

REGIONAL MUNICIPALITY OF OTTAWA CARLETON
 MUNICIPALITÉ RÉGIONALE D'OTTAWA CARLETON

MEMORANDUM
NOTE DE SERVICE

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<u>Information Previously Distributed</u>	
To Be Listed on Community Services	
Committee Agenda	21 Nov 96

DATE 13 November 1996

TO/DEST. Chair & Members of Regional Council

FROM/EXP. Acting Medical Officer of Health

SUBJECT/OBJET **STATUS OF THE COMMUNITY CARE ACCESS CENTRE
 (CCAC) TRANSITION**

INTRODUCTION

The Regional Municipality of Ottawa Carleton provides Home Care services to approximately 25,000 clients, at an annual cost of about \$61 million dollars. In the fall of 1995, the Minister of Health announced the creation of a number of Community Care Access Centres (CCACs) across the province of Ontario, which would be their new provider of Home Care and Placement Co-ordination Services to the public.

The RMOC will shortly transfer responsibility for Home Care to the CCAC of Ottawa-Carleton. The Ministry is requiring that this be completed prior to April 1, 1997. This report provides an update on the current status of this transition.

To prepare for the transition of the Home Care Program to Community Care Access Centres, the RMOC has established a Transition Committee chaired by the Acting Medical Officer of Health and with representation from all affected RMOC departments. The goal of the Committee is to ensure a smooth transition for clients and staff, and to protect the RMOC from any resulting liability or expenditure.

The Acting Medical Officer of Health presented the Board of Directors of the Community Care Access Centre (CCAC) of Ottawa-Carleton with a list of outstanding issues regarding the upcoming transfer of Home Care responsibilities. The RMOC has requested that the CCAC identify its official spokesperson(s) for the transition and that they also provide the RMOC with a transfer date.

TRANSFER OF RESPONSIBILITY

The membership of the Board of the Community Care Access Centre (CCAC) for Ottawa-Carleton has recently been announced by the Minister of Health. The Board has begun meeting and had its first orientation session on September 12. The CCAC needs to complete its orientation and appoint its Executive Director. It will then be in a position to negotiate the transfer of the Home Care Program from the RMOC to the CCAC. The RMOC will work with the CCAC to quickly finalize the transition, in order to reduce uncertainty for clients and staff.

LEGAL AND CONTRACTUAL ISSUES

One of the key elements of the CCAC initiative was to introduce a standard competitive process for provision of all in-home services, supplies and equipment across the province. (NB This is already in place in Ottawa-Carleton but not in most programs across the province.) The province has now issued guidelines for this process. The key element is protection of the volume of Home Care business provided by existing contractors over the initial three years of the transition to the new environment. During this period the protected service volume diminishes gradually to 70% of the 1995 level. In terms of complying with the volume protection policies in Ottawa Carleton, we do not anticipate any problems.

The Ministry is also asking Home Care Programs to use the new RFP process on all new contracts and service arrangements that they enter into. The only RMOC contract expiring before April 1, 1997 is the medical supplies contract (1995/96 value - \$1,900,000.00). This has been extended for one year. Other multi-year contracts, while they do not expire, have annual renewals.. Contractors have been informed that their contracts will be renewed and transferred to the CCAC at the time of transition.

All existing leases, contracts and assets will be transferred to the CCAC at the time of transition. The landlord at Michael Street has indicated his willingness to transfer that lease to the CCAC.

COMMUNICATIONS

While communication has been hampered by a lack of concrete information from the province, the RMOC has established communication channels to staff, clients and community agencies for the pre-transition period.. Home Care staff are kept informed as information comes out and at monthly updates. Community agencies are currently informed through existing forums such as the Placement Co-ordination Service Board, Long Term Care Committee of the District Health Council and the Council on Ageing. Issues relating to the future functioning of the program will be referred to the Ministry of Health or the new Board as appropriate. The RMOC's official spokesperson on issues relating to the transition will be the Acting Medical Officer of Health.

ASSUMPTIONS

The CCAC Board of Directors was only recently established and they have not yet completed their orientation period. This has meant that there is a lack of clear direction how the RMOC should approach a number of the transfer issues, and there has been little, if any, feedback from the CCAC Board on how it would like to approach the transition.

