THE REGIONAL MUNICIPALITY OF PEEL
HEALTH SYSTEM INTEGRATION COMMITTEE

AGENDA

DATE:       June 4, 2015
TIME:       11:30 AM – 1:00 PM
LOCATION:   Regional Council Chamber, 5th Floor
            10 Peel Centre Drive, Suite A
            Brampton, Ontario

MEMBERS:    F. Dale; A. Groves; E. Moore; M. Palleschi; C. Parrish; P. Saito; B. Shaughnessy

1.    ELECTION OF CHAIR AND VICE CHAIR

2.    DECLARATIONS OF CONFLICTS OF INTEREST

3.    APPROVAL OF AGENDA

4.    DELEGATIONS

4.1.    Janette Smith, Commissioner of Health Services, Providing an Introduction to the
        New Health System Integration Committee (HSIC)

4.2.    Bill MacLeod, Chief Executive Officer, Mississauga Halton Local Health Integration
        Network (LHIN) and Scott McLeod, Chief Executive Officer, Central West LHIN,
        Presenting the Two Community Capacity Study Plans Developed by the
        LHINs (See also Reports – Item 5.1)

5.    REPORTS

5.1.    Aging Population Preparedness Planning (For information) (See also Delegations – Item
        4.2)

5.2.    Paramedic Health and Safety Update (Oral)
        Presentation by Peter Dundas, Chief and Director of Paramedic Services
6. COMMUNICATIONS

6.1. Dave Wakely, Advanced Care Paramedic, President OPSEU 277, letter Recognizing Peel Regional Paramedic Services as a Leader in Supporting Frontline Paramedics (Referred from the April 9, 2015 Regional Council Meeting) (Receipt recommended)

7. OTHER BUSINESS

8. NEXT MEETING

To be determined

9. ADJOURNMENT
Health System Integration Committee

Janette Smith, Commissioner Health Services

Presentation to Health System Integration Committee
June 4, 2015
Health System Integration Committee Mandate

• To provide advice and direction on how the Region can further partner/integrate with the rest of the health system.

• Priorities of the Committee will be developed through policy discussions about the role that Regional programs play in relation to the province, Local Health Integration Networks and other partners.
Work of Committee
Potential Examples

• Opportunities to develop alternative pathways for patients to be seen by paramedics, instead of always transporting to local emergency rooms

• Region’s role in planning for supportive environments for healthy living and age friendly communities

• Redevelopment of Peel Manor site into a seniors services hub through partnerships with health providers, the non-profit and private sector.
Potential Outcomes

• Identify ways the Region can support capacity building within the local health system from a municipal perspective. These could include:

  • Advocacy positions
  • Recommend policy changes
  • New partnership opportunities
Request for Delegation

Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9

Phone: 905-791-7800 ext. 4582    Fax: 905-791-1693
E-mail: council@peelregion.ca

FOR OFFICE USE ONLY
MEETING DATE YYYY/MM/DD
2015/06/04
MEETING NAME
Health System Integration Committe

REQUEST DATE YYYY/MM/DD
2015/05/11

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Central West LHIN
EXTENSION
FAX NUMBER

REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)
To present the two Community Capacity Study Plans developed by the LHINs.

I AM SUBMITTING A FORMAL PRESENTATION TO ACCOMPANY MY DELEGATION

☐ YES  ☐ NO

I WILL REQUIRE THE FOLLOWING AUDIO-VISUAL EQUIPMENT / SOFTWARE FOR MY PRESENTATION
☐ DOCUMENT CAMERA / OVERHEAD PROJECTOR  ☑ LCD PROJECTOR  ☑ POWERPOINT

Note:
Delegates are requested to provide 45 copies of all background material / presentations to the Clerk’s Division at least seven (7) business days prior to the meeting date so that it can be included with the agenda package. In accordance with Procedure By-law 100-2012, as amended, delegates appearing before Regional Council or Committee are requested to limit their remarks to 5 minutes and 10 minutes respectively (approximately 5/10 slides).

Once the above information is received in the Clerk’s Division, you will be contacted by Legislative Services staff to confirm your placement on the appropriate agenda. Thank you.

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V-01-100 2015/01
DATE: May 26, 2015

REPORT TITLE: AGING POPULATION PREPAREDNESS PLANNING

FROM: Janette Smith, Commissioner of Health Services
Janet Menard, Commissioner of Human Services

OBJECTIVE

To provide information on the work done to prepare for the aging population in Peel. Specifically, it highlights, the Region’s Aging Population Steering Committee endorsed recommendations and the Local Health Integration Network’s Community Capacity Plans for Seniors and their alignment.

REPORT HIGHLIGHTS

- The Aging Population Term of Council Priority Steering Committee (APSC) was established by Regional Council in May 2013 to assess and determine the appropriate role(s) for the Region of Peel to support the aging population in Peel.
- Twenty-six Council endorsed recommendations from APSC are listed in Appendix I. The Steering Committee’s final report is attached in Appendix II.
- Highlighted in the Provincial Seniors strategy, Local Health Integrations Networks (LHINs) were directed to conduct community capacity plans. Central West (CW) and Mississauga Halton (MH) LHINs were the first to complete their plans.
- The Plans’ findings align and validate the APSC recommendations.

DISCUSSION

1. Background

It has been documented that Canada’s population is aging rapidly, with seniors aged 65 years and older representing the fastest growing age group. While Peel's population is currently younger than the national and provincial averages, rapid growth among the aging population is expected to occur over the next 30 years. Population projections show that the proportion of Peel residents 65 years and older, collectively, will grow from 10.5 per cent of the total population in 2011 to 21 per cent of Peel’s population in 2041. Accelerated growth is also expected among the oldest seniors in Peel. In 2011, Peel residents 85 years or older represented 1 per cent of the total population; this proportion is projected to grow to 3.8 per cent of Peel’s population by 2041.

Governments across Canada have noted that the aging population will have a significant impact. Municipal governments, such as the Region of Peel, deliver a number of programs to seniors that support them to live active, healthy and engaged lives. Preliminary financial projections through to 2041 suggest that it would not be sustainable for the Region of Peel...
to continue to serve the same proportion of seniors as it does today through its current mix of programs and services. As a result, Regional Council identified it as a priority and in May 2013 struck the Aging Population Steering Committee (APSC).

a) Aging Population Steering Committee

In June 2014 Council endorsed 26 recommendations (see Appendix I). They are organized under four overarching roles that the Steering Committee has identified the Region can and should play to support the aging population. These four roles are consistent with the Region’s current responsibilities and also take into account the findings from meetings held by the APSC. They include:

1. Set strategic direction and establish policy positions for community-wide issues;
2. Deliver high quality, sustainable services for seniors that are regularly reviewed to reduce duplication, identify efficiencies and ensure outcomes are achieved;
3. Be a catalyst for community capacity building; and
4. Advocate on behalf of the Peel community.

The recommendations were intended to inform the future role and service levels of current Regional programs and services for seniors, and guide further Regional decision-making related to the aging population. The mandate of the APSC further directed that the role(s) for the Region of Peel be determined in relation to the roles of our sector partners, including other levels of government, the non-profit sector and the private sector to avoid duplication, facilitate partnerships and identify strategies to fill any gaps in the system. The APSC’s recommendations and supporting evidence are described in Appendix II in a report, titled “Final Report of the Region of Peel’s Aging Population Steering Committee: Recommendations to Regional Council.”

The adopted recommendations were guided by three principles which state that the Region of Peel should continue to strive to:

1. Collaborate and partner with other levels of government, as well as the private and non-profit sectors to reduce duplication and to enhance knowledge transfer and exchange;
2. Be fiscally responsible and ensure the long term sustainability of government programs by making decisions based on the best available evidence and the principles of the Long Term Financial Planning Strategy; and
3. Serve the public good by addressing gaps and inequities to support vulnerable populations.

b) Provincial Planning for the Aging Population

In January 2012, the Ministry of Health and Long-Term Care (MOHLTC) announced a commitment to develop a “Seniors Strategy”. Shortly thereafter, Dr. Samir Sinha (Director of Geriatrics at Mount Sinai and the University Health Network Hospitals) was appointed to guide the Province’s development and implementation of Ontario’s Seniors Strategy. After hosting a series of consultations over the summer of 2012, Dr. Sinha presented the Minister of Health and Long-Term Care and the Minister Responsible for Seniors with highlights and key recommendations from his report, “Living Longer, Living
Well." Dr. Sinha’s final report, released January 2013, included 166 recommendations for the provincial government to consider, including many that support the Region of Peel’s current programs and services for seniors, as well as a number of the Region’s existing advocacy positions.

In later January 2013, the provincial government released, "Independence, Activity and Good Health: Ontario’s Action Plan for Seniors" (Action Plan). The Action Plan was informed by Dr. Sinha's report and outlines existing and planned provincial policies and programs that support seniors to maintain their health and independence in order to age safely in their community. The provincial government’s increasing focus on supporting seniors to “age in place” reflects a growing preference among seniors and an increased understanding that investments within the community can support system sustainability, reduce financial costs and improve quality of life.

c) Local Health Integrated Network Community Capacity Planning

The Provincial Plan highlighted that the Ministry of Health and Long-Term Care should undertake the development of an evidence-informed capacity planning process to meet the needs of current and future senior populations. As part of this work the Ministry directed the Local Health Integrated Networks (LHINs) to complete Community Capacity Plans (the Plans) for their catchment areas. As LHIN boundaries do not align with municipal boundaries, residents in the Region of Peel are served by two LHINs, the Central West LHIN and the Mississauga Halton LHIN. Appendix III provides further information on the LHINs.

Central West and Mississauga Halton were the first LHINs to complete their Community Capacity Plans, which were released in February 2015: Meeting Senior Care Needs Now and in the Future - A Community Capacity Plan for the Mississauga Halton / Central West LHIN. The Commissioner of Health Services was part of the Steering Committee and other Regional staff were involved in the consultation process.

2. Findings

The LHINs’ Community Capacity Plans are community health services plans that provide the level and mix of health services required by the growing and aging Central West and Mississauga Halton LHIN populations. They outline a comprehensive assessment of current and future capacity need for community based services. The Plans include a focus on the following areas:

- Community Care Access Centres;
- Community Support Services;
- Residential and in-home hospice;
- Long-Term Care Homes;
- Retirement Homes;
- Family Health Teams and Primary Care; and
- Hospitals.

Specifically for each LHIN, the plans include:
- A detailed assessment of existing capacity of community senior services;
- A service needs assessment of existing capacity of community senior services;
A gap/excess capacity analysis showing what gaps/excess capacity exist;
Identification of implementation options that will enhance existing and add new services to address forecasted gaps and provide optimal elder care;
A framework tool that can be used for community capacity planning; and Recommendations that integrate the findings of the assessment on an ongoing basis and forecasting exercises.

The CEO’s of the Central West and Mississauga Halton LHINs will be presenting their community capacity plans at the Health System Integration Committee of Council on June 4, 2015.

a) Alignment with Aging Population Steering Committee Endorsed Recommendations

Overall, both the Community Capacity Plans (the Plans) and Aging Population Steering Committee (APSC) identify strategies to improve the way seniors are cared for in the community and to delay or divert the need for long term care. The Plans’ findings align with and further validate the APSC Council endorsed recommendations in a number of key areas.

i. Service Delivery Models

The Plans identify that senior care redesign using evidence-informed care delivery models is a strategy which can meet the future demand for services and the needs of seniors in the broader community. Hub and campus models and examples like the ‘Program of All-Inclusive Care for the Elderly’ (PACE) are described as service delivery models with positive outcomes for seniors. These models offer the provision of health services for seniors who would otherwise be in a long term care home. Given that seniors are looking for care in their communities and want to remain independent, these models provide an alternative to institutional care. The APSC also recognized the benefits of expanding community services the Region delivers out of its long term care (LTC) centres and the recommendations reflect the need to increase new models of senior care. The Peel Manor Redevelopment and Senior’s Hub concept is being designed to provide services to the broader senior community as well as the long term care residents.

In order to further support seniors in their communities, the plans suggest housing models which provide services beyond just housing. It is recognized in the Plans that congregate living and senior community models can provide opportunities for seniors to live in small residential units and receive health care supports and other essential services in the home (i.e. grocery delivery, exercise instruction etc.). The Plans also recommend the expansion of services to seniors apartment buildings.

ii. Community Support Services

Community Support Services are another area where the Plans’ findings and APSC recommendations are well aligned. The Plans identify that care in the community is necessary and desired to divert and delay admission to long term care homes and to reduce unnecessary hospitalizations. Diversion from institutional care in Peel is
important because LTC homes in Peel are full and waitlisted and our hospitals are struggling to keep up with current patient volumes. The APSC also recognized the important need for enhanced community supports and as such the Region intends to expand the number of spaces in Adult Day Services and recently opened evening spaces with LHIN funding. There are further opportunities to expand the number of seniors served through the Peel Manor redevelopment and the Region is working with the LHINs to identify additional places to deliver Community Support Services close to seniors’ homes.

Moreover, APSC recognized that initiatives through Community Paramedicine efforts may help seniors getting the right care at the right time thereby avoiding repeat calls to paramedics and emergency room visits.

The LHIN Plans recommend that care be provided close to home and tailored to populations. As such, identifying which seniors need services and tailoring them to meet the seniors’ needs is recognized as a key element of successful planning. In order to identify higher risk seniors in the LHIN’s an analysis using the Socio Economic and Cultural (SEC) index was undertaken. The SEC measures neighborhood level factors such as income, rental vs. owned housing, recent immigration etc., and identifies geographic areas where seniors will be more likely to need hospitalization and long term care admission. This analysis and SEC framework can be used by the Region to ensure that APSC recommended enhancements to community support services are well placed to meet the needs of higher risk seniors.

iii. Advocacy

Council endorsed advocacy positions related to the aging population continue to be timely and relevant in light of the LHIN Plans. In particular, advocacy for funding based on the needs of the community are key. The Plans suggest a new mix of services that would better meet the needs of seniors, providing them with the right level of care when they need it. The following table outlines the suggested increases in allocations that have been forecasted for the Mississauga Halton and Central West LHINs over the next 10 year period.

Forecasted Allocation Requirements from 2012/13 to 2022/23 in the Mississauga Halton and Central West Local Health Integration Networks.

<table>
<thead>
<tr>
<th>Seniors Care Type</th>
<th>Mississauga Halton</th>
<th>Central West</th>
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<tbody>
<tr>
<td>Long Term Care Beds</td>
<td>2012/13 2022/23</td>
<td>2012/13 2022/23</td>
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<tr>
<td>Hospice Beds</td>
<td>3,690 4,200</td>
<td>2,390 2,730</td>
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<tr>
<td>Informal Care Hours (Millions)</td>
<td>16 36</td>
<td>10 22</td>
</tr>
<tr>
<td>Home Care Expenses ($Millions)</td>
<td>$83 $151</td>
<td>$45 $91</td>
</tr>
<tr>
<td>Community Support Services ($Millions)</td>
<td>$27   $100</td>
<td>$11 $56</td>
</tr>
<tr>
<td>Psychogeriatric Program Expenses ($Millions)</td>
<td>$2.2</td>
<td>3.4</td>
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AGING POPULATION PREPAREDNESS PLANNING

In order to support the need for the additional resources, the Plans advise that a ‘provincial senior community and institutional care resource allocation strategy’ is needed. Advocacy for a provincial resource allocation strategy is needed to ensure that Peel’s seniors will be able to remain in the community and benefit from the recommendations identified by the LHIN Plans and the Region’s Aging Population Steering Committee recommendations.

CONCLUSION

The Region’s first step in preparedness planning for the aging population through its Council endorsed APSC recommendations has set a framework with overarching outcomes for future planning and implementation. The work of the Local Health Integrated Networks has validated the framework and further emphasizes the need for the Region to determine its roles and services in relation to the roles of our system stakeholders, including other levels of government, the non-profit sector and the private sector to avoid duplication and facilitate partnerships.

Janette Smith, Commissioner of Health Services

Janet Menard, Commissioner of Human Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES

1. Appendix I - Final Recommendations from the Aging Population Term of Council Priority Steering Committee
2. Appendix II - Final Report of the Region of Peel’s Aging Population Term of Council Priority Steering Committee: Recommendations to Regional Council
3. Appendix III – Local Health Integration Network

For further information regarding this report, please contact Dawn Langtry, Director, extension 4138, dawn.langtry@peelregion.ca.

