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Honourable Wade Verge, MHA

SOCIAL SERVICES COMMITTEE

Department of Health and Community Services

Chair: Glenn Littlejohn, MHA

Members:

Tony Cornect, MHA
Lisa Dempster, MHA
Stelman Flynn, MHA
Glen Little, MHA
Kevin Pollard, MHA
Gerry Rogers, MHA

Clerk of the Committee: Kimberley Hammond

Appearing:

Department of Health and Community Services
Hon. Steve Kent, MHA, Minister
Larry Alteen, Medical Consultant
Elaine Chatigny, Assistant Deputy Minister, Population Health
Bruce Cooper, Deputy Minister
Heather Hanrahan, Assistant Deputy Minister, Professional Services
Michelle Jewer, Assistant Deputy Minister, Corporate Services
Keith Sheppard, Director, Pharmaceutical Services Division
Karen Stone, Assistant Deputy Minister, Policy and Program Planning
Mike Tizzard, Director, Financial Services
John Tompkins, Director, Communications
Denise Tubrett, Assistant Deputy Minister, Regional Services

Also Present
Eli Cross, MHA
Lorraine Michael, MHA
Andrew Parsons, MHA
Joy Buckle, Director of Research, Official Opposition Office
Susan Williams, Researcher, NDP Office

Pursuant to Standing Order 68, Andrew Parsons, MHA for Burgeo – La Poile, substitutes for Lisa Dempster, MHA for Cartwright – L'Anse au Clair.

Pursuant to Standing Order 68, Eli Cross, MHA for Bonavista North, substitutes for Glen Little, MHA for Bonavista South, until 11:03 a.m.

Pursuant to Standing Order 68, Lorraine Michael, MHA for Signal Hill – Quidi Vidi, substitutes for Gerry Rogers, MHA for St. John's Centre.

The Committee met at 9:06 a.m. in the Assembly Chamber.

CHAIR (Littlejohn): Good morning, everyone – there we go, now we are getting there.

MR. KENT: We are listening to you, Mr. Chair.

CHAIR: Thank you.

Good morning, Minister. Good morning, Committee. There are just a couple of quick things. Before we get started, I am going to ask Committee members to introduce themselves. We have some substitutions this morning, so I welcome our substitutions, familiar faces. I am going to ask our Committee members to introduce themselves and then, Minister, if you would, I am going to ask you or the individual staff members.

I remind individuals of all parties to wait until your light comes on, say your name and your position first, and that way we will get it on the record in Hansard. That will be greatly appreciated.

We started at 9:05 a.m., so 12:05 p.m. would be three hours, and we will see where we go from there.

We will start with Mr. Flynn.

MR. FLYNN: Stelman Flynn, MHA for Humber East.

MR. A. PARSONS: Andrew Parsons, MHA, Burgeo – La Poile.

MS BUCKLE: Joy Buckle, Researcher, Opposition Office.

MS MICHAEL: Lorraine Michael, MHA, Signal Hill –Quidi Vidi.

MS WILLIAMS: Susan Williams, Researcher, NDP.

MR. POLLARD: Kevin Pollard, MHA, Baie Verte – Springdale, and Parliamentary Secretary to the Department of Health and Community Services.

MR. CROSS: Eli Cross, Bonavista North, swam across the bay this morning because I am substituting for Glen Little of the south side.

MR. CORNECT: Tony Cornect, MHA for the great and cultural District of Port au Port.

CHAIR: Welcome, Minister, and welcome to your staff. Minister, I do not think you need any introductions, but you just point me in the right direction and we will introduce your staff, please.

MR. KENT: Sure.

Good morning, everybody, we will start with Michelle to my right, your left.

MS JEWER: Michelle Jewer, ADM, Corporate Services, Department of Health.

MR. COOPER: Bruce Cooper, Deputy Minister, Health and Community Services.

MS TUBRETT: Denise Tubrett, ADM, Regional Services.

MR. TIZZARD: Mike Tizzard, Departmental Controller, Health and Community Services.

DR. ALTEEN: Larry Alteen, Medical Consultant, Acting.

MS HANRAHAN: Heather Hanrahan, ADM, Acting, Professional Services.

MS CHATIGNY: Elaine Chatigny, ADM, Population Health.

MS STONE: Karen Stone, ADM, Policy and Planning.

MR. SHEPPARD: Keith Sheppard, Director, Pharmaceutical Services, Health and Community Services.

MR. TOMPKINS: John Tompkins, Director of Communications.

CHAIR: Welcome, everybody.

Before we start, Minister, and I turn it to you for your first introductory remarks, I am going to ask Kimberley to call the clause.

CLERK (Ms Hammond): Subhead 1.1.01.

CHAIR: Minister, you have fifteen minutes if you so desire.

MR. KENT: Thank you, Mr. Chair.

I am not going to use the fifteen minutes. I suspect my colleagues opposite have lots of questions. I am very pleased to be here. This was a job that I was a tad bit apprehensive about taking on. I did not aspire to be the Minister of Health and Community Services, but I can honestly tell you that within days of being on the job, I developed a love for the job and a passion for the job. Despite the significant challenges we face in health care, there are so many good things happening as well. So it has been a challenging and rewarding number of months.

Our budget for the department is close to $3 billion, which we will be discussing here this morning. It is about 40 per cent of the overall provincial Budget. We have some major obstacles to overcome in the years ahead. We have real challenges around sustainability, but I am pleased to say that we have solid plans for making the health care system in this Province more sustainable, working with our regional health authorities and other partners in delivering health care.

I am very happy to be here. I will do my best to answer all of your questions in the next few hours.

CHAIR: Thank you.

Andrew, before you start, just for Committee members, we are on 17.3 of the Estimates booklet, Minister's Office, 1.1.01. The minister has asked that you direct the questions directly to the minister and he will defer to staff. We will go from there.

Andrew.

MR. A. PARSONS: Thank you.

Before I begin, thank you to the minister and everybody for making yourselves available; we very much appreciate it. I am going to start off on the salary details for the department and staffing. I am just wondering, based on your latest payroll, how many additional staff does the department employ that are contractual? I am looking at staffing numbers here. This would have been in the salary estimates section, Schedule I.

MR. KENT: Mr. Parsons's question is: How many of the positions are contractual?

MR. A. PARSONS: Yes.

MR. KENT: I am going to defer to Michelle. I am not sure we have that precise figure, but we can get it for you. I can tell you there are a fair number of positions that are contractual. There are a number of competitions ongoing and like most departments in government, there are a number of positons in the department that are indeed contractual.

Michelle, do we have the precise number at the moment?

MS JEWER: No, I do not have it with me, but I can get it.

MR. KENT: We can get it for you. I have no problem providing it. I just do not have it here.

MR. A. PARSONS: Okay.

Maybe what I will say off the top – we usually do this – is anything I request I am sure Lorraine will want and vice versa.

MR. KENT: Yes. If I commit on the record to providing it, we will provide it for sure.

MR. A. PARSONS: Excellent, thank you.

MR. KENT: We will keep a running list of what those items are and provide them to you.

MR. A. PARSONS: I am just wondering in the last year – and I do not know if you have this here – how many temporary or I guess thirteen-week positions have there been in the department?

MR. KENT: I have not signed off on any in my time as minister, but there likely were temporary positions prior to my arrival. I do not know that we would have the precise number either. We do not have it here, but I am certainly happy to provide it. Again, in recent months, I have not appointed any thirteen-week positions in the department.

MR. A. PARSONS: Okay.

Again, going to the salary details, under Other Salary Costs there is just about $3.5 million for this year. I am wondering what the breakdown on that is.

MR. KENT: Can you tell us where you are seeing the $3.5 million number? I am looking at the salary details –

MR. A. PARSONS: Under Schedule I, Summary of Salary Details by Department, it lists all of the departments and then lists permanent positions, Permanent Salary Costs, and then Other Salary Costs.

For instance, in this case, Permanent Salary Costs would be –

MR. KENT: Yes.

The first number, the $13.2 million represents employees and positions that are, in fact, permanent; the $3.5 million that you reference, which is broken down by division, represents temporary and contractual employees, any of whom have been in the positions for quite some time. In fact, among officials here today, we have a number of temporary and contractual employees, even at the most senior level of the department.

MR. A. PARSONS: This is one of the things that we will get a list of everybody that falls under $3.5 million.

MR. KENT: That is not a problem.

MR. A. PARSONS: Excellent.

I noticed here there are 190 permanent positions. I know there has been some talk of attrition and cuts. How many of these will be cut over the next five years? Is that part of the planning?

MR. KENT: We do have an attrition target, like all departments, for the next five years. There are four positions that we need to find in this current fiscal year, and the total over the five years is eighteen positions for the department.

MR. A. PARSONS: When you say four this year, they have not been determined, you are trying to figure out where –

MR. KENT: We are in the process of finalizing our attrition plan right now. There has been significant work done. We have a number of vacancies in the department as well that need to be considered. There are a number of competitions ongoing. Because of some of the work we are doing around system transformation and primary health care, mental health and addictions, there may be changes to how we do business within the department.

All of that is being considered, but we do know that we need to achieve that attrition target on top of salary savings targets that have been set as well.

MR. A. PARSONS: This may be just a case of the wording and stuff. Besides through attrition, will there be any other positions that are eliminated under this department for this year?

MR. KENT: I cannot say with certainty that there will not be. What I can say is that we have a lot of priorities to achieve and scarce resources to achieve them. I also know that when budgets were reduced in 2013, the Department of Health and Community Services was hit harder from a staffing perspective than most departments in government on a percentage basis.

I do not believe there is a lot of room to find further savings in human resources within the department. That said, because of some of the work we have on the horizon, we may need to do some restructuring within the department.

There are also a number of vacancies. Some of those positions may need to be re-profiled to meet some of the priorities we have set. Whether there will be further reductions, it is possible. What I can say with certainty is that there will be at least four positions eliminated through attrition.

MR. A. PARSONS: Okay. Thank you.

MR. KENT: This year.

MR. A. PARSONS: Going back to 1.1.01, Minister's Office, under Operating Accounts there was an underspend by about just over $30,000. What was the accounting for there?

MR. KENT: Thirty thousand dollars?

CHAIR: Subhead 1.1.01, 02, Operating Accounts, Minister.

MR. KENT: Oh, budget to revised. Sorry, I understand your question.

The reason for the savings in those various budget lines that are broken down, the total of which you have just identified – like most departments, we implemented an expenditure management plan in the fall in response to government's direction to reduce discretionary spending, in light of the Province's fiscal situation.

We reviewed the operating budget of the department to determine if there was anything at all that was discretionary in nature that was not essential, or that could be delayed to a later time. That resulted in savings in those areas, travel being the bulk of it. Some minor savings were related to supplies and purchased services as well, but the bulk of that was through reduced travel activity.

MR. A. PARSONS: Okay.

I am going to move forward to 1.2.01, Executive Support. Under line 01, Salaries, I think there is an extra $63,000. Is this a position or is this part of the step by step and the 3 per cent?

MR. KENT: That line includes the Deputy Minister, all of the ADMs including the medical consultant, the Secretary to Deputy Minister, the ADM's secretaries, the Director of Communications, and the Media Relations Manager. The reason that line was over budget is due to the retirement of a senior employee that resulted in a large payout, as well as another severance payout for an assistant deputy minister who left government. We had a retirement and a resignation, both of which triggered payoffs, but the payouts were offset by savings as a result of vacancies as well.

MR. A. PARSONS: This year there is $1.7 million budgeted as opposed to what was spent last year. So there is an increase there.

MR. KENT: As you alluded to, that is the 3 per cent.

MR. A. PARSONS: Okay.

MR. KENT: The 3 per cent in the new collective agreement. As well, there are two ADMs who are currently on higher steps of the approved classification level than the previous incumbents in those positions. That is triggering the difference as well. We have had some changes at the executive level. As you heard from the introductions, we have a couple of people in acting roles now so that attributes to some of that.

MR. A. PARSONS: I am looking at the Purchased Services line. Last year there was $22,500 budgeted and $3,500 spent. We know that by looking at Estimates the year before there was $22,500 budgeted and $7,500 spent.

This year there is $22,500 budgeted. I am just wondering in terms of practices in the case of – it seems like we over budget by $15,000 to $18,000 yearly. Is there a reason for that?

MR. KENT: There is a reason for that. There are a number of items that get charged to that budget line within the executive section that we are talking about. There are advertising and communications-related activities. As well,

there are costs for professional training, meeting room rentals, and taxis.

The reason for the dramatic decrease in this past fiscal was, again, the review of expenses overall in the fall. We needed to reduce discretionary spending based on the Province's fiscal situation and we paused or stopped anything that was not absolutely imperative. So that lowered that line by about $19,000. What was spent in that budget line included media monitoring services, catering services for a couple of meetings, an ergonomic assessment for an employee, and that left the remaining funds unspent.

We do believe we will require the full budget for this coming fiscal year. We believe it will be used under the Communications Division for various marketing communications materials that will be required to support the department's activities. There are a number of projects on the horizon where we feel there will be a need for those funds, but the funds, we anticipate, will be largely used for marketing communications purposes.

MR. A. PARSONS: So that would not fall under the Transportation and Communications line, it is just a different –

MR. KENT: The marketing materials are under Purchased Services.

MR. A. PARSONS: Okay. I am going to move forward to 1.2.02, Corporate Services. You will see a jump there in the Salaries, listed as Salaries, operating. There was $4.8 million spent last year and this year we are up to just over $5 million. I am wondering the same question: Is it extra salary or extra positions, or is it the percentage increase step by step?

MR. KENT: Yes, a good question. My response on a number of these will probably be very similar, because as you suggest, the reason is the same. So, the revised budget increased due to a severance payout that occurred in the last fiscal year. The increase by $234,600 from the 2014-2015 budget is a net result of salary increases as a result of the 3 per cent raise in the new collective agreement.

MR. A. PARSONS: Okay, so that is not a new position or any of this?

MR. KENT: No.

MR. A. PARSONS: Okay.

Looking in the same section under Professional Services, $1.1 million was budgeted last year for Professional Services, but just under $80,000 spent. What was budgeted for that was not incurred?

MR. KENT: There is a contingency fund for federal/provincial/territorial agreements that could arise during any fiscal year. Any agreements like those are offset by revenue from various provincial, territorial, and federal sources, and they are recorded within revenue in this area.

In the department's final projections for the fiscal year there were no potential federal agreements that we saw on the horizon before the end of the fiscal year. In addition, the Audit Services within our department conducted less audit appeals than we had projected in 2014-2015 which resulted in additional savings.

That said, you will note as well that the 2015-2016 Estimates are decreasing by $750,000 over the 2014-2015 budget, and that is really based on historical trends. We reduced the contingency for federally funded projects by the $750,000. This is 100 per cent offset by revenue, so it is money in, money out. There are a number of federal/provincial/territorial agreements that we are involved in through the health care system.

CHAIR: Do you want to leave it there for now, Andrew?

MR. A. PARSONS: I will leave it here for now and come back to this section after.

CHAIR: Thank you.

Lorraine.

MR. KENT: Oh, you are going to have more questions? That is not it?

MR. A. PARSONS: Just a couple.

MR. KENT: Okay.

MS MICHAEL: Okay, yes, I will continue.

Let's keep looking at that same section then, Minister, and I think that you were answering the question with regard to the Professional Services, correct?

MR. KENT: Yes, we were just talking about the Professional Services line within the Corporate Services activity area.

MS MICHAEL: Yes, and I understood your answer.

Coming down to Purchased Services underneath, again in the budget of last year the revision was $589,800 down from what was estimated, so I think I would like a bit of an explanation of that first.

MR. KENT: Yes, that is a fair question.

We saw lower than anticipated purchased services expenditures during 2014-2015, obviously, and that budget line includes funding for our office space leasing costs, printing, and other general purchased services. We implemented the expenditure management plan, that I referred to earlier, back in the fall. We were directed to reduce discretionary spending, and professional and purchased services were an obvious area for departments to target. We reviewed the department's operating budget to determine if there were any items at all that were discretionary in nature or could be delayed, and that resulted in lower purchased services costs.

