond to changing community needs or facilitate adjustments in the mix or contribution of HSPs providing tailored services to vulnerable seniors.

Adding more regulatory requirements will unnecessarily increase the administrative burden on an OHT and HSPs with respect to the time, staff and resources needed to navigate another layer of funding requirements.

In order to enable the flexibility needed to respond to intersectional needs and ensure consistency in service provisions, we recommend that Ontario Health clarify conditions to OHT funding such that accountability follows the funding and that regulations are in alignment with existing requirements.

Furthermore, funding accountability needs to be clearly aligned with current reporting processes with the Ministry of Long-Term Care, as many of our members already spend an inordinate amount of time on reporting, sometimes in duplication.

Funding conditions and agreements are a more flexible and less burdensome method for affixing accountability than regulatory rules. As an alternative, should the government proceed with regulations relating to accountability and funding, it should ensure minimal or no increase in red tape.

Appointing Board of Directors

The proposed regulations share a brief insight on the structure for OHH governance, including the composition of its board of directors. Regulations are proposed to define term lengths of up to three years for appointments to the board of directors, with no limit on the number of terms or total time a person could serve on the board.

These conditions contrast with Ontario Health requirements and are not aligned with Section 8 of the CCA which stipulates that no person may be a member of Ontario Health's board of directors for more than six years in total. The Association and its members have major concerns about the lack of diversity that will potentially happen at the board level with no fixed terms at the onset.

It is unclear why a cap on years of service should be in place for Ontario Health but not for its subsidiary that will play a crucial role in the delivery of home care services in the province. The Ministry of Health should consider the risks from a governance perspective of not capping years of service, and the potential corresponding lack of turnover which could lead to decreasing independence between the board and the organization.

While the intention of the amendment may be to promote stability in the sector, it may also lead to some barriers to expand innovation, which is a leading principle in this new transformation to modernize the home care sector.

The concentration of power in a small fraction of board members, who may end up renewing their term for years, could prevent the ability to gather fresh perspectives and for the organization to become aware of the challenges in sectors that are not represented.

Capping years of service for the board of directors is beneficial to enable the opportunity to learn and hear from diverse representatives of often overlooked sectors such as seniors supportive housing. Diversity in thought, abilities, background and changing demographics will likely go missing without it, which will have a profound impact on what can or cannot be accomplished in the home and community care sector.

These perspectives are important to utilize cross sectorial partnerships and develop a robust continuum of care. The composition of the board should be reflective of the communities served across the province.

We recommend that the Ministry of Health employ a skills matrix in the appointment of board members to ensure diversity of knowledge (inclusive of all potentially affected bodies and a community representative with personal knowledge of the system), governance expertise, diversity with respect to culture/sexual orientation, and geographic knowledge is represented. The sector should be consulted on all of the above, including the way that board members will be appointed.

Including Seniors' Care Organizations in OHTs

As OHTs proceed, they will eventually be responsible for leading health care planning for local communities. It is therefore important for OHT members to represent significant provider groups supporting vulnerable populations in the community such as seniors.

Ontario Health and the Ministry of Health should ensure that all senior care providers, including long-term care homes and operators of supportive housing and assisted living and community support services, are included as members of OHTs.

OHTs should also not be allowed discretion in charging fees to HCPs to be part of their OHT. While the Ministry guidance clearly states that financial contributions from members should not be a requirement or a barrier to joining an OHT, this is not the case for many of our members. Ontario Health, and Ministry of Health should ensure this guidance is being equally applied across the province and should be restated and reinforced. Adding this language to regulation would reinforce this message.

Conclusion

The Association appreciates the opportunity to provide feedback on the proposed regulatory amendments under *the Connecting Care Act, 2019* and other Acts impacted by this transformation.

While we are supportive of most of the proposed changes, we believe careful considerations need to be made for specific elements noted above- most significantly the funding controls, governance term lengths and prioritization of senior's care organizations in OHTs.

We hope that our feedback will be taken into consideration, and we look forward to working with the government on this important initiative.

Background

For more than 100 years, AdvantAge Ontario has been the voice of not-for-profit seniors' care in Ontario. We represent more than 500 providers of long-term care, seniors' housing, supportive housing and community service agencies, including 98 per cent of all municipal long-term care homes and 83 per cent of all not-for-profit long-term care homes. We are the only association representing the full continuum of seniors' care in the province.

Information Contact

Lisa Levin

Chief Executive Officer

905.851.8821 x 230

llevin@advantageontario.ca