Hamilton

Meeting Minutes
Seniors Advisory Committee
Friday, May 4, 2018
10:00am – 12:00pm
Rooms 192/193, City Hall

Present: Bob Thomson (Chair), Emmy Weisz, John Winslow, Penelope Petrie, Margaret Cheyne, Karen Thomson, Mary Sinclair, Paula Kilburn, Carolann Fernandes, Barry Spinner, Dahlia Petgrave. Lou DeStephanis, Marjorie Wahlman, John Kennard, Doug Stone, George Hough

Regrets: Councillor Johnson, Councillor Jackson, Jeanne Mayo, Ramanath Kamath.

Also Present: Jessica Bowen (Human Rights, Diversity & Inclusion)
Eleanor Morton (Healthy and Safe Communities)
Liz Conti (Public Health)
Lisa Maychak (Age Friendly Hamilton, Healthy and Safe Communities)

Guests: Rosalind Tarrant, Vice President Health System Strategy and Integration
Maggie Irving, Manager, Stakeholder Relations & Community Engagement
Margaret Denton, John Hawker, Tim Murphy, Tom Manzuk

1. Changes to the Agenda

(P. Petrie / C. Fernandes)

Agenda approved as presented.

CARRIED

2. Approval of Minutes

(J. Winslow / E. Weisz)

Minutes approved as presented.

CARRIED

3. Presentations

3.1 Rosalind Tarrant, VP Health System Strategy and Integration Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN)

R. Tarrant shared information with the committee related to the work of the LHIN. At the start of the presentation R. Tarrant requested Committee members consider responses to the following questions:

1. What are your top three priorities when it comes to your own health care?
2. What do you think is working well in our health care system?
3. What do you see as your responsibility when it comes to your own health?

R. Tarrant indicated that the LHIN is an integrated system at the local level. There are 14 LHINs and each is unique in that it meets the meets of the communities.

Committee members posed the following questions and comments in response to the content shared:

Q: What is the number of citizens served?

A: There are 1.4 million people in the LHIN; 7,000 square kilometres are covered

- The care patterns provided by the LHIN are smaller and at a more localised level;
- There is a gap in services for migrant workers;
- The 65+ population accounts for 18% of the population in the area the LHIN covers;
- There is a high percentage of people who are reporting poor overall health, weight and obesity.

Q: How is the system audited?
A: There is an annual financial statement. These statements are monitored on a quarterly basis.

Q: Are there "inspectors" for long term care*?*
A: Yes. they do quarterly visits. Long term care is heavily regulated.

Q: How long are the waitlists for a long-term care home?
A: The waitlist depends on multiple factors such as:

- What long-term care home you choose;
- The urgency of your situation;
- The needs of the individual.

The LHIN website identifies the average time on a waitlist. It also covers eligibility. If you refuse an opening you will lose your spot on the waitlist.

Q: Does income factor into long-term care homes?
A: They do look at income; subsidized options may be available to those who fall within certain income thresholds.

Q: How did the program come to be?
A: In 2014, we met with hospitals and reviewed the number of patients who were waiting to be discharged but were not able to return to their own homes for various reasons, i.e. their homes have stairs; their financial situation changes, the person has lost strength and function during time spent at hospital.

We developed a setting to have transitional beds available to help support patients as they build up strength to enable them to return home. There are 207 transitional beds in the LHIN, 133 of these beds in Hamilton. The LHIN program started in Hamilton.

Q: Are efforts made to keep person in their homes?
A: The transitional model will have services that meet individual needs, it can provide 24-hour care.

The LHIN can fund the supports that go into supportive housing which allows for unscheduled care. The assisted living program currently supports 35 to 40 people.

There is a desire for people to stay in their own homes. There is a large area of focus to find the right level of care for people

Q: Upon leaving the hospital, are we doing anything for those who are discharged in terms of an emergency response system?

A: St. Joseph's health care system uses an internal call care model. It started on those who had thoracic surgery. Those patients had access to Personal Support Workers (PSW) and Nurses 24 hours a day for a certain length of time. The program was them expanded to patients with chronic, obstructed lung disease and the across all hospitals for those with COPD and heart failure.
When discharged there was coordinate care and access to the provision of services.
The communication can occur over the phone, there is no push button device.