We also have decreased the 2015-2016 estimates by $334,200 from the 2014-2015 budget. We looked at the drop balances that have traditionally existed. We did a review of those drop balances to try and find areas in the budget where we could reduce the budget, due to our current fiscal situation, and we feel comfortable that we can meet our requirements with less resources in this fiscal year as well.

The reason the full budget is required ,though – I just want to make sure I present the full picture. The reason we think the full budget is required for this fiscal year is that we have built in a contingency fund for a number of expenditures. For instance, the work of the mental health and addictions all-party committee's advertising costs, printed materials, and so on needs to be budgeted somewhere. There is also funding to deal with potential pandemics such as H1N1, or Ebola, or a matter like that that could arise.

That is why we feel the contingency remains important. Hopefully some of those funds will not be needed, but some certainly will be because of the work of the all-party committee.

MS MICHAEL: Right, and actually I was going to ask you about the all-party committee and where the expenditures for that would fall. Obviously the staff are doing their regular work so there is no extra staff –

MR. KENT: Not at this point.

MS MICHAEL: I was wondering about stuff like communications and travel because your travel now is covering not just people from your own department, but also the people who are on the Committee from the other parties.

MR. KENT: This is a portion of it, which will cover printing and advertising and promotion. We also have some funds within our Population Health budget. We plan to find the other funds there to support the work of the Committee. Regardless, we need to find the funds, but we believe between this area in Corporate Services and another area within Population Health that we will be able to adequately cover it based on what is projected to occur over the next few months.

MS MICHAEL: Right, thank you very much, Minister.

It just points to a broader question that we will not discuss here but just to make the point – not just for the sake of making it, but I think it is important, in making it, that as we move forward as a House of Assembly and we have a standing committee that should deal with this when the time comes, we need to look at things like if we have all-party committees where that responsibility falls for covering the cost of all-party committees, because it is a strain on an individual department right now.

MR. KENT: I agree with you. I think that that is a good discussion for the Management Commission to have and maybe it is a

discussion that other committees of the House need to have as well –

MS MICHAEL: Yes.

MR. KENT: Certainly if they are committees of the Legislature, then they need to be resourced by the Legislature. This circumstance, much like the shrimp all-party committee, is a bit unique, but I think you are raising a valid question and a valid point that the House should consider.

MS MICHAEL: As a member of the Standing Orders Committee, I will make sure that it goes to the Standing Orders Committee when we meet.

MR. KENT: Sounds good.

MS MICHAEL: Okay, great.

Could we just go back up to the Professional Services. Minister, could you give us an idea of what are the services that fall under that category?

MR. KENT: There are a number of items that fall under that category. The funding provides for unanticipated federal or otherwise funded projects; $250,000 of the total budget represents a contingency fund for federal-provincial funding agreements, which may arise during the fiscal year; and the level of access varies in each fiscal year depending on what agreements get signed, as we were discussing earlier.

The balance of the funding for Professional Services – there is funding within the Audit Services division for audited appeals and in the Information Management Division for IT consulting services as well.

MS MICHAEL: Okay, thank you very much.

Still within 1.2.02, I am just curious about the provincial revenue, $350,000 budgeted, revised down to $300,000 and up to $350,000. I am just curious about that drop of $50,000.

MR. KENT: It represents income from a number of sources such as recoveries related to default on bursaries, MCP overpayments, refunds from workers' compensation, and other miscellaneous revenues. Also included are payments on other miscellaneous billings that occur throughout the fiscal year. During 2014-2015, we received $50,000 less than what we originally anticipated, but it is always a bit of a guess, to be quite frank. We just look at historical trends.

MS MICHAEL: Right, thank you very much.

Moving to 1.2.03, Professional Services, in the Salaries you were $264,900 underspent last year. Could we just have an explanation of that, please?

MR. KENT: Underspent last year?

MS MICHAEL: Yes, the budget was $3,401,000 and the revised was $3,136,000.

MR. KENT: Correct. So the decrease was close to $265,000 and that was a result of vacancies. Those vacancies may have been for a part of the year or for all of the year. They included the Director and the Assistant Medical Director in the Physician Services division; a Claims Processor and Mail & Messenger Clerk in the Newfoundland and Labrador Prescription Drug Program Assessment Office; a Clinical Pharmacist I position; and a pharmaceutical claims assessor I position in the Pharmaceutical Services Division.

MS MICHAEL: That is a lot of vacancies, but they were not all at the same time.

MR. KENT: They were not all at the same time. They were throughout the year. Frankly, it is a concern for me as well. We have been actively recruiting for a number of those positions. Particularly when we are talking about our director and assistant medical director, those are pretty critical roles in our Physician Services Division. I would have to say that the folks who are involved in the division currently have been carrying a fairly heavy load as a result of those vacancies.

Physician recruitment throughout the system, not just within our department, can be a challenge. Not that both of those positions would necessarily be physicians, but in both roles they have traditionally been physicians.

MS MICHAEL: Thank you.

Obviously you are hoping to fill them because you have brought the budget –

MR. KENT: That is right.

MS MICHAEL: You are keeping it at the $3.4 million.

MR. KENT: Yes.

MS MICHAEL: Okay.

The others are fairly straightforward. Professional Services; there is not an anomaly, but a differential between the budget and revised figure last year.

MR. KENT: Yes, the revised budget decreased by $112,500. That savings related to a contract for a senior business analyst. The funding is required in 2015-2016 because the current vendor contract for the NLPDP system, the Prescription Drug Program system is actually nearing completion. We anticipate an analyst could be required as we work through a new RFP.

We will go to market in this current year for a new provider for that NLPDP system. Traditionally, we have had a business analyst contracted to support that system. As we make the transition, we anticipate there will be a need to have that support again.

MS MICHAEL: Okay.

Minister, where does the provincial drug program itself fall?

MR. KENT: That falls under 2.2.01.

MS MICHAEL: Okay.

MR. KENT: There is a whole section dedicated to the Prescription Drug Program.

MS MICHAEL: Yes, of course.

MR. KENT: I am happy to work through that as we get to it.

MS MICHAEL: When we get to it. I just forgot where it was.

CHAIR: Lorraine, I am going to hold you there and I will come back.

MS MICHAEL: Sure.

CHAIR: Thank you.

MS MICHAEL: Thank you.

CHAIR: Andrew.

MR. A. PARSONS: Thank you, Mr. Chair.

I am still on 1.2.02, Corporate Services, just under the Salaries. Last year I believe it was said that two positions were hired or approved for the enhancement of the Medical Transportation Program. Were those two hired?

MR. KENT: Yes, both of those positons were filled.

MR. A. PARSONS: Okay.

I am just wondering, because we see the – when you hire, say, for the enhancement or whatever, I am just wondering have you seen changes with the hiring? Have wait-lists decreased? Has the program benefitted for the people who avail of it?

MR. KENT: There is lots of demand on the program. Would you like to elaborate?

MS JEWER: Sure.

MR. KENT: I will ask Michelle to respond in more detail.

CHAIR: Michelle.

MS JEWER: We have seen an increase in the number of patients, or beneficiaries who have come to the program from last year. There has been an increase in expenditure as well.

MR. A. PARSONS: I am just wondering, when it comes to refunds or people trying to pay for it, there have been some complaints about the wait time in getting reimbursed. Has there been any decrease in that wait time?

MR. KENT: It has not really changed. The wait time remains consistent. We are constantly trying to improve on that. We have limited resources.

The easy thing to do would be to throw money at the problem and hire more people, but in these times we live in that is not necessarily the responsible thing to do. So we will be looking, in the months ahead, at how we can make that whole process more efficient to see if there is a better way to flow claims through, a better way to do business in that regard. The wait times right now have remained pretty consistent.

MR. A. PARSONS: What is the average wait time?

MR. KENT: The average time is about eight weeks. I understand that could represent a real burden for those who are availing of the program. We will continue to try and improve it.

MR. A. PARSONS: Okay. Under Purchased Services there is $1.3 million budgeted last year and $726,000 spent – $982,000. I believe this provides for office space leasing and printing and stuff like that. Am I on the right track here?

MR. KENT: I think you are. Yes, the Purchased Services line includes funding for office space leasing costs, printing. There would be some other general Purchased Services in that line as well.

MR. A. PARSONS: Are we able to get after – I do not expect you to have it here – a breakdown of the office leases for last year?

MR. KENT: Yes, I would be happy to provide it now, actually.

MR. A. PARSONS: Perfect.

MR. KENT: I would like to keep the list of homework as short as I can.

The breakdown for anticipated expenditures in 2015-2016 includes the MCP office in Grand Falls-Windsor, the total cost of which is just over $165,000. We have an MCP office on Major's Path here in St. John's. I should also note that both of those leases are long-term leases.

In Grand Falls-Windsor, the term of that lease runs until 2021. For the office on Major's Path, it runs until 2023. The 2015-2016 cost is $283,716. Then, there is space for the NLPDP office in Stephenville as well. There are two separate leases, the same vendor, and the total cost of those is just over $69,000. So the total is just over $517,700.

MR. A. PARSONS: Okay. Thank you.

I am just wondering – and I do not know if this exactly falls under there or not and maybe you answered before – how many summer students did the department have in 2014-2015?

MR. KENT: I will get that information for you in a second. I think it is about a dozen, but I will get the exact number for you. The finance folks do not like it when I guess. I think it is about a dozen, but we will get the exact number for you. The number is twelve.

MR. A. PARSONS: Okay, so that was twelve last year.

MR. KENT: Yes.

MR. A. PARSONS: You might need that sheet back. Twelve last year and what was the cost?

MR. KENT: The cost of students was approximately $52,000.

MR. A. PARSONS: Fifty-two thousand dollars. Okay.

MR. KENT: It is an interesting discussion because we definitely benefit from having students in place for summer relief and to help with, particularly, some of the clerical work that slows down when people are on vacations. I think we also have a responsibility to create opportunities for students who are looking to gain professional experience.

We get a lot of students apply who want to work in the health care system, for instance. We also get people who want general administration, or business experience, or whatever the case may be. I think government has some responsibility

to create some of those opportunities for students, while at the same time there is a legitimate business need that exists as well.

MR. A. PARSONS: What is the anticipated number of summer students for this year?

MR. KENT: It would be about the same.

MR. A. PARSONS: About the same?

MR. KENT: Yes.

MR. A. PARSONS: The same budget, obviously.

MR. KENT: Yes.

MR. A. PARSONS: Okay.

MR. KENT: Is there any wage increase for students?

OFFICIAL: No.

MR. KENT: No, so it is the same.

MR. A. PARSONS: Okay.

MR. KENT: Approximately.

MR. A. PARSONS: Okay.

MR. KENT: It could fluctuate slightly just because of start dates and end dates, depending on the student, but we are talking approximately $50,000 or $52,000.

MR. A. PARSONS: Okay.

I am going to move forward to 1.2.03, Professional Services. Under the Professional Services line, there was $304,000 spent last year, revised, and this year it is $394,000. I am just wondering is there a list of the professional services that were utilized and a breakdown.

MR. KENT: Absolutely. I would be happy to provide a breakdown. The bulk – well, a good chunk of the funding was for a contract for the senior business analyst services that we receive, which relates to the maintenance and support of the Newfoundland and Labrador Prescription Drug Program system.

That amount in 2015-2016 – would you prefer the 2014-2015 numbers or the 2015-2016 numbers, or both?

MR. A. PARSONS: We can start with 2014-2015.

MR. KENT: Okay.

The revised number for 2014-2015 was $127,400. There was also money for an expert reviewer for the Newfoundland and Labrador Interchangeable Drug Products Formulary at a cost of $5,000. There is funding for the Drug Information Centre at $12,000.

We make a contribution to the Pan-Canadian Oncology Drug Review at an annual cost of $77,000. Newfoundland and Labrador also contributes to the Atlantic Common Drug Review which is managed by the Government of Nova Scotia. We contribute $70,000 to that effort as well.

There is also an NIDPF physician rep at a cost of $6,000. There is a Revenue Canada contract that relates to the Newfoundland and Labrador Prescription Drug Program Assessment Office at a cost of $7,000.

The only thing additional – sorry, not the only thing additional, one of the things additional in 2015-2016, we anticipate a small cost related to the publication of our new Workforce Plan for the health system. Because of the change that is happening with the NLPDP system, we suspect that our business analyst costs will be higher than the revised budget for 2014-2015 but less than the original budget for 2014-2015.

MR. A. PARSONS: Okay. Obviously, I want to talk more about NLPDP when we –

MR. KENT: Yes, no problem.

MR. A. PARSONS: Okay.

I am going to move forward in my little short period of time here, I will start with 1.2.04, Regional Services, and I just have the one question on Salaries before I am cut off. Last year, there was an under spend by between $550,000 and $600,000; this year it is up to $1.8

million. So can I have a breakdown of that, please?

MR. KENT: No problem.

Like most of our divisions, there were some vacancies throughout the year in the acute health services and emergency response division: two Management Analyst positions, and two Management Engineer positions. There were also vacancies throughout the year in the Long-Term Care and Community Support Division. The position was a Financial Program Designer. In the Infrastructure Management Division there was a Director and Senior Engineer position that was vacant, and the Program and Policy Development Specialist in the intervention services division.

Now, some of those positions have already been filled. For instance, the Financial Program Designer and the Policy and Program Development Specialist positions have already been filled. There is a job competition currently ongoing for the Director of Infrastructure Management, and we will be looking at other vacancies this year to determine if the positions will indeed be filled, or if we can get the work done through other positions. So, as part of the discussion we are having around restructure and attrition, those positions would be discussed as part of that to determine which we would fill and which we may not fill.

The increase from the 2014-2015 budget is a result of the 3 per cent raise that was approved in the new collective agreement.

MR. A. PARSONS: Okay, thank you.

CHAIR: Lorraine.

MS MICHAEL: Thank you.

Minister if we could go back to 1.2.03, where the appropriations provide for the development and maintenance of policies, programs, and standards, et cetera. Under the Health Workforce Planning, what does that involved, and what would be involved in this coming year?

MR. KENT: I would be happy to speak to that. I am just going to find some more detailed notes on Health Workforce Planning.

The whole area of workforce planning is a high priority for the department, given some of the human resource challenges that we have in the system. As the Department of Health and Community Services, we want to show leadership and help the regional health authorities tackle some of those challenges. We work closely with the Department of Advanced Education and Skills as well to look at some of the trends that are occurring in the labour market to identify the need for training opportunities and so on.

So, we have a Strategic Health Workforce Plan that identifies a framework of five strategic directions that will enhance the stability, the utilization, and the productivity of the health workforce, while improving services to residents of the Province.

In the absence of the approved plan, we have not stopped undertaking strategic health workforce related initiatives. This would include several recruitment and incentive programs. We are collecting and reporting on key workforce data such as vacancies, employee turnover, retirement trends, seat capacity, and forecasting models. Those are just some examples of current programs to balance the supply and demand of health professionals in the Province.

Our new plan consolidates existing and future initiatives and programs in a unified and strengthened provincial approach to Health Workforce Planning. This was something that the government committed to in the Speech from the Throne on April 21.

As I mentioned in response to Mr. Parsons's question, we had allocated a small amount of money to deal with the publishing and preparation of the new plan. We had funding in last year's budget that was not utilized so we are going to need it in 2015-2016. Over the next three years, we will select actions annually on a priority basis from that plan based on the highest priority needs within the system. Many of those actions are already underway. The Health Workforce Plan that we are talking about can be

implemented within existing funding within the department.

We know we need to make better use of existing resources if we are going to make the health care system more sustainable and we also have to position ourselves to meet the growth in need for health services. It is incremental increases that we are seeing, but they are relentless. We see relentless growth in the demand for health services.

This is a really critical exercise and one that will be a high priority for the department in 2015-2016, but the Workforce Plan will actually be a three-year plan.

MS MICHAEL: Minister, to what degree does the department engage with an authority if a problematic area becomes obvious to you, either through the authority or through the media?

MR. KENT: We engage very directly through – I was going to say through regional services. In fact, through all divisions of our department we are engaging very directly with the regional health authorities on a regular basis. Much to the frustration, perhaps, of some – I am a pretty hands-on minister as well. For instance, when concerns have been raised about staffing levels in long-term care in St. John's, I have directly been involved in discussions with officials in Eastern Health and beyond to talk about how we are going to meet some of those challenges related to LPNs and PCAs. It is not something we can solve alone, but there has been a plan. There have been a number of initiatives undertaken and there is more work to do.

