COMMITTEE AGENDA

TO **Community & Social Services Committee**

DATE May 14, 2013

LOCATION Council Chambers, Guelph City Hall, 1 Carden Street

TIME 5:00 p.m.

DISCLOSURE OF PECUNIARY INTEREST AND GENERAL NATURE THEREOF

CONFIRMATION OF MINUTES- April 9, 2013 open meeting minutes

PRESENTATIONS (Items with no accompanying report)

None

CONSENT AGENDA

The following resolutions have been prepared to facilitate the Committee's consideration of the various matters and are suggested for consideration. If the Committee wishes to address a specific report in isolation of the Consent Agenda, please identify the item. The item will be extracted and dealt with separately. The balance of the Community & Social Services Committee Consent Agenda will be approved in one resolution.

ITEM	CITY PRESENTATION	DELEGATIONS	TO BE EXTRACTED
CSS-2013.14 Long-Term Care Project Findings	• Karen Kawakami, Social Services Program & Policy Liaison • Michael Klejman, consultant		√
CSS-2013.15 Community Investment Strategy Review of Discretionary Grants Cost Shared with the County of Wellington			

CSS-2013.16 Community Benefit Agreement: Guelph Neighbourhood Support Coalition			

Resolution to adopt the balance of the Community & Social Services Committee Consent Agenda.

ITEMS EXTRACTED FROM THE CONSENT AGENDA

Once extracted items are identified, they will be dealt with in the following order:

1) delegations (may include presentations)
2) staff presentations only
3) all others.

REVIEW OF DRAFT MEETING FLOW GUIDE

ADJOURN

NEXT MEETING: June 11, 2013

Minutes of the Community and Social Services Committee
Held in the Council Chambers, Guelph City Hall on
Tuesday April 9, 2013 at 5:00 p.m.

Attendance

Members: Chair Dennis, Mayor Farbridge, Councillors Laidlaw and Van Hellemond

Absent: Councillor Burcher

Councillors: Councillors Bell, Findlay, Furfaro, Hofland and Wettstein

Staff: Ms. C. Bell, Executive Director, Community & Social Services; Ms. C. Clack, General Manager, Culture & Tourism; Ms. B. Powell, General Manager, Community Engagement & Social Services; Ms. T. Agnello, Deputy Clerk; Ms. J. Sweeney, Council Committee Coordinator

Call to Order *(5:00 p.m.)*

Chair Dennis called the meeting to order.

Disclosure of Pecuniary Interest and General Nature Thereof

There were no disclosures.

Confirmation of Minutes

1. Moved by Mayor Farbridge
Seconded by Councillor Laidlaw

That the open and closed meeting minutes of the Community and Social Services Committee held on March 12, 2013 be confirmed as recorded.

VOTING IN FAVOUR: Mayor Farbridge, Councillors Dennis, Laidlaw and Van Hellemond (4)
VOTING AGAINST: (0)

CARRIED

Consent Agenda

The following items were extracted:

CSS-2013.10 Cultural Mapping Web Portal Update
CSS-2013.11 Community Engagement Framework

Balance of Consent Items

2. Moved by Councillor Laidlaw
Seconded by Councillor Van Hellemond

That the balance of the Community and Social Services Committee April 9, 2013 Consent Agenda, as identified below, be adopted:

CSS-2013.12 Liquor Licence for Guelph Civic Museum and Evergreen Seniors Centre

That Council approves the Delegation of Authority for the completion and execution of the applications for the Liquor Sales License for the Guelph Civic Museum and Evergreen Seniors Centre to the Executive Director and General Managers who oversee the facilities.

CSS-2013.13 CIS Implementation – Wellbeing Grant Allocation Plan Terms of Reference

1. That the proposed Terms of Reference for the Wellbeing Grant Allocation Panel as presented in this report be approved.

2. That Council receives supplementary information regarding the Panel's operation.

VOTING IN FAVOUR: Mayor Farbridge, Councillors Dennis, Laidlaw and Van Hellemond (4)
VOTING AGAINST: (0)

CARRIED

Extracted Consent Items

CSS-2013.10 Cultural Mapping Web Portal Update

Ms. Astero Kalogeropoulos, Arts & Culture Program Officer, outlined the cultural mapping portal and highlighted the features on the site. She advised that the information is updated by the community so the information is up to date.

3. Moved by Mayor Farbridge
Seconded by Councillor Laidlaw

That the April 9, 2013 report entitled "Cultural Mapping Web Portal update" be received for information.

VOTING IN FAVOUR: Mayor Farbridge, Councillors Dennis, Laidlaw and Van Hellemond (4)
VOTING AGAINST: (0)

CARRIED

CSS-2013.11 Community Engagement Framework

Ms. Barbara Powell, General Manager Community Engagement & Social Services, outlined the community engagement framework which provides policy and tools to engage the public in complex issues. She reviewed the components of the framework and the role the staff and various community participants played in the development of the document. She advised that staff training will be conducted during 2013 with the framework being effective 2014.

Delegations

Mr. Derek Alton advised that the framework provides a clear and easy framework to follow and gives the public an idea of what to expect with respect to being engaged in various issues. He suggested that there could be value in including more engagement options which would allow

larger amount of citizen input. He further suggested that at the end of the year a report should be prepared and made available to the public, outlining the techniques used and by what departments. He encouraged the Committee to approve the framework.

Ms. Kim Chuong, a member of The Institute for Community Engaged Scholarship, University of Guelph, who were involved in the development the framework and suggested that the framework will help to strengthen the working relationship between the public and the City. She advised that she is familiar with many municipal plans globally, and that this is one of the most comprehensive she has seen.

Mr. Derek Alton on behalf of the Guelph Civic League, advised that the organization is excited about this document as it will provide consistency across the city. He recommended the following enhancements; engagement options be made public and their relative effectiveness and costs on the City's website; the type of engagement to be used on projects be announced publicly or if the engagement framework is not being used; a citizen advisory group be formed to assist in the road map and in the engagement of a number of diverse people and groups. He urged Committee to approve the engagement framework with the suggested enhancements.

4. Moved by Mayor Farbridge
Seconded by Councillor Van Hellemond

1. That Council approve the Community Engagement Framework, and the Policy and Procedure.

2. That Council direct staff to report back on an annual basis on the implementation of the framework and any recommended revisions.

VOTING IN FAVOUR: Mayor Farbridge, Councillors Dennis, Laidlaw and Van Hellemond (4)
VOTING AGAINST: (0)

CARRIED

Review of Draft Meeting Flow Guide

The Committee had no comments on a draft meeting flow guide developed in accordance with the recently established Standing Committee Terms of Reference.

Adjournment *(6:00 p.m.)*

5. Moved by Councillor Van Hellemond
Seconded by Councillor Laidlaw

That the April 23, 2013 meeting of the Community and Social Services Committee be adjourned.

CARRIED

_____
Deputy Clerk

COMMUNITY & SOCIAL SERVICES COMMITTEE
CONSENT AGENDA

May 14, 2013

Members of the Community & Social Services Committee.

SUMMARY OF REPORTS:

The following resolutions have been prepared to facilitate the Committee's consideration of the various matters and are suggested for consideration. If the Committee wishes to address a specific report in isolation of the Consent Agenda, please identify the item. The item will be extracted and dealt with immediately. The balance of the Community & Social Services Consent Agenda will be approved in one resolution.

A Reports from Administrative Staff

REPORT	DIRECTION
CSS-2013.14 LONG-TERM CARE PROJECT FINDINGS 1. That Council request confirmation from The Elliott's Board of Directors affirming their continued interest in working with the City and willingness to participate in the elements of the business case development to assess the suitability of The Elliott as the City's designated municipal home. 2. That staff be directed to scope the required elements and associated costs to develop a comprehensive business case for The Elliott as the City's designated municipal long-term care home and report back to Council on this recommendation in fall 2013. 3. That, through the Older Adult Strategy, staff be directed to determine the feasibility of a "campus of care" model to meet future demands for long-term care with relevant stakeholders and partners predicated on collaboration and shared responsibility, using a 20 year planning horizon.	Approve
CSS-2013.15 COMMUNITY INVESTMENT STRATEGY REVIEW OF DISCRETIONARY GRANTS COST SHARED WITH THE COUNTY OF WELLINGTON 1. That the May 14, 2013 report entitled "Community Investment Strategy Review of Discretionary Grants Cost Shared with the County of Wellington" be received for information.	Receive

CSS-2013.16 COMMUNITY BENEFIT AGREEMENT: GUELPH NEIGHBOURHOOD SUPPORT COALITION

Approve

1. That Council delegate authority to the Executive Director of Community and Social Services to approve the GNSC (Guelph Neighbourhood Support Coalition) Community Benefit Agreement as part of the Community Investment Strategy implementation, subject to approval by Legal and Realty Services.

2. That Committee approve Schedule V of the Delegation of Authority By-law with the updated version attached hereto as Attachment 1.

attach.

Long-term Care Project

CSS Committee
May 14, 2013

Project Goal

"THAT Council directs staff to report back on the range of possible options that meet the criteria for our designated Long-term Care Home"

History

- Original intention was to have a home based in Guelph as the City's designated municipal home
- Due to different governing legislations at the time, MOHLTC determined the City would contribute funding to Wellington County to operate Wellington Terrace
- Since that time, the City has sought to have The Elliott as our designated municipal home

Status of Wellington Terrace Agreement

- In 2012, a new agreement was negotiated with the County
- The City funds 20% of the net operating costs of Wellington Terrace
  - 2013 budget = $1,201,900
- The County agreed to support the City in obtaining MOHLTC approval to select an alternate long-term care facility as its municipal home

The Elliott Community

- The Elliott is on land owned by the City
- In 2002, *The Elliott Act* was amended to establish it as a local board under *The Municipal Act*
- Board of Trustees are appointed by City Council
- In 2001 & 2004, City Council approved two debentures totalling $23 million to fund redevelopment of its LTC facilities
  - The Elliott is repaying to the City via a Promissory Note

Presentation to the Community & Social Services Committee City of Guelph REPORT Long-Term Care Home Services

May 14, 2013

Agenda

1. Introduction and Background
2. Approach
3. Risk Analysis
4. Findings
5. Opportunities
6. Public Forum
7. Compliance Options, Considerations and Recommendations

OVERVIEW OF THE REPORT

1. Introduction and Background

- a. Project Deliverables
  - i. Legal and Operationally Possible Options
  - ii. Analysis and rating of Options
  - iii. Recommendations on Best Options
- b. Project Context
  - i. Municipalities and Long-Term Care
  - ii. Guelph and Compliance with the LTCH Act
    1) Legal Context
    2) Local Unique Considerations

REPORT OVERVIEW continued...

2. Approach

a. Data Collection & Analysis
   i. Interviews
   ii. Review of Documentation/Correspondence
   iii. Review of Legislation and Policies
   iv. Risk Analysis
      1) Legal and Operational Considerations

b. Legislative Framework
   i. Uniqueness of Guelph's Options
   ii. No Definitive Policy on Designation

REPORT OVERVIEW continued...

3. Risk Analysis

a. Legislation-based Options
   i. Sole Ownership and Operation
   ii. Partnership with other Municipality (ies)
   iii. Purchase of Service

b. Non-Legislation Based Option
   i. Designation of a Home as Municipal

c. Funding System
   i. Complexity & Uniqueness

d. Regulatory & Monitoring System
   i. Unique and Extremely Intrusive

REPORT OVERVIEW continued...

4. Findings

a. Demographics
   i. Guelph's Projections
   ii. Concepts for Integrated Communities for Seniors
      1) "Campus of Care"

b. Financial Analysis
   i. Implication of the three legislative Options
   ii. Local Options
      1) The Elliott
      2) Wellington Terrace
      3) Others

REPORT OVERVIEW continued...

c. Analysis of Options/Key Considerations

i. Five Dimensions:

1) Sole Ownership
2) Purchase of Service
3) Acquisition of Existing License
4) Joint Ownership (with another Municipality)
5) Partnership with an Operator (not Municipality)

5. Opportunities

a. “Campus of Care”

i. Provincial Policy Direction

ii. Community expectations

iii. General Trends in Seniors` Services

REPORT OVERVIEW continued...

6. Public Forum

a. Forum Conclusions

i. City Role

- Build a Home in Guelph
- Be a Strategic Planner
- Advocate

ii. Priorities:

- Keep People in Their Homes
- More beds in Guelph
- Get Planning
- Programs for People on Wait Lists
- Integrate Seniors` Services
- Create a Communications Hub

b. Survey Summary

i. Concurrence with Priorities and City`s Role from the Forum

REPORT OVERVIEW continued...

7. Compliance Options, Considerations and Recommendations

a. Legal Considerations and Options

i. Purchase of Service

1) Keep/Improve Current Provisions or Partner with another Municipality

ii. Approval of a LTCH as Municipal

1) No Legislative or Policy Framework

iii. Outright Ownership and Control

1) Acquisition/Transfer of License

2) Management/Financial Burden

iv. Partnership with another Municipality

REPORT OVERVIEW continued...

b. Cost and Complexity Considerations
   i. Up Front and On-going Financial Commitment
      1) Construction/Redevelopment Costs
      2) Pattern of Municipal Costs in LTCH Operations
      3) Unique Financial Expertise
   ii. Capacity and Efficiency
      1) Bed Size and Efficiency Consideration
      2) Administrative and Clinical Expertise Required
      3) Corporate Oversight and Supports
         - Legal
         - HR/Labour Relations
         - IT and Communications

REPORT OVERVIEW continued...

c. Broader Considerations

i. Future Community Needs

1) Population Projections – Guelph v. Ontario
2) Changing Provincial Policy Priorities
3) Evolving Community Expectations
   - Public Forum

ii. Partnerships and Collaboration

1) Provincial and LHIN Vision
2) Leadership v. Ownership
3) Citizen role/voice

Recommendations

1. **Build on Older Adult Strategy and Develop a Seniors' Focused Strategic Plan**
   a. Embrace the "Campus of Care" framework as the foundational model
   b. Frame this strategy within the partnership and collaboration philosophy

Recommendations continued...

2. **Maintain current compliance with the LTCH Act through the purchase of service agreement with the County of Wellington**
   a. Enhance this agreement to strengthen City`s role and involvement

Recommendations continued...

3. **Seek to designate The Elliott as a municipal home**
   a. Assess required amendments to The Elliott Act to align municipal role/authority with LTCHA
   b. Due diligence including:
      i. By-Law review
      ii. Building assessment
      iii. Updated operational review

QUESTIONS - DISCUSSION

STAFF REPORT

TO	Community and Social Services Committee
SERVICE AREA	Community and Social Services Community Engagement and Social Services
DATE	May 14, 2013
SUBJECT	**Long-term Care Project Findings**
REPORT NUMBER	CSS-CESS-1318

EXECUTIVE SUMMARY

PURPOSE OF REPORT

To provide Council with the findings and recommendations of the Long-term Care Project and seek approval to:

- Identify the elements and associated costs to assess the suitability of The Elliott as the City's municipal home; and
- Determine the feasibility of a "campus of care" model over the longer term.

KEY FINDINGS

The City of Guelph is legally required to be involved in the provision of residential long-term care services and has been meeting this obligation through a purchase of service agreement with the County of Wellington which operates Wellington Terrace. The City is reviewing its current arrangements for a designated municipal home and assessing alternate options to meet legislative requirements.

This report provides background on the project, highlights project findings on the industry sector and provides recommendations that consider both the short and long term requirements for the city.

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.

ACTION REQUIRED

Council to approve further development of the short and long term recommendations of the Long-term Care Project.

RECOMMENDATION

1. That Council request confirmation from The Elliott's Board of Directors affirming their continued interest in working with the City and willingness to participate in the elements of the business case development to assess the suitability of The Elliott as the City's designated municipal home;

2. That staff be directed to scope the required elements and associated costs to develop a comprehensive business case for The Elliott as the City's designated municipal long-term care home and report back to Council on this recommendation in fall 2013; and

3. That, through the Older Adult Strategy, staff be directed to determine the feasibility of a "campus of care" model to meet future demands for long-term care with relevant stakeholders and partners predicated on collaboration and shared responsibility, using a 20 year planning horizon.

BACKGROUND

The Ministry of Health and Long-Term Care (MOHLTC) has delegated oversight and health-system planning to the Local Health Integration Networks (LHIN). The City of Guelph is in the catchment area of Waterloo Wellington LHIN (WWLHIN). WWLHIN is responsible for planning, coordinating, integrating and funding health care services in our 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.

In both 2004 and 2007, City Council passed a resolution to seek designation of The Elliott as the City's municipal home from the MOHLTC. The City's past efforts to designate a local long-term care home (LTCH) as our municipal home were complicated by the challenge of limited information available on the process to secure an approval by the Minister of Health and Long-Term Care. Although the *Long Term Care Homes Act, 2007* (*LTCHA*) spells out the options by which municipalities can meet the *Act*'s requirements, it is silent on the specific question of how a municipality can get a home designated as a municipal home. Likewise, neither the MOHLTC nor LHIN have an established process or criteria to get a home designated as a municipal home.

A further complexity to the legislation is that the *LTCHA* uses the phrase "establish and maintain." It does not say "own and operate." While the phrase, "establish and maintain" may be broad enough to include "own and operate," it is not restricted to only owning and operating a home. Similarly, the *LTCHA* does not use the word "control" or indicate what kind of control(s) is (are) necessary in the application of "establish and maintain." Without a definitive court ruling on the meaning of the

phrase, "establish and maintain" ought to be able to cover a variety of scenarios with a range of controls available to the establishing municipality.

The ultimate approval for any newly proposed arrangement for a designated municipal home rests solely with the Minister of Health and Long-term Care.

REPORT

Project Context and Methodology

The City of Guelph is legally required to be involved in the provision of residential long-term care home (LTCH) services. The governing legislation to the LTCH sector is the *Long-term Care Homes Act, 2007* (*LTCHA*) and the *LTCHA* has three models for southern upper and single-tier 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

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 is fulfilling our obligations through a Purchase of Service agreement with Wellington County (i.e. model #3).

The City is undertaking a project to review the City's current arrangements for a municipal home, assess alternate options to meet legislative requirements and provide a recommendation to Council. 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, data and risk analyses and community consultations were assessed within the context of an initial evaluation criteria, applicable legislations and sector-specific knowledge.

All possible methods and options to meet legislative requirements were within scope of the project. The span of the project team's review encompassed the WWLHIN catchment area with the beginning assumption that using an expanded research area would provide additional information and options to inform the project outcomes.

A summary of the research findings was provided in Information Report #CSS-CESS-1305: Long-term Care Backgrounder, dated January 17, 2013.

Community Consultation

Subsequent to the January 2013 Information Report, a public forum was held (attended by 70 people), followed by a survey, completed by 72 people. Forum and survey participants included the elderly, caregivers, providers of services to seniors and elected officials.

At the public forum, an overview of the current system of services to seniors and a summary of the project's work to date was provided. The presentation was followed by table discussions focused on the questions:

1. What are the principles on which the LTC system should be based?

2. What should be the values that underpin the LTC system if I or my loved one should need access to LTC?

3. What role and approach should the City of Guelph take with respect to LTC?

    a. What should be the City's role?

    b. What should be the priorities for Guelph?

Following the forum, residents were invited to complete an on-line survey which summarized the input received at the forum and validated key conclusions.

The community raised a number of issues such as the need for more LTC beds in the city, long waiting lists for care, challenges navigating and accessing the system and available support services and the high cost of care.

Community consultation findings provided the following recommendations:

- The City should build a home in Guelph;

- The City should be a strategic planner to integrate seniors services, focus on keeping people in their own homes, provide programs for people on waiting lists to get placed in a LTCH and create a communications hub to learn about and access services; and

- The City should be an advocate for adequate funding, streamlined services and getting more beds in Guelph

Research conclusions

The research indicates that any involvement, from sole ownership to a purchase of service arrangement with an LTCH, will require a greater knowledge base within the

City to ensure its control/oversight or participation and contribution are appropriate and sound. In terms of the legislative models for municipal compliance, the research found:

Establish and Maintain a Municipal Home or Joint Ownership with Another Municipality

1. The operation of a small stand-alone home would be financially challenging and most likely require a continuous municipal investment. In the start-up years, the lack of sector-specific clinical, operational, financial and quality focused knowledge will likely negatively impact both the financial and clinical aspects of an LTC Home operation. The on-going labour cost of additional municipal employees is a further consideration.

2. Acquisition of an existing license for LTCH beds requires an up-front investment to make the purchase. These licenses must be acquired from the existing stock within the province and is subject to Ministerial approval. Approval considers the level of expertise and knowledge of the buyer to be a successful operator. It is the Consultant's understanding that bed licenses, if obtained from a for-profit operator, are currently selling for between $25,000 and $30,000 per bed. MOHLTC data indicates that a minimum of 100 beds is required to achieve financial viability.

3. Acquisition of a license may entail relocation of beds from another community. In addition to the purchase cost of bed licenses, approval and permission to move beds will need to be secured, followed by building a new home that meets the provincial design standards for LTC Homes. Construction cost per bed is about $165,000, without the price of land.

4. Establishing a partnership with an LTCH operator other than a municipality requires that the City must:

    - Demonstrate it has "established and maintains"[1] the facility (which could be achieved through a new construction or assumption of control of an existing building);
    - Have effective control;
    - Have an approved management contract; and
    - Ministerial approval.

[1] As previously stated, MOHLTC has no policy or defined process through which an existing LTCH becomes a "municipal home"

5. It is the view of the Consultants that purchase of service arrangements between and among municipalities can and do work, but require investment of time by local elected officials and appropriate municipal staff. Agreements require continuous reviews and modifications as local circumstances, legislation, policy and funding provisions change.

6. Entering into a partnership or joint ownership with another municipality will likely require a similar type of enhanced involvement as a purchase of service arrangement but more time demanding from both governance and staff oversight perspectives.

Consultant Recommendations and Rationale

In addition to the research conclusions, other key considerations shaped the recommendations. The long-term care sector is complex and highly regulated by not only the *LTCHA* and related regulatory provisions but also health profession regulations and public health rules and requirements. Operation of an LTCH requires specific skills and knowledge to be an effective and successful operator. Furthermore, the 65+ population of Guelph is projected to grow by 119% from 2011 to 2031[2]. This increase 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. Although the City recently developed the Older Adult Strategy, there is still a lack of clarity as to the scope or the aim of the City with respect to LTCH services.

Two (2) recommendations are being put forward for Council's consideration. The recommendations are intended to address both the immediate and long term needs of the City.

