

**CAPITAL REGIONAL DISTRICT**  
**STAFF REPORT TO THE HEALTH FACILITIES PLANNING COMMITTEE**  
**MEETING OF WEDNESDAY, OCTOBER 20, 2004**

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**SUBJECT:**

Assisted Living Review.

**BACKGROUND:**

During the March Committee meeting, members expressed concern over further closures and downsizing of long term care facilities (Sandringham Private Hospital) and the progress on the Independent Living B.C. Initiative.

In April 2002 the provincial government introduced major changes to Home and Community Care, a set of programs supporting adults, mainly the very elderly, with chronic disabilities. The main change was around residential care (nursing homes, long term care facilities). Eligibility for government funded residential care was restricted to people with complex conditions and immediate need for 24 hour nursing supervision. For people who had been previously accepted into residential care, mentally competent to direct their own lives but still needing daily help, there was another option called assisted living. These residences would be more like regular apartment buildings, would encourage resident independence and self-care, and have less staffing and be less costly than residential care. Other community services would also be increased to enable more people to stay at home.

The Independent Living B.C. Initiative, a joint Federal/Provincial housing subsidy program became the main vehicle to supply affordable assisted living. The lack of an affordable option between living at home and residential care was a major factor in unnecessarily high rates of use residential care. The program is jointly administered by B.C. Housing and the Health Authorities with Health Authorities funding the personal supports.

Since mid-2002, the Vancouver Island Health Authority has embarked on a series of changes including closing and downsizing residential care facilities, funding assisted living residences and expanding community based programs.

The department had produced a report in May 2002 (Assisted Living – What a Difference a Year Makes) which reviewed the policy behind the initiative and VIHA's initial implementation plan. The report expressed various cautions on VIHA's plan and offered recommendations to improve the chances of a successful implementation. The report was well received. Given the prominence of the issue and no other organization interested in doing an evaluation, the Committee agreed that staff should do another review at what amounts to be the half-way stage of the initiative.

The draft report (minus the recommendations and the executive summary) was completed in mid-September and forwarded to the Vancouver Island Health Authority (VIHA). The project has been undertaken with the full knowledge of VIHA and part of the agreement with VIHA is that they get to review the report between the draft and final report stages. VIHA has suggested a series of changes which are now being incorporated. Some follow-up information and analysis is required in order to present a full and accurate account of what has happened so far.

This report chronicles a complex set of changes which have occurred since 2002, their effects within and outside the health system.

The review also involves a "community consultation" part which involves receiving feedback from seniors' organizations, seniors' service organizations and other voluntary sector groups on their assessment of the recent changes. This part has just completed the pilot interview stage and will be completed by the end of this month.

The basic findings and conclusions of the report are summarized in Attachment 1.

The completed final report will be presented in full at the November Committee meeting.

Subject to Committee and Board approval, the report will be conveyed to the Vancouver Island Health Authority, the Ministry of Health Services and all those who have participated in the review.

The purpose of the report is to create a better understanding of what has happened to date and, from this understanding, a better basis for future plans and actions.

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Jeremy Tate, Director  
Health Facilities Planning

Comments of the Director of Finance:

Comments of the Executive Director: