

**Hamilton Niagara Haldimand Brant
Local Health Integration Network**

Minutes of the Business Meeting of the Board of Directors December 9, 2015

A meeting of the Board of Directors of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) was held on December 9, 2015, at the Boardroom, Hamilton Niagara Haldimand Brant Local Health Integration Network, 264 Main Street East, Grimsby, Ontario, beginning at 2:00 p.m.

Present: Michael P. Shea, Board Chair
Ruby Jacobs, Vice Chair
Helen Mulligan, Member
Laurie Ryan-Hill, Member
Mervin Witter, Member
Bill Thompson, Member
Dominic Ventresca, Member

HNHB LHIN Staff

in Attendance: Donna Cripps, Chief Executive Officer
Helen Rickard, Corporate Coordinator, Recording Secretary
Derek Bodden, Director, Finance
Steve Isaak, Director, Health System Transformation
Jennifer Everson, Physician Lead
Rosalind Tarrant, Director, Access to Care
Emily Christoffersen, Director, Quality & Risk Management
Trish Nelson, Director, Communications, Community Engagement and
Corporate Services

Guests: Trish Balardo, Executive Director, Seniors Activation Maintenance Program
Alan Whittle, Director, Community Relations & Planning, Good Shepherd
Centre Hamilton

A. Convening the Meeting

A.1 Call to Order

A quorum was present.

A.2 Approval of the Agenda

MOVED: Helen Mulligan
SECOND: Bill Thompson

That the agenda of December 9, 2015, be adopted, as circulated.

CARRIED

A.3 Declaration of Conflicts

No conflicts were identified at this time.

B. Education Session

B.1 Long-Term Care Home Redevelopment (Presentation provided (Appendix 1) appended to original set of minutes).

Key Points of Discussion:

- The Long-Term Care Home renewal strategy announced in October 2014 will involve redevelopment of approximately 31,000 eligible beds across 300 Long-Term Care Homes in Ontario.
- This renewal strategy applies to existing beds. It is expected that by 2025 all beds will be redeveloped.
- There are 42 HNHB LHIN Long-Term Care Homes that are eligible for redevelopment for a total of 3,883 beds.
- It was noted that this redevelopment plan does not include adding additional beds.
- One of the challenges to the redevelopment is that those smaller Long-Term Care Homes may incur financial strain.
- Those larger Long-Term Care Homes may opt to move beds to support redevelopment in another Home within and/or across LHINs.
- The HNHB LHIN has met with all the eligible Long-Term Care Homes.
- The redevelopment is in the early stage and it is the HNHB LHIN's role to review and provide input to the ministry on licensing proposals. Licensing decisions remains the responsibility of the Ministry of Health and Long Term Care

C. Minutes of the Last Meeting

C.1 Approval of the Minutes of October 28, 2015

MOVED: Bill Thompson

SECOND: Ruby Jacobs

That the minutes of the Board Meeting – Business of October 28, 2015, be adopted as circulated.

CARRIED

D. Consent Agenda

D.1 Consent Agenda of December 9, 2015

MOVED: Mervin Witter

SECOND: Helen Mulligan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network adopts the consent agenda of December 9, 2015, consisting of:

- Information Technology Update

CARRIED

E. Reports

E.1 Report of the CEO

MOVED: Michael Shea
SECOND: Ruby Jacobs

That the Report of the Chief Executive Officer (CEO) be received and filed.

CARRIED

Key Points of Discussion:

- The Report of the CEO was shared with the Board
- An update was provided regarding the Federal Government commitment to accept 10,000 Syrian refugees by the end of 2015.
- It was acknowledged that the HNHB LHIN is assisting by providing a coordinating role with providers in Hamilton and Niagara. The central lead provider is Wesley Urban Ministries in Hamilton.
- Members of staff and Board Vice-Chair Ruby Jacobs attended a two day seminar on Six Nations of the Grand River entitled 'Moving Forward, Together'. It highlighted the necessity of Western and Traditional medicine working together

E.2 Report of the Chair

MOVED: Ruby Jacobs
SECOND: Mervin Witter

That the Report of the Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Chair reviewed the circulated report and highlighted the meetings he has attended since the last board meeting.
- It was noted that a Nominating Committee Meeting will be held in January to interview potential candidates for the HNHB LHIN Board.

E.3 Report of the Audit Committee Chair

MOVED: Michael Shea
SECOND: Ruby Jacobs

That the Report of the Audit Committee Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Audit Committee Chair reviewed the circulated report.
- The Audit Committee held a meeting on December 2, 2015. The minutes of the Audit Committee meeting of September 23, 2015, were approved by the Audit Committee for receipt by the Board of Directors.

MOVED: Laurie Ryan-Hill
SECOND: Bill Thompson

That the minutes of the Audit Committee meeting of September 23, 2015, be received and filed.

CARRIED

Consent Agenda

The Audit Committee reviewed the consent agenda of December 2, 2015, consisting of:

- i) Posting Quarterly Expenses
- ii) Confirmation of Funding Received

MOVED: Laurie Ryan-Hill
SECOND: Helen Mulligan

That the consent agenda of December 2, 2015 be received and filed.

CARRIED

Quarterly Report – Third Quarter

The Audit Committee Reviewed the Third Quarter Report.

On a year-to-date basis, the expenses are tracking below budget. Annual LHIN operation costs are expected to be within or under budget. The preparation of the Third Quarter Report took into consideration expected November and December expenses and accrued them in order to reflect as accurate a picture as possible.

