

*North West*  
**LOCAL HEALTH INTEGRATION NETWORK**



# **Aging At Home Strategy Directional Plan**

**Building The Momentum For Change**

October 31, 2007



## Table of Contents

<b>1.0</b>	<b>Introduction .....</b>	<b>1</b>
<b>2.0</b>	<b>The Provincial Framework for Aging at Home .....</b>	<b>2</b>
<b>3.0</b>	<b>Tailoring the Strategy to the Health Needs of Communities.....</b>	<b>5</b>
<b>4.0</b>	<b>Aging at Home Strategy - Planning &amp; Development .....</b>	<b>6</b>
<b>5.0</b>	<b>Aging at Home Strategy - Directional Plan .....</b>	<b>10</b>
<b>6.0</b>	<b>Aging at Home Strategy - Who will Benefit? .....</b>	<b>12</b>
<b>7.0</b>	<b>Performance Measures and Outcomes.....</b>	<b>14</b>
<b>8.0</b>	<b>Policy/Legislative Enablers .....</b>	<b>15</b>
<b>9.0</b>	<b>Conclusion/Summary .....</b>	<b>16</b>

# Aging at Home Strategy: Building the Momentum for Change

## 1.0 Introduction

This document is intended to provide an overview of the Directional Plan for the North West Local Health Integration Network (LHIN) for implementing Ontario's Aging at Home Strategy. The plan is the product of extensive community engagement through the development of the North West LHIN's *Integrated Health Services Plan* (IHSP) and ongoing discussions with health service providers, community stakeholders, seniors and their families. It outlines the preliminary activities and next steps that the North West LHIN will be taking in the coming months to develop the Aging at Home Strategy Service Plan. This Directional Plan will evolve over time as additional information and/or resources are identified.

The North West LHIN's Aging at Home Detailed Service Plan, due January 31, 2008, will describe the services to be provided; the related budget allocations and implementation timelines; the measures to be used to monitor and evaluate performance; as well as any policy and/or legislative implications. The plan will have a three-year implementation horizon.

The Ministry of Health and Long-Term Care has set a provincial framework (described in Section 2.0) to guide local planning efforts. In the coming months, the development and continued refinement of a Detailed Service Plan for the Aging at Home Strategy will be a key activity of the North West LHIN.

## 2.0 The Provincial Framework for Aging At Home

The Aging At Home Strategy is a provincial approach, developed by the Ministry of Health and Long-Term Care and launched by the Honourable Minister of Health and Long-Term Care George Smitherman in August 2007. The strategy is aimed at meeting the health and wellness needs of seniors who need some help to live at home independently. It is also aimed at relieving the reliance on hospitals and long-term care homes. The strategy represents a \$700-million investment, over three years.

The strategy covers the following **services and supports**:

1. Community support services
2. Home care
3. Assistive devices
4. Supportive housing services
5. Long-term care home beds
6. End-of-life care
7. Innovative services

### Aging at Home: Provincial Facts, Figures and Assumptions

- Experts predict that the senior population in Ontario will double in the next 16 years.
- If we continue to focus on institutional models of care, such as hospitals and long-term care homes, more and more public resources may be consumed as the population grows and ages.
- Community support services play an important role in maintaining the health, well-being, independence and quality of life of seniors.
- The cost of helping most seniors in their homes may be less expensive than in institutional settings.
- The majority of people over the age of 65 want to continue being at home.
- The majority of seniors are able to live independently, managing their day-to-day activities by themselves.
- When seniors need help, about 80% of care is likely to be provided by relatives, friends and volunteers.

**Provincial guiding principles<sup>1</sup> have been articulated as follows:**

- The design and delivery of services should respond to the needs of seniors.
- Services should be community-based and integrated within the broader health care system.
- Demographic and geographic challenges must be considered to reach a goal of equitable access to services.
- The best care at optimal cost, recognizing benefits of volunteerism, can contribute to cost-effective and sustainable services.
- Services should be results oriented, with those results being defined and measured.
- Services can build on capacity in local neighbourhoods and within communities of common ethno-cultural, linguistic, religious, and sexual orientation cultures.

