

# Minutes of the Steering Committee Mount Waddington Health Network

**23 January 2013**

Boardroom, Regional District of Mount Waddington

**Attending:**

Alyson Hagan-Johnson - Chair

Shirley Ackland – Port McNeill Councillor, Addictions Services Planning Committee

Val Eyford – Port Alice Health Forum

Julie Foster – Seniors & Elders Better Living Advisory Committee (SEBLAC)

Greg Fletcher – Chief Administrator, Regional District of Mount Waddington

Gail Franklin – Health Network co-ordinator

Helen Gurney – Port McNeill

Chris Parker – North Island Crisis & Counselling Centre Society (NICCCS)

Danielle Plummer – Ministry of Children & Family Development

Nikki Shaw – Port Hardy Councillor

Angelika Starr – Manager Acute and Residential health care services, VIHA (on behalf of Alison Mitchell)

Christine Swain – VIHA Discovery youth addictions program

John Tidbury – Port Hardy Councillor

**Regrets:** Because of health issues, Karen Berezon (VIHA Primary Health Care Developer) must withdraw from the activities of the Health Network for a few months.

## 2.0 Previous Minutes

*Motion* (Helen Gurney/John Tidbury)

Accept the minutes of 28 November 2012.

*Carried.*

## 3.0 Review Agenda

*Motion* (Shirley Ackland/Chris Parker)

Accept the agenda.

*Carried.*

## 4.0 Correspondence

Correspondence was circulated as part of the agenda package (appended).

## 5.0 Reports

### 5.1 EXECUTIVE COMMITTEE

– Alyson Hagan-Johnson reporting

The committee met on 16 Jan 13.

- Drafted a letter requesting travelling MRI services in the Mount Waddington region, in accord with the Steering Committee's decision at its November meeting.
- Discussed mileage to be paid at RD rates for carpooling participants to Seniors' committee meetings. This discussion will be extended to consider all committees. (Agenda item 7.6)

- Reviewed and supports a VIHA proposal on today's agenda, to study the feasibility of developing a regional food security hub.
- Now drafting policies and budgets as instructed by the Steering Committee, to create transparent standards of management of Health Network funds through formal budgets, proposals and contracts.
- Supports today's request by NICCCS for funds to support a Community-based Detox pilot project.

**At this time the NICCCS funding proposal (Item 7.2) was brought forward for discussion.**

Chris Parker reported that a single bed at the Crisis Stabilization Centre has been designated for a short-term trial of community-based detox, to alleviate pressure on acute care hospital beds. The request for funds comes because the NICCCS community stabilization program would otherwise run a deficit of \$1150 for wages and benefits needed to train the Centre's staff in managing the detox service. (Funding request appended)

Shirley Ackland stated that the Addictions Services Planning Committee supports the proposal.

*Motion* (Nikki Shaw/ Christine Swain)

Accept the request from NICCCS to provide \$1150 for training to support a temporary outpatient detox initiative. Funds to be drawn from the Addictions budget.

*Carried.*

*Motion*

Accept the report of the Executive Committee.

*Carried.*

## **5.2 SENIORS & ELDERS BETTER LIVING ADVISORY COMMITTEE (SEBLAC)**

– Julie Foster reporting

The committee held a conference in December, on preventing and responding to elder abuse. April Struthers of the BC Association of Community Response Networks (BCACRN) was the featured speaker. Kirsten Kucy also spoke on advance care planning, and Mary Mavis on the regional transit and volunteer transportation service. The event was well attended. In 2013 we hope to create a regional community response network to help prevent and respond to elder abuse.

The next SEBLAC meeting will be held this Monday at the Seniors Centre in Port McNeill. Julie Rushton will present the Better at Home program, a provincial neighbour-support initiative organized by the United Way of the Lower Mainland. She is currently gathering data on the

specific needs of local seniors. A public forum on Better at Home will seek wider input to this program (12.00 on Feb 19 at the Seniors Centre, Port Hardy).

