

## DRAFT Minutes — 28 November, 2012

### Steering Committee

### Mount Waddington Health Network

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#### Attending:

Valerie Eyford (Port Alice)

Julie Foster (SEBLAC)

Greg Fletcher (RDMW)

Gail Franklin (MWHN co-ordinator)

Helen Gurney (Port McNeill)

Alyson Hagan-Johnson, chair

Janice McLeod (Port Alice councillor)

Alison Mitchell (VIHA)

Danielle Plummer (MCFD)

Nikki Shaw (Port Hardy councillor)

Christine Swain (Youth Addictions services)

John Tidbury (Port Hardy councillor)

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#### 1.1 Check-in & Introductions

Danielle Plummer: Following a widely-publicized BC suicide in October, MCFD provided publicity through video clips and presentations on suicide to encourage youth to talk about their dark feelings. The community resisted this "postvention as prevention" approach at first, but since it was introduced more than 25 students have come forward to their school counsellor to discuss stresses in their lives. MCFD is relieved to see this response.

MCFD has accepted the resignation of its aboriginal clinician, Constance Eagle.

Janice thanked Shirley Ackland for her detailed notes of the October 2012 meeting, saying that in this degree of detail they are helpful to those not present at the meetings.

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#### 1.2 Review of previous Minutes

*Motion*

(1st/2nd)

Approve minutes of the meeting of 24 October, 2012.

Helen Gurney/John Tidbury

*Carried.*

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#### 1.3 Review of this meeting's Agenda

*Motion*

(1st/2nd)

Approve today's agenda.

John Tidbury /Janice McLeod

*Carried.*

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## 2 REPORTS

### 2.1 Seniors & Elders Better Living Advisory Committee (SEBLAC)—Julie Foster

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#### Previous SEBLAC meeting

Thanks to Port Alice's Seaview Recreation Centre for their hospitality at our meeting last month, and for giving us a chance for a shopping spree at their thrift store.

Thanks also to Alison Mitchell for the support of Kirsten Kucy, VIHA's social worker for seniors, at SEBLAC meetings.

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### Growing participation

We have had as many as 50 participants at the SEBLAC meetings. SEBLAC now has representatives from Whe La La U and Gwa'sala Nakwaxda'xw (GN). They have said it's good to be able to air their concerns, provide more information and pass their information to this Steering Committee. The previous representative from Quatsino has stepped down. GN has invited SEBLAC to meet there in January.

### Community Response Network

Julie has participated in numerous monthly conference calls of the BC Association of Community Response Networks (BCACRN). Topics have included domestic abuse; BC 211 info line; and training for community "gatekeepers" (bank clerks, café staff, receptionists etc.) that have frequent contact with elderly citizens and can register concern about changes in appearance or behaviour). This month's call was on training healthcare & community workers in helping LGBTQ2S seniors to advocate for themselves.

The CRN representative will be speaking on how to avoid and respond to elder abuse at the SEBLAC community forum at Seven Hills Golf and Resort on December 14.

### Retirement of Chair

Julie anticipates stepping down as Chair of the SEBLAC in January in order to support her husband through his health challenges.

### Hospice

The development of a volunteer Hospice service is now in the hands of a working group with specific experience and interest in that topic. As previously stated, SEBLAC is not in a position to take on this work, and is pleased that it is in capable hands.

### Travel costs to SEBLAC meetings

We were asked to look at the budget for travel costs for designated representatives to our meetings. The cost of travel to our meetings from Alert Bay, GN, Quatsino etc. is significant for some seniors on a fixed income. As SEBLAC does not have an operating budget for this cost, we are appealing to the Steering Committee to support carpools to these meetings.

### Wheels for Wellness

A number of seniors have reported difficulty in getting service from Wheels for Wellness. Some of these involve the timing of pickups with ferry schedules, but we have also heard that some clients are being told simply "it's not available" or "we don't book at that time". One caller has been told "we're fully booked" although there were only two people in the vehicle and she was phoning three weeks ahead. W4W staff are paid, not volunteers.

—The Steering Committee briefly discussed this issue. It was suggested that medical offices and people making medical appointments need to be assertive in negotiating appointment times that are served by Wheels for Wellness.