**The strategy has three objectives<sup>2</sup>:**

1. Provide seniors with a continuum of supports that will enable them to stay healthy and live with independence and dignity in their homes.
2. Provide a comprehensive plan for an integrated continuum of care that includes:
  - Community support services
  - Home care
  - Supportive housing
  - Long-term care home beds
  - End-of-life care.
3. Offering preventative supports to sustain the healthiest population of seniors possible.

---

<sup>1</sup> As stated by the Ministry of Health and Long-Term Care in a July '07 presentation to LHIN Board Chairs and CEOs.

<sup>2</sup> As stated by the Ministry of Health and Long-Term Care in a July '07 presentation to LHIN Board Chairs and CEOs.

**And four goals<sup>3</sup>:**

1. ***Ensuring that seniors' homes support them*** – includes: increasing residential options, such as supportive housing and long-term care homes, as well as access to mobility devices for use in the home; and improving safety in homes to prevent injury.
2. ***Creating supportive social environments*** – includes: proactive strategies to reduce or eliminate social isolation for both seniors and their caregivers, e.g. adult day centres, supportive housing, caregiver relief and respite, and friendly home calling and visits.
3. **Providing senior-centered care that is easy to access** – includes: coordinating access to a flexible continuum of services and supports across sectors; improving case management and care coordination; and augmenting specialized geriatric services (i.e. exploring opportunities to augment or partner with Family Health Teams (FHTs) and Community Health Centres (CHCs) in the provision of preventative, maintenance and restorative services/programs).
4. **Identifying innovative solutions to keep seniors healthy** – includes: a minimum of 20% of funding earmarked for Ministry-approved approaches to deliver innovative prevention and wellness strategies; partnerships with non-traditional providers that allow and recognize “informal services”; new services that include preventive and wellness philosophies; and approaches that take advantage of like groups and individuals to deliver informal care such as friendly home visits, and telephone calling.

---

<sup>3</sup> Ibid.

### 3.0 Tailoring the Strategy to the Health Needs of Communities

Ontario's 14 Local Health Integration Networks (LHINs), whose mandate it is to plan, coordinate, integrate and fund health services, have been tasked with developing plans that will identify the specific services and supports needed in their areas to implement the provincial Aging at Home Strategy. The Ministry of Health and Long-Term Care has set out a provincial framework to guide local planning efforts and provided each LHIN with a funding allocation for three years (2008/09 to 2010/11).

In the North West LHIN, the Aging at Home Strategy represents a financial investment of \$3,399,768, to be allocated as follows:

- \$1,046,673 (beginning April 1, 2007)
- \$ 878,283 in 2009/10
- \$1,474,812 in 2010/11

Local Health Integration Networks are now planning for the allocation of funding by drawing from existing plans including their Integrated Health Services Plans (IHSP) and the draft Annual Service Plans (ASP) to develop their own, community-focused plans to address Aging at Home. In the coming months, the North West LHIN will develop, with input from key stakeholders, a local Aging at Home Strategy. This interim Directional Plan is the first iteration of that local planning.

## 4.0 Aging at Home Strategy – Planning & Development

The North West LHIN *Integrated Health Service Plan* (IHSP), draft *Annual Service Plan* (ASP) and the strategic directions of the Ministry of Health and Long-Term Care will collectively guide planning for health system improvements. The IHSP was developed through extensive community engagement with local communities, health service providers and key stakeholders in the LHIN, and through analysis of supporting population health and health planning data.

It is intended that the Aging at Home Strategy will align with the planning priorities of the North West LHIN IHSP, which include:

- Access to Care
  - Access to Primary Health Care
  - Chronic Disease Prevention and Management
  - Access to Specialty Care
  - Access to Mental Health and Addictions Services
- Availability of Long-Term Care Services
- Integration of Services Along the Continuum of Care
- Engagement with Aboriginal People
- Ensuring French Language Services
- Integration of e-Health
- Regional Health Human Resources Plan

The vision, mission and values of the North West LHIN will also serve to guide the Aging at Home processes.

### The North West LHIN-Mission/Vision/Values

#### Our Vision

Healthier people, a strong health system - our future.

#### Our Mission

Develop an innovative, sustainable and efficient health system in service to the health and wellness of the people of the North West LHIN.

