

## 2017 OCSA Pre-Budget Consultation Submission

### **Urgent action required to solidify the foundation of home and community care, prevent erosion of quality and availability of service, and build capacity for future need.**

#### **Introduction:**

While home and community care is widely recognized as a crucial part of building an effective and affordable health care system, Ontario's home and community support sector is at a critical juncture where the gains of the past few years are now seriously threatened by a lack of investment in capacity and sustainability.

Over past three years, the province has invested a significant amount in expanding the volume of home care and community support services, and has once again committed to increasing investments into home and community care services by 5% in 2017. Past investments created much-needed and extremely valuable adult day program spots, funded more home care nursing hours and increased the wages of personal support workers. However, these investments and increases in service have not been able to keep up with increased demand, as many services still have long waitlists.

In addition, investments channeled directly into new service hours were not accompanied by investments into the organizations that deliver these services, in the form of operational funding. Now, many of them are reaching a breaking point. It is time to shift our approach to funding the home and community support sector, with an eye towards expanding services *and* building the capacity of these agencies to meet ever-growing and changing need in a more sustainable way, now and into the future.

In order to ensure the gains of the last few years are not lost and to ensure a strong and sustainable home and community care sector, it is vital the home and community support providers receive increases to their base operating budgets, as have other health care sectors, including hospitals and long-term care. OCSA recommends an ongoing annual 2% base funding increase to service providers, in order prevent erosion of services or a decline in the quality of care delivered to clients.

Under Bill 41, *Patients First Act*, it is reported that integrating CCACs into LHINs will result in savings of 8% in administrative costs. An investment of **\$51.8 million** would provide a 2% increase to base funding - \$22.4 million of which could be derived from the CCAC/LHIN integration. New investment of **\$29.4 million** would complete the funding increase.

In addition to the \$51.8 million base increase, OCSA also recommends additional new investments of approximately \$30 million, in the following priorities:

- **\$10 million** invested into the budgets of front line home and community providers earmarked specifically to provide enhanced training for home and community care staff, in order to meet the needs of clients in a *Patients First* approach.
- **\$11.8 million** designated to enhance volumes for programs such as adult day services, respite, transportation and caregiver supports to support family and caregivers of dementia patients, as part of the upcoming provincial dementia strategy.
- **\$8 million** invested in attendant care services, to support innovative outreach and supportive housing models which address waitlists and enable people with physical disabilities to live in their homes for longer.

### **Following Through on the Promise of Home and Community Support**

Each year, over 600,000 Ontarians received home care, and the community support sector delivers over 3 million meals, provides over 2 million rides to medical appointments and provides services to nearly a quarter of a million clients in adult day programs. As a whole, our sector provides over 25 services that are cost-effective and have system wide impacts.

Home care and community support services allow people to safely meet their unique needs, be more independent and resilient, and live the way they want to live for longer. They address the social determinants of health and are part of a more up-stream approach to healthcare.

A day spent in the hospital costs on average \$450; a day in long-term care costs approximately \$135; and, on average, a day in home or community care costs only \$45.<sup>1</sup> Community support services postpone or prevent the need for more expensive types of care by delaying or preventing admissions into long-term care, reducing emergency department visits and shortening hospital stays.

Additionally, the not-for profit home care and community support services sector leverages the services of more than 100,000 volunteers, who provide 3 million service hours each year, with an estimated value of \$80 million. With Ontario's seniors' population expected to double from 2.2 million (16% of population) in 2015 to over 4.5 million, (25% of the population) by 2041, demand for home care and community support services will only continue to grow.<sup>2</sup> Therefore, it is crucial that the province invest in the sustainability of the sector *now*.

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<sup>1</sup> OACCAC Fast Fact Sheet <http://oaccac.com/Quality-And-Transparency/Fast-Facts>

<sup>2</sup> Ontario Population Projections Update, 2015–2041

The majority of the province's recent investments in the sector have gone to funding home care services through the CCACs. While these hours of service are crucial, other vital services require investment as well. Since 2008, the community support services sector has become more efficient at serving higher-needs clients. During this period, by working efficiently, the sector provided an additional 3.6 million hours of care and has seen an average service volume increase of 51%, while funding, adjusted for inflation, has only increased by 38%.

