# Project Charter

## Central East Priority Project Summary

**Project Name: Community Support Services Review**

| | |
|---|---|
| **Purpose of Board Review** | ☐ For Information Only<br>☐ For Approval<br>☒ For Endorsement to Proceed with Further Planning/Refinement/Review |
| **Project Charter Sponsor(s)** | Seamless Care for Seniors Network/Kawartha Lakes Collaborative |
| **Project Type** | ☐ Service Enhancement<br>☐ New Service / Program<br>☒ Integration Activity<br>☐ Demonstration Project<br>☐ Single Phase Project<br>☒ Multi-Phase Project |
| **Funding Required** | $209,845 (2007/08: $78,872 + 2008/09: $130,973) |
| **Funding Source** | Aging at Home Strategy / LHIN Priority Funding; Funding Year (s): 07-08/08-09; Funding Type: One Time |
| **Anticipated Project Owner (Accountability)** | ☒ CE LHIN<br>☐ CE LHIN Health Service Provider<br>☒ Assigned CE LHIN Project Team |
| **Project Deliverables / Goals** | ▪ Assessing current Community Support Service (CSS) infrastructure and resources i.e. what do we have now and what do we need.<br>▪ Recommending where to invest in the CSS sector by geography and service type.<br>▪ Identifying barriers and opportunities to investing in the CSS sector, including innovative initiatives.<br>▪ Recommend strategies for enhancing integration both within the CSS sector and with the broader systems of health and human services.<br>▪ Comment on the need to expand the scope of CSS service definitions;<br>▪ Identify the appropriate human resources (paid and volunteer) required to grow the CSS sector responsibly. |
| **Project Timelines** | Start: October 07 Completion: March 09 |
| **Project Reviewed By:** | **Networks:** *SCFS Network Steering Committee received an update on the Charter in September.Members participated on charter development team.*<br>**Collaboratives:** *Draft Charter circulated to Kawartha Lakes Collaborative*<br>**Task Groups:** *No*<br>**CE LHIN Staff:** *Involved in Charter development* |

**Strategic Directions**

☒ The LHIN Board will lead the transformation of the health care system into a culture of interdependence.
☒ Healthcare will be person-centred in safe environments of quality care.
☒ Create an integrated system of care that is easily accessed, sustainable and achieves good outcomes.
☒ Resource investments in the Central East LHIN will be fiscally responsible and prudent.

**Priorities for Change**

☒ Seamless Care for Seniors
☒ Mental Health and Addictions
☒ CDPM
☒ Wait Times and Critical Care

**Enablers**

☒ Primary Care
☒ E-health
☒ Health Services Planning
☒ Health Human Resources

**System Outcomes**

☒ Accessible
☐ Effective
☐ Efficient
☒ Safe
☒ People Centred
☒ Integrated
☒ Appropriately Resourced
☒ Equitable
☒ Focused on Population Health

| Project Name | | Project Acronym or No. | |
|---|---|---|---|
| **Review of Community Support Services, Central East** | | **CSS** | |
| Project Sponsor | Project Coordinator | Target Project Completion Date | |
| SCFS Network<br>Kawartha Lakes Collaborative | Kate Reed, CE LHIN | Phase 1: 2008/03/31 | |
| Project Lead/Project Manager | | Version No. | Version Date |
| Community Support Services Review Project Team (once constituted) | | 2.0 | 2007/10/04 |

## Project Background

Community Support Services (CSS) are an integral part of a sustainable health system and play a critical role in enabling individuals to remain in their homes and within their communities, contributing to an enhanced quality of life.

Most Community Support Service agencies are intricately woven into the fabric of their respective communities given their genesis was largely grassroots initiatives arising from identified gaps in service. They are managed through a lean administration and anchored by a host of volunteers providing such vital services as volunteer transportation, friendly visiting, meals on wheels, adult day programs, etc. By their very nature, Community Support Services play a significant health promotion, prevention and risk reduction role. Knowledge is indeed power and CSS providers, with their specialized areas of expertise, are, among other things, information brokers and educators to individuals, caregivers, families and indeed the community at large.