We are working closely with the College of the North Atlantic. We are working closely with Advanced Education and Skills. We are working closely with the Centre for Nursing Studies. We are looking at international recruitment, some of which has already occurred. We are challenging Eastern Health – just to use that example – to continue to make that issue a priority as well.

We see our role as being critical in providing leadership on these issues. The regional health authorities have to deliver the services, but the labour market – you have to look at it provincially. You have to look at the whole picture and at the same time deal with specific regional issues that may arise as well.

MS MICHAEL: Minister, is that three-year plan totally worked out yet on paper? If not, can it be public when it is worked out?

MR. KENT: It will be public when finalized, which we anticipate happening very, very soon, I think would be a fair assessment.

MS MICHAEL: You better be careful, it is not only the finance people who do not want you guessing at stuff.

MR. KENT: Well, it is near finalization. It is subject to Cabinet approval, but we anticipate the plan being released and published very soon.

MS MICHAEL: Okay. Thank you very much. That is all I have for that area.

Going on then to 1.2.04, which Mr. Parsons began – just let me check my notes here now. We keep coming to this point in each area, but let's come down to it here. The Professional Services, again $843,000, approximately, budgeted, but $590,000 spent.

MR. KENT: The funding here provides for the cost of consulting services in a number of areas depending on the priorities of the department and initiatives that we are undertaking in any given year. The expenditures were less than budgeted in this past fiscal year, primarily due to less consulting services required for wait-time reviews.

We had done a lot of consulting work in recent years in that area, and there were less resources required for consulting services in that area in 2014-2015. The department, along with the regional health authorities, continued with the emergency room reviews, which I know is a major concern for people in the Province. That was funded through the regional health authorities as opposed to here, hence some of that difference.

Now you will also note that the Estimates for this fiscal year have decreased slightly from the 2014-2015 budget.

MS MICHAEL: Yes.

MR. KENT: We looked at historical trends. We reduced funding for acute care and long-term care reviews by about $43,000, just based on historical trends and recognizing the Province's current fiscal situation as well.

MS MICHAEL: Thank you.

Could you just give me an idea of what gets included under Purchased Services? You had a big drop last year in expenditure.

MR. KENT: Yes. The funding in that budget line and this area of the budget relates to the cost of advertising, printing services, and other miscellaneous expenses. There was an effort through the expenditure management plan in the fall to reduce any discretionary spending and to defer or stop any items that were discretionary. That resulted in the lower Purchased Services costs.

We do need more funding in 2015-2016 because we have some plans to do a relaunch of the Newfoundland and Labrador HealthLine. That was an issue raised in recent years by the Auditor General. We have a solid plan in place for marketing the HealthLine, which we intend to roll out in this fiscal year. That is why those funds are necessary.

We acknowledge that we need to increase awareness of the HealthLine and also update the HealthLine service. We have some pretty exciting initiatives that I hope to announce over the next couple of months.

MS MICHAEL: Thank you.

I have some questions related to community support services and care. With regard to the Paid Family Caregiving Home Support Option, how many clients are in the pilot project per region?

MR. KENT: I will endeavour to get you the specific numbers by region. I am just checking to see if I actually have them with me.

I only have the total number. I will walk you through those numbers, but happy to give you a regional breakdown. We can take that away and provide those numbers.

Just to provide a little bit of context first, this Paid Family Caregiving Home Support Option was launched in March of 2014. We had a made a commitment to increase choice for those eligible seniors and adults with disabilities with respect to how their acquired home support services are delivered. The concept is to allow the hiring of a family member.

It was introduced through a very controlled program admission. We limited update in the first year to 250 subsidized clients. We did not fill all of those spaces for the 250 subsidized clients. The approach was to provide an opportunity to assess the uptake, refine the processes, really ensure quality, and make sure we have planned for program development.

So we anticipated quicker uptake and we anticipated higher monthly costs. I want to see that program utilized because I think it is a beneficial concept that can help a lot of families in our Province. I know we both agree that there are challenges that need to be addressed when it comes to home support. How we address those challenges we may have a different view on –

MS MICHAEL: We do.

MR. KENT: – but we both acknowledge that there is definitely work to be done.

MS MICHAEL: Yes.

MR. KENT: So, the annual budget has been adjusted going forward to more accurately reflect the uptake and the average client costs, not just the uptake.

Expenditures of approximately $1.2 million in 2014-2015 are related to clients utilizing the program. That is a very long-winded answer to your question and I have not really answered it yet, so let me get to that.

As of the end of March of this year over 290 clients had been assessed for the Paid Family Caregiving Option, and 103 were actively receiving care through this option. It concerned me on the surface when I heard those numbers so I dug a little deeper.

What we have learned through the assessment process is that following the assessment some

individuals have chosen another care option or they have declined home support services. As with other home support options, discharge can occur as a result of the client choosing not to continue with the option, or there is no longer a need for home support services in some cases. That has actually been the case for an additional sixteen individuals who have utilized the option.

On a positive note, there is no wait-list for the Paid Family Caregiving Option. I have asked our officials to look at the program to see if there are modifications we can make to the eligibility criteria and to the process to increase utilization. I would like to see more families avail of this option and we have maintained budget resources to fund additional capacity. We are not capping the program at current use because we still would like to fill those 250 spots.

We are only a year in, so there will be a need to continue to monitor, evaluate, and figure out if there is a better way to do this. I would have anticipated greater uptake, so clearly there is something we need to do differently. We are currently working through how to achieve that.

MS MICHAEL: If I could just do a follow-up directly to that point.

CHAIR: Okay.

MS MICHAEL: When you announced this program, existing home care clients were not accepted.

MR. KENT: That is correct.

MS MICHAEL: Has that been revised? Are you going to look at that? Obviously there are people out there who wanted to apply, but could not because of that criterion.

MR. KENT: That is one of the things we will consider in our deliberations. However, we have to be careful about opening up the flood gates at the same time, given the financial constraint that exists on the program. We are open to all possibilities. I want to make sure the program is better utilized.

Maybe there are certain cases of existing clients where we should look at accommodating, but that is all still being discussed. We have not made any decisions. I just want to find a way to get more families accessing this program.

It is also important to note that it is not the intention – and I think we probably all agree on this as well – to pay people for natural caregiving roles that families should, and in many cases, as many of us know personally, as we do provide. This is about providing clients with an enhanced choice while maintaining informal caregiving relationships as well.

MS MICHAEL: Okay. Thank you.

CHAIR: Andrew.

MR. A. PARSONS: Thank you.

I am still on 1.2.04, Regional Services. I will apologize in advance because some of the sections sort of jive together. If I ask a question on a topic and you want to defer it to whatever, just tell me.

MR. KENT: No problem, yes.

MR. A. PARSONS: I want to talk about Purchased Services and Professional Services. Last year, there were a number of reports or projects that were to take place. I just want to sort of check and see what the status is or the cost. I think one of them last year was the review of the James Paton Memorial ER. That was to be done, so if I can get the cost and the status.

MR. KENT: That would be contained within the budget for the regional health authorities. That relates to the wait-times review that was, in fact, done. There was an additional announcement related to that as part of the budget as well.

MR. A. PARSONS: Okay.

Like I say, you look at Regional Services and then there are a lot of topics.

MR. KENT: No problem. We are happy to jump around a bit as long as I can follow.

MR. A. PARSONS: I appreciate that. Some ministers are not so accommodating.

MR. KENT: This is much friendlier than Question Period, so I am happy to keep going.

MR. A. PARSONS: Okay.

There was a bed projection modelling project which was supposed to be completed last year. I am just wondering is it complete, and if so, what are the results?

MR. KENT: There is funding that was spent in 2014-2015. In fact, we spent more than anticipated on that modelling project. We are working with the Department of Finance, through the Economic and Statistics Branch, on that as well. I believe there is more funding required in this fiscal year to continue that work. There is.

MR. A. PARSONS: So how much was spent in the last fiscal year?

MR. KENT: There was $380,000 spent.

MR. A. PARSONS: Now am I correct in saying that the – was the amount supposed to be $243,000.

MR. KENT: You are right, yes. In the revised budget numbers it went from $243,200 to the $380,000 I just referenced.

MR. A. PARSONS: What are you anticipating? You say more is needed to finish, what are you anticipating for this?

MR. KENT: I am going to allow Bruce to answer that.

CHAIR: Bruce.

MR. COOPER: There is still some more work to be done in terms of bringing in some data around chronic disease profiles to triangulate within the data set that we had. It is some of the finishing touches on the model essentially.

There is a process that we will have to go through to keep the data evergreen because as we implement new beds, then we need to assess. So I expect that over time we will have to slip this into our core operations in terms of how we – because the model is being run by the Economics and Stats area. I expect we are going to have to have some funding to be able to support that work and continuing to ensure the validity of the model.

MR. KENT: If I could just add one thing, Mr. Chair.

CHAIR: Minister.

MR. KENT: I agree with everything Bruce just said, which is good for both of us. In addition to that, I would add that the work that has been done to date, while it is ongoing, has actually influenced recent decisions we have made around new long-term care beds for Western, Central and Eastern Regions. We know that the need is great over the next decade and we know that there are hundreds more new beds required.

The goal of course is to keep people in the community and in their homes as long as possible which ties in with our Close to Home strategy. At the same time, even despite our best efforts to keep people in their homes and keep people in their communities as long as possible, we know given the age of our population and the fact that we have a population that is less healthy than the rest of the country and aging faster than the rest of the country, the trends tell us we are going to need hundreds of new beds. As you know, we have chosen a different procurement approach for the next number of beds that we are going to construct.

MR. A. PARSONS: So is there any timeline on when you expect this report to be complete? I know it is sort of an ongoing thing, but it was supposed to be completed last year. Do you have a time that you would like to see it done?

MR. KENT: I would like to see it done in this fiscal year. I do not know if we can be more precise than that at this point. There will be no final report per se because the model will continue to generate numbers, but the expenditure certainly will not be as great going forward, I would not anticipate.

MR. A. PARSONS: If I understand – maybe you have to dumb it down for me. I believe the deputy minister said that you may have to change where the money comes from. You say it might have to be absorbed. Is there a figure

though, a cost we anticipate that will cost on top of the $380,000, no matter where it comes from?

MR. KENT: Related to the modelling?

MR. A. PARSONS: Yes, to finish this off. Are we talking another $380,000, less than that?

MR. KENT: I would say less, but I will allow Bruce to elaborate.

CHAIR: Bruce.

MR. COOPER: Essentially, we are in discussions with finance now to talk about how we – now that we have gotten through the development phase and we are into kind of fine tuning – structure our relationship going forward. I anticipate it would be a lower amount because we are moving from development into maintenance.

MR. A. PARSONS: Okay. Thank you.

Still on the reports, there was a review done on midwives. I think it was projected for $145,000. I believe the report is done. I do not know if the report is available.

MR. KENT: The funding for the review related to midwives was actually only $25,000. The other amount, the $145,000, related to funding for the implementation of a shared services model, which we recently announced, and also work related to road ambulance and patient safety initiatives.

We have made significant progress on the midwife review. The report you are referencing is actually online.

MR. A. PARSONS: Okay.

MR. KENT: So it is complete. We are actually in the process of finalizing recommendations – I am sorry regulations, I meant to say. I am happy to provide you with more detail if you wish.

MR. A. PARSONS: The regulations, do we anticipate them being – will we see them this year?

MR. KENT: Yes.

MR. A. PARSONS: Okay, so now I am going to get more specific; this session or if there was a future session?

MR. KENT: Do we actually need to go into the Legislature for regulations? I do not think we do.

MR. A. PARSONS: Not usually.

MR. KENT: In terms of precise timing, I can tell you that I have asked this to be a priority and that we get the regulations concluded as quickly as possible. I do not know if someone else would like to elaborate on time frame?

Karen?

MS STONE: We are working with the Council of Health Professionals and a number of advisory bodies on the regulations. The process is well underway. We have had multiple drafts and continue to work with them.

MR. A. PARSONS: Okay. Thank you.

I think there may be a few more under that, but I want to just move forward for a second. Under Purchased Services again for this year, do you have a list of what you intend to purchase for this fiscal year, this coming year?

CHAIR: We are still under 1.2.04 for Committee members.

MR. KENT: Thank you for that, Mr. Chair.

You are looking for detail on what is going to be this year's –

MR. A. PARSONS: Yes, you have a budgeted amount. What do you expect to get for that budgeted amount?

MR. KENT: It includes advertising, printing services, and other miscellaneous expenses. The reason we anticipate needing funds that we did not spend in 2014-2015 relates primarily to the HealthLine. We are going to meet our commitment to launch a campaign to increase awareness and to update the HealthLine. We will have some good news to share over the next couple of months.

MR. A. PARSONS: You have my curiosity peaked here. What do we do to update the HealthLine? I think those were the words you used, update it.

MR. KENT: There are a number of things we are going to do. I prefer to save that for the announcement. A couple of hundred thousand dollars of this budget is earmarked for that purpose. Let me give you a sneak peek though.

We want to launch an awareness campaign to make sure that everybody in the Province is well aware of the service. It is a good service. It provides twenty-four seven access to a registered nurse to everybody in Newfoundland and Labrador. Last year, we received approximately 40,000 calls, about 110 calls per day. We are spending about $3 million annually for this valuable service.

I never really appreciated the value of the service as a resident until I became a parent. My wife and I have had reason to call the HealthLine a few times over the last five years or so and it has proven to be a very valuable service. It is not just a service for young parents, it is valuable service for anybody who has a question and wants to get immediate access to a registered nurse.

We want to expand the role of the HealthLine. I will provide more detail over the next couple of months because I think there is great potential to make it more accessible, to enhance the role, and to make it easier for people to access.

CHAIR: Follow-up?

MR. A. PARSONS: Just one follow-up on that.

MR. KENT: Yes.

MR. A. PARSONS: Excuse my ignorance; you say you got 40,000 calls. Is there a tracking done that you are able to access to show what the results were of each call and how many calls.

I was actually at a town hall where somebody was talking about it. He said the constant refrain was to go to the emergency room – go to the emergency room. So is there a breakdown of what percentage of people was referred to an ER and what percentage discussed this or that?

MR. KENT: We would have some statistics, but I do not have anything I can share with you right here. There was actually an evaluation conducted by the Newfoundland and Labrador Centre for Health Information a couple of years ago. It actually found that the HealthLine reduced unnecessary emergency department visits. So, 18.5 per cent of users had originally intended to go to the emergency department, but after speaking to the HealthLine they sought a lower level of care.

We also found through that research that – and we do the evaluation on an ongoing basis. In this particular comprehensive evaluation we also found that the HealthLine promoted higher levels of self-care at home. There was also a very high satisfaction rate.

Because the registered nurse on the other end of the phone cannot physically see and touch the patient, there are times when you have to err on the side of caution. It would not be uncommon for a nurse to say: if your conditions worsen, if these things happen, you should get to a hospital.

I know from my own experience with our children, I have heard that said, but in most cases we have not needed to go to an emergency department or even the family doctor. We may have had to go to the pharmacist the next day or even overnight. It is hard to be incredibly precise over the phone, but it has definitely, even in my own case, prevented trips to the emergency room.

MR. A. PARSONS: Okay.

Thank you, Mr. Chair.

CHAIR: Lorraine.

MS MICHAEL: Just some more questions under that section, Minister, related to the broader community support services.

Just going back the midwifery report for a minute, you referred to the regulations, but do you anticipate legislation? Of course we took the act that was in place around midwifery off the books a couple of years ago, understandably, because I do not think it related to anything real.

With the attempt to bring midwifery back in, can we anticipate legislation?

MR. KENT: We do not believe at this point that legislation will be necessary. We believe we can achieve it through the regulations that are now being prepared.

There is a committee, as Karen alluded to. We have a regulatory and policy advisory committee that is developing the regulations. That will cover things like entry to practice, continuing education requirements, and standards of practice. This committee actually includes practicing midwives, educators, a registrar from another Canadian jurisdiction, Health and Community Services, the Newfoundland and Labrador Council of Health Professionals, and the Association of Midwives of Newfoundland and Labrador.