The sector has performed well, but this disconnect is unsustainable, which has impacted the sector's ability to provide care to optimal numbers of clients. Though we provided more hours of care, in 2015 we serviced 55,000 fewer clients than in 2008. This decrease is caused by a shift towards treating higher acuity patients in the community. High-needs clients require and receive more hours of care, but as a result, the system does not have the capacity to serve other, less acute clients, who are unfortunately pushed out of the system.

OCSA fully supports a shift in policy which treats higher-needs clients at home and in the community, but it must be accompanied by an equal shift in resources so that less acute clients can still be served. After all, home and community support encompasses health promotion, preventative services and re-enablement services. We don't stop at meeting a client's current needs; we also defend against decline and more serious needs in the future.

As Home Care Ontario note in their budget submission, the publicly funded home care portion of the provincial budget has not changed over the last 16 years and has remained consistent at 5% of the overall provincial health budget.<sup>3</sup> This is inconsistent with the province's focus on delivering more care to clients and patients in their homes and communities.

### **Doing More with Less: Home and Community Support Sector**

Most organizations in the home and community support sector have gone **seven years** without a base operational funding increase. Over this period, the consumer price index – inflation – has risen by 11.63%.<sup>4</sup>

Without a base funding increase, the ever-increasing costs of supplies and utilities has resulted in many organizations having to adjust service levels, inappropriately raise client fees for needed programs, and/or defer maintenance and training. These decisions have resulted in longer wait times for services, and/or inappropriate client fees. The continuing lack of base investments for home and community front line agencies is having a serious impact on both the volume and quality of care provided to clients.

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<sup>3</sup> Home Care Ontario 2017 Pre-Budget Submission

<sup>4</sup> Bank of Canada, Inflation Calculator <http://www.bankofcanada.ca/rates/related/inflation-calculator/>

In November 2016, Minister Hoskins acknowledged the impact that a lack of base funding increase can have on healthcare providers and announced a 2% base funding increase for hospitals. These same constraints on operations exist for front line home and community service providers, and therefore OCSA insists that the same consideration be given to this critical sector.

#### Quick Facts:

- Most home and community care agencies have not received a base budget increase in nearly seven years. Only three of 14 LHINs have granted base increases in the last two years.
- The lack of base funding increases was overwhelmingly rated as the most important or second-most important (87%) issues facing OCSA members.
- In those seven years the CPI, (inflation) has increased 11.63%.
- The cost of a 2% base funding increase to the home care and community support services sector is an estimated \$51.8 million.

With the passage of Bill 41, *Patients First Act*, it is expected that integrating CCACs into LHINs will result in savings of 8% in administrative costs. Based on figures from the Auditor General, administrative costs at the LHIN and CCACs are an estimated \$280 million, which results in savings of \$22.4 million.<sup>5</sup> These savings should be allocated towards this base increase.

We applaud that the province for committing to another 5% increase in home and community funding for 2017. In 2016, this investment was \$250 million. A 2% base funding increase would be an estimated \$20.4 million for CSS and an estimated \$31.4 million for home care. This comparatively modest **\$51.8 million** investment in base funding allocation would leave significant funding remaining to invest in the provision of new service hours.

This modest investment will enable home care and community support providers to innovate or create efficiencies by investing in technology, to retain staff or to improve training, or to invest in quality improvement initiatives. All of these have significant impact on the quality of care clients receive, and are necessary to modernize and keep up with the changing face of health care.

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<sup>5</sup> Office of the Auditor General of Ontario, 2015 Annual Report and 2015 Special Report Community Care Access Centres

### Example Impacts of Base Funding Freeze

- The administration of a campus-setting multi-service seniors' residence had to cut housekeeping services and reduce staffing to balance their budget. This meant that clients would have to pay more for these services, or go without.
- An adult day program provider has had to increase client fees by \$1 to 3 a day for each of the past 3 years. This has increased the burden on clients by \$144 a year, if they use the service twice a week.
- A provider of home personal support planned to introduce PDA devices which would enhance client safety, support and quality improvement by providing front-line staff with immediate access to relevant client data and care plans, scheduling, and daily duties at the point of care. However, the implementation of this technology has been stopped due to ongoing budget pressures including inflation and other cost pressures, including group benefit premium increases.

### **Weakening Foundations: Home & Community Support Staff Risk Falling Behind on Training**

In health care, a well-trained workforce is far from optional; the safety and well-being of our clients depends on it. As the home and community care sector takes on higher-acuity clients with more complex needs, it is imperative that frontline staff have the most up-to-date knowledge and skills.

