Aging at Home

Enabling individuals to live safely at home with dignity and Independence

Presentation to Central East LHIN Board of Directors

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Engaged Communities. Healthy Communities.

Ontario

Seamless Care for Seniors **IHSP Action Items**

- **Seamless Care for Seniors Network**
- **Continuum/basket of services**
- **Awareness of services/supports**
- **Transportation**
- **Case Management**
- **Interdisciplinary Teams**
- **Care Coordination**
- **Specialized geriatrics**
- **Psychogeriatrics**
- **Caregiver Supports**
- **Rehabilitation**
- **Supportive Housing**
- **Long-term care placement**
- **Promoting senior's health**
- **Falls Prevention**
- **Medication Management**
- **Performance measures**
- **Best practices/knowledge exchange**
- **Geriatric expertise**
- **Technology**
- **Shared resources/functions**

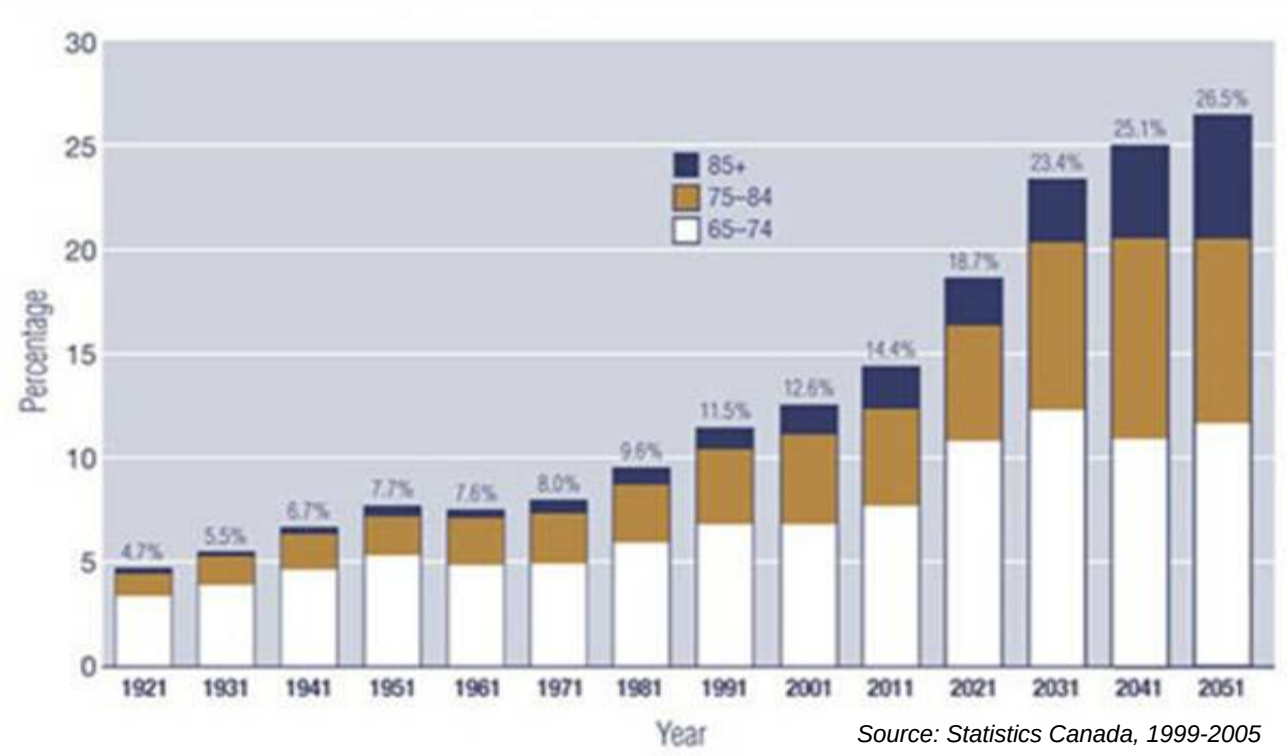
Presentation Overview

- Context for Strategy
- Overview of Aging at Home Strategy
- Guiding Principles and Goals
- Funding
- Roles
- Timelines

Context for Strategy

- Most Ontarians manage their chores and live independently in old age. Recent studies show 85% of people over 65 years old want to continue to live at home.
- Relatives, friends and neighbourly volunteers provide about 80% of support to seniors in need.
- The cost to support most seniors in their homes is less than in hospitals or long-term care homes.
- Supportive living options vary greatly across the province.
- There is not a comprehensive system to assist seniors to age in their homes.

Context for Strategy (continued)



Source: Statistics Canada, 1999-2005

- The number of seniors in Ontario will double in the next 16 years.
- Continuing our present institutional model will consume increasingly more public resources.

Overview of Aging at Home Strategy

- Unprecedented $700 million investment over next three years to provide support to seniors to stay healthy and live with dignity and independence
- The right services in the right place, at the right time
- Innovative solutions that respond to Ontario's diverse aging population
- LHINs' opportunity to change the way services and supports are delivered and provide more equitable access
- New possibilities for Ontario's culturally-diverse population with emphasis on community-based partnerships and integrated continuum of services

Seniors who will benefit

Seniors who:

- Wish to continue to live independently in their own homes;
- Are at risk a medical crisis and having to go to the emergency department;
- Remain in hospitals awaiting a more suitable placement; or
- Are inappropriately admitted to a long-term care home or hospital because of insufficient community supports.

