|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Manitoba | 29e | 3e | Remarques préliminaires à l’étude des crédits du Ministère de la Santé | 29 juin 1971 | Rene Toupin | Minister of Health and Social Development | NPD |

Mr. Chairman, I was hoping to make some remarks in French and I had prepared myself for about two hours for my opening remarks, but because of the limited time that we have at our disposal I will cut my remarks as much as I feel I must to allow the members of the Opposition time to question the Estimates of the Department of Health and Social Development. I have about four or five pages of remarks in French that I will not read, that I will not comment on. They are for the perusal of the members who wish to have copies and for the members of the press if they so desire.

Mr. Chairman, it is my duty and privilege to introduce the ensuing year's Estimates for the Department of Health and Social Development. In order to understand and evaluate the 1971-72 Estimates for my department, it is imperative to have a view of the context within which the Estimates have been developed and are proposed.

The quality of the human condition varies widely in the Province of Manitoba, from the abundantly affluent who enjoy a life of convenience to the aching poor who often live in squalor and disease; from those who face a new day with a feeling of security and hope to the fearful and insecure whose only prospect in the new day is greater despair; from lives characterized by involvement, acceptance and love to those filled with alienation, rejection and hate; from people who sense their own worth and power to those whose every moment is failure and dis­ appointment; from healthy and vital environments to socially and physically diseased environments which are dying if not dead. Most Manitobans live somewhere in between the extreme in each of these conditions, but far too many live at a negative end of one or more of them.

It is a sad commentary, Mr. Chairman, that in a land of expanding wealth, knowledge, technology and opportunity, there exists a widening gap in the qualities of life in Manitoba. While the government of Manitoba recognizes that the solution to these health and social development problems requires concentrated and co-ordinated actions of all government departments and the private sector, it is the particular mandate of the Department of Health and Social Development to treat and to prevent, insofar as possible, personal, family and com­ munity health and social problems in Manitoba.

The administration of such a mandate is of course partially defined by the quality of the human condition in Manitoba which I have just described, but it is also shaped by the resources available to attack these problems. Though it may be a commonplace observation, it is nonetheless significant to state that these resources, both financially and organizationally, are extremely limited relative to over-all need in our province. We are thus in a time of infinitely expanding need and demand for services while being equipped with finite resources with which to respond.

Consequently, the challenge we face is of a dual nature. First, it must involve effort to control escalating health and social care costs; and secondly, it must include the over-all quality and effectiveness of health and social services, particularly preventive services so as to minimize the extent and nature of health and social problems.

Mr. Chairman, I would like to briefly discuss a summary of the major strategies we plan to utilize in the 1971-72 fiscal year.

(a) Reorganization of the Department. Firstly, we believe that one of the primary strategies in meeting this dual challenge is the development of an organization which operates an integrated health and social service delivery system, and administers this system in a de­ centralized manner so that the delivery of services can, to a maximum extent, reflect local needs and priorities. The department therefore is moving towards an organization which integrates its personal health, public health, mental health, social services and correction pro­ grams at all levels, from the broad policy level including research and planning related thereto to the administration and delivery system, while at the same time establishing a structure which encourages decentralized decision-making in regional and local areas. I could expand on this later on during the Estimates.

(b) Community Health and Social Services Centre. Closely related to this conceit of reorganization is the development of community based health and social services centres which reflect a shift of priorities from highly expensive institutional care and treatment services to less expensive non-institutional services which are prevention­ oriented. These centres will be the primary vehicle through which my department will create an integrated and decentralized health and social service delivery system. Since this approach is still relatively unexplored, we will be developing a number of models, including modifications to, and integration of, existing departmental offices as well as experimental demonstration non-government models which would oper31e under local community boards.

Mr. Chairman, I've asked the Clerk of the House to place before you a paper entitled "Proposed Model for Community Health Centre Demonstration". This paper sets forth the general guidelines for a community health centre to be operated under local control. You will note that there are three central principles incorporated on the proposed model.

The first is the required citizens board that provides for local consumer sponsorship and participation to ensure\_ that the health centre operates effectively and responsibly under appropriate local control.