Q: What about when dealing with population that is technology adverse?
A: The technology can connect individuals with Paramedic Services and there is the ability to assist people remotely. New medicines can be faxed to a doctor, the change can occur efficiently without an individual having to go to see their doctor.

- There are Community Paramedics who can go in daily

Q: How was it determined where LHIN would be located as the geographic centre not based on highest number of people.
A: LHIN planned the centres in response to the needs of community (LHIN + CCAC). The LHIN's Central office is in Grimsby and there are offices in Haldimand, Brantford, Niagara, Burlington, Hamilton.

The LHIN also has a 12-person patient advisory board and members of the board are appointed with recommendation from the board.

(G.Hough / P.Kilburn)

To receive the presentation from the LHIN.

CARRIED

4. Business / Discussion Items

4.1 Budget

J.Bowen shared with the Committee that as of March 2018, the Committee has spent $233.00 on meeting supplies. Additional funds that have been approved by the Committee such as support for the Seniors Award Nominator/Nominee reception are drawing on funds from the reserve as these financial contributions were within the scope of SAC's 2018 budget

5. Working Groups/Committees

a) SAC – Housing Working Group (M. Sinclair)

M. Sinclair shared that the working group is working on a final draft of the Housing Guidebook. The group will be finishing their review and will take the document to the Advisory Committee for People with Disabilities in June.

b) SAC – Getting Around Hamilton Working Group (J. Mayo)

P. Petrie provided an update in J. Mayo's absence. In collaboration with the Council on Aging, GAHWG has engaged in several sessions called "Let's Get Moving." The sessions include

"Let's take a bus," "Let's take a walk," "Let's take a bike." The bike workshops start in June.

J. Mayo had engaged in conversation with HSR on several items related to getting around the City. HSR will not consider the possibility of transit service to the Ancaster Senior Achievement Centre. A bus will not be available for the "Let's take a bus" workshop.

c) SAC – Communications Working Group (B. Thomson)

B.Thomson reported that the SAC handout has been reviewed and revised. The document will be available for the kick-off event.

d) Age Friendly Plan – Governance Committee (J. Mayo)

No report at this time.

e) Older Adult Network (D. Stone)

No report at this time.

f) International Day of Older Persons Committee (D. Stone)

No report at this time.

g) Seniors at Risk Community Collaboration (SARRC) (K. Thomson)

No report at this time.

h) McMaster Institute of Research on Aging (E. Weisz)

A collaborative event from ThriveGroup-AbleLiving and MIRA entitled "Able Aging: What aging with a disability means for patients and caregivers" is scheduled for Wednesday, May 16, 2018. 1:00pm-2:30pm at The Atrium, McMaster Innovation Park, 175 Longwood Road South.

i) Ontario Health Coalition (C. Fernandes)

C.Fernandes advised of questions provided by the Ontario Health Coalition that the Committee could ask to candidates related to

health care. (http://www.ontariohealthcoalition.ca/wp-content/uploads/questions-for-candidates-1.pdf). These questions are included below:

"1. The evidence is overwhelming that Ontario's hospital cuts have gone too far. Ontario's public hospitals are funded at among the lowest rates in Canada. Our province has the fewest hospital beds per person in the Canada. We are also at almost the bottom among OECD nations -- all nations with a developed economy: only Mexico and Chile have fewer beds per person than Ontario. We have the least amount of nursing care (RN & RPN) in Canada, and patients are pushed out of hospital faster and with more complex health issues. As a result, Ontario has the highest rate of hospital readmissions in Canada and overcrowding has reached crisis levels with patients on stretchers in hallways, long wait times, closed ORs, packed emergency departments, ambulances taken off the road in lengthy offload delays as there are no beds to admit patients into. **Will you commit to increasing public hospital funding by 5.3 per cent per year for the next four years to protect services and to immediately creating a capacity plan to reopen closed beds, wards, operating rooms and services to meet population need for care? Further, will you restore and reopen closed and privatized outpatient services in our local public hospitals?**