Authored By: Dawn Langtry and Claudine Bennett
APPENDIX I
Final Recommendations from the Aging Population Term of Council Priority Steering Committee

Role 1: Set Strategic Direction and Establish Policy Positions for Community-Wide Issues

• Recommendation 1: Amend the Regional Official Plan to incorporate the use of age-friendly principles and the Healthy Development Index to complement existing municipal and Regional design guidelines for land use and buildings, as well as responsibilities outlined in the Accessibility for Ontarians with Disabilities Act.

• Recommendation 2: Develop local rules to enhance options for seniors related to living arrangements and access to housing, such as:
  - Allowing single seniors requiring subsidy to cohabitate in multi-room units; and
  - Investigating the potential to establish priorities for the Centralized Wait List and new development to meet current and future demand from the aging population.

• Recommendation 3: Identify ways to stimulate innovative seniors housing developments among private sector partners and identify opportunities where governments can streamline building approval processes.

• Recommendation 4: Work with the Local Health Integration Networks (LHINs) and Community Care Access Centres (CCACs) serving Peel to facilitate the effective roll-out of provincial policy changes related to the control of access to supportive housing services in Peel.

• Recommendation 5: Strengthen partnerships with the LHINs to explore funding options and facilitate the provision of space for public, private or non-profit partners to deliver services to seniors, such as supportive housing.

• Recommendation 6: Assess the potential for the Region of Peel to provide rent supplements in existing and non-profit retirement homes.

• Recommendation 7: Explore opportunities to support the Peel Elder Abuse Prevention Network (PEAPN) to establish the “Safe Housing Project” for victims of elder abuse.

• Recommendation 8: Use the governance model work related to Peel’s Housing and Homelessness Plan to review and determine the future role of the Housing for Older Adults in Peel (HOAP) Working Group.

• Recommendation 9: Explore opportunities to align application and assessment processes for the Peel Renovates program with other government services that conduct comprehensive assessments of clients to facilitate information sharing, improve client service and help ensure holistic assessments are completed.

Role 2: Deliver high quality, sustainable services for seniors that are regularly reviewed to reduce duplication, identify efficiencies and ensure outcomes are achieved.

• Recommendation 10: Maintain the Region’s investment and a role in long term care to ensure no reduction in services, while exploring public and private partnership opportunities to maximize the use of existing infrastructure and resources.
• **Recommendation 11:** Maximize the use of Regional long term care homes to serve as community hubs and explore partnerships with public, private and non-profit providers to deliver services to both long term care residents and seniors living in the surrounding community.

• **Recommendation 12:** Deliver long term care services that include a focus on specialty areas that meet the needs of seniors in Peel and fill gaps in the system not being met by private or non-profit partners (e.g. behavioural supports, respite care, etc.).

• **Recommendation 13:** Keep the marker in the 10-year capital plan to continue to collect Development Charges for the expansion of long term care services to provide flexibility for future Councils.

• **Recommendation 14:** Enhance and expand the Region’s existing Community Support Services for seniors, subject to the availability of provincial funding.

• **Recommendation 15:** Explore the potential to expand the delivery of community support services out of other locations, including other Regional buildings and buildings owned or operated by municipal, private sector or community partners.

• **Recommendation 16:** Through the planned review of the Community Referral by Emergency Medical Services (CREMS) program, explore the potential to:
  - Implement the Paramedics Assessing Elders at Risk of Independence Loss (PERIL) tool to identify seniors most at-risk; and
  - Strengthen partnerships with police services and community partners to identify and support potential victims of elder abuse.

• **Recommendation 17:** Work collaboratively with the Sunnybrook Centre for Pre-hospital Medicine to research the potential benefit of developing treat and release/refer protocols that can help reduce unnecessary transports to area hospitals.

• **Recommendation 18:** Work collaboratively with health system partners to increase public awareness and understanding of the 911 system to improve health system functioning and client satisfaction.

• **Recommendation 19:** Work collaboratively with the Local Health Integration Networks (LHINs) to identify ways to support LHIN-wide initiatives and other programs related to falls prevention and substance misuse prevention more broadly.

• **Recommendation 20:** Increase accessibility and enhance the promotion of the shingles vaccine among seniors in Peel.

• **Recommendation 21:** Work collaboratively with local municipalities and other organizations to promote health and active lifestyles.

• **Recommendation 22:** Conduct an evaluation of the following non-mandated programs, in collaboration with key partners, to determine if program outcomes are being achieved and to identify the appropriate role for the Region of Peel:
  - Low-Income Seniors Dental Program
  - Project Lifesaver Peel
  - 211 Information and Referral Services

**Role 3: Be a catalyst for building community capacity building**
• **Recommendation 23:** Research the feasibility of different models that the Region could adopt to build capacity among community agencies providing programs or services to seniors.

• **Recommendation 24:** Continue to support and collaborate with existing organizations, such as Volunteer Mississauga/Brampton/Caledon, to promote and support volunteering and social enterprise opportunities among the seniors population. This could include developing opportunities through Regional programs and services.

**Role 4: Advocate on behalf of the Peel Community**

• **Recommendation 25:** Together with key partners and associations, demonstrate to the province the need for a specific strategy for seniors through its Mental Health and Addictions Strategy.

• **Recommendation 26:** In cooperation with other impacted stakeholders, work with MOHLTC to address funding inequities experienced by municipal LTC providers compared to private operators, through provincial legislation and the interest arbitration process.
Final Report of the Region of Peel’s Aging Population
Term of Council Priority Steering Committee:
Recommendations to Regional Council

June 2014*

When referencing this report, please use the following citation:
Final Report of the Region of Peel’s Aging Population Term of Council Priority Steering Committee: Recommendations to Regional Council, 2014

*Includes revisions made at the June 26th Regional Council Meeting
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Executive Summary

Governments across Canada have noted that the aging population will significantly impact the health and human services sectors. Municipal governments, such as the Region of Peel, deliver a number of programs to seniors that support them to live active, healthy and engaged lives. As part of the Region of Peel’s Strategic Planning Process, Peel Regional Council identified that a priority for the 2010-2014 term of Council was to: “assess the impact of the aging population on health and human services delivered.” Analysis conducted by staff revealed that the programs delivered to seniors by the Region of Peel that will be impacted by the aging population include:

- Affordable Housing;
- Residential Long Term Care;
- Community Support Services for seniors;
- Paramedic Services;
- Public Health programs for seniors;
- Low-Income Seniors Dental Program;
- Project Lifesaver Peel; and
- 211 Information and Referral Services.

Preliminary financial projections conducted by the Region of Peel through 2041 suggest that it would not be sustainable for the Region of Peel to continue to serve the same proportion of seniors as it does today through its current mix of programs and services for seniors.

In May 2013, the Aging Population Term of Council Priority Steering Committee (APSC) was established by Regional Council to help guide decision-making about the roles and service levels that the Region of Peel could play, as an upper-tier municipality, to support the aging population in Peel. The work of the APSC is guided by the desire for Peel to be an age-friendly community where seniors have access to supports that enable them to age safely and with dignity, and maximize their quality of life. From June 2013 to February 2014, the APSC reviewed the latest evidence, heard from sector experts and engaged in discussions related to the issues and needs of the growing seniors population in Peel.

This report outlines four overarching roles for the Region of Peel’s programs and services for seniors, which are consistent with the Region’s current responsibilities and that take into account the findings from the APSC. These roles are:

1. Set strategic direction and establish policy positions for community wide issues;
2. Deliver high quality, sustainable services for seniors that are regularly reviewed to reduce duplication, identify efficiencies and ensure outcomes are achieved;
3. Be a catalyst for community capacity building; and
4. Advocate on behalf of the Peel community.

Furthermore, this report provides 25 recommendations developed by the APSC about the future delivery of Regional programs and services for seniors. Recommendations range from reviewing the Region’s current role to enhancing the services it delivers. In all cases, recommendations developed by the APSC were informed by the best available evidence; considered in relation to the roles, responsibilities and relationships of relevant partners in the public, non-profit and private sectors; and made within the context of the Region’s Long Term Financial Planning Strategy.
Background and Context Setting

1. Demographic Context

It has been well documented that Canada’s population is aging rapidly, with seniors aged 65 years and older representing the fastest growing age group. Statistics Canada projects the seniors population will grow from approximately 15 per cent of Canada’s population in 2011 to 25 per cent by 2036. Ontario’s population is aging at a similar rate, with the current proportion of seniors (15 per cent) expected to increase to 24 per cent by 2036. This rapid growth is also seen among the oldest age group of seniors (85 years and older). By 2036, 4 per cent of the provincial population will be 85 years and older, which represents a 100 per cent increase from 2011, when approximately 2 per cent of the provincial population was 85 years and older.

While Peel’s population is currently younger than the national and provincial averages, rapid growth among the aging population, across younger and older seniors, is expected to occur over the next 30 years. Based on the planning timeframes in the current “Growth Plan for the Greater Golden Horseshoe,” population forecasts for Peel are being projected to 2041 (as opposed to 2036 noted above). Population projections developed by the Peel Data Centre show that the proportion of Peel residents 65 years and older, collectively, will grow from 10.5 per cent of the total population in 2011 to 21 per cent of Peel’s population in 2041. Accelerated growth is also expected among the oldest seniors in Peel. In 2011, Peel residents 85 years or older represented 1 per cent of the total population; this proportion is projected to grow to 3.8 per cent of Peel’s population by 2041 (see Figure 1 on page 4). Population projections beyond 2041 are merely speculative. However, it is expected that the seniors’ population will not continue to grow exponentially and will either level or taper off following the aging of the baby boomer population.

In the past, the demographics in Peel have been greatly impacted by immigration rates. Data collected by Citizenship and Immigration Canada (CIC) confirms that only a small proportion of immigrants arrive in Peel when they are over the age of 65. On average, just 963 seniors enter Peel each year as new immigrants, representing approximately 4 per cent of the total new immigrant population. Since 2008, the federal government has made key changes to various immigration policies that have implications for all three streams of immigration (i.e., economic, family reunification and humanitarian). These changes have been based on an economic rationale that focuses on welcoming younger immigrants to satisfy labour market requirements. While an increasing number of new immigrants are settling in Western Canada, as opposed to communities like Peel in the Greater Toronto Area, it is predicted that immigration will continue to have a beneficial effect on population growth and age distribution in Peel, while also contributing to Peel’s cultural diversity and economic viability. However, additional changes in the future to Canada’s federal immigration policies could impact the demographic landscape in Peel.
Research shows that the aging population will have impacts on the health and human services sectors. As a general rule, factors driving health and human services utilization tend to increase with age. Sixty-five years of age is often (but not always) used by governments to define the seniors population and develop seniors-related policies, programs and services. While 65 years of age provides a simple, understandable and universal measure of the seniors population, it assumes that seniors are a homogeneous group, that life expectancy is static and that age is the defining characteristic of a person’s need for health and human services. If age is used as the marker, research suggests that 75 years or 85 years and older is much more reflective of service needs than the traditional 65 years and older. This holds true for many of the Region of Peel’s current services for seniors. The average age of residents in Peel’s Long Term Care homes is approximately 80 years of age and the proportion of calls to 911 in Peel are higher among seniors over the age of 75 than those aged 65 to 74 years.

Other factors, such as the prevalence of chronic conditions and income levels can also impact one’s health care needs and service utilization. For instance, research suggests that 24 per cent of Canadians over the age of 65 are living with three or more chronic conditions, and that these individuals account for approximately 40 per cent of health care utilization among Canadian seniors.
2. Provincial Planning for the Aging Population

In January 2012, the Ministry of Health and Long-Term Care (MOHLTC) announced a commitment to develop a “Seniors Strategy”. Shortly thereafter, Dr. Samir Sinha (Director of Geriatrics at Mount Sinai and the University Health Network Hospitals) was appointed to guide the Province’s development and implementation of Ontario’s Seniors Strategy. After hosting a series of consultations over the summer of 2012, Dr. Sinha presented the Minister of Health and Long-Term Care (Deb Matthews) and the Minister Responsible for Seniors (Linda Jeffrey) with highlights and key recommendations from his report, “Living Longer, Living Well.” Dr. Sinha’s final report, released on January 8, 2013, included 166 recommendations for the provincial government to consider, including many that support the Region of Peel’s current programs and services for seniors, as well as a number of the Region’s existing advocacy positions.

On January 15, 2013, the provincial government released, “Independence, Activity and Good Health: Ontario’s Action Plan for Seniors” (Action Plan). The Action Plan was informed by Dr. Sinha’s report and outlines existing and planned provincial policies and programs that support seniors to maintain their health and independence in order to age safely in their community. The provincial government’s increasing focus on supporting seniors to “age in place” reflects a growing preference among seniors and an increased understanding that investments within the community can support system sustainability, reduce financial costs and also improve quality of life.

In total, the Action Plan includes 22 different commitments that fall under three themes: Healthy Seniors, Senior-Friendly Communities, as well as Safety and Security. The Province has made progress over the last year on some of its commitments outlined in the Action Plan. In August 2013, the Ontario Seniors Secretariat released an Age-Friendly Community Planning Guide to help communities create and implement their own age-friendly plans. This guide consolidates information and resources into tools and step-by-step processes to facilitate planning and implementation of age-friendly communities. In November 2013, the Province also announced a Seniors Community Grant Program to provide funding, ranging from $500 to $10,000 to not-for-profit community groups for projects that encourage greater social inclusion, volunteerism and community engagement. Other noteworthy commitments for seniors delivered by the provincial government include an additional $260 million in 2013-14 towards home and community care to support seniors living in the community, and an investment of $156 million per year to support enhanced access to physiotherapy, exercise and falls prevention services.

3. Regional Programs and Services for Seniors

Municipal governments, such as the Region of Peel, deliver a number of programs to seniors that support them to live active, healthy and engaged lives. Health and Human Services programs delivered to seniors by the Region of Peel that will be impacted by the aging population include:

- Affordable Housing (including Peel Renovates and the Housing for Older Adults Working Group);
- Residential Long Term Care (including the Special Behaviour Support Unit);
- Community Support Services for seniors (including Adult Day Services, Respite Care and meal preparation for Brampton and Caledon Meals on Wheels);
• Paramedic Services;
• Public Health programs for seniors (including falls prevention and substance misuse prevention);
• Low-Income Seniors Dental Program;
• Project Lifesaver Peel; and
• 211 Information and Referral Services.

A summary of each program’s mandate, service levels, funding and budget is described in Appendix 2.1 for reference. The gross and net budget figures in Appendix 2.1 represent the total budget for the program, including the seniors component.

As depicted in Appendix 2.2, Regional programs for seniors and programs delivered by the area municipalities fit within a much larger system of government-funded services for seniors. This “system” of government-funded services for seniors is complex and lacks coordination, with each level of government having diverse responsibilities and accountabilities.

The federal and provincial governments have a broad range of responsibilities for seniors, which fall under the jurisdiction of a number of different departments, ministries and agencies. The federal government is primarily responsible for the retirement income system and other financial supports, while the provincial government has scope to design and shape the health and social services system for seniors in Ontario. The Region of Peel's prescribed roles in the provision of services for the seniors’ population is relatively small compared to the provincial government and is controlled in some areas by provincial oversight (i.e. funding, legislation and regulation). Clear differences between services delivered by the Region of Peel and the area municipalities are driven by both legislation and the strengths of the two levels of municipal government. Programs delivered by the area municipalities, such as recreation and library services, maximize existing infrastructure at the local level (e.g. community centres) and allow programs to be tailored to meet local needs. Regional and area municipal staff work together on issues and projects that impact both jurisdictions.

While not identified in Appendix 2.2, private corporations and non-profit agencies also provide a significant number of supports and services for seniors. Some of these providers use public funding to deliver services in the community (e.g. supportive housing and long term care). Others rely solely on user fees (e.g. retirement homes and private home care services).

4. Financial State Analysis

As demonstrated in Appendix 2.3, population growth and changing demographics are two key factors that impact short-term and long-term financial planning. As previously noted, Peel’s aging population will place a greater demand on Regional services, as well as those provided by other levels of government and community partners. A growing seniors population could contribute to a decline in the working population, which would impact income tax revenues captured by the provincial and federal governments. As the provincial and federal governments fund many Regional services, budget pressures may impact the funding received by the Region of Peel.
At a high level, preliminary financial projections conducted by the Region of Peel through 2041 suggest that it would not be sustainable for the Region of Peel to continue to serve the same proportion of seniors as it does today through its current mix of programs and services for seniors. While the aging population will impact all of the programs listed above, three will be most impacted from a financial perspective: Paramedic Services, Affordable Housing and Long Term Care. These three programs will sustain the most financial pressure due to projected increases in service demand and the increasing needs of the aging population. To estimate the long term financial impact of these three services, Regional staff calculated the current costs (both capital and operating) for each service, and projected these costs out to 2041. Major financial assumptions, consistent with those used in the Region’s Long Term Financial Planning Strategy (i.e. consumer price index, construction cost index, the inclusion of adequate reserve contributions to sustain assets, and the continuation of any external subsidies/funding currently being received), were made to complete these projections.