The second principle calls for an integration of health services with social services in a group practice of teamwork study.

And the third principle involves a shift away from fee for service, financing through a payment system that effectively promotes preventive care and the most rational use of various resources in the broad field of health and social services.

Mr. Chairman, this general model would be adapted to the specific needs and circumstances of each particular community and will be attempted in several communities on a trial demonstration basis beginning during the coming year. We have five under way now.

Expansion and Development of Crucially Needed Programs. While structural changes will favourably affect the quantity and the quality of services, certain of the more critical pro­ gram areas will need to be expanded or modified in order to meet our dual objective. The specific programs involved will be discussed at a later point during my Estimates if the time is given.

Development of Consumer and Citizen Participation. Mr. Chairman, citizen participation and the carrying out of the mandate of the department must be seen both as a democratic right and as an essential instrument in planning for providing health and social services. It is for both of these reasons that my department intends to increase the role of this function. The Welfare Advisory Committee, which advises citizens of their rights under the Social Allowance Act and hears appeals against administrative decisions, will extend its activities in 1971-72. Also, legislation will be introduced shortly - it has, for first reading - to establish a Manitoba Health and Social Development Advisory Council which, as a citizen council, will address itself to the total program area of the Department of Health and Social Development.

The Scandinavian Investigation Visit. In discussing the department's response to the broad-ranging health and social service needs of Manitoba citizens, it is appropriate that I make reference to the special investigation visit that was made in the Scandinavian countries last December by myself and members of my department. A complete report of this trip will be presented to you very shortly. It is now lying on the table. Unfortunately, there is no time here to go into a lengthy description of what was learned on our visit, but this is included in the written report now before you.

Certainly the extensive knowledge and the information we gathered on this short two' week trip will greatly assist us as we try to formulate new policies and programs which must surely come if Manitobans are to truly reap the benefits of a progressive and socially conscious society.

The Scandinavian countries have developed one of the highest standards of living on the globe, and I think it is a credit to the New Democratic Party to indicate that the majority of countries visited are governed by the Social Democratic Party, our political counterparts. It is by their earnest dedication to serve people first and by their premise that says what is good for people will ultimately be good for the economy and for business - as does our philosophy - that the Scandinavian countries do rank as world leaders in provision of excellent health, wel­fare, correctional and co-operative programs. We came home with invaluable knowledge in all these fields, and hopefully we can take what we feel is viable, progressive and applicable to Manitoba and apply it to our own already improving programs.

There is, Mr. Chairman, an essential and indispensible ingredient behind all of these strategies I have just mentioned. The energy and commitment of people, whether they are civil servants of my department and/or the Health Services Commission, members of the private voluntary sector or participants of citizen boards and commissions, they have all made invaluable contributions, not only in the Department of Health and Social Development but in all departments of government. I would like to take this opportunity, Mr. Chairman, to extend my gratitude both to those who have participated in this challenge and to those who will be contributing in the future.

Mr. Chairman, you see before you my departmental expenditure estimates for 1971-72 totalling $168.7 million. This amount represents an increase of some $32.9 million over the amount of $135.8 million voted for last year. I gave figures a few weeks ago pertaining to the over-expenditures in the department, and I would like to correct the statement that I made then and give you more accurate figures. In Administration and Central Services we were actually overspent by $42.000; Mental Health and Corrections, underspent by $758.000; Public Health, underspent by $211,500; in Social Services, overspent by $10,328,300; Elderly and Infirm Persons Housing, underspent by $72,500; Agency Relations, actually overspent by $140, 600; total over-expenditure of $9,468,900. Revenue received in excess of budgeted revenue, $7,015,900; net over-expenditure of $2,453,000.

Even though when we talk of an increase of $32. 9 million over last year - this is really a healthy increase - a wide range of imminent needs will still exist and many worthwhile pro­ grams \\ill have to be postponed to another year. The increase provided for in this year's Estimates is necessitated by the following reasons.

Firstly, over one-half of the increase, or $17.5 million is an expanding social allowance program including costs associated with care of elderly - and I will comment on this later.

Secondly, about one-third of the increase, or $11.2 million is for increased costs of medical and hospital insurance programs.