Proposed Motion:

MOVED: Ruby Jacobs
SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Third Quarter Report.

CARRIED

Funding Allocations:

Alzheimer's Society of Brant, Haldimand Norfolk, Hamilton Halton – Self-Care for the Caregiver Program

The Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton provides a number of services to people with dementia, those at greatest risk of developing dementia and their caregivers. Numerous sources have reported that caregivers providing care to person with moderate to severe cognitive impairment are more likely to report physical, emotional, financial or social distress.

The Self-Care for the Caregiver Program is program that brings together caregivers to learn about the value of honest self-examination, quieting their minds and nurturing their inner self.

The proposal is to offer the Self-Care for the Caregiver Program in six separate locations across the LHIN: Hamilton, St. Catharines, Simcoe and/or Hagersville, Burlington and Brantford. The program also includes a respite support component for eligible individuals.

Proposed Motion:

MOVED: Helen Mulligan

SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network:

- approve up to: \$18,495 one-time in 2015-16 and \$69,980 one-time in 2016-17 for the Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton to support the Self-Care for the Caregiver Program; and
- that a review of the program's performance be completed following submission of the program's 2016-17 third quarter report to inform decisions for ongoing funding.

CARRIED

Key Points of Discussion:

- It was noted that the respite support component of this request will enable the care-giver to attend the course and provide home support.
- It was confirmed that the program will serve care-givers in Niagara.

Behavioural Supports Ontario

The Behavioural Support Ontario population is older people with cognitive impairments who exhibit, or are at risk of exhibiting, responsive or challenging behaviours.

This funding request will enhance and/or support the LHIN's Behavioural Supports Ontario strategy specific to the:

- Behavioural Supports Ontario Clinical Lead Position
- Geriatric Psychiatry Outreach to Long-Term Care Program
- Behavioural Supports Ontario Long-Term Care Mobile Team

Proposed Motion:

MOVED: Laurie Ryan-Hill

SECOND: Helen Mulligan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve in 2015-16 up to:

- \$133,320 base and \$2,000 one-time funding for St. Joseph's Healthcare, Hamilton to support the expansion of the Behavioural Supports Ontario Clinical Lead program; and
- \$127,190 base funding for Hamilton Health Sciences Corporation to support the expansion of the Geriatric Psychiatry Outreach to Long-Term Care Program; and
- up to \$50,000 base funding to St. Joseph's Villa to support the ongoing operational costs associated with the Behavioural Support Ontario Long-Term Care Mobile Team

CARRIED

Key Points of Discussion:

- Since the inception of the Behavioural Supports Ontario Long-Term Care Mobile Team St. Joseph's Villa has managed the additional operation costs internally.

Niagara Region Assertive Community Treatment Team

The Assertive Community Treatment teams provide evidence-based services to individuals who are diagnosed with a severe mental illness and whose needs have not been well met by traditional mental health services

The Ministry of Health and Long-Term Care has implemented Assertive Community Treatment team standards which all Assertive Community Treatment teams are required to adhere to. The expected outcomes are positive impacts on both health improvements for clients as well as decreases in hospitalizations and associated reductions in healthcare expenditures. In the Hamilton Niagara Haldimand Brant Local Health Integration Network, there are currently seven Assertive Community Treatment teams, including two in Hamilton, two in Niagara, one in Brant County, one in Haldimand Norfolk, and one in Burlington.

The Regional Municipality of Niagara has requested additional funding in order to increase the psychiatry role in both teams from .6 FTE to .8 FTE.

Proposed Motion:

MOVED: Bill Thompson

SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approves the Regional Municipality of Niagara to receive \$184,000 in additional base funding for Assertive Community Treatment Teams.

CARRIED

St. Joseph's Healthcare Hamilton / Indwell Mental Health Supportive Housing Model

Supportive housing is a critical component of the recovery of individuals with mental health and addictions conditions, and is a necessary and core component of the continuum of care within the mental health and addictions system.

The City of Hamilton recently identified over 100 individuals who are currently homeless and who have existing health conditions, placing them at significant health risk. St. Joseph's Healthcare Hamilton mental health and addictions program is currently working with over 30 individuals who require mental health or substance abuse support, medical support and housing support.

The supportive housing model will be located in the Strathearne neighbourhood in Hamilton allowing the project to build on the City of Hamilton's Neighbourhood Action Strategy by providing a new resource in an existing high-need area.

This funding request will be allocated towards operations (staffing).

Proposed Motion:

MOVED: Laurie Ryan-Hill

SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$498,981 in base funding for 2016-2017 and \$119,836 in one-time funding for 2015-2016 to St. Joseph's Healthcare Hamilton. Funding will be allocated to support the Strathearne Suites Supportive Housing Project.

CARRIED

Key Points of Discussion:

- It was noted of the potential risk should the City of Hamilton decide stop their funding support in the future.

Health Links Funding

In order to deliver on the Health Links strategy, Haldimand War Memorial Hospital and Norfolk General Hospital has identified a small deficit in this fiscal year. As a result they are requesting one-time support from the Local Health Integration Network to fulfill their performance commitments and advance the implementation of one of the ministry's key commitments introduced in the 2012 Action Plan for Health. This key commitment supports the transformation of the health care system through increasing access to integrated, quality service for patients living with complex chronic conditions.