It was not surprising then, with most people's preference being to age at home, that the extensive community engagement process undertaken by the Central East LHIN in 2006 identified the need for a review of the Community Support Service system. The intent of the review is to unearth the pressures and opportunities to the Community Support Service sector remaining a sustainable and more equitable component of the health and support system across Central East. Further, the review is aimed at improving system capacity in the CSS sector and enhancing integration both within the CSS sector and with the broader systems of health and human services. The review will also contribute to the work being done in all three LHIN priority areas including Seamless Care for Seniors, Chronic Disease Prevention and Management and Mental Health and Addictions.

The following highlights some of the challenges in the system that points to the need to action this review now.

1. There are numerous Community Support Service agencies throughout Central East that have all evolved in different ways, are highly dependent on the volunteer sector and have developed their programs and services based on local needs/gaps. This has led to differences and inconsistencies in how CSS are delivered, managed and funded across Central East.

2. Although the CSS system is currently defined in the Ministry of Health and Long-Term Care (MOHLTC) Planning, Funding and Accountability (PFA) Manual, including both service and target population definitions, there is much diversity within Central East regarding the interpretation of these definitions, eligibility, cost, etc. These definitions are currently undergoing iterative changes through the Ontario Healthcare Reporting Standards (OHRS) project in order to better standardize statistical and financial reporting and will be helpful when comparing services.

3. The CSS system is funded from a long-established MOHLTC envelope for such purpose. The CSS system is also heavily reliant on other sources of funds (grantsmanship, other fundraising etc.) and extensive volunteer resources that are, for the most part, not adequately identified or recognized by the Province as a valuable component of CSS. Indeed, in a 2001 report, *Community Support Services: The Key to Sustainable Health Care in Ontario,* the Ontario Community Support Association (OCSA) asserted that its member agencies (the large majority of which are CSS agencies) "…provide on average $1.48 in services for every dollar of government funding through fundraising, in-kind assistance, donations and client co-payments." (pg. 10). Also in this report (pg. 10), to support the need for adequate funding, it was noted that CSS agencies:

    - are often the first place vulnerable seniors and persons with debilitating diseases or disabilities turn to in

## Project Background

order to maintain their independence;

- for many people, make the difference between staying at home or going to an institution;
- promote health and well-being, keeping people out of doctors' offices and hospitals;
- prevent personal and family breakdown due to caregiver stress by supporting them in their important roles; (family caregivers provide up to 90% of care. Almost 40% of facility placements occur because of caregiver burnout).
- are directly accountable to the local communities that manage them;
- are cost effective and responsive to the changing needs of people and communities; and
- support other areas of the health care system.

4. The Central East region is both large and diverse, with a total population of about 1.5 million people and includes a mix of urban, rural and remote communities. Included in this population are a growing number of seniors who rely on CSS services to maintain their independence. According to Statistics Canada's 2006 Census (The Daily, July 17, 2007), "The fastest growing age group between 2001 and 2006 consisted of individuals aged 55 to 64 who are nearing retirement. The census counted nearly 3.7 million in this age group, an increase of 28.1% from 2001. This rate of growth was more than five times the national average of 5.4%." Also noted was that the "number of people aged 80 years and over surpassed the 1-million mark for the first time between 2001 and 2006, and the number of centenarians, those aged 100 and over, rose sharply." Within the CELHIN, the population of seniors over the age of 65 is 13%, which is disproportionately higher than in the rest of the province. There is also a growing number of persons who will be affected by Alzheimer Disease and related dementias (ADRD) who will require Community Support Services. By 2010 the number of cases of dementia in Ontario is estimated to increase by nearly 40% over current levels (An ADRD Planning Framework, Sep 2006, pg 5).