Annual net operating costs for the largest programs delivering services to seniors (Paramedic Services, Housing and Long Term Care) were $68 million in 2013. Staff project this amount will grow to $302 million by 2041 if no changes are made to the Regional role or service levels, and the financial assumptions outlined above are realized. This is the equivalent of spending an additional $8.4 million per year each year to operate Paramedic Services, Housing and Long Term Care at their current service levels. An additional $2 billion in capital costs are also expected between 2013 and 2041. When operating and capital dollars are combined, figures reveal that a total investment of $2.35 billion is needed overall to sustain current service levels in Paramedic Services, Housing and Long Term Care through 2041.

While conservative in nature, these estimates demonstrate the investment that the Region of Peel could be expected to make to support the needs of seniors in Peel in the future. These figures highlight the need for the Region to carefully consider the roles it plays to support seniors in Peel and to look at new and innovative ways to continue to meet the needs of Peel’s changing population.
Preparedness Planning for the Aging Population

1. Aging Population Term of Council Priority Steering Committee

In May 2013, the Aging Population Term of Council Priority Steering Committee (APSC) was established by Regional Council to assess and determine the appropriate role(s) for the Region of Peel to support the growing aging population in Peel. The role(s) for the Region of Peel must be determined in relation to the roles of our sector partners, including other levels of government, the non-profit sector and the private sector, to avoid duplication, facilitate partnerships and identify strategies to fill any gaps in the system.

From June 2013 to February 2014, the APSC reviewed the latest evidence, heard from sector experts and engaged in discussions related to the issues and needs of the growing seniors population in Peel (see Appendix 2.4).

This report provides an overview of the findings from these meetings and outlines recommendations the APSC developed for consideration by Regional Council.

2. Desired Outcome and Guiding Principles

The work of the APSC has been guided by the desire for Peel to be an age-friendly community where seniors have access to supports that enable them to age safely and with dignity, and maximize their quality of life. The recommendations developed by the APSC were guided by the following three principles to ensure that the Region continues to strive towards achieving this outcome.

Guiding Principle 1: Collaborate and partner with other levels of government, as well as the private and non-profit sectors to reduce duplication and to enhance knowledge transfer and exchange

The figure in Appendix 2.2 outlines the roles and responsibilities of different levels of government. Appendix 2.5 shows how the various levels of government, as well as partners in the non-profit and private sectors, are collectively contributing toward the Aging Population Term of Council Priority Steering Committee’s goal for Peel to be an age-friendly community where seniors have access to supports that enable them to age safely and with dignity, and maximize their quality of life. While each stakeholder is taking a different approach to address the needs of seniors through their own responsibilities and mandates, all have also recognized the need to make strategic investments of time, effort and money to support the aging population, now and in the future. Collaborating and partnering with these and other key health and human services system partners can help leverage strengths, avoid overlap, and ensure the delivery of quality services, effectively and efficiently. In some cases, partnership may allow the Region to reduce the subsidy it provides to deliver current programs and services. In other cases, partnership and collaboration may help identify the roles of key stakeholders so as to identify opportunities for the Region to fill a gap not currently being met by our partners.
Guiding Principle 2: Be fiscally responsible and ensure the long term sustainability of government programs by making decisions based on the best available evidence and the principles of the Long Term Financial Planning Strategy

The APSC has also highlighted that decisions about the Region’s role to support the aging population need to be made within the context of the Region’s Long Term Financial Planning Strategy, a strategy to ensure the financial sustainability of Peel’s services. As such, the Strategy balances the pressures of population growth and changing demographics with financial principles that help limit Regional tax increases (see Appendix 2.3). The APSC has also recognized and highlighted the importance of evidence-informed decision-making. With continuing economic pressures, it is necessary to ensure that tax-funded programs provide the best possible outcomes for Peel residents. Decisions based on the best available evidence ensure the fiscal responsibility of government programs, and the delivery of high quality, sustainable programs and services.

Guiding Principle 3: Serve the public good by addressing gaps and inequities to support vulnerable populations

Finally, the work of the APSC has highlighted the important role that governments can and should play to support and respond to those who most need support in our communities. Peel’s aging population is diverse, with varying needs and abilities. “Vulnerable seniors” are seniors that fall in one or more of the following categories:

- seniors living near or below the Low-Income Cut-Off (LICO);
- elderly women who live alone;
- seniors with mental health issues;
- socially isolated seniors;
- immigrant seniors, particularly newcomers; and
- frail seniors.

Research shows that vulnerable seniors are most likely to require health and social services, but are also less likely to receive the amount or type of supports that they need. Where possible, the Region of Peel should modify, enhance or redesign its current programs and services to support the needs of vulnerable seniors. In some cases, this may mean delivering services to a smaller, more targeted population. While this may reduce the reach of some programs, it will help increase the program’s effectiveness and ensure that services are delivered to those in greatest need. In other cases, this may be more about building the capacity of our sector partners to address gaps and support the needs of those most vulnerable. As noted under Guiding Principle #1, collaboration and partnership can help identify areas where the Region can fill a gap not currently being met by our sector partners.
Regional Roles and Recommendations

The Region of Peel plays a number of different roles through its current programs and services for seniors. Some of these roles are mandated, while others have been established through the direction of Regional Council to address an unmet need at that time.

Based on the responsibilities of the Region of Peel, as an upper-tier municipality, and the findings of the Aging Population Term of Council Priority Steering Committee (APSC), the APSC has identified four high level roles that the Region can play to support the needs of seniors now and in the future:

1. Set strategic direction and establish policy positions for community wide issues.
2. Deliver high quality, sustainable services for seniors that are regularly reviewed to reduce duplication, identify efficiencies and ensure outcomes are achieved.
3. Be a catalyst for community capacity building.
4. Advocate on behalf of the Peel community.

Evidence gathered throughout the course of the APSC meetings outlined a number of directions the Region could take to confirm, enhance or modify its current role in the delivery of current programs and services for seniors in order to continue to support the needs of the aging population in Peel.

The remainder of this report provides a summary of the findings of the APSC and outlines 25 recommendations from the Aging Population Term of Council Priority Steering Committee to Regional Council for decision-making. These findings and recommendations are organized under the four roles and the associated Regional programs and services for seniors.
Role 1: Set Strategic Direction and Establish Policy Positions for Community-Wide Issues

Through its role in Regional land use planning and as the Service System Manager for Housing and Homelessness, the Region of Peel has a leadership role that could further enable, encourage or require stakeholders/partners to implement local and system changes that support or respond to the needs of seniors.

1. Age-friendly Planning

The aging population challenges governments to carefully consider the implications of the built environment from a population perspective. Low-density suburban developments, which dominate Peel region, are not conducive to supporting the needs of seniors as they age in the community. A more compact urban form encourages efficient use of land, walkable neighbourhoods, mixed land uses, proximity to transit and reduced need for infrastructure. Such communities are ‘complete’ if they also meet the daily living needs of all individuals in the community. As such, complete communities must provide convenient access to an appropriate mix of jobs, local services and a full range of housing and community infrastructure for all residents (e.g. affordable housing, schools, recreation and open space).

While achieving the design characteristics of compact, complete communities is desirable for all ages, it is essential to the health and well-being of an aging population. As individuals age and lose the ability to drive, accessing shopping and personal services (e.g. doctor appointments) becomes a challenge. In contrast, compact complete communities offer greater potential for providing seniors with close proximity to services, social connections and the efficient delivery of services.

Peel Public Health, in collaboration with Regional planning staff, has conducted extensive research on how the Region can best support the development of compact, complete communities at a macro and micro level. Other governments around the world have conducted similar research into how to best develop and design “age-friendly” communities. The World Health Organization (WHO) defines an age-friendly community as one that “provides an inclusive and accessible urban environment that promotes active aging through supportive policies, services and infrastructure” (see Appendix 2.6).

The Region of Peel can leverage the Regional Official Plan Review process and current partnerships with area municipal planning staff to establish aging-related policies and principles. This work can also incorporate tools developed by Peel Public Health, such as the Healthy Development Index (HDI), to ensure that health-based criteria are used to assess all development applications. In both cases, amendments to the Regional Official Plan can assist the area municipalities with age-friendly planning at the local level, and set a strategic direction for the review and approval of applications from private developers.

To demonstrate leadership and ensure accessibility of government services for all residents in Peel, the APSC recommends that the Region of Peel explore the opportunity to implement age-friendly design principles and universal design features in Regional and municipal buildings. These changes would complement existing municipal and Regional design guidelines for land use and buildings and also complement existing provincial
legislation, such as the Accessibility for Ontarians with Disabilities Act (AODA). The Region of Peel can also utilize its existing research and planning policy expertise to identify how the built form can best support the changing demographics in Peel.

Recommendation 1: Amend the Regional Official Plan to incorporate the use of age-friendly principles and the Healthy Development Index to complement existing municipal and Regional design guidelines for land use and buildings, as well as responsibilities outlined in the Accessibility for Ontarians with Disabilities Act.

2. Housing

Peel Regional Council is mandated as the Service System Manager for the Housing and Homelessness System in Peel under the Housing Services Act, 2011 (previously the Social Housing Reform Act, 2000). This role includes oversight over Peel’s housing system and responsibilities for:

- system planning;
- maintaining a centralized wait list;
- asset sustainability;
- operational viability and compliance; and
- new development.

The housing system in Peel overseen by the Region of Peel includes:

- 45 community non-profits/co-ops transferred from the provincial and federal governments;
- 68 Peel Living properties (6,900 units);
- six Regionally owned buildings (three operated by Peel Living and three operated by community-based organizations);
- three affordable housing projects owned and operated by community-based organizations;
- two transitional housing properties; and
- three shelters (510 beds).

Peel Living, Peel’s Non-Profit Housing Corporation, is the largest landlord in Peel and serves a large number of seniors. Many other housing providers in Peel have designated seniors’ buildings or serve a large number of senior tenants. Thirty-six buildings within Peel’s housing system have a seniors mandate and there are a total of 3,601 seniors units within the system. A total of 215 seniors have been housed through the rent supplement program since 2011.

As required under Ontario’s Long-Term Affordable Housing Strategy, Peel Regional Council recently approved “Peel’s Housing and Homelessness Plan: A Community Strategy (2014-2024).” The Plan was developed in collaboration with the community and includes strategies to increase the supply of housing options and housing with supports to meet community needs, and to ensure that affordable housing is developed in a way that is healthy, vibrant and inclusive. The Plan reinforces the importance of partnerships with other levels of government, as well as the non-profit, co-operative and private sectors, in ensuring that housing needs are met in Peel.
Information gathered during meetings of the Aging Population Term of Council Priority Steering Committee (APSC) highlighted the important role that housing plays in the health and well-being of seniors. Housing options that span the continuum from home ownership to hospice palliative care are essential to promoting an age-friendly community and ensuring that seniors can age safely and with dignity in their communities. As noted earlier in this report and heard repeatedly by the APSC, policy changes within the provincial health system and changes in personal preference among the aging population will likely mean that more seniors will age in their own homes or within their community, as opposed to transitioning to institutional settings. These changes have implications for the design and delivery of housing in the community. As was heard by the Committee, key housing issues for seniors include:

- affordability and availability of different housing options across the continuum;
- adaptability of housing to meet changing needs (i.e. renovations to accommodate mobility devices or improve safety);
- accessibility of current and future housing (i.e. housing is designed in a way that is universally accessible); and
- availability of additional supports or services that complement housing needs and enable independence (i.e. health services or personal supports).

As the Service System Manager for Housing, the Region of Peel can guide the development of policies and programs that help meet the housing needs of seniors, both now and in the future. Many of the issues highlighted by presenters and outlined in reports to the APSC align with the strategic directions in Peel’s Housing and Homelessness Plan. Applying a seniors lens to the implementation of the Plan can help ensure that policy and program change in the community help address the needs of seniors, while also supporting the needs of other priority populations.

**Recommendation 2:** Develop local rules to enhance options for seniors related to living arrangements and access to housing, such as:
- Allowing single seniors requiring subsidy to cohabitate in multi-room units; and
- Investigating the potential to establish priorities for the Centralized Wait List and new development to meet current and future demand from the aging population.

**Recommendation 3:** Identify ways to stimulate innovative seniors housing developments among private sector partners and identify opportunities where governments can streamline building approval processes.

### a) Supportive Housing and Assisted Living Services

Housing providers in Peel have developed and implemented a number of innovative programs to support a proportion of seniors living in their buildings. Services offered range from wellness coordinators to 24-hour support services, transportation services, recreation services and community outreach. Across the sector, many housing providers have also established strong relationships with community-based agencies that provide supportive housing services to seniors. These services include personal care, meal preparation and security checks that enable seniors to continue to live independently in
their own homes. Under the Region’s Service System Manager role, 312 senior units receive supportive housing services.

Recent provincial policy changes have placed greater responsibility on the health system to fund and coordinate the delivery of supportive housing services to seniors. In the past, supportive housing was more closely connected with one’s housing or accommodation; supportive housing services were traditionally tied to units in buildings, where seniors (or other eligible individuals) receive additional supports from community-based organizations to live safely and independently in the community. Going forward, the Local Health Integration Networks (LHINs), which function as the “service system manager” for the health system, will be responsible for planning and funding the delivery of supportive housing and assisted living services to seniors living in dedicated units or in the broader community. Eligibility will be based on health and social service needs, not on where they live. The Community Care Access Centres (CCACs), provincial agencies funded through the LHINs that coordinate access to government-funded services in the community (i.e. long term care home, adult day services, home care, etc.), will be responsible for conducting assessments and determining eligibility. That is, a senior could live in a unit of one of Peel’s housing providers or in their own home. The service delivery model for supportive housing will also change. Under the new model, supportive housing providers will deliver services within a designated “hub” (generally a two kilometre radius around a central office location).

To support these changes, the APSC recommends that the Region of Peel work collaboratively with the two LHINs and CCACs serving Peel (Central West and Mississauga Halton) to ensure that polices related to accessing supportive housing align with and complement Regional policies that control access to social housing in Peel. The APSC also recommends that the Region work collaboratively with Peel housing providers to explore opportunities to provide space in their buildings to house an office or central location for supportive housing providers. The Region could also encourage future developments to design and build housing in Peel with these space needs in mind. Housing providers could also offer or rent out space in their buildings to other non-profit or private sector providers that deliver necessary services to seniors, such as family medicine, foot care, hair dressing, congregate dining, recreation services and others.

Presentations to the APSC noted that provincial agencies and community-based service providers delivering supportive housing and assisted living services are struggling to meet the demand for services from seniors living in the community. In response, the Province has begun to focus and prioritize their efforts on supporting the needs of high-risk seniors. As noted during their presentation to the APSC, funding received by the CCACs serving Peel is not sufficient to match population growth and increased demand for services in the community. This means that seniors that require low to moderate supports may not receive the supports they need to remain independent and age in place.

Recommendation 4: Work with the Local Health Integration Networks (LHINs) and Community Care Access Centres (CCACs) serving Peel to facilitate the effective roll-out of provincial policy changes related to the control of access to supportive housing services in Peel.
Recommendation 5: Strengthen partnerships with the LHINs to explore funding options and facilitate the provision of space for public, private or non-profit partners to deliver services to seniors, such as supportive housing.

b) Retirement Homes

Retirement homes are privately owned and operated multi-unit residential facilities, which are designed to support older adults to live independently with varying levels of support for daily activities. According to numbers collected from the Retirement Homes Regulatory Authority in the fall of 2013, there are 27 retirement homes in Peel with 3,966 spaces. In theory, retirement homes provide a viable option for seniors that need low to moderate supports to live independently and who do not qualify for government-funded community-based supports. Unfortunately, this does not appear to be the case in practice, as the high cost of retirement home spaces (average cost of $3,801 per month) and high vacancy rates (24 per cent) reported by the Canadian Mortgage and Housing Corporation suggest that this type of housing is not meeting the needs of Peel seniors. Policy options available to the Region of Peel, such as providing rent supplements in retirement homes, could be explored to provide more options to seniors living in the community.