1. Scope all elements, including cost, of developing a comprehensive business case to determine the suitability of The Elliott as the City's designated municipal home.

   Rationale:
   The City has a well-defined and long-standing connection to The Elliott. It is situated on City land and *The Elliott Act* establishes The Elliott as a local board under the Municipal Act, governed by a Board of Trustees whose members are appointed by City Council. The City also holds a promissory note, originally issued to fund the home's redevelopment to meet MOHLTC standards. The Elliott's location, financial ties and status as a local board of the City may mitigate some of the complexities to successfully having it designated as the City's municipal home, such as demonstrating that the City has "established and maintains" the facility.

[2] Based on Statistics Canada 2011 and Ontario Ministry of Finance projections

While these connections have not, to date, resulted in a way to achieve compliance with the *LTCHA*, it, nevertheless, presents an option that would be more viable than pursuit of an alternative.

Potential elements of a business case may include:

- Updated operational review;
- Review of *The Elliott Act* and identification of requirement amendments;
- Review of The Elliott's by-laws; and
- Capital assessment.

2. In the long-term, develop a companion document that complements the Older Adult Strategy with a strategic focus on a "campus of care" model to meet the future demands for long-term care, with a 20 year planning horizon.

    a. Determine the feasibility of a "campus of care" model with relevant stakeholders and partners through collaboration and shared responsibility

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. This model creates "a community in itself", offering a variety of care and service options (both health and non-health services) in one location.[3]

Rationale:
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.

The "campus of care" model better addresses community need and reconciles with an age-friendly community model. It also provides an opportunity for integrated City services (i.e. same campus, multiple services addressing a variety of populations and City spatial needs). A "campus of care" will create opportunities for revenue generation, with some of these revenues being re-directed towards the operation of the long-term care home.

[3] The "campus of care" model is described in report #CSS-CESS-13: Long-term Care Backgrounder, dated January 17, 2013

Options Considered but Not Recommended

Other options were also investigated but not put forth for consideration by Council.

The prospect of directly owning and operating an LTCH (either solely or in partnership with another municipality) was considered. However, the logistics and costs associated with this option would be significantly higher. As previously noted in the report, this option requires the purchase of bed licenses, potential construction costs and ongoing labour costs for additional municipal employees.

An agreement with an adjacent municipality other than Wellington County, or other local non-profit home was also investigated. While the mechanics of these options would be similar to the recommendations listed above, the process would be much more complex and costly because of the need to "start from scratch" in either situation. In such undertakings, new/unforeseen considerations and obstacles may arise to further delay or even scuttle the process.

For example, engaging in discussions with another municipality requires extensive preliminary effort to define and describe the intent and content of a possible arrangement as an informal process. It would be followed by an internal review at senior administration and subsequently council levels. If approved by the potential municipal partner, the actual discussions and negotiations would ensue. In the current economic environment, any municipality would be seeking to benefit from, or at least be in a financially neutral position, when exploring new relations or partnerships. At the end of a lengthy process there would be no certainty that Guelph would be better served by a purchase of service agreement with another municipality other than Wellington County.

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
3.2 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 was held on January 29, 2013 to solicit community input on the City's role in addressing services for seniors. Corporate Communications Department promoted the event through both traditional and social media and with community posters.

Corporate Communications Department posted project information, reports and related documents on the City's website at guelph.ca/longtermcare and will continue to promote other opportunities for community members to participate in the project.

The Elliott has been advised of this report and the process to attend Committee/Council meetings as a delegation.

WWLHIN and Wellington County have been advised of this report.

ATTACHMENTS

ATT-1: The Development of Long-term Care Home Services for the City of Guelph

Approved By
Barbara Powell
General Manager,
Community Engagement and Social Services
519-822-1260 x 2675
Barbara.powell@guelph.ca

Recommended By
Colleen Bell
Executive Director
Community and Social Services

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THE DEVELOPMENT OF LONG-TERM CARE HOME SERVICES FOR THE CITY OF GUELPH

REPORT

OPTIONS, CONSIDERATIONS AND RECOMMENDATIONS FOR THE CONTINUED COMPLIANCE WITH THE PROVINCIAL *LONG-TERM CARE HOMES ACT 2007*

TABLE OF CONTENTS

LIST OF ABBREVIATIONS

AMO	Association of Municipalities of Ontario
ARR	Annual Reconciliation Report, a financial report every LTC Home in Ontario is required to submit to the Ministry of Health and Long-Term Care on how it has spent funds provided by the Ministry
CCAC	Community Care Access Centre, 14 such Centres in Ontario are responsible for the assessment, placement in LTC Homes or provision of in-home services to eligible individuals
WWLHIN	Waterloo Wellington Local Health Integration Network, one of 14 in the province created to oversee, fund and integrate the delivery of health services
CMI	Case Mix Index, the funding allocation methodology currently in use in Ontario for LTC Homes. It is in the process of being replaced by RUG-III system
C of M	Committee of Management, a municipal council committee that oversees the operation of that municipality's LTC Home. Such committees are required to be in place under the LTCH Act 2007
FTE	Full-Time Equivalent, hours worked per week that equate to a full time position
HINF	High Intensity Needs Fund, a fund LTC Homes can access through an application process for financial assistance with extraordinary care needs of some residents
HQO	Health Quality Ontario, a new arms-length body created this year by Ontario that is mandated to develop and implement performance benchmarks and provide public reports on the quality of health services. HQO replaces Health Quality Council of Ontario (QHCO) and has a much expanded mandate
LHIN	Local Health Integration Network, an agency (14 LHINs in Ontario) of the Crown with funding, planning, performance monitoring and service integration powers
L-SAA	Long-Term Care Home Service Accountability Agreement, a legal agreement all LTC Homes must sign with their local LHIN to receive annual funding. It replaces the former annual service agreements with MOHLTC
LTCHA	*Long-Term Care Homes Act 2007*, replaces previous legislation that governed the long-term care homes: the Nursing Home Act, Charitable Institutions Act and the Homes for the Aged and Rest Homes Act
LTCH	Long-Term Care Home
MOHLTC	Ministry of Health and Long-Term Care
NP	Nurse Practitioner, designation for RNs who meet the required standards for enhanced authority and powers in diagnosis and prescription of medication
NPC	NPC – Nursing and Personal Care envelope, one of the funding envelopes for LTC Homes
OANHSS	Ontario Association of Non-Profit Homes and Services for Seniors
OHRS-MIS	Ontario Healthcare Reporting System – Management Information System, implemented since 1994 (for hospitals) statistical and financial reporting system
OA	OA – Other Accommodation, a funding envelope for LTC Homes that covers non-care or service aspects of LTC Homes` operations, such as administration

P.I.E.C.E.S.	Physical Intellectual Emotional Care –Environmental Social; best practice learning and development initiative developed in LTC Homes has now expanded into other care fields
PSS	Programs and Support Services, a funding envelope for LTC Homes
PSW	Personal Support Worker
QI	Quality Improvement
RAI-MDS	Resident Assessment Instrument – Minimum Data Set, methodology for assessing and categorizing care needs of residents and care provided. It forms the foundation on which funding for LTC Homes is based
RUG III	Resource Utilization Grouping, builds on RAI-MDS to allocate resource to match functional/care needs or residents
RF	Raw Food, a funding envelope for LTC Homes
RFP	Request for Proposals
RN	Registered Nurse
RPN	Registered Practical Nurse

SECTION 1: INTRODUCTION

1.1. Background

The long-term care home (LTCH) sector has a long and varied history in Ontario. Municipal residential services have their origins in the 1880s, when first municipal services were established and their focus and names have evolved as communities sought to address their specific local needs, from poor houses and houses of refuge to municipal homes for the aged since 1950s. Beginning in 1949, the *Homes for the Aged and Rest Homes Act* required municipalities to provide long term care home services in some fashion. That requirement continues today, under the *Long Term Care Homes Act (LTCHA),* which permits three options for compliance: 1) the municipality "…may establish and maintain…" a home; 2) the municipality may participate "…in the establishment and maintenance of a joint home…"; and 3) the municipality may help "…maintain a municipal home or joint home…".

Charities in Ontario have also been active in this field, with religiously based residential programs being established by churches and convents since the late 1800s. In mid-1900s there was a growth in the privately operated rest and retirement home industry. Eventually some became nursing homes with their own specific legislation. Today, the long term care home system consists of 633 homes with 77,747 beds. Within this total, municipalities account for 103 homes and 16,473 beds. Ministry of Health & Long-Term Care (MOHLTC) is responsible for the regulatory and oversight aspects of this sector. Local Health Integration Networks (LHINs) also have been assigned some of the responsibility for oversight of LTCHs, including the execution of service agreements, Long Term Care Home Service Accountability Agreement (L-SAA), that define funding for homes.

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 has been meeting its obligation through a purchase of service agreement with the County of Wellington which operates Wellington Terrace located in Fergus. Although the City is in compliance with the *LTCHA*'s requirement "to help maintain a municipal home", it wishes to explore a range of options that would ensure continued adherence to the *LTCHA* while at the same time enabling it to better address the current and future service needs of the City's growing elderly population.

The aging of the population is a phenomenon not unique to Guelph. Based on 2011 Statistics Canada census the total population in Guelph is projected to grow by 38% by 2031, while in Wellington County it will grow by 30% and in Ontario by 22%. The percentage of the population 65 years and older within Guelph is projected to grow from 13% in 2011 to 26% by 2031 as a percentage of the total population. The number of those 65+ is projected to increase, in Guelph, from 15,895 in 2011 to 34,925 by 2031. The provincial growth for that age cohort is projected to grow from 15% in 2011 to 30% by 2031. Similar data is not available for Wellington County. The table, in **Appendix 8.1,** provides a full summary of the population growth projections.

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.

In order to assist it in determining the optimal approach to serving its seniors, and remaining in compliance with legislation, the City of Guelph has contracted the firm of Klejman & Associates Consulting Inc. carry out a two-phased review, and provide recommendations.

1.2. Project and Deliverables

The start-up of this review consists of the following steps.

- Analysis of data and information of the past and current efforts by the City to meet the regulatory requirements
- Identification of the possible options, within the provisions of the *LTCHA* , for continued compliance
- Formulation of "criteria" that will have to be considered during the analysis of options
- Identification of potential arrangements, through the application of the criteria, that would encompass a scan of possible arrangements with other LTC Homes in a defined area as one means of compliance with *LTCHA*
- Analysis of risks and benefits of various options/partnerships
- Submit a report to the Council with recommendations and advice on options

The Consultant conducted in-person and telephone interviews with a number of provincial and local stakeholders (see **Appendix 8.2.2** for a detailed list). Analysis of the provisions of the *LTCHA* and other Ontario legislation that pertains specifically to the municipal role/responsibilities in the operation of long-term care homes was carried out by the solicitor member of the Consulting team. The summary of this analysis is contained in the **Appendix 8.3**. The deliverables of this project included:

- Eligibility Criteria for "Designated Municipal home"
- Inventory of eligible homes
- Outline of options to meet the legislative requirement
- Analysis of options and identification of most appropriate
- Stakeholder interviews
- Report

The project's progress was overseen and guided by a cross-departmental Steering Committee composed of staff from the City's Community and Social Services, Legal Services and Finance departments.

In late 2012 two additional activities were added to the scope of the review:

- A public engagement session
- An information session for the Council on the *LTCHA* and the services for seniors system in Ontario

The public engagement took place at a Forum held on January 29th, 2013, at the Evergeen Centre, and was followed up with an open on-line survey hosted on the City's website.

The Council information session was scheduled for February 26, 2013 but was cancelled due to inclement weather. In consideration of the fullness of the Council's spring calendar it was not rescheduled, however, session materials were provided to Council.

1.3. Legislative Context

The *LTCHA* provides a framework for Southern municipalities to comply with the legislation. The Act provides three models:

- sole establishment and maintenance

- joint establishment and maintenance
- or through a purchase of services agreement between a municipality who has established and maintains a home and a municipality that does not establish and maintain a home of its own [*LTCHA*; Sec.119(1),(2); 120(1),(2); 121(1),(2)].

A full overview of the legislative models as it applies to municipalities is provided in **Appendix 8.3**. All three options are being used by Southern Ontario municipalities to meet the compliance requirement.

In addition to meeting its requirements under the *LTCHA*, the City also enjoys a unique and long-standing relationship between it and The Elliott Community, a multi-service charity situated in Guelph and established through The Elliott Act 1963, amended in 2002, but in existence since 1903. The relationship between the City and The Elliott includes oversight, financial, and governance dimensions. This relationship is described in more detail in **Appendix 8.4 Overview of The Elliott Act and By-Laws**.

1.4. Current Status

Since 1993 the City has been in compliance with the provincial legislation, and since that time it has also sought provincial approval of The Elliott as its municipal home. Although the provincial contacts have changed over the years, the status of the City's request has remained unresolved. As a result, the City has continued to assist in maintaining Wellington Terrace, through an annual financial contribution to the County of Wellington. Currently Guelph contributes approximately $1,200,000 annually to the County of Wellington as its share of the cost of operating Wellington Terrace, based on a mutually agreed upon formula.

Not all residents of the City of Guelph choose Wellington Terrace when they need a long-term care home. This is consistent with the expressed preferences of seniors in other jurisdictions, who choose a home in their local community, close to friends, family and lifelong activities. Between April 1, 2012 and September 13, 2012, according to WW LHIN data, 125 residents of the City of Guelph were admitted to a long-term care home within the City's boundaries, while 87 were admitted elsewhere. Eight people from the City of Guelph were admitted to Wellington Terrace during that time. **Appendix 8.8** lists the location of all recent admissions of residents from Guelph within and beyond the greater Guelph area.

With the implementation, by the province, of a centralized mechanism for the eligibility determination and placement authority for accessing long-term care beds (the Community Care Access Centres (CCACs)), the entire LTCH system has shifted to a priority need based placement system that is also greatly dependent on the availability of beds. This has meant that the traditional approach of being able to facilitate admission in the local LTC Home is not the dominant principle.

The Ontario government, after establishing the Local Health Integration Networks (LHINs) in 2007 has shifted the responsibility for health system planning and oversight to them. Thus any realignment of services, including long-term care beds, now requires involvement of and support by the local LHIN.

This history of the City's efforts to date with respect to its purchase of service arrangement with the County of Wellington, its pursuit to gain the designation of The Elliott as a municipal home and the pattern of admissions of residents of the City of Guelph into long-term care homes serve as the backdrop for the Consultant's objective to develop an options document with supporting detail on the opportunities and barriers entailed in each of the options.

1.5. Municipalities and Long-Term Care Homes

The Consultant provides a list of "Criteria" (see **Section 3.2.1** in the Methodology section) that have been considered as important considerations for identification of potential partners (other LTCHs) that, through an arrangement with the City and with the Minister of Health and Long-Term Care's approval, would provide the vehicle for continued compliance with the *LTCHA*. It should be noted that although the *LTCHA* spells out the provisions under which a municipality may meet the Act's provisions it offers no definitive answer to the question of how a municipality can get a home designated as a municipal home. Nevertheless, it is the Consultant's view that, based on interviews conducted during this project, analysis of the legislation and knowledge of procedures and policies, such a Ministerial designation would more likely be forthcoming if one or more of the following provisions are met:

1. A municipality makes a clear commitment to "establish and maintain" a home
2. Existing beds or a license for beds has been secured with the minister's approval
3. A municipality has acquired an existing home, and the transfer of its license for beds has been approved as part of the broader approval of the acquisition (note, depending on the location of the existing home a separate approval would be required for relocation)

These are very broad categories and there are permutations of each of the above options and accompanying Ministerial approvals, financial, legal, labour relations implications and considerations. These considerations are discussed in this report.

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 that 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"*. They 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 the Consultant's knowledge, a scenario similar to Guelph's, to gain a designation of a LTC home as a municipal home, thus this 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 has been, and 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 expertly the current situation facing municipalities as they strive to comply with the provincial requirement and also the future prospects and considerations of such compliance. These timely documents have helped to provide an excellent stage for this undertaking and are recommended for perusal. They can be viewed on the respective websites of:
AMO
http://www.amo.on.ca/wcm/AMO_Content/Social_Services/Long_Term_Care/LTC_Municipalities_seek_flexibility_Backgrounder_Aug2011.aspx

and OANHSS
http://www.oanhss.org/AM/Template.cfm?Section=Position_Papers_Submissions&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=10079.

SECTION 2: EXECUTIVE SUMMARY

The City of Guelph has for the past two decades been in compliance with the Long Term Care Home (LTC Home) requirement placed on all upper and single tier municipalities in southern Ontario. This provision obligates municipalities to be involved in one of three ways in the provision of services through a LTC Home. This obligation is currently being met through a purchase of service arrangement with the County of Wellington to support the operation of Wellington Terrace in Fergus.

In addition to meeting the legislative requirement, Guelph has also, over many years, had a unique relationship with The Elliott Community, located within the City of Guelph, which operates a not-for-profit (charitable) long-term care home as a component of its continuum of care. The scope of services at The Elliott Community includes independent living, assistive living, retirement home living and a long-term care home. The relationship between Guelph and The Elliott is based on the provisions of *The Elliott Act,* amended in 2002 but its origins date back to legislation enacted in 1907. The City has, for some time, sought to gain the designation for the long-term care home located within The Elliott Community as its municipal home.

Over the past twenty years the field of facility-based long-term care has changed greatly, from a residential program that was often a point of pride for municipalities to a highly regulated, clinically complex and tightly scrutinized system. Since the enactment of *The Long-Term Care Homes Act, 2007, (LTCHA)* the distinct characteristics and provisions governing municipal, charitable homes for the aged and nursing homes have become blurred and a single set of rules has been implemented for all 633 LTC homes in Ontario. Organizations like the Association of Municipalities of Ontario (AMO) and the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) have produced papers that analyzed and described challenges municipalities face today in operating their LTC homes. References and links to their papers are included in this report.

Today, long-term care homes are truly healthcare facilities, providing skilled care under medical guidance and professional (nursing) supervision on a 24 hour and 7 day a week basis. The sector is also unique because of the mix of providers/owners of LTC homes. There are 103 municipal homes, 158 homes owned and operated by non-profit or charitable organizations and 360 homes are owned and operated by for-profit organizations.

In the process to have a long-term care home designated as the City of Guelph's municipal home, the City has faced an underlying challenge in knowing what steps or processes are required to secure an approval by the Minister of Health and Long-Term Care for designating The Elliott as a municipal home. *The LTCHA* is silent on the specific question of how an existing home can become a municipal home. The practice and past precedents have been for shared arrangements between or among municipalities, particularly in areas with low population density and limited tax base. Municipalities would either partner by establishing a joint LTC home or agree that one municipality would establish and the other(s) would become contributors through a purchase of service agreement.

Today, any organization operating a home is faced with a complex, high cost operation and extensive requirements aimed at health, safety and well-being of its residents, for whom this is their HOME.

It should be clearly stated that since the *LTCHA* does not prohibit a scenario in which a LTC home becomes designated as a municipal home, a route can be found to achieve this objective. The question then becomes: (1) what will it take to get to the point of having a home designated; and (2) whether, after

considering the legal and financial aspects of such an undertaking, it remains the preferred option for the City of Guelph to pursue.

This paper was commissioned as one of the key deliverables from Klejman Consulting, a firm retained by the City of Guelph to carry out a review. In this report a full range of options are presented to the City as possible vehicles to maintain its compliance with the *LTCHA.* These options are then tested against a set of defined criteria. In addition, a risk assessment has been completed to inform the City as to the potential risks it would face, particularly from the governance perspective. From this process the recommendations have been developed and are presented for Council's consideration

The key considerations that were used as a screen to evaluate the viability of each option are outlined in detail in the report and include financial, organizational, sector–specific, operational, legal and length of time factors. The use of these considerations has allowed for the narrowing of the options to two (2) that are recommended for the City's consideration.

The two best options are affirmed to be ones that the City has considered before, namely:

- To continue with the current purchase of service agreement with Wellington County in support of Wellington Terrace
- To move forward with changes that will be necessary to gain the designation of The Elliott as a municipal home

After thoroughly analyzing the implications and effort, both financial and organizational, required by each of the above two options, the continuation of the purchase of service arrangement with the County of Wellington is presented as the best option in the short term. As stated later in this report the provisions related to the current agreement should be reviewed and modified to enhance the collaboration and partnership between the County and the City, to the benefit of seniors in Guelph and Wellington County.

Other alternatives are identified and analyzed in this report but, in the opinion of the Consultant, they present more risks, greater financial burden to the City, a longer implementation timeframe and the requirement for stronger capacity within the City's resources to oversee and manage a LTC home. Further, it is important to note that the Ministry of Health & Long-Term Care, and particularly the Minister of Health, will remain the final arbiter of any path chosen by the City.

This report expands on each of the two best options, noting that each option allows for adjustments in the future. In addition either of these options should be viewed as part of a broader undertaking to create a longer-term plan for the City that reconciles with its Older Adults Strategy.

Therefore, a companion recommendation is presented for Council's consideration to develop a longer-term vision and plan when reflecting on the future needs of seniors residing in Guelph. Demographic analysis in this report paints a picture that should stimulate thinking and planning that goes beyond a LTC home designation. The January 29th public forum and subsequent survey identified this as one of the priorities.

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.

SECTION 3: METHODOLOGY

3.1 Information Collection

3.1.1. Interviews:

As part of the design of this project a number of local and provincial organizations and specific individuals were identified to be interviewed. Twenty-one interviews were carried out. The Interview Template and a list of individuals/organizations interviewed are provided in **Appendix 8.2**.

3.1.2. Data and Information:

As part of the data collection process detailed lists of all LTC homes in Guelph and in the WW LHIN area have been included as **Appendix 8.5**. There are five LTC homes, with 667 beds, in Guelph and thirty eight, with 3,854 beds, in the WW LHIN area. Financial data was obtained for both municipal and charitable homes for further comparative analysis. Extensive material consisting of past correspondence between the City, the County of Wellington and the province was also obtained. Other information that was used included relevant provincial legislation, reports and papers.

3.1.3. Public Forum and Survey:

Through an addendum to the project's terms of reference a public session was held at the Evergreen Community Centre on January 29th, 2013. Advertisements were placed in traditional and social medias and invitations sent out in advance. An on-line survey conducted after the session. Summaries from both events are provided in **Section 6** of the report and in **Appendix 6**.

