

MINUTES

COMMUNITY SERVICES COMMITTEE

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

CHAMPLAIN ROOM

1 FEBRUARY 1996

3:00 P.M.

PRESENT

Chair: M. Meilleur

Members: M. Bellemare, R. Cantin, L. Davis, D. Holmes, A. Munter, D. Pratt

Regrets: A. Loney, B. McGarry

CONFIRMATION OF MINUTES

That the Community Services Committee confirm the Minutes of 18 January 1996.

CARRIED

INQUIRIES

1. Policy re Disposal of Surplus Equipment

Councillor D. Holmes asked whether the Health and/or Social Services Departments have a policy regarding the disposal of used equipment such as Personal Computers. The Commissioner, D. Stewart noted a corporate policy is in place and he suggested the inquiry may be more appropriately directed to the Information Systems Division of the Finance Department.

2. Breast Cancer Action

Councillor D. Holmes spoke about attending a recent Breast Cancer Action meeting where representatives from the Canadian Breast Cancer Research Initiative provided information on their activities and on grants received from the federal government.

Councillor Holmes said those attending expressed interest in forming a local group, with participation from the Regional Health Department, Health Canada and the Canadian Cancer Society to see what could be done to bring about a reduction in the rate of breast cancer in the Ottawa-Carleton area, the highest rate in Ontario. The Health Department will report back to Committee on this proposal.

PRESENTATIONS

1. Ontario Breast Screening Program Briefing

Dr. G. Dunkley introduced Dr. Diane Logan, Medical Director, and Ms. Suzanne Joannis, Regional Coordinator, Ontario Breast Screening Program (OBSP). Dr. Logan noted that, as of 1996, the leading cause of death among females will be Lung Cancer, not Breast Cancer, as the mortality rates for breast cancer have declined. She indicated the key is early detection; a large number of studies which looked at screening practices have determined there is a 30% reduction in mortality with early detection and these studies are the basis for the current recommendations in Canada.

Dr. Logan indicated ten (10) centers were established throughout Ontario in 1990: all of the centers are affiliated with the Regional Cancer Centers and are under the management of the Ontario Cancer Treatment and Research Foundation. In 1995 the Ministry of Health recognized that 64% of women aged 50 to 69 had never had a mammography or had not had one in two years. It was decided that affiliate sites would be established through partnerships with hospitals and would utilize hospital resources to operate screening programs. These sites were also established in response to the distance some women had to cover to access service and in recognition of the fact there are cultural and linguistic barriers to screening.

Dr. Logan said the OBSP program stands up well against similar programs in the United Kingdom and Swedish programs that have been running for several years. All units are less than 5 years old, and must meet certain standards: all have Canadian Association of Radiologists' approval. Processors are totally dedicated to mammography and quality assessment is done on all programs.

Dr. Logan presented some statistical data which are detailed in a document entitled "Breast Cancer - Canadian Statistics, 1995" held on file with the Committee Coordinator. She spoke about the OBSP's active health promotion plan which hit maximum volume in 1994 and she noted much community work is done. She indicated that, in Ottawa, there are currently 924 screens per month, with most clients returning and with a high retention rate. She added there are indications most of the centers' clients are from the western portion of the region therefore the OBSP is targeting the east end as well as minority groups and the francophone population.

Councillor R. Cantin asked whether any activities were centered around other factors such as heredity. Dr. Logan replied there is much interest in establishing a hereditary breast cancer program and within Ontario, both a Preventive Oncology Division and the Ontario Cancer Genetic Center have been established.

Committee Chair Meilleur asked about the status of the genetic study of families with a history of Breast Cancer. Dr. Logan noted a retreat was held at the University of Ottawa in 1995: a group is launching a study to look at families and the risk of developing breast cancer, to catalogue and to advise women on the best health practices. She indicated, in response to a subsequent question from Chair Meilleur, that there are different philosophical approaches among women and measures can range from simply providing the information to women who are interested to holding full discussions with them on the subject.

That the Community Services Committee receive this report and this briefing on the activities of the Ontario Breast Screening Program for information.