Recommendation 6: Assess the potential for the Region of Peel to provide rent supplements in existing private and non-profit retirement homes.

c) Safe Housing for Abused Elders

As the APSC heard, elder abuse is an issue of growing concern in Ontario and in Peel. The Peel Elder Abuse Prevention Network (PEAPN) has identified the need to establish a Safe Housing Project to support seniors in crisis that need to leave an abusive home or housing situation. The desired program would include both emergency supports and transitional housing. PEAPN is currently working with housing providers in Peel, with the goal to develop Elder Abuse Protocols and Memorandums of Understanding to guide future implementation. PEAPN is also interested in exploring partnerships with private retirement homes to examine transitional and permanent housing options for abused seniors. The APSC recommends that the Region work collaboratively with PEAPN to explore opportunities to support their efforts to develop a Safe Housing Project for victims of elder abuse.

Recommendation 7: Explore opportunities to support the Peel Elder Abuse Prevention Network (PEAPN) to establish the “Safe Housing Project” for victims of elder abuse.

d) Housing for Older Adults in Peel Working Group

Peel Regional Council established the Housing Options for Older Adults in Peel (HOAP) Working Group in 2001. The mandate of HOAP (previously named the Peel Advisory Working Group on Older Adults Housing, PAWGOAH) is to develop and promote ways to meet the current and future housing needs of older adults in Peel Region. The HOAP membership includes community agencies, a social housing provider, government representatives (all levels of government, including Regional Councillors), the health
sector, older adult residents and a private sector firm that specializes in older adult housing.

The HOAP provides valuable information and intelligence that Regional Council can utilize to inform policy and program changes. However, information gathered through the APSC suggests that the focus of the Working Group could change to better support and complement existing work completed by the Region, including the development of the Peel’s Housing and Homelessness Plan.

Further, the APSC often noted the importance of developing partnerships with the private sector to better support and encourage the development of innovative housing options that meet the needs of the aging population. The ability for the Region and other levels of government to partner effectively with the private sector will impact the ability to develop age-friendly communities.

A common theme raised at the APSC meetings was the need for comprehensive and effective information sharing. HOAP currently develops a brochure, titled “Guide to Housing Options and Community Resources for the 55 Plus Group in Peel Region.” The current brochure includes information about staying in your own home, accessing community support services and other housing options. A limited budget to support the development of the brochure has meant that the current product is not as comprehensive as those produced by other municipal government (e.g. Halton Region). Further, the complex and ever-changing landscape for the seniors housing and care landscape makes it challenging to capture and maintain up-to-date information. This is particularly the case for programs or services that are funded by the provincial government and that cross the health and human services systems (i.e. supportive housing, assisted living, adult day programs and home care). Other partners, such as Seniors Canada, the Ontario Seniors Secretariat, the Community Care Access Centres (CCACs) serving Peel and the Region of Peel through 211, are also looking to find ways to maintain and share information to seniors. As such, options related to HOAP’s existing brochure should be considered within the context of the roles of our current partners and the capacity of the Region to collect, monitor and maintain up-to-date information.

**Recommendation 8: Use the governance model work related to Peel’s Housing and Homelessness Plan to review and determine the future role of the Housing for Older Adults in Peel (HOAP) Working Group.**

e) Peel Renovates Program

Through the 2013 budget process, Peel Regional Council approved the allocation of a portion ($1.5 M) of the Regional Housing Investment Plan funds to support a local renovation program (Peel Renovates). The Peel Renovates program was previously funded by the federal government as the Residential Rehabilitation Assistance Program and the Home Adaptations for Seniors Independence program, and administered through Canada Mortgage and Housing Corporation. Peel Regional Council allocated additional funding for the Peel Renovates program through the 2014 budget processes ($2M) in anticipation of growing need and demand. A portion of these funds is also intended to support a pilot project with the City of Mississauga exploring second units.
The Peel Renovates program, which began in December 2012, assists low-income, disabled and senior populations with one-time funding assistance to renovate their homes for health, safety and accessibility improvements. Details of the current program are as follows:

- Low-income, disabled and senior participants can receive a grant of up to $16,000 for upgrades to assist a person with disabilities in the home and/or major home renovations needed for health and/or safety issues;
- Seniors can receive up to $3,500 for minor home renovations and adaptations;
- For major renovations, the participant’s home must be five years old or more;
- The maximum value of the home can be no more than $447,004;
- The maximum annual gross income of the participant must be $50,000 or less; and
- Delivery agent fees are $1,200 plus HST per completed major renovation and $120 plus HST per completed minor renovation and adaptation.

A third party agent, Housing Rehabilitation Services, has been contracted by the Region of Peel to pre-screen and process applications, conduct home inspections, review quotes, and ensure proper documentation upon completion for contractor payment. The overall program is administered internally through the Human Services Department.

The application process for the Peel Renovates Program was stopped in April 2013 due to an unexpected high volume of applications and a lack of capacity to approve and complete renovation work within the allotted budget. Currently, staff are working with an external consultant to conduct a comprehensive review of best practices and community needs to inform future program changes and possible expansion.

Information gathered through the APSC highlighted the importance of supporting seniors to age in their own communities, through programs such as Peel Renovates. The Committee also learned about the interconnections and overlap between the housing needs of seniors and their health and social needs. As such, the current review of the Peel Renovates program may provide an opportunity to explore ways to optimize its ability to support the holistic needs of the aging population. The APSC recommends that this exploration be done in partnership with governmental and non-governmental partners to help identify ways to streamline assessment processes and to facilitate referral of clients to additional and appropriate support services that may be needed.

**Recommendation 9:** Explore opportunities to align application and assessment processes for the Peel Renovates program with other government services that conduct comprehensive assessments of clients to facilitate information sharing, improve client service and help ensure holistic assessments are completed.
Role 2: Deliver high quality, sustainable services for seniors that are regularly reviewed to reduce duplication, identify efficiencies and ensure outcomes are achieved.

The Region of Peel delivers a number of health and human services for seniors, including:

- Residential Long Term Care;
- Community Support Services for seniors;
- Paramedic Services;
- Public Health programs for seniors;
- Low-Income Seniors Dental;
- Project Lifesaver Peel; and
- 211 Information and Referral Services.

Information gathered by the Aging Population Term of Council Priority Steering Committee (APSC) suggests that the Region may wish to confirm, enhance or modify its current role in the delivery of these programs. In all cases, recommendations related to the Region’s roles are informed by the best available evidence and seek to leverage partnerships and explore innovative service delivery models in order to reduce duplication, enhance program effectiveness and serve the most vulnerable seniors in Peel.

1. Residential Long Term Care

Long term care (LTC) homes are an integral part of the seniors housing and care continuum, providing residents (mostly seniors) with a place to live as well as access to 24/7 nursing services and other supports. The Region of Peel currently operates 703 LTC beds, which account for approximately 17 per cent of the total number of LTC beds in Peel. All LTC homes in Ontario are regulated by the [Long Term Care Homes Act, 2007](https://www.ontario.ca/laws/statute/2007/c5). Extensive and detailed regulations under the Act establish the rules for almost every facet of owning and operating a home. The Local Health Integration Networks (LHINs) are responsible for local system planning for the sector and LTC operators must sign Service Accountability Agreements with their LHINs. The Region of Peel has signed agreements with the two LHINs serving Peel (Central West and Mississauga Halton), which outline accountabilities and performance expectations linked to the funding our homes receive from the provincial government. In addition to provincial funding, costs for the Region’s LTC homes are supported by a Regional contribution and residents, through a housing and accommodation fee.

a) Municipal Role in Long Term Care

The [Long Term Care Homes Act, 2007](https://www.ontario.ca/laws/statute/2007/c5) mandates municipalities to operate at least one LTC home and outlines regulations that are unique to municipal homes (i.e. do not apply to non-profit or private operators). For instance, the Act reads that: “Every southern municipality that is an upper or lower-tier municipality shall establish and maintain a municipal home and may establish and maintain municipal homes in addition to the home that is required.” Northern municipalities are treated slightly differently, as they are not required to operate a home but may do so individually or jointly.
All municipalities in Ontario operate LTC beds “approved” by the Ministry of Health and Long-Term Care, which do not expire or come up for renewal and cannot be transferred to other entities without approval from the Minister. Regulations outline the process for closing a municipal home, which includes providing the Ministry of Health and Long-Term Care with five years notice and developing a mutually approved closure plan. If the closure goes ahead, the provincial government also has the discretion to allocate closed LTC beds to another part of the province. Comparatively, non-profit and private LTC operators have “licensed” beds that, under specific conditions, can be transferred to other parties.

Historically, Peel Regional Council has made decisions to expand its role beyond the mandated operation of one LTC home. This was most recently done in 1998, when a review of the Region’s role in LTC resulted in a Council decision to respond to a Provincial Request for Proposal (RFP) to expand the number of LTC homes operated by the Region.

It is widely accepted that future demand for health services, including long term care, will increase as the population ages. However, other factors, such as provincial policies to support aging in place (i.e. investments in community-based health services) may offset this demand. Nonetheless, many municipalities across Ontario have begun to raise questions about the sustainability of their current role in the operation of LTC homes. Particular concerns raised by municipalities include:

- increased acuity of residents (i.e. increased prevalence of chronic conditions, medications, behaviours, mental health issues, etc.); and
- reduced capacity to pay for costs from the local property tax base, due to growing infrastructure demands and other pressure related to the aging population.

In 2011, the Association of Municipalities of Ontario (AMO) released a report, titled “Coming of Age: the Municipal Role in Caring for Ontario’s Seniors” (AMO report), to respond to municipal questions and concerns, and to provoke discussion about different options available to municipalities as LTC operators. AMO was particularly interested in exploring options to provide municipalities with greater flexibility to invest tax dollars in seniors services that match community needs. In total, the AMO report outlined seven options that municipalities could consider:

- fulfill legislative requirements (i.e. maintain status quo);
- increase municipal flexibility (i.e. change the requirement for municipal operation);
- outsource operations but maintain governance;
- maintain ownership but outsource operations and governance;
- sell the home(s) and redirect contributions;
- transfer beds to non-profit and/or for-profit providers; and
- explore various forms of partnership.

Some municipalities in southern Ontario, such as the City of Toronto, the City of Hamilton and Niagara Region, have conducted reviews of the feasibility of these different options. All reviews noted the important role that municipal homes play within the local LTC sector and recommended maintaining their role as a current operator and implementing internal efficiencies and other cost-saving measures, wherever possible.
Niagara Region is currently exploring options for three of its nine LTC homes that are up for redevelopment in the next 5 years. As some of these homes are fairly small in size (have less than 100 beds), the study will look at options to relocate or consolidate existing LTC beds or homes. The City of Toronto and the City of Hamilton decided against transferring or closing any of their LTC beds or homes. Legislative barriers, high costs and labour issues were cited as key reasons why the other options were not considered feasible or appropriate for these municipalities.

The APSC recommends that the Region of Peel maintain its investment and a role in the delivery of LTC services to ensure no reduction in services, and keep a placeholder in the 10-year capital plan to provide flexibility for future Councils as the community grows and evolves. Maintaining but not expanding the Region’s five LTC homes would have implications for the $45.5 million marker in the 10-year capital plan for expansion of LTC services. Removing the placeholder for the expansion of LTC services would mean that the estimated $12.9 million still to be collected within the ten year planning horizon for long term care services under the current development charges by-law would need to be revised downward or eliminated altogether at the time of the enactment of the next development charge by-law. Any portion of the $12.9 million dollars collected in the meantime would be placed in the Long Term Care Development Charge Reserve, along with the approximately $7 million dollars already collected on account of the long term care services. These funds could still be expended on long term care service growth related capital costs, whether provided at the Peel Manor site or elsewhere.

Other options considered by the APSC, but which are not being recommended, include maintaining the Region’s current share of the stock in Peel and phasing out of the Region’s role in one or more of its LTC homes. To maintain the Region’s current share of the stock (17 per cent), the Province and the LHINs would need to decide to grow the number of beds in Peel and the Region would be required to invest capital and operating dollars. The Province has not announced any plans to add new LTC beds in the future and, instead, has focused on increasing funding to the community sector to avoid or delay the need for LTC services. Other countries, such as Denmark, have managed to reduce the need for LTC home services by investing more heavily in community support services.

Phasing out of the Region’s role in one or more of its LTC homes may involve barriers and risks. As noted above, studies by the City of Toronto and the City of Hamilton determined that it was not feasible or appropriate to pursue provincial approval to sell or change the requirements for operating one or more municipal LTC home. However, Niagara Region is exploring the potential to consolidate some of its existing homes. Some smaller, northern municipalities have successfully worked with the provincial government to transfer LTC beds to other providers (e.g. Sault Ste. Marie, Thunder Bay). The ability for both municipalities to transfer their beds to other providers was enabled by specific circumstances, the large role that these northern municipalities played in their region’s LTC sector and the support they received from the Ministry of Health and Long-Term Care. Other municipalities have formed partnerships with other providers (e.g. County of Simcoe and Waterloo Region) to deliver housing and care services within the same building or on the same site as their LTC home, with the ultimate goal to reduce the subsidy they contribute to long term care services.
Peel Manor is one of the Region’s five LTC homes. As a result of Corporate Asset Management’s analysis of the Region’s buildings, an independent study was commissioned by the Region of Peel to evaluate the physical condition of Peel Manor. The Peel Manor Building Envelope Study found that major capital investments will be needed to maintain a good state of repair. As directed by Regional Council in September 2013, Regional staff are currently in the process of working collaboratively with staff at the Central West LHIN, the Central West CCAC and the City of Brampton, to develop a strategic approach and conceptual plan for the LTC and community services provided at the Peel Manor site. Lessons from other municipalities could help guide Regional decision-making about the Peel Manor site. All recommendations from the Aging Population Steering Committee related to LTC (see recommendations 10-14) should inform the Peel Manor Site Conceptual Plan, and could help inform decisions made about other Regional LTC homes, especially as they reach the end of their capital lifespan.

b) Service Delivery Models for Long Term Care

Research suggests that LTC homes of the future will need to evolve. In particular, LTC homes will need to think differently about the design and delivery of long term care services to better align with increasing provincial investment in the community-based health services sector and personal preferences among the aging population to “age in place.”

A promising model for the future of long term care, which has been highlighted by experts in the field, is the “hub” or “campus” model. A hub or campus model involves the co-location of additional services for seniors with existing or new LTC homes. The Region of Peel currently provides additional services out of its LTC homes. For example, the Region delivers Adult Day Services out of its five LTC homes, all of which have extended weekday or weekend hours. The Region also provides respite care out of the Davis Centre and works with local Meals on Wheels agencies to prepare nutritious meals for the elderly in the Peel community (see Community Support Services section for more information). Several presentations and reports received by the APSC recommended that the LTC sector improve its capacity to provide more short-stay and restorative care options to support seniors and their caregivers living in the community who need long term care services on a temporary basis.

The APSC also heard about the benefits of expanding the services it delivers out of its LTC homes to enhance the supports provided to seniors living in Regional LTC homes, as well as seniors and their caregivers living in the surrounding community. Additional services that could be included in an expanded LTC hub model include:

- outreach and support services;
- recreation and wellness services;
- physiotherapy and occupational therapy;
- personal care services (e.g. hair dressing); and
- clinical services (e.g. dental care and foot care).

Long term care homes can also maximize existing sites by offering other housing options, such as affordable seniors housing, life-lease housing or retirement home residences, on or near the existing LTC site.
The delivery of additional services on or near existing LTC sites does not mean that the Region of Peel would need to deliver the programming. As noted earlier, some municipalities in Ontario are exploring ways to leverage the partnerships they have developed to deliver housing and care services within a campus model in order to reduce the subsidy they contribute to long term care. The location of some of the Region’s five LTC homes provides opportunities for implementing these and other innovative service delivery and partnership models (e.g. Peel Manor). Existing partnerships with key health system players, such as the Community Care Access Centres (CCACs), Local Health Integration Networks (LHINs), hospitals and community support service agencies can be expanded in ways that leverage partners expertise and skills to better serve the growing seniors population in Peel.