Proposed Motion:

MOVED: Mervin Witter

SECOND: Ruby Jacobs

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network approve up to \$88,400 one-time funding for Haldimand War Memorial Hospital (HWMH) and \$76,800 one-time funding for Norfolk General Hospital (NGH) in 2015-16 to support the continued development and operation of the approved Health Links.

CARRIED

Appointment of Auditors 2015-16

Proposed Motion:

MOVED: Laurie Ryan-Hill

SECOND: Bill Thompson

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network appoints Deloitte & Touche LLP as auditors for the Hamilton Niagara Haldimand Brant Local Health Integration Network for the fiscal year April 1, 2015 to March 31, 2016.

CARRIED

E.4 Report of the Governance Working Group Chair

MOVED: Michael Shea

SECOND: Laurie Ryan-Hill

That the Report of the Governance Working Group Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Governance Working Group Chair reviewed the circulated report.
- The Governance Working Group held a meeting on December 2, 2015. The minutes of the Governance Working Group meeting of September 23, 2015, were approved by the Governance Working Group for receipt by the Board of Directors.

MOVED: Helen Mulligan

SECOND: Mervin Witter

That the minutes of the September 23, 2015 meeting be received and filed.

CARRIED

Strategic Health System Plan Implementation Update

Staff presented an update on the Strategic Health System Plan (SHSP) (circulated in your meeting materials). Rather than presenting an overview of all activities listed in the 2015-16 Annual Business Plan, staff provided a focused update on one initiative – Diabetes. Developing a LHIN-wide strategy for people living with diabetes is one of the areas of focus under the strategic direction of ‘dramatically improving the patient experience by integrating service delivery’.

Proposed Motion:

MOVED: Helen Mulligan

SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Strategic Health System Plan Quarterly Update

CARRIED

Governance Working Group Workplan 2016

The Governance Working Group reviewed the draft copy of the 2016 Governance Workplan. The Workplan has been populated with ongoing priorities for consideration in 2016.

E.5 Report of the Quality and Safety Committee Chair

MOVED: Michael Shea

SECOND: Ruby Jacobs

That the Report of the Quality and Safety Committee Chair be received and filed.

CARRIED

Key Points of Discussion:

- The Quality and Safety Committee Chair reviewed the circulated report.
- The Quality and Safety Committee held a meeting on December 2, 2015. The minutes of the Quality and Safety Committee meeting of September 23, 2015, were approved by the Quality and Safety Committee for receipt by the Board of Directors.

MOVED: Mervin Witter

SECOND: Dominic Ventresca

That the minutes of the Quality and Safety Committee meeting of September 23, 2015, be received and filed.

CARRIED

Ministry-LHIN Performance Indicators Report

The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) closely monitors the 23 indicators, as proxies for system performance, and works with providers on LHIN-wide improvement strategies. The data used to generate the report reflects the most recent data available.

Staff presented a detailed slide presentation (circulated in your meeting materials) describing Primary Care indicators and metrics.

Proposed Motion:

MOVED: Mervin Witter
SECOND: Helen Mulligan

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the Ministry-LHIN Accountability Agreement Performance Indicators Quarterly Update.

CARRIED

Hamilton Urban Core Update

An update on Hamilton Urban Core was provided by LHIN staff.

On October 27, 2015, Hamilton Urban Core provided a contingency plan should they have to vacate their current facility. The plan was reviewed by LHIN staff and a follow up letter was sent to Hamilton Urban Core requesting additional information be provided and submitted back to the LHIN by November 27, 2015.

Proposed Motion:

MOVED: Mervin Witter
SECOND: Dominic Ventresca

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receive and file the update on the Hamilton Urban Core Community Health Centre.

CARRIED

Key Points of Discussion:

- HNHB LHIN continues to work with Hamilton Urban Core and confirmed that the additional information has been received.

F. New/Other Business

F.1 Ministry-LHIN Accountability Agreement 2015-18

MOVED: Michael Shea
SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network hereby approve the 2015-2018 Ministry-LHIN Accountability Agreement (MLAA) and authorize the Board Chair and Chief Executive Officer to sign the agreement on behalf of the Board.

CARRIED

Key Points of Discussion:

- It was noted that few changes were made to the new MLAA for 2015-18 from the draft report that was received in closed session in June 2015
- The MLAA consists of 23 indicators of which 14 are performance, 7 are monitoring, and 2 are developmental.

F.2 Voluntary Integration Seniors Activation Maintenance Program of Hamilton Incorporated (SAM) and Good Shepherd Centre Hamilton

MOVED: Michael Shea

SECOND: Mervin Witter

That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network receives and files the intention for a Voluntary Integration through the transfer of (SAM) programs and assets to Good Shepherd Centre Hamilton (GSCH) operating as Good Shepherd Centre Hamilton.

CARRIED

Key Points of Discussion:

- A presentation was provided (circulated in your meeting materials) which included an overview of the voluntary integration highlighting the community engagement activities and benefits of the proposed integration.
- It was noted that when a request for voluntary integration occurs, the HNHB LHIN does not have the power to approve the voluntary integration, but has the power to stop the integration if it is not in the best interest of the public.
- It was confirmed that the same funding model will exist. Funding that has been provided to the SAM program in the past will transfer to GSCH in the future
- SAM reports that it has needed to rely on reserve emergency fund raising dollars to meet operational costs and maintain a balanced budget. The integration is not anticipated to result in savings but will benefit from the administrative and support services provided by GSCH so that service levels may be maintained.