3.2 Analysis

A summary of the findings from interviews, grouped to reflect the main themes discussed during interviews, are captured below (records of all interviews remain as confidential with the Consultant):

- Municipalities and the *LTCHA*:
  - Wide range of levels of understanding of the obligatory provisions, from none to full understanding. Those who are familiar believe that municipalities make an invaluable contribution, although at a high cost to local taxpayers. There was a gulf between those who believe that municipalities can and should be the leaders in this sector and those who were somewhat uncertain of local political support for LTC Homes.
  - Understanding of issues related to Guelph's role and interests in long-term care was apparent only among interviewees locally based and the three stakeholders - current and former staff of MOHLTC, WW LHIN and staff at OANHSS.
  - There was a general consensus that there are differing capacities among municipalities to adequately fulfill their responsibilities with respect to their obligation under the *LTCHA* provisions, and especially from the financial, leadership and operational perspectives. This was attributed more to the complexities imposed, by the province, on homes' operators in general. An example of a purchase of service arrangement between a county and two "separated" cities that is working well was cited.

- Understanding City of Guelph objective:
  - Only those organizations and individuals who are locally based were somewhat familiar with both the history and the current situation, however this understanding did not necessarily encompass the understanding of the legislative provisions of the *LTCHA*.
  - Several respondents expressed hope that the City looks more broadly and consider a role in a larger spectrum of services and supports for seniors
  - An uncertainty was expressed by several respondents as to the City's primary objective - is it to discontinue its current arrangement with Wellington County, move more fully into seniors' services or is it to focus fully on The Elliott in Guelph?
  - Several respondents noted that situations similar to the City of Guelph and the County of Wellington have resulted in collaboration, when there is full disclosure of information and shared decision-making (e.g. through a joint committee) on an ongoing basis.
  - None of the respondents could provide an example of a municipality seeking a designation of a home as a municipal home. They pointed out that to their knowledge all municipalities comply with the mandatory provision so any plans, changes, either to expand or reduce their LTC Homes program are all discretionary as long as they operate one home.

- General thoughts on municipal role in services for seniors
  - Several respondents noted that a starting point should be for a municipality like Guelph to define its goals, through a strategic plan that is focused specifically on the senior population.
  - There was a general consensus that a broader approach, looking at housing, transportation and day programs is the way to go for municipalities. Such an approach could provide for efficiencies of scale and better align with a municipal "services for seniors" philosophy. Others suggested that municipalities should collaborate more closely, particularly in the LTC Homes and housing areas.
  - A distinction was made about the differing capacities and needs in rural communities versus urban in considering a broader service models. Others noted that LTC Homes are a health service and should be the provincial, not municipal responsibility.

3.2.1 Eligibility Criteria:

Before embarking on the exploration of potential options and resulting opportunities, a criteria framework was developed that served as a guide for consideration of likely approaches and enabled a comparative analysis of these options. Below is the list of criteria considered:

1. A Home currently holds a valid license for LTC beds under the *LTCH Act* (a license for LTC beds is required to obtain funding from MOHLTC)

2. Financial consideration:
   a. a home is prepared to fully disclose its financial position (to be determined when requests for such information are issued);
   b. is a home in a sound financial position; and
   c. level of debt related to past and planned capital investments is of a manageable amount

3. Adequate number of licensed beds to enable an appropriate partnership arrangement with the City, including possible relocation to Guelph (a minimum of 100 beds is currently considered to achieve financial viability – 120 beds is preferred)
4. Status of home's physical assets/plant, including land and capacity for building (compliance with MOHLTC design standard for category "A" homes is preferred)

5. Positive inspection track record:
   a. A home that shows a high level of compliance with MOHLTC requirements (has positive track record with the inspection and complaint processes)

6. Location:
   a. A home that is located "within a defined radius" (an important consideration as it will greatly impact on a possible range of choices):
      i. In the city of Guelph (preferred)
      ii. In WW LHIN area
      iii. It is a municipal home within a reasonable distance interested in a partnership arrangement

7. Type of program(s):
   a. Parent organization operates other programs/services for seniors, or
   b. Parent organization operates seniors programs at various locations
   c. Stand-alone LTC Home

The above criteria are not mutually exclusive nor are they intended to be categorical. They serve as a guide to ensure that all critical elements of "establishing and maintaining" an LTC Home are taken into consideration when looking at possible partners. These criteria will be affected by the decisions or choices made by the City of Guelph Council. These criteria were used during the evaluation of possible arrangements. It is important to note that a significant consideration in the operation of an LTC Home is the size-related efficiency. The current thinking, backed up by studies done by MOHLTC is that a minimum of 100 beds, preferably 120, are needed to allow for a financially sound operation. **Appendix 8.6** contains a table that shows the complex funding scheme in place for homes. The total funding per bed per diem, in effect since February 2013, is $156.47. This does not include the resident co-payment. **Appendix 8.7.1** provides a range of financial indicators, using the available data from OANHSS sector benchmarks reports. In addition the consultant used previously developed data to expand the basis for comparative analysis.

3.2.2 Risk Analysis:

One of the primary considerations for the City of Guelph pertains to the degree of risk assumed by the City of Guelph related to ownership, governance, finances and operations, within the context of the options (models) permissible under the *LTCHA*.
Regardless of the option (model) selected, 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, staff, Directors and/or the City.

Long-term care is not risk-free; risk and uncertainty are inherent in 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. The greatest level of risk is related to the legislative option #1 (see Sec. 1.5 on page 9), in which the City "owns and operates", or, to use the language of the *LTCHA* "establishes and maintains" the municipal home directly. In the joint model, option #2 Sec. 1.5 page 9, although the total number of risks may be more, , the risks are shared with the other municipality involved in the joint venture, which in itself creates risk. The most minimal risk is found in option #3 on page #9, (maintenance or purchase of service arrangement) in which the City contributes to the maintenance of a municipal home.

It is important to note that the scope and/or volume of risks are not necessarily indications of the propensity to engage in behaviour that leads to liability. In other words, one can operate in a risk-filled environment but with proper risk management and good corporate governance processes in place, these risks can be eliminated and/or minimized and controlled.

No matter what governance, ownership and/or accountability mechanisms are used by the City and its designated long-term care, varying degrees of risk will be present. For example, there are risks associated with failing to maintain the appropriate standard of care and ensuring compliance with the *LTCHA*. In addition to the statutory risks, there is also additional risk imposed on Directors related to their fiduciary obligations, including conflict of interest.

Despite the risks inherent in long-term care, these risks can be adequately managed through the application of good corporate governance structures, processes and principles.

Risks associated with acquiring licensed Long-Term Care beds and relocating them are addressed elsewhere in this report. It is sufficient to note that such an acquisition is subject to the *LTCHA* and Regulations, in addition to Ministry planning priorities, and that such an undertaking would be costly, time consuming and subject to other considerations, including bed ratios in "losing and gaining" communities. A comparative summary of risks based on the three legislative options is provided in **Appendix 8.3**.

3.2.3 Funding System:

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

In addition every resident in an 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 $136.00 effective 01-11-2012.

All four envelopes are calculated on a *per* resident *per* day basis and have a defined cap or ceiling, see **Appendix** 8**.6** for the current per diems. These are adjusted periodically by the government. The actual level of funding in the NPC per diem is adjusted through a proprietary licensed measurement system, the Resident Assessment Instrument- Minimum Data Set (RAI MDS) to determine the residents' acuity or care needs. Through this assessment process acuity levels of residents are determined and the resulting data is translated through a Resource Utilization Grouping (RUGSIII) tool into funding that is adjusted so that homes with more heavy care residents receive higher NPC funding to reflect their levels of nursing and care staff.

It should be noted that in addition to the four core funding envelopes there are numerous other funding adjustment and provisions, such as High Intensity Needs Fund (HINF). Some of these other funding schemes are time limited while others have been in place for a long time. Although the provision of care to "long-stay" residents is the core business of most homes they also can offer, and receive funding for, short term or respite care, convalescent or interim care (to assist with hospitals with their "bed blocker" problems), separate funding for documented High Intensity Needs, as well as initiatives aimed at staff retention.

To provide a basis for better understanding of the financial aspect of the LTC Home sector a comparative analysis has been carried out and is presented in **Appendix 8.7**. This analysis is based on the benchmark data available from OANHSS for their respective municipal and charitable home sectors. In 2010 the County of Renfrew carried out a survey which showed that the municipal contribution of the 18 responding municipalities (County of Wellington did not respond) amounted to 18.3% of operating costs. This report was based on 2009 data. Of those responding, one municipality indicated that it was not subsidizing its LTC home, through a net contribution.

Historically, there was a mandatory cost-sharing arrangement between the province and municipalities (70:30) for the operation of municipal long-term care homes. Although this prior mandatory cost-sharing requirement was essentially discontinued, a number of reasons have made it difficult for municipalities to quickly eliminate their net contributions to the homes' operation. First, some provincial funding increases have been linked to specific initiatives, restricting a municipality from implementing an off-setting financial reduction.

Next, municipal wages tend to be higher than those of other long-term care home operators. As noted above, provincial subsidy is based on a provincial average and does not take into account the higher salary costs generally faced by municipalities, resulting in a requirement for the municipality to absorb this salary differential.

Last, many municipalities have made informed decisions to provide a higher level of care and/or services than set out as the minimal requirements in the *LTCHA.* For example, some municipalities have made informed decisions to provide more hours of nursing and personal care per resident day. Some municipalities augment and expand staff hours directed at the "quality of life" programs (e.g. recreation, rehabilitation, social work, spiritual and religious care, etc.) provided within the home. Some municipalities provided a higher level of food

service staff to augment residents' dining experience. It should be noted that any of the decisions related to a higher level of care and/or services are made at the discretion of the municipal Council.

SECTION 4: FINDINGS

4.1 Population Projections

The unavoidable reality facing all jurisdictions is the rapid aging of the population, in real numbers and as a percentage of the population. Guelph, based on Statistics Canada 2011 and Ontario Ministry of Finance projections to 2031 data, will see a growth in its 65+ population from 15,895 in 2011 to 34,925 in 2031. This translates into a 119% increase in this age group while the total population is projected to grow by 38% by 2031. In comparison Ontario's 65+ population will grow by 91% and total population by 22%. Comparative data for Wellington County were not available.

Implications of such growth projections go well beyond simply addressing local LTC Home capacity. Many organizations are beginning to address these implications through integrated models of care such as a "campus of care". This concept is summarized in **Section 5** and fully described in **Section 9, Addendum**.

4.2 Inventory of Homes

Two detailed lists of LTC Homes are provided, in **Appendices 8.5.1 and 8.5.2**. The table in **Appendix 8.5.1** details the five homes located in Guelph, which are providing 667 beds. The second table, **Appendix 8.5.2,** lists homes in the WW LHIN area, by name, number and type of beds and location. It shows that 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. In 2011 the occupancy rates, in the entire WW LHIN area, ranged from a low of 91% to a high of 99.88%. See **Appendix 8.5.2** for occupancy data for all homes in WW LHIN area, low occupancy LTC Homes, those below 97% level, are highlighted.

Historically LTC Homes were built by either for-profit (private sector) or not-for-profit (municipalities and charities) entities based on their sense of needs, opportunities or availability of land and investment dollars for construction. In the past 10 to 15 years due to concerns over the inequitable distribution of beds, and the substantial funding implication for the province, there has been minimal growth in this sector after the injection in 1999 of 20,000 new beds into the system. As the demand for access to these beds grew, without a corresponding increase in capacity, focus on "under-bedded" communities has increased. (MOHLTC determines the provincial average of LTC Home beds per 1,000 75+ population, and any community below that average is considered to be under-bedded.)

It should be noted that there is no provincial policy or strategy to address the inequities in the bed distribution. This fact combined with provisions in the *LTCHA* regarding the transfer of ownership

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 community, LHIN and MOHLTC opposition. It would be possible to pursue shift of beds if they were to move in the opposite direction, however the local community opposition will likely be present.

According to WW LHIN data Guelph, at 83 beds per 1,000 for its 75+ population, is the third lowest, in terms of the ratio of LTC beds to population, in the WW LHIN area after Waterloo at 58 and rural Wellington at 76. Rural South Grey and North Wellington, followed by city of Cambridge having most beds for its 75+ population at 137 beds per 1,000 and 111 beds to 1,000 respectively for its 75+ population. The full picture for WW LHIN communities and their ratios of LTC beds is shown in **Appendix** 8**.5.3.**

4.3 Financial Analysis

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. For illustrative and comparative purposes a table is provided in the **Appendix 8.7.1 Level of Care & Expenditure Analysis with Benchmark Comparators**. Data in this table has been secured from several sources and is based on the Annual Reconciliation reports (ARRs). As an aside these ARRs are required annually by MOHLTC of all homes. The format of these reports triggers the need for all LTC homes to set up unique and fully aligned with ARR reporting requirements charts of accounts and to track all expenditures and revenues in that manner. In addition similar data was used from the consultant's own database. For benchmark comparators a report produced by OANHSS was used with distinct benchmark indicators for charitable and municipal homes.

The key point that emerges from the analysis is that the daily cost of operating a municipal home is the highest, regardless of which data source is considered. An in-depth analysis and explanations are provided in the papers by AMO and OANHSS, as referenced in introduction, section 1. D however, there are generally two aspects to this. First is the fact that the labour costs in municipal homes are higher. Second is that many municipalities make a conscious decision to provide care at staffing levels that are higher. For example, the consultant undertook a study in another municipality regarding differences between the sectors in the paid hours in the nursing and personal care envelope (NPC) which is the envelope that funds the hands-on care provided by registered nursing staff (RNs and RPNs) and Personal Support Workers (PSWs). In municipal homes, the paid hours in NPC 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 paid hours, in NPC were 2.57 per resident day.

Other considerations also come into play, but to a lesser extent, such as inclusion of amenities and space in LTC homes so they can be used by community members. The debate between the quality of life considerations and cost-containment focus has been around in this sector for many years.

A caution is in order when interpreting the per diem data. It does not account for the revenue generating capacity/ability of LTC Homes. The ability to maximize available funding is tied to several factors, to the knowledge and skill level of staff responsible for the interpretation and application of MOHLTC policies to ensure that LTC Home's own tracking and reporting documentation aligns so as to, "not lose a cent".

It should also be noted that there is a funding provision in place for LTC homes to support their redevelopment. This is critical as a significant number of LTC homes do not meet the current provincial design standard "A". Thus all LTC homes that are "B" or "C" category are currently expected to be working on plans that are due by 2019, showing how they will achieve the "A" designation.

The government provides a capital grant of between $13.30 and $15.80 per resident day for a 20 year period. The initial intent was for this grant to make up about 50% of the total financing cost of new construction or redevelopment. However the construction costs have increased significantly over the years and organizations undertaking major capital projects face an additional burden stemming from the financing costs.

4.4 Range of Approaches – Options

The complexity and permutations of possible approaches, combined with the degree of uncertainty caused by the lack of a municipal home designation policy framework at MOHLTC has led the consultant to take a multi-dimensional approach in the formulation of approaches or options.

The following is a summary of high level findings that have emerged during the data/information collection and analysis stages (this included interviews and review of over 20 years of communications and correspondence between the City, the province and the County):

- The operation, by a municipality like Guelph, of a small stand-alone home would be financially challenging most likely creating a constant draw on the municipal purse. The lack, at least in the start-up years, of sector specific clinical, operational, financial and quality focused knowledge is likely to negatively impact both the financial and clinical aspects of an LTC Home operation.
- Purchase of service arrangements between and among municipalities can and do work, but require investment in time by local elected officials and appropriate municipal staff. They need to be coupled with continuing review and modification of the agreement as local circumstances, legislative, policy-based and funding provisions change
- Acquisition of an existing license for LTC Home beds requires an up-front investment to make the purchase. This acquisition is subject to Ministerial approval that considers the level of expertise and knowledge of the buyer to be a successful operator. (It is the consultant's understanding that currently bed licenses are selling for between $25,000 and $30,000 per bed.) Note that this condition applies to LTC beds held by for-profit operators. To date this does not apply to beds that are held by non-profit/charitable organizations.
- Acquisition of a license may entail relocation of beds and then, in addition to the consideration in the above point, approvals and permissions to move beds will need to be secured, followed by building a new home that meets the provincial design standards for LTC Homes. Construction cost per bed is about $165,000, without the price of land.
- Entering into a partnership through joint ownership, with another municipality will likely require similar type of enhanced involvement as stated in the second bullet above but somewhat more time demanding from both governance and staff oversight perspectives
- Establishing a partnership with an LTC Home operator other than a municipality will mean that Guelph will need to:
  - Demonstrate* that it has "established and maintains" the owner of the facility where a home is situated (which could be achieved through a new construction or assumption of control of an existing building);
  - have effective control (see governance references in the risk assessment);

- have an approved management contract; and
- Ministerial approval

- The final decision/approval for any new arrangement the City wishes to make rests solely with the Minister of Health & Long-Term Care
- Any involvement, from sole ownership to a purchase of service arrangement, with an LTC Home will require a higher knowledge base within the city so it is assured that its control/oversight or participation and contribution are appropriate and fair

The table that follows applies these options against four key considerations: organizational ease; financial impact; time required to implement and the complexity of the approval process. It should be noted that times cited are estimates as there is no firm timetable for such decisions. The intent of combining these considerations with possible options is to assist with the decision-making process aimed at identifying the course of action most appropriate.

4.5 Analysis of Options against Key Considerations

"ESTABLISHED & MAINTAINED" BY A MUNICIPALITY – (Solo ownership by a Municipality)	
Organizational Ease	"Starting from scratch", would need a "qualified" administrator, clinical manager (RN with management experience in long-term care home sector), and a certified accountant with specific experience in LTC Home finances at a minimum. An alternative would be to enter into a management contract with a firm, which will cost at least 3% of gross.
Financial Impact	Municipal wages in LTC Homes are generally higher than the rest of the sector (estimate of 84 FTEs for a 100 bed Home). Most municipalities subsidize their homes. Corporate costs also impacted by the additional support needed from IT, financial (payroll, purchasing) HR and legal departments by an LTC Home. Capital investment to build 100 bed Home = $16.5M. Would also necessitate the purchase of a license (if from a for-profit Nursing Home) for 100 beds = $2.5M (there may be issues related to the potential closure of a home by the current license holder.)
Time required to Implement	Minimum 2 to 3 years; acquisition of license; securing approvals to purchase, relocate, building; all requiring approvals from MOH, and for relocation of beds/license also LHIN approval. Construction minimum 1 year, ramp-up (staff recruitment & placement process 3 to 6 months)
Complexity of the Approval Process	*LTCHA* spells out the approval of transfer of a license, including the determination whether the prospective license holder is suitable.

* As stated in the risk analysis MOHLTC has no policy or defined process through which an existing LTC home becomes a "municipal" home.

PURCHASE OF SERVICE ARRANGEMENT (with another municipality)	
Organizational Ease	Linking with experienced operator, challenge lies in building trust and transparency into both the agreement and on-going communications; current organizational structures may need to be modified or new structures put in place to build trust and transparency
Financial impact	Higher municipal staff wages; potential for a 3rd party crafted/negotiated agreement;
Time required to implement	Six to twelve months for MOH approval; also time required by respective Councils to review and approve
Complexity of approval process	MOH approval not complex, negotiations between municipalities should be based on solid detailed information, financial and legal details to be worked out through a joint process by staff
ACQUISITION OF AN EXISTING LICENSE	
Organizational ease	Technically acquisition of a license is straight forward, subject to approvals. Assuming that current staff remain they will become city employees, driven by the labour legislation. Corporate supports might not be as critical initially if the acquired home has the necessary financial and management expertise.
Financial impact	Purchase of a license for 100 beds = $2.5M (if the license holder is a for-profit nursing home). Staff would expect their remuneration to be on par with other municipal employees. In the longer term a municipality will need to consider the additional demand such an operation would place on its corporate HR, finance, legal and planning departments.
Time required to implement	Minimum, estimated, 12 months
Complexity of approval process	MOHLTC-Minister authority for the transfer of license, LHIN approval of relocation of beds (note the current operation may be in the same community thus no relocation concern); demonstrated ability to operate an LTC home will have to be demonstrated, a management contract with a third party is an options.
JOINT OWNERSHIP WITH ANOTHER MUNICIPALITY	
Organizational ease	Extensive process of defining the partnership, including a strategic vision, shared values and goals. A joint “management committee” will have to be set up, made up of Councillors. Provisions will have to be made for an on-going capital planning process.
Financial impact	Wage impact similar to purchase of service arrangement; efficiencies possible with two municipalities sharing corporate support. Larger base for sharing one-time costs; both responsible for all capital
Time required to implement	Subject to time required to conclude municipal negotiations and approvals, plus approval from the Minister
Complexity of approval process	Extensive negotiations and drawing up of a legal agreement between municipalities that binds them into joint ownership. Details related to a shift from sole ownership to joint to be worked out.

PARTNERSHIP WITH AN OPERATOR – NOT A MUNICIPALITY	
Organizational ease	Some flexibility, if current operator is competent & efficient current structure & processes could be retained. Ownership of property - it will have to transfer to municipality and municipality will have to have effective control (council to set up a management committee); possible management contract if the current entity (corporation) continues as the manager and employer of all staff. Consideration must be given to the future of the other programs and services provided by an organization.
Financial impact	Internal expertise to oversee the LTC Home (HR, Legal, Finance) is likely to be required in the longer term. Depending on LTC Home's financial position possible operational subsidy; responsibility for future capital improvements and maintenance.
Time required to implement	As required for subsequent negotiations & agreements between two parties. Minister's approval for the transfer of the license, no cost involved as this is a not-for-profit home. A cost is involved if dealing with a for-profit home.
Complexity of approval process	Legal and financial assessment leading to corporate restructuring, including legislative amendments, and agreements. Securing ministerial for approval, if the current manager remains in place, would be less difficult.

These options have been ranked by each member of the consulting team to test the applicability of this approach that considers each option against specific criteria or considerations. In **Appendix 7.9** the summary table with final rankings is provided. The two options that were ranked highest were:

1. Purchase of service agreement (with another municipality, Wellington County)
2. Partnership, with the assumption of control, with an operator, not a municipality (The Elliott)

Please note that in the rating table (**Appendix 8.9)** the key considerations have been slightly modified by extracting "legal complexity" from "organizational ease"; separating "up-front costs" from "financial impact" and "need for specialized staffing" has been added. Only the final score and resulting rating are shown in the table. This template can serve as a tool to assist in future prioritization process.

As part of this analysis other adjacent municipalities and local non-profit Homes were approached and/or considered. While the mechanics of the two above options would be similar to those listed in the table above the process would be much more complex and costly because of the need to "start from scratch" in either situation. In such undertakings new/unforeseen considerations and obstacles may arise to further delay or even scuttle the process.