The best available evidence should guide the delivery of long term care services, either out of stand-alone LTC homes or out of a LTC campus or hub. In the past, the Region of Peel has played a leadership role by representing the sector at provincial planning tables; sharing information about evidence-based programming (i.e. pandemic planning); developing innovative models to fill gaps in the LTC sector in Peel (i.e. the Special Behaviour Support Unit); and leveraging existing LTC homes to support seniors living in the community and their caregivers (i.e. Adult Day Programs). Emerging research and innovative programs that have been developed and implemented across North America, such as the Program for All-Inclusive Care for the Elderly (PACE) developed by On Lok in San Francisco can be used to guide programming out of the Region’s LTC homes. PACE is currently helping approximately 1200 seniors, who are eligible for long term care, to live independently in the San Francisco Bay Area. The program is supported by interdisciplinary teams that coordinate, deliver, and manage care plans tailored to the medical, social, cultural, and functional needs of the individuals and families involved. As a result, PACE has helped achieve lower hospital usage, lower readmission rates, shorter stays in hospital, enrolment until end-of-life, fewer emergency room visits and high participant satisfaction. While some aspects of the PACE model are unique to the United States’ Health Care System, a similar program has been implemented in Alberta – the Comprehensive Home Option of Integrated Care for the Elderly (CHOICE) program. It too has helped to achieve desired patient outcome and reduce health system pressures. Experts suggest that key aspects of the program, such as interdisciplinary care teams, integrated care plans, co-location of services, strong partnerships and a person-centred approach, should inform the development and delivery of programs and services for seniors.

Finally, there is an emerging perspective that municipal LTC homes should focus their limited budgets on serving the needs of seniors that are not being met by private or non-profit long term care operators. In most cases, this means supporting more vulnerable seniors and their caregivers with specialized supports and care. The Region of Peel has previously demonstrated the benefit of this role through the development of a 19-bed Special Behaviour Support Unit (SBSU) located at Sheridan Villa, which has helped to fill a need within the local health system for specialized psychogeriatric resources and support for individuals with cognitive and behavioural issues. Filling a niche role in the broader LTC sector in Peel that serves the needs of the most vulnerable seniors accessing LTC aligns with the Guiding Principle 3 described earlier in this report: “Serve the public good by addressing gaps and inequities to support vulnerable populations.”
Recommendations 10 to 13 listed below should inform the current Peel Manor Site Conceptual Plan, and should guide future decision-making about current or future opportunities at the Region’s other LTC homes.

**Recommendation 10:** Maintain the Region’s investment and a role in long term care to ensure no reduction in services, while exploring public and private partnership opportunities to maximize the use of existing infrastructure and resources.

**Recommendation 11:** Maximize the use of Regional long term care homes to serve as community hubs and explore partnerships with public, private and non-profit providers to deliver services to both long term care residents and seniors living in the surrounding community.

**Recommendation 12:** Deliver long term care services that include a focus on specialty areas that meet the needs of seniors in Peel and fill gaps in the system not being met by private or non-profit partners (e.g. behavioural supports, respite care, etc.).

**Recommendation 13:** Keep the marker in the 10-year capital plan to continue to collect Development Charges for the expansion of long term care services to provide flexibility for future Councils.

2. **Community Support Services for Seniors**

The term “community support services” refers to a wide array of health and personal care services provided in the home or in community-based settings that allow seniors and people with disabilities to remain living in the community, replacing or delaying the need for institutional care. Provincial policy direction related to “aging in place” and personal preferences of the aging population suggest there will be an even greater demand for supports in the community in the future.

The Region of Peel is not mandated to provide community support services, but has Service Accountability Agreements with the Central West and Mississauga Halton LHINs to deliver Adult Day Programs out of the Region’s five LTC homes and Respite Care provided out of the Davis Centre in Caledon. Health services providers, including the Region of Peel, that deliver community support services for seniors are funded by LHINs and accountable through their signed agreements. User fees and a contribution by the Region of Peel complement the funding received from the LHIN. The Region of Peel also works collaboratively with the Brampton and Caledon Meals on Wheels to prepare nutritious meals for seniors living in the community. Non-profit organizations in Peel (e.g. Peel Senior Link, Punjabi Community Health Services, Caledon Community Services) also deliver community support services to seniors in Peel.

All of the community support services delivered by the Region of Peel and its partners provide seniors with valuable supports that enable them to maintain their independence, establish social connections and receive additional personal supports. The Region's Community Support Services also provide caregivers with much-needed respite care, giving them the break they need to continue to care for their loved ones and, in some cases, remain in the workforce.
As noted by Dr. Sinha in his report to the provincial government, “care needs, preferences, and values are evolving as a society, with increasing numbers of us wanting to age in place”. To respond to this shift in personal preference, Dr. Sinha recommended that the Province enhance its funding to community support services across Ontario. APSC also heard from researchers and community groups that confirmed that innovative community-based programs in municipalities around the world demonstrate that small changes can lead to impressive results. As a result, the APSC recommends that the Region of Peel expand its existing Community Support Services for seniors in order to continue to support the growing needs of seniors and their caregivers living in the community. The APSC suggests that business cases for enhancing existing Community Support Services should be brought to Regional Council for consideration on a case-by-case basis.

**Recommendation 14:** Enhance and expand the Region’s existing Community Support Services for seniors, subject to the availability of provincial funding.

**Recommendation 15:** Explore the potential to expand the delivery of community support services out of other locations, including other Regional buildings and buildings owned or operated by municipal, private sector or community partners.

3. Paramedic Services

Growth in the aging population will be a significant contributor to the growth in volume and type of calls received by Paramedic Services. As Paramedic Services is funded through a 50-50 cost-sharing agreement with the Ministry of Health and Long-Term Care, this growth will impact the financial contributions that the Region will need to provide to maintain the necessary level of emergency health services for Peel residents.

Data gathered by Peel Regional Paramedics Services indicates that seniors make a disproportionate number of calls to 911, especially seniors 75 years and older. For example, while seniors 75 years and older only comprise 4 per cent of the population, this cohort is responsible for about 30 per cent of Peel Paramedics total call volume. Further to this, seniors 85 years and older make up 1 per cent of Peel’s population, but comprise 11 per cent of the total paramedic call volume. As found elsewhere in Ontario, calls from these age groups tend to be low-acuity, meaning they are less time-sensitive and are not for life-threatening conditions.

Paramedics are uniquely positioned within Ontario’s health system to assess patients, (especially seniors and other vulnerable populations) in their own environment, identifying those patients who may have longer-term health and human service needs. As such, the provincial government is increasingly aware of Paramedics potential to contribute to the Province’s goals of providing ‘the right care in the right place at the right time’ and how paramedics can support broader health system initiatives. However, more can be done to integrate Paramedic services into the local health system. Peel Regional Council has advocated to the provincial government to recognize the role of Paramedic Services in local health system planning, and in local service coordination. Health system planning decisions that do not consider the role of Paramedic Services risk overlooking opportunities that may lead to improved quality of care for patients and to cost-savings and efficiencies in the local health system. As well, planning decisions made without considering Paramedic Services may have unintended negative impacts on Paramedic Services’ budgets and operations.
One promising example of positive integration and collaboration among health system partners is Health Links. Health Links is a provincial initiative designed to bring together health service providers to develop coordinated care plans for patients with high care needs. The Central West and Mississauga Halton LHINs will have a total of eight Health Links serving communities in Peel. The Region has been actively involved as a member in the Downtown Brampton, Bramalea, and North Etobicoke-Malton-West Woodbridge Health Links, as their work relates to the care planning for adult day service clients at the Region of Peel's five long term care homes. The Region is also a member of the Steering Committee formed by the Central West LHIN to support all five Health Links in their LHIN, including ensuring that their work is consistent and aligned. Working through these existing roles, Regional staff are exploring opportunities with the LHINs and other Health Links partners to bring paramedics into existing or planned Health Links in Peel.

To help alleviate paramedic call volume in the future, paramedics will need to collaborate with their health system partners to educate the public about when to call 911, and when (and how) to access more other more appropriate health and social services available in the community. This will also require education among health service providers to ensure that this education is positive and effective.

a) Community Paramedicine

Jurisdictions both nationally and globally are exploring ways in which paramedics can be utilized to fill gaps within the health system and improve quality, efficiency, and effectiveness of the services provided to the public, particularly in relation to the management of urgent low-acuity illnesses and injuries within the community and to meet the needs of a growing aging population. These initiatives generally require that paramedics play an expanded role in the health system or work within an expanded scope of practice and have been commonly termed “community paramedicine.” The provincial government has recently highlighted the benefits that community paramedicine programs can provide to the local health system and has released funding to support municipalities in developing and implementing these initiatives in the future.

One model of community paramedicine utilizes paramedics’ strengths in assessment to identify and refer patients to community services and supports that can better serve their long-term care needs. The Region of Peel currently operates a program, called “Community Referral by Emergency Medical Services” (CREMS), whereby Peel Paramedics identify and refer patients who would be better cared for in a non-hospital setting to the local Community Care Access Centre (CCAC). The CCACs then contact the patient and connect them with the right services or information. Since 2010, Peel Paramedics has referred 591 clients to the local CCACs. In 2012, Peel Paramedics referred 136 people to the Mississauga Halton CCAC and 104 to the Central West CCAC. While these numbers are small, research from other jurisdictions has shown that CREMS programs help improve health system performance and may help reduce repeat calls to 911.

A challenge for paramedics assessing patients for the CREMS program is identifying those seniors that would benefit the most from additional supports or may be at most risk if they are not provided supports on a regular basis. The Paramedics Assessing Elders at Risk for Independence Loss (PERIL) tool is a simple three-item assessment tool to help paramedics identify seniors who are most likely to experience harmful health
outcomes in the future, such as death, hospitalization or additional calls to 911. The PERIL tool is being used by paramedics in some communities (e.g. Ottawa) to help identify seniors at risk. Training to support the implementation of PERIL in other communities is being developed and will be made available to Paramedic Services across Ontario in the coming months.

The APSC has indicated its support for ongoing work under Community Paramedicine Term of Council Priority, which involves a review of the CREMS program together with our community partners. The APSC further recommends that this review explore the potential use of tools, such as PERIL, and explore the potential to expand referrals to other community-based services that may be better positioned to serve other groups of vulnerable adults (e.g. mental health and addictions, elder abuse victims). Three other initiatives under the Community Paramedicine Term of Council Priority are also designed to reduce non-essential transports to Peel area hospitals. These include:

- Integrating assessment tools to identify individuals at risk of hospitalization;
- Researching the potential for treat and release protocols; and
- Enhancing public education about health services and alternatives to 911.

Like the CREMS review, these initiatives have been reported to and have received support from the Emergency and Protective Services Committee (EPSC) and Regional Council, and staff are continuing to move forward with work in these areas. Given that these initiatives address key pressures in Peel’s local health system, they have also received support from key health system partners, such as the Local Health Integration Networks (LHINs) and Community Care Access Centres (CCACs). Applying a seniors lens to these areas of research and further explorations may help connect vulnerable seniors with non-urgent health and human services, thereby reducing unnecessary calls to 911 in the future and to contribute to health system sustainability. As such, the APSC supports these initiatives and further recommends that the Region continue to explore further community paramedicine initiatives, particularly those that address the health needs of Peel’s seniors population.

**Recommendation 16:** Through the planned review of the Community Referral by Emergency Medical Services (CREMS) program, explore the potential to:
- Implement the Paramedics Assessing Elders at Risk of Independence Loss (PERIL) tool to identify seniors most at-risk; and
- Strengthen partnerships with police services and community partners to identify and support potential victims of elder abuse.

**Recommendation 17:** Work collaboratively with the Sunnybrook Centre for Pre-hospital Medicine to research the potential benefit of developing treat and release/refer protocols that can help reduce unnecessary transports to area hospitals and provide seniors with faster access to the care and services they need.

**Recommendation 18:** Work collaboratively with health system partners to increase public awareness and understanding of the 911 system to improve health system functioning and client satisfaction.
4. Public Health Programs for Seniors

Public health units are responsible for delivering programs and services outlined in the *Health Protection and Promotion Act, 1990*, and other statutes. Ontario’s 36 health units work in partnership with all levels of government, community organizations, businesses, school boards and other health services to: improve and maintain the health of the population; reduce the disparities in health across the population; and respond to health emergencies and outbreaks.

Peel Public Health contributes to seniors health in a wide range of programming, including working with community partners to prevent falls and supporting the achievement of high rates of immunization, such as the influenza vaccine. Further, Peel Public Health provides health information and education to the public about healthy living and healthy aging. Finding additional ways to get information about healthy aging out into the community can help build on Peel Public Health’s role in community health education and health promotion. It should also be noted that Peel Public Health’s extensive efforts to improve disease prevention and increase health promotion and education among children and youth in Peel will improve the health and well-being of future generations of seniors. Research demonstrates that prevention earlier in life can help avoid or delay chronic diseases in seniors and, thereby, improve their quality of life and ability to live independently.

Peel Public Health also seeks to address the social determinants of health (e.g. income, housing, employment, education, etc.) impacting individuals, families and communities. One particular area of focus, which is reflected in Ministry of Health and Long-Term Care’s provincial standards and the Region of Peel’s Term of Council Priorities, is establishing land use and planning policies that support and promote health. Work undertaken in this area is described in Role 1 under “Age-Friendly Planning.” Much of Peel Public Health’s work in this area is being implemented through Regional Official Plan amendments and work with area municipal planning staff.

a) Falls Prevention and Substance Misuse Prevention

The goals of the Substance Misuse Prevention and Falls Prevention programs are to reduce the frequency, severity, and impact of preventable injury and of substance misuse, as well as to increase local intelligence about the incidence, prevalence and drivers of substance misuse and falls in the community. Targeted interventions delivered by Peel Public Health focus on promoting education among seniors about how to prevent injury and substance misuse; working with community agencies to deliver population-wide education and information sessions; and researching the prevalence and incidence in Peel. In recent years, Peel Public Health has focused on developing its research capacity and expertise in evidence-informed decision-making to ensure that programs and services are providing the best possible outcomes for the Peel community and to inform decisions about the Region’s role in supporting our community partners. There may be opportunities to further build on these skills through Peel Public Health’s mandate in falls prevention and substance misuse prevention.

Research identified by Peel Public Health suggests that taking more than four prescription medications can put you at risk for a fall because the possibility of drug interaction increases with the number of medications used. Research conducted by Peel Public Health has also found that Peel has one of the lowest rates of falls-related
emergency department visits, hospitalization, and death among the seniors population in the province. Unfortunately, there is limited data available to clarify fall-related risk and protective factors. The findings of this research are currently being shared with the Region’s community partners. Going forward, the APSC recommends that the Region of Peel work collaboratively with key partners to explore opportunities to support LHIN-wide initiatives and to enhance knowledge transfer and exchange related to falls prevention and substance misuse prevention in Peel.

**Recommendation 19:** Work collaboratively with the Local Health Integration Networks (LHINs) to identify ways to support LHIN-wide initiatives and other programs related to falls prevention and substance misuse prevention more broadly.

b) Immunization

Immunization is one of the most effective public health interventions. Every year immunizations save many people from death or disability, and help reduce medical care costs and hospital admissions. It is important to remember that immunization is a lifelong process for preventing infection and disease. While it is important to protect our children through immunization, it has also been shown to be beneficial throughout the life course. Immunization is particularly beneficial among vulnerable populations (e.g. seniors) and individuals that come into close contact with vulnerable populations (e.g. caregivers and health care workers).

Peel Public Health strives to educate and encourage the public to receive all doses of vaccines recommended to them. Seniors in Peel are encouraged to be vaccinated for influenza and pneumonia. Going forward, it is recommended that Peel Public Health increase the accessibility of the shingles vaccine and enhance the promotion of the shingles vaccine among seniors in Peel.

**Recommendation 20:** Increase accessibility and enhance the promotion of the shingles vaccine among seniors in Peel.

**Recommendation 21:** Work collaboratively with local municipalities and other organizations to promote healthy and active lifestyles.

5. Low-Income Seniors Dental Program

Research studies have demonstrated the link between poor oral health and serious medical conditions, such as diabetes, cardiovascular disease and pneumonia. The link between poor oral health and one’s overall health and well-being highlights the importance of regular dental care. For most Ontarians, including seniors, services provided by dental professionals are not publicly funded. The majority of dental insurance coverage is provided through employment benefits; therefore, seniors who do not have benefits and live on a limited income are particularly less likely to receive the care they need.

The Region of Peel’s Low-Income Seniors Dental Program was created in 2008 to provide one-time basic dental services to seniors without dental insurance and who cannot afford the cost of dental care. The program is 100 per cent funded by the Region of Peel, operated
out of Peel Public Health and delivered in partnership with the two Community Health Centres in Peel and community dental providers.