Thirdly, the remaining $4.2 million increase is attributed to a variety of other specific program increases and to generally increased costs which I will outline right away.

Because we are, Mr. Chairman, at this time only considering the expenditure side of my department's estimates, I would like to assure you that large increases in revenue, primarily from the Federal Government, has resulted from my vigorous approach to the Government of Canada in exploring and negotiating new avenues of cost sharing in the areas of special dependent care, aid to students, administrative overhead costs, including data processing and other programs whose costs were not previously shared by the Federal Government. When these increased revenues are taken into account, the net increase of operating the Department of Health and Social Development and the Health Services Commission during 1971-72 will be $22 million.

Mr. Chairman, I would like now to turn to the estimated expenditures of my department on a division by division basis, beginning with Mental Health. The Mental Health expenditures estimates for 1971-72 are $17. 7 million which represents a 6.1 increase over that voted in the previous year. We are continuing to upgrade the quality of institutional care while shifting emphasis to non-institutional community mental health services, In the past year the Selkirk Hospital for Mental Diseases became the first and only mental hospital in western Canada to be fully accredited. Since opposition members are taking a great interest in touring departmental institutions, I would urge them to tour this facility in Selkirk. This year's estimates provide for some minimal further improvement in the operation of this hospital and further operating and facilities and services at the Brandon Hospital for Mental Disease.

In addition, our institutions for the care of the mentally retarded are being significantly upgraded in a number of ways. At the Manitoba School for Retardates in Portage la Prairie, two new cottages, two new cottage-type facilities planned as an integral part of the rehabilitative process will soon be in operation, as will a new physiotherapy unit for the treatment of multiple-handicapped patients, The addition of 24 staff man years will provide for greater shift of emphasis from maintenance to rehabilitative service. At the St. Amant Ward of the St. Vital Hospital, plans are being finalized for expanded facilities and improved services.

We just received approval for the expenditure at the St. Amant Ward. While development of institutional mental health programs are proceeding, the major emphasis will be given to developing non-institutional community services. Through improved rationalization of our staffing plans, the expansion of community mental health services to northern areas of the province will be achieved; and through the introduction of community health and social services centres, community mental health services will be further expanded.

Mr. Chairman, I turn now to the Corrections Division of my department. In 1971-72, estimates for the corrections programs which includes adult and juvenile probationary service, is $5.5 million, This includes a $350,000 increase over the previous year. Major improvements in correctional and probationary services have been made in the past year, considering the poor quality of physical facilities and services my government inherited from the previous administration, We are now in process of completing what is intended to be a government White Paper on Corrections which will set forth a new strategy for effective rehabilitation of public offenders. It will reflect much of what we learned in Scandinavia and will represent a most progressive approach in the corrections field in Canada, if not to say North America,

In the meantime, we are proceeding on several fronts to upgrade our Corrections Program and this is reflected in the estimates of the Department of Health and Social Development, Physical facilities and rehabilitative programs and services at the Headingley correctional institution are being significantly improved, During the past year, and for final implementation in the upcoming year, I am pleased to announce a fully operational day pool program which is geared to assist the rehabilitative struggles of inmates at Dauphin; Brandon, Headingley and Winnipeg. For· the first time as well, we now have in Manitoba a Pay Incentive Program which was recently initiated in this province. This means that inmates on discharge will have a means to support themselves during that terrible critical period immediately following discharge, and I believe this single program is one of the most important programs in this department from the inmates' viewpoint to be introduced in some time.

Looking at new correctional facilities, Mr. Chairman, I am pleased to advise that work will soon commence on the Manitoba Youth Centre, a juvenile Reception Centre in Winnipeg, The design of this facility and the services to be provided in it will represent the most advanced approach to the rehabilitation of juvenile public offenders, Plans for improved correctional facilities at Brandon and The Pas are actively being investigated, In short, my department is striving to forge ahead within the limitation of budget and priorities.

Mr. Chairman, I will now discuss the estimates for Public Health Services, The Estimates for 1971-72 are for $17.3 million, an increase of $2.8 million over 1970-71. This in­ crease reflects some significant improvement in public health programming, including the ex­ tension of public health services for the first time to all areas of the Province. Firstly, dental health services, primarily in northern Manitoba, where they are urgently needed.