#### Our Values

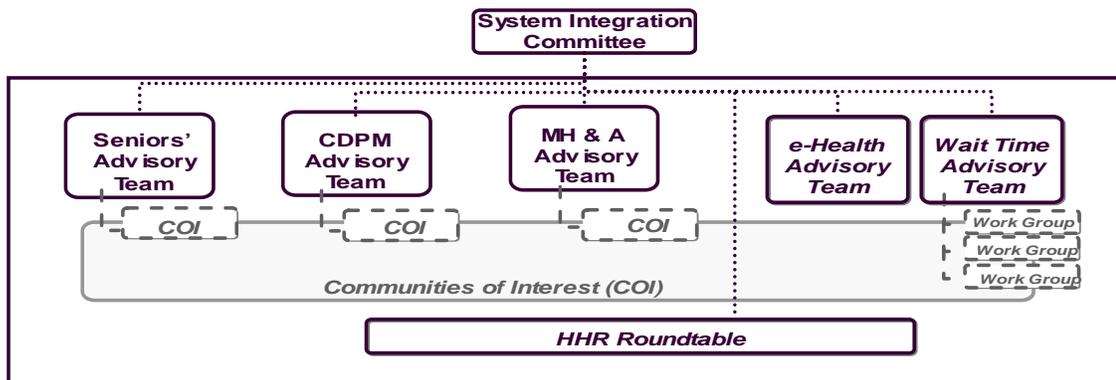
- Person-centred
- Culturally sensitive
- Sustainable
- Accountable
- Collaborative
- Innovative

## 4.1 Planning: Past and Present

The North West LHIN has sought the involvement of local health service providers and residents of Northwestern Ontario in order to establish effective collaborative relationships essential to improving outcomes and achieving results for our health system. As part of this ongoing collaborative process, the North West LHIN has established a **System Integration Committee** to provide advice to the North West LHIN senior leadership team on innovation, change and integration in the health system. **Advisory Teams** will provide advice to the North West LHIN on the planning and implementation of comprehensive services within the context of the specific priorities identified in the IHSP. **Communities of Interest (COI)**, consisting of people from various backgrounds will support the work of the Advisory Teams and provide input to the LHIN on specific planning initiatives.

The following exhibit shows the relationships between the System Integration Committee, Advisory Teams and Communities of Interest to the North West LHIN.

**Exhibit 1.0 IHSP Implementation Framework**



The North West LHIN's Seniors' Services Advisory Team, one of five advisory teams, has been established and is responsible for providing advice to the North West LHIN regarding planning and implementation of comprehensive services within the context of the *Integrated Health Services Plan*. The membership of the Team includes health service providers and interested community residents. The role of the North West LHIN Seniors' Services Advisory Team includes:

1. Being a resource/support for the planning of seniors' services for the health care system in Northwestern Ontario.

2. Identifying and exploring opportunities for the innovative use of existing resources and enablers to improve seniors' services in the Northwest.
3. Identifying and addressing challenges, barriers and opportunities for improved system integration and coordination of seniors' services.
4. Promoting linkages and communication across sectors and ministries with an interest and/or mandate related to seniors' services.
5. Championing seniors' services in the Northwest and actively promoting seniors' services at a regional, provincial and national level.

The Seniors' Services Advisory Team has been orientated to the Aging at Home Strategy and will be a key resource in moving the Aging at Home Strategy forward through the identification of strategies and opportunities for innovation that enable seniors to remain at home.

Several reports have contributed to the understanding of, and planning for, seniors' services in the Northwest. The following documents have informed the development of this Directional Plan and will support the development of the Detailed Services Plan:

- *Integrated Service Plan for Northwestern Ontario: Report of the Special Advisor, Tom Closson, (June 2005),*
- *A Study of Alternative Level of Care in The City of Thunder Bay (2004), and*
- *Supportive Housing in Northwestern Ontario: A Needs Assessment (2004).*

These reports suggest that appropriate investments in community supports and supportive housing could actually reduce the need for LTC home beds and allow seniors to remain in their homes longer.

Availability of Long-Term Care Services was identified as a priority in the IHSP and seniors' services was a key focus within this priority. With the return of 300 municipal beds from the City of Thunder Bay, the North West LHIN and St. Joseph's Care Group, with community partners, are planning a *Centre of Excellence for Integrated Seniors' Services* (CEISS). The announcement of the CEISS was made August 31, 2007 by the Honourable George Smitherman. This Centre will include 336 long term-care home beds, including 64 regional, specialized behavioural beds, 132 new supportive housing units, enhanced community support services and increased CCAC services. This major initiative will link and be congruent with the Aging at Home Strategy. In addition, the Aging at Home Strategy will complement those investments being made separately for CEISS.