RECEIVED

2. Measles Immunization Update

Dr. P. Stewart, Associate Medical Officer of Health, presented the report. She indicated there are three reasons for the Measles Immunization Program:

- contrary to public perception, this dangerous childhood disease is still around and can cause serious illness;
- the number of cases increased in 1995 but Ottawa-Carleton has been fortunate in that the area has fewer cases than the rest of the province);
- the disease can be controlled through immunization.

The Director, Child and Adolescent Directorate, Ms. C. Nadon, said the Health Department hopes to immunize all children within the school system. She noted that between 1600 to 2500 children will be immunized each day but there will need to be "catch-up" clinics to reach the 10% who are absent from schools and not being immunized there. A "hot line" has been set up for questions and the program should be completed by the end of May 1996.

Dr. Stewart indicated the program is running smoothly and she acknowledged the high level of cooperation received from schools and the community.

In reply to a question from Committee Chair M. Meilleur, C. Nadon confirmed the Health Department has had to re-prioritize its project workloads to meet the needs of this program. Councillor L. Davis asked whether pediatricians and family physicians would be receiving the information concerning their patients' immunization in order to avoid duplication. Dr. Stewart explained it is cheaper to immunize through the public health system than through physicians, therefore it was unlikely physicians would provide the vaccine to their patients. She added that immunization records are updated upon receipt of the Measles vaccine and this will ensure physicians are aware a patient has been immunized.

Councillor D. Pratt asked whether there were serious concerns with allergic reactions to the vaccine. Dr. Stewart replied the most serious allergy would be to eggs but this was unlikely. She said that, in the event someone is at risk of an allergic reaction, a single dose vaccine would be provided to an allergist and the patient would receive the immunization in the allergist's office. In response to a question from Councillor Pratt regarding the issue of a person's religious beliefs prohibiting medical interventions, Dr. Stewart indicated less than 1% of the population of Ottawa-Carleton would fall into this category.

That the Community Services Committee receive this report and this presentation for information.

RECEIVED

OTHER BUSINESS

Information on Community Care Access Centers

The Committee heard from Ms. Catherine Danbrook, Director, Home Care Program, who provided the following information about the program:

- Home care and support services are provided to eligible people of all ages in the Region under criteria broadly defined by the Ministry of Health. The program functions as a substitute to Acute Care hospitals, long term care or nursing homes and helps to maintain frail elderly and disabled adults in the community by providing the necessary supports;
- professional services include nursing, case management, occupational and physiotherapy, social work, nutrition and speech therapy;
- support services include homemaking, home visits for laboratory investigations, drug benefits, medical supplies and equipment, meal preparation and transportation services;

- homemaking is the largest service delivered, with nursing care the second largest: all clients access home care through physician, family or concerned individual referrals;
- the caseload on any given day averages 8,200 clients, with 1,500 admissions per month, 60% from acute care hospitals.

Ms. Danbrook continued by saying that, in the 1994-95 budget year, 23,000 clients were served from a budget of approximately \$61 million: costs may be further broken down as follows:

- the Acute Care Program served 8,400 people for \$8.2 million
- the Long Term Care/Chronic Program served 9,000 people for \$36 million
- the School Program served 1,900 people for \$3.5 million
- the Integrated Homemaker Program served 4,000 people for \$13 million.

Ms. Danbrook indicated the Home Care Program makes up approximately 91% of the Community Long Term Care funding envelope and this is the component that will be affected by the Province's proposal to create 43 Community Care Access Centers (CCAC). This will be done by merging the 38 existing Home Care Programs with the 37 existing Placement Coordination Services (PCAs). There are indications the Province wants a managed competition model and this suggests that, over time, no direct services would be provided through the CCACs: the centers would be managed by independent boards. Ms. Danbrook noted the Metro Home Care program, which currently functions with an independent board, would be split into six (6) CCACs.

Ms. Danbrook concluded her presentation by saying there is no information on the timing for implementing these changes. She added home care staff will meet with representatives from the Ministry of Health on the 14 and 15 Feb 96 to discuss the transition to the proposed system and to bring forward issues of local concern.

In reply to questions from Committee Chair M. Meilleur, Ms. Danbrook noted the Region currently has staff providing home care services. She added it has been suggested existing staff would move to the Boards established under the new governance model.

