

# Minister's Advisory Group on Care and Support

Report to Veterans Affairs Stakeholder Summit

5 - 6 October 2016

# Overview

- ▶ Our Mandate
- ▶ Our Membership
- ▶ Our Scope
- ▶ Our Activities to Date
- ▶ Our Approach
- ▶ Key Issues
- ▶ Challenges
- ▶ Goals
- ▶ Priorities
- ▶ Our Next Steps
- ▶ Spanning other Advisory Groups

# Our Mandate

- ▶ To provide advice to the Minister to help ensure appropriate care and support are offered to Canada's Veterans and that they are treated with care, compassion, and respect.
- ▶ More specifically, to provide recommendations to address:
  - ▶ Aging-related issues, special health needs, and continuity of care for all Veterans of all ages.
  - ▶ Gaps in the nature and scope of departmental programs, benefits and services provided to Canada's Veterans to ensure they receive the care and support they need and deserve.
  - ▶ Barriers or impediments to care and support resulting from departmental processes, directives and administrative tools.

# Our Membership

- ▶ Veterans and family members
  - ▶ Includes a still serving member of the CAF and an Aboriginal Veteran
- ▶ Veterans Organizations such as The Royal Canadian Legion and the Nato Veterans Organization of Canada
- ▶ Health Care Professionals
- ▶ Senior Manager from a Health and Social Services Authority that includes a facility for Veterans
- ▶ Senior Manager of a Long Term Care Facility providing access and care to 250 War Veterans
- ▶ Well Respected Academic from the University of Alberta

# Our Scope

Expected to include the full range of policy and service delivery aspects of VAC programs, services and benefits related to care and support offered through:

- ▶ Health care and treatment benefits
- ▶ Veterans Independence Program
- ▶ Long Term Care Program
- ▶ In consultation with the:
  - ▶ Policy Advisory Group - Education and vocational rehabilitation programs
  - ▶ Mental Health Advisory Group - Care and support to address the mental health needs for Veterans
  - ▶ Families Advisory Group - Support to families and survivors
- ▶ Other relevant areas that may emerge from time to time

# Our Activities to Date

- ▶ Setting the stage by facilitating understanding of (1) the Canadian Veteran population and (2) existing health care programs and benefits
- ▶ Key research findings on the Canadian Veteran Population
  - ▶ Composition of the Veteran population (traditional and modern-day)
  - ▶ Military-to-civilian transitions
  - ▶ Global well-being and the well-being of Canadian Veterans
- ▶ Program overviews
  - ▶ Long Term Care Support for Veterans
    - ▶ Eligibilities and care settings (community beds and contract beds)
    - ▶ New initiative to expand access at Camp Hill and other former Veterans' hospitals

# Our Activities to Date (cont...)

- ▶ Veterans Independence Program (VIP)
  - ▶ Home care support and home health services, eligibilities, funding levels
- ▶ Treatment Benefits
  - ▶ General eligibility, benefits available through Programs of Choice, process
- ▶ Understanding the *Veterans Health Care Regulations* (VHCRs)
- ▶ The Long Term Care Review
  - ▶ Context, Current Situation, Approach and Timelines

# Our Approach

The Seven Teachings of the Grandfathers are observed in Aboriginal culture and relevant to our Fundamental Principles of shared goals, responsibility, accountability, and mutual trust of all group members:

**Honesty:** Be honest with yourself and recognize the honesty within others.

**Humility:** Be humble and recognize how little you know of the universe.

**Truth:** Learn truth, live with it, walk with it, and speak it.

**Wisdom:** Know the difference between good and bad and the result of actions.

**Love:** Learn to love unconditionally.

**Respect:** Show respect for others, their beliefs, and yourself.

**Bravery:** Do the right thing even if it causes you hurt.

# Key Issues

- ▶ Veteran Centric focus with a holistic approach to care that is culturally, mentally, physically, and emotionally supportive
- ▶ Home care as a priority, including the gaps in-between the need for home care to LTC and on seamless transition
- ▶ Getting out of crisis management and reaching out to Veterans to assist them
- ▶ Providing quality care and support that is accessible, affordable, effective and efficient

# Key Issues (cont...)

- ▶ Care and services need to be respectful and responsive to the wishes, needs, and possible unique challenges of the Veteran and their family - how it is delivered is just as important as what is delivered
- ▶ Care is more than a bag of services. The World Health Organization model focuses on the outcome of the intervention and then focuses back to what programs, resources etc... are required to meet that outcome
- ▶ Doctors, specialists, and other health care providers need to liaise with VAC and work as a team

# Challenges

- ▶ Feelings that the Government favors WWII and Korean Veterans, which has created discrepancies and unequal treatment in LTC for the Veteran population.
- ▶ “A Veteran is Veteran” is often heard but it was questioned whether other research methodologies are being done through the lens of gender, cultures, such as the cultural and spiritual contexts in Aboriginal communities, urban versus rural populations, etc... in addition to large population methodologies
- ▶ Assisting Veterans can be a challenge to talk or gather information without waivers or Power of Attorney to act on the behalf of another.
- ▶ More information should be provided to organizations who care for Veterans about what is available.
- ▶ Communication between VAC and various health care providers caring for the Veteran for holistic care.

# Our Goals

- ▶ Need to be organized around delivering a higher level of service and care
- ▶ Communication is key
- ▶ More area counsellors are needed to visit Veterans in receipt of VIP benefits to assess the at-home situation
- ▶ Help the caregivers at home
- ▶ To identify the hidden needs of Veterans, including vulnerable groups
- ▶ To provide continuity of care from at home to LTC
- ▶ The right model for case management needs to be identified and practiced, and be based upon the needs of the individual Veteran, not where or when that Veteran served

# Priorities and Time Lines

Keeping in mind our fundamental principles and the lens of diversity our priorities include:

- ▶ September to December 2016 - Long Term Care (LTC)
- ▶ January to March 2017 - Bridging the gap from at home care (including VIP) to LTC
- ▶ Future:
  - ▶ Identifying and addressing the hidden needs of veterans and their families who may or may not be receiving Veteran Affairs Canada's benefits
  - ▶ Developing a sound model for case management
  - ▶ Providing quality, holistic care
  - ▶ Establishing new foundations in Veteran's care

# Our Ultimate Goal

- ▶ To provide advice and recommendations in time for consideration for Budget 2018

# Spanning other Advisory Groups

- ▶ Length of time for decisions to be rendered regarding disability awards and pensions as it affects other programs available to Veterans. This would likely be looked at by the Service Excellence Advisory Group.
- ▶ Support for care-givers (e.g., the spouse of the Veteran being cared for). Was agreed that the Care and Support Advisory Group also needs to address in conjunction with the Families Advisory Group.

# Many thanks for support from

- ▶ Advisory Group Committee Members.
- ▶ Guest presenters, researchers, and other subject matter experts.
- ▶ Service Delivery and Program Management Division
- ▶ Special Projects Coordinators

# Question for Discussion

Which of the following would be most useful to enhance care and support for Veterans?

- ▶ A: More home care services and expanded eligibility for the Veterans Independence Program
- ▶ B: Expanded access to nursing homes and other long term care facilities
- ▶ C: Contribution to costs of other residential care options such as supportive housing or assisted living