

NIAGARA AGING STRATEGY AND ACTION PLAN

Report from Inaugural Meeting - Planning Team 3

On May 14, 2014 the members of the Niagara Aging Strategy Planning Team for Seniors Requiring 24 Hour Support (Planning Team 3) met from 9 am to noon at the McBain Community Centre in Niagara Falls. The objective of the meeting was to launch the planning process, conduct a preliminary situation analysis and receive input to the project design.

Activities and deliberations at the facilitated session included the following:

- Participant introductions
- A detailed review of the project work plan with discussion of the role of the Planning Teams in the various project steps
- A flip chart activity to identify strengths, weaknesses, opportunities and threats pertaining to the system of services and supports for seniors requiring 24 hour support
- A visioning exercise to describe a preferred future for seniors in Niagara
- A round table discussion to create a client profile
- Structured brainstorming to identify potential initiatives
- A preliminary review of the draft questionnaire for service providers
- A review of next steps

This report captures the information generated by session participants. These observations and insights will help shape the design of the upcoming consultation and data gathering initiatives and will provide a backdrop for the Planning Team when it reconvenes in October to develop goals and recommendations specific to well-fit seniors.

Project Coordinator:

Dr. David Sheridan
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Attached: Meeting Participants
Project Work Plan
SWOT Exercise
Vision Elements
Client Profile
Suggested Initiatives
Composite SWOT Analysis – All Teams

Separate Cover: Draft Provider Questionnaire

May 26, 2014

MEMBERS OF PLANNING TEAM 3
Services for Seniors Requiring 24 Hour Support

Present	Debi Brown	Chateau Gardens
	John Burma	Allbright Centre
	Kelly Falconer	CMHA
	Charleen Ferron	CCAC
	Tim Siemens	Tabor Manor/Pleasant Manor
	Jennifer Turgeon	Seasons Retirement Home
	Kim Widdicombe	Garden City Manor
Regrets	Sean Kays	Foyer Richelieu
	Carol Nagy	Hospice Niagara
	Wendy McPherson	NHS Geriatric Assessment

NIAGARA AGING STRATEGY AND ACTION PLAN

Project Schedule

Project Launch

1.1	Proposal deadline	February 18
1.2	Approval to proceed	March 3/April 4
1.3	Start-up meetings	April 11, 23, May 14
1.4	Stakeholder recruitment invitations distributed	April 30
1.5	Recruitment of Planning Teams	May 9
1.6	Information review (ongoing)	May 10

Plan Development

2.1	Inaugural Planning Team meetings (n=3)	May 12, 13, 14
2.2	Steering Committee meeting and launch event	May 21
2.3	Key informant interviews (n=15+)	May/June (ongoing)
2.4	Provider survey developed/distributed	June 2
2.5	Seniors' focus groups (n=12)	June 11-26
2.6	Survey response deadline	June 30
2.7	Data compilation/interpretation	July 19
2.8	Preliminary Toolkit	July 30
2.9	Steering Committee meeting	August 12
2.10	Community stakeholder forum	September 11
2.11	Forum report	September 26
2.12	Planning Team meetings second round	early October
2.13	Planning Team recommendations	October 10
2.14	Community discussion paper distributed	October 15
2.15	Consultation input deadline	November 14
2.16	Steering Committee meeting	TBD November
2.17	Final strategy report	November 29

Implementation and Sustainability

3.1	Goal mapping analysis	December 19
3.2	Partner recruitment package	December 30
3.3	Implementation planning session	early January
3.4	Partner recruitment complete	January 30
3.5	Final implementation action plan	February 6
3.6	Sustainability model	February 16
3.7	Final project report	February 27
3.8	On-call support/advice	Six months

May 23, 2014

SWOT EXERCISE: Seniors Requiring 24 Hour Support
Flip chart activity

Strengths

Outreach and case management services
Specialty knowledge in LTC (palliative, responsive behaviours, dementia, etc.)
Engagement of community partners
Continuum of care campus – housing, LTC, supportive housing
Committed staff and management
Person centred care
BSO and GMO support services
Crisis planning table (CCAC)

Weaknesses

Inadequate funding
Government micromanagement – does not foster innovation
Resources for seniors on fixed income
Public stereotyping of LTC homes
C Buildings
Transportation in rural settings
Lack of semi-dependent living options
Lack of capacity planning
Lack of MOH support for person-centred care
Wait lists
Lack of seniors crisis resources

Opportunities

Expansion/change of use of existing residences/facilities
Desirability of Niagara as a retirement region
More/stronger partnerships between organizations and sectors
Increased seniors leadership/involvement in decision making
Repurposing of old LTCs for supportive housing
Engaging educational system

Threats

Exponential increase in specialized needs, e.g. dementia
Increasing complexity of medical and mental health issues
Financial circumstances of seniors
Declining numbers of nursing/staff/PSWs
Lack of prevention in health care
Inadequate identification and engagement of at-risk groups