5. Canada's growing aging population will continue to have an increasingly significant demand on our healthcare system and labour market. As technology advances, Canadians are living longer therefore placing increasing pressure on the system. People prefer to age at home, in their own communities. Clearly, the role of home and community care is growing (i.e. the recently announced Aging at Home Strategy) and we have a responsibility to ensure this occurs based on the needs of the population in Central East.

6. Statistics show that between 1995 and 2002, the demand for home care services grew by 60 per cent. The aging population, consumer expectation for home and community care delivery, technology which allows more care to be delivered in the home, and a shortage of beds and buildings, all contribute to the increasing demand for home and community care. According to Roy Romanow's 2002 discussion paper, *Homecare in Canada*, predictions are that homecare expenditures will jump almost 80 percent between 1999 and 2026. Despite its growth, homecare still accounts for only one out of every twenty dollars the government spends on health. The shift continues from institutional-based to home and community-based health care and as a result, an estimated 2.85 million Canadians find themselves in a caregiver role, saving the health care system more than $5 billion annually by providing vital, supportive care to family and friends who may otherwise be institutionalized. Governments need to recognize the role of family and friend caregivers with policy changes and financial support if we are going to continue to rely on them to deliver care in homes and communities.

7. Extensive research in recent years has demonstrated the value of CSS to both the people served and to the broader systems of health and human services including research by Marcus Hollander, Dr. Ken LeClair, the Ontario Alzheimer Strategy project and others. In addition, significant work has been completed by District Health Councils (e.g. Halton Peel) and provincial associations (e.g. OCSA). This will be drawn upon as a source of guidance in methodologies, planning and implementation processes.

## Project Scope

### Project Purpose

The intent of the review is to unearth the **pressures and opportunities** to the Community Support Service sector remaining a sustainable and more equitable component of the health and support system across Central East by:

- Assessing current CSS infrastructure and resources in terms of its ability to effectively support and maintain individuals in the community i.e. what do we have now and what do we need.

Further, the review is aimed at **improving system capacity** in the CSS sector by:

- Recommending where to invest in the CSS sector by geography and service type.
- Identifying barriers and opportunities to investing in the CSS sector, including innovative initiatives.

Finally, the review will:

- Recommend strategies for **enhancing integration**[1] both within the CSS sector and with the broader systems of health and human services (e.g. community and social services, social housing sector, etc.).
- Comment on the need to **expand the scope of CSS service definitions** and in doing so; identify service gaps in relations to such expansion.
- Identify the **appropriate human resources** (paid and volunteer) required to sustain and grow the CSS sector responsibly.

### Strategic Alignment

This project links directly to the following provincial strategic priorities:

1. Aging at Home Strategy
2. Reduction of ALC pressure in hospital system
3. Wait times strategy
4. Emergency room utilization
5. Health Promotion and Prevention
6. Health Human Resources strategy

This project links to the following CELHIN strategic priorities:

1. Seamless Care For Seniors
2. Chronic Disease Prevention and Management
3. Mental Health and Addictions
4. Wait times

The Central East LHIN's first Integrated Health Services Plan (IHSP) contains numerous references to the CSS sector and its component services and target populations.

[1] Use of the word "integration" in this reference is intended to capture the definition as set out in legislation.

## Project Benefits

This project will generate a plan or plans for health system improvement. It will generate targets that will only be achievable through successful implementation of the recommendations arising from the project. Thus the measurement of success will be done after the planning project has been completed. The recommendations from this project will include proposed next steps for implementation and monitoring of success. Within this context/assumption, the following are the expected results from the implementation phase:

1. One of the benefits will be a new evidence based model or construct for the CSS sector that will enable it to respond creatively and more effectively to the changing demand for service access and supply. A wellness orientation in this construct is essential.

2. More people will be supported and for longer periods in their homes through enhancements to CSS sector. Success will be demonstrable through the OHRS reporting system and other reporting systems (e.g., for home care, hospital services, etc.)

3. Institutional environments (e.g. complex continuing care, LTC Homes) will better understand the array of available Community Support Services and how to access these services and strengthen linkages.

