

September 28, 2016



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**Submission to the
Ministry of Health and Long-Term Care
Respecting:
Levels of Care Framework Discussion Paper
September 27th, 2016**

Who we are: Care Watch, a not-for-profit, volunteer-run advocacy organization led by senior citizens, advocates for quality home and community services in Ontario.

Response respecting the Levels of Care Framework:

Care Watch appreciated the opportunity to review the Levels of Care Framework discussion paper and to participate in recent consultations in Toronto. Care Watch's feedback on the Levels of Care Framework discussion paper and consultations follows. In our analytic approach, Care Watch takes the position that policies that improve the wellbeing of senior citizens will, in the long term, assist all Ontarians.

Care Watch applauds the Ministry of Health and Long-Term Care (MOHLTC) for leadership respecting the restructuring of the home and community care service system. We note, however, that the vision underlying *Patients First* initiatives is limited to MOHLTC's portfolio, to the apparent exclusion of critical supporting services provided through, for example, the Ministry of Community and Social Services. Further, it is apparent that little or no discussion has occurred regarding the "community care" component of the proposed system, which tends to fall into the portfolio of other ministries or levels of government. How will community services be coordinated with or support home care? What will be the role of other ministries and municipal governments?

Care Watch strongly believes that, given an understanding of the social determinants of health, addressing the wellbeing of ageing Ontarians is the responsibility of the Government of Ontario as a whole, not just the MOHLTC.

Care Watch concurs that the delivery of home and community care should be centred in the needs of *individuals* and their caregivers. However, Care Watch is concerned that the provision of home care is being directly linked to the illness-care or medical system, and that only those with clinically significant illness diagnoses may be able to access services. Care Watch strongly disagrees with the medicalization of ageing which underlies the *Patients First* vision.

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Care Watch concurs that the provision of service should be **equitable**; that recipients with similar needs should receive similar levels of service. We are, however, of the view that there has been no real discussion about how to pay for such services to ensure equity in both access and service delivery. Care Watch believes that an equitable home and community care policy must:

- (1) be based on the same principles as the *Canada Health Act* (CHA) of public administration, comprehensiveness, universality, portability and accessibility; and,
- (2) be supported by a funding commitment that originates in the tax system and includes earmarked or designated funding that is quarantined against leakage to the acute care service system.

Care Watch would like to know: “How will the enhancements for home and community care be funded and protected?”

Care Watch has no quarrel with the concept of a “Levels of Care Framework”; it is a reasonable approach. We concur that access to home and community care services should be based solely on a needs assessment, and that standard functional tools should be provided to and used by assessors for that purpose. We are pleased that the proposed policy will include flexibility in moving among levels based on periodic reassessments, as well as the portability of services. We understand the rationale underlying the proposed categorization of clients/patients is based on:

- **Functional capacity:** e.g., frailty, or independence with activities of daily living;
- **Clinical characteristics:** e.g., disease, condition, or cognition level; need for nursing or other therapies; and
- **Social Supports:** e.g., caregiver capacity and community supports.

Our concerns here are that:

- (1) No information about which services Ontarians may expect to receive at home or in the community, and which services would be included within the different levels of care, has been provided. For example, will transportation, homemaking, meal and adult day care services be part of the package of services clients will be entitled to at each level of care?

We understood at the Toronto consultation that the Expert Panel had not yet confirmed its analysis or recommendations regarding the content of levels of care. We look forward to reviewing this critical information and the government’s response.

- (2) No information has been provided respecting the assessment of caregiver capacity.

Informal caregivers provide the majority of care to ageing Ontarians. Increasingly, they are seniors themselves, providing care to their elderly and progressively frail parents or friends, and may lack sufficient financial capacity or resiliency to sustain the role. But, caregiver support remains limited to information and education under the *Roadmap*. To what extent will caregivers be supported? Will they have access to respite care or financial supports?

- (3) No information has been provided respecting the assessment of community capacity. In fact, little or no discussion has occurred regarding the “community care” component of the

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proposed system. For example, how will such services be coordinated with or support home care? How will community care be provided and paid for? What will be the role of other ministries and municipal governments?

As noted above, system restructuring appears to be limited to MOHLTC's portfolio rather than government systems as a whole. **Consequently, we are not in a position to endorse the proposed levels of care framework at this time.**

Care Watch concurs that Ontarians should be able to have confidence in the expertise of both individuals and organizations that provide home and community care services, and the quality of service and care that they provide. Thus, we agree that services provided in our homes and communities should be based on best practices and provincial evidence-informed standards. We look forward to receiving information respecting service and quality standards.

However, we believe that there is insufficient attention being paid to the creation of appropriate resources in rural and remote areas, since the accessibility of home care services is highly dependent on local labour pools. We appreciate initiatives to increase the minimum hourly wage for personal support workers in order to attract and retain home care workers, and efforts that are underway respecting worker training. Nevertheless, ensuring the establishment of adequate labour pools will require significant and focused effort on the part of government and service providers, and Care Watch advocates immediate engagement of, and collaboration with, economic and labour development ministries and agencies.

Care Watch looks forward to on-going consultation with the Ministry as the proposed framework is more fully articulated.

*Respectfully submitted,
Care Watch Board of Directors*

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