We are getting close to getting the regulations done. There has also been a provincial implementation committee established to assist with developing processes and policies to establish and integrate the services of midwives into the health care system.

MS MICHAEL: Thanks Minister.

I am trying to remember because I did not think of this, actually, prior to the question given to you. We have an umbrella piece of legislation with regard to medical professionals. Are midwives at this moment in that? I cannot remember.

MR. KENT: Yes, they are.

MS MICHAEL: Okay. That is fine then. I agree then. In that case we do not need any more legislation because they are in that act which I remember well.

MR. KENT: One of the beauties of the microphones on but cameras not rolling is I can turn and ask questions, and people at home do not know that. They think I know all the answers, so it is a great format.

MS MICHAEL: Okay, no comment.

MR. KENT: Members can sneak out and go to the bathroom without anybody noticing as well.

MS MICHAEL: Minister, with regard to personal care homes and nursing homes in the Province, can we have – if you do not have them here, could we receive them – up-to-date statistics with regard to the number of personal care and nursing homes, and also the numbers of residents by region?

MR. KENT: Absolutely. I will give you the numbers that we do have here. If there are additional numbers that you would like to have, we can do our best to provide them.

There are eighty-nine personal care homes in the Province. Just to give you the quick breakdown on that, forty-eight of those homes are in Eastern Health, twenty-two are in the Central Region, fifteen are in Western, and four are in Labrador-Grenfell.

As of December last year, so as of five months ago, there were 3,982 personal care home beds available; 3,192 beds were occupied with about a 20 per cent vacancy rate; and at least 2,479 received a government subsidy, which is approximately 78 per cent of all personal care residents.

A further breakdown of occupancy by region – we can get those numbers for you, but I do not have them here.

MS MICHAEL: Okay.

Minister, in reference to the subsidies, do we have figures on what percentage of the total of residents in personal care homes have portable subsidies?

MR. KENT: I am looking for that figure. I can tell you that in the last number of years we have provided new funding for new portable subsidies and some additional respite care beds as well. We have also increased the monthly subsidized rate. Do we have –

OFFICIAL: Most are portable. We do not have the numbers.

MR. KENT: I do not have the precise number, but more are portable. We can get you the number, but more are indeed portable.

MS MICHAEL: Okay, thank you very much.

Just some more specific programs that fit, I think, under Professional Services. The diabetes database pilot project with Western Health, can we have an update on that please?

MR. KENT: I am actually glad to be asked. It is an important issue that I know both you and Mr. Parsons have raised on several occasions and it was flagged by the Auditor General previously as well.

When I became aware of that I asked that we step up our efforts to make progress on this. We have been actively working, not just with Western Health, but we have been working with all the regional health authorities and the Newfoundland and Labrador Centre for Health Information to develop a truly provincial solution that will measure outcomes.

To date – I was really hoping to get asked in the House – I am pleased to report on a number of pieces of progress that have been made. We formed a clinical working group to provide advice. We finalized a case definition of diabetes. We have identified the key outcome indicators to be monitored. We have identified the key data sources to link and draw on.

So we are actually going to have an initial set of test reports from the new database by early next month. That will allow us to adjust, as required, the database and data collection processes. The database, when fully up and running, is going to support the delivery of diabetes management services in a number of ways.

It is going to allow us to monitor trends related to the prevalence of the disease. It is going to monitor the quality of care for clients with diabetes. We are going to be able to monitor outcomes for residents with diabetes. It is going to support future research related to diabetes.

I have tasked the Newfoundland and Labrador Centre for Health Information with maintaining this new database. They will produce quarterly reports that will help us at a regional level and also at a departmental level when making program and policy decisions.

We took the concerns that were raised in 2011 by the Auditor General quite seriously. Western Health had been doing some work, which we intended to stretch out across the Province, but in reviewing that progress we adjusted course to try and bring about the progress quicker. The Newfoundland and Labrador Centre for Health Information has shown good leadership. I approved a revised plan to develop the database back in February in response to concerns that I had about progress to date.

MS MICHAEL: That is great, Minister. Thank you very much.

MR. KENT: If you could ask me the same question at Question Period today, I would really appreciate it.

MS MICHAEL: I might have a twist on it.

Thank you, but it is really important information. As you know, and as I know, people who are living with diabetes and the whole community around them have great concerns.

MR. KENT: Absolutely. This is necessary. It is overdue. Like I said, with test results coming next month we will quickly be able to get a provincial solution in place that will help us on a number of levels. I appreciate the fact that all parties in the House have been advocating for a solution and I am pleased to tell you today that we are way, way closer than we have ever been.

MS MICHAEL: Wonderful. That is good to hear.

How about the electronic medical patient records?

MR. KENT: I am pleased to provide you with an update on that as well. You have asked specifically about the electronic medical record. We remain very committed to establishing a Province-wide EMR program that meets the needs of physicians but also the needs of other stakeholders in the health care system. We have been working closely with the Newfoundland and Labrador Medical Association and the Centre for Health Information. A lot of work has been done to ensure that the development of the EMR program continues to progress.

A big milestone was achieved this past year. We issued, through the Centre for Health

Information, an RFP for the electronic medical record program. It was issued in mid-October. The RFP closed in mid-December and we anticipate that the project will be awarded any day, hopefully before we are into the summer. That will connect, I believe, approximately 300 physicians to the EMR, which is an exceptional start, with more progress to come.

What we are talking about – just for the benefit of those who may not be aware – the electronic medical record is a really critical part of the overall electronic health record. It is a comprehensive electronic record of a patient's health information and history that maintains those traditional paper files with all of the coloured tabs that you see in physicians' offices. It will allow patient information to be maintained, manipulated, analyzed, and shared way more easily, which should lead to better patient outcomes, which is really our focus.

All other provinces are going down this road as well. Some have fully implemented; a number are just beginning implementation. We want to make progress in a hurry, so this RFP that will connect 300 physicians is a major, major step forward for us.

MS MICHAEL: How do you get the physicians on board? Is the department working with the Medical Association in that or is it directly with the physicians?

MR. KENT: We are working through the Newfoundland and Labrador Medical Association and we have actually reached a general consensus with them on the financial model for the EMR program, but there is some further analysis required to figure out the precise governance model. The Centre for Health Information and the department are continuing to work with NLMA on that. We are focusing on those two issues really: the financing model and the governance model.

It is also worth pointing out that the 300 fee-for-service general practitioners that would get connected, that will capture the majority of fee-for-service general practitioner physicians; it will capture 73 per cent of GPs. While it is only 300, that captures the majority, so it is a great step forward.

In discussions with physicians that I have had when visiting regions, physicians have actually expressed a desire to get connected. I think most physicians in the Province recognize how important this is. It seems obvious to me, if I show up at an emergency room and if I happen to be unconscious I would like the folks who are going to be treating me to have immediate access to accurate medical history, medical records. We also want to make sure that everybody in the system is well connected and is getting the most up-to-date and accurate information.

This is fundamental and I am glad we are going to be making major progress this year.

CHAIR: Minister, I am going to suggest that we take five. You mentioned earlier that people can sneak off, but your staff cannot sneak off. So, we are going to take five, come back and we will continue. Can we make it five minutes because I know there is a lot more information we need to go through and all of the rest? We will take five minutes and we will reconvene at 10:31 p.m.

Thank you.

Recess

CHAIR: Welcome back everybody. We are ready to start, so thank you.

Andrew.

MR. A. PARSONS: All right, thank you.

I believe that the topic of personal care homes was brought up in the last line there. So I just wanted to ask, specifically –

CHAIR: Just to be clear, Andrew, of where we came back, we are still at 1.2.04, Regional Services?

MR. A. PARSONS: Yes.

CHAIR: Okay.

MR. A. PARSONS: I think this was brought up, so I just want to follow along with that line.

CHAIR: Okay.

MR. A. PARSONS: In the budget there was $24 million allocated to personal care homes, but I do not know if I saw any increase in the subsidy. I am just wondering if there is a breakdown of that $24 million.

MR. KENT: I am just trying to find the $24 million.

To Mr. Parson's question, I do not know that we have the detailed breakdown of the $24 million here. That funding is contained within the budgets for the regional health authorities. So we can get you more information, but I do not think we are able to provide it at this very moment.

MR. A. PARSONS: That is fine. I know the minister will get us the –

MR. KENT: We can tell you about the increases that have occurred over the last number of years, but I do not know if that is what you are actually looking for.

MR. A. PARSONS: No, I think there was a new $24 million announced. That is my understanding.

MR. KENT: That represents new base operational funding which was provided over a number of years. We can give you that breakdown.

MR. A. PARSONS: Yes, okay. That would be great.

MR. KENT: I will just ask Bruce to briefly speak to those numbers.

CHAIR: Bruce.

MR. COOPER: So yes, according to my numbers we have added about $7 million in base funding to personal care homes between 2012-2013 and this year. There is no new base operating funding in this year's Budget for personal care homes. The subsidy rate is consistent with what it was.

MR. A. PARSONS: I just want to make sure I am clear. I am pretty sure it does say $24 million in this year's Budget for personal care homes, so that is the $7 million right?

MR. KENT: Yes, that is right. That is accurate.

MR. A. PARSONS: We just do not know what the rest is for. Is that $7 million in base funding, you said, since 2012-2013?

MR. KENT: The $7 million relates to increases in base funding. The rest would relate to the subsidies, the core operation of the program. That is the total expenditure.

MR. A. PARSONS: Okay.

There was a pilot project with personal care homes.

MR. KENT: Yes.

MR. A. PARSONS: I am just wondering if there is any – did you ask that?

MS MICHAEL: No, no. I said I do not have to ask that.

MR. A. PARSONS: Okay.

MS MICHAEL: (Inaudible).

MR. KENT: Yes, it is a pilot that we are quite excited about. We have received a draft of the evaluation report and looking forward to getting that finalized soon. The pilot phase of the project was actually completed in February, but it will continue at the three sites where it was being piloted until we make decisions about the future of the project.

I am a believer in the approach at this point. I have not yet seen evidence that suggests this is not something we should do more of. The idea was to look at providing enhanced care in personal care homes. That really is consistent with our ten-year long-term care strategy Close to Home.

This pilot project began in 2013. We had $1.5 million for the implementation of the project. Like I said, the evaluation is being finalized. There has been some early work done and hoping to get that finalized soon. I would love to see the program grow, but we need to make sure it is actually effective and that it does make sense for families, makes sense for patients, and

makes sense from a financial perspective as well.

MR. A. PARSONS: The pilot aspect was completed, you said, February.

MR. KENT: It was technically completed, but we are allowing it to continue until we decide what we are doing.

MR. A. PARSONS: Okay.

MR. KENT: If the decision is to continue it or the decision is to expand it, it would not make sense to disrupt the care of those who are receiving care right now. We are continuing the project at the three sites until we make decisions about next steps.

MR. A. PARSONS: Like you said, the original announcement of 2013 allocated, I think it was, $1.5 million. That is expended so there is additional funding to allow for this to continue on.

MR. KENT: That was the funding that was originally allocated. There will be an additional cost to continuing the program beyond into this fiscal year.

MR. A. PARSONS: What would you anticipate that cost to be?

MR. KENT: It would depend on how long we continue. We have the full amount in our budget which is, what, for this fiscal?

OFFICIAL: It is $1.5 million.

MR. KENT: It is $1.5 million for this fiscal. So there is $1.5 million in the budget for this fiscal.

MR. A. PARSONS: Okay.

Just quickly to the side a bit; the community care homes. I believe that there have been some negotiations going on with community care homes and the department. I guess they have a shortfall in the funding they require. I understand there have been ongoing discussions, but it is my understanding that is, sort of, off the rails. I am just wondering is there any money allocated for that?

MR. KENT: I would not agree with that assessment, I would say respectfully. There are meetings ongoing between the community care home owners and operators, and Eastern Health to figure out what can be done about some of the operational issues that they are experiencing. You would definitely be right in suggesting that there are issues to be resolved, but I am actually pleased that the meetings are ongoing and that we are working towards solutions.

We are committed to the services that are being provided through Eastern Health's Home and Community Care Program. They do provide a unique and valuable service. We expanded financial support to the community care home operators in Budget 2014 when funding was approved to increase the monthly subsidy rate from $1,850 to $1,950. That was to offset increased operating expenses that operators were, indeed, experiencing.

For those who may not be familiar with it, this is a mental health and addictions housing program within Eastern Health. It has existed for quite some time. Today, there are thirteen homes with a total of 166 available beds. There was a meeting earlier this year at the request of the Community Care Home Owners and Operators Association to discuss concerns they had with the funding model. That is probably all I have to say at this point unless you have further questions about it.

MR. A. PARSONS: Okay. I am going to move on to 1.2.05, Population Health. Looking at the Salaries line what was spent last year was very close to what was budgeted, but there has been a bump this year. I guess the question is: Is it new salaries or is it the bump/increases?

MR. KENT: The increase in this year's budget is your question?

MR. A. PARSONS: Yes.

MR. KENT: The increase is the result of the 3 per cent raise approved in the new collective agreement, but also the approval of two new temporary positions in mental health. They are being funded from an agreement with Health Canada related to mental health and drug treatment funding. This area is also offset by a reduction related to the attrition plan, but what

you are seeing, in addition to the 3 per cent, is the two new temporary positions that are being funded from a federal source.

MR. A. PARSONS: So what are those two positons; what are their titles and where are they based?

MR. KENT: They are based here in the department in St. John's and they are temporary positions – I am looking for the exact titles. They do not have specific titles at this point. They are contractual positions under the mental health drug treatment federal agreement. They are consultants, but there is not a specific job title that has been classified at this point, given they are contractual.

MR. A. PARSONS: Okay.

Under Professional Services, under the same heading, last year there was an under spend by just over $500,000. What was budgeted for that was not actually completed?

MR. KENT: The funding here relates to a number of consulting services. The savings is related to delays in a number of items such as the development of an environmental health strategy, and reviews and training around mental health and addictions.

In addition, there was $300,000 transferred from Professional Services to the regional health authorities for the Strongest Families Initiative, which we announced in recent months. I know members are familiar with it. It is a non-profit corporation that provides evidence-based services to children and families seeking help for mental health and other issues impacting health and well-being.

MR. A. PARSONS: I have one question left for this heading, with Lorraine's indulgence.

CHAIR: Okay. Andrew, go ahead.

MR. A. PARSONS: I am just wondering while we are under this heading – there has been some news lately about the tuberculosis up in Labrador, specifically Nain. Obviously it is a concern for everybody, so I am just wondering what steps are being taken – I actually had a number of calls, people saying this seemed to be ongoing for a while before it became public and there is some concern about a possible outbreak. From the department's point of view what is the plan of action?

MR. KENT: I really want to start by commending the Nunatsiavut Government for its leadership in this area. We have been providing whatever support we can on three different fronts. Through the public officials within Health Canada, there has been direct support being provided. The Department of Health and Community Services has been actively involved in supporting the effort on the ground within Labrador-Grenfell region, specifically in Nain. Labrador-Grenfell Health, who is directly involved in providing care, has been active as well.

Over the last number of months there has been an increase in clinics actually being provided on the ground. There is contact testing being done – very extensive testing – involving anybody who has come in contact with a patient with tuberculosis. There has been an all-hands-on-deck approach. It is an issue that we must take really seriously, and the statistics continue to be concerning. The Aboriginal population of our country is seemingly at greater risk of contracting tuberculosis. The incidents rates are higher among our Aboriginal population and to have such a number of cases in a small community is obviously concerning.

I have to say that I am pleased with how the Nunatsiavut Government has responded, with lots of support from Labrador-Grenfell Health, the Department of Health and Community Services, and Health Canada as well.

MR. A. PARSONS: Okay, thank you.

CHAIR: I am going to hold you there.

Lorraine.

MS MICHAEL: Thank you.

Minister, I still have a couple of more questions relating back to the Regional Services. You do not need the line items, but with regard to some things under Regional Services –

MR. KENT: No problem.

MS MICHAEL: – one is the Clinical Safety Reporting System. Is the reporting of adverse events and occurrences happening Province-wide?

MR. KENT: The reporting of adverse events is absolutely occurring. I am going to defer to one of my assistant deputy ministers to provide you with a little further detail.

Karen.

CHAIR: Karen.