F.3 Quarterly Declaration of Compliance

MOVED:

SECOND:

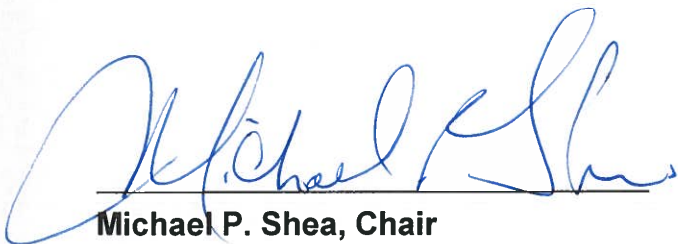
That the Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network authorizes the Board Chair to declare to the Minister of Health and Long-Term Care that Upon due enquiry of the Chief Executive Officer and other appropriate LHIN officers and personnel, and subject to any exceptions identified on Schedule A, to the best of the Board's knowledge and belief, the LHIN has:

1. the LHIN's compliance with the "Principles for LHIN-Managed Quality Based Procedure (QBP) Volume Movement", per the QBP Volume Management Instructions and Operational Policies for Local Health Integration Networks that are issued by the ministry;
2. the completion and accuracy of reports required of the LHIN, pursuant to section 5 of the Broader Public Service Accountability Act (BPSAA), on the use of consultants;
3. the LHIN's compliance with the prohibition, in section 4 of the BPSAA, on engaging lobbyist services using public funds;
4. the LHIN's compliance with all of its obligations under applicable directives issued by the Management Board of Cabinet;
5. the LHIN's compliance with its obligations under the Memorandum of Understanding with the Ministry of Health and Long-Term Care; and;
6. the LHIN's compliance with its obligations under the Ministry LHIN Accountability Agreement/Ministry LHIN Performance Agreement in effect, during the Applicable Period of October 1 to December 9, 2015.

CARRIED

G. Adjournment

The Board of Directors – Business meeting be adjourned at **4:14 p.m.**



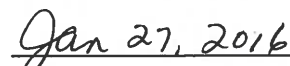
Michael P. Shea, Chair



Date



Donna Cripps, Corporate Secretary



Date

Hamilton Niagara Haldimand Brant Local Health Integration Network Long-Term Care Home Redevelopment

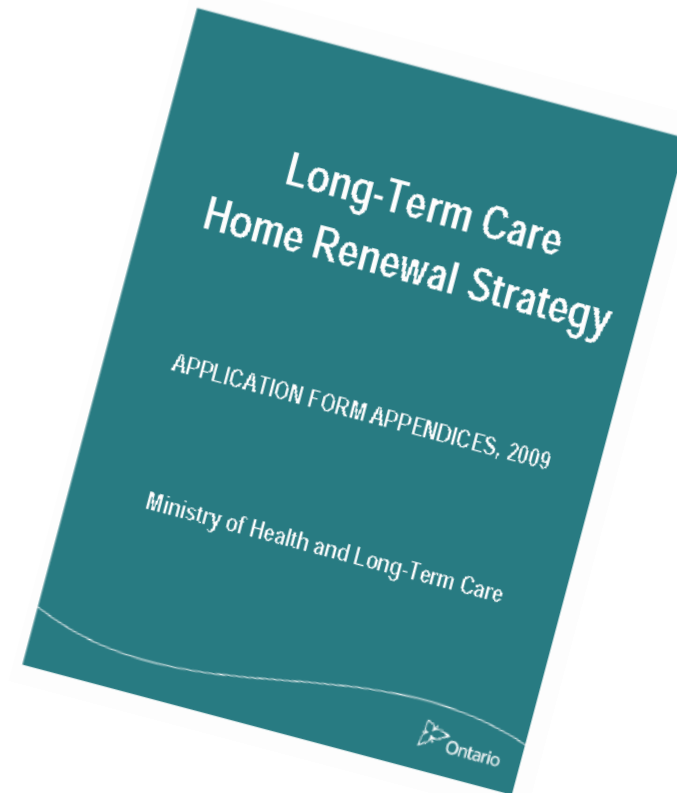
Presentation to the HNHB LHIN Board of Directors
Rosalind Tarrant, Director, Access to Care
December 9, 2015

Overview

- Long-Term Care Home (LTCH) Renewal Strategy
- HNHB LHIN LTCH Landscape
- HNHB LTCH Redevelopment LTCH, LHIN and Ministry of Long-Term Care (ministry) Considerations/Challenges
- Appendices