For example to engage in discussions with another municipality would require extensive preliminary effort to define and describe the intent and content of a possible arrangement as an informal process. It would be followed by an internal review at senior administrative and subsequently council levels. If a green light is given the actual discussions and negotiations would ensue. In the current economic environment any municipality would be seeking to benefit from, or at least be in a neutral financial position, when exploring new relations or partnerships. At the end of a lengthy process there would be no certainty that Guelph would be better served by a purchase of service agreement with a municipality other than Wellington County.

Complexity also exists when the consideration is given to the acquisition of a license for beds through an arrangement with an operator of a LTC home that would demonstrate to the Minster of MOHLTC that Guelph has "established and maintains" a home. The City has a well-defined

connection to The Elliott. While it has not, to date, translated itself a vehicle for compliance with the *LTCHA* it, nevertheless, presents an option that would be more viable than the pursuit of an alternative, the acquisition of a license for beds from an operator, either located in Guelph or elsewhere. The implications include both up-front costs, strong likelihood of on-going labour costs of additional municipal employees. If the current license holder is outside of Guelph there will be need to consider new construction to move beds to Guelph.

A partnership with St. Joseph's Health Care in Guelph was also considered. The feasibility of such an arrangement for the purposes of complying with the *LTCHA* is problematic. First, it is not clear that the City could establishes sufficient control or oversight to meet the legislative requirement of "establish and maintain" while still respecting St. Joseph's independence and Catholic mission. Second, there are other considerations related to mission and philosophy, which based on the Consultant's past experience, would require lengthy and complex exploratory discussions and would only re-enforce the problematic nature of such a municipal home designation. However, it is the view of the consultant that St. Joseph's Health Centre should be one of Guelph's key partners in the development of the seniors' focused strategy for long-term care services.

SECTION 5: BUSINESS OPTIONS/OPPORTUNITIES

Business options and potential opportunities, in the short term, are limited to the most practical and least complex options for continued compliance with *the LTCHA.* These are described in the Section 3.2.1 above, as eligibility criteria, and further analyzed and categorized in the Section 5 that follows. In addition the consultant explored a longer term perspective relevant for this project and has described a theme for the City that offers a creative, cost-sensitive and likely attuned to the future community needs concept. The approach taken by the consultant is to develop and describe in an exhaustive manner a concept that can be applied in different ways and adjustable timeframes, dependant on the resources, partnership opportunities and community needs or interests.

This "campus of care" concept is introduced below and is provided in an addendum as it does not constitute a part of the specific options presented for Council's current consideration. However, in terms of a longer-term strategy, the "campus of care" concept presents several advantages. It better addresses community need and reconciles with an age-friendly community model. It builds on the "continuum of care" model established by The Elliott Community (i.e. providing a variety in the levels of care and services provided for clients/residents). For example, The Elliott Community currently offers independent living (life lease), assistive living, retirement home living and full care and service in its long-term care home.

The "campus of care" concept also provides an opportunity to 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.

5.1 Campus of Care

A recent trend that has been a reflection of social trends, community expectations and seniors' own preferences, not to mention government policies and priorities, have seen many forward looking organizations (not just municipalities but also charities and private enterprise) move away from single home operations into a broad, multi-service and "campus of care" models.

The "campus of care" concept has evolved and grown slowly and exists in many variations around the world. In **Section 9 Addendum: Campus of Care** an extensive overview of the concept of campus of care is provided, followed by comprehensive list of potential components of such a campus, concluding with an outline of a process that could be followed to explore the needs, opportunities and the development of an approach for Guelph.

The "campus of care" concept appears to align with the City of Guelph's demographics and seniors' strategy. Located in one of the strongest economic regions in Canada, Guelph is a vibrant, growing, historic community of over 122,000 residents, with an educated work force, established economic base and an outstanding quality of life. The City is served by three hospitals and over 150 physicians with general practices and medical specialists. City Council is committed to building a healthy and safe community where people of all ages can live life to the fullest, envisioning a City that is "age-ready" and "age-friendly". Guelph's Older Adult Strategy is based on the WHO age-friendly principles.
About 13 per cent of Guelph's population is over the age of 55, and the number of seniors in the community is forecast to continue to grow in the years ahead. By 2031 the population of the City (in all age categories) will increase with the greatest proportional increase in the 55+ age category. It is forecast that the vast majority of Guelph residents will prefer to age successfully and comfortably in their own homes and in their own community. The impact of this demographic shift on municipal services related to housing, transportation, recreation/parks, urban planning, social services, and other municipal and public sector services presents both challenges and opportunities.

SECTION 6: PUBLIC FORUM AND OPINION SURVEY

6.1 Public Forum:

On January 29, 2013 City of Guelph hosted a public forum to provide a presentation regarding the City's work to date on the specific issue of compliance with the *LTCHA* and the broader questions regarding the possible directions and role for the City. Approximately 70 participants attended, including elderly, their caregivers, providers of services to seniors and elected officials. The information that was shared included:

- An overview of the current system of services to seniors
- Summary of the work-to-date on the City's LTCH services study

This presentation was followed by table discussions that focused on the following questions:

- What are the principles that the LTC system should be based on?
- What should be the values that underpin the LTC system if I or my loved one should need access to LTC?
- What role and approach should the City of Guelph take with respect to LTC?
  - What should be the City's role?
  - What should be the priorities for Guelph

After the session citizens were invited to complete an on-line survey that aimed to inform about the results of the forum and to validate the key conclusions.

Below are the highlights from the forum. It is arranged in the order of priority, based on the number of times each point was mentioned.

Consultation Findings:

City role:

- Build a home in Guelph
- Be a strategic planner
- Advocate

Priorities for Guelph:

- Focus on keeping people in their own homes
- Get more beds in Guelph
- Get planning
- Provide programs for people on wait lists (to get placed in a LTC home)
- Integrate seniors services
- Create a communications hub
- Advocate for adequate funding/streamlined services

6.2 Summary of Survey Results:

In the **Appendix 8.10** a sample of the survey as posted is provided along with a summary of the analysis of responses. There was a strong concurrence, by survey respondents, with the priorities identified during the public forum.

SECTION 7: COMPLIANCE OPTIONS, CONSIDERATIONS AND RECOMMENDATIONS

The emerging theme is one of a two-fold strategy for City's consideration. This approach would enable Guelph to address its long-standing question of the preferred route it should take to maintain Guelph's compliance with the *LTCHA***,** and allow it to tackle the issue that confronts many jurisdictions around the world - the preparation for the impending increase in the elderly population. Thus the summary and recommendations that are presented below aim to set out a twin approach for the City.

These recommendations are based on the Consultant's consideration of several key themes, and they are (for full detail see **Appendix 8.9**):

- Legal provisions set in place by the *LTCHA*
- Related regulatory provisions that affect every aspect of operating a LTC home
- Required scope of specific skills and knowledge to be an effective and successful operator of a LTC home
- Lack of clarity as to the future scope or the aim of the City with respect to the LTC home services
- Demographic projections and future need to address this trend
- Recommendations from Guelph's Older Adult Strategy, 2012
- Feedback from the public forum and survey

Taking into account these themes the following recommendations are being put forward Council's consideration:

1) The City build on the work it has carried out to date, the Older Adult Strategy and the City's Strategic Planning process, by developing a seniors' focused strategic plan that would identify the needs, opportunities and prioritize them moving forward with the "campus of care" concept.

   a) City consider the framework outlined in the report as the "campus of care" as one of the foundational documents

   b) Support the principles of partnership, collaboration and shared responsibility with local providers of services to seniors, business community with capacity to create the necessary infrastructures, the County of Wellington, WW LHIN and WW CCAC

   This recommendation is presented as a vital step in a longer range planning strategy for the City to lay a foundation for the growth in the elderly population. The evidence provided in this report and the feedback from the January public forum and survey strongly suggest that the need for additional beds in Guelph will continue to grow. This, greater in the longer-term, priority further supports the merit of moving expeditiously to address the immediate task and focus the long-term planning to meet the community needs, not just in terms of long-term care beds, but through a comprehensive seniors' strategy.

2) Maintain Guelph's compliance status by, in the order of priority:

   a) Maintain the current agreement with the County of Wellington as it presents the City with a vehicle for continued compliance with the requirement of *the LTCH Act* and imposes no other demands or obligations. Furthermore, as part of an on-going evaluation and improvement strategy explore options for enhancing the current purchase of service agreement with the County of Wellington by considering some or all of the following modifications:

      i. City involvement at the governance level (a representative of the City Council on the Wellington Terrace Committee of Management)

      ii. Involvement by appropriate City officials in the budgeting processes for Wellington Terrace

      iii. Regular reporting of quality, risk, safety and financial management information by Wellington Terrace to the appropriate City officials

      iv. An appropriate level of involvement by City officials in data analysis and decision-making

   b) Seek to designate (through a business case) The Elliott, a charitable home as municipal LTC Home;

      i. A review of The Elliott Act and its By-Law be undertaken by the Board of The Elliott to formulate appropriate amendments to align it with the provisions of the LTCHA and satisfy the City's legislated mandate.

      ii. Preliminary discussions, both formal and informal with WW LHIN and MOHLTC to test whether the proposed amendments to The Elliott Act would be acceptable is highly advisable

      To support the recommendation "2)b" the City pursue a blended strategy that consists of:

      (1) A process enabling amendments to *The Elliott Act* to be introduced and passed by the Ontario legislature

      (2) Support the effort to amend The Elliott's By-Law

      (3) The development of a management contract for the operation of The Elliott

      (4) The City carry out a review of the:

i. building to determine the status and identify any potential future capital requirements
ii. consider an operational or quality/efficiency review as part of the due diligence process

Each of these options requires expansion in the City of Guelph's role in governance and oversight to the long-term care home. Also, given the inherent financial risks and the complexities of the long-term care funding methodology, the need for financial competence cannot be overlooked.

There are other long-term care homes, within either the City of Guelph or LHIN boundaries, St. Joseph's Health Care in Guelph being one example. However, to pursue the designation of another LTC Home as a municipal home, if Guelph wished to look beyond the two primary options identified in order to comply with the *LTCHA's* requirement, it would have to undertake a much more complex and time/money consuming process that would include any or all of the following:

- Seek the acquisition and/or relocation of existing beds
- Approval of the transfer of license for LTC beds
- Negotiate partnership or sharing of premises agreements
- Acquire a suitable property (unless the City has suitable property)
- Secure services of an architectural firm, experienced in the LTC Home sector, and submit a design plan for approval

Further, any acquisition of beds brings with it an additional financial consideration. Currently a for-profit bed has a price of approximately $25,000 to $30,000. To date MOHLTC has not permitted beds that were originally designated as municipal or charitable beds to be sold. They can be transferred and all the rules prescribed in the legislation would still apply. Thus the option of acquiring a license for privately owned beds has not been considered in this report, due to a probable up-front cost of between $2.5M and $3M for a license for 100 beds.

(Every element of this framework will need to be discussed in depth with both the WW LHIN and MOHLTC, and subsequent approvals sought from the Minister of Health).

APPENDIX

SECTION 8: APPENDICES

8.1 Population Projections

The demographic data below is drawn from the 2011 Census and illustrates what is well known already, that the elderly population will grow much more rapidly than the population in general.

Populations . . . Current and Projected

SUMMARY

	GUELPH	WELLINGTON	ONTARIO
POPULATION 2006	115,635	200,425	12,160,282
POPULATION 2011	122,362	208,360	12,851,821
2006 TO 2011 CHANGE (%)	5.80	3.96	5.70
EST POPULATION 2031	169,111	270,300	15,698,700
EST 2011 TO 2031 CHANGE (COUNT)	46,749	61,940	2,846,879
EST 2011 TO 2031 CHANGE (%)	38.21	29.73	22.15

	GUELPH				WELLINGTON		
	2011	2031	CHANGE	% CHANGE	2011	2031	
AGE COHORTS	#1	#2			#3	#4	
0 TO 64	106,465	134,186	27,721	26.04	178,955	NO DATA	1
65 TO 69	4,575	10,191	5,616	122.75	8,835	NO DATA	
70 TO 74	3,510	9,199	5,689	162.08	6,745	NO DATA	
75 TO 79	3,035	6,996	3,961	130.51	5,645	NO DATA	
80 TO 84	2,630	4,903	2,273	86.43	4,435	NO DATA	
85 AND OVER	2,145	3,636	1,491	69.51	3,745	NO DATA	
TOTAL 65 AND OVER	15,895	34,925	19,030	119.72	29,405	NO DATA	
TOTAL	122,360	169,111	46,751	38.21	208,360	270,300	1
PERCENTAGE OVER 65	12.99	26.03			14.11		

#1 STATSCAN 2011 CENSUS
#2 HEMSON
#3 STATCAN 2011 CENSUS
#4 MINISTRY OF FINANCE 2031 ESTIMATES
#5 STATSCAN POPULATION PROJECTIONS - LOW GROWTH TO 2031

8.2 Interviews

8.2.1 Interview Template:

GUELPH PROJECT - MASTER INTERVIEW TEMPLATE

(to be modified/adopted to suit specific interviews, but the general areas should remain)

INTERVIEW DATE:

PERSON INTERVIEWED:

POSITION IN ORGANIZATION:

ORGANIZATION:

Introductory statement:

Thank you very much for agreeing to talk with me. As you know City of Guelph has a purchase of service arrangement with the County of Wellington, which owns and operates Wellington Terrace, and thus is in compliance with the requirement the LTCH Act places on all upper and single tier municipalities in Ontario to "...establish and maintain a home...". The City wishes to explore a number of options or possibilities as how it can meet this requirement.

Klejman Consulting has been retained by the City to assist with this process and as part of our work we are interviewing a number of key provincial and local stakeholders. In this interview we will cover several areas:

- What you know is or has happened within the municipal sector across the province with respect to this legislative requirement.
- Your thoughts or suggestions for Guelph as it considers options
- Any other opinions or advice you may have

MUNICIPAL HOMES & LTCH Act	
1. Are you familiar with the provisions in the LTCH Act that place obligations on municipalities? Please briefly summarize your understanding.	
2. Have you been involved with municipalities in dealing with matters related to this requirement?	
3. Have you interacted with MOHLTC officials on impact of this provision?	
4. Are you aware of municipalities that have sought to amend or change their current, at the time, method of complying with the Act's requirements?	
5. Have these efforts been successful, and if yes, please describe the outcome:	
6. Are you aware of attempts to change the existing compliance arrangement(s) that were not successful?	

7. Do you know of municipalities that are seen as complying with the Act **but do not**: - operate a home directly, - jointly with another municipality or - have a purchase of service agreement with another municipality, can you identify them?	
8. Have you facilitated or assisted municipalities in collective efforts/attempts to modify existing arrangements, and if so, please describe:	
9. Please rate the relative effectiveness of each of the three main methods for municipal compliance with the Act, 1 being highest ranking.	Single municipality home:___; two or more municipalities share in the ownership:___; One municipality purchase service from another that owns & operates a Home:___
CITY OF GUELPH & ITS AIM	
10. Are you aware of what Guelph is seeking in terms of continued compliance with the Act?	
11. Are you aware of any other municipalities that have sought to find a way to establish a "municipal" home?	
12. What are your thoughts on relative strength municipalities possess to effectively operate a home?	
13. What do you see as possible barriers Guelph may encounter in pursuing arrangement other than the current one? (could you suggest three top barriers)	
14. If you were to advise Guelph what would be your three key points:	1. 2. 3.
GENERAL THOUGHTS ON MUNICIPALITIES AND THEIR ROLE IN SERVICES FOR SENIORS	
13. Do you think focusing strictly on a residential service, as required by the Act, is the right approach?	
14. Do you think it makes sense for municipalities to look more broadly at a range of services for seniors?	
15. How would you rate the following list of services for seniors as being most (1) to least () appropriate for municipalities (read all first)	Long Term Care Home:___ Seniors' Housing:___ Rent-Geared to-Income Seniors' housing:___ Seniors' Centre:___ Day programs for seniors:___ Transportation for seniors:___

8.2.2 List of Interviewees:

All the individuals who were interviewed are identified below, with their position/title, the organization and date of interview. This list presents a spectrum of individuals from those quite familiar with Guelph/Wellington community to those with a provincial perspective on various aspects of seniors' services and long-term care homes specifically.

INTERVIEW SCHEDULE

NAME	POSITION	ORGANIZATION	DATE
Bruce Lauckner	CEO	WW LHIN	17-08
Trevor Lee	CEO	The Elliott	17-08
Debbie Humphreys	Acting CEO	OANHSS	13-08
Sandy Knipfel	Manager	Formerly MOHLTC	22-08
Tim Burns	Director	Formerly MOHLTC	30-08
Kevin Mercer	CEO	Formerly WW CCAC	16-08
Petra Wolfbeiss	Director-Policy	OMSSA	24-08
Karen Slater	Director, Acting, Performance Improvement & Compliance Branch	MOHLTC	1-08
Donna Rubin	CEO	OANHSS	Via e-mail
Monika Turner	Director –Policy	AMO	12-09
Peter Barnes	Administrator	Wellington Terrace	30-08
Patsy Morrow	Coordinator	HQO	24-08
Robert Morton	Chair	NSM LHIN	5-09
Wiesia Kubicka	Manager, Licensing	MOH	29-08
Janice Sheehy	Director	Halton Region	
Pearle Perez	Director	Durham Region	
Carolyn Clubine	Director	Region of Peel	4-09
Gail Kaufman Carlin	Director	K/W Region	4-09
Marianne Walker	CEO	St. Joe's hospital	26-10
Wendy Kornelsen	Manager of Senior Services - Evergreen	Guelph	7-09
Melody Zarzeczny	Principal	Osborne Group	12-09
Lois Cormack	President & CEO	Specialty Care	12-09

8.3 Analysis of the *LTCHA* and Related Risk Considerations

The City of Guelph's (the "City") RFP indicated that one of the deliverables for this project is to be an "assessment of risks and benefits associated with each eligible option which addresses, but is not limited to, the project goals" (RFP at p. 17).

As noted in the body of the report, the magnitude of risk will vary depending upon the amount of involvement the City has with the ownership/governance/operation of the facility. The greatest risk will be found in the first model in which the City directly "owns and operates" the municipal home. In the joint model, although there may be more risks, the risks are shared with another municipality (this itself creates another risk). The least number of risks are found in the third model (maintenance) where the City contributes to the maintenance of a municipal home, although this does not stop a City from being involved in litigation risk. It is important to remember that the number of risks is not necessarily an indication of the propensity to engage in behaviour that leads to liability. In other words, one can operate in a risk-filled environment but with proper risk management and good corporate governance structures in place one can minimize the risk involved.

The following chart summarizes the risks present for each model of *LTCHA* compliance:

RISKS FOR OWNERSHIP/GOVERNANCE S. 119 COMPLIANCE UNDER THE *LONG-TERM CARE HOMES ACT, 2007*

LTCH ACT MODEL	Option 1: Establishing and Maintaining a Home	Option 2: Joint Home	Option 3: Helping to Maintain a Home Through Purchase of Service
NATURE OF POTENTIAL RISK	**Committee of Management** Failure of Standard of Care Failure of Duty to ensure Compliance Breach of Fiduciary Duty Conflict of Interest Political Cost **Governance/Ownership** Failure of Standard of Care Failure of Duty to ensure Compliance Breach of Fiduciary Duty Conflict of Interest Legislative non-compliance Insufficient knowledge/understanding of operational requirements Labour costs Legislative Change Litigation Financial Regulatory Denial of changes sought Delay of changes sought No control of costs Operating Inefficiencies	**Committee of Management** Failure of Standard of Care Failure of Duty to ensure Compliance Breach of Fiduciary Duty Conflict of Interest Political Cost Control Ambiguity **Governance/Ownership** Failure of Standard of Care Failure of Duty to ensure Compliance Breach of Fiduciary Duty Conflict of Interest Legislative non-compliance Insufficient knowledge/understanding of operational requirements Labour costs Legislative Change Lack of trust Control Ambiguity Litigation Financial Political Regulatory Denial of changes sought Delay of changes sought No control of costs Operating Inefficiencies	Lack of trust Control Ambiguity Litigation Financial Insufficient knowledge/understanding of operational requirements Regulatory Denial of changes sought Delay of changes sought No control of costs Operating Inefficiencies

The obligations imposed under s.119 of the *LTCHA* are accompanied with uncertainty and the very real danger that some future event will cause harm to either a resident or staff of a home, the Directors and Officers of the corporation of the home and to the City itself. The nature of that uncertainty is the very risk which is the object of analysis. The identification these risks is actually a risk management exercise.

Effective risk management identifies the threats inherent in an undertaking, controls the loss (prevents loss and reduces the severity should a loss occur), provides safeguards against unauthorized use of funds and resources, protects against injury and takes appropriate steps to ensure legal compliance. Indeed, understanding risk management principles is essential at arriving at a proper risk/benefit analysis, for only if the risks are properly identified and managed will the benefits be understood as being of sufficient magnitude to warrant the risks being taken.

Most importantly, risk management aims at reducing or negating liability should something go wrong. Indeed, risk management reminds us that without the liability the whole question of risk becomes somewhat moot for unless liability follows from a wrong, the risk of that wrong becomes meaningless.

OPTION MODELS

The *LTCHA* requires municipalities to "establish and maintain" a municipal home. Section 119 provides:

119. (1) Every southern municipality that is an upper or single-tier municipality shall establish and maintain a municipal home and may establish and maintain municipal homes in addition to the home that is required. 2007, c. 8, s. 119 (1).

The term "municipal home" is defined, somewhat circularly, in s. 118 of the *LTCHA* as being "a home established under section 119, 122 or 125" of the Act.
The three legislative models in which this obligation may be met are:

1. the municipality establishes and maintains a home. (s. 119(1)) [Unilateral]
2. the municipality participates with another municipality to establish and maintain a joint home. (s. 120) [Joint]
3. the municipality helps to maintain a municipal or joint home. (ss. 119(2) and 121) [Maintenance]

All three models must receive Ministerial approve, with the second and third requiring *written* approval. Currently, the City is meeting its s. 119 obligations under the third model in that it helps to maintain Wellington Terrace, which is the "municipal home" of the County of Wellington.

The first two models are focused on "establishing and maintaining" a home, while the third model speaks only to "maintaining". The first two models will entail greater significant levels of risk then will the third model. However, as will be discussed below, the 3rd model is not without risk as the City has learned.

1. ESTABLISH AND MAINTAIN

The *LTCHA* uses the phrase "establish and maintain" it does not say "own and operate." While the phrase "establish and maintain" may be broad enough to include "own and operate" it may not be restricted to only owning and operating a home.

What is significant is that the *LTCHA* does not use the phrase "own and operate" nor does it use the word "control" or indicate what kind of control(s) is(are) necessary in understanding the meaning of "establish and maintain". Accordingly, absent a definitive court ruling on the meaning of the phrase, "establish and maintain" ought to be able to cover a variety of scenarios with a continuum of controls available to the establishing municipality.

The real problem in defining what constitutes "establish and maintain" is caused by the fact that it is the Minister of Health who has the final say in approving the establishment of a municipal home(s. 130(1)). In other words, , a precise definition of "establish and maintain" is not possible for one very simple reason: s. 96(f) the *LTCHA* give complete discretion to the Minister to decide whether or not the home and its accompanying corporate structure/relationship is suitable to meet the test of "establish and maintain".

Nevertheless, regardless of specific corporate arrangements surrounding ownership models, the following areas generally raise issues of liability and therefore risk in "establishing and maintaining" a municipal home pursuant to s.119 of the *LTCHA*:

i. Committee of Management
ii. Governance/Ownership

i. Committee of Management

Under s. 132(1) of the *LTCHA*,

> The council of a municipality establishing and maintaining a municipal home or the councils of the municipalities establishing and maintaining a joint home shall appoint from *among the members of the council* or councils, as the case may be, a committee of management for the municipal home or joint home. 2007, c. 8, s. 132 (1). [Emphasis added.]

Section 284 of Ontario Regulation 79/10 provides that a committee of management for a directly operated home appointed under s. 132 (1) of the *LTCHA* shall be composed of no fewer than three [3] members of a municipal's council.

Section 69(1)(a) of the *LTCHA* defines the standard of care that is imposed upon directors and officers of a corporation holding a license, namely to

> exercise the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances.

An additional duty is also imposed by s. 69(1)(b) to

> take such measures as necessary to ensure that the corporation complies with all requirements under this Act.

This standard of care and duty to ensure compliance is imposed upon each and every member of a committee of management by virtue of s. 69(2) and not simply upon the committee-as-a-whole.

A breach of s. 69 is an offence under the Act and upon conviction, an individual who is a member of a committee of management is liable to fine of "not less than $50 and not more than $1000.00" s. 182(3) – which is the same fine imposed upon a director or officer of a corporation that is licensee of a non-profit long-term care home. In all other cases, *i.e.*, for-profit Directors and Officers, an individual who breaches s. 69 is, upon conviction, liable to a fine of not more than $25,000.00 for the first offence and not more than $50,000.00 for a second or subsequent offence." s. 182(3)2.

In addition to the pecuniary penalty involved, the court may order that a person convicted under the Act "compensation or make restitution to any person who suffered a loss as a result of the offence." s. 182(5)

Finally there is no six month limitation period for a prosecution under the Act.

Risks: Failure of Standard of Care

Failure of Duty to ensure Compliance

Breach of Fiduciary Duty

Conflict of Interest

Political Cost

ii. Governance/Ownership

No matter what structures are used with respect to governance and ownership in defining the relationship between the City and its would-be municipal home, varying degrees of risk will be present. For example, at the level of the Board of Directors/Trustees there are risks associated with failing to maintain the appropriate standard of care and ensuring compliance with the *LTCHA* (s. 96(1). In addition to these statutory risks, there is also the additional risk imposed upon Directors/Trustees and that is failing to fulfil their fiduciary obligations including not being in a conflict of interest.

Recent changes to the legislative regime governing non-share capital corporations (so called "not-for profits" which term is extremely misleading) as brought about by the new *Not-For-Profit Corporations Act, 2010* will impact on existing non-share capital corporations and has the potential to increase risks for failing to comply with the new legislation. While the *Not-For-Profit Corporations Act, 2010* has recent Royal Assent, it has yet to be proclaimed into force; that is anticipated to happen sometime in 2013.

The *LTCHA*, and its accompanying Regulations, are a labyrinth of requirements, processes, standards and rules that require a certain sophistication and competency to adequately navigate with success. Indeed, the complexity of this legislative regime is itself a major risk factor. Non-compliance with the *LTCHA* by not only Directors and Offices of the corporation, but also staff/employees can lead to serious consequences. In other words, an insufficient level of knowledge or understanding with respect to operational (*e.g.*, clinical, financial and administrative) requirements and policies under the *LTCHA* and regulations raises considerable risk.

Depending upon how closely the City "owns" the home, there is also risks associated with the work force and associated labour costs.

Risks: Failure of Standard of Care

Failure of Duty to ensure Compliance

Breach of Fiduciary Duty

Conflict of Interest

Legislative Non-compliance

Insufficient knowledge/understanding of operational requirements

Labour costs

Legislative change

Litigation

Financial

Regulatory

Denial of changes sought

Delay of changes sought

No control of costs

Operative Inefficiencies

2. ESTABLISH AND MAINTAIN (JOINT)

The second model allowed under the *LTCHA* is where municipalities participate in a "joint home." The legislation is silent as to the nature and structure of this partnership. However, whatever structures this partnership has is subject to ministerial approval.

In addition to the areas and risks outlined above with respect to the first model, the joint home model also contains the added risks associated with joint ventures and having a satisfactory working relationship with your project partner(s). In other words, a lack of trust in such an arrangement can add considerable risk.

Under s. 284 of Ontario Regulation 79/10 a committee of management for a joint home appointed under s. 132(1) of the *LTCHA* shall be composed of new fewer than two members of council of each of the municipalities who maintain and operate the joint home. Thus a minimum of 4 council members would constitute the committee of management for a joint home. As a practical matter such a joint committee of management would most likely have at least 5 members so as to avoid the possibility of gridlock on decision making. If the City does not have a majority of members on the committee of management, then the City risks being a "minority" partner in any joint home venture with a commensurate lack of control.

Risk: Lack of Trust

Control Ambiguity

Litigation

Financial

Political

3. HELP TO MAINTAIN

The third model contains the least amount of risk from the standpoint of ownership/governance. Helping "to maintain a municipal or joint home" merely entails a financial contribution. However, such an arrangement does contained the risk of litigation should the agreement which evidences the arrangement become a point of contention, as it has been between the City and the County of Wellington.

There is also an accompanying risk that comes from lack of control over the operation of the municipal home as well as the risk of addition liability for cost overruns. Any lack of trust between the parties to the maintenance agreement will only add to the risks of this model.

Finally, as in the first two models, this model is also susceptible to the general regulatory environment which can result in delays, denials, cost inflation and operating inefficiencies as well as risks associated with an insufficient level of knowledge or understanding with respect to operational (*e.g.*, clinical, financial and administrative) requirements and policies under the *LTCHA* and regulations which would allow one to judge whether the agreement to help maintain a home is being properly implemented. In addition, lack of clear criteria in either the *LTCHA* or its Regulations with respect to the Minister approving a maintenance arrangement adds to the risk of operative inefficiencies.

Risks: Lack of Trust
Control Ambiguity
Litigation
Financial
Regulatory
Insufficient knowledge/understanding of operational requirements
Denial of changes sought
Delay of changes sought
No control of costs
Operative Inefficiencies

Conclusion
As the above discussion indicates, there is no "risk-free" model which the City can adopt in fulfilling its s. 119 obligation. Instead, one may consider the issue in terms of a continuum of risk depending upon the model chosen.

Despite the risks inherent in establishing and maintaining a municipal home, these risks can be adequately managed and minimized through application of principles of "Good Corporate Governance" defined in terms of a governance structure, based upon the attitudes and culture of an organization, that promotes, supports and encourages the creation of value together with the provision of accountability and control systems commensurate with the risks involved in what the organization does.

8.4 Overview of The Elliott Act and By-Laws

The *Elliott Act, 2002,* S.O.., 2002. C. Pr.7, is the incorporating (non-share capital) legislation for The Elliott. Originally, the Elliott was established under the will of the late George Elliot in 1903, as "The Guelph Home of the Friendless." This institution was incorporated by special legislation in 1907 and was continued under the name "The Elliott" by special legislation in 1963. The 1963 legislation was replaced in 2002 by the current *Elliott Act*.

As incorporating legislation, the *Elliott Act, 2002*, provides a basic corporate framework, including: the nature and composition of its Board of Trustees - membership, appointment and removal;

corporate object, restrictions on certain financial matters, lease of land; and establishes a governance relationship with Guelph City Council.

Perhaps the most striking feature of the current *Elliott Act*, is that its corporate object is restricted to providing "care and services to *persons of senior years* who, because of infirmity or physical, developmental, financial, emotional or social disadvantage, are unable to support themselves or are in need of such care or services." [s.3. Emphasis added.] This is in contrast to the *LTCHA*'s eligibility criteria under Ont. Reg. 97/10, s. 155, that states the age for admission to a LTC facility to be 18 years of age.

The Elliott's By-laws are made pursuant to s.4 (11) of *The Elliott Act, 2002*. Like a share capital corporation, a non-share capital corporation's by-laws ought to exhibit transparency and sufficient structure which evidences not only sound governance but also strategic vision. Unfortunately, The Elliott's By-laws fall short of this standard.

The By-Laws as presently drafted are not reflective of the current regulatory environment in which The Elliott operates. While they may have been adequate for business under the previous legislation, the current By-laws are not consistent with either the *Long-Term Care Homes Act, 2007*, or with best practices respecting Good Corporate Governance.

For example:

No mention is made of the position of Director of Nursing and Personal Care;

Committee structure is lacking specific committees which might help to further the Elliott's mission, such as a Finance Committee, a Fund Raising/Marketing Committee, or Quality Improvement Committee etc.;

Administrator/CEO position is not clearly defined; there is a potential conflict of interest problem with the current arrangement where the CEO "may also be appointed Secretary and/or Treasurer of the Board";

Provision for non-board members to be appointed Treasure and/or Secretary is problematic;

Lack of adequate procedures dealing with Conflict of Interest;

No direction respecting property on dissolution;

Lack of qualifications for Trustees' including their removal as well as their Duties; and finally

The current by-laws are not consistent with the *Elliott Act, 2002*, as that Act clearly states that the affairs of the Elliott "shall be managed by its board of trustees." The By-laws however make reference to "Board of Directors".

This is by no means an exhaustive list.

Finally with the coming into force of the new *Not For Profit Corporations Act*, *2010*, the current Elliott By-laws will become potentially further outdated and in need of review/revision.

8.5 Homes in Guelph and in Surrounding Area

8.5.1 Homes/Beds in Guelph

NAME	ADDRESS	CITY	# BEDS	For Profit	Not-For Profit
Eden House	5016 Wellington Rd 29	**Guelph**	58	x	
Lapointe-Fisher NH	271 Metcalfe St	"	92	x	
The Elliott	170 Metcalfe St	"	85		x
Riverside Glen	60 Woodlawn Rd E	"	192	x	
St. Josepha HC Ctr	100 Westmount Rd	"	240		x

Total: 667

8.5.2 Homes, Beds and Occupancy Rates in WW LHIN Area

WATERLOO WELLINGTON LHIN - BEDS IN OPERATION

HOME	LOCATION	# BEDS	FOR PROFIT	NOT FOR PROFIT	DISTANCE FROM CITY HALL	% OCCUPANCY JAN - SEPT, 2011
Caressant Care	Arthur	80	x		41	93.74
Cambridge Country Manor	Cambridge	79	x		15	97.94
Fairview Mennonite	Cambridge	84		x	20	99.64
Golden Years NH	Cambridge	88	x		20	98.24
Hilltop Manor	Cambridge	89	x		25	99.58
Riverbend Place	Cambridge	53	x		23	100.00
St. Andrews Terrace	Cambridge	128	x		26	99.03
St. Lukes Place	Cambridge	114		x	16	99.44
Stirling Hts LTC	Cambridge	110	x		27	99.52
Chateau Gardens	Elmira	48	x		30	99.64
Leisureworld	Elmira	96	x		32	99.17
Caressant Care	Fergus	87	x		22	93.39
Wellington Terrace	Fergus	176		x	25	99.34
Eden House	Guelph	58	x		10	98.96
Lapointe-Fisher NH	Guelph	92	x		3	96.69
The Elliott	Guelph	85		x	2	99.22
Riverside Glen	Guelph	192	x		4	EXCLUDED
St. Josephs Health Ctr	Guelph	240		x	3	96.81
Caressant Care	Harriston	89	x		72	EXCLUDED
AR Goudie	Kitchener	80		x	24	99.26
Forest Heights	Kitchener	240	x		30	98.00
Lanark Heights	Kitchener	160	x		31	99.20
Sunnyside	Kitchener	253		x	29	99.16
Trinity Village	Kitchener	150		x	30	98.84
The Westmount	Kitchener	161	x		38	99.63
Winston Park	Kitchener	95	x		34	99.22
Twin Oaks	Maryhill	31	x		16	DID NOT SUBMIT
Saugeen Valley Nur Ctr	Mt Forest	87	x		65	96.30
Nithview	New Hamburg	97		x	51	99.80
Royal Terrace	Palmerston	67	x		66	96.56
Morriston Park	Puslinch	192	x		22	91.00
Heritage House	St. Jacobs	72	x		37	99.44
Columbia Forest LTC Ctr	Waterloo	156	x		39	99.35
Parkwood Mennonite	Waterloo	96		x	26	99.62
Pinehaven NH	Waterloo	84	x		28	96.51

DENOTES HOME BELOW THE 97% THRESHOLD FOR FULL FUNDING

8.5.3 LTCH Bed to Population 75+ in WW LHIN Area:

This table shows the ratio of beds in each of WW LHIN's defined communities in relation to the 75+ population. Such a ratio serves to indicate the capacity of each community.

WWLHIN LTCH Bed Ratio Estimates

LTCH / HSP	City of Cambridge	City of Kitchener	City of Waterloo	City of Guelph	Rural Waterloo	Rural - South Grey and North Wellington	Rural Wellington	Waterloo Wellington LHIN
Caressant Care Arthur						79		79
Golden Years Nursing Home	90							90
Cambridge Country Manor	80							80
Fairview Mennonite Homes	84							84
Hilltop Manor, Cambridge - under re-development	90							90
Riverbend Place	54							54
Saint Luke's Place	114							114
St. Andrew's Terrace	128							128
Stirling Heights Long Term Care Centre	110							110
Trinity Village @ CMH	34							34
Chateau Gardens Elmira					48			48
Leisureworld Caregiving Centre Elmira					96			96
Caressant Care Fergus							87	87
Eden House Nursing Home				59				59
Elliott Home (The)				73				73
LaPointe-Fisher Nursing Home				92				92
Riverside Glen Long Term Care Facility				192				192
St. Joseph's Health Centre, Guelph				240				240
Wellington Terrace							176	176
St. Joseph's Health Centre, Guelph				12				12
Caressant Care Harriston						87		87
A.R. Goudie Eventide Home		79						79
Forest Heights Long Term Care Centre		240						240
Lanark Heights Long Term Care Centre		160						160
Sunnyside Home		273						273
Trinity Village Care Centre		150						150
Village of Winston Park Nursing Home (The)		95						95
Westmount (The)		161						161
Trinity Village @ Freeport		35						35
Grand River Hospital		10						10
Twin Oaks of Maryhill					31			31
Saugeen Valley Nursing Center Ltd.						87		87
Nithview Home					99			99
Royal Terrace						67		67
Morriston Park Nursing Home							28	28
Columbia Forest			156					156
Derbecker's Heritage House					73			73
Parkwood Mennonite Home			96					96
Pinehaven Nursing Home			85					85
Bed Total	784	1,203	337	668	347	320	291	3,950
Population Total (age 75+)	7,033.00	12,561.00	5,796.00	8,065	3,541	2,335	3,817	43,148
per Capita LTC beds (age 75+)	0.1115	0.0958	0.0581	0.0828	0.0980	0.1370	0.0762	0.0915
LTC beds per thousand popn (75+)	**111**	**96**	**58**	**83**	**98**	**137**	**76**	**92**

8.5.4 Checklist for LTC Homes

WATERLOO WELLINGTON LHIN - BEDS IN OPERATION CHECKLIST FOR HOMES

HOME	LOCATION	# BEDS	VALID LICENSE	SOUND FINANCES	100 + BEDS [1]	ASSETS OK	COMPLIANCE OK	DISTANCE OK [2]	PROGRAM TYPE [3]
Caressant Care	Arthur	80	Y		N			N	c
Cambridge Country Manor	Cambridge	79	Y		N			ii	c
Fairview Mennonite	Cambridge	84	Y		N			ii	b
Golden Years NH	Cambridge	88	Y		N			ii	c
Hilltop Manor	Cambridge	89	Y		N			ii	Incomplete info
Riverbend Place	Cambridge	53	Y		N			ii	
St. Andrews Terrace	Cambridge	128	Y		Y			ii	
St. Lukes Place	Cambridge	114	Y		Y			ii	
Stirling Hts LTC	Cambridge	110	Y		Y			ii	
Chateau Gardens	Elmira	48	Y		N			N	
Leisureworld	Elmira	96	Y		?			N	
Caressant Care	Fergus	87	Y	?	N			ii	
Wellington Terrace	Fergus	176	Y		Y			Y	
Eden House	Guelph	58	Y		N			i	
Lapointe-Fisher NH	Guelph	92	Y	?	?			i	
The Elliott	Guelph	85	Y		?			i	
Riverside Glen	Guelph	192	Y	?	Y			i	
St. Josephs Health Ctr	Guelph	240	Y	?	Y			i	
Caressant Care	Harriston	89	Y	?	N			N	
AR Goudie	Kitchener	80	Y		N			ii	
Forest Heights	Kitchener	240	Y		Y			ii	
Lanark Heights	Kitchener	160	Y		Y			ii	
Sunnyside	Kitchener	253	Y		Y			ii	
Trinity Village	Kitchener	150	Y		Y			ii	
The Westmount	Kitchener	161	Y		Y			ii	
Winston Park	Kitchener	95	Y		?			ii	
Twin Oaks	Maryhill	31	Y	?	N			ii	
Saugeen Valley Nur Ctr	Mt Forest	87	Y	?	N			N	
Nithview	New Hamburg	97	Y		Y			N	
Royal Terrace	Palmerston	67	Y	?	N			N	
Morriston Park	Puslinch	192	Y	?	Y			ii	
Heritage House	St. Jacobs	72	Y		N			N	
Columbia Forest LTC Ctr	Waterloo	156	Y		Y			N	
Parkwood Mennonite	Waterloo	96	Y		?			Y	
Pinehaven NH	Waterloo	84	Y	?	N			Y	

DENOTES HOME BELOW THE 97% OCCUPANCY THRESHOLD FOR FULL FUNDING

[1] Y = Yes
N = No
? = Close

[2] N = greater than 42km from City Hal
i = within Guelph
ii = within WW LHIN

[3] a = organization operates other programs for seniors
b = organization operates services at other locations
c = stand alone LTC home

8.6 Funding Scheme for LTC Homes

Level-of-Care Per Diem Increases

	Nursing and Personal Care	Program and Support Services	Raw Food	Other Accommodation	Total
New per diem effective February 1, 2013	$87.19	$8.43	$7.68	$52.17	$156.47
Resident co-payment $55.04 **Private and semi-private permitted 60/40**					

8.7 Funding Analysis

8.7.1 Level of Care and Expenditure Analysis with Benchmark Comparators

CITY OF GUELPH COST ANALYSES HOMES FOR THE AGED BASED ON THE MINISTRY OF HEALTH 2011 ANNUAL RECONCILIATION REPORT COMPARED TO 2011 OANHSS BENCHMARKING				
	The Elliott from 2011Annual Reconciliation report	From 2011ANHSS Average Benchmarking (Charitable)	Wellington Terrace from 2011 Annual Reconciliation report	From 2011 OANHSS Average Benchmarking (Municipal)
PER DIEM APPROVED FUNDING:				
NURSING AND PERSONAL CARE	SEE NOTE 1 BELOW	$95.10	SEE NOTE 1 BELOW	$94.99
PROGRAM AND SUPPORT SERVICES		8.41		8.30
RAW FOOD		7.35		7.32
OTHER ACCOMMODATION		55.41		55.42
TOTAL PER DIEM APPROVED FUNDING	$159.59	$166.27	$153.85	$166.03
PER DIEM ACTUAL EXPENDITURES:				
NURSING AND PERSONAL CARE	$92.90	$102.02	$127.30	$123.71
PROGRAM AND SUPPORT SERVICES	8.43	8.80	13.23	10.47
RAW FOOD	7.41	7.85	10.02	8.60
OTHER ACCOMMODATION	57.15	73.31	74.96	74.16
TOTAL PER DIEM ACTUAL EXPENDITURES	$165.89	$191.98	225.51	216.94
PER DIEM OVER (UNDER SPENT)				
NURSING AND PERSONAL CARE	SEE NOTE 1 BELOW	$6.92	SEE NOTE 1 BELOW	$28.72
PROGRAM AND SUPPORT SERVICES		0.39		2.17
RAW FOOD		0.50		1.28
OTHER ACCOMMODATION		17.90		18.74
TOTAL PER DIEM OVERSPENT	$6.29	$25.71	$71.66	$50.91
ANNUAL OVERSPENDING	$195,173	N/A	$4,603,267	N/A
OTHER STATISTICAL DATA:				
NURSING AND PERSONAL CARE ENVELOPE PAID AVERAGE HOURS PER RESIDENT DAY	N/A	N/A	N/A	N/A

Notes **1)** Per diem approved funding was not provided. Per diem Envelope funding and Per diem over (Under spent) cannot be calculated at present
2) Wellington Terrace (176 Beds) is overspent when compared to both the Elliott and OANHSS average benchmarking.
3) The Elliott Home with its approved 85 beds is too small a Home to be cost effective.
4) The OANHSS Benchmarking for the Nursing Envelope includes the following Supplementary funding:
High Wage Funding, Equalization Funding, Pay Equity Funding, Structural Compliance Funding and RPN Funding.
5) Total overspending calculation - number of beds X per diem overspending X 365 days

8.8 LTCH Placements from Guelph in 2012

The table below, provided by the WW CCAC, shows where Guelph residents have been placed between April 1, 2012 and Sept. 13, 2012.

