

Marquis, Yvette HLTH:EX

From: Darling, Sara K HLTH:EX
Sent: Monday, January 15, 2018 12:20 PM
To: Mackenzie, Isobel HLTH:EX
Subject: FW: CHNL: Fontaine - care aide funding ■ - MEDIA REQUEST RADIO NL

...will come and talk to you about this – still would like a comment from you.

From: tno@gov.bc.ca [<mailto:tno@gov.bc.ca>]
Sent: Monday, January 15, 2018 11:21 AM
Subject: CHNL: Fontaine - care aide funding ■

CHNL (Kamloops)

15-Jan-2018 10:01

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TNO...

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Marquis, Yvette HLTH:EX

From: Darling, Sara K HLTH:EX
Sent: Monday, January 15, 2018 1:43 PM
To: Mackenzie, Isobel HLTH:EX
Cc: Cook, Heather G HLTH:EX; Marquis, Yvette HLTH:EX
Subject: Review of March announcement

Isobel,

In going back and reviewing the March announcement, there was not a detailed explanation of the allocation of dollars, it was very general - Funding explanation is on Page 12 and states:

Funding Over the coming four years the Ministry of Health will spend an additional \$500M on home and community care. By 2020/21, net new annualized funding will reach \$180M, starting with an additional \$45 million being available for 2017/18, rising to \$125 million in 2018/19, \$150 million in 2019/20, and \$180 million in 2020/21. Detailed spending plans for 2017/18 will be developed over the next three months, and actual expenditures will be reported at the end of each fiscal year as part of the monitoring and evaluation process. In addition to the above, health authorities will continue to invest in expanding capacity to meet growing demand for home and community care services. This investment will be in the region of \$200 million.

Note: Has increases to increasing capacity are IN ADDITION to increases announced by gov.

Note: Appendix, question as to whether any of these steps have been achieved? The Care Hour Working Group for example is currently on hold.

Read full Action Plan here: <http://www.health.gov.bc.ca/library/publications/year/2017/home-and-community-care-action-plan.pdf>

Plecas Report for your reference,

Page 6 references calculation of \$113.7 m for increase of 1,511 FTEs to meet 3.36

<http://www.health.gov.bc.ca/library/publications/year/2017/residential-care-staffing-review.pdf>

And as a reminder, this is what Dix said during Estimates – essentially said money was not there when the announcement was made and it will have to come out of Ministry of Health budget and he will have to find it- references allocating dollars to Has – question is how much and how was that specifically earmarked???:

S. Bond: Okay. Sixteen years of estimates — I probably have some sense of how to do that.

I want to reflect for a moment on a couple of areas, and I want to talk a little bit about residential care. I know my colleagues are going to pursue that. I think there was a great deal of discussion, obviously during the campaign, about caring for seniors in a respectful and dignified way and increasing the hours of service and care for seniors.

I guess I want to begin by asking the minister: what is the timeline and what are the budget implications of looking at bringing to life additional care hours for seniors that are in residential care? I will later link that to the issue of human resources. Perhaps we'll start there.

Hon. A. Dix: Thank you to the member for her question. It's a twofold question, as she rightly points out. Partly it's about money, and partly it's about adequate staff, and both of them are challenges.

I think, on the money side, the previous government had announced an amount of money. There was a press release. But obviously, finding the money is my job, and delivering on our collective commitment that I think everybody needs to meet. When we have a situation where 90 percent of care homes don't meet the understood standard, which is 3.36 hours per resident per day, that's a serious issue. It's inconsistently applied across the system. Some care homes are well below that and are dealing with an increasing acuity of their residents, and that's a challenge. We have, sometimes, a mismatch of existing funding levels with the level of service that's required of them, and that's a challenge.

[4:35 p.m.]

Our goal, the goal of the government and the direction I received from the Premier, is to meet that test over the next three years, to get each health authority to 3.36 care hours per day per resident as a standard. The member is absolutely correct. Part of that will be the task that I have, because, I think it's fair to say, the money to pay for that wasn't provided in the press release. I don't mean to be.... It wasn't there. We have to find that. It's intended to come out of the Ministry of Health budget, first of all.

Secondly, there is a major and significant health human resources problem. We've made some progress in the past. We're going to have to, on this, work with the health care unions, with the B.C. Care Providers, with the university and college sector, especially to make sure that we have enough care aides. Even if you had the money right now, there's some issue as to whether, with an open hiring, you could meet those standards right now.

