

# INFORMATION REPORT



TO City Council

SERVICE AREA Community and Social Services

DATE January 17, 2013

**SUBJECT Long-Term Care Sector Backgrounder**

REPORT NUMBER CSS-CESS-1305

## EXECUTIVE SUMMARY

### SUMMARY OF REPORT

The City of Guelph is legally required to be involved in the provision of residential long-term care services. The City has been meeting its obligation through a Purchase of Service Agreement with the County of Wellington which operates Wellington Terrace. The City is developing a business case to review the City's current arrangements for a municipal home, assess alternate options to meet legislative requirements, and provide a recommendation to Council.

Although the *Long-Term Care Homes Act* spells out the provisions under which a municipality may meet the Act's requirements, it does not prescribe the process for designation. The Ministry of Health and Long-Term Care (MOHLTC) and Local Health Integration Networks (LHIN) do not have an established process or criteria to address this issue. The *Act* does identify the Minister of Health and Long-Term Care as the ultimate decision maker for any newly proposed arrangement for a designated municipal home.

In the absence of a provincially established process to designate a municipal home, the project team undertook a research-based approach to gather as much information as possible to make recommendations that would meet MOHLTC requirements and the needs of the City.

The City is undertaking a project to develop a business case which details the City's best option(s) for the designation of a municipal home. This report provides background information on the project and highlights project findings on the industry sector. This report will be referenced at the Council special meeting on February 26<sup>th</sup> on the topic of long-term care designations.

### KEY FINDINGS

Within the next 20 years, the 65+ population in Guelph is projected to increase by 119%. The relative and absolute growth in the 65+ age group necessitates forward-looking planning and exploration of a wide range of options, models and strategies to position the City in a fiscally responsible manner, to address these

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demographic changes.

The long-term care home (LTCH) sector is a heavily regulated service sector with a complex provincial funding formula. Any organization operating a LTCH is faced with a complex, high cost operation and extensive requirements aimed to ensure the health, safety and well-being of its residents.

In addition, consideration should also be given to a longer-term vision and plan when reflecting on the future needs of seniors residing in Guelph.

## **FINANCIAL IMPLICATIONS**

The total budget for this project is \$78,733 including HST. This cost will be covered through Community and Social Services' general consulting budget and Corporate and Human Resources' legal consulting budget.

## **BACKGROUND**

In 1993, legislation (i.e. *Homes for the Aged and Rest Homes Act*) required municipalities to fund a Municipal Home for the Aged (municipal home) to provide long-term care home (LTCH) services. At the time, the City sought to designate a local LTCH as its municipal home. The request was denied by the Ministry of Health and Long-Term Care (MOHLTC) on the grounds that the local LTCH under consideration operated under the *Charitable Institutions Act*, not the *Homes for the Aged and Rest Homes Act*. The MOHLTC determined the City would contribute funding to the County of Wellington to operate Wellington Terrace.

The governing legislation to the long-term care sector is now the *Long-Term Care Homes Act, 2007 (LTCHA)*. The *LTCHA* has three provisions for municipalities to meet their legislative requirement:

1. Establish and maintain a municipal home;
2. Participate with another municipality to establish and maintain a joint home; or
3. Enter into an agreement with a municipality who is maintaining a home to help maintain that home (e.g. purchase of service agreement).

The City of Guelph, like other upper and/or single-tier southern municipalities across Ontario, is required to be involved in the provision of residential long-term care services. The City is currently fulfilling its obligations through a Purchase of Service Agreement with Wellington County which operates Wellington Terrace located in Fergus.

The MOHLTC has delegated oversight and health-system planning to the Local

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Health Integration Networks (LHIN). The City of Guelph is within the catchment area of Waterloo Wellington LHIN (WWLHIN). WWLHIN is responsible for planning, coordinating, integrating and funding health care services in the Guelph community including hospitals, long-term care homes, community support services, the Waterloo Wellington Community Care Access Centre, community health centres and mental health and addictions services.