Time is running out quickly and as a result, both parties will have to work quickly to get to the core of the transition issues. There are a number of items the RMOC should present to the CCAC Board of Directors for the Board to acknowledge and to agree to as givens. These would include the following points:

- The RMOC is committed to ensuring the transition occurs as quickly as possible, with minimal impact on service to the public and its staff;
- All transition costs incurred by the RMOC will be billed back to the Ministry of Health;
- All positions in the Home Care Directorate, be they unionized or non-unionized, will be transferred to the CCAC as successor employer consistent with Ministry direction, as a sale of business pursuant to the Ontario Employment Standards Act. The incumbent in the Director level position will remain an employee of the RMOC;
- The CCAC will honour all existing collective agreements;
- The RMOC will not assume any liability for severance costs for the staff who are transferred to the CCAC;
- The RMOC will transfer ownership of all existing fixed assets, contracts, leases and supplies associated with the existing Home Car Program to the CCAC as covered in the directions set out by the Ministry of Health;
- The RMOC will have no further liability with respect to the CCAC once the transition date has occurred.

KEY ISSUES FOR THE RMOC

There are several issues that need to be resolved at this time:

1. The CCAC Board has yet to identify a project manager to manage the transition on its behalf.

2. The CCAC should finalize a formal transition plan that will identify:
 - a target date to complete the transition;
 - a complete list of transition issues; and
 - the roles and responsibilities of the RMOC and the CCAC.
3. It should be understood that the CCAC should drive the transfer process and the RMOC has an obligation to provide assistance to the extent of providing information and ensuring all its obligations with respect to transition issues have been met.

In meeting the last objective the RMOC will provide a list of transition issues that have been identified within the RMOC to the CCAC

Appendix A of this report outlines the suggested roles and responsibilities of the participants in this project.

CONCLUSION

Staff will work with the CCAC Board to ensure a transition which does not lead to any liability or cost to the RMOC. With the appointment of the CCAC Board and the future appointment of the Executive Director, it is intended that the timing and details of the transition can be negotiated with a minimum of delay. This will remove the uncertainty and related anxiety under which Home Care staff and suppliers have been operating for the past several months.

*Approved by
Geoff Dunkley*

CCAC TRANSITION-
SUGGESTED ROLES AND RESPONSIBILITIES

CCAC

1. The CCAC Board of Directors will be responsible for providing Home Care services to Ottawa-Carleton following the transition date; therefore, it is responsible for ensuring the completion of the transition. The RMOC expectations of the CCAC Board are:
 - to identify a project manager to act on its behalf when dealing with the RMOC on transition issues;
 - to ensure that a formal transition plan is developed and approved to its satisfaction;
 - to co-ordinate the involvement of the CCAC when working with RMOC staff to resolve transition issues;
 - to negotiate with the RMOC to resolve problems related to the transition;
 - to negotiate with the three unions that currently represent the Home Care Directorate staff; and,
 - to develop a communication plan for staff, outside agencies and the public and to clarify and negotiate any role that the RMOC would play in these communication plans.

2. The Acting Medical Officer of Health (MOH) is accountable on behalf of the RMOC for the transition of the Home Care Directorate to the CCAC of Ottawa-Carleton and for reporting to the Chief Administrative Officer, and ultimately to Committee and Council, on the status of the transfer.

3. The Director of Finance and Administration in the Health Department will be the RMOC's project manager. The Director will work with the CCAC's project manager to:
 - co-ordinate the involvement of other RMOC staff in the resolution of transition issues;
 - report back to the CCAC Transition Committee on the status of the transition; and,
 - negotiate on behalf of the RMOC to resolve transition problems.

RMOC

4. The Acting MOH currently chairs the steering committee called the CCAC Transition Committee that has been established with representatives from all the departments within the RMOC that will be affected by the transition. The steering committee will continue to provide policy direction to the project and will monitor the progress of the transition.
5. The RMOC will assign senior representatives to this project from the Legal, Finance, Planning and Property Services, and Human Resources Department. These persons will support the RMOC project manager and act as the primary resources empowered to address and resolve transition issues that relate to their respective departments.
6. The Home Care Directorate has the responsibility to maintain service to the community over the transition period. Some staff in Home Care will also be involved in the resolution of transition issues even if it is only to act as a source of information.
7. The Director, Home Care, will continue to be responsible for the day-to-day operations of the Home Care Directorate for the time period leading up to the transition date. The Director will also have a key consultative role for providing strategic information regarding the current operation of the Home Care program within the RMOC and will be responsible for identifying and assigning key staff in the Directorate to participate in the resolution of transition issues as required.