

Agreements Relating to LHINS' Funding and Permitting Space in Long-Term Care Homes' Properties

Date:	February 26, 2010
To:	Community Development and Recreation Committee
From:	General Manager, Long-Term Care Homes and Services Division; and Chief Corporate Officer
Wards:	All
Reference Number:	

SUMMARY

This report seeks delegated authority: (1) for the General Manager of the City's Long-Term Care Homes and Services Division ("LTCHS") to approve and execute contractual agreements required to receive provincial funding allocations from the Local Health Integration Networks and to give effect to both Health Services Improvement Plans and projects funded by the Ministry of Health and Long Term Care, submitted by LTCHS; (2) for the Chief Corporate Officer to approve and execute licences or leases required to implement such Health Services Improvement Plans or other projects funded by the Ministry of Health and Long-Term Care; and (3) for LTCHS' General Manager to issue short-term permits for space in long-term care homes under LTCHS' jurisdiction for external organizations.

RECOMMENDATIONS

The General Manager of the Long-Term Care Homes and Services Division and the Chief Corporate Officer recommend that:

- (1) City Council authorize the General Manager of Long-Term Care Homes and Services Division (the "General Manager") to approve the terms of, and to execute on behalf of the City, in form acceptable to the City Solicitor:
 - a. all funding or other agreements between the City and the appropriate Local Health Integration Networks or their successor(s) or replacement(s) from time to time ("LHINS") relating to funding allocations to give effect to Health Services Improvement Plans submitted by LTCHS; and,

- b. all service provider agreements between the City and external partners, agencies, organizations or other partners with whom the City contemplates working under any health services funding allocations from the LHINS or the Ministry of Health and Long-Term Care.
- (2) City Council authorize the Chief Corporate Officer to approve the terms of, and to execute on behalf of the City, licences or leases required to implement LHIN-funded projects or other projects funded by the Ministry of Health and Long-Term Care, in consultation with the General Manager, in a form acceptable to the City Solicitor.
- (3) City Council authorize the General Manager to issue permits for space in long-term care homes under LTCHS' operating jurisdiction substantially on the terms in Appendix No. 1, subject to such revisions deemed appropriate by the General Manager, in consultation with the City Solicitor.
- (4) City Council authorize the General Manager to administer and manage the agreements and permits described in Recommendation Nos. (1) and (3), including the provision of any consents, approvals, notices and notices of termination, provided that the General Manager may, at any time, refer consideration of such respective matters (including their content) to City Council for its determination and direction.
- (5) City Council authorize the Chief Corporate Officer to administer and manage the licences and leases described in Recommendation No. (2), including the provision of any consents, approvals, notices and notices of termination, provided that the Chief Corporate Officer may, at any time, refer consideration of such respective matters (including their content) to City Council for its determination and direction.
- (6) City Council authorize the Chief Corporate Officer to approve the licences or leases in Recommendation No. (2) at rates that may be less than market rents on condition that the organization is a non-profit corporation, a registered charity under the Income Tax Act, or a public entity otherwise acceptable to the Chief Corporate Officer.

Financial Impact

There are no financial implications arising from this report.

The Deputy City Manager and Chief Financial Officer has reviewed this report and agrees with the financial impact information.

ISSUE/BACKGROUND

Alignment and funding of the healthcare system in Ontario was dramatically changed through the creation of Local Health Integration Networks (LHINS). LHINS were designed by the Province of Ontario to deliver high value, local healthcare through collaborative action.

Each LHIN is mandated by the Province to develop three (3) year action plans, called Integrated Health Services Plans (“IHSPs”), with clear and concrete action based on local health priorities. Each LHIN is funded by the Ministry of Health and Long-Term Care, based on the size of their geographic area, population, demographics and established health priorities. After establishing their IHSP priorities, each LHIN is empowered to release requests for proposals for Health Service Improvement Plans (HSIPs). HSIPs are proposals for service provision that are prepared collaboratively by two or more healthcare system partners. Once HSIPs are approved, then the LHIN flows operating funding to the primary HSIP partner, based on the amount approved in the HSIP.

The Long-Term Care Homes and Services Division submitted successful HSIPs in both year one and year two of the LHINs’ IHSPs. In year one, the division was awarded funding for new supportive housing services at Winchester Square (South St. Jamestown) and for an Adult Day Program for individuals with Alzheimer’s Disease and related dementias at Wesburn Manor. In year two, the division received new operating funding to initiate supportive housing services at Cliffwood Manor (Don Mills and Steeles). A year three proposal has been submitted to expand supportive housing services further, although the results of year three HSIP submissions have not yet been released.