MS STONE: The system is being used in all four regional health authorities.

MS MICHAEL: May I ask a further question then, Minister? Will occurrence reporting statistics be made public?

MS STONE: We have not done that as of yet. This is the second year when we have had the system up and running in all four regional health authorities, so it is at this point that we are beginning to feel confident that everyone is understanding and using the system appropriately.

MS MICHAEL: The hope is that it would become public eventually. Is that correct, Minister?

CHAIR: Minister.

MR. KENT: Yes, that is correct.

MS MICHAEL: Thank you.

Minister, when I asked you for statistics with regard to the number of personal care homes, I also included nursing homes, so just to make sure that you know that it is both the personal care homes and nursing homes and the residents when I asked you for the statistics.

MR. KENT: By region?

MS MICHAEL: By region.

MR. KENT: No problem. We can provide that.

MS MICHAEL: Okay, thank you.

What is the status of the rapid response team's pilot project for seniors?

MR. KENT: We have invested over $3 million for a two-year pilot project for four new Community Rapid Response Teams. The idea is that health professionals will assess patients at emergency departments to determine if medically stable patients can return home safely with enhanced community-based services, which could include increased nursing care, priority access to OT, physical therapy, short-term home support, which would avoid costly hospital admission.

There are teams located in Grand Falls-Windsor, here in St. John's at the Health Science Centre, at St. Clare's Mercy Hospital, and at Western Memorial Regional Hospital in Corner Brook. Two teams in Eastern Health began operating in September of last year, and the teams in Central and Western started to serve clients in November of last year. We have a provincial steering committee in place and we are working with the regional health authorities to operationalize the teams.

I would say that there is more work to be done. There is capacity in each of the teams to provide care to additional individuals, so we definitely have some more work to do. This is an important initiative that requires some more attention in this fiscal year.

As of earlier this month, 251 individuals have been admitted for service through the Community Rapid Response Teams and they have received enhanced health services in the community setting: 182 in Eastern Health, thirty in Central, and thirty-nine in Western.

We are pleased there has been some uptake but to increase uptake, we have just expanded the eligibility criteria to include individuals at risk for re-presentation to the emergency room or at risk to be admitted to hospital at present or in the near future, as well as those that present to the emergency room after the hours of operation for the team but appear to meet the criteria.

We are continuing to monitor. We are going to probably need to make more changes to ensure full utilization. It is still a new initiative. It only launched in the fall, but we are acting with a

sense of urgency. We know it can improve patient care, it can improve outcomes, but it can also result in significant savings due to less hospitalizations and it will result in less people sitting in emergency rooms, less patients in hallways, less people tying up acute care beds.

It is a high priority, we have made some progress, and we need to make more progress.

MS MICHAEL: That is really good to hear, Minister. I did not know that we had four of them. That is great. I have to say that I have two friends who are two of the 182 in Eastern Health and it was amazing actually how quickly they were taken care of, number one –

MR. KENT: Oh, good to hear.

MS MICHAEL: – and then back in their homes, one of them with a cracked pelvis, within two weeks on her feet. I am sure it is the care she had that allowed that to happen. One who is there now, she fell last week. They both were falls.

I think my friend in the fall was told she was the first one – I cannot remember if it was St. Clare's or Eastern Health – to actually benefit from it. I have to say it really is meeting a wonderful need, and I am sure it is beneficial in both ways that you have indicated.

MR. KENT: It is, and I am really pleased to hear that feedback. We appreciate that. I should note as well that the primary target group for this initiative is seniors, but the service is available for all adults.

MS MICHAEL: Yes.

MR. KENT: So it is not only seniors. We are getting good feedback, but we want to make sure that the teams are operating at capacity. We will continue to work on that.

MS MICHAEL: Great. Thank you.

This is just a small one, Minister; could we have the current wait-list for home care and long-term care –

MR. KENT: Absolutely.

MS MICHAEL: – and the number waiting in acute care facilities, by region?

MR. KENT: Sure. I will provide you with some statistics that we have as of March 2015 for long-term care. We have, as of March – so the stats are a couple of months old, but they have not changed a whole, whole lot.

MS MICHAEL: Right.

MR. KENT: In Eastern Health, the number of clients awaiting placement was sixty-seven. In Central Health it was sixty. In Western Health it was fifty-seven. In Labrador-Grenfell Health it was sixteen.

Can you just recap what other numbers you would like in addition to the long-term care wait numbers?

MS MICHAEL: Long-term care, home care, and those in acute care facilities waiting to get into long-term care or other.

MR. KENT: On homecare – I will address that first of all – we do not maintain a wait-list.

MS MICHAEL: I thought that.

MR. KENT: If people need care, we endeavour to get them the care they need. As far as wait for acute care, would we have those –?

MS MICHAEL: No, waiting in acute care beds.

MR. KENT: Oh, the ALC numbers.

MS MICHAEL: Yes.

MR. KENT: Yes, we do track those. I do not have them handy at the moment, but we can easily get you those numbers.

MS MICHAEL: Thank you.

MR. KENT: I am pleased to say that there has been some reduction. We have had a large number, traditionally, of Alternate Level of Care patients, people in acute care beds who should be elsewhere within Eastern Health in particular. The new CEO has been monitoring those numbers extremely closely, and even in individual cases is trying to drill down and

determine how we can move people into a more appropriate place.

Increasing our long-term care bed capacity will make a huge difference, but in the meantime we are finding efficiencies within the system to try and reduce those numbers. It is a real problem and there is not a family in this Province that has not directly or indirectly been touched by that challenge in our system.

MS MICHAEL: Thank you.

One more question of this nature under this section. You did make reference to the ER wait times and the continuing work that will be done there. What is the strategy with regard to addressing wait times for specialists and for heart surgery? I know specialist is a broad term because it is different for different specialists.

MR. KENT: That is a good question. When it comes to wait times, the issue you are raising is probably the next big one for us to tackle. We have made major progress with wait times in a number of areas, as you are aware, but there is still work to be done in some other areas.

Just to give you an example within the cardiac program, Eastern Health oversees the provincial program and works with regional health authorities to ensure that patients are seen in a timely manner based on urgency. There are standardized assessment tools being used.

There is a well-defined wait-list management process in place. For patients who are awaiting surgery, the list is reviewed on a daily basis. The cardiac care team holds weekly rounds to review the patient priority for surgery and if conditions change, then there are processes in place to ensure they are re-evaluated as well. There is a 182-day benchmark, and currently there are no patients awaiting cardiac bypass surgery beyond the 182-day benchmark.

More broadly I would say while we have improved wait times in a number of areas and we are ranked, actually, as the best in Canada in wait-time benchmarks for cataract surgery and hip and knee replacement for instance, we do know that when it comes to access to specialists, there is still more work to do. On a positive note, we are the only Province to achieve nine out of ten benchmark results compared to the rest of Canada, in which eight out of ten patients are receiving access to priority procedures.

We are doing well, but when it comes to certain speciality areas, we know there is still work to do to improve wait times. We are tackling each area specifically to try and figure out how we can best do that.

CHAIR: Okay.

Lorraine, can I hold you there, or do you just have one quick follow-up?

MS MICHAEL: Yes, it was just one follow-up to that.

CHAIR: Okay.

MS MICHAEL: What can be identified at the moment, Minister, as the worst areas with regard to specialities?

MR. KENT: Your question was: What are the worst areas for wait times for specialists right now?

MS MICHAEL: Yes.

MR. KENT: I am trying to think of what areas would be the worst.

I am actually going to ask Dr. Alteen to comment because there are certainly areas where we do have challenges around physician recruitment. Attracting specialists to fill certain roles can sometimes contribute to longer waits.

MS MICHAEL: That is right.

MR. KENT: So I will see if he wants to add anything.

CHAIR: Dr. Alteen.

DR. ALTEEN: I think the two problem areas that I would identify are probably neurology and rheumatology as being the high priority.

MS MICHAEL: Still the same.

DR. ALTEEN: Yes, and there are issues with recruitment into those areas.

If you look at urology, for example, we had major issues three years ago. We have done substantially better in terms of recruitment. We are now up to seven urologists in St. John's and eight next year. The urology wait-list has been taken care of. There are significant areas of recruitment in those areas that we are working on.

MS MICHAEL: Okay. Thank you.

CHAIR: Okay, Andrew.

MR. A. PARSONS: I am on 1.2.06, Policy and Planning. I specifically wanted to talk about legislation and policy. This is further to my questions in the House yesterday about e-cigarettes. I know the Premier answered and talked about how this is a concern. I am glad to hear that.

I am just wondering, in terms of the actual work that has been done, where are we on it in terms of when we could expect to see legislation? We are in the House and we hear, I am working on it. It might be soon, whatever. I am just wondering constructively when –

MR. KENT: I will give you the best answer I can. The reason I cannot be precise is that I am not responsible for that work. That initiative has fallen under the Department of Seniors, Wellness and Social Development. The reason I did not answer the question yesterday is that I am not the alternate to Minister Jackman who was not available to answer the question at the time.

On behalf of Cabinet, I can tell you it is an issue that is actively being worked on, but I would encourage you to pose the question to Minister Jackman who can probably give you a more precise idea on when it is going to be brought forward.

MR. A. PARSONS: Sometimes that line between wellness and health –

MR. KENT: It is a blend. On that issue, it is one that we are very concerned about, as people working in the health system. The responsibility for moving that new legislation forward and continuing that analysis has fallen under the new department.

I do know, just from discussions – because we are in discussions every day with Seniors, Wellness and Social Development, given the obvious link as you just pointed out. I do know that it is truly actively being worked on. We have been watching very closely what is happening in other jurisdictions to see if we can learn from their best practices. I know a number of provinces even close to us have recently tackled this.

MR. A. PARSONS: Nova Scotia, yes.

MR. KENT: There is a need for regulation, there is a need for legislation, and the new department is continuing to work on that.

MR. A. PARSONS: Thank you.

I am going to apologize again in advance because we are at 11:00 o'clock and there is so much to cover. So I am going to just, sort of, go through a little list I have. I apologize. I may jump all over the place.

MR. KENT: No problem. Prioritize as you see fit and we will do our best to respond.

MR. A. PARSONS: I really appreciate that.

I am going to start with the Waterford. We know that there is a draft functional plan – I guess it was four years ago there was $4.5 million invested. There was a draft functional plan that cost roughly $500,000.

I am just wondering in terms of the timeline, given that right now, am I correct in saying that 2019 is the year you would expect the – and I hate to use the term, 'unpause'. Right now it is on pause. That is the term that has been used. Would you say 2019 would be the go forward year?

MR. KENT: We are going to continue to monitor the Province's fiscal situation really closely. If we can find a way to 'unpause' so to speak, prior to that, I would love to do so.

I have publicly expressed my disappointment at this project being paused, but there are a number of things that we are going to do in the meantime. We want to ensure that patients at the currently facility continue to receive high-

quality care from well-trained professionals, obviously. We also want to figure out what changes can we advance within the existing facilities while we wait for the new hospital.

For instance, one of the things I suspect we will talk about, through our All-Party Committee work, is the need to focus more on recovery as we move forward. We are looking at how we can integrate the recovery model of care where patients are put at the centre of decision making. We want to introduce that regardless of when a new building is constructed.

The work that has been done to date on the master plan and on the functional program is really good work. It is not lost and it will help contribute to the design of the new facility when we can move forward. Could it be as late as 2019; it could be, depending on the Province's fiscal situation.

I can assure you that we want to continue to improve programs and services in the meantime. We want to improve what is going on within the existing infrastructure in the meantime. I will continue to be looking for ways to get the facility constructed faster and hopefully cheaper.

There may be some work that needs to be done to the existing facility while we are in that pause state. It truly is a pause. We are not cancelling the project. We are still committed to the project. As soon as we can afford to move farther faster, we will do so.

MR. A. PARSONS: You mentioned cost there. I think in last year's Budget the approved budget for the facility was $470 million. Is that the most recent number? Or does the department have an updated number on the cost and that is one that was used to sort of make this current decision?

MR. KENT: We are just looking for those numbers for you. The design phase, if we had proceeded, would be another $20 million. I thought the anticipated cost of the facility itself was over $300 million. We can get you more detail on those numbers.

MR. A. PARSONS: I think last year in the budget it said $470 million.

OFFICIAL: Yes, I do not have the exact number in front of me.

MR. A. PARSONS: This is something that can go on the list.

MR. KENT: Yes. Not a problem.

MR. A. PARSONS: I would appreciate that. Not a problem.

The last question I have for this is the dialysis section. In the plan that you have, what is the plan for the dialysis units at this facility? Would they be still there or moved?

MR. KENT: We still believe that the dialysis units need to move. We have been working to invest in some new equipment for the unit, but even with new equipment the current location is not ideal at all. We are actively working with Eastern Health to try and figure out how to move forward, despite the fact that the whole hospital redevelopment is on hold.

The intention was to move that unit into another space into the community. That is still the intention. We have to come up with a way to achieve that.

MR. A. PARSONS: Okay.

I am going to move to the long-term care facility in Pleasantville. I will certainly give you time to put the binder around. The question I would have is how many beds are in that facility?

MR. KENT: The total number of beds in the Pleasantville facility. I know the rough number. I am just trying to find the exact number. It is 460 beds.

MR. A. PARSONS: Four hundred and sixty.

MR. KENT: Yes.

MR. A. PARSONS: Okay. How many are currently open?

MR. KENT: There are thirty beds remaining unopened, so there are 430 open.

MR. A. PARSONS: What is the reasoning for these beds being unopened?

MR. KENT: The reason for those beds being unopened relates to the need for additional staffing. We need to hire additional, primarily, licensed practical nurses and personal care attendants in order to open those additional beds. There have been really concerted efforts made to staff up to address that

There was the recent recruitment of additional LPNs from Jamaica. There were local graduates from the LPN program in Newfoundland and Labrador. We anticipated that with those new graduates plus the Jamaican graduates coming in, that would give us sufficient staff to open the remaining thirty beds, or I should say it would give Eastern Health the sufficient staff to open the remaining beds, but retention of staff has continued to be a challenge. While the new staff have come in, we have had other losses. So these new staff who have come in have been required to meet core staffing needs for the facility.

We need to make sure we do not compromise quality of care, so we will not allow beds to open if we not adequately staffed to do it. We can make the decision to open the beds now, but if we are short staffed in the facility overall it just would not be responsible to do so.

We have been able, though, to open up some additional beds at Chancellor Park until the remaining beds at the St. John's long-term care home can be opened. That has addressed some of the demand. We have opened fifteen of the thirty. We have opened fifteen additional beds at Chancellor Park to offset those beds that are not yet open in Pleasantville.

It is very difficult for us to say exactly when those beds will open. We had hoped that it would be by now, but with some of the attrition issues at the Pleasantville facility the new staff who have come in have not been sufficient to allow the new beds to open.

MR. A. PARSONS: You say that you are short staffed. How many staff do you estimate that you need to get these beds open?

MR. KENT: We require an additional twenty-six staff.

MR. A. PARSONS: Twenty-six staff. Okay.

MR. KENT: To be as precise as possible we anticipate two registered nurses, eleven licensed practical nurses, and thirteen personal care attendants. There are staffing shortages throughout the long-term care system within Eastern, so we also have to look at the full picture.

If we channel all the new staffing resources into opening up those thirty beds and leave other facilities short, then we are only going to create a problem this summer that would not be reasonable. Patient safety has got to be the top priority. As any nurse will tell you, overtime, unfortunately, is being used to try and address staffing shortages.

I would also like to highlight, though, the things we are doing to try and address this. It is far beyond the Jamaican initiative. There are a lot of things being done to try and deal with this issue on an ongoing basis, recognizing that we are going to need more staff in the future.

Eastern Health has commenced a cross-country recruitment drive. They have actually been to New Brunswick, Ontario, and Alberta to recruit staff. We have strengthened partnerships with licensing body and immigration officials to try and make sure people are getting through the processes quickly and to try and identify early promising talent pools nationally and internationally.

Eastern Health has issued a Request for Proposals for an international recruiting firm to target recruitment in specific countries. We are evaluating the potential to recruit additional graduates from the Centre for Nursing Studies program in Jamaica. We are working with Advanced Education and Skills and the Centre for Nursing Studies to actually get more students enrolled. We have lots of seats available in Newfoundland and Labrador. We need more people to enroll in the program.