Results will benefit seniors and health system

1. Increase overall supply (quantity/range) of services available to seniors.

2. Relieve pressures on hospitals and long-term care homes by helping to find more appropriate placements for patients and avoiding crisis through proactive wellness approaches.

3. Respect the seniors' right to dignity and independence.

Key guiding principles

- **Senior centered** – Services must respond to the needs of seniors
- **Community based and integrated** with broader health care system
- **Equitable** – recognize demographic and geographic challenges
- **Cost-effective** – best care at optimal cost recognizing benefits of volunteerism and developing local community responses
- **Results oriented** – results defined and measured
- **Local community oriented** – build on capacity in local neighbourhoods and within communities of common culture (ethno-cultural, linguistic, religious, sexual orientation)

Enhanced community-based supports and innovative approaches

1. Increase the overall mix and quantity of traditional services that support seniors to stay healthy and live with independence and dignity in their homes, such as:
   - Community support services
   - Home care
   - Assistive devices
   - Assisted living services
   - Long-term care beds
   - End-of-life care

2. Leverage change through innovation, such as new preventive and wellness services and partnerships with non-traditional providers.

Four goals aligned with principles

1. Ensure that seniors' homes support them
2. Supportive social environments
3. Senior-centered care that is easy to access
4. Identify innovative solutions to keep seniors healthy

Four goals aligned with principles (cont'd)

1. **Ensure that seniors' homes support them**

   Increase residential options that support seniors, including:

   - Improve the **safety of seniors' home environments** to prevent injury,
   - Enhance access to **Assistive Devices** that make living in the home possible,
   - Increase the availability of **Assisted Living Services.**
   - Make strategic investments in more **Long-Term Care Home beds.**

Four goals aligned with principles (cont'd)

2. Supportive Social Environments

Opportunities to decrease social isolation for both seniors and caregivers including:

- **Adult Day Centres** providing supportive group programs and activities that assist with daily living and provide social interactions
- **Assisted Living Services** offer seniors health and social supports in communities where they can socialize any time of the day or retire to the privacy of their own apartments
- **Caregiver Relief and Respite** offers caregivers temporary relief from the emotional and physical demands of caring for a friend or family member
- **Friendly Home Calling and Visits** encouraging community-based groups to use individuals for proactive calling or visits to seniors at risk of isolation

Four goals aligned with principles (cont'd)

3. Senior-centered care that is easy to access

Access to a flexible continuum of services and supports including:

- **Comprehensive mix of services,** with coordination of home care, supportive housing, community support services and long-term care homes.
- **Coordinated case management and care coordination** that follows seniors to enable them to receive the right care in the right place at the right time.
- **Transportation services,** to access community and health services.
- **Partnerships with family health teams** and community health centres to provide preventative, maintenance and restorative services/programs.

Four goals aligned with principles (cont'd)

4. Identify innovative solutions to keep seniors healthy

- 20% or more of funding earmarked for innovative approaches such as:
  - Partnerships with non-traditional providers that allow and recognize "informal services"
  - New services that include prevention and wellness
  - People from like groups (e.g., cultural, linguistic) who can identify and connect with seniors, and build capacity for helping each other (e.g., meals at community kitchens and friendly visiting).

Funding components

Local Health Integration Network (LHIN)	2007/08 Planning Funding	Three Year Allocations to LHINs			
		Initial Investment 2008/09	Planned Base Increase 2009/10	Planned Base Increase 2010/11	Planned Three Year Funding
Central East	$288,000	$4,641,877	$11,535,688	$20,373,799	$36,551,365

LHIN Role

- Identify the amount of community-based supports needed in each LHIN to achieve an integrated system of community-based services,
- Plan and identify required Aging at Home services for implementation beginning April 1, 2008 in each LHIN allocation,
- Conduct an annual Aging at Home planning process for annual allocation of funds,
- Implement LHIN-identified Aging at Home services beginning in 2008-09 through to 2010-11, and
- Annually review the effects of implementing the previous year's services in light of the upcoming year's planning process.

MOHLTC Role

- Provide overall policy direction to Aging at Home Strategy,
- Review (and remove where possible) legislative or policy barriers to activities,
- Support implementation of the plans,
- Establish internal ministry working group and inter-ministry consensus building for the Aging at Home Strategy.

LHIN-Ministry Working Group to support implementation

- Develop planning approach aligned with Integrated Health Service Plan/Annual Service Plan process and share planning tools/resources,
- Enable innovation by developing criteria, sharing innovative service approaches and engaging “grassroots” providers,
- Accountability through an evaluation plan and performance measures aligned with Ministry-LHIN Accountability Agreement
- Joint ministry/LHIN communications to reach seniors and providers of health and community services

Key Timelines and Deliverables

- October 31, 2007 — LHIN directional plan submitted to the MOHLTC
- Late November 2007 — MOHLTC feedback to LHIN on directions, and legislative and policy enablers
- Nov. 2007-Jan. 2008 — Innovation Exchange
- January 31, 2008 — LHIN detailed service plan for 2008/09 submitted to the MOHLTC
- March/April 2008 — Announcement of 2008/09 funding
- August 31, 2008 — LHIN submits 2009/10 plan as part of Annual Service Plan submission