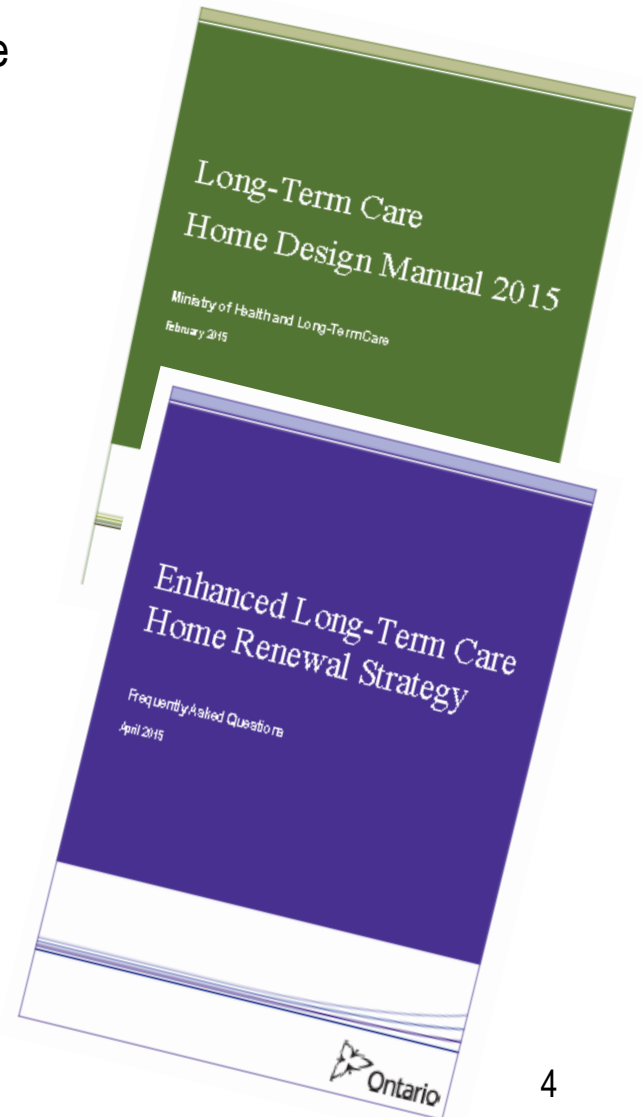
LTCH Renewal Strategy

- 2007 ministry announced strategy to redevelop approximately 35,000 LTCH beds over 15 years to meet most current design standards.
- Redevelopment consist of five phases
- Phase 1 announced in April 2009
- Phase 1 update lower than expected – 4,000 beds approved
- HNHB LTCH Phase 1 redevelopment
 - Four Homes redeveloped – 473 beds
 - CAMA Woodlands (Burlington) -128 beds
 - John Noble Home (Brantford) - 105 beds
 - Tabor Manor (St. Catharines) - 128 beds
 - Heritage Green (Hamilton) 112 beds - in construction progress



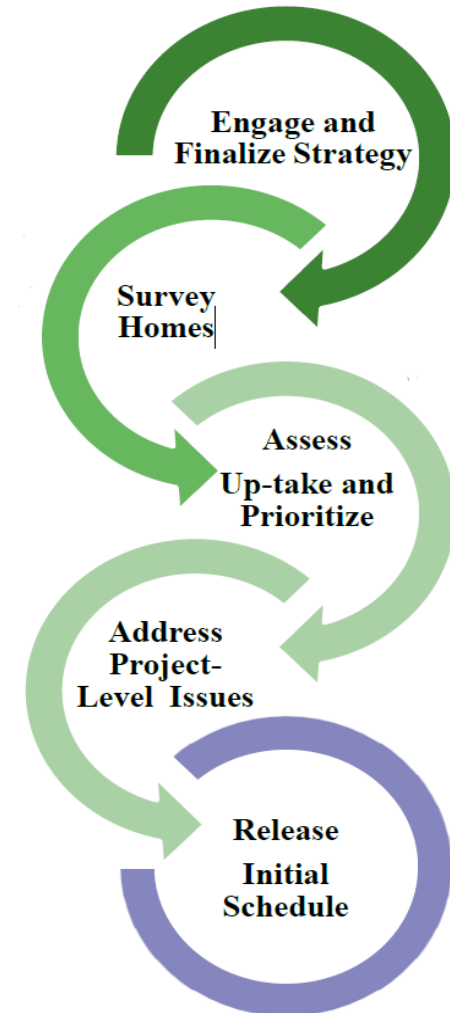
Enhanced LTCH Renewal Strategy

- October 2014 ministry announced Enhanced LTCH Renewal Strategy – involved approximately 31,000 eligible beds across 300 LTCHs
- Phased rollout replaced with a scheduled process
- LTCHs apply and are approved on an ongoing basis
- Key Components of the Enhanced Strategy:
 - Dedicated Project Office to support the strategy
 - Increase in Construction Funding Subsidy (CFS) by up to \$4.73 per day ★
 - Supporting increases to preferred accommodation premiums
 - Extend maximum LTCH licence term from 25 to 30 years
 - Schedule LTCHs for redevelopment
 - Committee to review variance requests from design standards



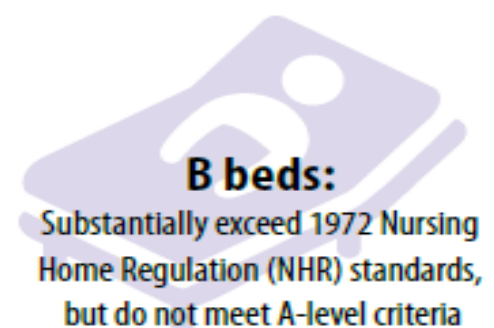
Enhanced Strategy – Timeline

- October 2014 – ministry announced Enhanced LTCH Renewal Strategy to redevelop 31,000 LTCH beds across Ontario
- March 2015 – information session provided by the ministry and HNHB LHIN to HNHB LTCHs
- May 1, 2015 – survey submission deadline
- Summer 2015 – teleconferences with ministry, LHIN and LTCHs
- Release initial schedule – (Date to be determined)
- 2025 – all beds to be redeveloped