PLACEMENTS IN GUELPH

HOME	TOTAL PLACED IN GUELPH	%
Eden House	7	6
La Point-Fisher NH	37	30
The Elliott	11	9
The Village of Riverside Glen	41	33
St. Josephs Health Centre	29	23
TOTAL GUELPH RESIDENTS PLACED IN GUELPH	**125**	

TOTAL PLACEMENTS	N	%
TOTAL PLACED OUT OF WWCCAC	13	6
GUELPH RESIDENTS PLACED IN WWCCAC HOMES (NON GUELPH)	74	35
GUELPH RESIDENTS PLACED IN GUELPH HOMES	125	59
TOTAL GUELPH RESIDENTS PLACED	212	
GUELPH RESIDENTS PLACED AT WELLINGTON TERRACE	**8**	**4**

8.9 Rating of Options Against Considerations

RATING OF OPTIONS - KEY CONSIDERATIONS

OPTION	FINAL SCORE	RATING
"ESTABLISHED AND MAINTAINED" BY A MUNICIPALITY	**8**	**5**
PURCHASE OF SERVICE AGREEMENT WITH ANOTHER MUNICIPALITY	**15**	**1**
ACQUISITION OF AN EXISTING LICENSE (Private Home)	**9**	**4**
JOINT OWNERSHIP WITH ANOTHER MUNICIPALITY	**11**	**3**
PARTNERSHIP WITH ANOTHER OPERATOR (NOT FOR PROFIT - NOT A MUNICIPALITY) (The Elliott Option)	**13**	**2**

The following factors were considered to arrive at the final score and rating:

- Legal complexity
- Organizational ease
- Financial impact
- Implementation time
- Up -front costs
- Need for specialized staffing

8.10 Community Survey Results

PUBLIC FORUM FEEDBACK SURVEY, JANUARY 29, 2013

The discussions, at eight tables, were analyzed and below is the summary of the emerging consolidated feedback. It is arranged in the order of propriety, based on the number of times each point was mentioned. The actual list of identified Principles, Values, Roles for Guelph and Priorities was much longer.

PRINCIPLES (MOST FREQUENTLY MENTIONED)

- Close to home
- Accessible
- Respectful
- Maintain dignity
- Affordable
- Quality of life

VALUES (MOST FREQUENTLY MENTIONED)

- Remain in local community/support systems
- Honesty
- Compassionate
- Small home-like facilities

CITY'S ROLE

- Build home in Guelph
- Strategic Planner
- Advocate

CITY'S PRIORITIES

- Focus on keeping people in their own homes
- Get more beds in Guelph
- Get planning
- Provide programs for people on wait list
- Integrate seniors' services
- Create communications hub
- Advocate for adequate funding/streamlined legislation

Guelph long-term care home service survey

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.

On January 29, 2013, a public forum was held. The forum was intended to create awareness about the scope of long-term care services and solicit input regarding the community's preferred vision regarding the City of Guelph's involvement in the provision of long-term care.

This survey is based on the feedback received at the forum and provides residents an opportunity to share their thoughts on the desired principles of a long-term care system within the community, what they value in long-term care and what role they wish the City of Guelph to play.

Your thoughts will be will be presented during a special City Council workshop on Tuesday, February 26 and will shape the final recommendation made to City Council.

Survey

At a recent public forum, attendees identified these key principles that should guide a long-term care home system:

A. Close to home
B. Accessible
C. Respectful
D. Maintain dignity
E. Affordable
F. Quality of life

1. Do you agree with these principles? Yes___ No___

2. Please identify any principle you feel is missing and the reason for the principle:

Guelph long-term care home service survey

At a recent public forum, attendees identified that they personally valued the following for themselves, if they needed to rely on the long-term care system:

A. Remain in local community / support systems
B. Honesty
C. Compassionate
D. Small home-like facilities

3. Do you agree with these values? Yes___ No___

4. Please identify a value which you feel is missing and the reason for the value:

At a recent public forum, attendees identified the following priorities for a long-term care system for the Guelph community:

A. Focus on keeping people in their own homes
B. Get more beds in Guelph
C. Get planning
D. Provide programs for people on wait list
E. Integrate seniors' services
F. Create communications hub
G. Advocate for adequate funding / streamlined legislation

5. Do you agree with these actions? Yes___ No___

6. From the above list of priorities, please select the 3 most important actions and rank order them. 1 is the highest importance

1.

2.

3.

Guelph long-term care home service survey

7. Do you think there are other priorities, not listed above? Yes___ No___

8. Please identify a priority you feel is missing and the need for the missing priority:

At [ ] a recent public forum, the majority of attendees stated that the role that the City of Guelph should play in long-term care is "build home in Guelph"

9. Indicate your degree of agreement:

Strongly Agree __ Agree __ Do Not Agree __ Strongly Disagree __

10. In general how do you view the City's role in seniors' services? In the list below, please rate EACH of the points as to their importance on a scale from 1 to 4, 1 being most important?

A. Leader	1__ 2__ 3__ 4__
B. Key partner	1__ 2__ 3__ 4__
C. Support to others	1__ 2__ 3__ 4__
D. Provider of required/mandated services	1__ 2__ 3__ 4__
E. Funder	1__ 2__ 3__ 4__
F. Planner	1__ 2__ 3__ 4__

11. Which stakeholders should be involved?

[ ]

Guelph long-term care home service survey

12. Did you attend the January 29, 2013 public forum? Yes___ No___

13. Please indicate your interest in long-term care
    - I use long-term care services
    - I provide long-term care services
    - I am a family caregiver
    - Other

Thank you for completing this survey. Using your input, and feedback from community partners, local health practitioners, service providers, community members, the County of Wellington, the Waterloo Wellington Local Health Integration Network (LHIN) and the Ontario Ministry of Health and Long-Term Care, a recommendation is scheduled to be presented to Guelph's Community and Social Services Committee and Guelph City Council in May.

For more information
Karen Kawakami, Social Services Policy and Program Liaison
Community Engagement, **City of Guelph**
T **519-822-1260 x 2094**
E **karen.kawakami@guelph.ca**

guelph.ca/longtermcare

ATT-1

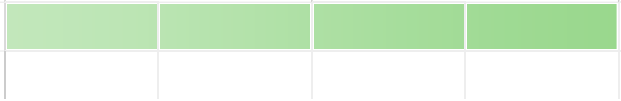
Guelph Long-term care home services

Results | Locations | Participants | Devices | Data

Survey Results

Question 01 **Do you agree the following principles should guide long-term care? (*Mandatory*)**

Answers	Skips
72	0
100%	0%



	COUNT	PERCENT
Yes	**72**	100%
No	**0**	0%

Question 02 **Please identify any principle you feel is missing, and the reason for the principle**

Answers	Skips
32	40
44%	56%

42,515,363	Supported in home care (more than current CCAC provided care) Does all of the above, more respectful and maintains dignity, less upsetting and intrusive	**Tuesday, Mar 12th 11:53AM**
42,514,945	Only agree with if these are also included: G. Must be non-profit (This was an important requirement that attendees agreed on) H. Staff at municipal home must be paid a decent living wage so that they remain at home- consistency of care is important.	**Tuesday, Mar 12th 11:44AM**
42,514,342	Consider supporting local and regional third party service providers to the long term care home. Drugs/lab/eye exams/dental care - other - Rather than large for-profit multinational suppliers. Ensures more local employment and contracts	**Tuesday, Mar 12th 11:19AM**
42,513,129	I have a dear friend in my building. She is a senior. She is battling cancer. She was recently hospitalized. She is almost bed ridden. She was offered help at home for $10.00 to $20.00 per hour. She cannot afford help, so she sits alone trying to cope. The baby boomers need help provided free if necessary. The current system is VERY flawed!!!	**Tuesday, Mar 12th 11:05AM**
41,145,282	I'm not sure what priciple this would fall into but I think it's important to have a third party present when optometrists and other service providers go into homes. My grandma went to an appointment, didn't tell anyone in the family, had an on-site eye exam, then told us the optometrist said she needed new glasses. She's hard of hearing as well, which makes me wonder what all she actually understood. My grandma is 89 and will do what she wants, which is likely buy new glasses, but I hope nobody is taking advantage of the situation.	**Tuesday, Feb 19th 6:22PM**
40,455,951	Transparency is the key principle. Without a key focus on transparency, you will never be able to achieve an acceptable level of the key principles noted. My father has been in they Guelph nursing home system for almost 2 years, I see the lack of transparency being the major reason why we are having these low quality care issues and why the nursing homes continue to deliver and get away with low quality service. At the ground level we should at minimum have a biannual customer satisfaction survey administered by an independent/or/accountable party. The survey should also reflect a publicly available nursing home ranking/rating system. Presently with 100% guaranteed occupancy, 2+ year waiting line, and lack of regulatory oversight, there is absolutely no incentive for nursing homes to meet quality standards. Nursing homes are in for the money only; presently they don't require customer satisfaction to succeed. Transparency is the biggest issue in long term care, in my opinion.	**Sunday, Feb 10th 4:38PM**

ATT-1 40,342,320	affordable With a diverse population in different economic situations, we need to meet the need of all community members	**Friday, Feb 8th 7:42PM**
40,294,927	Waiting for Long Term Care in an Acute Care Bed is inappropriate. While close to home is an important prinicple provision for moving patients out of hospital while waiting for long term care must be inclucded as a principle. We need to be able to protect acccess to Emergency Services and Acute Bed Capacity.	**Friday, Feb 8th 9:46AM**
40,239,301	Missing principals are..#. 1 ..... there a maximum 6 months waiting list for Guelph residents in long term care homes in Guelph!!! We need more home in Guelph for Guelph Seniors !!!!	**Thursday, Feb 7th 2:14PM**
40,237,982	Residents of Guelph only should be able to apply to any lomg term care places in Guelph.	**Thursday, Feb 7th 2:01PM**
40,159,849	Sufficient staffing Free parking for visitors	**Wednesday, Feb 6th 10:31AM**
40,137,488	Collaboration: Caregivers and people with dementia work together to improve the quality of care and quality of life. Participation: People living with dementia and their families are encouraged and supported to be involved with the care and decision making process. Information: Caregivers, people with dementia and their families share information.	**Tuesday, Feb 5th 10:00PM**
40,137,204	you have covered it	**Tuesday, Feb 5th 9:41PM**
40,123,207	pleasant environment; i.e. lots of windows onto landscaped environs, simple open architecture and furnishings, furnishings suited to the residents.	**Tuesday, Feb 5th 3:43PM**
40,123,194	pleasant environment; i.e. lots of windows onto landscaped environs, simple open architecture and furnishings, furnishings suited to the residents.	**Tuesday, Feb 5th 3:43PM**
40,115,614	Close to home is sooo essential if we really do agree with 'aging in place'. We have known for some time that this aging cohort was arriving---and it is HERE now. I am 71 years old.	**Tuesday, Feb 5th 2:00PM**
40,097,107	-well trained staff -medical support / accessibility	**Tuesday, Feb 5th 9:43AM**
40,093,213	Stay at home care - homes to be adjusted to make it easier to cope	**Tuesday, Feb 5th 8:36AM**
40,070,949	Innovative	**Monday, Feb 4th 7:42PM**
40,065,280	Located on an existing transit route for ease of visitation	**Monday, Feb 4th 5:37PM**
40,058,927	Standard of staff training	**Monday, Feb 4th 3:55PM**
40,058,855	Standard of staff training	**Monday, Feb 4th 3:55PM**
40,035,084	Observe the above principles.	**Monday, Feb 4th 9:52AM**
40,034,536	Close to home. Wellington Terrace is outside the city boundries.	**Monday, Feb 4th 9:49AM**
40,034,473	Many of the principles listed above cannot be achieved without quality staff. I believe there shoud be a focus on creating an enviroment that is conducive to being able to care for our seniors in a way that can maintain their dignity and respect. The LTC sector is becoming more complex, with stricter regulations and expectations. Currently care is provided by doing the best you can with the resources that are provided. Our seniors deserve better.	**Monday, Feb 4th 9:30AM**

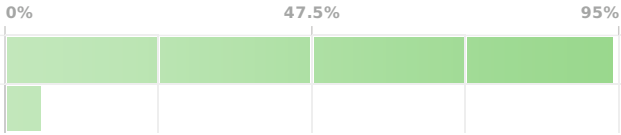
40,033,797	Resident Focused. The residents best interest should always be priority in any decision made in regards to Long Term Care.	Monday, Feb 4th 9:29AM
40,016,800	not only close to home, but IN GUELPH	Sunday, Feb 3rd 9:14PM
39,939,593	Funding for most appropriate level of support.....i.e. funds to be available for the most independent option for care	Saturday, Feb 2nd 10:28AM
39,935,386	not sure who would disagree with Q!	Saturday, Feb 2nd 8:33AM
39,923,594	Resident focused, flexible, cost-effective	Friday, Feb 1st 11:02PM
39,834,825	Subsidized options only being LTC is an issue-- with retirement communities now being regulated there should be an option for families to have government subsizies for use in these locations too- it would ease the stress on relaince on LTC and homecare. Additionally, the same should be considered for copayments for homecare fees.	Thursday, Jan 31st 1:35PM
39,830,331	MORE LONGTERM CARE FACILITIES IN THIS CITY, NEEDED.	Thursday, Jan 31st 12:36PM

Question 03

Do you agree with the following values? (*Mandatory*)

Answers **72** 100%

Skips **0** 0%



	COUNT	PERCENT
Yes	**68**	94%
No	**4**	6%

Question 04

Please identify any values you feel are missing, and the reason for these values

Answers **25** 35%

Skips **47** 65%

42,514,342	Location within the city to ensure proximity to hospital, bus routes, parking cars- for staff and visitors.	Tuesday, Mar 12th 11:19AM
42,513,129	Its a big adjustment to give up your home and independence. Being sent away from Guelph is pitiful. This keeps family and friends unable to visit and comfort their loved ones.	Tuesday, Mar 12th 11:05AM
40,781,321	Proper Care - It's alright to say that the gov't is increasing funding for older people to stay in their home but this could also be a dangerous situation for some. There should also be a thorough assessment to make sure that the person is CAPABLE to remain in the home.	Friday, Feb 15th 11:53AM
40,455,951	Flexibility - I see an opportunity for part-time facilitation. I feel there is a significant population of seniors who require only part-time stays. Their family would be happy to take care of them a few days a week but would like the flexibility of a nursing home when required. This solves 2 key issues, more relative nursing care requirements for these families as well as substantial cost savings as compared to paying for full residence. Under the existing rules, a senior will lose waiting line privileges if they choose to leave full time residency. Therefore they end up both entering early and remaining in the nursing system to avoid having to go back into a 2+ year waiting system.	Sunday, Feb 10th 4:38PM
40,321,595	Respectful of individual's particular requests (e.g., dietary)	Friday, Feb 8th 2:58PM
40,294,927	Standard of Care/Quality of Care must be consistent across all long term care providers. Community supports to permit seniors to age in their own home is important.	Friday, Feb 8th 9:46AM

ATT-1

40,239,301	#1 We have no small home-like facilities in Guelph Seniors !!! #2 Especially for Seniors suffering with dementia/ alzhiemers disease !!!!	Thursday, Feb 7th 2:14PM
40,161,108	I agree with honesty and compassionate. I don't support the necessity of small home-like facilities.	Wednesday, Feb 6th 10:52AM
40,159,849	Easy access to dental, eye, ear, footcare, specialists. Direct access to nursing and doctor care.	Wednesday, Feb 6th 10:31AM
40,137,488	Accountability.	Tuesday, Feb 5th 10:00PM
40,093,213	should be available to veryone. Current waiting times too long	Tuesday, Feb 5th 8:36AM
40,070,949	Professional Integrated with stay in home services	Monday, Feb 4th 7:42PM
40,062,241	Focus on abilities - not disabilities	Monday, Feb 4th 4:51PM
40,058,927	Compassion meaning that staff are able to give an individual enough time to make his/her needs known, but professional enough to know when that role could be filled by another possibly a trained volunteer	Monday, Feb 4th 3:55PM
40,058,855	Compassion meaning that staff are able to give an individual enough time to make his/her needs known, but professional enough to know when that role could be filled by another possibly a trained volunteer	Monday, Feb 4th 3:55PM
40,035,084	Exhibit theses values in practice, not just political lip service.	Monday, Feb 4th 9:52AM
40,016,800	Maintain seniors' INDEPENDENCE as long as possible, in their own homes	Sunday, Feb 3rd 9:14PM
40,009,825	Home like facility yes small not necessarily can be a larger multipurpose setting home like yes smalll no	Sunday, Feb 3rd 5:35PM
39,939,593	Maximize client's abilities/independence/choices	Saturday, Feb 2nd 10:28AM
39,935,386	No sure who would disagree with Q3	Saturday, Feb 2nd 8:33AM
39,923,594	Skillful in geriatric care, behavioral supports and palliative care, health promoting	Friday, Feb 1st 11:02PM
39,907,658	Care and Respect.	Friday, Feb 1st 4:30PM
39,897,589	small, home-like facilities but still have the ability to have personal items (including some furniture) around you	Friday, Feb 1st 1:28PM
39,834,825	The value of choice and time to make decsions- the pressures on the government- have been pushed down to the customers/clients and this is not fair at such a vunerable time in their lives.	Thursday, Jan 31st 1:35PM
39,826,133	Small home like facilities very high priority. No multi unit high rise type housing ie. No warehousing since most people havecome from single unit type housing.	Thursday, Jan 31st 11:11AM

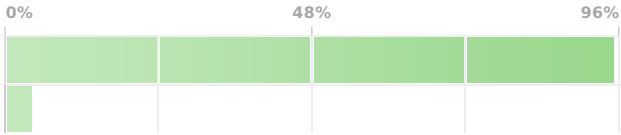
ATT-1

Question 05

Do you agree with the following priorities regarding long-term care? (*Mandatory*)

Answers **72** 100%

Skips **0** 0%



	COUNT	PERCENT
Yes	**69**	96%
No	**3**	4%

Question 06

Please rank these priorities (by clicking and dragging) in order of imporance (1. being most important)

Answers **72** 100%

Skips **0** 0%

RANK	CHOICE	WEIGHTED RANK
1	Focus on keeping people in their own homes	2.71
2	Get more beds in Guelph	2.93
3	Get planning	3.52
4	Advocate for adequate funding/streamlined legislation	4.07
5	Provide programs for people on wait list	4.15
6	Integrate seniors' services	4.69
7	Create communications hub	5.90

Question 07

Please identify any priorities you feel are missing, and the reason for these priorities

Answers **28** 39%

Skips **44** 61%

42,514,945	Non profit facility consistency of staff	**Tuesday, Mar 12th 11:44AM**
42,514,342	Agree to proceed YES/NO Identify site Plan for timeline and capacity IE: needs in 10-20 years *Look to many sources / resources for examples of positive past experiences	**Tuesday, Mar 12th 11:19AM**
40,781,321	Accountability - Why should the citizens of Guelph have to tell the planning committee the ways in which to handle this problem? I would suggest the city make sure that they have really competent staffing in this area. Consulting with other cities where it is working would be a good idea!	**Friday, Feb 15th 11:53AM**
40,455,951	I'm all for privatization with proper transparency and control systems. The problem is that government has not put in proper transparency and reporting/control systems and private nursing homes are getting away with murder... literally. I don't understand there is a huge market for retirement care facilities... what's with the 2 year waiting line and low quality service. Who is ultimately accountable, they should be fired. Where do I start.	**Sunday, Feb 10th 4:38PM**
40,294,927	city to consider more strategic links with health care (hospital, wwlhin). Planning still occuring in silos	**Friday, Feb 8th 9:46AM**

40,239,301	More long term care homes in Guelph for Seniors from Guelph!!!!	Thursday, Feb 7th 2:14PM
40,237,982	there shoudn't be a two-three year waiting list in Guelph. 6 months maximum!	Thursday, Feb 7th 2:01PM
40,161,108	RE #8 I think more should be done to keep people in their homes and thereby reduce the need for new beds.	Wednesday, Feb 6th 10:52AM
40,159,849	More funding and resources for Long-Term-Care Living More affordable seniors' housing People in their own community should have first access to the homes in their vicinity More authority given to Public Health and the Ministry over LTC homes Restructure the CCAC.	Wednesday, Feb 6th 10:31AM
40,151,507	Planning for long term care should start with having perhaps affordable apartments,combined with nursing home, and assisted living. With having all this in combination seniors that cannot keep a house going, have an alternative, and keep them active longer. Example Foxwood Guelph St. Lukes Place Cambridge.	Wednesday, Feb 6th 7:50AM
40,123,207	Enlist the help/involvement of health care practitioners and business leaders as they can bring their expertise in developing plans and fundraising and financial maintenance to the process.	Tuesday, Feb 5th 3:43PM
40,123,194	Enlist the help/involvement of health care practitioners and business leaders as they can bring their expertise in developing plans and fundraising and financial maintenance to the process.	Tuesday, Feb 5th 3:43PM
40,115,614	Just to say that our city could encourage public places to be more older-user friendly, e.g. chairs/benches in public spacec (grocery store, bank and restaurant lineups; bus stops;) It is unrealistic to believe that all older adults are good with computers to access info., e.g. Via Rail.	Tuesday, Feb 5th 2:00PM
40,097,107	increased medical training / awareness of senior's health issues	Tuesday, Feb 5th 9:43AM
40,095,062	Centralized access to long term care in other communities. Some people would like to retire to other communities to be with family not residing in Guelph.	Tuesday, Feb 5th 9:18AM
40,093,213	Cost, funding still behind. We knew that we would be "graying" faster already in the 60's. We have made progress, but the system does not work for everybody	Tuesday, Feb 5th 8:36AM
40,070,949	Use innovative approaches to solve issues around long-term care with a view to lowering cost while providing equal or better care.	Monday, Feb 4th 7:42PM
40,059,006	To many retirement homes in Guelph, the service should be bumped up to Supportive Care, alot of the seniors that are going into these retirement homes require more care than the RH can provide and they end up going to the hospital....	Monday, Feb 4th 4:01PM
40,058,927	I may have a mistake here, as did not know how the put numbers into questionaire	Monday, Feb 4th 3:55PM
40,058,855	I may have a mistake here, as did not know how the put numbers into questionaire	Monday, Feb 4th 3:55PM
40,035,084	Acting on the above...	Monday, Feb 4th 9:52AM
40,034,483	Focus on keeping local residents in the community that they are based out of and direct resources to exsiting beds for that community.	Monday, Feb 4th 9:19AM
40,016,800	This is a comment on Question 8: I agree that the City should be focused on building a home in Guelph. However, I feel as much as possible should be done to deliver services to seniors in their homes, until it is no longer safe to do so.	Sunday, Feb 3rd 9:14PM
39,954,160	Affordable housing options for low-income seniors.	Saturday, Feb 2nd 4:50PM

ATT-1

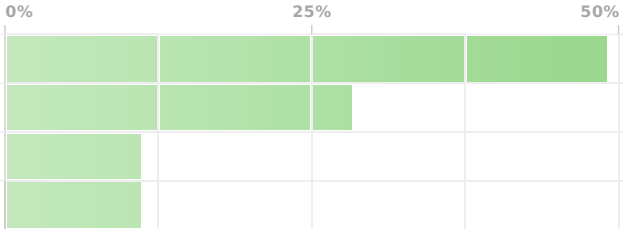
39,923,594	Don't build anymore beds, we already have too many big institution that often casue the behaviors they are supposed to be managing and discourage engagement with the community. Instead look at small group home settings especially for those with dementia - examples like in Denmark and other Scandinavian countries. Mixed housing communities with shared common areas where small communities of residents of different ages and needs can look after each other and people can stay independent much longer. Staff with smaller teams of PSW's and volunteers and family members not expensive hard to recruit and retain RN's (as there is more of a skill and manpower shortage). Create small Hospices for end of life care that focus on care for people in the last 6 - 12 months of life. Provide a public awareness campaign of end of life planning so people can think about the types of care choices and their implications BEFORE they need to use the health care system. Advocate for people to live at risk with supports. Stop warehousing frail seniors! our current system is not sustainable, economically but its also not good care as seniors are isolated from the community.	**Friday, Feb 1st 11:02PM**
39,834,825	The families of those entering the system	**Thursday, Jan 31st 1:35PM**
39,826,133	Q6 good luck onclick and drag! Prior #1 assist seniors staying own home Prior #2 get more care facilities in GUELPH or very near facility Prior #3 make sure info for seniors readily available ie communication hub idea	**Thursday, Jan 31st 11:11AM**
39,820,896	Long term care facilities do not have an adequate number of PSW's when the majority of patients are in wheel chairs and need to be fed. When family members cannot be there at meal time the food is on the table and gets cold before everyone is fed. Some coarses are missed altogether.	**Thursday, Jan 31st 10:15AM**

Question **08**

Do you agree with the following statement about the City's role in long-term care?