2. There is consensus among virtually all groups, from residents and families to seniors' advocates and public interest groups, to care workers, health professionals, nurses and their unions that improving long-term care relies on providing enough care to meet the more complex and heavier care needs of today's long-term care homes' residents. **Will you commit to bringing a minimum average of 4-hours hands-on nursing and personal care per resident per day as a measurable and accountable minimum care standard for Ontario's long-term care homes? As of December 2017, there are 34,000 people waiting for long-term care space in Ontario's long-term care homes. Will you commit to building new long-term care capacity in public and non-profit long-term care homes to meet this need?**

3. Ontario's home care services are deeply privatized and as a result, significant resources are spent on duplicate administrations, offices, computer systems, scheduling, contracting and monitoring of private companies selling home care for profit. This money should go to improving access to care. **Will you commit to creating a public non-profit home care system to address this situation?**

4. Control over our public hospitals has shifted with boards of directors becoming self-appointed, consultants replacing sound public planning, and massive mergers moving care further away from our home communities. **Will you reform our public hospitals to restore democratic community governance and locally-elected hospital boards? Will you stop the mega-mergers of hospitals and ensure that public funding goes to care?**

5. In the last two decades, Ontario has built our new hospitals using a privatized "P3" private-public partnership model. In this model, private multinational consortia fund and build our hospitals. The costs are much higher than if our hospitals were publicly funded. In fact, Ontario's Auditor General reports that $8 billion could have been saved if our hospitals were build using traditional public finance and sound management. Today, P3 hospitals are so expensive that 2 or 3 or more hospitals are closed down to build one new one, too small to meet the needs of local communities for the next generation. Billions have been taken away for care and local access as a result. **Will you commit to stopping the P3 privation of our hospitals?**

6. Ontario has led the country in reforming primary care to get more physicians into group practices, establishing nurse-practitioner clinics, and expanding the number of Community Health Centres and Aboriginal Health Centres. But there are still many communities without access to care, and primary care remains dominated by private for-profit models of care. For many years, advocates have pushed for full primary care reform, including the full range of health professionals (from physiotherapists and social workers to nurse practitioners and others) in the health care team, public and non-profit governance

and a move away from fee-for-service payment. The Ontario Health Coalition supports the expansion of public community primary care models that promote equity and access to health such as Community and Aboriginal Health Centres. **Will you commit to improving funding and access to public non-profit primary care, and stopping corporate-owned and private clinics for Ontarians and could you give us your specific commitments on this?"**

j) Our Future Hamilton update (P.Petrie)

No update at this time.

k) Senior of the Year Award (P. Petrie)

P.Petrie shared that tickets for the Awards Gala Event & Ceremony on June 12, 2018 are available for sale at all municipal centres and at Sackville. The Awards Gala Event & Ceremony will be held at Michelangelo's.

6. Business / Discussion Items

6.1 Committee members advised that ACPD Transportation group is looking into accessible transit services to improve hospital access. There is a notable distance from the bus stop to the hospital and bus stop. Furthermore, DARTS have been ticketed outside the Hamilton General Hospital.

6.2 The Advisory Committee for People With Disabilities is hosting a Roundtable Event on May 28, 2018. Invitations have been extended to a number of services providers in the City. Sac members were invited to attend. The event runs from 1:00pm-3:00pm in Room 192 and 193 at City Hall.

6.3 Committee Members were advised that they will be in invited to a tour of Sackville Recreation Centre once the hearing loops have been installed. The installer will also be present for the tour to answer any questions about the loops and/or the installation that may arise.

B.Spinner suggested extending an invitation to the Canadian Hard of Hearing Hamilton Chapter.

6.4 M.Sinclair advised the group that she had become aware through a news advertisement about a health refund. The content of the ad did not sound legitimate and she inquired about it with the Hamilton Police. She was advised that the service is a legitimate business and that you pay them to complete the application for disability credit. If you receive a refund the business takes 30% of it.

7. Adjournment

(P.Kilburn/C.Fernandes)

Meeting adjourned at 12:00pm

Next Meeting

Friday, June 1, 2018