—A second issue emerged: some seniors with low incomes can't afford the cost of the long- distance call to arrange travel with W4W.

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### **Motion**

1<sup>st</sup>/2<sup>nd</sup>

*Accept the SEBLAC report.*

John Tidbury/ Helen Gurney

*Carried.*

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## 2.2 Executive Committee Report – Alyson Hagan-Johnson, Chair

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### Budget protocols

Although the November Addictions Services Celebration dinner was very successful, some technical issues have arisen over payment of the related invoices. The Regional District requires a purchase order for all expenses over \$100 before the invoice is received. The PO number allows the RD's accountant to know which funding sub-category the bill will be paid from.

Network co-ordinator Gail Franklin has presented some ideas to the Executive Committee about developing standard protocols for disbursements from the Health Network budget. Alyson asked the Steering Committee today for its response to a suggestion that written proposals be submitted to the Steering Committee for consideration before funds are provided.

A brief discussion followed about the budget/disbursement process and the proposed changes. In particular, Danielle, John and Helen approved of this suggested procedure. There were no objections. The Steering Committee informally agreed in principle, and requested a written description of the proposed changes for consideration at its next meeting. With today's input the Executive Committee will also consider how to record and plan formal criteria for disbursements from the Health Network funds for future initiatives.

### Budget allocations in 2013

Some of the Health Network's advisory committees have been allocated funding for routine committee operations; however, the SEBLAC and Youth committees do not have their own budgets. This should change. The Executive Committee will examine the provision of an operating budget for each subcommittee.

### Mileage allowance for carpooling to SEBLAC meetings

The Executive Committee will meet to consider the mileage issue that Julie brought forward in today's SEBLAC report.

### Rewording the motion passed to fund "A Safe Place to Be".

Shirley Ackland has approached the Executive Committee to ask that the Chair bring back the original motion for reconsideration. Accordingly the Executive Committee now brings this matter to the Steering Committee.

Protocol on this amendment was discussed and implemented as follows:

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<b>Motion</b>	1 <sup>st</sup> /2 <sup>nd</sup>
Bring back the original motion (Minutes of 24Oct12/New Business/"Safe Place to Be") for consideration: <i>"that the MWHN support the Safe Place to Be proposal as presented for the one time sum of \$81 477. These funds are to be taken from the Addictions budget. And . . . That this funding is contingent upon VIHA and MHAS providing the additional services identified in the same proposal."</i>	John Tidbury / Nicki Shaw

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**Carried.**

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<b>Motion</b>	1 <sup>st</sup> /2 <sup>nd</sup>
Rescind the motion.	John Tidbury / Nicki Shaw

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**Carried.**

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<b>Motion</b>	1 <sup>st</sup> /2 <sup>nd</sup>
End the clause at "...budget." The revised motion now reads, "that the MWHN support the Safe Place to Be proposal as presented for the one time sum of \$81 477. These funds are to be taken from the Addictions budget."	Janice McLeod / Christine Swain

**Carried.**

Aboriginal co-chair position

In discussions with Alyson, Kwakiutł Band manager Norman Champagne is supportive of Jamuga Cook returning to the Steering Committee as co-chair. Jamuga will likely return to the committee sometime in the spring. The band will take a more active role in managing its health in this region as it leaves the Kwakiutł District Council at the end of March. The band prefers to be referred to as the Kwakiutł Indian Band, rather than "the Fort Rupert band".

<b>Motion</b>	1 <sup>st</sup> /2 <sup>nd</sup>
Accept the Executive Report.	Nicki Shaw/ Helen Gurney

**Carried.**

**2.3 Youth Committee Report — Christine Swain**

The committee is still trying to fill the position of youth housing co-ordinator. No applications have been received in the past month.

The committee's youth workers are very busy at this time of year (as anticipated), but we are encouraged by recent developments. We will be able to focus on more committee work after Christmas, and anticipate reporting good news at the next meeting.