## 4.2 Collaborative Plan: Setting the Stage for Aging at Home

Cooperation, coordination and communication among providers has been identified as a strength in the North West LHIN<sup>4</sup>. The North West LHIN has initiated discussions with community partners and key stakeholders regarding the Aging at Home Strategy.

Over the past two months, the North West LHIN has met with a number of individual seniors and their families, grassroots stakeholders and formal and informal care providers. These focused discussions have informed the development of this high-level Directional Plan. The LHIN will continue to engage with community stakeholders, seniors and their caregivers to develop its Detailed Service Plan and implement the Aging at Home Strategy.

## 4.3 Planning Phases

There are two phases in the Aging at Home Strategy planning process. The following outlines how the North West LHIN will complete the planning process.

### **i) Phase One - High-Level Directional Plan (October 31, 2007)**

The Directional Plan will provide a high-level overview of the direction that the North West LHIN will take in implementing the Aging at Home Strategy. During this first phase, the North West LHIN will:

- Refine and develop activities identified in the IHSP and draft ASP for Phase 2.
- Focus efforts on building community capacity and enhancing the coordination of community support services.
- Explore new models and innovation strategies to support Aging at Home.

### **ii) Phase Two - Detailed Service Plan (January 31, 2008)**

The Detailed Service Plan will be developed in consultation with community stakeholders. This plan will focus on specific Aging at Home initiatives to be implemented beginning April 1, 2008.

---

<sup>4</sup> North West LHIN *Integrated Health Services Plan*

## 5.0 Aging at Home Strategy - Directional Plan

### 5.1 Objectives

The population of the North West LHIN is aging, a trend that is projected to continue for many years to come. The seniors' population (65+) in Northwestern Ontario is projected to increase 3.3% from 2007 to 2010, increasing the stress on the current health system. In addition, the out-migration of young adults has created concerns of potential shortages of informal and formal caregivers. These demographic trends influence the demand for seniors' support services. Furthermore, Aboriginal people may develop chronic diseases earlier in life which also has implications for requirements for long-term care services. Also, as the population ages, the number of seniors with dementia is projected to increase<sup>5</sup>.

Services for seniors across the continuum of care are not available consistently throughout the North West LHIN. Cultural and linguistic requirements (e.g. Aboriginal and French) may present a barrier for seniors in accessing services. As well, there is an identified shortage of home support services and supportive housing. Furthermore, in keeping with the national trend, seniors in this region prefer to "age at home" when provided with the necessary supports.

The objectives of the North West LHIN Aging at Home Strategy are:

1. Increase support(s) available for seniors and their caregivers.
2. Increase access to community support services for seniors.
3. Improve access to and decrease waits for long-term care home beds.
4. Increase partnerships and collaborative initiatives for integrated and coordinated care for seniors in the community.
5. Build increased capacity to support aging at home for seniors, their families and providers.
6. Decrease the length of stay in hospital for seniors.

Performance measures will be developed to measure outcomes related to these objectives. Draft performance measures are presented in Section 7.0.

### 5.2 Directional Priorities

Over the next three months, the North West LHIN will continue to consult with seniors, their families, care providers, volunteers and experts in the field, as part the process of identifying and implementing the Detailed Service Plan.

---

<sup>5</sup> Alzheimer Strategy Transition Project, (*Alzheimer's Disease and Related Dementias, Recommendations for Prevention, Care and Cure. Report 2: A Business Case to the LHINs*) (North West Local Health Integration Network), April 2007.

There are three directional priorities that will assist the North West LHIN in the service planning development.

**1) Implement Aging at Home priorities as identified in the IHSP and draft ASP.**

The alignment of the North West LHIN IHSP and ASP with the Aging at Home Strategy provides direction for addressing priorities. The Aging at Home Strategy will provide the opportunity for review and realignment of existing resources to better serve seniors and their caregivers. The IHSP priorities will be considered as the Detailed Service Plan is developed.

**2) Build community capacity and enhance the coordination of community support services.**

The Aging at Home Strategy emphasizes collaboration, coordination and building of community capacity. The Detailed Service Plan will focus on areas of care management that enhance coordination and integration along the continuum of care. This plan will consider both traditional and non-traditional care providers, in the health system, who can support seniors to age at home.