We have a major human resources task, as the member suggests, and a major task in terms of finding the money for that. But it's a direct commitment. It's a commitment of the government to meet that test. It's a direct instruction I've received from the Premier, and we intend to get there. Getting there is going to require a lot more than me saying that. It's going to require a huge effort by a broader health care community on the public side, on the non-profit side and on the private side to get the job done.

S. Bond: I would agree. I think the discussion, at least, raised the hopes of many care providers across the province — and many families, in fact. I'm part of a.... I have lived through the experience of having two parents in residential care, one at a time. It was a very challenging circumstance for families.

Can the minister then confirm that in the February budget, we will begin to see an allocation of funding that would look at moving that program forward, beginning in February?

Hon. A. Dix: The answer is we're proceeding this year. You're seeing some examples of that within the health authorities. We're going to be allocating money within the health authorities to meet the test this year.

For example, recently, in the riding of the Leader of the Opposition, we announced, I think, 18 converted public care beds. They had not been public care beds before. They were beds. They existed, but they were private, and Fraser Health has transformed them into publicly funded care beds. Those care beds are funded, in the case of Fraser Health, under their strategy and 3.36 care hours. Similarly, in Chilliwack.... The other member for Chilliwack, who is not the one I was just speaking to.... In his constituency, we did something similar.

The different health authorities are going to meet the test differently, but the task of meeting it is starting now. It also includes working on a provincial health workforce plan to meet the test in the three-year term. That involves a lot of training and a lot of work to bring new people into the sector, particularly work at care aides, but other health professions and occupations to do that work. Both of those things are required. We're starting now. We're starting this year, and we intend to report regularly on progress, as to how we're getting towards the 3.36 standard.

S. Bond: I appreciate knowing that. The reason that I'm here today is because care providers in northern B.C. came to talk to us about the acute shortage of care aides, for example, they have today. That's before we look at the government enhancing care, basically, on the hourly formula, so there is a very significant concern about the ability for those organizations to provide the care aides that are necessary.

It's probably a good segue. I won't belabour that, because I know that my colleague has a long list of issues related to residential care.

[4:40 p.m.]

I do want to ask, though, just quickly, and then I'm going to go to human resources: is the whole concept of dementia care being considered in that broader strategy? We know that there is going to be a significant demand for dementia care and, obviously, a very specific way of trying to accommodate those patients and families within the current system. Maybe if the minister could just touch on the thinking about how dementia care fits into the broader residential care strategy.

Hon. A. Dix: Very significantly. Some of the lead work being done in this area is being done by Providence Health Care, as the member will know. They're very interested in the notion of dementia villages, which is a European notion that they hope, and we hope, they'll be able to bring to British Columbia. I think it's part of that discussion.

The short answer, though, is yes, absolutely. It's a significant question, and I think it's also an area where leading B.C. health providers can innovate. Providence is, in many ways, taking the lead on that.

Just one small point for the member. It's not to do with seniors care, but I just want to let her know, because we had talked about this, that the cheque is in the mail with respect to the Healthier You fair in Prince George. The staff in the Ministry of Health have talked to Ravi Saxena, and the support for the fair in Prince George will be going forward. We're hoping that.... I don't think I'm going to be able to get there to announce it. There is no big cheque, because I think that costs too much of the money, but I think it will be put to good use.

S. Bond: That is certainly good news. Again, I appreciate the minister's willingness to have that conversation. I know the partners will be very excited about moving forward with that.

I'm also very pleased to hear the thinking around a dementia village. We know that it's very difficult for families today to find quality and respectful care for people who are experiencing dementia. We know those numbers are going to grow. It's something that I'd be very interested in having further discussion on, as time goes on.

The minister, though, referenced something that I'm interested in and concerned about. That is the whole issue of human resource planning. We know — and we certainly found ourselves in that position too — it takes a long time, for example, to train a physician. We just can't drum up those training spots overnight. I guess what I'd really appreciate is understanding the process that the new government is using in terms of health care professional training.

I know that in the past... I think there was a partnership in that Health did the analysis of who was necessary and where they were needed. Then it was over to AVED to deliver those seats. I'm wondering if that's the similar planning process. Or how is the longer-term look at health care professionals being undertaken by the government? Then I have some specific questions about a couple of areas.

[4:45 p.m.]

Hon. A. Dix: The member will know, because she spent a lot of time working on skills training and those issues in her time in government, that there has often been a disconnect between the profound needs of Health and the considerations of the Advanced Education process — or whatever we've called the ministry over time, because the ministry's name has changed. I think it's fair to acknowledge that.

I don't think all of those problems have been resolved. We're in year 2 in the Ministry of Health provincial workplace planning process, and our officials are also on a joint committee working with the Ministry of Advanced Education. I think those processes are improvements. I understand we'll soon be receiving a new presentation to go forward with on that within the next month.