The volunteer Hospice service is going ahead per November minutes. NICCCS will conduct the first training development meeting today. (Chris Parker added that NICCCS has become a member of the BC Hospice & Palliative Care Association, and has identified a core group of volunteers that may be able to act as an advisory board to this initiative.)

**Motion** (Shirley Ackland/Helen Gurney)

Accept the report of SEBLAC.

**Carried.**

### **5.3 YOUTH SHELTER ADVISORY COMMITTEE**

— Christine Swain reporting

#### ***Youth Safe House Co-ordinator***

A co-ordinator has been selected after interviews. We have found a home in Port McNeill that is willing to carry the pilot project for us. This will be a family home operating as a "safe home" or temporary residence up to three days while workers find a more permanent solution. After the pilot house is running we will research the needs of youth in Port Hardy.

The pilot will operate on the lines that Sarah Davidson developed.

#### ***Change of Committee Name***

Our documents are inconsistent about our name. We are requesting a change to "Youth Emergency Housing Advisory Committee" to better reflect our purpose and goal. This is by unanimous decision of the committee.

**Motion** (Julie Foster/Chris Parker)

To support this change of name.

**Carried.**

**Motion** (Shirley Ackland /Julie Foster)

Accept the report of the Youth Emergency Housing Advisory Committee.

**Carried.**

#### 5.4 HOUSING AND HOMELESSNESS COMMITTEE

—Chris Parker reporting

The committee's core group has not met since October. We are waiting to see the Housing and Homelessness needs assessment. Researchers are currently in the middle of the draft and will report in the next few weeks. Community discussions, although lightly attended, were productive in that they helped to refine the data and understanding. It has been very difficult to get 2011 census data, as it is being released in very small chunks. We are using 2006 data where necessary, as it is very similar. The report will reflect the realities of housing needs on the North Island, including those of First Nations.

We anticipate a larger meeting by March. We have not yet heard back from the Government of Canada on the request for funds to support a "Ready to Rent" tenancy skills training initiative, although our proposal has been recommended by staff.

*Discussion:* There is interest in seniors' supportive housing in communities throughout the region.

**Motion** (John Tidbury/Nikki Shaw)

Accept the report of the Housing and Homelessness Committee.

**Carried.**

#### 5.5 ADDICTIONS SERVICES PLANNING COMMITTEE

—Shirley Ackland reporting

Our celebratory dinner in November got a great deal of feedback from community members, including First Nations communities. Many now see their issues and wants reflected in the recommendations we developed.

Now that the planning framework is complete, Jani Urquhart will be stepping back from her role as co-ordinator. Gail Franklin will work with me and Cathie Wilson. We are considering the future role of a co-ordinator, perhaps for large projects only.

The new Cormorant Island Supportive Recovery Society will meet soon, and its plans will be relayed to the Steering Committee as they develop.

Our next meeting will be on 31Jan13. This will be a working meeting on the Recommendations, to monitor how far we are along and what we want to do next. Gail will follow up to keep the momentum on the work of this committee.

**Motion** (Nikki Shaw/Julie Foster)

Accept the report of the Addiction Services Planning Committee.  
*Carried.*

## 5.6 VIHA

— Angelika Starr reporting

No closures at any of the VIHA facilities over the holidays. Previous closures were related to shortages of nurses, not doctors. The staffing rosters in January and February are full, and March looks good.

Local Working Group on medical services stabilization continues its discussions. Port Hardy is high on the list. The current-state mapping is now complete; the future state mapping in progress and patient journey mapping will be undertaken soon. Planning of VIHA service delivery for mental health and addiction is being done this week.

### *Housing VIHA staff*

Incoming VIHA staff struggle to find acceptable housing in this area. Even with excellent references the two new RNs have not been able to find accommodations. Those they have found in Port Hardy are unacceptable; for instance, hydro, cable etc. do not stay connected.

Houses that are for sale are not represented by property management as potential rental units, and the local realtors are not taking on this work. Shirley Ackland, Bev Parnham, Angelika Starr and a real estate specialist are discussing this.