<b>Motion</b>	1 <sup>st</sup> /2 <sup>nd</sup>
Accept the report of the Youth Committee.	Nicki Shaw/ Helen Gurney

**Carried.**

**Housing Committee Report** *(Not available in the absence of the Housing chair)*

Nikki Shaw remarked that the follow-up survey of community housing needs is going on this week. About 60 returns have been received, and Valerie Nash and Annemarie Koch have scheduled community meetings at five locations to check their information and gather further details.

**2.4 Addictions Services Planning Committee Report**

*(Not available in the absence of the Addictions Service Planning chair. A report on the 15Nov12 event celebrating the final draft of the Addictions Services strategy is appended.)*

Those present today agreed that they enjoyed the Community Celebration on November 15th. They saw it to be very well attended (50-60), including a large and welcome turnout of First Nations leaders and community members.

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## 2.5 VIHA Report —Alison Mitchell

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The Alert Bay Hospital last week celebrated its ten-year anniversary; Alison attended.

### Personnel changes

Vicki Janse has taken the Practice Lead position vacated by Pam Rardon. Marie Duperreault has left her position as Manager for Community Programs. Angelika Starr, the manager for Residential and Acute Care, may take over one of the community positions in the new year if other qualified individuals are not found for them.

### Service redesign

The Local Working Group on Medical Services Stabilization met in September and October in two all-day sessions with VIHA planners. These sessions identified gaps in current services and referrals, and considered an improved service design. VIHA staff have since been doing a lot of work to follow up this input. We will reconvene the Local Working Group in early December to review our work so far.

### Integrated Health Care Centre

The Capital Budget Plan has been submitted. We have put in a draft proposal for the Integrated Health Care Facility to provide a "place marker" figure for the finance committee's consideration. Within the capital planning process we have to rank the aggregated submissions. For that process we had to supply only a rough picture of what the building would house. In that sense the proposal is a work in progress.

Next comes the process of engaging with all communities to further consider the Integrated Service model. Engagement of First Nations communities will be through chief and council meetings. Following that will come "Patient Journey" mapping processes, to gather the perceptions of individuals and the community about their current experience with the medical system, and the hopes for the proposed model.

### VIHA Staff recruitment

- We have chosen a physician recruitment company from three that came forward.
- Nurse Practitioners are now working in the medical clinic in Pt Hardy. This arrangement is working very well.
- VIHA is still recruiting for a physiotherapist position or locum in this region. The recruiting agency is getting few responses. Residential care units are affected as a result of this lack. Likewise, VIHA is still working on developing psychiatry services. Funding is available, but recruitment is the issue.
- No hospital closures are anticipated in the region at this time.
- We have a better shared-call roster and a new doctor coming up soon to start practice. Both developments will have a good effect on service loads.

### Better at Home program

Port Hardy has been selected as one of 60 communities to participate in an expansion of the Better at Home initiative. Better at Home is a program that helps seniors with simple day-to-day tasks (laundry, shopping, housekeeping etc.) so that they can continue to live independently in their own homes and remain connected to their communities. The Government of British Columbia funds the program, United Way of the Lower Mainland manages it throughout BC, and a local non-profit agency provides the services.

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The Ministry of Health prefers to keep and develop this "home first" / "aging in place" model of over the next few decades, as it shows healthier and less expensive outcomes than building new infrastructure.

The United Way hopes that if this program is successfully taken up by a non-profit agency in Port Hardy it will roll out to other communities in the region.

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<b>Motion</b>	1 <sup>st</sup> /2 <sup>nd</sup>
<i>Accept the report of the VIHA representative.</i>	Nicki Shaw/ Janice McLeod
<b>Carried.</b>	

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## **2.6 Co-ordinator's Report [appended] – Gail Franklin**

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<b>Motion</b>	1 <sup>st</sup> /2 <sup>nd</sup>
<i>Accept the Co-ordinator's report.</i>	Nicki Shaw/ Valerie Eyford
<b>Carried.</b>	

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In reference to Committee's previous stipulation (rescinded) that VIHA support the Lighthouse Resource Centre funding, Gail described the an urgent and chronic need for street outreach and nursing services in Port Hardy. Although VIHA has acknowledged this need for years, and recognized it through the Addictions Services Planning framework's recommendations in the summer of 2012, the situation continues.