But I think what the member highlights is a significant ongoing problem. We have a profound need for health professionals at all levels, particularly in the north. This will affect not only the viability of health care systems in the north, if we don't address it, but of economic systems. As we were discussing earlier, it is very hard to attract and maintain employment and economic activity in regions where there is not significant health care. This is not a choice; this is a necessity for the public health care system.

The other thing that I take very seriously is the need to ensure that training facilities exist in all parts of the province. We know that if we train someone in Prince George, they're way more likely to work in Prince George. If we train someone in Fort St. John, they're way more likely to work in Fort St. John. This is part of the preoccupation that we're dealing with. The former minister.... The member will know all these things. So we are working on it, and some of this is a continuing situation.

Interestingly, members met with the B.C. Care Providers. I think they acknowledged that the B.C. Cares program which they had been involved in, which they sort of let go.... I think Daniel Fontaine, speaking quite honestly about it, said that he shouldn't have taken his foot off the gas on this. But now, clearly all of our feet, both of them, have to be back on the gas with respect to ensuring that we meet a Health human resources test that exists from everywhere in the system — from care aides to health sciences professionals to nurses to LPNs to doctors to everyone else.

S. Bond: It's readily apparent to all of us on this side that the minister's time as a critic has served him well in terms of his knowledge of where we live. Probably took the words right out of my mouth. I have a passionate belief — and not only that; it is demonstrated in terms of outcomes — that if you train someone closer to home, they're more likely to stay there. And I have, for years, watched as we continue to rely on an urban-based training model, cross our fingers and hope that people will just go where we need them to go. That simply doesn't work anymore. It hasn't worked for decades.

I think that the alignment between the needs and looking at what the demands are in rural British Columbia in northern communities.... You know, we have to somehow figure that out. And I think progress has been made. I'm not suggesting that we.... There were some things that I'm

disappointed in, in fact — that we didn't manage to find a way to resolve. But training doctors in northern British Columbia for the first time in the history of this province has made a difference. Increasing nursing seats, looking at nurse practitioners — all of those kinds of things are important.

So I'm very encouraged to hear that the minister embraces that kind of thinking. And I know that everyone.... The staff around him know that I am an enormous advocate for the incredibly good work that is done by the Northern Health Authority. They have a vast geography, a very small population yet are expected to provide quality care options similar to those where people can drive ten minutes and have a variety of options. So I want to begin by saying I think they do an exceptional job, as do our post-secondary institutions.

[4:50 p.m.]

Having said that, we need to systematically begin to add training capacity, particularly in a regional centre, like Prince George at UHNBC and UNBC. The doctors training model is the perfect example of how we could build on that.

I want to reflect for a moment on physiotherapy. I know that will not at all be a surprise to anyone sitting around you. The disconnect has been that transfer of need to seats — that connection between if you recognize there's a need, then you actually have to figure out how to train them and add those seats.

Today I certainly want to advocate. Care aides are in significant demand. What do we need to do? Add seats at the College of New Caledonia. Yes, there's a class there, but there's a huge region that those care aides serve. So that's a challenge.

Physio, the model, is currently a distributed model with UBC really determining how that cohort is structured. We need to have a stand-alone cohort for physiotherapy at UNBC. They are capable of it. They have the opportunity to do it. It is an issue. In fact, it's something that I very much agree with the leader of the Green Party about. We've had discussions about it. I did want to reflect that.

I guess I also want to add that families are waiting for speech therapy. We need speech pathologists. We need pharmacists. Our ability to retain and recruit those individuals, in my view, is highly increased if we train them closer to home. I think that there is a recognition both by this minister and the past government that that kind of training is essential.

I just received a letter in the last, probably, 24 to 48 hours from someone who is concerned that there's no dermatologist in Prince George, for example. What do they have to do? Either travel somewhere or someone has to come and do itinerant work. Honestly, considering the economic impacts that the minister's even reflected on.... We are a regional hub for British Columbia and northern British Columbia, so our services need to be reflected in the training opportunities.

I just wanted to be sure that the minister was aware of northerners' view that it's time to add some capacity. It's time to build on a successful model that we have in place. In the short term, the issue of care aides and physiotherapy in particular continue to surface as significant issues in the north.

With that, I look forward to, over time, learning more about the process in terms of assessment — how we're going to implement — and would be happy to have further discussion with the minister. I know he will certainly be visiting our area of the province, and I look forward to having discussions at that time. Thank you to the minister for his time this afternoon.