However, it is unrealistic to expect a skilled and robust workforce in home and community care without consistent training and development. Unfortunately, home care and community support providers' ability to pay for training is generally dependent on their year-end surpluses, already strained by a base funding freeze.

Moreover, training funding that does exist is difficult to access. In 2015-16, the government's administrative roll-out of the \$10 million Personal Support Worker Training Fund was distributed with less than 3 weeks left to use approved funds, resulting in organizations having no time to complete approved training, leaving approved training funds unused, and/or having to use other funding sources to cover the costs of training. This year's 2016-17 funds had not been approved as of early January 2017, making it likely that a similar situation will develop this year.

OCSA recommends that the improvement and of the administrative process for the PSW Training Fund be made a priority, so that organizations are realistically able to put much-needed funds to their intended use.

### Quick Facts:

- Well-trained frontline staff is essential to a safe and effective home and community support sector, but providers are struggling to provide training while facing strained base budgets and administrative delays accessing specialized funding.
- The province has established a \$10 million PSW Training Fund. But in 2015-16, severe government administrative delays in the application and fund distribution process meant that minimal use of the fund was possible before time ran out. As of early January 2017, the 2016-17 funds – which must be used by March – had yet to be approved or distributed.
- OCSA recommends investing an additional \$10 million annually into dedicated staff training funding, built into home and community support providers' base funding, to allow for advance planning.

PSWs are not the only staff in need of training. In addition, a well-trained workforce can be effectively and efficiently built by including predictable, sustainable funding designated for worker training within organizations' base funding. This will allow organizations to plan and book training well in advance – a necessity, given the challenge of coordinating training events without disrupting client care – and to ensure that their clients continue to receive the highest-quality services. OCSA recommends the province invest a minimum of **\$10 million** earmarked for training purposed into the base budgets of home care and community support agencies.

This is an essential part of building the capacity of the sector, so that Ontarians receive the highest-quality care – now, and as demand grows in the future.

### The Training Gap in Home and Community Support

- A provider who provides services and residential supports has been forced to reallocate planned training dollars to pay for increases costs in utilities, food and other programming costs. Over time, this may decrease the quality of client care.
- A community support service provider has had to limit training to the basics due to unpredictability and the delayed release of PSW training funds, and has been unable to provide enhanced training its clients need and deserve.

## Ontario's Dementia Strategy – Getting ahead of the curve

OCSA is highly supportive of the province's plan to develop a robust dementia strategy. There are an estimated 228,000 Ontarians living with dementia today. It is expected that this number will rise to 255,000 in 2020 and to 430,000 by 2038.<sup>6</sup> OCSA welcomes a provincial dementia strategy to ensure services are in place to support those living with dementia and their caretakers today, and to ensure needed services are in place in the community.

Investments are needed to ensure patients have access to a full range of high-quality home and community support services. A strategy without adequate funding will fail to reach its goals. Funding must support a full continuum of services that address the needs of both persons living with dementia and those supporting them. These services include adult day programs, transportation services, supportive housing, and respite care, among others. All of these different services are needed to provide the best possible care for people with dementia and their care partners.

At the end of 2015-2016, there were over 3600 Ontarians on wait lists for Adult Day Programs, waiting on average nearly three weeks for access to these programs. The province is currently spending \$86.7 million on adult day programs, invests \$16.2 million in caregiver supports, 50.2 million in transportation and 44.5 million in respite services.<sup>7</sup>

### Quick Facts:

- In Ontario, caregivers are experiencing increasing distress. In their 2016 Measuring Up report, Health Quality Ontario tracked an increase in caregiver distress from 21% in 2010/2011 to 35% in 2014-2015.
- The number of people living with dementia in Ontario is set to rise by 11% between 2016 and 2020.
- Almost half of patients with dementias had caregivers who experience distress.
- 82% of OCSA members say that current funding and resources are inadequate to prevent caregiver burnout. An additional \$11.8 million investment would allow an additional 3,132 caregivers and people living with dementia to access services.

In order to support a full continuum of dementia supports in the community, the government should invest an additional **\$11.8 million** to support specific dementia-related programming and the dementia strategy. This funding earmarked for home and community services would result in the creation of 410 new adult day program spots through an investment of \$5.2 million,

<sup>6</sup> Developing Ontario's Dementia Strategy: Discussion Paper. Ministry of Health and Long-Term Care. 2016.