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<b>Motion</b>	1 <sup>st</sup> /2 <sup>nd</sup>
	John Tidbury/Helen Gurney
<i>Gail Franklin to draft a letter to senior VIHA administration, requesting a full-time VIHA mental health outreach worker. This worker would support the Lighthouse Resource Centre's pilot "Safe Place to Be" for intoxicated guests, and provide an integral part of the community plan for medical stabilization and addiction services. Letter to be drafted in consultation with Alison Mitchell and Alyson Hagan-Johnson.</i>	
<b>Carried.</b>	

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### **Forum note-taking: request for direction**

Gail noted that notes of the Health Network's public forums have varied in the amount of their detail. She asked the Committee for some direction on this issue to avoid onerous work in taking detailed notes that will not likely be widely read or used.

The Steering Committee today requested that future Health Network forums be recorded in only enough detail to coherently inform a future reader of the proceedings. The record should include the agenda, speakers' notes, slide presentations (PowerPoint files, etc.) as available, and any public feedback. It anticipates that any major issues (e.g. financing, etc.) emerging at a public forum will be brought to a subsequent meeting of the Steering Committee for further community deliberation.

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## **3.0 OLD BUSINESS**

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### **3.3 Transit Tickets for Hospital patients**

The Regional District has confirmed that transit tickets have been released to the Hospital Social Worker as requested, to be available to needy patients upon discharge.

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#### **7.4 Travelling MRI services**

Alyson Hagan-Johnson noted that several newspaper stories have appeared to celebrate the arrival of travelling MRI services in Campbell River. The VIHA spokespersons are quoted as citing the great distance (to Nanaimo) that Campbell River residents must otherwise travel for services.

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#### **Motion**

1<sup>st</sup>/2<sup>nd</sup>

John Tidbury/Danielle Plummer

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*That Alyson Hagan-Johnson write a letter to Dr John Matheson, VIHA Director of Medical Imaging, cc Victoria Power, Director, Rural Health and Primary Health Care, requesting MRI services in the Mount Waddington region, and asking why these are not currently available, given the much greater distances that patients in this region must currently travel.*

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**Carried.**

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#### **4.0 NEW BUSINESS**

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##### **4.1 Possible topics for Health Network Forum in spring 2013**

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The committee agreed that the spring meeting must include a business meeting to elect co-chairs and confirm committees' terms of reference, etc. This in itself may require a half-day meeting.

Issues and topics for a forum were discussed. Christine Swain suggested a focus on mental health services for youth, and stated that she has seen a number of youth that don't have easy access to mental health services. Danielle Plummer noted that several agencies offer services to youth, including parents up to 19 years old, and that their waiting lists are not very long. She pointed out that there are also many gaps in services that don't involve counsellors: leisure, entertainment and access to jobs are also lacking in this area. Topics of other public forums were reviewed: housing, birthing, communications for LWG, Child and Youth Mental Health.

The committee briefly considered aspects of the need for a community discussion of support for early and middle childhood development. Very little preventive work with 0-5 or 0-12 age groups is being done in this region, and no funding is provided to address these needs in children over 3 years old. Active early intervention is needed, as well as training for parenting, especially for parents of children with special needs or challenging behaviours. IDP staff, parenting, FASD..."family and the 0-12 child..." Gail was asked to develop further ideas in this line, with input from community leaders. No formal motion arose from this discussion.

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#### Surgical Support for Obstetrics

Gail inquired into the Steering Committee's interest in Dr Grzybowski's presentation at the Health Network Forum in September. She noted considerable interest amongst the Committee in previous meetings, in responding to Dr Grzybowski's cost-benefit paper and recommendation that surgical services to support obstetrics and gynecological services be provided in this region, not only as a humanitarian service but as a cost-cutting and community-building measure.

Alison Mitchell replied that VIHA's current regional interests at this time are too urgent and too many to make this particular topic an organizational priority. However, she acknowledged from personal experience the difficulty and expense of going to a hospital outside this region to give birth.

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#### **Next meeting:**

As the fourth Wednesday in December falls on Boxing Day, there will be no December meeting. The next meeting will be on **Wednesday, January 23, 2013** at 9.00 am.

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**Motion to adjourn:** Val Eyford.

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**Carried.**

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