LTCH Bed Types by Structural Classification

Long-stay beds: structural classification categories



Source: MOHLTC Health Analytic Branch September 2015. LTC in Ontario Sector Overview.
Refer to Appendix 2 for additional information

Roles and Responsibilities

Ministry	LHINs	Eligible LTCHs
<p>Health Capital Investment Branch</p> <ul style="list-style-type: none"> • Deliver the Enhanced Strategy • Establish a Stakeholder Advisory Committee and Working Groups • Schedule redevelopment projects • Ensure LTCHs are in compliance with all applicable law (e.g. <i>Long-Term Care Homes Act, 2007</i>) <p>Performance Improvement Compliance Branch</p> <ul style="list-style-type: none"> • Engage LHINs, the public and other stakeholders in the course of each licensing review • Provide final approval regarding any licensing proposals 	<ul style="list-style-type: none"> • Local system planners • Review input related to capacity planning • Enters funding agreement (Long-Term Care Home Service Accountability Agreement) with LTCH licensees/approved operator for municipal homes • Review and provide input to the ministry on licensing proposals 	<ul style="list-style-type: none"> • Consult with LHINs prior to survey completion • Submit Enhanced Strategy survey to the ministry • Engage in preliminary discussions with ministry • Submit formal redevelopment application in accordance with ministry instructions • Support licensing and redevelopment processes • Operate redeveloped LTCH in accordance with applicable law and agreements.

HNHB LTCH Redevelopment Landscape

HNHB LTCH Redevelopment

- 85 LTCHs in HNHB LHIN for total of 10,392 beds
- 42 HNHB LHIN LTCH's eligible for redevelopment for a total of 3,883 beds
 - 784 "B" beds
 - 3,099 "C" beds
- *Note – HNHB LHIN does not have any "D" beds*

Entrance Redeveloped
Tabor Manor (St. Catharines)



Redeveloped
John Noble LTCH (Brantford)



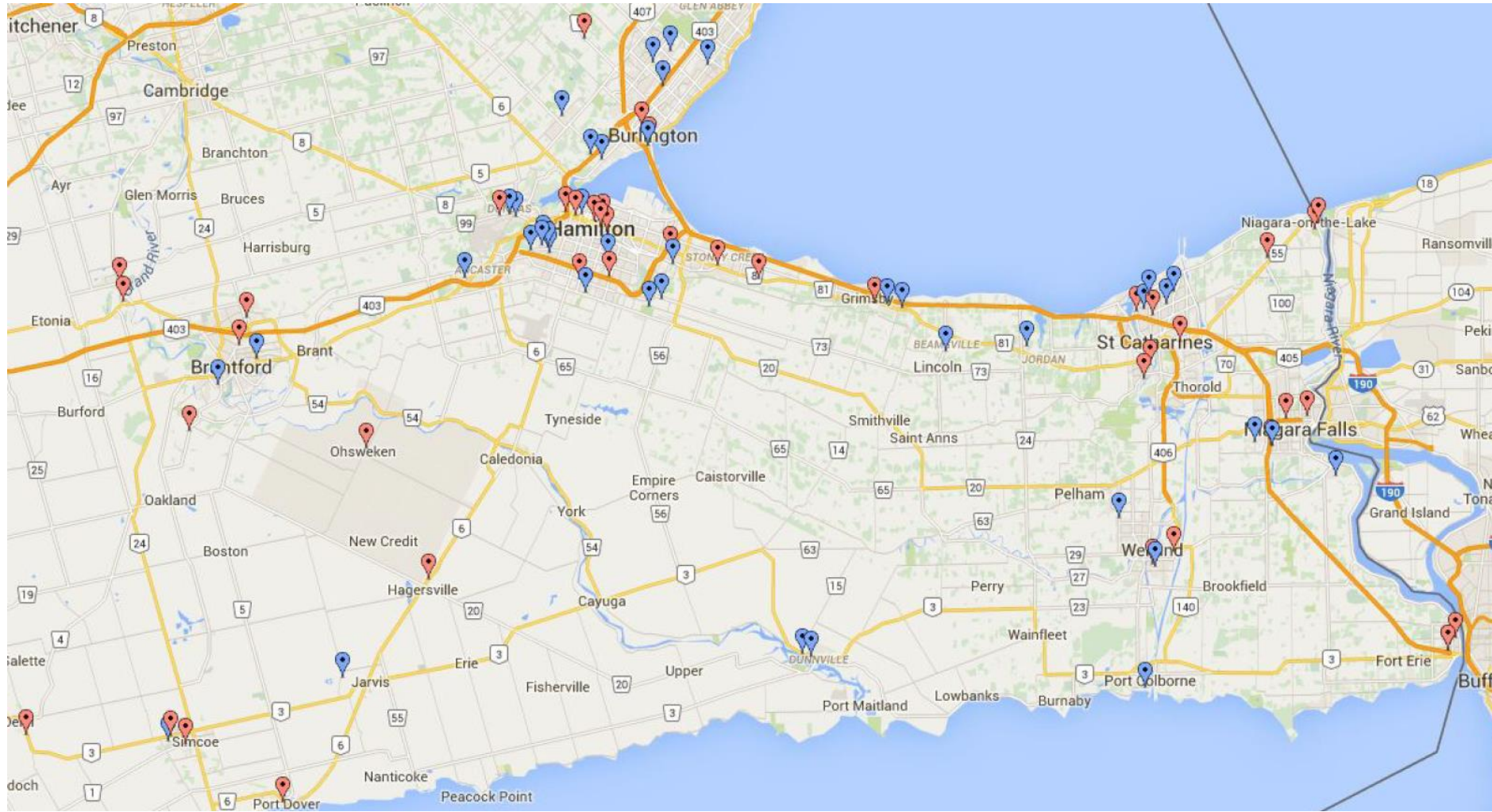
Sources: St. Catharines Standard, September 8, 2013 and Brantford Expositor December 16, 2012