*Discussion:* The same kind of issues occur in other places as well throughout the region. Some years ago a regional retention committee met regularly on this issue, because it affects other organizations as well (RCMP, MCFD, VIHA, NICCCS and NICSS etc.) That conversation may be worth resurrecting.

*Suggestions:* Talk to service clubs to identify landlords' interest within the community. Keep a list of rental housing for staff that are hired or transferred into this area. Please let Angelika know of any appropriate housing opportunities. Setting up temporary housing through a VIHA clearing-house would be a helpful alternative. MCFD has been renting a townhouse on Byng Road because it has often been difficult to get motel space; giving up that space at the end of the month.

### ***Recruitment***

A proposal for nurse practitioners in Port McNeill has been turned down and will be resubmitted.

Physician recruitment has been contracted out. We're getting some interest, but nothing definite.

We are also having challenges with recruitment and retention in rehab services. Our physiotherapist is working .6 time. Locums and p/t staff are coming from Campbell River through January and February. Because of the long-standing difficulty in getting physiotherapy services here, we are starting to look at combining OT/PT services somehow.

### ***Telehealth***

Telehealth usage is picking up all over the region. Tele-psychiatry services are now being tested and hopefully will launch in March. Doctors may soon be using Telehealth more often. Brand-new software now being tested, similar to Skype, will allow doctors to make confidential Telehealth calls from their offices instead of by travelling to an external VIHA site. Also, the Ministry of Health now recognizes physician payments for Telehealth calls, another encouragement to use the system.

### ***Discussion:***

- Telehealth should be more widely promoted among the general public.
- All patients should ask, "Can we use Telehealth instead?" to avoid a long and costly drive south.
- So many things we need in health care require huge funds, but these efficiencies can really help reduce costs if they're properly used.
- Many people are not aware of the communities or conditions north of Campbell River, including driving conditions.
- People don't know what to ask, what possibilities are available, or how to navigate the system to get what they need.
- The Gazette is a good medium for seniors and others without internet; also the What's On paper.
- People should question any kind of distant referral by asking, "Do I HAVE to travel for this?"
- Some services (such as some types of intravenous therapy) can be provided locally. If a doctor isn't aware of the patient's home circumstances, it may not occur to them to seek alternatives to a distant referral.

### ***Suggestions:***

- Promotional posters in medical office waiting rooms.
- Put Telehealth usage on the agenda at the next VIHA board forum, so that they can encourage physicians to use Telehealth.
- Patient resource directory.

- A regular MWHN "capsule comment" in the Gazette on this and similar issues. Topics could include Telehealth, asking questions, taking somebody else with you, avoiding unnecessary travel, booking a longer appointment, etc. Maybe include a nice clear graphic.
- Gail Franklin offered to work with VIHA communications staff in relation to the VIHA strategy for public education, and will write some pieces for the Gazette.

### ***VIHA Capital Funding***

*Discussion:* The Steering Committee today requested a copy of the VIHA capital request.

***Motion*** (Julie Foster/Shirley Ackland)

Accept the VIHA report.

***Carried.***

## **5.7 HEALTH NETWORK CO-ORDINATOR'S REPORT**

(As appended)

***Motion*** (Shirley/John)

Accept the Co-ordinator's report.

***Carried.***

(Break at 10.40; reconvene at 10.55 a.m.)

## **6.0 Business Arising**

### **6.1 REQUEST TO VIHA FOR MENTAL HEALTH/ADDICTIONS SUPPORT STAFF, AND REPLY FROM VIHA**

A letter was sent to VIHA, and a reply received. (Both letters are appended as Correspondence.)

*Discussion:* The Lighthouse Resource Centre's proposed extension will not be supported by additional VIHA staff in Port Hardy as hoped.

### **6.2 DISPOSITION OF FUNDS ALLOCATED TO LIGHTHOUSE RESOURCE CENTRE**

*Discussion:* (Greg Fletcher) A contract has not been created for this disbursement. Any change must be agreed by both parties in a standard process. The process is to create deliverables as

"Schedule A" for this contract. The Executive Committee needs the authority to sign the contract and decide how the funds will be paid.