There have been increased investments in community support services and greater attention given to the needs of seniors in hospital, long-term care and the community. This plan aims to build on these developments and explore opportunities for increased capacity building.

**3) Explore new models and innovative strategies to support Aging at Home.**

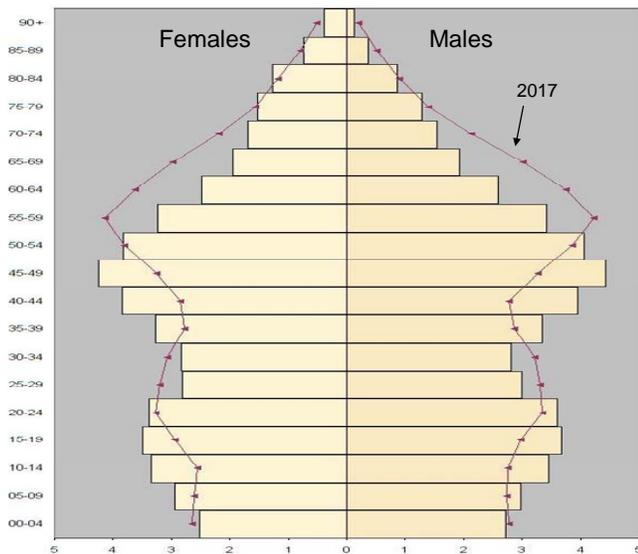
Alternative models of care that would support seniors Aging at Home will be a focus. Best practices will provide an opportunity for learning and support decision-making for caregivers. The identification of opportunities for new models and innovative approaches for: prevention and wellness strategies; local community economic development; and informal care services will be important considerations in future planning. As part of the development of this third priority, planning will include ways to share these new models and/or innovative strategies with others, both within the North West LHIN and provincially.

## 6.0 Aging at Home Strategy - Who will benefit?

The population of the Northwest is aging faster than the province as a whole. Compared to the provincial population, the Northwest has a slightly higher proportion of people 65 years or older. The lack of new immigrants, slow population growth and continued youth out-migration contribute to the older age of Northwestern Ontario's population. Youth out-migration is now at the highest level ever. From 1996-2001, the population in Northwestern Ontario aged 55 years and over increased by 5.1%. During the same period, the population of youth dropped significantly (-7.2%) and the population of people aged 25-54 also declined (-3.4%). This demographic profile suggests that there will be future challenges related to formal and informal care giving for seniors, as fewer people will be available for these roles in younger cohorts.<sup>6</sup>

The following exhibit shows the population structure of the North West LHIN. The purple line denotes the population projection for 2017, which shows that there will significant shift towards an older population in the next ten years. While there may be a slight increase in population in the 25-34 year age group, there is predicted to be a large decrease in the percentage of population that is in the 35-54 year age group.

### Exhibit 2.0 Projected Age-Sex Population Distribution (2007 and 2017)



Source: 2001 Census

<sup>6</sup> Youth Out-Migration in Northern Ontario – 2001 Census Research Paper Series: Report #2, Training.

Seniors and their caregivers living in communities across the Northwest will benefit from the implementation of this Aging at Home Strategy. Benefits will include increased access and range of services. With increased alternatives available for seniors' services, hospitals and long-term care homes will have greater capacity to respond to seniors requiring specialized care services. In addition, home care and community support services will have enhanced capacity to serve seniors as well as collaborate with a greater number and range of local community resources.

Populations of the North West LHIN who may benefit from the Aging at Home Strategy include:

- Individuals and their families who want to continue to live independently in their own homes and are at risk of experiencing a health crisis.
- People who are inappropriately admitted to hospital or LTC because of insufficient community supports or lack of alternative services.
- Individuals and their families waiting in hospital for a more suitable placement.
- Individuals who require behavioural support services and their caregivers who require access to community resources.
- Caregivers who help family members remain independent and safe at home.
- Communities supporting seniors aging at home.

## 7.0 Performance Measures and Outcomes

The following is an initial selection of outcomes and performance measures that evaluate the North West LHIN Aging at Home objectives. These measures will be further refined and revised, based on discussions with various stakeholders and will assist in the evaluation of the success of the Aging at Home Strategy.