Determining eligibility and the placement of people into a LTCH locally is determined through a centralized placement system, managed by Waterloo Wellington CCAC (WWCCAC). Placements are based on priority needs. When applying for a LTCH placement, people choose up to five (5) homes in Ontario. People may choose to apply for a home located outside their home community, for example, to be closer to family and friends.

## REPORT

The City is undertaking a project to develop a business case which details the City's best option(s) for the designation of a municipal home, as required under the *LTCHA*. The business case will include a risk assessment, risk mitigation and implementation strategies and a proposed governance model. Upon project completion, a recommended option(s) will be presented to Council. Implementation is scheduled to occur in a future phase of the project, which is currently out of scope. The City has retained the services of Klejman & Associates Consulting, Inc. to provide subject matter expertise.

### Project Context

The LTCH sector is a heavily regulated service sector with a complex provincial funding formula. The *LTCHA* outlines residents' rights, care and services, admission requirements, operations, funding and compliance and enforcement. In addition to being a 24-hour operation requiring qualified staffing, the industry is subject to health profession regulations and public health rules and requirements.

Despite an aging population, the province has not increased the number of LTC beds since 1999. The distribution of beds across the province has created inequities in certain communities where there is a LTCH bed ratio below the provincial average. This average calculates the number of LTCH beds per 1,000 residents aged 75+. Communities which fall below the provincial average are considered "under-bedded". However, moving beds between communities is a politically complex process and not an easy undertaking.

There is no provincial policy or strategy to address the inequities in the bed distribution. Combined with provisions in the *LTCHA* and the growing financial burden faced by smaller LTC Homes (under 120 beds) the notion of bed relocation or transfer has become a controversial and politically loaded proposition. An approval to "move" beds from an "under-bedded" community to a community that has a more positive ratio of beds to 75+ population is likely to face serious

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community, LHIN and MOHLTC opposition. It would be possible to pursue a shift of beds if they were to move in the opposite direction however, the source community may oppose the shift.

Although the *Long-Term Care Homes Act* spells out the provisions under which a municipality may meet the Act's requirements, it does not prescribe the process for designation. The Ministry of Health and Long-Term Care (MOHLTC) and Local Health Integration Networks (LHIN) do not have an established process or criteria to address this issue. The *Act* does identify the Minister of Health and Long-Term Care as the ultimate decision maker for any newly proposed arrangement for a designated municipal home.

It should be noted that some local circumstances have resulted in unique provisions that exempted some municipalities from Part VIII of the *LTCHA*. For example, the *County of Haliburton Act, 2003*, enabled this County to transfer all the operational and oversight responsibilities to a local non-profit corporation that operates health services and long-term care homes (note: this Act also provides that under certain circumstances, the municipal obligations would be reactivated). This example, and others, is cited in the Association of Municipalities of Ontario (AMO) 2011 Report "COMING OF AGE: The Municipal Role in Caring for Ontario's Seniors". The report's various examples represent efforts by municipalities to best meet their commitments despite the burden imposed by the obligatory provisions of the *LTCHA*. There has not been, to staff's knowledge, a scenario similar to Guelph's, to gain a designation of a LTC home as a municipal home. This project is a precedent-setting undertaking.

The AMO report also describes the management and operation of long-term care homes in Ontario as a complex and heavily regulated service sector. When combined with questions related to the appropriateness of a "health" service being placed in the "municipal lap", this remains a contentious and challenging issue. In mid-2012, the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) released its paper "*Municipal Delivery of Long Term Care Services: Understanding the Context and Challenges*". Both documents describe the current situation facing municipalities as they strive to comply with the provincial requirement and also the future prospects and considerations of such compliance.

In addition, provincial strategies and priorities influence the LTCH sector. One such strategy is the Ontario's Seniors Care Strategy which promotes seniors living at home longer by providing additional supports for independent living.

All these conditions, and the City's recently approved Older Adult Strategy, require the City to examine a wide range of options, models and strategies to determine approaches to serve its seniors in a fiscally responsible manner.