Answers **71** 99%

Skips **1** 1%



	COUNT	PERCENT
Strongly agree	**35**	49%
Agree	**20**	28%
Strongly Disagree	**8**	11%
Disagree	**8**	11%

Question **09**

In general, how do you view the City’s role in seniors’ services?

Answers **72** 100%

Skips **0** 0%

	1	2	3	4
Leader	25	**26**	11	6
Partner	**32**	20	9	7
Support to others	**34**	18	8	6
Provider of required/mandated services	**31**	17	11	10
Funder	26	**27**	9	7
Planner	**27**	20	13	8

Question **10**

Which stakeholders should be involved?

Answers **44** 61%

Skips **28** 39%

ATT-1 42,514,945	Citizens Those requiring long term crae province- city and county of Wellington	**Tuesday, Mar 12th 11:44AM**
42,514,342	Karen- please refer to email Communication re: federal MP, provincial MPP, local LTC home cotacts, LHIN/CCAC/redidents who express interest, local third party providers, appropriate legal consultation/advocate/ more--> Community engagement I assume there is dialogue with administration and Guelph General, St Joseph's and more	**Tuesday, Mar 12th 11:19AM**
42,513,129	Funding, support to others	**Tuesday, Mar 12th 11:05AM**
41,681,375	LHIN, City Council, HealthCare providers, Community	**Thursday, Feb 28th 5:27PM**
41,145,282	Seniors, family members of very elderly people who can speak on their behalf, cross functional team from the City, volunteers, health care providers in nursing homes as well as other areas of the system. I think it's important to speak with PSWs and alike, they are living out the system within its limitations and probably have suggestions on how to improve things.	**Tuesday, Feb 19th 6:22PM**
40,908,055	Current and future long-term care residents and their family members, staff, management, Community Care Access Centre, local Alzheimer Societies, the Ministry of Health and Long-Term Care, and potential long-term care home builders, such as Schlegel Villages. It would also be beneficial to partner with local academic experts such as those at the University of Guelph and in the Faculty of Applied Health Sciences at the University of Waterloo as they could assist with developing a plan, implementing and evaluating it.	**Sunday, Feb 17th 2:54PM**
40,781,321	People who are really caring about the elderly citizens!	**Friday, Feb 15th 11:53AM**
40,455,951	Strong government oversight, strictly monitored private nursing homes.	**Sunday, Feb 10th 4:38PM**
40,342,320	all community programs and services which focus on the needs of seniors	**Friday, Feb 8th 7:42PM**
40,321,595	Dialogue with private homes should be included. Seniors themselves, medical professions, mental health professionals	**Friday, Feb 8th 2:58PM**
40,294,927	Province WWLHIN Seniors and About to be Seniors Community Support Services Transportation Recreation	**Friday, Feb 8th 9:46AM**
40,239,301	City of Guelph, for Guelph Seniors !!!!	**Thursday, Feb 7th 2:14PM**
40,161,108	health care recipients, tax payers, providers, LHIN, CCAC....doesn't mean much unless city has the ability and political will to act.	**Wednesday, Feb 6th 10:52AM**
40,148,451	Industry partners Health Canada Ministry of Health Citizens groups including Seniors Associations, CARP, etc	**Wednesday, Feb 6th 6:40AM**
40,129,807	federal and provincial government	**Tuesday, Feb 5th 6:30PM**
40,123,207	community members (mainly older adults) business/private sector city provincial government federal government health care providers	**Tuesday, Feb 5th 3:43PM**

ATT-1

40,123,194	community members (mainly older adults) business/private sector city provincial government federal government health care providers	Tuesday, Feb 5th 3:43PM
40,115,614	consumers, providers, funders, people with knowledge of research into what works in LTC.	Tuesday, Feb 5th 2:00PM
40,112,766	LTC/Retirement Homes, CCAC	Tuesday, Feb 5th 1:27PM
40,097,107	-Anyone over the age of 65 -service providers/charities dealing with seniors -mental health support providers -GP's / Gerontologsts / Other Medical Health Teams -Bankers!	Tuesday, Feb 5th 9:43AM
40,095,062	Provincial and local governments.	Tuesday, Feb 5th 9:18AM
40,093,702	- every organization who provides services, education, support and advocacy to older adults who are eligible for long-term care	Tuesday, Feb 5th 8:46AM
40,093,213	Government	Tuesday, Feb 5th 8:36AM
40,074,752	citizens care facilities	Monday, Feb 4th 9:43PM
40,070,949	Seniors Citizens over 45 Caregivers Service Providers All levels of Government	Monday, Feb 4th 7:42PM
40,063,868	All. Seniors in the community, LTC home's, CCAC and other community partners.	Monday, Feb 4th 5:22PM
40,062,241	WWLHIN, CCAC, Public Health, Seniors (GWSA)	Monday, Feb 4th 4:51PM
40,059,006	The persons that are involved in the health care profession, the persons who provide the care not the ones who are funding it....or management who are not really involved in the day to day care	Monday, Feb 4th 4:01PM
40,058,927	Regret unable to deal with the above as not really literate re computer. computer.	Monday, Feb 4th 3:55PM
40,058,855	Regret unable to deal with this, as not v. good on computer.	Monday, Feb 4th 3:55PM
40,037,905	The broader community members, seniors and the advocates, family members, existing homes.	Monday, Feb 4th 11:05AM
40,035,084	Front line workers, family care givers, CCAC, Public Health, no privately owned service, until after the home has been created, according to the needs of the residents.	Monday, Feb 4th 9:52AM
40,034,536	Rate Payers, senior groups, region, city and facilities in the city.	Monday, Feb 4th 9:49AM
40,034,483	LHIN, CCAC, Longterm Care Homes, City of Guelph	Monday, Feb 4th 9:19AM

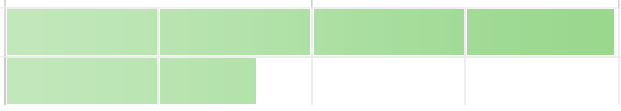
ATT-1 40,016,800	seniors families of seniors requiring care current providers of care to seniors (PSWs, physiotherapists and occupational therapists, meal providers, other support workers) private and publicly funded facilities who currently provide care	**Sunday, Feb 3rd 9:14PM**
40,009,825	Citizens, families, residences, providers, LIHN, Province	**Sunday, Feb 3rd 5:35PM**
39,939,593	province, ccac;physicians; seniors groups. LHIN's; long term care home operators; RNAO; care recipients and family caregivers;	**Saturday, Feb 2nd 10:28AM**
39,935,386	wwlhin mohltc operators	**Saturday, Feb 2nd 8:33AM**
39,923,594	Seniors and their families, WWLHIN, St Jo's, Hospice Wellington, Seniors Services Network, Guelph FHT, Evergreen Seniors Centre, Alzheimer's Society, other LTCH's, Women In Crisis, Drop In Centre, Guelph Community Living, Guelph Independent Living, IGSW's, local Geriatrician Dr Noor, Regional Geriatric Program - Hamilton, Dr Linda Lee Family Physician from Kitchener with a strong interest in Memory Clinics and primary geriatric care (there are no family physicians in Guelph with this level of interest or expertise), Dr Peter Spadafora and Dr Deb Robinson Palliative Care Physicians, Trellis, Guelph CHC, Homewood, CCAC of Waterloo Wellington, accessible community planning experts, architects with an interest, Jane Mackinnon Wilson (Trellis) Geriatric Network Coordinator, Sheli O'Connor Seniors At Risk Coordinator, Paula Frappier Psycho-geriatric education coordinator (Trellis/Homewood), Tricia Stiles retired Psycho-GeriatricClinical Nurse Specialist, Goldie Barth retired County Housing manager working with the hording network, GEM nurses from GGH, Guelph Police	**Friday, Feb 1st 11:02PM**
39,921,318	Seniors Care providers Taxpayers	**Friday, Feb 1st 10:48PM**
39,907,658	In addition to the City, MOHLTC, MCSS, CCAC, WWLHIN, local Seniors' organizations, local LTC/RET homes.	**Friday, Feb 1st 4:30PM**
39,897,589	Both federal and provincial ministries, municipality and even donations from large corporations	**Friday, Feb 1st 1:28PM**
39,834,825	Other seniors care providers	**Thursday, Jan 31st 1:35PM**
39,826,133	Guelph, Province of Ontario, Feds if they have any legislated responsibilities.	**Thursday, Jan 31st 11:11AM**

Question **11**

Please indicate if you attended the January 29, 2013 community consultation focus group (*Mandatory*)

Answers **72** 100%

Skips **0** 0%



	COUNT	PERCENT
No	**51**	71%
Yes	**21**	29%

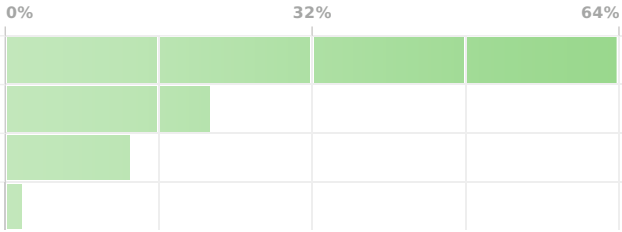
Question 12

ATT-1

Please indicate your interest in long-term care.

Answers 61 (85%)

Skips 11 (15%)



	COUNT	PERCENT
Other Option	**39**	64%
I am a family caregiver	**13**	21%
I provide long-term care services	**8**	13%
I use long-term care services	**1**	2%

Other Responses

Answers 39

42,514,342	see attached ommunication for Karen	Tuesday, Mar 12th 11:19AM
41,145,282	Both grandmas are in long term care facilities and have been for many years.	Tuesday, Feb 19th 6:22PM
40,908,055	Former family caregiver, now a gerontologist.	Sunday, Feb 17th 2:54PM
40,342,320	As a senior I look to the future of possibly requiring long-term services	Friday, Feb 8th 7:42PM
40,321,595	but now retired	Friday, Feb 8th 2:58PM
40,257,145	Trustee	Thursday, Feb 7th 8:27PM
40,239,301	Mother/Mother use Long Term Services, both homes out of Guelph...long drive for my husband to see his mom , and long in bad weather for me!!! why do our and other Guelph people have to place parents out of town , when all that senior(s) know /remember is Guelph??	Thursday, Feb 7th 2:14PM
40,226,490	Long Term Care trustee	Thursday, Feb 7th 11:06AM
40,201,977	I am a worker in a long-term care facility (located out of town).	Wednesday, Feb 6th 9:51PM
40,161,108	I sit as a member of a provider board and I'm a researcher.	Wednesday, Feb 6th 10:52AM
40,151,507	I visit seniors regularly in home and in care including family and also am thinking of people in their homes who really need to be in a apartment with assistance cannot afford a retirement home at $3-5 thousand monthly, so are at risk	Wednesday, Feb 6th 7:50AM
40,129,807	health care professional	Tuesday, Feb 5th 6:30PM
40,123,207	I am a senior without family, advocate for seniors, board member of GWSA	Tuesday, Feb 5th 3:43PM
40,123,194	I am a senior without family, advocate for seniors, board member of GWSA	Tuesday, Feb 5th 3:43PM
40,115,614	I worked with older adults in my career as a professional social worker. I am not partnered, have no kids, have many frioends in this situation so know that we are more reliant on htese services. Who will advocate for us when we get there?	Tuesday, Feb 5th 2:00PM

ATT-1 40,097,055	Now am a senior but was a nurse working in hospital where seniors often occupied acute beds for long periods waiting for placement and worked in the community homecare setting.	Tuesday, Feb 5th 9:34AM
40,093,702	Community Support Service	Tuesday, Feb 5th 8:46AM
40,093,213	might need the system at some point in my life	Tuesday, Feb 5th 8:36AM
40,074,752	interested citizen to see long term care happens for the community	Monday, Feb 4th 9:43PM
40,065,280	I was a family caregiver to two parents	Monday, Feb 4th 5:37PM
40,063,004	I have a parent who was in the long-term care system and passed away. I also having an aging parent and in-laws who may require the long term care system.	Monday, Feb 4th 5:08PM
40,062,241	Ensure services will be there when I need them	Monday, Feb 4th 4:51PM
40,059,006	I work in the health industry and see the need for LTC beds, the population is getting older and these people have complex issues....	Monday, Feb 4th 4:01PM
40,058,927	I have worked with Griatric care,now retired, I want the best not only for my close and dear older friends, but also for myself, I hope that this may be available to me and those I love, when needed, in Guelph	Monday, Feb 4th 3:55PM
40,058,855	I have worked with Griatric care,now retired, I want the best not only for my close and dear older friends, but also for myself, I hope that this may be available to me and those I love, when needed, in Guelph	Monday, Feb 4th 3:55PM
40,039,605	Citizen of Guelph	Monday, Feb 4th 11:38AM
40,034,483	I work in the Retirement sector	Monday, Feb 4th 9:19AM
40,016,800	daughter of senior parents who will require care within the next decade	Sunday, Feb 3rd 9:14PM
40,005,911	none of the above at present (but caregiver in recent past)	Sunday, Feb 3rd 4:06PM
39,989,190	Looking to the future	Sunday, Feb 3rd 10:56AM
39,951,571	parents have been occupants in LTC facilities	Saturday, Feb 2nd 3:39PM
39,939,593	I will be in need of LTC in the near future	Saturday, Feb 2nd 10:28AM
39,935,386	leader	Saturday, Feb 2nd 8:33AM
39,923,594	I work in healthcare locally	Friday, Feb 1st 11:02PM
39,897,589	I receive home care and nursing in my home	Friday, Feb 1st 1:28PM
39,834,825	I work in the senior care industry in Guelph	Thursday, Jan 31st 1:35PM

ATT-1 39,830,331	I HAVE MY MOTHER AND MOTHER IN LAW LIVING IN OUT OF TOWN LONG TERM CARE PLACES, BUT WANT THEM IN MY CITY,GUELPH, NOW.	**Thursday, Jan 31st 12:36PM**
39,826,133	Prospective user	**Thursday, Jan 31st 11:11AM**
39,817,825	I am retired and looking to future needs	**Thursday, Jan 31st 9:37AM**

SECTION 9: ADDENDUM: "CAMPUS OF CARE"

"CAMPUS OF CARE AND SERVICES"

An approach to meet the needs of seniors in the future.

INTRODUCTION:

Many communities and governments around the world have been struggling with the impact of the changing population demographic. Improving health status and the post-World War II baby boom have forced a serious rethinking by planners, policy makers and aging adults themselves of what would be the best approach to support the bulging 65+ age group. The requirement placed upon all Southern upper and single tier municipalities in *The Long-Term Care Homes Act 2007* stipulates a minimum requirement that mandates municipalities "establish and maintain" a municipal home. However, many municipalities have looked beyond the minimum requirements of the Act to provide more broadly based services and programs to meet the needs of their aging residents.

Sometimes called a *community hub*, the *campus of care model* is an approach that both introduces a continuum of care on the same campus for tenants/residents/clients, while also providing space for shared services and the potential for co-location of local community agencies and small retail shops. This creates "a community in itself", with a range of options to serve the needs of tenants/residents/clients and the local neighbourhood.

The *campus of care model* generally envisions a single location where opportunities to access a range of housing – from independent housing to assisted living (supportive housing or retirement home) and long-term care – and community service options are provided in one site. The concept maximizes opportunities for individuals to remain living in the same environment and neighbourhood despite changing functional and health status. *Campuses of care* allow couples, family members and friends to live at the same location when their levels of care are different.

Through offering a variety of care and service options (both health and non-health services) in one location, there is a predominant focus on wellness and quality of life. All of the inter-related programs endeavour to maximize health and functional ability and enable residents/tenants/clients to maintain independence, retaining a sense of control of their lives. 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*.

The vision of the *campus of care model* is one in which "boundaries" between the organization and community are porous, allowing for a free-flow back and forth and reducing the lack of connection and sense of isolation that individuals in stand-alone long-term care homes often experience when the external community is no longer readily available to them. The concept relies on partnerships and contractual arrangements with non-health agencies/organizations to provide access to a continuum of services, seamless care and good linkages, ultimately leading to a reduction or delay in the need for higher intensity care.

In the last two decades, based on both research and economic factors, there has been a general shift away from institutional (24 hour) care. The cost of constructing a Long Term Care ("LTC") home is estimated to be around $165,000 per bed, not including the land. The likelihood of a massive expansion of the long-

term care beds within the next 20 to 30 years, just to maintain the current ratio of beds to 65+ population of between 3 and 5 %, is minimal at best. The 2011 AMO paper "*COMING OF AGE The Municipal Role in Caring for Ontario's Seniors"* estimates about 100,000 additional beds will be needed.

The shift away from institutional care has been toward a community-based service model. At the outset, this entailed a broader range of housing services. In the last decade, however, the focus has been on expanding in-home supports from a very wide range of health care professionals and home helpers. With the introduction of Community Care Access Centres (CCACs) Ontario created a framework for the majority of these services to be coordinated and managed. Just as the gap between demand and capacity in the LTC home (institutional) sector had grown over the years[2] the same has been occurring with access to CCAC managed services with resulting prioritization of clients and reduced hours of support.

In a number of communities the response to increase demand/less capacity has seen local charitable organizations or municipalities shift their focus to a more comprehensive and innovative service delivery model: "the campus of care & services". This model is based, in part, on the broader concept of "aging in place" as the most desired, most financially and socially appropriate way for people to go through the latter stages of the ageing process.

OBJECTIVE:

Guelph has the opportunity to create a *campus of care* comprised of long-term care and an integrated system with a community services network (e.g. the inclusion of a seniors' wellness centre, family health team, adult day programming, inter-generational programming, child care) and varied retail space. This section of the report presents an optimal vision for such a campus.

CATALOGUE – CAMPUS OF CARE

In broad terms a "Campus of Care" concept outlined below presents a wide spectrum of services, resources and partners that should be considered as integral components of a "full-service" approach. This outline should be viewed as a range of possibilities from which those elements most needed and feasible may be considered. In addition the development of such a campus will require a significant financial investment and partnership-building efforts that would take years to bring to fruition. However unless a clear vision, influenced greatly by identified community needs and priorities, is well defined and fully endorsed piecemeal solutions; -often reactive and inadequately planned, become the modus operandi.
What follows is the initial list of components that a "Campus of Care" would include. They are divided into: (1) housing/shelter/24 hour care; (2) and services/programs; and (3) Seniors' Wellness Centre (please note that some elements of a seniors' wellness centre could also be included in section (2), services and programs.

1. Housing/Shelter/24 hour care:
    a. Independent living (market rent & RGI or Rent-Geared-to-Income units)
    b. Condominiums (low or high rise)
    c. Aggregate living (shared housing)
    d. Assisted living (various modes of on-site support)
        i. Housekeeping
        ii. Meals

[2] The wait for admission into an LTC bed ranges in Ontario from 3 months (from a hospital) to close to 6 months. Some ethnic communities experience wait times of up to 9 years.

e. Facility-based care:
    i. Long-stay beds
    ii. Short-stay beds
    iii. Convalescent care
    iv. Behaviour Support Units/services

2. Services/Programs
    a. Day Programs:
        i. Day drop-ins
        ii. Specialized day programs (for Alzheimer's sufferers)
        iii. Congregate meals
        iv. Elderly Persons' Centres (EPCs)
        v. Community recreation centres (senior friendly)
    b. Support Services:
        i. Meals-on-Wheels
        ii. Transportation
        iii. Friendly visiting
        iv. Lifeline (medical alert systems)
        v. Homemaking/cleaning/shopping
        vi. Respite care/personal care

3. Shopping clubs

4. Wellness programs

5. Home adaptation/maintenance

6. Caregiver support/education
    a. Specialized/Professional Services:
        i. Family Health Team (including physicians, nurses, therapists & social workers)
        ii. Physicians (GPs) making house-calls
        iii. Pharmacy
        iv. Diagnostic clinic (x-rays, blood work)
        v. Health care professionals (coordinated through CCAC)
        vi. RNs, Nurse Practitioners (NPs)
        vii. Occupational Therapists (OT), Physio Therapists (PT)

    b. Supplementary services:
        i. Local grocery/variety store
        ii. Municipal transit stop

7. Wellness Centre
    a. Medical, Dentistry, Ophthalmology, Laboratory Services
        i. Home Health Care, Equipment Services
        ii. Fitness Centre, Inter-Generational Outdoor Fitness and Play Equipment
        iii. Physiotherapy, Rehabilitation Services
        iv. Mental Health Services
        v. Foot Care
        vi. Computer Resources Centre

vii. Community Space/Auditorium for community activities

FROM DREAM TO REALITY: FUNDING STRATEGIES

There are many factors that need to be considered in planning a campus of care. These include potential funding sources and regulatory/mandatory provisions that apply to various components, which could be either enabling or restricting in nature. General trends and government priorities will also influence and guide this process. Most important however will be the need to determine the current and future needs of seniors and the existing gaps in services.

