John Richmond
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RE: Bill 175 Connecting People to Home and Community Care Act

Dear Committee Members,

My name is John Richmond and I am a clinical social worker in practice in Ontario as well as having practiced in British Columbia,
I was informed only today of the opportunity to submit feedback on Bill 175 and so have little time to prepare a detail discussion of the issues addressed by this piece of legislation.
It is important that we not rush in to a reform of the homecare in Ontario given the many challenges faced by the sector both in terms of what patients and families are able to access in terms of support as well in terms the working conditions of those employed in the sector and the cost (to patients and taxpayers) in financial, health and social terms.
I discharged a patient earlier this year and subsequently received a call from a family member - although I was not longer involved with the case - informing me that homecare supports for the patient had fallen-through because (apparently) the patient had not answered the door when homecare staff came to visit (several visits attempted before the service was cancelled).
Without going in to a lot of detail, or disclosing information which I am not at liberty to share in any case, the patient was elderly, low income, and relying on only a landline phone as technology.
Homecare service delivery is plagued by a number of issues in Ontario with one of the most important being "time" - in order to make efficient use of a scarce resource homecare is parceled out in often inadequate amounts of time and number of visits to meet the need.
The continued or further marketization of this service is not the solution. It was not solution when it began many years ago and, as in long term care, it is not solution moving forward.
Many of us in the industry as well as those using homecare know this is the case - even if we are not at liberty so say so publicly either because as patients we are afraid of backlash from service providers or as workers we are afraid of occupational consequences.
My patient ultimately failed in the community and returned to acute care and and then rehabilitation health facility. At great cost to the taxpayer.
Instead, we must invest in the front end with better community preventative healthcare in the public community health sector, greater investment in case management, and greater investment in assertive community outreach.
As we all know homecare is an important component of successful community care. To improve the homecare system we need much great public investment in the homecare system to that we hire good quality staff who can afford to live where they work and who have the time to deliver better and more comprehensive homecare services.
To ensure the efficient use of this resource we need to urgently transform our homecare delivery agencies in to co-operative agencies co-managed and co-governed by the Ontario

health authorities, health care administration experts, the workers themselves and most importantly the patients. I would suggest the integration of community health agencies from clinics, lab services, complimentary medicine, to homecare and mental health in to single, regional, co-operative agencies empowering patients themselves to participate in the election of patient board members to participation in oversite of administration and finance. Workers themselves also need to participate in governance and have a direct-say in service organization and delivery while at the same time being accountable to patients through the co-operative model.

Private, for profit homecare service provision and "competition" in marketplace consisting of consumers unable to make informed decisions - and in a setting which is a natural monopoly where "choice" is often not subject to price-sensitivity but rather to contracting - is not a prescription for health and wellness but rather for the wellbeing of investors.

Let us bring the funder - the government - and the other stakeholders to the table together as equals to negotiate what good quality, efficient, effective and fair homecare service looks like.

A better funded, public, cooperative homecare service would be better for a workforce that is currently badly explointed, a patient population often not receiving all the help they need, and a tax base that needs to reduce hallway medicine and use of hospital care where possible.

We can do this!

Sincerely and Respectfully,

John Richmond, BSW, MSW, RSW
Social Worker