The BC Housing Extreme Weather funding is covering the basic funding of the emergency shelter from 1 November 2012 to 31 March, 2013.

**Motion** (Julie Foster/Val Eyford)

That the Steering Committee enter into a contract to provide \$77,817 to the Lighthouse Resource Centre in regard to its shelter extension development project, and that the Executive Committee be authorized to approve the contract.

**Carried.**

## 7.0 New Business

### 7.1 VIHA FOOD SECURITY HUB

(supporting literature appended)

*Discussion:*

(Analisa Blake, VIHA Project Lead for Food Security & Healthy Lifestyles, participated by telephone.)

Initially VIHA is offering \$16,000 in 2012 and approximately the same amount in 2013 to engage stakeholders and determine whether a food security hub is feasible. There may or may not be interest or commitment to the model in this region. Assuming that the interest exists, subsequent annual funding is estimated at about \$10-15,000 depending on budget approvals. This subsequent amount will fund a co-ordinator's time for supportive activities that typical grants don't support (e.g. communication, capacity development, and grant applications for food security projects).

This program is similar to the Healthy Communities initiative of 2008, which VIHA is now revisiting.

**Motion** (Nikki Shaw/Helen Gurney)

Accept the offer of a formal partnership with VIHA in this matter, and direct the development of a formal contract by the Executive Committee.

**Carried.**

### (7.2 NICCCS FUNDING REQUEST - SEE PAGE 2)

### 7.3 HEALTH NETWORK BUDGET

—Greg Fletcher

The Executive Committee agrees that Health Network funds should be held primarily for community initiatives, with appropriate operating budgets for committees. The Steering Committee, rather than the advisory committees, is responsible for budget decisions.

The budget structure is somewhat flexible until our fiscal year-end on March 31. For convenience of tracking, the titles of the allocation categories should be consistently used in all related documents.

- One-off initiatives (such as Food Security) not currently in defined budget categories will be housed in the "Network Administration Fund".
- The Seniors and Elders committee has no earmarked funds, so their funds will also come from NA funds, as there is no other current source of funding.

As each amount is allocated and taken out of the reserve, the budget report will show the immediate impact on the rest of the fund. Any outgoing funds represent money not available to another opportunity.

At the end of the year the residual administration fund would go back to the co-ordinator. This would stretch out the general funding over additional years.

*Motion* (John Tidbury/Helen Gurney)

The Steering Committee will finalize the budget in March.

*Carried.*

*Motion* (Shirley Ackland /John Tidbury)

Transfer residual funds from previous years' unallocated contracts to Health Network's "General Funds and Administration" accounting category.

*Carried.*

*Motion* (Nikki Shaw/Shirley Ackland)

Two reserve accounts to be set up, for Housing and Addictions.

*Carried.*

*Motion:* (John Tidbury/Julie Foster)

Adopt a charge-out rate of 10% unless otherwise stated in proposals, details to be determined by the Executive.

*Carried.*

#### **7.4 ADOPTING POLICIES FOR DUE DILIGENCE**

The Executive Committee today proposed an ad hoc committee to help establish criteria for adjudicating proposals, with templates from the Regional District. The Executive will report its progress to the Steering Committee. Chris Parker volunteered to work with the Executive Committee on this issue.

#### **7.5 NETWORK BUDGET – PROPOSED ALLOCATIONS TO COMMITTEES**

The Executive Committee will present proposed allocations at the next Steering Committee meeting.

#### **7.6 COMMITTEE GAS/MILEAGE ALLOCATIONS**

The Executive Committee notes that some committee members (especially Seniors & Elders) volunteer to carpool to committee meetings from outlying communities. The Steering Committee considered a request to offset the costs involved. Discussion was deferred to the February meeting because of time constraints.

#### **7.7 NOMINATIONS**

A call was made for nominations to the Chair for an upcoming election (date TBA). No nominations were received at this time.

#### **8.0 ADJOURN**

*Motion to adjourn* (Helen Gurney)

*Carried*