Once the year one and year two approvals were received by the City, the division faced internal City complexities and internal approval processes, which delayed start-up of the new services for up to six months after LHIN funding approval. Although, to date, the LHINs have been understanding about the delays initiating service, the delays produce gaps in service provision for vulnerable clients which should be avoided. Further, the division recognizes that if we cannot achieve streamlined processes, there is risk that future HSIPs might not be successful.

The division has been collaborating with Real Estate Services Division and the Legal Division to find ways to streamline the City’s administrative and approval processes so that the division can be “more nimble” and implement service delivery immediately or soon after each HSIP approval.

COMMENTS

The Long-Term Care Homes and Services Division’s mission identifies the commitment to provide exemplary long-term care and to actively participate in the creation of an effective continuum of care through strong partnerships with other healthcare organizations and community partners. The mission also offers a commitment to design and deliver programming that meets the growing and changing needs of residents, clients

and the communities we serve. The mission is anchored by the values of “Respect – Support – Enable” and the focus on “enriching the lives of those we serve”.

Through the Province of Ontario’s *Local Health System Integration Act, 2006*, the Local Health Integration Networks (LHINs) assumed authority to plan health services on a local basis. There are five (5) LHINs serving various geographic areas of the City of Toronto.

The *Local Health Integration Act* promotes the delivery of public health services by not-for-profit organizations. The *Act* recognizes the need for communities, healthcare providers, local health integration networks and the government to work together to reduce duplication and better coordinate healthcare delivery to make it easier for people to access healthcare. The *Act* permits each LHIN and each healthcare provider to separately and/or in conjunction with one another to identify opportunities to integrate the services of the local healthcare system to provide appropriate, coordinated, effective and efficient services. The *Act* allows each LHIN to make and fund service integration decisions, to negotiate and fund service integration between organizations and/or to permit voluntary service integration, when an opportunity is presented by organizations who wish to share space and/or collaborate in service provision.

On August 28, 2007, the Province of Ontario announced the *Aging at Home Strategy* to expand community living options for seniors through a wide range of home care and community support services, with funding to flow through the LHINs. Each LHIN developed their own priorities for enhanced health services to meet the objectives of the *Aging At Home Strategy* in their geographic areas as part of their integrated health service plan (IHSP) and released calls for HSIPs. There is a requirement for HSIPs to be developed collaboratively by at least two providers.

Opportunities to submit HSIPs are valuable advancements for the Long-Term Care Homes and Services Division. When successful, they expand service provision for vulnerable and/or at-risk Toronto citizens with no net cost to the City. They result in high quality care and service for citizens. Specifically in supportive housing, they provide services based on an innovative service-delivery model anchored in principles of wellness and population health. They facilitate community development, with the division working with community service providers in a collaborative fashion.

The division has a strong history and reputation for well-organized, high quality care and service. As a result, the division has been successful in submitting *Aging at Home* proposals in both year one and year two. In year one, proposals were approved for supportive housing services at Winchester Square (South St. Jamestown) and an Adult Day Program (Wesburn Manor). In year two, the division was awarded funding to initiate supportive housing services at Cliffwood Manor (Don Mills and Steeles). A year three proposal has been submitted to further expand supportive housing, but the results of year three HSIPs have not yet been released. Although there has been a history of significant success in HSIP submissions to date, in order to improve efficiency and responsiveness, and to enable the quick implementation of service delivery, particularly for vulnerable clients, it is necessary to make adjustments to City processes. The

proposed changes will ensure that there are no delays following HSIP approvals by the LHIN(s).

In the spirit of continuous process improvement, the Long-Term Care Homes and Services Division, the Real Estate Services Division and the Legal Division have collaborated to create a revised approvals approach as outlined in this report. The recommended approach is creative and responsible, with measures for accountability and controls, while being more timely and responsive to community need.

This report acknowledges two (2) models of collaborative work that the division wishes to continue to engage in with respect to healthcare system integration.

First, the division has been awarded healthcare provision mandate(s) and the requisite funding as the primary HSIP partner. In these cases, the City may become the tenant (as in the case of the supportive housing services, which are primarily provided in Toronto Community Housing buildings, with TCHC acting as the landlord) or may become the landlord (as in the case of the Adult Day Program at Wesburn Manor with Etobicoke Service for Seniors acting as the tenant).

Second, from time-to-time opportunities present in which another healthcare provider may wish to collaborate with the division in co-locating services in a divisional location (e.g. a long-term care home) that benefits both residents of the long-term care homes and the community-at-large in making healthcare services more accessible (e.g. a speciality clinic). In this case, the other healthcare provider would function either under a licence/lease or as a permit holder within a long-term care home.

In both models, it is essential to be able to finalize and operationalize service as soon as is possible, so as not to lose the opportunity for improved services, and/or increased health funding and/or result in delays and service gaps for vulnerable citizens.