<sup>7</sup> Calculations for funding and volumes are based on OHRS 2015/2016 Reports

an additional investment of \$3 million in transportation to serve over 1000 more Ontarians, an additional \$970,000 in caregiver supports and \$2.6 million in respite services. This additional \$11.8 million would allow an additional 3,132 caregivers and people living with dementia to access services.<sup>8</sup>

### **Home and Community Attendant Care Services: Opportunity for Innovation**

Attendant care services allow people of all ages, who might otherwise be required to live in institutional settings, to live independently in the community. The profile of clients served is diverse and growing, and includes frail seniors and adults with physical disabilities. Attendant services provide supports and services with activities of daily living and some medical services through various service delivery models. Without these services, many of these clients would occupy acute care hospital beds and have a diminished quality of life. One of these models is assisted living.

At the end of 2015-2016, there were 6,500 Ontarians waiting for assisted living services. A Toronto based provider for adults with physical disabilities' wait list grew from 418 applicants to 478 applicants in only eight months. In the Erie-St-Clair LHIN, the wait list is up to an average of 182 days. There are currently 4,221 people, primarily seniors, receiving assisted living services.<sup>9</sup>

Building on the lessons learned from existing self-directed care and innovative models of care such as the Mississauga Halton LHIN Supports for Daily Living program, a 24hr "Mobile Attendant Services" model can provide services in the client's existing residence, thereby eliminating the need for the client to move from their home into scarce social accessible housing. The "Mobile Attendant Services" model will utilize trained PSW staff in a mobile capacity to provide services 24 hours/day with pre-scheduled and on-call service availability. This model, which has been successfully rolled out to seniors, can be easily scaled up and adapted for people with physical disabilities.

In 2015-2016 the province spent \$269 million on various assisted living models. An additional investment of \$8 million would enable this innovative model to serve an additional 145 adults living with disabilities.<sup>10</sup>By enabling 145 adults living with disabilities to live in the community rather than in a hospital or long-term care home setting, this model has the potential to save the province up to \$15.8 million.

This program is flexible and portable and can easily be adapted to a client's and/or a system's changing needs over time. The overarching goal is to prolong a clients' independence within the community and as such, clients retain control and choice throughout the process.

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<sup>8</sup> Calculations for funding and volumes are based on OHRS 2015/2016 Reports.

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### Quick Facts:

- In 2015-2016 the province spent \$269 million on various assisted living models. An investment of \$8 million a year would create an additional 145 spots for adults living with disabilities.

### Conclusion

OCSA thanks the province for their continued attention and emphasis on the importance and value of home and community care to clients and their caregivers and to Ontario's health care system. Past investments have made a significant difference to Ontarians receiving services and their families, and have allowed them to receive high-quality, personalized care, close to home.

We are pleased to offer comment on the development of the 2017 Ontario Budget, on behalf of our members, and to provide support in this regard going forward. Most importantly, we want to stress how important it is to shift our focus to the *future*, and to building the capacity of the sector with this in mind. Health experts agree that a shift in demographics and increasing cost pressures will necessitate the provision of more care at home and in the community in the coming years. Equally importantly, Ontarians overwhelmingly prefer to receive care at home and in the community for as long as possible. We know that home and community care is the solution to a number of the challenges facing the health system in Ontario (and indeed, around the world!), from crowded hospitals, to loneliness and social isolation among seniors, to caregiver burnout.

Home and community care has undergone a period of rapid growth, and we are proud to see the emergence of innovative technologies, creative models of care, and improvements in patient satisfaction and outcomes. However, home and community support agencies are struggling to capitalize on these opportunities to modernize and innovate, and are struggling to build capacity at the rate necessary to keep up with demand, and to provide the high-quality of care clients expect and deserve.

In this crucial moment, we ask that the province provide the boost to base budgets these organizations so desperately need, similar to the considerations made for hospitals and long-term care. Another year under a base funding freeze will jeopardize the gains of the past several years, threaten the quality of care clients receive, limit the value home and community care offers to the health system as a whole, and risk Ontario falling behind standards set in other jurisdictions.

Thank you for your consideration and for continuing the important progress Ontario has made strengthening home and community care.