

CAPITAL REGIONAL DISTRICT

STAFF REPORT TO THE HEALTH FACILITIES PLANNING COMMITTEE MEETING OF WEDNESDAY, FEBRUARY 16, 2005

SUBJECT:

The Assisted Living Review.

BACKGROUND:

In March 2004, the Committee expressed concerns over further closures of residential care beds (at the time, Sandringham Private Hospital) and the absence of information on the progress and effects of the Independent Living B.C. Initiative in the Capital Regional District.

The Independent Living B.C. Initiative, announced in June 2002, is a joint Federal/Provincial housing subsidy program which supplies affordable assisted living residences.

Assisted living is part of the provincial changes to the Home and Community Care Renewal Plan, a set of programs (including residential care and home support) for adult, mainly elderly, persons with various types and degrees of physical and mental disabilities.

One of the main changes was around residential care¹. Eligibility for government funded residential care became restricted to people needing continuous nursing supervision for complex conditions involving high degrees of physical and/or cognitive disabilities. It was felt that people who were previously accepted into residential care, who were determined to be competent to direct their lives and needing personal support, could be accommodated in assisted living residences. These residences would be like apartments with single, self-contained suites. Residents would be encouraged to be as independent as possible, retain their abilities and require less support. The objective of assisted living was to improve quality of life for its users at lower cost than residential care.

Other community services would be increased to enable more people to stay at home. It was felt that the lack of an affordable option between living at home and residential care was the major factor behind unnecessarily high rates of use of residential care.

Since 2002, the Vancouver Island Health Authority (VIHA) has implemented the Independent Living B.C. Initiative through the closing or downsizing of residential care, bringing on assisted living residences and expanding community programs.

This report follows on a previous report completed by the Department in May 2002.² That report reviewed the policy basis of the Independent Living B.C. Initiative (ILBC) and VIHA's initial implementation plan. It raised serious concern on both fronts and offered recommendations to improve the chances of a successful implementation. Given the prominence of this initiative and absence of any evaluation process, the Committee accepted the idea to do an update of the May 2002 review.

¹ Residential care facilities provide 24-hour nursing care to residents with serious physical disabilities, cognitive problems, multiple disabilities, and/or medical problems.

² *What a Difference a Year Makes, Assisted Living: Opportunities and Risks, June 2002.*

This report is now complete. It is acknowledged that the ILBC initiative and the larger framework of change in the Home and Community Care Renewal Plan is approximately half way completed and this is therefore a mid-term evaluation. Given the risks associated with VIHA's implementation plan and the length of the implementation period, a mid-point review is justified.

At the time of preparing this staff report the full 95-page final draft report had not reviewed by VIHA. The final draft copy minus the conclusions and recommendations was given to VIHA on January 12, 2005 and the final draft with conclusions and recommendations on February 4, 2005. Staff would prefer to release the full report after VIHA's response has been received.

This staff report is accompanied by three Attachments. Attachment 1 includes the Major Findings and Conclusions and Attachment 2 contains Recommendations, both are summarized versions of the main report. Attachment 3 is the Executive Summary from the main report.

This report and its attachments which effectively summarize the full report will be available to all interested parties following the Committee meeting on February 16, 2005. The final report will be ready, with or without VIHA comments, at Regional Hospital District Board meeting on February 23, 2005.

RECOMMENDATIONS:

1. That the Committee accepts this report and its attachments as the summary version of the Full Report.
2. That this report be referred to the Capital Regional Hospital District Board for its information.

Jeremy Tate, Director
Health Facilities Planning

Comments of the Director of Finance:

Comments of the Executive Director: