

**Response to the
August 5, 2015 PCS**

**Prepared by
Muskoka Algonquin Healthcare (MAHC)**

Submitted by



Mayor Graydon Smith and the Members of
Bracebridge Town Council



Mayor Scott Aitchison and the Members of
Huntsville Town Council



Mayor Paisley Donaldson and the Members of
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Mayor Don Furniss and the Members of
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Submitted to

Robert Morton, Chair and the Members of the Board of Directors for the
North Simcoe Muskoka Local Health Integration Network (NSMLHIN)

Date Submitted

September 28, 2015

Consultation

Although MAHC goes to great lengths to indicate that they have conducted an extensive consultation program leading to the development of the PCS, the information provided serves to confirm that MAHC's efforts were focused on "Quantity vs. Quality."

The sessions held with elected officials and the public seemed to be opportunities for MAHC to provide information regarding what they are planning to do. Although MAHC was consistently informed that local councils, community residents, visitors and local representatives at the senior levels of government do not support a single-site hospital model, they have proceeded without giving due consideration to the concerns expressed. **The information sessions held by MAHC were not reflective of an approach based on true consultation.**

Access to Services

MAHC suggests that it has continued to model its service delivery "to best suit the communities' needs". The municipalities reject this suggestion as the single-site model proposed simply makes hospital services significantly less accessible for the vast majority of patients from all of the communities served.

They are also supporting a service delivery model that decreases opportunities to provide coordinated healthcare services with other organizations providing crucial services in urban centres.

Alarmingly, in their submission MAHC notes that their single-site concept would "embody a campus-of-care approach..."

It is apparent from this comment that MAHC's vision for a new location is for more than simply a new single-site hospital. A "campus of care" will further remove critical health services from urban centres into a remote, rural and inaccessible location.

This would undoubtedly erode and weaken the urban centres of Muskoka. It is clear this decision has been made in a vacuum, without considering the broader consequences on communities.

Transit

Neither community has the resources to support the provision of public transit services to a remote rural location outside the urban boundaries of the two existing hospital communities.

As noted by District staff, in order for municipalities like Bracebridge and Huntsville to implement affordable, sustainable transit services, a critical mass of users is required. This critical mass is only possible if growth and related infrastructure continues to be directed to existing urban centres.

Variable weather conditions for over 1/3 of the year mean the vast majority of patients; staff and visitors to the facility will face very difficult if not impossible travel conditions on some days. For those who's visit is not optional, this will force a trip in less than optimal conditions. Knowing that the primary user group of the Hospital is seniors makes this decision baffling at best.

Evaluation Matrix

The chart included as Appendix "B" in the August 5th PCS and provides a summary of MAHC's primary analysis related to the selection of One Hospital at a Central Site:

Unfortunately, in neither the May 27th report to the Board, nor the August 5th PCS submission does MAHC provide a clear description of how the ranking criterion was established and how each factor was evaluated. It is apparent that each factor was "weighted" equally thereby creating a situation where critical priorities have no chance to rise above others.

For example, the criterion "Community Feedback" represents only 5% of the total score. Apparently, the perspectives of the community were not highly valued in determining the preferred option. To reinforce this point, had the entire category of "Community Support" scored 0, the preferred model selected would remain unchanged. The municipalities believe that community support and community feedback should have been given significant consideration and appropriate weighting in the evaluation process.

Unfortunately, the matrix does little to value how patients would be able to access hospital services, the time delays resulting from relocation to a central site compared to current levels of service and the lack of integration with other vital community healthcare services, unless, of course, those services were to move and co-locate with the new hospital (more on that latter).

It appears that the rankings, determined by 17 individuals (only 80% of the steering committee) are not reflective of the priorities of the community, nor could they be based on how the matrix was established.

Full Cost Analysis of Each Option Considered

MAHC needs to provide a thorough analysis of each of the options considered to allow the community to truly understand the Board's recommendations and to ensure that the LHIN and the Ministry of Health can make informed decisions regarding a long-term plan.

Documents show the potential cost to build a new hospital on a single site is roughly \$385 million dollars, including approximately \$92.5 million dollars to be raised by the community. Unfortunately, they have not provided a full and detailed cost summary and analysis related to the preferred option.

For example, in a recent report to District Council, staff notes that where a single site hospital is located 5 km or more beyond existing systems, new and dedicated water and wastewater treatment plants would have to be constructed.

District staff estimate that the construction cost for these new plants would be in the range of \$8 to \$10 million. MAHC has said 100% of these costs would fall to the public for funding.

But funding something does not end with its construction. In addition to the capital cost of construction, the option selected by MAHC fails to provide any information related to on-going operating costs of these new facilities, future capital improvements and as well as budget impacts on both lower and upper-tier municipalities.

These plants are only one component to be considered in the construction of a new hospital. Other services such as hydro, natural gas, telecommunications, data and more are also integral components. New transportation infrastructure may also be required. It could be argued the cost analysis is dependent on the location selected. If so, then the analysis provided in the report has virtually no value.

Fundraising and Community Financial Support

In the sessions held with community leaders, MAHC has made it clear that extensive community support will be needed for any new construction project.

They have frequently stated that approximately 24% of the total cost will fall to the public to cover, but have failed to adjust this number for the special infrastructure needed for the one-site model (a water plant & more), which will be 100% funded by the public. Thus, it is fair to assume that the public costs for one site will be significantly greater than the 24% figure calculated.

Based on the model selected and the extensive community opposition to proposal, the ability of MAHC to raise the necessary funds requires further evaluation. Notwithstanding the limited comments from the Hospital Foundations in support of the model, local municipalities have been made aware of serious concerns regarding the ability of the Foundations and area municipalities to raise the funds required for a new hospital **located significantly farther away than existing facilities.**

In other communities where new and/or expanded hospitals have been developed (i.e. Oakville, Milton, etc.) a dedicated tax levy was used to raise a significant portion of the local share.