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## Project Methodology

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In the absence of a provincially established process to designate a municipal home, the project team undertook a research-based approach to gather as much information as possible to make recommendations that would meet MOHLTC requirements and the needs of the city. Research from key informant interviews and data and risk analyses were assessed within the context of an initial evaluation criteria, applicable legislations and sector-specific knowledge. Research involved:

- Key informant interviews
- Establishing a preliminary list of criteria for potential partnerships
- Creating an inventory of LTC homes
- Data analysis
- Conducting a risk analysis of the options available under the *LTCHA*

## Research Findings

1. The aging of the population is a phenomenon not unique to Guelph. Like many other cities, the age 65+ population is the fastest growing segment. Guelph will see a growth in its 65+ population from 15,895 in 2011 to 34,925 in 2031 (based on Statistics Canada 2011 and Ontario Ministry of Finance projections to 2031 data). These numbers translate into a 119% increase in this age group while the total population is projected to grow by 38% by 2031.

The relative and absolute growth in the 65+ age group, when combined with other economic, social and political factors, necessitates forward looking planning and exploration of a wide range of options, models and strategies to position the City well, and in a fiscally responsible manner, for these demographic changes.

2. Within the WWLHIN area, there are 38 homes offering 3,854 beds, of which 3,741 are long-stay beds. In addition to the numbers of homes and beds, the occupancy numbers are also an important consideration, from two perspectives. First, the MOHLTC funding formula provides funding at 100% occupancy ratio as long as a home maintains its occupancy level at 97% or higher. If a home's occupancy falls below 97% the funding drops to the actual occupancy level. Second, the higher occupancy level also offers a greater possibility for a home to generate additional revenues from resident contributions, specifically from preferred accommodation.

According to WWLHIN data, at 83 beds per 1,000 for its 75+ population, Guelph is the third lowest in the WW LHIN area after Waterloo at 58 per 1,000 and rural Wellington at 76 per 1,000. Rural South Grey and North Wellington, followed by city of Cambridge have the most beds for its 75+ population at 137 beds per 1,000 and 111 beds to 1,000 respectively for its 75+ population.

3. The very nature of long-term care and the obligations imposed under s.119 of the *LTCHA* result in the risk that some future event will cause harm to residents, the LTCH's staff, Directors and/or city. Risk and uncertainty are inherent in

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providing care and services for the elderly, especially when many residents are frail, with compromising health conditions.

It is essential to have effective risk management processes in place to identify and analyze the risks, determine which risks are acceptable (and which are not), and implement risk treatment and/or controls, designed to eliminate or reduce the severity, frequency and likelihood of risks (losses). Risks can also be transferred and/or avoided, dependent upon the option (model) selected. That is, the magnitude of operational risk will vary depending upon the amount of involvement the City has with the ownership/governance/operation of the facility.

4. The current system for funding LTC Homes is complex and based extensively on prescribed MOHLTC policies. This funding system is so complex that many homes are finding it difficult to recruit accountants with the sector specific knowledge to ensure revenues are maximized, Ministry reporting requirements are met and proper financial management systems are in place to control costs.

LTC Homes are funded by MOHLTC through a blend of “four envelopes”:

- Nursing and personal care (NPC)
- Programs and support services (PSS)
- Raw food (RF)
- Other accommodation (OA)

All four envelopes are calculated on a per resident per day basis and have a defined cap or ceiling for the current per diems. These per diems are adjusted periodically by the government. In addition, every resident in a LTC Home is expected to contribute to the cost of the accommodation. This contribution is tied to the Old Age Security (OAS) rates and has provisions to allow for rate reductions and retention of a guaranteed monthly allowance for personal need of about \$136.

5. A LTC home is a labour intensive and highly regulated entity that is subject to health professions regulation, labour, safety and public health rules and requirements in addition to the provisions in *the LTCH Act*. The need to have staff on site 24 hours contributes to the challenge of organizing the delivery of care in a sensitive, regulation compliant and cost-effective manner.