Data from June 2014 indicates that a total of 7,927 seniors have received dental care through the Low-Income Seniors Dental Program since its inception in 2008. Due to ongoing and increasing demand for the program, Peel Regional Council has tightened eligibility criteria to help reduce the waitlist and serve seniors that are most in need. Currently, there are 716 seniors on the waitlist, with an average of 25 new clients added each week. The current waitlist for the program dates back to November 1, 2013.

While these waitlist numbers are down significantly from previous years, the waitlist remains long. This suggests that the base budget of $1.3 million annually is insufficient to meet the needs of those currently on the waitlist. Challenges with meeting community demand are only expected to increase as the number of seniors in Peel grows. In the past, the Region of Peel has advocated to the provincial government to provide funding to the Region of Peel (or other health services providers) to operate this program. This advocacy was supported by Dr. Sinha in his recommendations to the provincial government on ways to support seniors in Ontario, but has not led to any changes or signs of progress. The Province has indicated that their priority is providing dental care to low-income children through programs such as Healthy Smiles Ontario.

There has been no comprehensive evaluation of the Low-Income Seniors Dental Program to ensure the initial intent is still being met and to assess if the Region’s role in delivering the program is the most appropriate and effective solution. Positive partnerships with Community Health Centres have enabled the program to deliver more dental services to seniors. There may be further opportunities for the Region to leverage these partnerships or others to allow more eligible seniors to receive oral health care.

6. **Project Lifesaver Peel**

Project Lifesaver International is a non-profit organization that was founded in Virginia in 1999. Today, there are over 1,200 chapters in the United States, Canada and Australia offering a safety net for cognitively impaired adults and children with a history of wandering due to Alzheimer’s disease, autism or Down Syndrome. A total of three programs exist in Ontario, including one coordinated and administered by the Region of Peel. Project Lifesaver Peel participants are equipped with a one-ounce wrist transmitter that emits a radio tracking signal 24/7 within a two kilometer radius. A caregiver notifies the program when an individual is missing and specially trained law enforcement officers use mobile tracking equipment to find them. Coordination and administration of the program is 100 per cent funded by the Region of Peel, but is delivered in partnership with Peel Regional Police and the Caledon detachment of the Ontario Provincial Police (OPP).

The Regional role in Project Lifesaver Peel has changed and grown over time. The program began as a pilot program in Caledon in 2006 and expanded to Brampton and Mississauga in 2009, with the Region taking on responsibility for program administration and coordination across the three area municipalities. Data gathered on May 2, 2014 indicates that Project Lifesaver Peel is currently serving 67 clients at risk of wandering, 36 of which are seniors with Alzheimer’s disease or other cognitive impairments. There is currently no wait list for this program.
As the population ages, the number of seniors with Alzheimer’s disease and other forms of
dementia continues to grow. According to the Alzheimer’s Society of Canada, there were
approximately 500,000 Canadians (1.5 per cent of the population) living with Alzheimer’s
disease in 2008. By 2038, it is expected that close to 1.1 million Canadians (3 per cent of
the population) will be living with Alzheimer’s disease. These increases do not, in fact, result
from an increase in the incidence of Alzheimer’s disease, but from the projected growth
among the aging population. Wandering is a significant concern among seniors with
Alzheimer’s disease and other cognitive impairments. Since 95 per cent of people who
wander are found within a quarter of a mile from their home or last seen location, programs
like Project Lifesaver can help ensure the safe return of wandering seniors and provide
peace of mind for their caregivers.

The provincial context for Project Lifesaver Peel has shifted in recent years. In 2011, the
provincial government announced plans to develop a “Silver Advisory” program. The goal of
the Silver Advisory program is to: “establish a standard province-wide model that
communities can use to alert the public when vulnerable seniors go missing and may be in
danger.” The program will build on the success of the Amber Alert program, which has been
established to quickly alert the public of when children are missing and presumed to be in
danger.

As the Silver Advisory program is still being developed, it is not clear if there will be overlap
between this program and seniors served through Project Lifesaver Peel. It would,
therefore, be beneficial for the Region of Peel to engage in discussions with the health
organizations, Ontario Seniors’ Secretariat, the Ontario Provincial Police (OPP), municipal
police services, broadcasters and others involved in the development of the Silver Advisory
program to determine the intersection between this future program and Project Lifesaver
Peel.

Through the work of the APSC, it has become clear that many Peel residents are not aware
of the Project Lifesaver Peel program. This lack of awareness highlights the need for better
education and communication about the program. However, greater awareness of the
program, combined with a growing seniors population and concurrent increases in the
number of people living with Alzheimer’s disease, may have a significant impact on current
program operations. For instance, a greater number of seniors may enroll in the program,
which may impact the costs born by the Region and the capacity of Regional staff to
respond to and keep up with demand. Further, increased interest from the seniors
population may override the needs of other vulnerable populations, such as children with
autism, which also have the potential to benefit from the program.

To date, staff have not conducted an evaluation of the benefits of the program and its impact
on the lives of participants and their caregivers. The APSC identified that an evaluation of
the program would help to clarify the benefit and purpose of the program and the costs and
benefits of the Region’s continued role in its operations. A review could also be conducted to
assess the appropriateness of the Region’s current role in the program’s operations and any
potential options to partner with other levels of government, non-profit organizations or
private companies to deliver the program in the future. As Project Lifesaver is also delivered
in several other municipalities in Ontario (e.g. York Region, Guelph/Wellington, Essex-
Windsor), there may be opportunities for the Region to learn from these other experiences
and models of service delivery.
7. 211 Information and Referral Services

As the population ages, many seniors and their caregivers will increasingly require accurate and reliable information about the programs and services provided by governments and community agencies. The APSC has heard from various stakeholders about the difficulty seniors and their loved ones face in accessing information and navigating the system of services.

The role of 211 is to provide information and referral services to the public about local community, social, health and government programs and services through one easy to remember phone number. There are seven service providers of 211 across the province of Ontario, including the Region of Peel. The providers work together to ensure 211 is accessible to all Ontarians. The City of Windsor is the only other municipal operator of 211 services in Ontario.

The Region of Peel began delivering 211 services to Peel residents from the Customer Contract Centre in May 2008. 211 staff at the Region of Peel are certified by the Alliance of Information and Referral Services and adhere to standards so that quality assurance is ensured. The area served by the Region’s 211 service includes the Region of Peel and the County of Dufferin. Community agency and program data used by staff for information referral provision and programs for planning is maintained on a regular basis to ensure that it is current and accurate. The 211 Dufferin-Peel database has approximately 1,200 records that are maintained by Regional staff. Phone service through 211 Peel is available 24 hours a day, 7 days a week in 150 languages. Online service is available in both official languages, and is maintained by 211 Ontario Services. Simplified access through 211 is especially important for vulnerable people, such as seniors or new immigrants, who often face barriers in accessing services in the community.

In 2012, 20,826 individuals were assisted in finding services in Peel. Questions asked through 211 tend to fall in the following five areas:

- health services;
- community services (i.e. community centres and libraries);
- income and financial assistance;
- legal and public safety services; and
- housing.

The APSC heard about the development of “Healthlines” by the Community Care Access Centres and Local Health Integration Networks to help residents gather information and access health services in the community. These and other information and referral functions being delivered in the Peel community (e.g. 311) raises questions about the Region’s role in 211. These questions are further compounded by the fact that the Region is just one of two municipal governments that operates 211 services in Ontario. As such, the APSC recommends that the Region conduct a comprehensive review of its role in 211 to ensure that it is serving the population in the best way possible and/or if there are other partners that could deliver this service to the community. This may include consideration of the Region fully divesting itself of its role in 211 in the future.
**Recommendation 22:** Conduct an evaluation of the following non-mandated programs, in collaboration with key partners, to determine if program outcomes are being achieved and to identify the appropriate role for the Region of Peel:

- Low-Income Seniors Dental Program;
- Project Lifesaver Peel; and
- 211 Information and Referral Services.
Role 3: Be a Catalyst for Community Capacity Building

A third role for the Region of Peel identified through the Aging Population Term of Council Priority Steering Committee (APSC) relates to the ability for the Region to build capacity within the community by providing community agencies and other partners with the tools and supports they need to meet the needs of the aging population. This support can be provided by leveraging research and policy expertise in the Region’s Health and Human Services departments to facilitate knowledge transfer and exchange for community-based agencies in Peel. The Region can also build on its partnership with local organizations to support and encourage volunteerism within Peel, which provides both benefits to seniors and to the larger community.

1. Supporting Community-Based Programs for Seniors

The social capital benefits that seniors provide to their communities are often overlooked or overshadowed by media stories that highlight the potential negative impacts an aging population could have on government finances and the burden placed on families. It is important to ensure that seniors are seen, and see themselves, as valued and active members of their communities in order to sustain the contributions they provide to the community. As well, remaining connected to and participating in their community through various activities can give seniors a sense of purpose and belonging, and can help them maintain good mental and physical health.

The Region of Peel works with local community agencies to improve the health and vitality of its residents. Community-based agencies, such as those funded through the Region of Peel’s Community Investment Program, provide programs and social supports for seniors that allow them to remain connected and socially active in their communities. Some examples of agencies serving seniors and their caregivers funded through the 2013 Community Investment Program include: Meals on Wheels, Peel Elder Abuse Prevention Network, Peel Senior Link, Elder Help Peel and India Rainbow Community Services. Recent changes to the grants provided through the Region’s Community Investment Program is helping to ensure these agencies have strong leadership and the back-office supports they need to deliver high quality, evidence-based programming in the community.

While programs like the Region’s Community Investment Program help provide community agencies with financial sustainability, local agencies have also identified barriers to delivering evidence-based programs and evaluating their effectiveness (two activities that are increasingly attached to funding dollars). Barriers cited include lack of knowledge of the evidence and lack of expertise to critically appraise and assess the feasibility of implementing programs in their communities. In recent years, the Region of Peel has worked to develop expertise within its Health and Human Services Departments in evidence-informed decision making and knowledge transfer and exchange.

Going forward, the Region could focus its efforts on supporting the community with program development and implementation by sharing current research about their areas of work, answering questions related to effective interventions or program designs, and assisting community agencies with conducting program reviews and evaluations. Through this role, the Region may want to guide programming to align with topics raised at the APSC, such as caregiving and intergenerational programming.
a) Caregiving

Caregivers are defined as individuals that provide unpaid care and assistance to family and friends that need support due to physical or mental health conditions. A report by the National Seniors Council noted that 16.5 per cent of Canada's seniors in 2006 (670,000 seniors) provided some form of unpaid care to another senior. Research suggests that caregivers provide approximately 80 per cent of all home care. Furthermore, the cost of replacing the care provided by informal caregivers to seniors alone has been estimated as high as $25 or $26 billion annually. In addition to reducing cost pressures on governments, caregivers allow many seniors to age in place and to maintain their quality of life.

While caregiving can be personally rewarding, it can also be stressful and take a toll on the caregiver's health and well-being, especially if they are seniors themselves. The Region of Peel currently offers Adult Day Programs out of the Region's five Long Term Care homes, which provide activation and socialization for seniors and respite relief for their caregivers. However, experts in the field note more supports are needed to assist caregivers in the community. The Ontario Caregiver Coalition has been working collaboratively with the provincial government over the last year and a half to facilitate the development and legislation of Bill 21 (Caregiver Leave Bill). Municipalities (e.g. City of Toronto and City of Thunder Bay) and health services organizations (e.g. Mount Sinai Hospital) in Ontario have also developed innovative programs to support caregivers in their community. The Region of Peel may wish to explore these and other programs further, to determine if they could be implemented in the Peel context. The Region may also wish to consider opportunities to further support organizations in Peel that are developing and delivering evidence-based programming to caregivers.

b) Intergenerational Programs

As Peel's population continues to age, it will be important to recognize the great value that seniors continue to provide to their community, and encourage respectful attitudes towards seniors. Intergenerational programs between seniors and youth promote an understanding of aging by creating opportunities for seniors to share knowledge and life experience. They also provide opportunities for youth to learn from their elders and develop healthy attitudes towards aging. In collaboration with the community sector, the Region of Peel could help encourage the development and implementation of evidence-based intergenerational programs that provide mutual benefits, through existing community partnerships and Regional programs related to youth and seniors.

Based on the information presented above, the APSC recommends that the Region conduct research to explore opportunities for the Region to continue to build capacity among community agencies in Peel that deliver valuable programs and services to seniors.

Recommendation 23: Research the feasibility of different models that the Region could adopt to build capacity among community agencies providing programs or services to seniors.
2. Supporting Local Volunteerism

The Region of Peel works with and supports many community organizations through the Health and Human Services departments. These organizations, as well as many of the Region of Peel’s program and services for seniors (e.g. Regional long term care homes) are supported by the dedicated efforts of volunteers. Data gathered through the 2010 Canada Survey of Giving, Volunteering and Participating estimates that Canadians volunteered nearly 2.1 billion hours or the equivalent of nearly 1.1 million full-time jobs. Additional data from the 2010 survey found that seniors volunteer, on average, more hours than any other age group, but that the rate of volunteering among seniors (i.e. number of seniors that volunteer) is lower than younger age groups.

Senior volunteers indicate great benefit from volunteering, including establishing a sense of purpose, maintaining social connections and contributing to their community. Research also shows that activities that help seniors develop or maintain social connections can help to reduce mental health issues and encourage positive well-being. Seniors that do not volunteer cite barriers, such as physical limitations, that prevent them from participating in formal volunteering efforts. It is possible that additional barriers of time and ability may be faced by future generations of seniors, as baby boomers are currently faced with the challenge of caring for their aging parents, supporting their own children and working longer.

Given these findings, the APSC recommends that the Region work with the community sector to encourage and support seniors to continue or begin volunteering in their communities. For instance, the Region of Peel could continue to support and collaborate with Volunteer Canada and Volunteer Mississauga/Brampton/Caledon (Volunteer MBC), where their programming aligns with the principles and directions of the Region. The Region could also explore opportunities to support and collaborate with other non-profit organizations to promote volunteering amongst seniors, create volunteer opportunities that meet the needs of seniors and encourage community capacity building. In doing this, the Region may wish to promote and assist community organizations to apply for grants provided by the provincial and federal governments that provide funding to organizations for projects that encourage volunteering, community engagement and social inclusion (e.g. the New Horizons for Seniors Program and the Seniors Community Grant Program). The APSC also recommends that the Region explore opportunities to enhance volunteer opportunities for seniors through its own programs and services, so as to enhance the quality of life for both senior volunteers and seniors receiving services.

**Recommendation 24:** Continue to support and collaborate with existing organizations, such as Volunteer Mississauga/Brampton/Caledon, to promote and support volunteering and social enterprise opportunities among the seniors population. This could include developing opportunities through Regional programs and services.
Role 4: Advocate on Behalf of the Peel Community

The Region of Peel is uniquely positioned to take a leadership role advocating to senior levels of government on key public policy issues that are the responsibility of the provincial or federal government. Within this capacity, the Aging Population Term of Council Priority Steering Committee (APSC) may wish to consider both existing advocacy positions related to seniors and new positions it could recommend that Regional Council advocate for on behalf of the Peel community.

1. Current Advocacy Positions

Regional Council has endorsed six advocacy positions related to the aging population. The APSC heard from partners, including the Canadian Association for Retired People (CARP) and the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), who are implementing advocacy positions that are complementary to existing Regional positions. As such, it will be important for the Region to examine its existing positions and current tactics to identify opportunities to leverage the expertise and progress made by our partners. Any revisions to existing positions and/or tactics should also be informed by new or emerging evidence, recent provincial announcements and other political factors. Formulating appropriate tactics will reduce duplication and ensure the Region leads the most appropriate advocacy efforts and/or supports its sector partners in leading other advocacy efforts. Below is a list of existing advocacy positions related to the work of the APSC. These positions will be advanced or re-prioritized by the Intergovernmental Relations Advisory Committee (IRAC):

- That the provincial government take the lead in developing a common policy framework for seniors. And, that the provincial government conduct a broad capacity planning exercise to help ensure government-funded services, as well as those provided by the private and non-profit sectors, are available for seniors now and in the future;
- That the provincial government fully consider the recommendations included in Dr. Sinha's report, especially those that have not already informed the development of Ontario's Action Plan for Seniors;
- That the implementation of funding of any initiative related to the seniors population should be assessed according to the needs of the community and the capacity of existing service levels to meet these needs;
- That the Province consider all the policy levers available, including legislative and regulatory changes, to support the development of age-friendly communities in Ontario;
- That the Region of Peel support the advocacy efforts of the Quality Hospice Palliative Care Coalition of Ontario (QHPCCO) and Hospice Palliative Care Ontario (HPCO) to work with the Government of Ontario and the LHINs to provide Ontario's hospice palliative care sector with the significantly increased funding required to enhance, build and sustain an integrated system of quality, safe, coordinated and comprehensive hospice palliative care services; and
- That the provincial government give Ontario Public Health Units flexibility to utilize low-income dental program funding to provide much needed dental care to the seniors population.
2. Additional Advocacy Positions

Research, presentations and reports received by the APSC have helped identify new areas where the Region may be able to advocate further to support the delivery of current programs by the Region or support the roles and responsibilities of our partners. As the Region moves forward and works to contribute to the Peel community and, particularly, the growing seniors population, there will be further gaps and policy barriers uncovered that will speak to Regional advocacy.