Secondly, diagnostic laboratory and X-ray facilities and services will be established in the Northern, Red River, Stonewall health units.

Thirdly, the further development of family planning services will be achieved in areas of greatest need.

Fourthly, care services, which involves mainly payments to nursing homes for care of needy elderly and infirm patients, will be increased.

And fifthly, a new provincial-wide rubella measles screening program, which has been recommended by the Dominion Council of Health and the Minister's technical advisory committee, will be introduced in 1971-72.

In addition,. a thorough study of our public health program is being undertaken for the purpose of better rationalizing staff utilization and maximizing the effectiveness of these services as they are re-formed into a more effective delivery system,

I will now review the Social Services Division of my department, Much criticism, Mr. Chairman, of an unjustified nature has been levied at the social allowance program because of its rapidly escalating costs, I found out that this matter of rising costs is not unique in Manitoba nor is it unique in Canada, Rising costs to provide for the needy and unfortunate in our society is a North American problem,

My 1971-72 Estimates for Social Services Division are $56,6 million, an increase of $16,8 million over the previous year, It should be stressed that this money will provide not only for the direct payment of social allowances but also for the care of the elderly in institutions, reimbursement to municipalities for municipal allowances, maintenance of children, and for the government social allowance health services program.

Much of the responsibility for increased cost is directly attributable to the federal economic policies which have contributed heavily to the general unemployment picture in our country. Other factors such as increased knowledge of recipient rights, and an increased demand by mothers who are deserted and widowed, account for the balance of the increased costs. This government is seriously interested in looking after those recipients who are really in need of social assistance. Of recent date, certain changes affecting single persons over the age of 18 has been introduced in an attempt to channel funds only to those who are in need. Other changes are being considered which, together with changes in administrative procedures, will further provide for those who are legitimately in need.

The next divisional vote which I will briefly speak on is that required for the administration of the Elderly and Infirm Persons' Housing Act. For this program in 1971-72 I am requesting a vote under the main Supply Bill of $296,500. I stress the words "under the main Supply Bill" because the amount requested, which is an apparent reduction of $293,000, does not fully indicate my department's program with regard to accommodation for the senior and infirm citizens of the province. The amount of $296,000 requested in 1971-72 is primarily to cover debt servicing charge on housing projects completed in prior years. Funds totalling close to one million dollars for the initiation and implementation of new projects is available from previously voted non-lapsing capital funds.

Our program for the ensuing year will be continued as in the past on a partnership basis, comprised of my government and various non-profit organizations throughout the province using provincial and private funds and borrowing from the Central Mortgage and Housing Corporation. At the present time, the office of research and planning in my department is undertaking an extensive study to determine the extent, type and geographic need for additional accommodation for the elderly. This study, together with a rationalization and integration of housing programs under the Elderly and Infirm Persons' Housing Act with those carried out by the Manitoba Housing and Renewal Corporation, will provide for a properly planned approach to meet the needs of the elderly and other citizens of our province who for economic reasons are not now adequately accommodated for.

During 1970, 32 projects providing accommodation for 1,800 elderly or infirm persons either began construction or received grants and loan approval from the Department of Health and Social Development. Actually completed and put into use were 18 projects providing an additional 692 beds. Because of the difficulty of predicting the timing of constructions, I cannot say how many units will come in the current year, but I can safely predict that during 1971 there will be no less and probably more beds made available than was the case in 1970. Citizens in over 70 Manitoba communities can take pride in the fact that by the end of Manitoba's Centennial year, through their non-profit organizations and in co-operation with the Provincial Government, has sponsored elderly and infirm housing projects which will provide specially designed living accommodations for more than 7,400 persons in 72 communities throughout the province.

Mr. Chairman, we now come to the division of Agency Relations which appears as Resolution No. 53 on Page 20 of the printed Estimates of Current Expenditures. For this division I am requesting approval for a vote of $5.98 million. This compares to $5.32 million in 1970-71, being an increase of $665,000 or 12 percent.