Eastern Health has been reducing non-nursing duties for nursing staff to ensure they are working the full scope within their area of clinical practice. They are looking at hiring temporary administrative and other support positions to assist in resident care areas. They are also looking at revising the current schedule to maximize nursing staff availability.

There are a dozen things being done to try and address this. It is a real problem. It is not going to be solved overnight but for many months, people have been trying to solve it. I have just been pushing to ensure that everybody is doing everything possible, given the urgent need.

MR. A. PARSONS: Thank you.

CHAIR: Lorraine.

MS MICHAEL: Thank you.

Minister, I have two questions but they are totally related. It has to do with the chronic disease policy framework. I am wondering: Are there new initiatives around that being planned; and, related to that, how many people have participated in the web-based Chronic Disease Self-Management Program?

MR. KENT: That is a good question.

The self-management program launched in 2011 and 1,275 individuals have met and supported each other in finding solutions to the common challenges they face in living with a chronic disease.

There was a recent evaluation of the Chronic Disease Self-Management Program and it showed improvements in health outcomes even six months after completing the program: improved energy levels, decreased health distress, less pain, positive impacts on life, improved quality of life, better communication with health care providers, greater confidence, and fewer nights spent in hospital.

It is also worth noting there are twenty-four diabetes clinics that operate throughout the Province. We are making some really good progress so far and great feedback from participants in the workshops and in the groups – 84 per cent of participants were women, interestingly enough. I am not sure why that is, but it is interesting to know.

The statistically significant improvements in eight outcome areas are really significant as well.

MS MICHAEL: Could we have that information of the improvements?

MR. KENT: Yes, we can provide that. The evaluation information, you mean?

MS MICHAEL: Yes.

MR. KENT: Sure, no problem.

MS MICHAEL: Thank you.

Minister, under 2.1.01, Memorial University Faculty of Medicine, the Grants and Subsides. It is a general heading of course, but it was down by $393,500 from what was budgeted.

How are these grants and subsidies given? Obviously, it is not just a lump sum given or else the $57,800 approximately would have been given to them.

MR. KENT: The Faculty of Medicine would make a budget submission – would make a funding proposal to the department on an annual basis. This is the only Province in Canada where the medical school is actually funded through the Department of Health and Community Services. So it is a bit of a unique circumstance in our jurisdiction.

We saw savings of $750,000 in 2014-2015 related to the initiative for medical student and resident accommodations. The strategy for this initiative was changed, as the Faculty of Medicine was not able to assume responsibility for the management of the accommodations in various communities across the Province. So the department has been working with the faculty and with the regional health authorities on another model. We will be going to Cabinet for approval on that in the next three or four months, I suspect.

The need for those accommodations will gradually be rolled out over the next few years as the impact of the expanded medical school class size is realized. The savings was partially offset by one-time negotiated signing bonuses paid out to facility and staff during the year as well.

MS MICHAEL: Okay.

Do you receive their budget prior to the provincial Budget being done? How does that work?

MR. KENT: Yes, we receive a submission prior to the provincial Budget being finalized.

MS MICHAEL: Okay, and basically what they submit was approved.

MR. KENT: What they submitted was not approved in its entirety, no.

MS MICHAEL: All right.

Is there any danger down the road of tuition hikes having to happen in the Facility of Medicine?

MR. KENT: I would say that is possible, yes.

MS MICHAEL: Are the discussions going on with the faculty about that?

MR. KENT: Yes.

MS MICHAEL: Thank you.

Moving down to Drug Subsidization, 2.2.01, Provincial Drug Programs, I do not have many line questions because there are not many lines, but under Allowances and Assistance, basically $9.5 million was not used last year. Is that just because of lower than anticipated uptake?

MR. KENT: Savings were due to the delayed implementation of several new drug therapies that were approved in Budget 2014; $4 million actually relates to one drug, Zytiga, and $1 million was for other drugs that were delayed such as Everidge, which is an easier name to pronounce.

There was also $2 million in savings related to lower costs of brand name drugs due in part to the increase cost of generics, and $1.5 million in savings from a reduction in the generic markup that was not factored into the budget. There were savings realized in the Smoking Cessation Program.

MS MICHAEL: What was the uptake for that program, Minister?

MR. KENT: That is a good question.

The actual number was 1,185 and some beneficiaries may have changed drug plans during the treatment cycle and could have been counted under other plans but the actual number, to the best of our knowledge, is 1,185.

MS MICHAEL: Is there follow-up done to see the effectiveness of the program, that people continue to be non-smokers?

MR. KENT: There is some monitoring and evaluation being done. I am just wondering if one of my officials would like to speak to that in more detail.

Elaine.

CHAIR: Elaine.

MS CHATIGNY: Thank you.

Yes, in collaboration with the Department of Seniors, Wellness and Social Development, we are going to be partnering to do an evaluation. They have a piece of this program, we have the drug dispensation piece of the program, but together we are going to evaluate to try to do just that, the ongoing monitoring of whether or not this program, the drug medication program plus the other wraparound services that are part of the overall service offering, actually led to long-term cessation.

MS MICHAEL: Right. Thank you.

Minister, you may not want to give me this information now in the interest of time. Maybe it would be sufficient for you to send to us the breakdown of expenditures by drug program, and the number of clients in each program for the past year, not coming up, but 2014-2015.

MR. KENT: We would be happy to provide that information. Some of it I do actually have here.

MS MICHAEL: Okay.

MR. KENT: The breakdown of expenditure by drug program for the last year, I will just give you the approximate numbers.

MS MICHAEL: Sure.

MR. KENT: Through the Foundation Plan, it was over $62 million; for the 65Plus Plan, it was

almost $46 million; for the Access Plan, it was $7.6 million; and, for the Assurance Plan, it was $19.4 million. There is also funding for special needs such as growth hormones and the cystics program. That was $935,000 for a total of almost $136 million.

MS MICHAEL: Minister, is the budget for each of these plans basically the same in this upcoming year? Have there been changes?

MR. KENT: It is basically the same. I am just going through the numbers to see. Yes, it varies. There is about a $170,000 difference spread across the board. So they are virtually the same when we are talking about a $147.5 million budget.

MS MICHAEL: Right. Thank you very much.

I only have thirty-nine seconds. I will just pass it back to Andrew.

CHAIR: Okay.

Andrew.

MR. A. PARSONS: Thank you.

CHAIR: You have totally lost me so you continue on.

MR. A. PARSONS: I have sort of lost myself here, Mr. Chair.

I am going to start with the hospital in Corner Brook.

MR. KENT: Yes, I thought you might bring that up.

MR. A. PARSONS: You did not think you were going to get to 12:00 o'clock and not have that happen.

MR. KENT: No, I love talking about it.

MR. A. PARSONS: Just a few questions on it. Last year's Budget document said the approved budget was $608 million. I am wondering what the approved budget is today.

MR. KENT: We anticipate that the project will cost in excess of $800 million overall.

MR. A. PARSONS: Okay. I think in March you had indicated you were close to finalizing the functional plan.

MR. KENT: That is right.

MR. A. PARSONS: Is it complete now?

MR. KENT: No, but it is going to be complete very, very soon. When I say very, very soon, I am talking within several weeks.

MR. A. PARSONS: Okay.

MR. KENT: It is really, really close.

MR. A. PARSONS: So once it is complete and you get it, do you anticipate that the public will have an opportunity to see it?

MR. KENT: Absolutely.

MR. A. PARSONS: Okay.

MR. KENT: I would like to get it out there very soon. It is just about final. We anticipate being able to release the functional plan this month.

MR. A. PARSONS: Okay.

MR. KENT: We want to make sure we communicate better on this particular issue. I think it is important to get more out in front of it than we traditionally have been. There have been lots of challenges over the last seven or eight years with this project and I have acknowledged that multiple times.

So as we release the functional program, people will have lots of questions. We want to prepare for its release and be as transparent and forthcoming as we can be in answering people's questions about what that final functional program looks like. I should be in a position to release it before the end of this month.

MR. A. PARSONS: Okay, excellent. Thank you.

Two questions left on the hospital; one, from your understanding of the plan as it stands, what can you tell us about obstetrics beds? I understand there is going to be a reduction, but I am just wondering about the number.

MR. KENT: There is a reduction. The number of beds overall in the new hospital is greater. The number of services and programs being offered in the new hospital is greater. In certain areas there may be a reduction based on the historical realities of usage.

When it comes to obstetrics – my officials may be able to provide me with exact numbers, I am just recalling from memory – traditional usage was around 50 per cent. So there were eleven beds, I think, in the current hospital. Andrew, I am doing this from memory.

MR. A. PARSONS: I understand.

MR. KENT: My numbers might not be precise, but they will be pretty close. I believe there are six suites proposed in the new hospital. There will be fewer maternity beds in the new facility, but that does not equate in any way to a reduction in service. Now the Member for Bay of Islands may have some other things to say about that, but –

MR. A. PARSONS: Really?

MR. KENT: – the need for the six beds is actually based on demographic and population projections for the region, and it is based on the current utilization.

I have found the numbers now, it is eleven to six. The current utilization is about 40 per cent. Why would we spend public funds to overbuild a facility in that particular area if those beds can be better utilized in another area?

Overall, more beds, more services, and the facility will be modern. There will be flexibility so that if needs change over time, modifications can occur. Based on current usage, we are only using the beds 40 per cent of the time. It would not make sense to construct the exact same number of beds for each area.

In fact, that is what got us into trouble. When this process started, we got to a final master plan and functional program in 2009-2010 that was basically proposing to build a replica of the current hospital. We want to build a hospital that is going to meet the needs of the West Coast of the Province well into the future. It did not make sense to just simply replace exactly what is there, which is why the due diligence review was done by Stantec which has led us to the new functional program that is about to be released.

It is unfortunate that it has taken that much time, but I think we have come up with the right answer as a result of this extremely long process that we have been through. We also did not contemplate the PET scanner and radiation therapy services in the original plan. That is included in the new functional program as well – space for the PET scanner.

MR. A. PARSONS: I am just wondering now, when it comes to the statistics – again, I do not have this, but this is sort of anecdotal.

MR. KENT: Yes.

MR. A. PARSONS: I have no doubt that the number of births has likely gone down, but I get reports that there are times when all eleven beds are in use. It might not be frequently, but there are times when all eleven beds are in use. I have my own experience there where my wife was brought in and there was no bed available. That is my concern; what happens in those situations.

MR. KENT: All hospitals in our system build in surge capacity to deal with that. The design of the new hospital will certainly accommodate that. There may be those rare occurrences, as you say. That would be true not just in obstetrics, but in any area of the hospital.

Any young parent would expect that there would be a bed readily available to accommodate them when the need arises and those patients will absolutely be accommodated. It would be very, very rare today for those eleven beds to be in use.

MR. A. PARSONS: Okay.

MR. KENT: I would suspect it is extremely, extremely rare.

MR. A. PARSONS: It is not fun when you travel that 220 kilometres in the winter and you get in and there is no bed. That is not a pleasant experience.

MR. KENT: No, absolutely not.

MR. A. PARSONS: Okay, last question, for the hospital – sorry to get your hopes up. Is there any contemplation with this hospital of the P3 partnership being used for the construction?

MR. KENT: At this point in time, it is all systems go for the current plan, traditional build, using the procurement approach with the Corner Brook Care Team. The funds that are in this budget for the West Coast hospital project will allow the Corner Brook Care Team to continue its design and planning work on the acute care facility. There are also funds to do more site work and to construct the water treatment facility.

Despite our change of the procurement approach with long-term care, there is going to be activity on that site this year. As a result of the move we have made with long-term care, we will able to get the long-term care facility open a year earlier than planned, despite the fact that construction will be probably a few months late starting and we still plan to get a contract awarded this fall for the long-term care facility.

I am open to exploring other procurement approaches. I want to be upfront about that. If we can find a way to build the West Coast acute care facility faster, cheaper without compromising quality or care in any way, shape or form, then I am definitely open to that possibility; but, at this point, that is not the direction we are taking and that is not the decision that Cabinet has made. We are continuing with the current approach. Could there be a better approach? Well, I am open to exploring that, absolutely.

MR. A. PARSONS: What is the construction date anticipated now, start of construction of the hospital, the fall?

MR. KENT: We would hope that construction would begin – for the acute care?

MR. A. PARSONS: Yes.

MR. KENT: Not this fiscal year, but next fiscal year.

MR. A. PARSONS: I am going to sort of go to the side again when we talk about the long-term care, which was just brought up there. I have a number of questions, somewhat specific. This facility, the long-term care is for Level 3 and above, will you allow them to take Level 1 and 2?

MR. KENT: In the long-term care facility?

MR. A. PARSONS: Yes.

MR. KENT: No. That is not to say that could not change in the future, but that is not the approach and that is not the plan today. We will always adjust our plans based on what the needs of the population are, but we have personal care homes for Level 1 and Level 2; we do not except Level 1 and Level 2 patients into our long-term care facilities.

CHAIR: I do not mean to interrupt. We are edging a little bit away from Estimates and more into policy statements and stuff, Andrew. Again if the minister is willing to answer, I am fine, but I am just saying we have strayed a little bit away from Estimates.

MR. A. PARSONS: The minister has been very forthcoming and I appreciate that and if the minister does not want to answer a question, I appreciate that as well.

MR. KENT: I appreciate, Mr. Chair, you are correct, but I will do my best to continue to answer as many questions as we can.

CHAIR: That is fine, as long as everybody is comfortable.

MR. A. PARSONS: Do I get my last five seconds back?

CHAIR: You do. I stole it from you; I will give it back to you.

MR. KENT: You can have ten.

MR. A. PARSONS: I tell you what, I do have a number of questions, so I will hold on that and I will go to Lorraine.

CHAIR: Okay.

Lorraine.

MS MICHAEL: Thank you.

Let's come to 2.3.01 –

MR. KENT: Oh, so we are actually going to talk about the budget now. That is great. Thanks for bringing us back.

MS MICHAEL: For the moment.

MR. KENT: All right.

MS MICHAEL: Here we are looking at the Physicians' Services. First, you have the Operating Accounts which were down by $2 million last year from the budgeted to the revised, and up to $4.5 million this year, so if we could just have an explanation of that.

MR. KENT: This budget is challenging – well, actually the entire budget is challenging, but this one is particularly challenging because it is largely based on utilization. In 2014-2015 that revised decrease of $2 million was because the fee-for-service budget trended at a lower rate than what we anticipated. The increase for 2015-2016 is related to funding for anticipated utilization increases in the fee-for-service budget.

This budget grows – I mean, it typically grows. There is some fluctuation, but our best guess at anticipated utilization signals the need for that increase in 2015-2016.

MS MICHAEL: Okay.

MR. KENT: It is hard to predict because it is based on utilization and largely based on what doctors are billing.

MS MICHAEL: Well thanks, Minister, maybe what you can do is just go down the line and explain Allowances and Assistance and also Grants and Subsidies.

MR. KENT: Sure.

CHAIR: We are at 2.3.01, Physicians' Services, for anybody following along.

MS MICHAEL: Subhead 09, Allowances and Assistance.

MR. KENT: Okay, yes.

MS MICHAEL: Just explain the differentials there, please.

MR. KENT: Sure. In Allowances and Assistance, this is payments for services received by residents out of Province and for residents of other provinces while in this Province. We have reciprocal billing agreements that are in place, and payments on behalf of residents of other provinces are recovered from the other provinces and received as revenue under this activity. That varies from year to year as well and it is a little difficult to predict.

The budget decreased due to lower than anticipated expenditures for payments to other provinces under our reciprocal agreements for medically necessary services provided by physicians in the other province to our residents. So somebody is out of Province for a medically necessary service that is provided by physicians in the other province.

We saw the decrease by $1 million this year over the 2014-2015 budget, and that is just based on historical expenditures and a decrease in utilization. We have adjusted the budget accordingly.

MS MICHAEL: Okay.

MR. KENT: What was the next one? Did you say Grants and Subsidies?

MS MICHAEL: The Grants and Subsidies, yes.