Hon. A. Dix: Just briefly. The member was a minister, so she very ably summarized my views, but just to say that, yeah, I met very recently with the Health Sciences Association and their members in the north.

Often we talk about doctors and nurses, and that becomes the focus of the health care debate, but health sciences professionals in the broad scope of care have long been missing in the north and in parts of the Interior Health Authority. That's a significant problem. What the member has identified is exactly correct and especially on the care aide front.

Clearly, there is going to have to be a major effort made. If we're going to meet the needs of the north, then.... It's broader than Prince George, as she well knows. Many people feel about Prince George around the Northern Health Authority a little bit like they feel in Prince George about Vancouver. I say that delicately, and I've been informed of that very clearly from some people from other communities. I mention no names. I'm not mentioning the opposition Health critic as we speak. I mention no names.

But there are other communities as well. Fort St. John is an example of that. Terrace is an example of that. Kitimat's an example of that. But also smaller communities, such as Fort St. James and others, that are struggling with some of these very questions. There are some things we can do for smaller communities in terms of health technology and delivery of services, but for some services you need a person there. You need a person living in the north who can provide the service in the north. That, obviously, has to be our ambition.

Sara Darling | Director of Communications
Office: 250.952.3035 | Cell: 778.679-2588



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SENIORS ADVOCATE

Ronayne, Bruce HLTH:EX

From: Darling, Sara K HLTH:EX
Sent: Friday, February 2, 2018 11:05 AM
To: Ronayne, Bruce HLTH:EX
Subject: FW: CHNL: Fontaine - care aide funding ■ - MEDIA REQUEST RADIO NL

From: Darling, Sara K HLTH:EX
Sent: Monday, January 15, 2018 12:20 PM
To: Mackenzie, Isobel HLTH:EX
Subject: FW: CHNL: Fontaine - care aide funding ■ - MEDIA REQUEST RADIO NL

...will come and talk to you about this – still would like a comment from you.

From: tno@gov.bc.ca [mailto:tno@gov.bc.ca]
Sent: Monday, January 15, 2018 11:21 AM
Subject: CHNL: Fontaine - care aide funding ■

CHNL (Kamloops)

15-Jan-2018 10:01

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Ronayne, Bruce HLTH:EX

From: Darling, Sara K HLTH:EX
Sent: Friday, February 2, 2018 11:04 AM
To: Ronayne, Bruce HLTH:EX
Subject: FW: Further info

From: Darling, Sara K HLTH:EX
Sent: Friday, January 12, 2018 2:58 PM
To: Mackenzie, Isobel HLTH:EX
Subject: FW: Further info

Thanks and have talked to upstairs about whether any money following the March announcement has been specifically allocated or spent and am waiting to hear back. Meantime Woodford sent me the email below, obviously he means 2017/18. Woodford would still like a comment from you about what you hope to see happen following March's announcement, if you can, Monday. Again I told him we were essentially in a wait and see situation hoping to see care hours funding allocation at least made more explicit around Feb. budget. He is chasing HEU and BCGEU as well.

From: Shane Woodford [<mailto:swoodford@newcap.ca>]
Sent: Friday, January 12, 2018 2:35 PM
To: Darling, Sara K HLTH:EX
Subject: Further info

I figured out this \$47 million number. The \$500 million was meant to be invested into seniors care over a four year span so year one investment in 2012/18 fiscal year is \$45 million, Fontaine just got the number wrong.

Shane Woodford

News Director

Radio NL

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Direct: 250.571.5222

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80s-90s & WOW!

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Ronayne, Bruce HLTH:EX

From: Darling, Sara K HLTH:EX
Sent: Friday, February 2, 2018 11:06 AM
To: Ronayne, Bruce HLTH:EX
Subject: FW: Care funding, minister's response

-----Original Message-----

From: Darling, Sara K HLTH:EX
Sent: Tuesday, January 16, 2018 5:19 PM
To: Mackenzie, Isobel HLTH:EX
Subject: Fw: Care funding, minister's response

See below

Sent from my BlackBerry 10 smartphone on the TELUS network.

Original Message

From: Anderson, Kristy GCPE:EX <Kristy.Anderson@gov.bc.ca>
Sent: Tuesday, January 16, 2018 4:57 PM
To: Darling, Sara K HLTH:EX
Cc: Lawrie, Hannah GCPE:EX; Heinze, Laura R GCPE:EX
Subject: Care funding

Hi

I just wanted to let you know that the minister has done CHNL and news 1130 on care funding. No announcements. Just a commitment to doing this important work.

Kristy Anderson
778.678.5200