The first consideration has to be the "up-front" and sustaining funding for the above-listed components of a campus of care:

1. Potential funding sources
    a. Housing (construction):
        i. Provincial/municipal/InfrastructureOntario/banks/developers/seniors (Condominiums)
    b. Housing (sustaining):
        i. Tenants/renters
        ii. Shelter subsidies (province-Ministry of Municipal Affairs & Housing)
        iii. Support component (provincial Ministry of Community &Social Services/Ministry of Health &Long-Term Care/municipal)
    c. Facility (LTCH):
        i. "50%" grant from MOHLTC for approved new bed construction or redevelopment through a per diem of $14.30/bed/day for 20 years
        ii. Financing assistance from Infrastructure Ontario
    d. Day Programs (services "d" through "g" are provided on a user-pay basis, that can be adjusted based on ability to pay if the service provider receives funding from LHIN, or, when a person is eligible for CCAC services these services are provided without a fee as they will be covered under OHIP)
    e. Support Services
    f. Specialized/Professional services
    g. Supplementary services

2. Legislative/Regulatory provisions:
    a. Housing
    b. Facility (LTCHs)
    c. Community Services (many, if not most of the components listed in 1. d. to g. above fall under common legislation)
    d. General Labour and Health & Safety legislation

3. Policies and priorities of the government
    a. Federal and provincial initiatives and programs need to be monitored and considered. For example in the past several years a number of initiatives, with funding attached, were launched to "keep seniors out of hospitals' emergency rooms"

4. Demographic trends and Community needs

The recently completed Older Adult Strategy presents an excellent platform on which to build more focused needs studies that would enable Guelph to develop a multi-year strategic plan to position the City for the impact of the changing demographic profile of the community. The *campus of care* would also provide other unique opportunities for the City, such as youth employment, volunteering, co-location of

other City services and the creation of a *long-term care teaching centre of excellence*, in collaboration the University of Guelph and/or other academic institutions or private sector schools. Further, Guelph could enhance global leading practices related to healthy aging, developing the *campus of care* on the World Health Organization's (WHO) principles of an age-friendly community, which has guided the City's *Older Adult Strategy.* The International Federation on Ageing (IFA), based in Toronto, could act as a resource and key informant.

Partnerships:

Much has been written in recent years about the need for more integrated approaches in meeting the needs of target populations, be they children, individuals with limited abilities or seniors. Looking at the extensive list of possible elements that could be built into a "campus of care" the enormity of such an undertaking becomes very apparent. Financial considerations are only one dimension in this puzzle. Managerial, technical, clinical and organizational expertise will be just as important.

In many communities there are already pockets or centres of expertise. Harnessing and collaborating with them has to be considered as the preferred route to take. A major undertaking of this nature will be a natural magnet and have a great appeal for many in the community. Below is a brief list of some of the potential partners:

- Developers/builders
- Charities and for-profit organizations that provide services to seniors in the community:
  - Physician practice groups (Family Health Teams)
  - Private health care providers (OTs, PTs, Labs)
- Commercial interests (retailers)

AN APPROACH TO STAGED IMPLEMENTATION

1. Community input/development of campus vision
2. Identification of key stakeholders & their input, including providers, users, financial
3. Government/political buy-in/support – including Municipal, County and Provincial
4. Putting the campus together in stages based upon resources and needs-based assessment of service/program requirements

The case for support for a City of Guelph *campus of care* vision is based on the following considerations:

A Compelling Need: The need is based on demographics and current gaps in service access to support healthy aging. Healthy aging is a lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life course transitions. The application of this definition of healthy aging into the planning and development of community that contains an aging demographic has policy implications for both Guelph and other levels of government.

A Willing Partner: The City of Guelph has the capacity and will to forge partnerships both within and beyond the *campus of care* to ensure excellence in service delivery and the creation of a seamless continuum of care. The City could collaborate with the Province, the Local Health Integration Network, other local and regional providers, community organizations and the University of Guelph to create a model of integrated, innovative and client-centred care that could be a model for all of Ontario.

A Committed Community: Political and citizen commitment in Guelph has been crystallized through the *Older Adults Study*. Continued public input into the evolving vision would be a cornerstone of the process going forward.

The Centre for Healthy Aging defines a campus of care as being "co-located facilities that operate as a single community", with stress on the word "community". Studies show that seniors who are engaged with their communities stay healthier longer.
World Health Organization: *"A society that treats its most vulnerable members with compassion is a more just and caring society for all."*

STAFF REPORT

TO	Community and Social Services Committee
SERVICE AREA	Community and Social Services Community Engagement and Social Services
DATE	May 14, 2013
SUBJECT	**Community Investment Strategy Review of Discretionary Grants Cost Shared with the County of Wellington**
REPORT NUMBER	CSS-CESS-1319

EXECUTIVE SUMMARY

PURPOSE OF REPORT

This report provides details on the proposed 2014 funding levels for groups and agencies who have been historically funded 100% through municipal grants cost shared with the County of Wellington. While these grants have other funding sources, the municipality does not cost share these grants with other levels of government as it does with other discretionary grants. The total amount of this funding in 2013 is $446,350. This report describes the review process, the rationale for the funding decisions and communication of these decisions to the affected groups.

KEY FINDINGS

The review consisted of three stages that involved gathering information from the groups through a written submission and in person meeting; deliberations involving twenty staff, using criteria developed as part of the Community Investment Strategy; and management consultation involving eight staff.

Those groups clearly responding to community need, were unique collaborations and who demonstrated strong alignment with key city and service area strategic plans were selected for Community Benefit Agreements (CBAs). Attachment 1 describes the groups, funding and the decisions.

FINANCIAL IMPLICATIONS

The funding for all of these programs is currently part of the Social Services Budget prepared by the County of Wellington as the Consolidated Municipal Service Manager (CMSM) and is listed under discretionary grants. The review was conducted under the auspices of the Community Investment Strategy. The $323,350 of funding for the CBAs will be moved to the operating budgets of the appropriate department who will be responsible for the negotiation and administration of the agreements. The remaining $141,000 will be included in the Community Wellbeing Grants mechanism for allocation in the 2014 grants.

ACTION REQUIRED
Community and Social Services Committee to receive for information

RECOMMENDATION

1. That the May 14, 2013 report entitled "Community Investment Strategy Review of Discretionary Grants Cost Shared with the County of Wellington" be received for information.

BACKGROUND

In 2010, Report #FIN-10-05, dated February 16, 2010 outlined the discretionary social services programs and advised that they be reviewed using the Community Investment Framework. Report #CESS-CESS-1113, dated April 12, 2011 outlined the seven categories of discretionary or non- prescribed grants which are briefly:

- Category A: 100% provincially paid through agreement with the Consolidated Municipal Service Manager (CMSM).

- Category B: Cost shared programs with the Province through agreements with the CMSM. The Province will only enter into these agreements with the CMSM, and the CMSM reports that "these programs are critical to assist the marginalized population that we serve and if not delivered by the County the Ministry share of the expenditures would be lost."

- Category C**:** 100% County funded programs.

- Category D: 100% municipally funded programs delivered by the CMSM. The CMSM reports that "these programs are critical to assist the marginalized population that we serve in helping with providing basic needs. A financial eligibility test is performed."

- Category E: 100% City funded programs.

- Category F: 100% municipally funded programs that fund staffing positions with other agencies. The CMSM reports that "these programs provide planning and/or direct support to programs they deliver.'

- Category G: 100% municipally funded programs to agencies.

And the City assume responsibility for administering the funding directly for the two programs, Guelph Neighbourhood Support Coalition and Action Read, that are 100% funded by the City of Guelph (Category E).

Report #CSS-CESS-1115, dated May 10, 2011 responded to a request from funeral directors for a 20% increase to funeral services to align with the County of

Wellington's Funeral Directors Fees retroactive to the beginning of 2011 (in Category D) which Council approved.

Report #CSS-CESS-1139, dated October 12, 2011 provided an update on the review of non prescribed programs and that programs in Categories F and G would be reviewed using the Community Investment Framework. Furthermore, the report noted that the goal is to negotiate a service agreement with the County for the administration of the balance of the non prescribed programs.

There are twelve programs that have historically been funded and administered by the County of Wellington as the CMSM and the costing included in the annual social services budget. The outcome of review of these programs is the subject of this report.

REPORT

This review was undertaken using the Community Investment Strategy approved by Council in September 2012 (Report #CSS-CESS-1221). It consisted of the following:

Review Process

1. Correspondence to groups in 2011 to advise them that both the City and County were maintaining the status quo with their funding and the City invited their participation in the process to develop the Community Investment Strategy.

2. Correspondence to each group in 2012 guaranteeing funding for 2013, outlining the approved Community Investment Strategy, the relevant funding mechanisms and the review process. It included a request to provide detailed program information on:
    a. The purpose of the funding
    b. Demonstration of community need
    c. Impact of the funding on the community (key performance indicators and evaluations)
    d. Other funders and community partners
    e. Workplans and job descriptions

3. A face to face interview with the sponsoring agency, the co-chairs of the community collaboration, and the staff supported through the funding. In most instances the Director from the CMSM who managed the agreement with the funded group also attended.

4. A review of the information provided in both the written submission and the interview by all of the City staff involved with the funded group. This review assessed the groups' eligibility and alignment with key City and Service Area strategic plans and studies.

5. A decision on whether or not to recommend entering into a Community Benefit Agreement.

Rationale for Funding Decisions

The decisions related to each of the specific grants considered a number of factors:

a) Strong evidence of meeting a community need in an effective and efficient manner
b) Within the municipality's mandate to fund, rather than a "top up" to a provincially mandated program
c) Clear alignment with the Corporate Strategic Plan; the Community Wellbeing Initiative; the Older Adult Strategy; and the Youth Strategy;
d) Accessibility to all who would be eligible for the program
e) Transparency so that similar programs supported by the Department are treated in a consistent way
f) Evidence of leveraging existing community resources and partnerships

The decisions were recommended by the Community Investment Management Group, and approved by the Executive Director of Community and Social Services.

The amount of funding allocated to CBAs with existing groups is $323,350 and a reallocation to other CIS investment mechanisms such as grants would be $141,000. Please see Attachment 1 for the details of groups and the related funding decisions.

Next Steps

An Information Report on the Inventory of CBA was provided to Council in April, 2012. There is a staff work group developing the CBA policies and procedures for existing agreements that would become CBAs. Responsibility for each of the Community Benefit Agreements will be assigned to a General Manager to negotiate and administer. Groups recommended for CBAs will continue to receive funding until the CBA is negotiated. These agreements will be reported annually as part of the Community Investment Strategy implementation.

CORPORATE STRATEGIC PLAN

Organizational Excellence

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

Innovation in Local Government

2.2 Deliver Public Service better

DEPARTMENTAL CONSULTATION

Community and Social Services: Business Services; Culture and Tourism; Community Engagement and Social Services Liaison; Parks and Recreation
Operations, Transit and Emergency Services: Public Works
Corporate and Human Resources: Legal and Realty Services, Courts Services
Finance and Enterprise: Finance Services

COMMUNICATIONS

Groups were notified of the City's funding decision on March 27, 2013. The timing provides groups with eight (8) months of notice so that they have time to develop any transition plans or explore other opportunities with different funders.

ATTACHMENTS

ATT-1 Allocation of Discretionary Funding to Agencies cost shared with the County

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Attachment 1

Allocation of Discretionary Funding to Agencies cost shared with the County

***100% city funded**

Program name	Agency	Funding Amount	Purpose of Funding	2014 Funding to Community Benefit Agreement		Comments
				YES	NO	
Senior's at Risk Co-ordinator	Trellis	**57,000**	**80% of FTE to:** *** provide education, consultation & training to prevent abuse, neglect** *** respond to seniors with complex needs** *** support system planning & response to seniors**	**X**		
Poverty Task Force	Wellington Dufferin Guelph Public Health	**73,206**	**70% of two positions to:** **- Engage community and advocate for strategies to address root causes of poverty**	**X**		
Subsidies for Children	The Children's Foundation	**22,000**	**Subsidies for registration for children to access sports, recreation and cultural programs in Guelph**	**X**		
Drug Strategy Co-ordinator	Guelph Community Health Centre	**75,144**	**100% of staff position to implement community strategy based on four pillars: prevention, harm reduction, treatment, enforcement**	**X**		
Garden Fresh Box *	Guelph Community Health Centre	**28,000**	**For co-ordinator to purchase foods, manage volunteers to pack and distribute boxes. Funding also supports transportation, promotion and printing.**		**X**	
Give Yourself Credit	Family & Children's Services	**61,000**	**Child & Youth Worker Salary and rent to support a class for youth who are unable to function within the regular school system. The Upper Grand District School Board funds a teacher and educational assistant. Attendance at school is a requirement for these youth to receive Ontario Works benefits.**		**X**	Support funding until June 2014 Joint discussion with School Board to fund
Women in Crisis	Women in Crisis	**14,000**	**Part time casual staff to provide childcare so women at shelter can attend appointments** **Children's transport to school in home neighbourhood** **Children's recreation and camp**		**X**	
Dental Program	Wellington Dufferin Guelph Public Health	**11,000**	**Dental treatment to low income children, youth and adults , who are ineligible for provincial program due to age or income**		**X**	
Parent and Child Place	Guelph Community Health Centre	**81,000**	**100% funding for facilitators and assistants and 25% for supervisor for parent drop in programs at nine neighbourhood locations**	**X**		Consider incorporating into CBA with Guelph Neighbourhood Support Coalition
Action Read *	Action Read	**18,000**	**64% for staff to operate family literacy program** **21% for staff to operate a group learning program**		X	
Growing Great Kids	Consolidated Municipal Service Manager	**9,000**	**To support work of provincially mandated network to do marketing kids line, kindergarten parent survey and website**		**X**	
Data Analysis Co-ordinator	Guelph Community Health Centre	**15,000**	**30% top up salary of provincially mandated position to make it a full time position**	**X**		Already incorporated into funding for Data Surveillance Co-ordinator position by CMSM

STAFF REPORT

TO	Community & Social Services Committee
SERVICE AREA	Community and Social Services Community Engagement and Social Services
DATE	May 14, 2013
SUBJECT	**Community Benefit Agreement: Guelph Neighbourhood Support Coalition**
REPORT NUMBER	CSS-CESS-1323

EXECUTIVE SUMMARY

PURPOSE OF REPORT

To seek Council approval to delegate authority to the Executive Director of Community and Social Services to approve a Community Benefit Agreement with the Guelph Neighbourhood Support Coalition (GNSC), as part of the Community Investment Strategy implementation, subject to approval by Legal and Realty Services.

KEY FINDINGS

In July 2010, Council approved the Sustainable Neighbourhood Engagement Framework (SNEF), which laid out a new structure for neighbourhood groups involving an expanded role for the GNSC as an independent organization.The GNSC would act as a bridge between neighbourhood groups and partners, including the City of Guelph.

At the May 10, 2011 meeting of the Community and Social Services Committee, staff were directed to "work with the GNSC Steering Committee to reach a decision to become either an independent non-profit organization, or to enter into a long-term relationship with a 'host' organization, and to carry out the decision as described in the (revised) SNEF Implementation Plan."

On Sept 24, 2012, Council approved the Community Investment Strategy Strategic Policy Framework and implementation of five new community investments mechanisms, including Community Benefit Agreements.

The October 12, 2011 Information Report #CSS-CESS-1141, "Sustainable Neighbourhood Engagement Framework Update," reported that Steering Committee members recommended that the GNSC apply for both non-profit incorporation and charitable status.

The December 20, 2012 Information Report #CSS-CESS-1240, "Sustainable

Neighbourhood Engagement Framework Transition Update," reported that:

- GNSC incorporation application had been approved
- Executive Director and bookkeeper had been hired

This report also included the following next steps:

- Once City staff contracts for neighbourhood groups end, and neighbourhood group staff sign contracts with GNSC.
- City and GNSC Board to sign a Community Benefit Agreement.

FINANCIAL IMPLICATIONS

A total of $454,300 is provided to the GNSC to deliver the activities and services outlined in the Sustainable Neighbourhood Engagement Framework.

There is $382,900 to support the GNSC as part of the approved operating budget of Community Engagement and Social Services Liaison Department. This specifically supports staffing and activities of eleven neighbourhood groups ($225,000), utilities and cost for six neighbourhood Groups ($24,800) and ($104,600) for GNSC operations. Additionally, for 2013 ($40,900) that the city administers on behalf of the United Way for their grant historically made to specific neighbourhood groups of the GNSC.

Additionally Community Engagement staff will allocate 25% of their time valued at ($48,000) to work with the Partner Panel, the Neighbourhood Panel, the Board of Directors and Neighbourhood Groups to build the capacity of the GNSC, partners and community leaders.

Furthermore, the GNSC will receive approximately $11,000 of support through the reduction of fees or charges for City facilities and services.

ACTION REQUIRED

- Delegate authority to the Executive Director of Community and Social Services to approve a Community Benefit Agreement with the Guelph Neighbourhood Support Coalition (GNSC), as part of the Community Investment Strategy implementation, subject to approval by Legal and Realty Services.

RECOMMENDATION

1. That Council delegate authority to the Executive Director of Community and Social Services to approve the GNSC Community Benefit Agreement as part of the Community Investment Strategy implementation, subject to approval by Legal and Realty Services

2. THAT Committee approve Schedule V of the Delegation of Authority By-law with the updated version attached hereto as Attachment 1

BACKGROUND

In July 2010, Council approved the Sustainable Neighbourhood Engagement Framework (Report #CS-IS-1015), which laid out a new structure for neighbourhood groups involving an expanded role for the GNSC as an independent organization. The GNSC acts as a bridge between neighbourhood groups and partners, including the City of Guelph.

In May 2011, in response to the Sustainable Neighbourhood Engagement Framework (SNEF) Update (Report #CSS-CESS-1116), Council directed staff to "work with the GNSC Steering Committee to reach a decision to become either an independent non-profit organization, or to enter into a long-term relationship with a 'host' organization, and to carry out the decision as described in the (revised) SNEF Implementation Plan."

On September 24, 2012, Council approved the Community Investment Strategy Strategic Policy Framework (Report #CSS-CESS 1221) and implementation of five new community investments mechanisms, including Community Benefit Agreements.

The October 12, 2011 Information Report (#CSS-CESS-1141), "Sustainable Neighbourhood Engagement Framework Update," reported that Steering Committee members recommended that the GNSC apply for both non-profit incorporation and charitable status.

The December 20, 2012 Information Report (#CSS-CESS-1240), "Sustainable Neighbourhood Engagement Framework Transition Update," reported that:

- GNSC incorporation application had been approved
- Executive Director and bookkeeper had been hired

This report also included the following next steps:

- City staff contracts for neighbourhood groups end, and neighbourhood group staff sign contracts with GNSC
- City and GNSC Board to sign a Community Benefit Agreement

REPORT

The Sustainable Neighbourhood Engagement Framework recognizes the City's long standing history in supporting neighbourhood groups. The vision states that "Engaged neighbourhoods make a positive difference to the health and wellbeing of the people who live in them. Every neighbourhood in Guelph should be a welcoming, inclusive place that engages its residents and involves them, in large ways and small ways, in shared activities that impact the circumstances, aspirations and opportunities of all who live there, and raise the quality of life for

Guelph as a whole." It outlines the following categories of activities that funding supports:

- Delivering accessible services close to users and in an affordable way
- Delivering responsive services that are relevant to users
- Basic engagement in decision making processes and dialogue with partners
- Creating a sense of belonging through outreach and leadership development

As noted in the Community Investment Framework, Community Benefit Agreements (CBAs) are to enable the City to work with the community benefit sector to foster community wellbeing and/or enhance City services and programming. These legal agreements guide ongoing collaborative relationships with community organizations where there is:

i. Mutual or complementary benefits;
ii. Joint investment of resources (e.g. time, funding, expertise, information);
iii. Shared definition of authority, risk and responsibility

The CBA provides an open and transparent way the City can support neighbourhood groups to achieve their vision and provide access to programs and engagement at the neighbourhood level. It also increases community involvement and leadership in the neighbourhood.

Community Benefit Agreements will be negotiated and managed by designated General Managers within Community and Social Services under the direction of the Executive Director. They have a number of specific features that support accountability for the effective and efficient delivery of services that positively impact the community. In the case of the CBA with the GNSC, the GNSC will provide a workplan with key performance measures that will allow both parties to track achievement. There is a six month interim reporting requirement as part of the agreement. Since this is the first agreement, the term of the agreement is limited to one year. The Supervisor of Community Engagement is also part of the governance structure of the GNSC.

CORPORATE STRATEGIC PLAN

Organizational Excellence

1.1 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
2.2 Deliver Public Service better
2.3 Ensure accountability, transparency and engagement

City Building
3.1 Ensure a well designed, safe, inclusive, appealing and sustainable City
3.3 Strengthen citizen and stakeholder engagement and communications

DEPARTMENTAL CONSULTATION

Community Investment Strategy Management Group: Business Services, Parks and Recreation, Culture and Tourism, Public Works, Finance and Legal Services.
Legal and Realty Services
Clerks

COMMUNICATIONS

Communications to relevant stakeholders following the signing of the CBA

ATTACHMENTS

ATT-1 Delegation of Authority: Schedule of Delegation – Schedule V

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Attachment 1: Schedule of Delegation

Schedule "V" to By-law Number (2013)-19529

DELEGATION OF AUTHORITY TO APPROVE THE EXECUTION OF COMMUNITY WELLBEING GRANT ALLOCATIONS

Power to be Delegated	Authority to approve the execution of Community Benefit Agreement for the Guelph Neighborhood Support Coalition
Reasons in Support of Delegation	o Contributes to the efficient management of the City of Guelph o Increases the participation of residents in municipal decision making o Meets the need to respond to issues in a timely fashion o Maintains accountability through conditions, limitations and reporting requirements o Minor in nature o Supports the City's Corporate Strategic Plan
Delegate(s)	The following staff or their successors thereof: o Chief Administrative Officer (CAO) o Executive Director, Community and Social Services o A person who is appointed by the CAO or selected from time to time by the Executive Director, Community and Social Services to act in their stead
Council to Retain Power	No
Conditions and Limitations	o Community Benefit Agreement must be funded through a current year's operating budget which has been approved by Council
Review or Appeal	Not Applicable
Reporting Requirements	Annual information report on agreements executed during the year pursuant to this delegation of authority