VISIONING ACTIVITY – Input from all Planning Teams
Based on a visioning exercise where participants wrote desirable headlines to appear in Niagara media in May 2020

Improved Infrastructure and Expanded Services

Quick and Easy Access to Services for Niagara Region Seniors
Three Area Seniors Lifestyle Communities Approved
Transit Systems Fully Integrated in Niagara
New Seniors Active Living Complex to Cover Fit to Frail
Municipalities Collaborate for Affordable Transportation Across Niagara
Seniors Receiving In-home Palliative Care
More Doctors Available for Seniors in Niagara
More Long-term Beds Available in Niagara for Seniors
One-stop Shopping for Seniors Needing Assistance with Daily Living in Niagara
Senior Services are Affordable in Niagara
Niagara Seniors Can Access Hospital Services Across Niagara
Health Education and Promotion for Seniors Available at YMCA
All Niagara LTC Homes Driven by What Residents Want
New Supportive Housing Units Open for Seniors on Fixed Income
Planned Communities for Facilities of all Ages
Memory Clinics in Each Municipality Reduce Need for Specialized Assessment
State of Art LTC Built in Niagara – Wait Lists Decreasing
Niagara Thunders Loud with Senior Services

Increased Resources

Healthy Living Supplement for Seniors
More Funding Announced for In-home Care for Seniors
Tax Breaks for Seniors Caregivers
Funding Has No End for Seniors in Niagara
Funding Announcement for Dementia Providers
More Financial Assistance for Seniors

Profile and Engagement

School Adopts a Seniors Home
Intergenerational Projects Benefit all Age Groups
Seniors Recognized for Making Difference in the Community
Seniors in Niagara Healthier and Involved in their Communities
Niagara Receives Age Friendly Leadership Award from World Health Organization

Successful Outcomes

Niagara Home of Most Fit Seniors in Canada
Niagara Senior Finishes Boston Marathon in First Place
Niagara Seniors Leave Cars Behind and Walk, Bike or Take Transit
Seniors Living at Home Longer
Reduction in Seniors Requiring Emergency Care
Prevention Strategy Making a Difference – Fall Rate Down by 25%
Heart Attack, Stroke and Kidney Disease Thing of the Past Due to Prevention

CLIENT PROFILE – Well-Fit Seniors

Round table discussion

- Mid 80s and older
- About 70% female
- Arriving at LTC later in life, frailer with more complex needs
- All income levels, although many need financial support – lots of competition for subsidized (basic) accommodation
- Co-morbidity of behaviour to manage – balance of physical and mental
- Less family support in urban settings, more in rural areas
- Increasing numbers of seniors in homeless shelters
- Diverse cultures – polish, Ukranian, Asian, Punjab
- Families educated and knowledgeable with high expectations
- Some residents have computer, ipads, tablets
- Education levels increasing
- Crisis situations, lack of transition planning

SUGGESTED INITIATIVES

Free-response structured brainstorming activity

Capacity planning
Partnerships, seniors planning table
Planning for life transitions
Foster care for seniors
Education/increased knowledge of senior's issues
Continuous housing/LTC
Increased person centred focus
Leverage academic connections
24 hour senior's supportive housing supports
Promote LTC as a desirable career
Improve ways of dealing with assault
Corporate funding sponsorships

SWOT ANALYSIS - All Committees

	Well/Fit Seniors	Requiring Some Assistance	Requiring 24 Hour Assistance
Strengths	Existing infrastructure and programs Client centred services Health promotion emphasis Increasing interagency cooperation Innovative approaches Existing data and information Available capacity	Services delivered in-home Reductions in ER visits, LTC placement and ALC beds Some new programs Increasing interagency coordination Passion and commitment of community organizations	Specialty knowledge in LTC Continuum of care campuses Staff commitment Person centred care Support services Crisis planning table (CCAC)
Weaknesses	Large geography Multiple municipalities Transportation challenges Interagency communication gaps Senior friendly communication Rural access to health services	Lack of base budget funding Affordable transportation Awareness of services available Multiple service providers Service gaps Lack of specialists Wait lists for retirement homes Two tier system based on finances	Inadequate funding Government micromanagement Public stereotyping of LTC homes “C” buildings Transportation in rural settings Wait lists Lack of crisis resources Lack of capacity planning
Opportunities	Growing seniors population Seniors desire for engagement More partnerships Streamlining care and services Use of technology for communications/social engagement Volunteer opportunities Municipal plans being updated	New partnerships Diagnostic and early treatment technology Increasing awareness of program impact Health Links	Repurposing existing facilities More/stronger partnerships Increased senior’s engagement
Threats	Funding stability Demand outpacing services Increasing complexity of health issues Isolation, depression and decline	Funding Government changes Aging population Transportation barriers System navigation challenges Lack of system level plan/strategy	Increasing complexity of needs Mental health issues Financial circumstances of seniors Staff recruitment and retention Lack of engagement of at-risk groups

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