MR. KENT: That includes salaried physician payments, Canadian Medical Protection Association subsidy, which relates to medical malpractice insurance and that is subsidized by the Province for our physicians. The decrease in the revised budget includes payments to physicians for salaries, for locums, and additional workload. As the number of physicians has increased in the Province, the requirement for locum replacements and additional workload has actually diminished. Despite the fact that in certain places we have had some recruitment challenges which we are also addressing, the requirement for locum replacements has actually gone down.

In addition, in some clinical situations, alternate providers are being utilized to provide services that are historically done by physicians. The Member for St. George's – Stephenville East has raised the issue of Jeffrey's and St. George's a number of times in the House of Assembly. We are actually recruiting nurse practitioners to be part of the solution in those areas. So that may lead to some slight changes to these budget areas because minor amounts of funding will need to shift to deal with those new delivery models.

We are not just talking about those new delivery models. In the case of the communities on the West Coast, as I shared with that member several months ago, we are actually making progress. We are committed to coming up with a better approach that is sustainable.

MS MICHAEL: Thank you, Minister. You have to forgive my doing this and so does the Chair; I am really glad to see what I continue to say about health care is that if we do exactly what you are talking about, it is cost effective. I am glad to see it happening and you have the proof, so that is great.

With regard to the family physicians, could we have the updated numbers of how many family physicians we have now and the new hires last year? How many new positons did we get?

MR. KENT: We sure can. In terms of physician supply currently – actually this information is as of March of last year.

MS MICHAEL: Okay.

MR. KENT: We do not have the new numbers yet, but they are being compiled. As of March 31, 2014, there were 579 GPs and 604 specialists for a total of 1,183 physicians.

Just to give you the breakdown we had 391 salaried, 740 fee-for-service, and fifty-two who had alternative payment arrangements totalling the 1,183. To give you the breakdown by region, which better total 1,183 as well: 807 within Eastern, 167 within Central, 151 in Western, and fifty-eight within Labrador-Grenfell Health.

MS MICHAEL: Thank you so much.

Moving on to the Dental Services, 2.3.02, the big thing here of course is the Professional Services. Last year, the revision was $3.5 million lower than the budget. This year the estimate is approximately $1.3 million lower than the budget last year. Could you explain that please?

MR. KENT: I can. I would also draw members' attention to an announcement I made yesterday, through a news release, to actually make some improvements to these programs.

Despite that, we had savings last year. We introduced measures in 2013 to ensure that the Adult Dental Program was operating within its allocated budget appropriation. There was lots of concern raised at the time about doing that, even though it was a necessary move.

There was a cap placed on basic adult dental services of $150, which we increased to $200 in Budget 2014 and which we have just increased to $300. There was a cap on adult denture services of $750 each year. That was also a concern that we have heard a number of times over the last couple of years so we have increased that cap to $1,500 as of July 2 for both of those, right?

OFFICIAL: Yes.

MR. KENT: A prior approval process was also implemented for these adult denture services. These measures provided clients and providers with the ability to design and develop dental treatment plans, as well as prioritize needed services.

So the variance is a result of lower than anticipated uptake in the Adult Dental Program after the implementation of those restrictions. That resulted in some savings. In addition to that, children's dental services had lower than anticipated uptake which resulted in about $500,000 of savings, even though that is a universal program as you are aware.

We want people to be able to access the program. We know that the restrictions we put in place worked, but maybe they worked a little too well. So we are now increasing the cap for both dental and for dentures to make it easier for people to get the services they need. Obviously,

as you know, we are targeting low-income earners.

The decrease you referenced from 2014 to 2015-2016 – we did a review of historical dropped balances. We have traditionally had surpluses in both the Adult Dental Program and the children's dental program so we have made some adjustments as a result.

MS MICHAEL: I take it you took into consideration the announcement that you made yesterday in doing that.

MR. KENT: Absolutely, yes.

MS MICHAEL: Thank you, Minister.

With regard to oral surgery – which I think does continue to be a bit of a problem here in the Province. How many people were sent out of Province for oral surgery last year?

MR. KENT: I believe I do have those numbers. I just need to find them here for you. Maybe I do not. We can get you those numbers. We still have allowed a continuation of surgery and extended eligibility thorough MTAP, our Medical Transportation Assistance Program, for patients who have been required to go out of Province; the exact statistics that you are asking for we will have to get for you and provide.

The number of out-of-Province surgeries eligible for MTAP is actually declining as more surgeries are being done by a resident oral surgeon, and wait times are decreasing. There is some good news to report here. There have been periods of time where we were without oral surgery services, but that is not the case today. In fact, in May of last year we had a second oral surgeon return to the Province, establish a full-service practice, and opt into the Medical Care Plan, MCP.

With two full-time resident oral surgeons opting into MCP we anticipate that referring dentists and physicians will avail of those services. We are continuing to recruit in order to provide additional oral surgeons who will provide a full scope of oral surgery services. I believe in the next number of months we have another oral surgeon coming here. It is very soon, like in the next –

OFFICIAL: In July.

MR. KENT: In July there is another oral surgeon who has signed a contract to come. So we are continuing to see improvements. That will mean we will have four oral surgeons in the Province.

MS MICHAEL: Great. Thank you very much, Minister.

CHAIR: I am going to hold you there, Lorraine, if that is a good spot for you?

MS MICHAEL: Yes, sure.

CHAIR: Okay.

Andrew.

MR. A. PARSONS: Thank you, Mr. Chair.

I am going to go back to the long-term care in Corner Brook where I left off.

MR. KENT: Yes.

MR. A. PARSONS: I think the commentary, publicly, has been sort of – you are saying it is cheaper to have private partners run these facilities than the public partners.

MR. KENT: Yes.

MR. A. PARSONS: So I am wondering where does that come from? Is that based on comparing it to, say, Chancellor Park? Where does this knowledge come from?

MR. KENT: It is based on our own experience in Newfoundland and Labrador, but definitely not exclusively our own experience in Newfoundland and Labrador. We have looked at what has happened in other provinces. Every other province in Canada has a mix of public and private providers for long-term care, so we are not breaking new ground here.

As you mentioned, we have Chancellor Park here in our Province that has been providing private, long-term care services for quite some time, publicly funded as well. All of these beds will be publicly funded beds. Chancellor Park has some private funded and some publicly

funded. We have increased the number of publicly funded beds at Chancellor Park.

What we have learned from other jurisdictions in Canada is that they are spending 10 per cent to 20 per cent less on delivering the service in partnership with a private provider than what they are spending through the traditional publicly delivered route. We would anticipate, based on our own experience in Newfoundland and Labrador and based on the experiences of other jurisdictions, that it would be very similar for these new beds.

It is hard to be precise about what the savings will be until we go to market. So once we go to market and we get responses to proposals – we know what our cost is which is in excess of $10,000 per bed, per month and rising. We anticipate that we will achieve somewhere between 10 per cent and 20 per cent savings as well, just like other jurisdictions are experiencing.

MR. A. PARSONS: You referenced other jurisdictions. I think you have said Nova Scotia and New Brunswick before. Is there a specific example that we can see a similar model?

MR. KENT: You can go to any province in the country. I have cited the examples close to home just because it is the most relevant, I guess. It is the most similar to our Province in terms of labour market, in terms of economy, in terms of geographic location. The trend across the country is very much the same, so you could look to any province in the country – PEI is obviously rather small, but you could look to virtually any province in the country and you would find that their savings is between 10 per cent and 20 per cent.

Certainly, the consultant that we have engaged to help us with this work has extensive experience on the West Coast of the country, has done work in other jurisdictions to support projects in other jurisdictions, but their most extensive experience is in British Columbia. Nova Scotia and New Brunswick, over the last decade, have both entered into agreements with private providers and they are seeing the kinds of savings that I anticipate we will see as well.

MR. A. PARSONS: Does the private operator control the cost charged to the senior?

MR. KENT: Does the private operator control the cost charged to the senior? These are subsidized beds, so we are paying the cost.

MR. A. PARSONS: Okay. So therefore the Province would also control the level of care?

MR. KENT: Yes, absolutely, we control the level of care. That is actually a really important point. These private providers have to meet the same standards of care. I know there has been lots of concern expressed in the House of Assembly and there has been concern expressed by unions saying that somehow quality of care will be compromised, and that is just not the case.

There will be very strict monitoring in place, just as there is for Chancellor Park, and just as there is across the country for private facilities to ensure that quality of care is not compromised in any way and that standards are maintained.

The standards that are in the publicly run facilities today will be the same standards that are applied to privately run facilities, even though they are publicly funded. All we are changing is who builds the infrastructure and delivers the service. The standards have to be the same. They will still be publicly funded beds.

MR. A. PARSONS: Okay.

I am going to switch out of that one and go to a new one – and again I apologize, the minister has been very open so I have to take advantage of this.

MR. KENT: I am all about openness. I have been telling you that for years.

MR. A. PARSONS: I might actually start believing you now.

MR. KENT: Good.

MR. A. PARSONS: This is good.

MR. KENT: I will be clipping that from Hansard.

MR. A. PARSONS: I want to ask you about the HPV virus. I do not know if we have talked about this in the House, it has been a topic outside and we talk about how right now we fund females but not males. We know that other provinces have gone down that route. I am wondering if there is a position on why we have not followed suit in this.

MR. KENT: Most other provinces have not yet offered the HPV vaccine to males, but we have seen three provinces go down that road: Alberta, Prince Edward Island, and most recently Nova Scotia. We have been monitoring what is happening across the country very closely, as we do with all vaccinations. We try and monitor trends and see what others are doing. We consult closely with other jurisdictions because in a country our size, despite our vast geography, we need to work together on these things. Even when we are dealing with vaccine supply issues, it is important that we are co-ordinating with other jurisdictions.

So, overall, we have some of the best immunization coverage rates of anywhere in the country. As part of HPV immunization program, all females are offered the HPV vaccine. Close to 95 per cent of Grade 6 females in the Province have received the HPV vaccine to prevent cervical cancer. That is the highest immunization coverage rate for this vaccine anywhere in the country.

Because we have such a high coverage rate and because we have vaccinated about 50 per cent of the population, that significantly lowers the possibility of acquiring the virus, as it is transmitted between sexes. That is not to say that all males are therefore covered, because they are not; but, it significantly lowers the possibility of others acquiring the virus.

We are going to continue to monitor this. In this Budget, we did not find new funding to provide the HPV vaccine for boys. We are going to watch closely what is happening in other jurisdictions. Only three provinces have gone there so far. We have to acknowledge that because of our high immunization coverage rate, the vast majority of our population is actually protected.

MR. A. PARSONS: Well, half you said.

MR. KENT: Yes, but it is more – you know the point I am trying to make.

MR. A. PARSONS: I know.

Does the department have a cost estimate, though, for what it would cost if the department were to go down that road?

MR. KENT: The last estimate that I looked at it was about $300,000.

MR. A. PARSONS: Annually?

MR. KENT: Annually.

MR. A. PARSONS: Okay, thank you.

MR. KENT: That is not to say we will not do it down the road.

MR. A. PARSONS: No, no –

MR. KENT: We just did not, as part of this Budget process, make the decision to proceed, but we are watching very closely what other jurisdictions are doing. There is a reason that a few jurisdictions have gone down this road. There is probably a reason why most have not, but we are continuing to pay attention to all of that because we want to protect our population.

MR. A. PARSONS: Now I have to go back to something that was brought up earlier and I just have one question on it; that is the dental plan. Again, you made the announcement yesterday that you referenced. I am just wondering, the Budget came out I think it was April 30 and I do not think in the Budget itself there was any new money announced for the adult dental plan –

MR. KENT: That is right.

MR. A. PARSONS: I am wondering: Where did this funding that was announced yesterday come from?

MR. KENT: It is coming through savings in the program. We just reviewed the numbers and there have been some adjustments to both the Adult Dental Program budget and the Children's Dental Program budget. Within the remaining budget, we are able to accommodate increasing the caps. There has been traditional drop

balances and there has been underutilization. When we instituted the caps in 2013, it reduced utilization.

Within the resources we have, we want to make the program available to as many people as possible. Both issues were really critical to address. The dentures issue really struck home for me. It did not make sense that somebody would be able to get the job half done, so to speak.

MR. A. PARSONS: Yes!

MS MICHAEL: Thank you.

MR. KENT: We needed to find a solution.

MR. A. PARSONS: Thank you.

MR. KENT: I acknowledge that members of the Opposition have raised the issue. I appreciate the fact that you have done so. We knew there were concerns. This announcement yesterday is a direct response to those concerns. Believe it or not, you can write this one down too, Mr. Parsons, we are actually listening and sometimes you make good points.

We want to make the program more available. So this is not to say that these changes will address all the needs that are out there, they will not, these programs are still capped; but we will be able to better utilize the resources that we do have.

MR. A. PARSONS: Thank you.

I guess it is Lorraine's turn.

CHAIR: Okay.

Lorraine.

MS MICHAEL: Thank you very much.

Basically my questions relate directly back to the budget, what I have left. Subhead 3.1.01, Regional Health Authorities and Related Services, there are a number of variants which is what my questions are all about, Minister. Under Supplies, $730,000 approximately less in the revised than the budget of last year, and then this year $303,000, approximately, less than last year's budget as well.

MR. KENT: In terms of the revised decrease, the vaccine budget had lower than anticipated cost. We are constantly negotiating prices, we are working with other provinces throughout the country, but there has been some particular co-operation within the Atlantic region and we avail of the ongoing national discussion on those issues.

There were some price reductions, but the decrease from 2014-2015 to 2015-2016 we went through the historic drop balances and we looked at our requirements and determined that there was surplus that we could use elsewhere. There are lots of needs, but we were able to identify some savings based on the existing programs and that helps us meet other demands in the system, which we are all aware of.

MS MICHAEL: Minister, this is more a question of curiosity, actually. How many vaccines is part of the health system at the moment?

MR. KENT: Wow, there is a lot. Who knows the number?

Elaine would like to take a stab at it; pardon the pun.

MS CHATIGNY: Yes, exactly; although now we have a lot of oral vaccines, which is good news for our children.

I will provide you, through the minister, with the exact number but they are in the dozens for both pediatrics vaccine and adult vaccine – in the dozens.

MS MICHAEL: It would be good for us to get that information.

MS CHATIGNY: Absolutely, we can give you the list.

MS MICHAEL: Okay, thank you so much.

Minister, coming down to 09, Allowances and Assistance, the number is down from the budget last year. The revision last year was significantly down by $2 million, approximately,

and this year it is down $344,000 from last year's budget.

MR. KENT: Yes, it is a significant decrease. It is a net result of a couple of buckets of adjustments. There was a surplus in physician services and workforce planning. The RHAs hold funding to support bursaries. In 2014-2015, this funding was utilized first to support the approval of bursaries with the balance funded by the department, so expenditures were less than budgeted in that area and that accounts for over $1.4 million of that savings.

There was also surplus in the Medical Transportation Assistance Program due to a lower than anticipated uptake of the program in 2014-2015. That accounted for almost $613,000 in savings. That is the reason for the decrease from the original budget to revised.

MS MICHAEL: Right.

MR. KENT: In terms of the decrease in the estimates, which as you mentioned is $343,900, last year we improved enhancements to the Medical Transportation Assistance Program by increasing the monthly accommodations cap, changing the reimbursement formula for eligible expenditures. There were some other improvements as well. So $158,500 represents the annualization of that initiative and the increase was offset by a reduction to health professional recruitment and retention incentive programs that totalled $502,000.

We had an increase on one side, a decrease in the other area. The four incentive programs reduced, based on utilization, based on anticipated demand include the Nurse Practitioner Grant Program, the Bachelor of Nursing bursary program, the Signing Bonus Program, and the Provincial Physician Bursary Program.

While the Provincial Physician Bursary Program was reduced, the Medical Association and our department jointly announced a new Physician Signing Bonus Program, and that is meant to provide a signing bonus for physicians that are trained in the Province or in Canada to fill positions that have been historically difficult to fill or retain and who have not received a provincial physician bursary.

The bonus is for a three-year commitment, as evidence shows that physicians who stay for the initial three years are more likely to be retained beyond the three years. So, that explains that.

MS MICHAEL: Okay, thank you. Complicated, but I think I got it.

MR. KENT: If I could summarize, there were some enhancements to MTAP that cost us more money and there were some savings in the bursary programs that saved us some money.