The two additional advocacy positions recommended by APSC (see below) could help fill gaps in the current system of services for seniors or address issues that reduce the ability of the Region and its partners to meet the needs of seniors, their families, and organizations serving seniors in Peel.

**Recommendation 25:** Together with key partners and associations, demonstrate to the Province the need for a specific strategy for seniors through its Mental Health and Addictions Strategy.

**Recommendation 26:** In cooperation with other impacted stakeholders, work with the Ministry of Health and Long-Term Care to address funding inequities experienced by municipal long term care providers compared to private operators, through provincial legislation and the interest arbitration process.
Conclusion

As Canada’s population ages, governments across the country are exploring ways to best support the needs of a growing number of seniors. The Region of Peel established an Aging Population Term of Council Priority Steering Committee (APSC) in May 2013 to help guide Regional Council decision-making about the roles that the Region of Peel should play to support the needs of seniors, both now and in the future.

The APSC received evidence-based reports and heard presentations from key stakeholders and community partners between May 2013 and February 2014. Based on the findings of these meetings, the APSC has identified 25 recommendations for Regional Council to consider.

While these recommendations provide direction for the Region of Peel’s work to support the aging population in the coming years, the APSC recognizes that new research, policy changes by other levels of government and other system pressures may impact the Region’s roles in the future. New information may require additional decisions by Regional Council related to the aging population, which may evolve the recommendations outlined in this report.
Appendix 2.1
Current Regional Programs Serving Seniors (based on 2014 Approved Budget)

*Includes $68 million cost for delivering Housing, Paramedic Services and Long Term Care to seniors cohort

<table>
<thead>
<tr>
<th>Programs</th>
<th>Mandate</th>
<th>Current Service Levels</th>
<th>Funding*</th>
<th>Total Program* Gross/Net Budget</th>
</tr>
</thead>
</table>
| Housing                          | • Mandated as Service System Manager under the Housing Services Act, 2011  
• Landlord for the Region’s non-profit housing corporation, Peel Living  
• Enhanced number of supportive housing units for seniors  
• Peel Renovates | • Seniors’ units account for 21% of all social housing units in Peel (3,601 seniors’ units)  
• 280 seniors’ units receive supportive housing services; 219 of these units are in Peel Living buildings; 6 are in other Region of Peel buildings; and, 55 are in the buildings of the 45 other housing providers in Peel | 13% Federal, 11% Province, 67% Region of Peel, 9% Fees & Services Charges/Reserve Contributions | $173.6M / $116.5M                  |
| Residential Long Term Care Homes | • Mandated: Municipalities in Ontario are mandated by the Long Term Care Homes Act, 2007 to operate one long term care home | • Region of Peel operates five homes with 703 provincially funded beds, accounting for 17% of the total stock in Peel  
• 4 temporary 100% provincially funded beds (2013-2015)  
• 98.5% occupancy rate in 2012; 99.1% for 2013 | Facility Operations - 44% MOHTLC, 18% client fees, 38% Regional (average funding of $161 per resident day)  
RPN Program - 100% Province; $1.99 per diem (minimum of $43K per home) | $77.9M / $27.7M                  | $0.52M / $0.02M
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<th>Programs</th>
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<th>Current Service Levels</th>
<th>Funding*</th>
<th>Total Program* Gross/Net Budget</th>
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</thead>
</table>
| Special Behaviour Support Unit (Long Term Care Division) | • Non-mandated | • Nineteen beds housed in a secured wing of the Sheridan Villa LTC home in Mississauga  
  • 98.6% occupancy rate in 2012; 99.0% for 2013 | 81% Province, 19% Region of Peel | $1.05M / $0.20M (also included in Residential LTC Homes #'s above) |
| Community Support Services (Long Term Care Division)      | • Non-mandated | • 288 clients served by Adult Day Services (ADS) in 2012; 426 clients served in 2013  
  • 26 Respite clients in 2012 & 2013  
  • ADS programs delivered out of all five LTC homes; all provide some extended weekend or weeknight hours | Adult Day Services – 54% Province, 11% Client fees, 35% Region of Peel | $3.44M / $1.21M |
<p>|                                                       |                        |                                                                                        | Beds in Abeyance (BIA) – 100% Provincial Funding | $1.48M / $0.0M |
|                                                       |                        |                                                                                        | Meals on Wheels – 100% recovered through fees | $0.23M / $0.0M |
|                                                       |                        |                                                                                        | Resident Assessment System - 100% MOHLTC funding | $0.4M / $0.0M |</p>
<table>
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<tr>
<th>Programs</th>
<th>Mandate</th>
<th>Current Service Levels</th>
<th>Funding*</th>
<th>Total Program* Gross/Net Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramedic Services</td>
<td>• Mandated by the <em>Ambulance Act, 1990</em></td>
<td>• 37% of total ambulance calls are from seniors (2013 data)</td>
<td>Land Ambulance cost-shared with MOHLTC at 50% of eligible net expenditures (excluding contribution to reserves) – 48.3% of 2014 Region of Peel Budget</td>
<td>$78.6M / $41.8M</td>
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<td></td>
<td>• Emergency services provided in a tiered response with local municipal fire departments</td>
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<tr>
<td>Falls Prevention (Public Health)</td>
<td>• Mandated program under the Ontario Public Health Standards, 2008</td>
<td>• Seniors targeted through population-based interventions</td>
<td>63.1% MOHLTC, 36.9% Region of Peel (2012)</td>
<td>$100K (2012)</td>
</tr>
<tr>
<td>Substance Misuse Prevention (Public Health)</td>
<td>• Mandated program under the Ontario Public Health Standards, 2008</td>
<td>• Seniors targeted through population-based interventions</td>
<td>63.1% MOHLTC, 36.9% Region of Peel (2012)</td>
<td>$60K (2012)</td>
</tr>
<tr>
<td>Programs</td>
<td>Mandate</td>
<td>Current Service Levels</td>
<td>Funding*</td>
<td>Total Program* Gross/Net Budget</td>
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</tr>
<tr>
<td>Low-Income Seniors Dental Program</td>
<td>• Non-mandated</td>
<td>• Data gathered in June 2014 indicates that:</td>
<td>100% Region of Peel</td>
<td>$1.3M (capped)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– 7,927 seniors have been provided access to care through the program since its inception</td>
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<td></td>
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<td>– 716 seniors are currently on the waitlist</td>
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<td></td>
<td></td>
<td>– On average, 25 seniors are added to the waitlist each week</td>
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<td></td>
</tr>
<tr>
<td>Project Lifesaver Peel (Long Term Care Division)</td>
<td>• Non-mandated</td>
<td>• Data gathered in May 2014 indicates that:</td>
<td>100% Region of Peel</td>
<td>$0.13M / $0.13M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– 67 clients are currently being served by Project Lifesaver Peel</td>
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<tr>
<td></td>
<td></td>
<td>– 36 of 67 clients served by the program are seniors with Alzheimer’s Disease or other cognitive impairments</td>
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<td></td>
</tr>
<tr>
<td>211 Information and Referral Services</td>
<td>• Non-mandated</td>
<td>• 20,826 individuals assisted in 2012</td>
<td>100% Region of Peel</td>
<td>$260,000</td>
</tr>
</tbody>
</table>
Appendix 2.3
What Peel is Facing

What Peel is Facing

CHANGING ENVIRONMENT

Changing Economy  Population Growth  Changing Demographics  Regulations and Legislation  Information and Technology

COMPLEX COMMUNITY ISSUES

INCREASED PROGRAM PRESSURES

Solutions will Require

Long-term integrated planning  Increased partnerships  New ways of conducting business  Difficult decisions about the businesses we are in
### Appendix 2.4
Aging Population Term of Council Priority Steering Committee Meeting Schedule: June 2013 – February 2014

<table>
<thead>
<tr>
<th>Meeting Date and Time</th>
<th>Presentation Topics (Presenters)</th>
<th>Staff Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 20, 2013 (1:00 pm to 3:30 pm)</td>
<td>• Overview (Janette Smith, Commissioner of Health Services)</td>
<td>• <a href="#">Mandate and Schedule for the Aging Population Term of Council Priority Steering Committee</a></td>
</tr>
</tbody>
</table>
| August 22, 2013 (9:30 am to 1:00 pm) | • Overview and Follow-up (Janette Smith)  
• Development of Ontario’s Seniors Strategy (Dr. Samir Sinha, Provincial Lead, Seniors Strategy)  
• Age-Friendly Planning (Bryan Hill, Manager, Urban Policy, Region of Peel)  
• Long Term Financial Impact (Steve VanOuwegen, Director, Business Planning and Financial Support Services, Region of Peel)  
• Peel’s Aging Community (Ron Jaros, Manager, Research and Information, Region of Peel) | • N/A                                                                                           |
| September 19, 2013 (11:00 am to 1:00 pm) | • Overview and Follow up (Janette Smith)  
• Care in the Community (Dr. Paul Williams, Co-chair, Canadian Research Network for Care in the Community)  
• Community Care Access Centres’ Supports for Seniors (Cathy Hecimovich, CEO, Central West CCAC & Caroline Brereton, CEO, Mississauga Halton CCAC) | • N/A                                                                                           |
<table>
<thead>
<tr>
<th>Meeting Date and Time</th>
<th>Presentation Topics (Presenters)</th>
<th>Staff Reports</th>
</tr>
</thead>
</table>
| October 31, 2013 (1:00 pm to 3:30 pm) | • Overview and Follow up (Janette Smith)  
  • Local Health Integration Networks’ Planning for the Aging Population (Scott McLeod, CEO, Central West Local LHIN & Bill MacLeod, CEO, Mississauga Halton LHIN) | • Local Health Integration Networks in Peel  
  • Report on Long Term Care Innovation in Ontario |
| November 21, 2013 (1:00 pm to 3:30 pm) | • Overview and Follow up (Janette Smith)  
  • City of Mississauga Programs for Seniors (Michael Cleland, Central Recreations Service Manager)  
  • City of Brampton Programs for Seniors (Sharon Bonello, Recreation Supervisor, City of Brampton, Town of Caledon Programs for Seniors (Doug Barnes, CAO)  
  • Peel Public Health Programming for Seniors (Dr. David Mowat, Medical Officer of Health & Gayle Bursey, Director, Chronic Disease and Injury Prevention) | • List of Low-Cost Proposed Changes to Ontario Building Code Related to Accessibility and Age-friendly Principles  
  • Overview of Municipal Initiatives and Strategies Supporting an Aging Population  
  • Collaboration and Partnership between the Region of Peel and Community Access Centres  
  • Role of Paramedics to Support an Aging Population  
  • Overview of Regional Programs and Services for Seniors |
| January 16, 2014 (9:00 am to 2:00 pm) | • Overview and Follow up (Janette Smith)  
  • Overview and findings of the Housing Options for Older Adults in Peel Working Group (Michael Wright, Chair, HOAP)  
  • Overview of Peel’s Housing System and Housing Options for Seniors (Lisa Duarte, Director, Office of System Innovation & Juliet Jackson Director, Strategic Policy, Planning and Partnership Region of Peel)  
  • Overview and findings of the Ontario Association of Non-Profit Homes and Services (Donna Rubin, CEO, | • Update on Peel’s Retirement Home Sector  
  • Municipal Role in Long Term Care |
<table>
<thead>
<tr>
<th>Meeting Date and Time</th>
<th>Presentation Topics (Presenters)</th>
<th>Staff Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>OANHSS)</td>
<td>• Design and Evaluation of Schlegel Villages (Jamie Schlegel &amp; Josie d'Avernas, Schlegel Villages and Schlegel-UW Research Institute for Aging)</td>
<td>• Mental Health and the Aging Population</td>
</tr>
<tr>
<td>February 20, 2014</td>
<td>• Overview and Follow up (Janette Smith)</td>
<td>• Social Capital Benefits Associated with an Aging Population</td>
</tr>
<tr>
<td>(1:00 pm to 3:30 pm)</td>
<td>• Caregiver Needs and Supports in Ontario (Delia Sinclair, Public Policy Lead, Ontario Caregiver Coalition)</td>
<td>• Financial State of Seniors in Peel</td>
</tr>
<tr>
<td></td>
<td>• Overview and findings of the Peel Elder Abuse Prevention Network (Karen Sibal, Manager, PEAPN)</td>
<td>• Update on Federal Immigration Changes</td>
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<td>• Overview and priorities of the Mississauga CARP Chapter (Murray Etherington, Mississauga CARP Chapter Chair)</td>
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<td>• Overview of the On Lok Program and Site Visit (Carolyn Clubine, Director of Long Term Care, Region of Peel)</td>
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<td>April 17, 2014</td>
<td>• Aging Population Steering Committee Findings and Options for Consideration (Janette Smith and Janet Menard)</td>
<td>• Aging Population Term of Council Priority Steering Committee's Findings</td>
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<td>(1:00 pm to 3:30 pm)</td>
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<td>Report</td>
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Appendix 2.5
Regional Partners and Stakeholders Contributing to a Common Outcome for Seniors in Peel

**AREA MUNICIPALITIES**

- **City of Brampton**
  - Recreation and Culture Master Plan scheduled for 2014
  - Developing Older Adult Plan by 2015

- **Town of Caledon**
  - Seniors’ Advisory Committee (est. 2008)
  - Developing Older Adult Strategic Plan by March 2014

- **City of Mississauga**
  - Implementing recommendations from Older Adult Plan (2008)

**FEDERAL GOVERNMENT**

- **Public Health Agency of Canada**
  - Resources and information on Seniors and Aging, including Age-friendly communities

- **Canadian Mortgage and Housing Corporation**
  - Investment in Affordable Housing (IAH) Program
  - Monitors seniors’ housing market

- **Seniors Canada and Service Canada**
  - Information on seniors-related government programs and services
  - Facilitates access to government programs

**PRIVATE SECTOR**

- Provides services for seniors that are regulated by and cost-shared with the Province (i.e. Long Term Care Homes, Community Support Services, Home Care)

**MINISTRY OF MUNICIPAL AFFAIRS AND HOUSING**

- Legislative oversight and some funding to support the Human Services Department’s role as Serve System Manager for the Housing system in Peel

**MINISTRY OF HEALTH AND LONG-TERM CARE**

- Co-lead for Ontario’s Seniors Strategy
- Provides information and resources to seniors
- Celebrates the role of seniors in society

**ONTARIO’S SENIORS’ SECRETARIAT**

- Sets priorities and leads health system planning
- Funds Mandated Regional programs for Seniors
- Co-lead for Ontario’s Seniors’ Strategy

**LOCAL HEALTH INTEGRATION NETWORKS**

- Funding and planning local health services for seniors, including Regional programs (Long Term Care homes and Community Support Services)

**DESIRED OUTCOME**

Peel is an age-friendly community where seniors have access to supports that enable them to age safely and with dignity, and maximize their quality of life
Appendix 2.6
Overview of the World Health Organization’s Age-friendly Cities Guide & Designation Process

In 2006, the World Health Organization (WHO) brought together 33 cities in 22 countries for a project to help determine the key elements of the urban environment that support active and healthy aging. The result of the project was the development of the Global Age-friendly Cities Guide, 2007. The guide outlines a framework for assessing the “age-friendliness” of a city and identifies eight core elements of an “age-friendly city” that influence the health and quality of life of older adults. These elements include features of the community’s structure and its physical environment, as well as the extent to which its services and policies reflect the determinants of active aging.

