SUBJECT: Homemakers and Nursing Services Program Update (HCS03012(d)) (City Wide)

RECOMMENDATION:

(a) That Council direct staff to implement an intake freeze on new referrals for Homemakers and Nursing Services.

(b) That Council direct staff to implement a “one off, one on” waiting list until the program is transitioned to the Ministry of Health and Long Term Care targeted for April 1, 2006.

Joe-Anne Priel
General Manager
Public Health and Community Services

EXECUTIVE SUMMARY:

On, November 22, 2005 staff brought forward the report # (HCS03012(c)) Homemakers and Nursing Services Program Update program for approval. Council’s decisions were as follows:

(a) That Council support the Ministry of Health and Long Term Care in transferring their 80% portion of the City’s Homemakers and Nurses Services Program funding to an appropriate community agency. Net levy savings will be reflected in the 2006 budget process.

(b) That Council direct staff to work with the local office of the Ministry of Health and Long Term Care and the Community Care Access Care during
the transition/termination of homemaking services targeted for April 1, 2006.

(c) That staff report back to the next Committee meeting on the financial implications of not implementing the program freeze of new referrals.

(d) That staff be directed to implement a temporary freeze on new referrals pending the financial report referred to in sub-section (c) being presented at the next Committee meeting.

Staff was directed to report back on the financial implications for not implementing a freeze on homemaking referrals and the impact this will have on negotiations for transition with the Ministry of Health and Long Term Care (MOHLTC).

There are 705 clients on the City’s Homemakers and Nurses Services program. Using the current trends of eligible referrals per month, staff are estimating that without a freeze there will be 915 clients on the caseload by April 1, 2006. The cost of supporting these additional clients between January 1, 2006 until March 31, 2006 will be $103,000. If service were to continue at the rate of this growth it is estimated that there would be 1145 clients with an annual expenditure of $636,890. MOHLTC has indicated that they will transfer 80% of the current budget to another agency and therefore the additional cost of $636,890 would need to be supported 100% on the net levy. Given these potential financial implications staff is recommending maintaining the freeze on new referrals.

A decision to not implement an intake freeze at this time may negatively impact the successful negotiations with the MOHLTC to date and could possibly set precedent for a demand driven service funded 100% net levy.

**BACKGROUND:**

The budget for the City’s Homemakers and Nurses Services program is capped at $1,792,610 gross, $358,520 net. This program is cost shared with the Ministry of Health and Long Term Care (MOHLTC). In 2005, hydro funds covered the City’s portion until June 30, 2005 at $179,350. The remainder of the year is funded by the City levy at $179,170.

As part of the negotiations around the transfer of the Homemakers and Nurses Services program, MOHLTC representatives have requested that in order to successfully implement this transaction, current spending must not exceed the capped budget. Projections indicate that continued growth in new referrals will exceed current allocations and staff are therefore recommending an immediate freeze on new referrals to ensure services are maintained within current budget allocations until the transfer of this program to community agency takes place in April 2006.
ANALYSIS/RATIONALE:

During the transition phase, City staff will review each client file to ensure financial information is up to date as detailed in the Homemakers and Nurses Services Act and will make recommendations for home help/homemaking services based on individual client need and circumstance. The existing budget cannot sustain the continued growth in referrals therefore an immediate freeze is required to maintain current service levels within the allocated budget.

ALTERNATIVES FOR CONSIDERATION:

(a) Council approve the transition/termination of homemaking services and withdraw the 20% cost share with a target date of April 1, 2006. Council direct staff to implement an immediate freeze on new referrals and notify current service providers under the Purchase of Service Contract.

(b) Council not approve the transition/termination of homemaking services and direct staff to maintain current caseload within allocated budget. The Ministry of Health and Long Term Care will be notified of this decision and the City’s cost share obligation would continue.

FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

Financial Implications:

As of July 1, 2005, the City’s 20% cost share of this program is currently being funded from the net levy. If the transition/termination is approved, there will be an annual savings of $358,520 for the City. The City has purchase of service contracts with five service providers. Three of the five service providers have contracts for homemaking / personal care services with the CCAC and should therefore not be impacted in this transition. We understand that one of the two remaining service providers is competing through the MOHLTC request for interest and the other is in process of completing a request for proposal with Haldimand Norfolk Social Services for the provision of homemaking services.

Staffing Implications:

There are 3.5 FTE staff allocated to the program that will be impacted with the transfer of this funding to a community agency. Staff will seek direction from Human Resources to ensure appropriate actions are implemented.

Legal Implications:

As detailed in the Purchase of Service Contract, the City must provide 60 day written notification of the termination of services without cause to the current service providers. Staff will consult with Legal Services to ensure all contractual clauses are adhered to.

All clients will be given 60 days prior notice to provide support for this transition.
POLICIES AFFECTING PROPOSAL:

The City of Hamilton's Homemakers and Nurses Services Program is legislated under the Homemakers and Nurses Services Act. This discretionary program is targeted to financially eligible residents in need of basic homemaking services.

RELEVANT CONSULTATION:

City staff continue to meet with the local office of the MOHLTC and staff of the CCAC to ensure that services are provided in a fair, consistent, equitable manner. City staff have provided ongoing communication updates to the current service providers and will develop a transition plan that recommends best understanding of current need and circumstance of each client.

Upon council approval, staff will immediately seek direction from both Human Resources and Legal Services and consult as needed during the transition period.

CITY STRATEGIC COMMITMENT:

By evaluating the “Triple Bottom Line”, (community, environment, economic implications) we can make choices that create value across all three bottom lines, moving us closer to our vision for a sustainable community, and Provincial interests.

Community Well-Being is enhanced. ☑ Yes ☐ No
Public services and programs are delivered in an equitable manner, coordinated, efficient, effective and easily accessible to all citizens.

Environmental Well-Being is enhanced. ☑ Yes ☐ No
Human health and safety are protected.

Economic Well-Being is enhanced. ☑ Yes ☐ No
Through a levy savings

Does the option you are recommending create value across all three bottom lines? ☑ Yes ☐ No
Yes, Hamilton's citizens will continue to benefit from home support services

Do the options you are recommending make Hamilton a City of choice for high performance public servants? ☐ Yes ☑ No
Not Applicable