MS MICHAEL: Right. Mentioning MTAP – you did give us the figure – could we have a breakdown by region of number of recipients and amount if you have that?

MR. KENT: Is it possible to organize that by region? I am just thinking about –

MS JEWER: I have it broken down between the Island versus Labrador.

MS MICHAEL: That would be helpful.

MR. KENT: I will ask Michelle to quickly provide you with that breakdown. Because of the way the program is administered it is not administered regionally, but we can give you the breakdown – the challenges for Labrador residents are greater so we can provide you with that breakdown. I will ask Michelle to respond.

MS JEWER: You are asking for the number of patients?

MS MICHAEL: Yes.

MS JEWER: For 2014-2015 the number of Island patients was 2,101; and Labrador was 1,043. The number of claims for Island residents was 3,057; and for Labrador it was 1,620.

MS MICHAEL: Thank you very much.

Minister, subsection 10, Grants and Subsidies, is going up quite significantly.

MR. KENT: Grants and Subsidies.

MS MICHAEL: Yes. Last year, the revision was approximately $22 million above and this year it is $42 million above last year's budget.

MR. KENT: Right. In terms of going from the original to the revised budget, there was an increased there as well. It was required due to a one-time signing bonus for the nurses' collective agreement. That was over $8 million and retroactive costs relating to occupational reviews for LPN and other classifications, which accounted for over $22 million.

So funding for these items was not budgeted in our original budget but was transferred from the Department of Finance during the fiscal year. So when you do Finance Estimates, you will find that on the other side.

MS MICHAEL: Okay, I will remember that, to save a question.

Then this year the plus $42 million over last year's budget. Some of it is obviously because of the collective agreement.

MR. KENT: Right. The Grants and Subsides have seen that increase of over $42 million due to a number of adjustments and approved initiatives.

Just to give you some of the big ones that would account for the bulk of that: 3 per cent salary increases, of course, which accounts for about $35.5 million; there is an increase in pension contribution, that is $19.2 million; and there is some additional funding approved in Budget 2015 for other initiatives. So that would give you the big stuff that is driving cost.

MS MICHAEL: Okay. Thank you.

MR. KENT: We are feeling cost pressures everywhere in the system.

MS MICHAEL: Yes.

Then come down to the provincial revenue – I always ask this question because it is a different answer in each department actually. What is the source of the provincial revenue in your department in this division?

MR. KENT: The provincial revenue comes from a variety of sources. The revenue source's high level is the vehicle levy program, third-party liability, and reciprocal billings.

Vehicle levy revenue is revenue received from insurance companies to recover third-party liability related to medical costs based on accident frequency index – it is exciting stuff. Then the third-party liability revenue is recoveries from third parties who are financially liable for the cost of hospitalization provided to residents as a result of third-party negligence. Although the hospitalization is provided as a benefit under the provincial hospital insurance program without charge to the patient, we make every effort to recover that funding from the third party.

MS MICHAEL: Right.

MR. KENT: VLT operators: We receive money from VLT operators to support gambling addiction services and we also have the issue of reciprocal billings. There are recoveries from other provinces through the Reciprocal Billing Program on account of payments made by this department to Newfoundland and Labrador hospitals for other provinces' residents who receive insured services in this Province.

MS MICHAEL: Okay, thank you.

I do not think the budget for the government is done this way, because it would be rather detailed, but how much of a correlation is there between the money that we put into addiction services and the money that we get from VLT operators, or do you know?

MR. KENT: I do not know if we would be able to say with precision.

MS MICHAEL: Yes, that is what I thought.

MR. KENT: I am glad that as a government we have reduced VLTs. I think we have more work to do.

MS MICHAEL: I think we do too.

MR. KENT: I believe that VLTs are ruining lives in this Province. Gambling addiction is real, and we have lots of good programs to

provide support and services. We even have a counselling service available by telephone to help those dealing with gambling addiction. There are lots of programs and services in place, but I remain very concerned about the prevalence of VLT use in this Province and while we have made major reductions to VLTs, I think it is something we need to continue to talk about.

MS MICHAEL: I am glad to hear you say that.

MR. KENT: I am straying far from my script –

MS MICHAEL: You are.

MR. KENT: – but I definitely feel it is an issue we need to continue to pursue.

CHAIR: Lorraine, I am just trying to get a sense here – we are at the three-hour mark and I know Mr. Parsons has some questions, are you close, or do I go back to Andrew and come back to you?

MS MICHAEL: Maybe I could ask this one because it is a big one and it is directly related to the budget and then I might not have any more.

CHAIR: Okay.

MS MICHAEL: Under 3.2.01, Furnishings and Equipment, there has been a major reduction in the Furnishings and Equipment for the health care facilities.

CHAIR: Subhead 3.2.01, Minister, on Page 17.10 of the Estimates booklet; I am not sure what page that would correlate to you.

Ms Michael is referring to the reduction in Furnishings and Equipment; the budget last year was $61,432,000 and now it is down to $46,932,000.

MR. KENT: In that $14.5 million, there were a couple of projects that ended in 2014-2015 that are no longer required in this fiscal. There was a labs project, the iEHR/Labs project that ended in 2014-2015. So there was $4 million previous that does not need to be in this year's budget. Also, there was capital equipment needed for the new dialysis unit in Bonavista that cost about $500,000. So that is one time as well.

MS MICHAEL: Right.

MR. KENT: There is $10 million removed from the department's annual capital equipment block, which is block funding for equipment for the regional health authorities. Literally, every week in the department, we receive requests from the regional health authorities for various equipment needs. At the beginning of the year, they prioritize what they project they are going to need for the year, but then equipment breaks, things come up during the course of the year.

Since 2004 we have invested more funds than ever before. In fact, it is $425.5 million in much needed equipment. So given such a significant investment, we can reduce this budget from $50,000 to $40,000 –

OFFICIAL: Fifty million.

MR. KENT: Fifty million to $40 million – it has been a long three hours. My speech is starting to slur. This is only water, I assure you.

We have reduced it from $50 million to $40 million. We think we can do that without negatively impacting the capital equipment needs of the regional health authorities. It will be challenging because if we had double the budget, the RHAs would find ways to spend it, but the $40 million that we still have will allow for the replacement of high-priority equipment needs. We can definitely accommodate that.

MS MICHAEL: You are sure of that?

MR. KENT: We will do the must-do things. Some of the nice-to-do things might have to wait, but the must-do things will still get done.

MS MICHAEL: Okay, thank you very much.

CHAIR: Thank you.

Andrew, to clue up.

Minister, are you satisfied – we have done our three hours.

MR. KENT: I am good until 1:30 o'clock.

MR. A. PARSONS: I will not take that much time.

CHAIR: Okay.

MR. A. PARSONS: I have three topics left and you can be as brief as you would like to –

MR. KENT: Sure, no problem.

MR. A. PARSONS: I appreciate that fact that you are willing to take them.

The first one is a specific question on the 2015-2016 budgets on each of the health authorities.

MR. KENT: Yes.

MR. A. PARSONS: I know the numbers for last year's budget. I am wondering if you can give me this year's budget. You can start Eastern, Central, Western, and Lab-Grenfell or whatever is there.

MR. KENT: Yes, I am just gathering that for you.

MR. A. PARSONS: Perfect.

MR. KENT: These are approximate numbers because these are based on draft. There is still discussion ongoing with the regional health authorities. Adjustments get made throughout the year, but this will give you a ballpark.

For Eastern, the largest, it is $1,186,732,028, give or take.

MR. A. PARSONS: Okay.

MR. KENT: For the Central Health Authority, it is $308,300,978; for Western, it is $299,541,697; and for Labrador-Grenfell Health, it is $131,618,811. The grand total is $1,926,193,514. There are a number of things going on. Of course there are the salary increases, which drive cost. Utilization is an issue, and pension reform. There have been some reclassifications of positions, so that would explain some of what has gone on there.

MR. A. PARSONS: Okay, thank you.

Topic two is road ambulance.

MR. KENT: Yes.

MR. A. PARSONS: I do not believe there was any new money in the budget this year for ambulance. Now last year there was money for Central dispatch and I think the figure I had was that it was about $18 million to complete that. I am just wondering: What is the plan this year? It seems like it is going to be delayed. Where are we on it?

MR. KENT: What I can say is that negotiations are ongoing with road ambulance organizations in the Province. There is progress being made. We have seen real significant growth in the road ambulance program over the last decade. Budget increases, over the years, have resulted in more ambulances on our roads and highways, which is good news for people in the Province, more professional and trained staff available to respond to calls. We have invested in on-board medical equipment, and there are also ongoing operational costs such as fuel and vehicle maintenance.

We need to work with ambulance operators on the issues that have been raised in the road ambulance review and we continuing to implement recommendations.

MR. A. PARSONS: That is the one thing – I understand contract negotiations are ongoing, but the Central dispatch issue itself that was talked about last year, where do we stand on that? Is that still going to be done on time?

MR. KENT: I am very much committed to moving forward with the Central Medical Dispatch Centre. I think it is the cornerstone of a high-performance ambulance system. I think it is long overdue. It was a key recommendation in the provincial road ambulance program review. Fitch & Associates completed that. I intend to issue a Request for Proposals for a central medical dispatch centre and associated technology planning project in the coming weeks.

MR. A. PARSONS: Okay. Thank you.

Finally, my last –

MR. KENT: Sorry, if I could just also add to that.

MR. A. PARSONS: Yes.

MR. KENT: Transportation and Works has allocated some funding in its planning block for the planning project.

MR. A. PARSONS: Okay.

MR. KENT: So while the funds may not be reflected here, there is some money set aside for that as well.

MR. A. PARSONS: Gotcha.

MR. KENT: See I am even answering other minister's questions.

MR. A. PARSONS: You are good.

MR. KENT: Thank you. I will be clipping that as well.

MR. A. PARSONS: You go right ahead.

My last topic is more of a general one, but it is something you have brought up in the past and you are aware of. Have there been any proposals regarding IVF brought to the department or Eastern Health for the implementation of IVF in this Province?

MR. KENT: It is a topic that has been raised with me by citizens a number of times since becoming minister. To your specific question, I cannot say with certainty that there have not been proposals received by a region, for instance. We do have medically necessary services provided to MCP beneficiaries that are free of charge. That remains the same.

The importance of IVF to some families in the Province cannot be understated. IVF is provided as a partial service in St. John's through Newfoundland and Labrador Fertility Services, which is a clinic on Major's Path.

We provide annual funding of $350,000 a year for professional staff for that program. We are currently, through Eastern Health, investigating the logistics and feasibility of providing more services here in Newfoundland and Labrador.

That examination is including the consideration of costs of providing such a service, determining the appropriateness and availability of the required human resources, and the required space and infrastructure needs such as laboratory space. It is still being looked at.

I know lots of families, personally, who have needed to go out of Province or have chosen to go out of Province for this service. We continue to look at what we can do through our provincial program. We expanded the program in 2006. There is lots of interest and demand. It is one we are going to continue to work on.

MR. A. PARSONS: Okay.

I can stay here for another three hours, but I do not think that is fair to the minister or his staff so I am going to –

MR. KENT: It would be awkward in Question Period if we are still here too.

MR. A. PARSONS: I will conclude. I had to put this on record. I give credit where credit is due. Not every minister that you deal with in any department has been as forthcoming as you and the department today. So I am appreciative of the fact that we went off the line items and you answered questions. I do appreciate that. That is not as common as we would like to see so I give you full credit, Minister, for doing that and making everybody available today. I really do.

MR. KENT: I really appreciate the acknowledgment. I am happy to participate despite the fact that the Chair tried to whip us into line several times.

CHAIR: That is my job.

Lorraine.

MS MICHAEL: Before I give you kudos I do have one more line item that I would like to –

MR. KENT: If you are also going to give me kudos, I am taking the rest of the day off. I will let someone else answer my questions at 2:00 o'clock.

MS MICHAEL: Subhead 3.2.02 is the final section of the Estimates for your department. I know it has to do with decisions that were made with regard to hospital construction. The Purchased Services is down $44.5 million from

last year's budget, but I just would like the details. I guess some of it has to do with the Waterford.

MR. KENT: Yes. You are correct. The funding in Purchased Services has provided for the acquisition, planning, construction, and redevelopment of various hospitals and long-term care facilities. The decrease in the revised budget is a result of some projects not advancing as quickly as we had hoped. There were construction delays such as weather delays, manpower shortages, et cetera, and other delays in terms of getting the necessary mandated approvals in place.

The decrease in the 2015-2016 budget of $44.5 million – we have a number of infrastructure projects in various stages of construction which would include planning, site preparation, tendering, and actual construction. Each project requires different levels of funding in any given year depending on the stage of construction.

There were a number of projects completed in 2014-2015 resulting in a lower budget for this coming year. Those projects would include the Labrador West Health Centre, the St. John's Long-term Care Facility, and the two youth treatment centres in Paradise and Grand Falls-Windsor. As a result of those now being done, even despite all of the ongoing projects, we saw fit to be able to reduce the Purchased Services budget accordingly.

MS MICHAEL: The line above, the Professional Services which was $5.7 million under in last year's budget and $374,000 above this year.

MR. KENT: It is a slightly simpler answer on those lines. The decrease from original to revised is a result of some projects not advancing as quickly as originally anticipated. Again, it is construction delays or delays in getting the mandated approvals in place, but the estimates increase by $374,800 is actually an allocation error. When adjustments were made to the budget, there was an error made in where the adjustment needed to occur.

MS MICHAEL: Okay, thank you, Minister.

Last year you actually made your briefing notes available to us, the briefing notes on your budget, that we found very, very helpful. Would you consider doing the same thing this year?

MR. KENT: Briefing notes on budget – are you requesting documents that we are using here in the Estimates process?

MS MICHAEL: Yes.

MR. KENT: Yes, we would be happy to make the information available.

MS MICHAEL: That would be great, thank you.

I will add to what Andrew said and I will say thank you for being so up on your ministry.

MR. KENT: Thank you.

I am going to preserve a copy of Hansard because it is not every day that I get two members of different Opposition parties saying nice things to me, so thank you for your participation. I actually find, if approached the right way, this can be a very civil and productive process. It would nice to see more of this happening within the walls of this Legislature. So I am happy to participate, and I want to thank all members of the Estimates Committee for your questions and participation, even though two of you really dominated today.

MS MICHAEL: Thank you to all your staff too for being here with us.

MR. KENT: Absolutely. My officials, while I get some of the credit and sometimes get blame, they deserve the lion's share of the credit for us being as well prepared as we are.

MS MICHAEL: That is right.

MR. KENT: I want to thank them for their efforts as well.

CHAIR: Thank you, Minister, and I want to thank Committee members.

There are just a couple of things we need to do to clue up. We need to call the clauses. I ask the Clerk to call the first clause, please.

CLERK: Subhead 1.1.01.

CHAIR: Shall 1.1.01 carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clause 1.1.01 carried.

CLERK: Subhead 1.2.01 to 3.2.02 inclusive.

CHAIR: Shall clauses 1.2.01 through 3.2.02 inclusive carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, clauses 1.2.01 through 3.2.02 carried.

CLERK: The total.

CHAIR: Shall the total carry?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, Department of Health and Community Services, total heads, carried.

CHAIR: Shall I report the Estimates of the Department of Health and Community Services carried without amendment?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, Estimates of the Department of Health and Community Services carried without amendment.

CHAIR: Can I have a motion to approve the Social Services Committee minutes from May 12, 2015 for the Newfoundland and Labrador Housing Corporation?

MR. POLLARD: So moved.

CHAIR: Moved my Mr. Pollard; seconded by Mr. Cornect.

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: All those against, 'nay.'

Carried.

On motion, minutes adopted as circulated.

CHAIR: I remind Committee members our next meeting of the Social Services Committee is Monday, May 25 at 6:00 p.m. We will have the Department of Education and Early Childhood Development.

I want to, as well, Minister, thank you for your openness this morning. It is a pleasure to Chair when the minister is as open as you have been this morning. I found it very beneficial. I want to thank all your staff for their time and effort they have put into this as well. I thank the Committee members once again for their co-operation.

A motion to adjourn?

Moved my Mr. Pollard; seconded by Mr. Parsons.

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

CHAIR: Carried.

Thank you.

On motion, the Committee adjourned.