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<tr>
<td>1. <strong>Outdoor spaces and buildings:</strong> The design of buildings and the spaces between them have an impact on the ability of older people to age in place.</td>
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<td>2. <strong>Transportation:</strong> Personal mobility is important for both accessing day-to-day destinations and a sense of independence among seniors.</td>
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<td>3. <strong>Housing:</strong> Appropriate, affordable housing that can adapt to changing demographic conditions and in turn allow seniors to stay at home longer in life has an impact on the quality of life and independence of seniors.</td>
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<td>4. <strong>Social participation:</strong> Maintaining social activity is an important part of maintaining good health and well-being, especially for seniors.</td>
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<td>5. <strong>Respect and social inclusion:</strong> The extent to which older people participate in the social, civic and economic life of the city is closely linked to their experience of inclusion.</td>
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<td>6. <strong>Civic participation and employment:</strong> Many adults choose to work beyond the age of retirement, or to contribute to the community as a volunteer. Age-friendly communities help older adults contribute to voluntary work or continued paid work.</td>
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<td>7. <strong>Communication and information:</strong> Age-friendly cities both disseminate and collect information using a variety of media and in a way that is clear and easy to understand.</td>
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<td>8. <strong>Community support and health services:</strong> Age-friendly cities provide appropriate community supports and health services that are accessible and in close proximity to amenities, such as transit, to enhance quality of life as people age.</td>
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</table>

Municipalities seeking to become an “age-friendly city” can apply to join the WHO Global Network of Age-friendly Cities and Communities. To join the Network, applications must be submitted along with a letter from the Mayor and municipal administration indicating a commitment to the following four planning steps:

- Establish mechanisms to involve older people throughout the Age-friendly Cities and Communities cycle
- Develop a baseline assessment of the age-friendliness of the city/community
- Develop a 3-year city-wide action plan based on the findings of this assessment
- Identify indicators to monitor progress against this plan.

Cities and communities participating in the Network commit to continually assessing and improving their age-friendliness by completing the four stages of planning (year 1-2); implementing a city-wide action plan (year 3-5); and, completing a progress evaluation and developing a process for continual improvement (year 5 and beyond). A city or community can
remain a member of the Network for as long as they can demonstrate continued improvement against developed indicators or evidence of progress against its plan of action.

A city or community that becomes a member of the Network is able to use the designation “member of the WHO Global Network of Age-friendly Cities and Communities.” Currently, Regional municipal governments are not recognized by the WHO under their designation process. Local/area municipalities (i.e. Caledon, Brampton, Mississauga), as well as single-tier municipalities (e.g. Toronto, Hamilton) are eligible to apply.
Mandate and Governance

- In 2006, the Ministry of Health and Long-Term Care (MOHLTC) divided the province into 14 regions or Local Health Integration Networks (LHINs).
- Under the *Local Health System Integration Act, 2006*, these 14 not-for-profit corporations are required to:
  - Promote the integration of the health system;
  - Encourage system change and continuous quality improvement;
  - Plan for local health service needs;
  - Engage the community in planning and priority setting;
  - Coordinate health services to improve the efficiency of the health system; and
  - Allocate funding and set performance standards with local health service providers.
- LHINs are subject to direction from the MOHLTC and Cabinet but are governed by an independent Board of Directors.
- MOHLTC and LHIN obligations and responsibilities are outlined in individual Ministry-LHIN Accountability Agreements.

Funding

- LHINs receive approximately $24 Billion (2014) from the MOHLTC to invest in the local health system.

Core Programs and Services

- LHINs do not directly provide health services, or affect where people can receive health services.
- LHINs fund health service providers to support the development of a strong local health system and coordinate region-wide planning and collaboration among health service providers.
- Health service providers who have Service Accountability Agreements (SAAs) with their local LHINs include:
  - Hospitals;
  - Community Health Centres;
  - Mental Health and Addictions Services for adults;
  - Community Care Access Centres;
  - Community Support Services; and
  - Long-Term Care Homes.

*Note: Individual fact sheets are available on each of the LHIN funded health service providers noted above.*

- LHINs do not have authority over:
  - Physicians, who bill the Ontario Health Insurance Program (OHIP);
  - Most mental health and addictions programs for children and youth, who receive funding from the MOHLTC and the Ministry of Children and Youth Services;
  - Local public health units, which are funded partly (75%) by the MOHLTC and partly (25%) by the local municipalities (who also act as the Board of Health); and
  - Land ambulance services, which are municipally operated and cost-shared (50-50) with the MOHLTC.
The responsibilities of LHINs are expanding towards planning and managing accountability of Independent Health Facilities (IHF).

- IHFs are community-based specialty clinics that provide diagnostic and ambulatory services to low-risk patients.

Region of Peel Perspective

- Two LHINs serve residents in the Region of Peel:
  - Mississauga-Halton LHIN serves most of Mississauga, Halton Region and parts of Toronto (South Etobicoke)
  - Central West LHIN serves all Brampton, Caledon, Dufferin County, and parts of Mississauga (Malton), Toronto (Rexdale) and York Region (Woodbridge).

- The Region of Peel is accountable to the LHINs for its five Long Term Care Homes, the Special Behaviour Support Unit at Sheridan Villa Long Term Care home and Community Support Services (such as ADS and respite care) delivered out of the Region's five LTC homes.

- Executive Management at the Region of Peel holds governance meetings with the CEOs of the Central West and Mississauga-Halton LHIN to facilitate greater recognition of the role of municipal governments in the local health system and the responsibility of these governments to make local health and human services policy decisions.
APPENDIX III – Local Health Integration Network

ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE
Provide health system stewardship and overall strategic direction. Develop and administer province-wide policy, planning and funding frameworks for health system.

ASSOCIATE MINISTRY (Long-Term Care and Wellness)
- Modernize the LTC Home Sector
- Oversee Health and Wellness Initiatives (Healthy Kids Strategy, Smoke-Free Ontario)

LOCAL HEALTH INTEGRATION NETWORKS (14)
Plan, coordinate and integrate the local health system.
- Central West LHIN (Brampton, Caledon, Malton)
- Mississauga Halton LHIN (Mississauga)

PROVINCIAL AGENCIES
- Public Health Ontario
- Cancer Care Ontario
eHealth Ontario
- Health Quality Ontario
- ConnexOntario

REGION OF PEEL
- 5 Adult Day Programs
- Respite Care

PARAMEDIC SERVICES
Region of Peel operates land ambulance services in Peel
- 4100 beds
- 26 homes

PUBLIC HEALTH UNITS
Peel Regional Council is the Board of Health

CHILD AND YOUTH MENTAL HEALTH PROGRAMS
- Community service agencies
- Hospital-based outpatient programs

FUNDING & OVERSIGHT
- LHIN INPUT ON NEW FACILITIES
- COST-SHARED OPERATING (50%)
- (LHIN INPUT ON NEW FACILITIES)

SERVICE ACCOUNTABILITY AGREEMENTS & FUNDING
- CAPITATION (BASE) & FEE-FOR-SERVICE FORMULAS

ONTARIO MINISTRY OF CHILDREN AND YOUTH SERVICES
Develop and administer policy and programs related to children and youth 0-18 years, including healthy child development and children and youth at risk

INDEPENDENT HEALTH FACILITIES
Family physicians, group practices (Family Health Teams) and other care teams delivering primary care services

INSURANCE
FUNDING & OVERSIGHT
(LHIN INPUT ON NEW FACILITIES)
- 75%, SOME 100%

FUNDING & OVERSIGHT (COST-SHARED OPERATING 50%)

FUNDING THROUGH CAPITATION (BASE) & FEE-FOR-SERVICE FORMULAS

FUNDING & OVERSIGHT (COST-SHARED OPERATING 50%)

FUNDING & OVERSIGHT (75%, SOME 100%)

HEALTHY BABIES
HEALTHY CHILDREN
FUNDING (100%)

MENTAL HEALTH AND ADDICTIONS PROGRAMS (Adults)
- Cdn Mental Health Association
- Supportive Housing in Peel
- Peel Assessment and Referral Centre

COMMUNITY CARE ACCESS CENTRES
- Central West CCAC
- Mississauga-Halton CCAC

COMMUNITY SUPPORT SERVICES
- Cdn Red Cross
- Meals on Wheels
- Caledon Community Services
- Peel Senior Link
- Others

LONG-TERM CARE BEDS
- 4100 beds
- 26 homes

REGION OF PEEL
- 5 Adult Day Programs
- Respite Care

RHC-FUNDED PROGRAMS IN PEEL (MOST 100% + DONATIONS)

REGION OF PEEL
- 703 beds
- 5 centres

COMMUNITY HEALTH CENTRES
- Bramalea CHC
- Malton Satellite
- East Mississauga Satellite (part of Lakeshore Area Multiservice Project (LAMP) CHC)

HOSPITALS
- Trillium Health Partners – Mississauga and Credit Valley Sites (MH LHIN)
- William Osler Health System - Brampton Civic Site (CW LHIN)
- Headwaters Health Care Centre (CW LHIN)

PRIMARY CARE
Family physicians, group practices (Family Health Teams) and other care teams delivering primary care services

INDEPENDENT HEALTH FACILITIES
- Diagnostic Facilities (diagnostic imaging, pulmonary function or sleep study tests)
- Ambulatory Care Facilities (dialysis, surgical procedures MRI/CT and PET/CT scans)

LHIN-FUNDED PROGRAMS IN PEEL (MOST 100% + DONATIONS)
Paramedic Health & Safety
Update

Health Systems Integration Committee
June 4, 2015

Peter F. Dundas
Chief & Director
Paramedic Services
Health & Safety Goals

• Decrease workplace injuries
• Enhance workplace wellness
• Continued awareness and education
Health & Safety Focus

• Joint Health & Safety Committee plays key role
• Engaged with all aspects of testing, procedures, evaluation and measurement
• On-going training and awareness for paramedics, JHSC members and supervisors
• Partnership with OPSEU Local 277
Paramedic Injury Trends

- Assault
- Overexertion
- Harmful substance/Exposure
- Slip/fall
- Traumatic Stress

Graph showing the trends from 2013 to 2015 for each category.
Supporting Paramedic Wellness

- Ergonomics
- Infection Control
- Personal Protective Equipment (PPE)
- Training
- Procedures
Literature Review

• Power load stretchers are a component of a comprehensive injury prevention and safe handling program not the solution

• Current studies indicate that with a robust injury prevention program along with engineering controls:
  - injury reduction is on the decline
  - positive engagement and acceptance by the workforce
  - career longevity could be positively impacted

• Evidence from literature supports a comprehensive prevention program which includes power load stretchers
Next Steps

• Commence with procurement process in 2015 which includes a field evaluation
• Request funds required to fully implement a comprehensive program including the power load stretchers, through the 2016 budget process
• Work in partnership with the union to evaluate effectiveness over 5 years
QUESTIONS
Chairmen Frank Dale and Regional Council
Regional Municipality of Peel
10 Peel Centre Drive
Brampton ON

Chairman Dale, Worshipful Mayors and Members of Council,

In 10 years, Regional Council has made significant investments in supporting frontline Paramedics. This has allowed us to increase our paramedic response capacity and deliver top quality care to the people of Peel Region.

Because of your commitment, Peel Regional Paramedic Services is recognized as a leader in:

✓ Cardiac arrest survival
✓ Hospital By-Pass for life threatening heart attack (STEMI)
✓ Prehospital Clinical Research

Unfortunately, while Peel Paramedic Services provides world class care we are lagging behind in Paramedic safety and injury prevention significantly.

Peel Regional Paramedic Services has paid out in excess of $20 million in the last 10 years for WSIB and related costs, yet invested less than $500,000 for injury prevention technology. In 2013, 338 FTE Peel Paramedics suffered 59 lost time injuries; a lost time injury (LTI) rate of 17.45%. In the same year Peel Paramedics experienced an additional 119 healthcare-only claims for a total average annual injury rate of 52.6%.

In comparison in 2013 the 56,700 Ontario Police and Firefighters had a lost time injury rate of 2.3%. Mississauga Fire Services had a rate of 6.9%. As with other Emergency Services the majority of Paramedic claims are for Musculoskeletal Disorder (MSD) strains.

Across Canada, Paramedics currently experience the 2nd highest injury rate of any worker, exceeded only by crab fisherman and forestry workers. In North America, research indicates this is three times the national average with female Paramedics being placed at a disproportionately higher risk of injury. The vast majority, 43% are strain injuries to the back.

The current Paramedic physical demands profile in Peel Region requires the lifting of between 144 -190 lbs (65.3 - 86.1 KG) or as high as 337 - 520 lbs (153 - 236 KG) multiple times per day. In comparison the International Association of Fire Fighters (IAFF) physical demands profile that indicates a firefighter may have to lift in excess of 100 lbs (43.3 KG) less then 1x per day. From an ergonomic standpoint it is universally accepted that 51 lbs (23 kg) is the maximum safe lift under ideal conditions. This information makes it plainly obvious why your paramedics experience incur high injury rates.

In terms of applying engineered solutions to mitigate the risks, Peel Region is 10 years behind the best international practice (United Kingdom) and 3 years behind the best Ontario practice (York Region).
Niagara, Essex-Windsor, Sudbury, Thunder Bay, Frontenac, Rainy River, Kenora, Hamilton and Grey County have all implemented or are near completion of Reduced Force Stretchers Loading Systems (Power Lift Assist Stretchers).

OPSEU 277, the Peel Paramedic Union is committed to reducing Paramedic injury rates by 50% within the term of this council. The working lives of our members depend on it and respect for tax payers demands it. By June 2015, we will provide a detailed plan to the employer and to Council outlying what course of action will be required to achieve a 50% reduction. It will include additional equipment, process improvements, injury tracking, policies and training requirements.

In the interim, we request the assistance of Council in the two initial areas of primary concern:

1) Peel Paramedic Union OPSEU 277 requests council direct Peel Paramedic Services to conduct, in cooperation with the joint health and safety committee (JOHSC), a transparent product review of the only two Reduced Force Stretcher Operating and Loading products available: Stryker and Ferno to be completed by May 31 2015 along with a budgetary outline and implementation plan to place reduced force stretcher systems into service wide use by the end of 2015. Our current estimate are an annualized capital expenditure of $300 000 -450 000 over the stated product life of 7-10 years. Operational cost reductions should be seen within 6 months.

2) Peel Paramedic Union OPSEU 277 requests that Council direct the Regional HR Department and Paramedic Services to assist in conducting a comprehensive review of all workplace injuries for the periods of 2013-2014 including short and long term disability injuries. As many of the denied WSIB claims appear as STD claims, in addition as a result of the difficulties in obtaining WSIB approval, most workplace stress events appear as STD. Comprehensive tracking of all workplace related events is consistent with the Regions Healthy Workplace policy as well as the need to clearly identify areas of concern. To date the employer has not been tracking all aspects of workplace health, and moving forward a comprehensive tracking program must be in place to assist with the promotion of preventative measures.

Nationwide the issues surrounding Paramedic injury rates, including PTSD events have become significant areas of concern, our industry is at a cross roads: do we continue to allow highly skilled and trained pre-hospital providers to become the victims of foreseeable and preventable events, or do we move forward and apply best practice models to injury prevention thus reducing the long term costs to the taxpayer? Peel Regions citizens are already funding WSIB costs and long term liabilities in excess of $18 747 000. We feel that taxpayers money is better spent keeping Paramedics at the citizens front door, not on modified work.

On behalf all 500 Paramedics, We thank you for giving serious consideration to these matters.

Sincerely,

Michael Speers, Primary Care Paramedic, Joint Health and Safety Co-Chair – M: 416-669-4152
Dave Wakely, Advanced Care Paramedic, President OPSEU 277 – M: 905-601-3208
Carol Murray and Jamie Gonsalves, Advanced Care Paramedics, Vice Presidents, OPSEU 277
Union Estimate based on known events and lost time as well as injury prevention equipment enhancements. 2005-2015

1 Peel Paramedic Union 277, Seniority List, 2013
2 Region of Peel People soft, WSIB Report, 2013
3 WSIB Annual Report 2013, Statistics Canada, ON Ministry of Community Safety
4 FOI Request, City of Mississauga
5 ctvottawa.ca Published Saturday, November 13, 2010 6:47PM EST
7 CDC NIOSH 2012 Paramedic injury summery
8 Region of Peel Paramedic PDA 2015
9 Canadian paramedic Chiefs PDA 2013
11 York Region report on Power load impact Jan 2013 71% Reduction in reported stretcher related incidents causing injuries (38 in 2012, 7 in 2013)
12 Consolidated Financial Statements of The Regional Municipality of Peel Dec 31 2012 Delotte LLP