4. Services will be delivered in a more seamless manner within the CSS sector and between CSS sector and other health and human services. Success will be demonstrable through surveys of people served and through accepted quality management and improvement processes.

5. With enhanced CSS capacity and improved linkages to other system components, the Community Support Service sector will be enabled to be a more responsive provider of service, providing the right care in the right place at the right time.

6. A more sustainable HR strategy to underpin service delivery requirements will be developed.

**Goals, Objectives & Performance Measures**

| Goals | Objectives/Deliverables | Performance Measures |
|---|---|---|
| **WORK STREAM #1: Modelling** | | |
| 1. To create an inventory of the existing system of CSS in Central East. | A. Confirm definitions of current services based on Planning, Funding and Accountability Manual (PFAM) and new Ontario Healthcare Reporting Standards (OHRS) definitions.<br>B. Using data accessible to the CELHIN, describe current CSS by: zone, community, type of service, provider agency, approved service targets, target populations, MOHLTC funding.<br>C. Map services using mapping technology. | • Definitions of current services confirmed<br>• Inventory of current CSS completed as described<br>• Maps completed showing geographic locations of services |

**Goals, Objectives & Performance Measures**

| Goals | Objectives/Deliverables | Performance Measures |
|---|---|---|
| 2. To develop an evidence based model for identifying current need for the current scope of CSS as defined. (This goal assumes no significant changes to the role of CSS in the larger health care system.) | A. Identify need factors to be considered in the model.<br>B. Determine the level of complexity to be used in modeling from among the options presented by John Lohrenz on August 16th, 2007.<br>C. Determine the data inputs (sources) for the model.<br>D. Structure the model with the same parameters as the inventory of current services (zone, community, type, etc.). | • Need factors identified<br>• Nature of model defined<br>• Data inputs (sources) identified |
| 3. Apply the evidence-based model identified in Goal #2 to generate an assessment of current needs for CSS, compare to current CSS system capacity, and identify gaps. | A. List assumptions about the role of CSS in the larger health care system according to ***current*** norms/targets.<br>B. Define what is meant by an unmet need.<br>C. Complete the description of ***current*** need based on the ***current*** model and norms for CSS.<br>D. Compare ***current*** need to ***current*** system capacity and identify ***current*** gaps. | • Current role of CSS described<br>• Unmet need generically defined<br>• Inventory of total ***current*** need based on ***current*** assumptions about the role of CSS<br>• Report of ***current*** needs completed<br>• Report of ***current*** gaps in service completed |
| 4. Apply the evidence based model in Goal #2 to generate an assessment of future need (to 2016 census year) | A. Complete the description of ***future*** need based on the ***current*** model and norms for CSS<br>B. Compare ***future*** need to ***current*** system capacity and identify ***future*** gaps | • Inventory completed of total ***future*** need based on ***current*** assumptions about the role of CSS<br>• Report of ***future*** needs completed<br>• Report of ***future*** gaps in service completed |
| 5. Redefine the scope of CSS, taking into account new types of service and delivery models (i.e., current unfunded services, innovative practices) and based on the new definition; modify the model in Goal #2. | A. Modify the scope of CSS.<br>B. Modify the assumptions about the role of CSS in the broader health and human services system.<br>C. Modify the needs model<br>D. Apply the new model to project ***future*** need. | • New scope of CSS defined, including new service definitions, target populations<br>• Inventory completed of total ***future*** need based on ***new CSS definitions*** and assumptions about the role of CSS<br>• Report of ***future*** needs completed<br>• Report of ***future*** gaps in service completed<br>• Identification of innovative practices |

**Goals, Objectives & Performance Measures**

| Goals | Objectives/Deliverables | Performance Measures |
|---|---|---|
| **WORKSTREAM #2: Barrier and Opportunity Identification** | | |
| 6. Identify barriers and opportunities to investing new resources in the CSS sector. | A. Barriers and opportunities will be identified in relation to the objectives and deliverables described above. | • Identification of barriers and opportunities specific to objectives and deliverables<br>• Identification of strategies for overcoming barriers |
| **WORKSTREAM #3: Human Resources** | | |
| 7. Identify the human resources required to sustain and grow the CSS sector. | A. Based on the work undertaken above, develop a method by which human resource needs are identified and quantified.<br>B. Develop an action plan related to HR needs, in partnership with other agencies and groups. | • HR needs identified and quantified<br>• Action plan developed and vetted with various partners |
| **WORKSTREAM #4: Exemplars of Integration** | | |
| 8. Identify existing exemplars of integration and potential for new and innovative integration strategies within the CSS sector and between the CSS sector and other health and human services. | A. Conduct a survey of service providers to identify existing and potential new and innovative integration strategies according to the scheme in the LHSIA.<br>B. Develop and apply a priority setting process for identifying strategies for the CE LHIN to pursue.<br>C. Showcase existing exemplars. | • Inventory of existing exemplars of integration/innovation<br>• Dissemination of integration best practices (the exemplars)<br>• Inventory of high priority new strategies for integration, which may include dissolving the boundaries between the traditional sectors of the health system |

## Project "IN" & "OUT" of Scope Items

| "IN" Scope | "OUT" of Scope |
|---|---|
| • Assessing current CSS infrastructure and resources i.e. what do we have now and what do we need.<br>• Recommending where to invest in the CSS sector by geography and service type.<br>• Identifying barriers and opportunities to investing in the CSS sector, including innovative initiatives.<br>• Recommend strategies for enhancing integration both within the CSS sector and with the broader systems of health and human services<br>• Comment on the need to expand the scope of CSS service definitions;<br>• Identify the appropriate human resources (paid and volunteer) required to grow the CSS sector responsibly. | • A expansive review of quality. This is recommended for a future phase.<br>• Actual implementation of new or expanded programs. |

## Project Timelines

| High-Level Milestones | Target Completion Dates |
|---|---|
| • Workstream #1 | • |
| • Retain staff to oversee the project | • Oct. 2007 |
| • Configure Project Team | • Nov/Dec 2007 |
| • Retain expertise for modeling exercise | • Nov. 2007 |
| • Develop model | • Dec 07 - Feb. 08 |
| • Run Central East data through model and refine model | • Feb – March 08 |
| • Workstream #2 and #4<br>• Subcommittee of Project Team to lead parallel to Workstream #1 | • Dec 07 – March 07 |
| • Workstream #3<br>• Subcommittee of Project Team to undertake once service gaps and expansions are identified in Workstream #1. | • Spring 2008 |

**Project Costs: Given the Aging at Home Strategy, the cost associated with staffing/supporting the project have been split 3 ways amongst this Project Charter as well as the Supportive Housing and Caregiver Support Projects.**

| Category | FY 2007/08 (5 months) | FY 2008/09 (Projection) | Fiscal Year 3 | TOTAL |
|---|---|---|---|---|
| *Salaries and Wages* | $27,222 | $65,333 | | $92,555 |
| *Benefits (22% of S&W)* | 5,989 | 14,373 | | 20,362 |
| *ODOE (5%of S&W)* | 1,361 | 3,267 | | 4,628 |
| *Materials/Equipment* | 1,800 | 500 | | 2,300 |
| *Office Space/Facilities* | 500 | - | | 500 |
| *Training/Development* | 1,000 | 2,500 | | 3,500 |
| *Consultants* | 24,000 | 20,000 | | 44,000 |
| *Communication* | 5,000 | 5,000 | | 10,000 |
| *Community Engagement* | 12,000 | 20,000 | | 32,000 |
| ***Total for Project*** | ***$78,872*** | ***$130,973*** | | ***$209,845*** |

## Funding Source

The 2007/08 funds would be attributed to the planning funds related to the Aging at Home Strategy.
The 2008/09 funds could be LHIN Priority Funding or otherwise.