<b>North West LHIN Aging at Home Strategy – Directional Plan</b>		
<b>Objectives</b>	<b>Outcomes</b>	<b>Performance Measures/indicators</b>
<b>Increase support(s) available for seniors and their caregivers.</b>	<ul style="list-style-type: none"> <li>▪ Supports exist for seniors and caregivers.</li> <li>▪ Maintain seniors at home.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase number of seniors taking advantage of existing programs.</li> <li>▪ Rate of caregiver satisfaction increases.</li> </ul>
<b>Increase access to community support services for seniors.</b>	<ul style="list-style-type: none"> <li>▪ Timely access to Community Support Services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Measure wait times for service.</li> <li>▪ Increase in number of seniors accessing respite services.</li> </ul>
<b>Improve access to and decrease waits for long-term care home beds.</b>	<ul style="list-style-type: none"> <li>▪ Senior transfers to the appropriate setting, occurs in a timely manner.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase percentage of seniors getting their home of choice.</li> <li>▪ Wait time to home of choice is decreased.</li> <li>▪ Increase referrals to community support services.</li> </ul>
<b>Increase partnerships and collaborative initiatives for integrated and coordinated care for seniors in the community.</b>	<ul style="list-style-type: none"> <li>▪ Innovative approaches/ strategies/ models for seniors to access low cost integrated services exist across the North West LHIN.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Measure number of innovative programs implemented.</li> <li>▪ Measure number of partnerships involving non-health funded providers.</li> </ul>
<b>Build increased capacity to support aging at home for seniors, their families and providers.</b>	<ul style="list-style-type: none"> <li>▪ Greater understanding and capacity to support Aging at Home Strategies.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase number of seniors accessing services to remain at home.</li> </ul>
<b>Decrease the length of stay in hospital for seniors.</b>	<ul style="list-style-type: none"> <li>▪ Seniors length of stay in hospital is reduced.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Decrease in ALC days per senior.</li> <li>▪ Decrease in hospital ALC days.</li> <li>▪ Increase percentage of ALC seniors discharged home.</li> <li>▪ Decrease lengths of stay for seniors in hospital.</li> </ul>

## 8.0 Policy/Legislative Enablers

It is anticipated that there will be several policy and/or legislative/regulatory implications that may restrict or limit the North West LHIN's ability to implement optimal Aging at Home plans. Work is underway between the LHIN and the Ministry to identify policy, legislative and regulatory changes that would improve the provision of coordinated services for seniors to live at home independently.

The following policy and/or regulatory changes would assist the North West LHIN in implementing the Aging at Home Strategy:

- Clear direction that supports the provision of case management as a stand alone service to enhance the Aging at Home Strategy.
- Eliminate line by line budgeting in Community Support Services (CSS).
- Build flexibility into service maximums for CCAC services.
- Allow more flexibility in the criteria for personal support with CCAC services.
- Develop alternate physician remuneration structures that support home visits to seniors by physicians and physicians with interdisciplinary teams.
- Allow more flexibility to access supportive housing for seniors and their caregivers.

## 9.0 Conclusion/Summary

This Directional Plan was developed through discussions with community stakeholders, seniors, their family members and health service providers. As well, the North West LHIN Seniors' Services Advisory Team provided valuable input in the development of this plan. This plan gives a high level overview of the direction the North West LHIN will take in implementing its Aging at Home Strategy. More work is required to develop and implement the Detailed Service Plan over the next three years.

Ensuring people have access to services in the most appropriate setting is key to attaining efficiencies in the health system. The goal is to have a full spectrum of services available to people across the continuum of care. This will allow flexibility in where services are delivered regardless of whether this occurs at home in the community, in a supportive housing setting, in a long-term care home setting, or in an alternate setting such as rehabilitation, complex continuing care or acute setting.

In summary, the North West LHIN Aging at Home Strategy will support initiatives that:

- Reduce length of hospital stay (reduce ALC days)
- Prevent and/or delay hospital admissions
- Prevent unnecessary long-term care admissions
- Promote integrated and coordinated community services, and
- Promote innovative solutions to keep seniors healthy.

The North West LHIN will work locally, with the Ministry of Health and Long-Term Care, and with other LHINs to achieve an integrated system of community based services that enable seniors to live safely at home with independence and dignity.