This is an unlikely option in Muskoka given the municipal opposition to the single site model. As a result, the feasibility of this model becomes highly questionable.

Linkages and Partnerships with Community Services

Although it is recognized by MAHC that a variety of community services are crucial partners in a continuum of care model, MAHC has failed to identify the impact on secondary and tertiary partners. For example, the District of Muskoka EMS will be greatly impacted by the relocation of hospital services and nowhere in the analysis have they analyzed or considered how EMS operations would be impacted and the cost implications for local taxpayers.

Undoubtedly, should a new, central hospital be built, EMS response times for area residents will substantially increase from current service times and will put patients at higher risk. There are many other service partners impacted by the recommendation. **To suggest that most service partners support the MAHC decision is without foundation or merit.**

Land Use Planning Issues Have Not Been Considered

Although evidently disregarded by MAHC during their capital planning processes, one of the most important considerations in the selection of any site for a hospital facility must be the applicable provincial, District and local land use planning law and policies.

Moreover, rather than being an afterthought, or regarded as merely a technical detail to be addressed at some future date, a thorough consideration of the established and detailed collection of laws and policy statements applicable to the site-selection process should constitute an important first step.

In fact, it is fair to say that a proper application of land use planning instruments is critical to (not only) the success of the proposed facility, but, conversely, a misapplication of these regulations puts the growth and economic sustainability of the greater Muskoka community at risk.

Despite having a land-use planner on their Board at the time of the decision, there has been no substantive effort to reconcile the major deficiencies of the rural, single-site Hospital proposal and / or the campus of care model.

Land-Use Planning and Municipal Law comments have been prepared by Mr. Harold Elston, solicitor for the Town of Bracebridge. Mr. Elston is senior solicitor with Barriston Law and has extensive experience in the planning law field.

A summary of his comments, as well as a review of the District of Muskoka Official Plan, the Town of Huntsville Official Plan and comments from staff planners can be summed up thusly:

From a municipal and planning law and policy perspective the selection of the Port Sydney site:

1. Contravenes section 2 of the *Planning Act* by failing to have regard to matters of provincial interest, including the orderly development of communities;
2. Does not have regard for established policies of the District of Muskoka and the Town of Huntsville, as required by section 6 of the *Planning Act*;
3. Is not consistent with Policies 1.0, 1.2, 1.3, 1.6 and 1.7 of the PPS;
4. Does not conform to the District Official Plan;
5. Does not conform to the Huntsville Official Plan;
6. Does not represent good planning or sustainable economic development; and
7. May undermine the growth and orderly development of Muskoka.

Again, the Port Sydney site fails the tests and requirements of the *Planning Act*, is not consistent with the PPS, and is not in conformity with either the District or the Huntsville Official Plans.

Moreover, the introduction of such a significant public facility in the wrong location will undermine District and local planning initiatives, to say nothing of the precedent established should the Province choose to so deliberately ignore its own planning laws and policies. **Hospitals are not exempt from conforming to good land use planning practices. In fact, they should be held to the very highest standard based on their ability to impact communities so greatly.**

From a process point of view, the Port Sydney site would require major amendments to the Huntsville and District Official Plans and the Huntsville Zoning By-law, all of which would fly in the face of existing official plan policies, the PPS and important sections of the *Planning Act*. These documents are the cornerstones that shape our communities for today and into the future. They are not mere suggestions or something that can be changed on a whim.

Any approvals process is sure to be long, divisive, expensive, and, quite likely, unsuccessful. In fact, it is difficult to see how the District of Muskoka, the Town of Huntsville, or, for that matter, the Ontario Municipal Board, could approve such a development.

The fact that a new hospital may be many years away from being built is not an excuse to ignore the existing planning regime. The principals of today will be no different tomorrow. This is not something that can be "put off".

Summary and Request to the Board of Directors of the North Simcoe Muskoka LHIN

Over the past several years the municipalities have requested that Muskoka Algonquin Healthcare, the North Simcoe Muskoka LHIN and the Provincial Government take whatever steps possible to ensure that a full range of core hospital services, are maintained on a multi-site basis at both sites in Muskoka. We recognize this creates challenges but these challenges can be overcome for the betterment of our communities.

The municipalities have urged that any change to the health care delivery system in Muskoka recognize the unique and important role that smaller hospitals, such as our own two sites, have in promoting economic development and creating sustainable communities. We have made this statement directly to the Minister of Health, who agrees.

The municipalities believe that the motion passed by the Board has been made prematurely, without a full analysis of all relevant information.

The municipalities feel that the PCS prepared by Muskoka Algonquin Healthcare needs to be rejected and that MAHC needs to be instructed to undertake a new pre-capital planning process based on broad, comprehensive and meaningful community consultation, sound cost analysis with a true focus on integration, accessibility and the provision of patient-focused hospital services.

Specifically, the municipalities strongly believe that the following items must be included as key factors to be fully evaluated by Muskoka Algonquin Healthcare:

- Land use planning legislation and policies;
- Community economic impacts of any long-term plans for hospitals;
- The ability to raise the funds required for sustainable hospital services;
- Operating and cost impacts of any long-term plans for hospitals on both the lower and upper-tier levels of government including cost implications on Emergency Medical Services (EMS), water treatment services, sanitary sewer services, transit, etc.; and
- Direct impact on local healthcare service providers.
- That any new or future steering committee contains relevant stakeholders and experts that can provide guidance from a boarder point of view than just the well-being of the Hospital. **It is hard to imagine the conflict that currently exists could not have been avoided if this was the approach from the beginning.**