HNHB LTCHs and Beds by Geographic Region

Geography	Number of LTCHs	Number of Beds	Number of LTCHs Eligible to Redevelop	Number of Beds to Redevelop	Percent of Beds to Redevelop
Hamilton	27	3,566	12	1,204	34%
Niagara	31	3,854	16	1,641	43%
Haldimand-Norfolk	9	795	5	360	45%
Brant	8	890	6	393	44%
Burlington	10	1,287	3	285	22%
Totals:	85	10,392	42	3883	37%

Note: Excludes beds approved through interim licences

HNHB LHIN LTCHs



Legend:



Redevelopment not required



Eligible for redevelopment

HNHB LTCH Redevelopment LTCH, LHIN and ministry Considerations/Challenges

LTCH Considerations/Challenges

LTCH bed numbers – LHIN Homes eligible for redevelopment range in size from 38 – 248 beds

- Resident areas are to be distinct units with a maximum of 32 beds

Considerations- Challenges

- Operational efficiencies with larger number of beds (128-160)
- LTCH needs of the community over next 20-30 years
- Planning in isolation of other LTCHs redevelopment plans
- No new bed licences – may need to purchase licences
- **Organizations with more than one Home may decide to move beds to support redevelopment in another Home within and/or across LHINs**



LTCH Considerations/Challenges

LTCH Location – Capacity to redevelop/build

Considerations- Challenges

- Land locked
- Capacity to redevelop on current location without impacting current operations, (available land beside present location)
- Need to redevelop at another location - may involve purchasing land - availability and cost
- Staged redevelopment - reduce number of residents for duration of construction - impact Home operation (staff) and LHIN LTCH capacity
- Potential of relocating residents to another location during rebuild



LTCH Considerations/Challenges

Financial

- Capacity of Home to manage the costs associated with redevelopment while paying existing debt

Considerations- Challenges

- The LTCH may have existing debt related to Home development
- Multiple financial costs associated with:
 - Purchasing additional licenses
 - Purchasing land
 - Construction costs
- LTCH corporation's assessment that proposed funding methodology supports the risk of redevelopment (long term debt)



LHIN Considerations/Challenges

- Ensure LTCH capacity across the LHIN to meet residents' needs
- **Impact on resident – family – community**
 - Many LTCHs in early stage of planning – these plans may change as they evolve
 - LTCHs' ability to move forward related to:
 - Corporations challenged to move licenses across LHIN borders
 - Capacity to obtain land at a price the Home can afford and with appropriate zoning.
 - Homes' redevelopment plans that include specialized units/programs/co-location of other services i.e. palliative, subsidized housing
 - As capacity is built in the community (i.e. home and community care, assisted living) the need for LTCH capacity may shift



LTCH Redevelopment – Activities to Date

- ✓ LHIN has met with all LTCHs eligible for redevelopment
- ✓ Eligible LTCHs have completed and submitted ministry survey – ministry is following up with homes as needed
- ✓ Meetings with ministry/LTCHs/LHIN – Meetings with 31 Homes have occurred
- ministry in process of assigning project manager to each LTCH
- Project managers to share updated applications with each home



Long-Term Care Home Development



Appendix A Construction Funding Subsidy (CFS)

Comparison of CFS Redevelopment Phase 1 and 2

- CFS is a funding rate the ministry provides to LTCHs to support the costs of developing or redeveloping eligible LTCHs (subject to applicable requirements).
- CFS is a subsidy and is not intended to cover the total cost of redevelopment.
- The rate is on a per bed per day basis.
- CFS is paid when construction is completed and first resident admitted.
- LTCHs approved in Phase 1 will be eligible for retroactive adjustments if they meet the requirements and agree to amendments to their Development Agreements.

CFS Per Diem Components	Policy for Funding Construction Costs of LTCHs 2009	Construction Funding Subsidy Policy for LTCHs 2015
Base CFS Per Diem	\$13.30	\$16.65
Home Size	Small (up to 64 beds) add \$1.50	Small (up to 96 beds) add \$1.50
	Med (65 -99 beds) add \$0.75	Med (97-160 beds) add \$0.75
	Large (100+ beds) \$0	Large (161 beds and over) \$0
Leadership in Energy and Environmental Design (LEED)	LEED Certification not met – minus \$1	LEED Certification not mandatory
	LEED Certification minimum Requirement	LEED Certification Silver – add \$1
	LEED Certification Silver – add \$ 1	
Ratio of Basic Accommodation	Ratio of basic accommodation over 40% up to and including 60% add \$2.50 (prorated)	Ratio of basic accommodation over 40% up to and including 60% add \$3.50 (prorated)
Enhanced Transition Support	n/a claims-based process, not part of CFS	Add \$0.38
Maximum CFS Per Diem	\$18.30	\$23.03
Planning Grant for Not-for profit Homes (one time basis)	\$250,000	\$250,000
Minimum Cost Threshold (per bed)	\$120,000	\$120,000
Design Variance Standards	Retrofit Provisions allowed for flexibility in the design standards with associated deductions in the CFS Per Diem.	Where variances from design requirements are permitted, applicable reductions from the CFS Per Diem may apply.