The division has a long history in collaboration. It has long-embraced and implemented an effective collaborative model of care and service, recognizing that no single organization can meet all of the needs of an individual or system throughout the continuum and that integrated models serve communities better. Further, the division has embraced the principles inherent in the age-friendly communities approach, working hard to align services and systems to address the needs of a diverse City. The types of service models possible through HSIPs and collaborative opportunities are consistent with these vision statements, address community needs and assist in achieving City priorities.

The proposed model involves collaborating with various healthcare organizations, most of which are not-for-profit or public health service type providers. Due to the limited funding which is available for the envisioned programmes, it is frequently difficult to include a market-based rent into the economies of the program in question. Therefore, this report is recommending that the Chief Corporate Officer, in consultation with the General Manager, be given discretion to establish rental rates that are less than market

value or nominal in warranted circumstances. Such a direction would be consistent with the City's policies respecting below-market rent tenancies in City-owned properties.

The streamlined approval process and delegated authorities outlined in this report will better coordinate healthcare provision, make it easier for people to access services on a timely basis and result in service enhancements for vulnerable seniors.

The streamlined approval process outlined in this report is supported by the Long-Term Care Homes and Services Division and Real Estate Services Division.

CONTACT

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SIGNATURE

Sandra Pitters
General Manager, Long-Term Care Homes and Services

Bruce Bowes
Chief Corporate Officer

Appendix 1

The purpose of the occasional use permit system is for Long-Term Care Homes and Services (LTCHS) to make space available for short-term use by third parties in City-owned buildings under LTCHS' operating management, in circumstances where there is a beneficial opportunity to be provided by Permit Holders to residents of LTCHS' facilities as well as local community-based residents, where the City is not provincially funded by the LHINS or the Ministry of Health and Long-Term Care.

1. Building Owner/Licensors: City of Toronto
2. Permit Holder:
 - i) a non-profit corporation, or
 - ii) a registered charitable organization
3. Space: where available, space may be provided on an intermittent, non-exclusive use, in common with others, of certain Common Areas in the Building to be designated by LTCHS' General Manager or her/his successor or designate from time to time (General Manager) such as the "auditorium" or "main lobby" but never resident space or offices in any Building
4. Demonstrated Health Benefit to Residents in Building: the issuance as well as the continuance of any Permit will depend upon Applicant providing such written evidence initially and from time to time during the Term as the General Manager requires in order to be satisfied that there is and will continue to be a significant enough "patient-focused" health benefit to residents in the Building during the Term
5. Use of Space: to provide certain program-related wellness education and/or health care services under LTCHS' jurisdiction from time to time to residents in the Building and local community-based residents to be approved of by the General Manager
6. Term: not to exceed two (2) years. Notwithstanding, a Permit may be cancelled at any time by the City without refund or claim for any loss, damage, liability or expense whatsoever
7. Renewal: N/A. Any such request by a Permit Holder will be treated as an entirely separate process to be reviewed (and approved, if applicable) by the General Manager in consultation with the Chief Corporate Officer and City Solicitor
8. Consideration payable by Permit Holder:
 - a) permit fee in accordance with fee Schedule below plus any applicable GST or harmonized sales taxes;

- b) all business taxes, or other rates and taxes and assessments (but excluding realty taxes); and,
 - c) any other costs reasonably attributed to the use of space by the Permit Holder (eg. Security) as determined by the General Manager
9. Restrictions on Fees: no fees or charges of any kind, including admission or consulting fees, are to be charged by or on behalf of the Permit Holder to any resident in the Building or to local community-based residents for any services, including advice, or goods of any kind provided or offered at the Permit Location, unless the prior written approval thereof has first been obtained from the General Manager
 10. Assignment/Sublicensing: Permit Holder shall not assign or sublicense a Permit or allow any other person to use any part of the Location Space, without the prior written consent of the General Manager, which may be unreasonably or arbitrarily withheld
 11. City's Standard Permit: prior to use of any space, the Permit Holder must first obtain approval of a binding Permit of the City based substantially on the above criteria, subject to such revisions and other terms and conditions as may be deemed appropriate by the General Manager, in consultation with the City's Deputy City Manager and Chief Financial Officer, Risk Management Division, and the Chief Corporate officer, in form satisfactory to the City Solicitor
 12. Fee Schedule: Fees applicable to each Permit will be based on the nature of the use/service provided. Note, Fees may be adjusted from time to time by the General Manager, in consultation with the Chief Corporate Officer:

Minimum	\$5.00 per sq.ft.	(Recovery of utilities only)
Medium	\$10.00 per sq.ft.	(Recovery of utilities, maintenance and occasional cleaning)
Maximum	\$18.00 per sq.ft.	(Recovery of utilities, maintenance and regular cleaning)