Councillor R. Cantin said Ministry officials must be made aware that, with the current caseload, the cost per client, per year is \$7,300, or \$20 per client, per day. He noted that the Association of Local Official Health Agencies (ALOHA) is on record as saying this is an effective service delivery model. He expressed the view there will be better value for money when private agencies provide these services and there may be improvements in the care clients receive.

He suggested it be pointed out that 90% of the work that will be performed by the CCAC is currently done by the Region and shifting that percentage into a new organization as opposed to adding to the existing organization is not logical. He also asked that the statistics provided by Ms. Danbrook be forwarded to the Ministry

Councillor A. Munter, having put forward a comprehensive Motion (outlined below), said it is agreed better coordination of service is needed. He said he found it remarkable that the Province would want to create a new Special Purpose body in Ottawa-Carleton to deliver services already delivered in part by the RMOC.

Further to these observations, the Committee considered the following Motion:

Moved by A. Munter

WHEREAS the provincial government has announced its intention to create “Community Care Access Centers” to simplify access, reduce duplication and improve care in the long-term care system; and

WHEREAS this proposal includes a plan to set up a five to seven-person elected board to administer these access centers; and

WHEREAS the Regional Municipality of Ottawa-Carleton already administers one of the key services (homecare) that would be run by this new body and covers the same geographical area; and

WHEREAS the provincial government has announced it will incur additional costs by negotiating agreements with regional governments and public health units to finance the transition costs of transferring homecare from them to the new CCAC’s.

BE IT RESOLVED THAT Ottawa-Carleton Regional Council endorses the government’s goal of cutting duplication and streamlining the long-term care services; and

FURTHER THAT Council views as needless duplication and does not support the creation of a new, special-purpose body to co-ordinate long-term care services; and

FURTHER THAT Council recommends that, instead of creating a new organization, the government assign the co-ordination function to Ottawa-Carleton regional government, since the Region already administers homecare, covers the same geographical area as the proposed CCAC and is democratically accountable to the community; and

FURTHER THAT the government also investigate the possibility of other regional governments and boards of health in Ontario fulfilling this function, where it is appropriate; and

FURTHER THAT copies of this resolution be forwarded to the Minister of Health, all local MPP's, the Association of Municipalities of Ontario, the regional section of AMO, the ALOHA, the Ontario Home Care Programs, other regional governments and boards of health.

CARRIED

INFORMATION PREVIOUSLY DISTRIBUTED

1996 Social Services Draft Estimates: Impact of Reductions to
Personal Income Contributions
- Social Services Commissioner's Report dated 11 Jan 96

The Committee heard from Ms. L. Lalonde, representing the Social Assistance Recipients' Council (SARC). Ms. Lalonde indicated there is confusion concerning recent provincial announcements about the Earn-Back provision of the Supports to Employment Program (STEP). She explained this means a single parent has lost approximately \$90. per month in available income and a single person has lost \$37.50 per month, therefore social assistance recipients are a lot worse off then they were prior to the 21.6% decrease of October 1995.

The Social Services Commissioner, D. Stewart, said it is clear from the provincial announcements of October and December 1995 that not all clients, particularly those in receipt of social assistance prior to 01 October and declaring earnings, will be able to earn-back all of the 21.6% reduction. He noted that in a report to Council in January 1996, the Department did indicate that clients could retain a greater portion of their earnings, not earn-back their total losses. Mr. Stewart said the fact remains that the effect of the cumulative announcements of Oct and Dec 95 have resulted in clients being able to retain more of their earnings than the department anticipated, therefore the statement that there is a corresponding reduction of \$10 million gross, \$2 million net is still accurate. Commissioner Stewart noted the STEP Program is still a complicated formula for both staff to interpret and for clients to understand.

IN-CAMERA

Moved by R. Cantin

That the Community Services Committee move In-Camera to consider the following item, pursuant to Subsection 11(1) b), being a personal matter about an identifiable individual, including staff.

CARRIED

Moved by R. Cantin

That the Community Services Committee moved Out-of-Camera and resume in Open Session.

CARRIED

The Committee agreed to defer consideration of this matter for a two week period.

ADJOURNMENT

The meeting adjourned at 4:55 p.m.

COORDINATOR

CHAIR