## Project Team

| Team Member, Organization | Role on the Project | Required Involvement | |
|---|---|---|---|
| | | Estimated Duration | Level of Effort |
| • Number = 9 – 11 members<br><br>Membership and scope of project are aligned<br><br>Need to manage the number of people on the team with the process that involves many others<br><br>Need geographic and content balance including across LHIN priorities | Perspectives to be reflected:<br>• CSS providers – 5<br>  • Single service provider<br>  • Multi-service provider<br>  • Ethnic provider<br>  • Rural/urban<br>• Hospital – 1<br>• CCAC – 1<br>• Consumers – 2<br>• Broader Human Services sector – 1<br>• LTCH sector – 1<br>• SCFS Network – 1<br>• Kawartha Lakes Collaborative - 1<br><br>Reflect cultural diversity, those that understand process, quantitative and qualitative perspectives.<br><br>Project Team can define process by which to involve others.<br><br>Need LHIN staff support including project management as well as decision support resources. | • 1 year | • |

## Project Partners

| Partners | Common Interests & Priorities | Roles & Responsibilities |
|---|---|---|
| • | • | • |

## Project Stakeholders

| Stakeholders | Interests & Needs | Management Strategies |
|---|---|---|
| • | • | • |

## Other Related Projects & Initiatives

| Project/Initiative | Interdependency & Impact |
|---|---|
| • | • |

## People & Organization Change Impacts

| Description of Impact | Impact Management Strategies |
|---|---|
| • | • |

## Project Communications

| Audience | Information Needs | Format & Timing | Responsible |
|---|---|---|---|
| • | • | • | • |

## Project Risks

| Risk | Likelihood | Impact | Risk Response |
|---|---|---|---|
| • In our quest for standardization, we lose the importance of diversity of the CE LHIN and develop a cookie-cutter approach. | • moderate | • high | • Allow for flexibility that does respect the diversity and needs across the LHIN including choice options from the client's perspective. |
| • Challenge of human resources to actually implement the project charter. There is a risk that expectation for CSS agencies to participate only stretches an already extended staff. | • high | • high | • Project Team configuration must reflect this as well as realistic timelines |
| • CSS is already challenged in terms of meeting existing information – no IT support | • moderate | • moderate | • This must be taken into consideration when determining what data or other requests come to CSS agencies |
| • Potential perception in the community that this review will | | | • Communications in the roll out of the |

## Project Risks

| Risk | Likelihood | Impact | Risk Response |
|---|---|---|---|
| result in taking something away from them. | • moderate | • high | review that positions it as positive opportunity to make things better for agencies and the people they serve. Identify where people can get involved. |

## Critical Success Factors

- Correct messaging to agencies and the public about the review - positive
- Methods of how others beyond Project Team can be involved are available
- Flexible ways of achieving the desired level of standardization
- Ability to actualize the growth in the CSS sector (e.g. human resources)
- Transparent and supportable methodology
- Resources from the LHIN to move this project from inception to completion

## Assumptions & Constraints

| Assumptions | Constraints |
|---|---|
| • That there are people available to be on the Project Team<br>• That this project is strongly linked to the Aging at Home Strategy (but not exclusively)<br>• That we can actually develop a model for CSS demand/need.<br>• That the capacity of the CSS sector can be enhanced. | • Is there the will/ability to move forward?<br>• Timeframe for deliverables for A@H Strategy are tight for the 08/09 investment.<br>• Ability to develop model may be time intensive<br>• Lack of HR to move forward. |

## Sign-Off

### Workstream Lead/Project Sponsor

| Name & Organization | Signature | Date |
|---|---|---|
| | | |

### Project Lead/Project Manager

| Name & Organization | Signature | Date |
|---|---|---|
| | | |

### Project Partners

| Name(s) & Organization(s) | Signature(s) | Date(s) |
|---|---|---|
| | | |

## Sign-Off

### Project Team Members

| Name(s) & Organization(s) | Signature(s) | Date(s) |
|---|---|---|
| | | |