Appendix 2 – LTCH Beds by Structural Classifications

- **New Beds** - Built since 1998 to current design standards, including full wheelchair accessibility and Resident Home Areas (RHA) with a maximum of 32 beds.
- **A Beds** – Built prior to 1998, but almost meet current standards (may have up to 40 beds per RHA)
- **B Beds** – Substantially exceed 1972 standards but do not meet A criteria (may have four bed rooms and less access to common space)
- **C Beds** – Meet 1972 NHA standards (may have 4 bed rooms, inaccessible washrooms and limited dining/program space for today's residents)
- **D Upgrades** – Upgraded through the 2002 D Bed Redevelopment Program but do not meet the 1972 NHA standards
- **D Beds** – Do not meet 1972 NHA standards (may have hallway washrooms, poor accessibility and smaller rooms)

PROPOSED INTEGRATION OF SAM PROGRAM WITH GOOD SHEPHERD



Presentation to Hamilton Niagara Haldimand Brant Local Health Integration Network Board of Directors

December 9, 2015

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and
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Context

- Who we are
 - Seniors Activation Maintenance (SAM) Program
 - Good Shepherd Centre Hamilton (GSCH)
- What we plan to accomplish
- Overview of Proposed Voluntary Integration
 - Community Engagement Activities
 - Benefits of proposed integration
 - Risks of not proceeding
- What we plan to do next

SAM Program

- SAM is a not-for-profit Adult Day Service (ADS) program serving seniors and adults with diminished abilities who live in the community since 1981
- Offer a variety of physical, social, creative and mentally stimulating activities designed to maintain and enhance the functioning and well-being of the participants
- Three SAM Program sites in East Hamilton, Central Hamilton and Waterdown serve an average of 275 residents of Hamilton, Burlington and surrounding areas annually and support the growing needs of the older adult population and caregivers in the community

Good Shepherd Centre Hamilton

- GSCH offers a continuum of services to people in need in our community:
 - For older adults, offers supportive housing to older adults requiring assisted living services in order for them to remain in their own home;
 - Provides community support services for adults in the form of personal needs and care services;
 - End-of-life care is provided at Emmanuel House; and
 - Palliative care outreach services in the broader community

SAM and GSCH

Existing Partnership

- SAM and GSCH already successfully working together for two years with relocation of SAM Central site and SAM Administration office to Good Shepherd Seniors Wellness Centre site
- *Two organizations with similar values and goals in care for seniors and other adults*

What We Plan to Accomplish Together

- To fully integrate SAM with GSCH as a means of providing:
 - A seamless spectrum of community-based senior support services to promote wellness, independence and assist persons to remain living in the community as long as they are able, potentially reducing Alternative Level of Care (ALC) pressures
 - Improved quality and coordination of comprehensive care with improved accessibility within existing budget
 - Increased integration of administrative and support services
 - Sustainable community support services with no service disruptions or job loss

Overview of Proposed Voluntary Integration



Overview of Integration

1. SAM Program would fully integrate with Good Shepherd with transfer of all SAM programs and assets to Good Shepherd
2. SAM programs will continue to keep “SAM Program” name
3. SAM Board of Directors and SAM agency will be dissolved
4. Good Shepherd would become the program’s coordinating agency
5. SAM service will continue for clients without any program or service disruptions
6. Existing SAM staff will continue with program
7. Plan to be fully integrated as of April 1, 2016

Community Engagement Activities

Areas of community notice and engagement regarding proposed voluntary integration included:

- Clients and caregivers
- General public
- Providers – Other agencies including community and funding partners and similar service provider agencies i.e.: other HNHB/Hamilton ADS Programs
- Politicians - Municipal government

Benefits of Proposed Integration

- Person Integration will build upon existing strengths, resources & expertise based upon best practices of both organizations to offer a comprehensive and seamless spectrum of community-based senior support services to promote:
 - promote wellness and independence;
 - assist persons to remain living in the community as long as there are able, which has potential to impact ALC
- Health Equity Impact Assessment identifies additional unintended positive impacts and increased service access for vulnerable/marginalized populations
- System impact:
 - Sustainability for the SAM program
 - Program efficiencies achieved in that Good Shepherd will assume responsibility for some of the “back office” functions including IT, accounting and reporting enabling more resources to be directed to client services

Risk of Not Proceeding with Integration

- In an environment of increasing legislative, technological and program demands, limited resources and costs, it is a challenge for SAM to continue as a small independent agency
- Failure to integrate would require the SAM program to:
 - implement program changes;
 - reduce service volumes; and
 - be challenged to maintain a quality program

What we Plan to do Next

Staff

- Continued open communication with staff through regular staff meetings
- All current SAM staff to be provided offers of employment as GSCH employees for April 1, 2016 by January 5, 2016

Clients and Caregivers

- Formal letters and information sessions offered re: pending integration

Community Partners

- Formal notices provided to community partners re: pending integration
- Follow-up meetings with contracted service providers will also occur by March, 2016

Charities Directorate (CRA) and Office of Public Guardian and Trustee

- Intention of amalgamation and SAM Program application for surrender of charter as charity