The project analysis done to date, demonstrates that the daily cost of operating a municipal home is higher than not-for-profit and for-profit homes. There are two aspects to this. First is the fact that the labour costs in municipal homes are higher. Second, many municipalities make a conscious decision to provide care at staffing levels that are higher. For example, in a study carried out in another municipality, the paid hours in the nursing and personal care (NPC) envelope (i.e. the envelope that funds the hands-on care provided by registered nursing

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staff and personal support workers) in municipal homes was 3.26 per resident day. The charitable homes showed an average of 3.21 paid hours in NPC per resident day. The for-profit sector's NPC hours were 2.57 per resident day.

## **Other Factors for Consideration**

Consideration should also be given to a longer-term vision and plan when reflecting on the future needs of seniors in Guelph. Demographic analysis in this report paints a picture that should stimulate thinking and planning that goes beyond a LTC home designation.

A longer term perspective that offers a creative, cost-sensitive solution that is likely attuned to the future community needs is the "campus of care" concept. A "campus of care" model looks beyond the minimum requirements of the *LTCHA* to provide more broadly-based services and programs which meet the needs of aging residents. Sometimes called a community hub, the campus of care model is an approach that introduces a continuum of care on the same campus for residents/clients, while also providing space for shared services and the potential for co-location of local community agencies and small retail shops.

This model creates "a community in itself", with a range of options to serve the needs of residents/clients and the local neighbourhood. Offering a variety of care and service options (both health and non-health services) in one location creates a predominant focus on wellness and quality of life. The inter-related programs endeavour to maximize health and functional ability and enable residents/clients to maintain independence, retaining a sense of control of their life. Foundational to all programs offered in the campus of care model is an emphasis on healthy aging, a social model of care and service and a sense of home.

In terms of a longer-term strategy, the "campus of care" presents several advantages. It better addresses community need and reconciles with an age-friendly community model. The "campus of care" concept also provides an opportunity for integrated city services (i.e. same campus, multiple services addressing a variety of populations and city spatial needs). It creates opportunities for revenue generation, with some of these revenues being re-directed towards the operation of the long-term care home.

A broader strategic vision would help the City assess and address a wide range of community needs and provide a "roadmap" for how to get there. This vision would be best addressed through a process of integrated planning with other community partners. The City cannot do this alone. It will need partners with different resources and capacities, willing to assume shared responsibilities to pursue a broadly-based vision for the future.

## **Next Steps**

A Council workshop is scheduled for February 26, 2013. The purpose of this session is to provide information (e.g. legislative responsibility, what is involved in the LTC

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sector, etc.) to guide Council's future decision making. During the session, staff will be seeking Council's input and feedback on the City's potential role in LTC in both the short- and long-term.

Staff anticipates bringing forward a recommendation on potential options in May for Council's consideration. The direction received from Council will define the remaining work for the project team.

## **CORPORATE STRATEGIC PLAN**

### Organizational Excellence

1.2 Develop collaborative work teams and apply whole systems thinking to deliver creative solutions

1.3 Build robust systems, structures and frameworks aligned to strategy

### Innovation in Local Government

2.1 Build an adaptive environment for government innovation to ensure fiscal and service sustainability

2.3 Ensure accountability, transparency and engagement

### City Building

3.1 Ensure a well designed, safe, inclusive, appealing and sustainable City

## **DEPARTMENTAL CONSULTATION**

This report was prepared in concurrence with Corporate and Human Resources, and Finance and Enterprise Services.

## **COMMUNICATIONS**

Key community and government stakeholders have been advised of this project and preliminary discussions have taken place. Further discussions will continue as the project progresses.

Community stakeholders include Waterloo Wellington Community Care Access Centre (WWCCAC), Association of Municipalities of Ontario (AMO), and Ontario Association of Non-profit Homes and Services for Seniors (OANHSS).

Government stakeholders include Ministry of Health and Long-Term Care (MOHLTC), Waterloo Wellington Local Health Integration Network (WWLHIN) and the County of Wellington.

A public forum is scheduled for January 29, 2013 to solicit community input on the City's role in addressing services for seniors.



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Corporate Communications Department will promote opportunities for community members to participate in the project.

## ATTACHMENTS

N/A

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