This division, Mr. Chairman, is responsible for my government's grants program to health and social service agencies in the province. These grants range from small general purpose grants to cover the administrative costs to large grants in support of agency programs. They provide support for agencies operating in the fields of public health, mental health, corrections and social services. In part, the increase in this appropriation reflects my government's concern for the native people of our province by providing increased support to the Indian and Metis Friendship Centres and the Manitoba Indian Brotherhood. Additional amounts are provided in the Estimates for support of agencies which have as their concern rehabilitation of public offenders and those suffering from the abuse of alcohol and drugs. Concern for the senior citizen is also reflected in these Estimates by providing increased funds for agencies operating in this field. Increased costs in the care of retarded children at the St. Amant Ward is also provided for.

A breakdown of the grants which will be made from this appropriation will be available during detailed discussion of my Estimates. During 1970-71 the Agency Relations Division continues to work towards improved liaison between the Manitoba Government and the many health and social service agencies which the government financially supports either directly by grants or by the purchase of services. Continued improvement in this regard is foreseen during 1971-72.

Mr. Chairman, this is the first time that the Legislature has been asked to vote funds for the Office of Research and Planning. As I indicated earlier, it is imperative to rationalize the delivery of services for which this department is responsible if we are to meet the challenge of increasing demands and costs in the field with limited resources at our disposal. Without precise and comprehensive research and planning we will be unable to either maximize the utilization of existing resources or provide the most effective health and social service delivery system. The absence of a formal research and planning function in the department in the past was most unfortunate and we are proceeding to correct the inherited deficiency.

Mr. Chairman, before I discuss the Estimates for the Manitoba Health Services Com­ mission I would like to indicate that, as an initial stage in the integration of my department's delivery system, the Manitoba Services Commission was established on October 21st, 1970, combining the Manitoba Hospital Commission and the Manitoba Health Services Insurance Corporation. The hospital and medical insurance programs therefore are being continued in a more integrated manner under the new Commission as the Manitoba Health Services Insurance Plan which was authorized under the Health Services Insurance Act, Manitoba, passed during the 1970 Legislative Session.

In 1971 it is estimated that hospital costs will amount to $104.5 million. Medical and other health services will total $57.4 million for a total of $161.9 million, excluding administration, as compared to $146.1 million in 1970, an approximate increase of 10.9 percent. These estimates demonstrate an increase in health services costs for each man, woman and child resident in Manitoba from $150.00 per year in 1970 to $165.00 for 1971.

Mr. Chairman, I am most distressed by these rapidly accelerating health service costs. Obviously the rate of increase cannot be tolerated indefinitely, however one might be able to reconcile this financial burden if they were at a corresponding increase in health services for Manitobans. But this is not the case. Many barely adequate health services still remain for a variety of Manitobans.

As I indicated earlier, one of the methods we are planning to employ to attain a higher degree of effectiveness and efficiency from our human and financial resources is the reshaping of our health care delivery system. Applied to this situation it will mean a greater control over further expansion of expensive hospital facilities and greater emphasis on the development of less expensive and more prevention-oriented ambulatory care services such as community services centres and home care services.

.The Manitoba Health Services Commission has recently entered into a formal agreement with the Manitoba Medical Association in establishing a new medical review committee to examine patterns of medical practice, including the cost and quality of such practice. The commission continues to work closely with the College of Physicians and Surgeons in developing a standard approval program concerning laboratory and X-ray diagnostic services. The Manitoba Health Services Commission also continues to work closely with the medical profession. Ninety percent of Manitoba doctors are now operating within the plan as opposed to 79 percent as of December 31st, 1969 and 65 percent when the plan began.

Mr. Chairman, in concluding my remarks, let me reiterate the rationale and strategy behind the formation of these Estimates. We are faced with a challenge of providing more comprehensive and higher quality health and social services within limited financial and human resources at a time when the cost of these services are escalating rapidly. I believe that the 1971-72 Estimates for the Department of Health and Social Development reflect a most progressive attempt at meeting this challenge.

Mr. Chairman, I have now completed my opening remarks and relinquish the floor for the Committee's detailed consideration and approval of the Department of Health and Social Development's 1971-72 Estimates of current expenditures.