

Social Housing and Health Project

INNOVATIVE HOUSING PRESENTATION – JUNE 9, 2016

The Opportunity

All levels of government along with the private sector need to strategically plan and execute projects that bring social housing and services together across Ontario to maximize the impact of scarce public resources. Nowhere is this initiative more urgent than in Northeastern Ontario. The concept behind planning for the development and/or integration of social housing with health supports is to take advantage of the current climate and growing need for affordable housing in this region of the province.

Why now? Interest rates are at historic lows in Ontario. With the stimulative budgets tabled by the federal and Ontario governments earlier this year, now may be the best time in modern history to address social housing and infrastructure deficits that have accumulated in this province over the past number of years. However, these plans need to recognize that the historical approach of funding infrastructure through the tax base is insufficient to meet the challenges ahead, and that more creative solutions are required. Infrastructure plans should encourage the use of user-pay models and asset recycling, and more innovative approaches should be taken in attracting private institutional financing. As noted time and again when considering important investments in social and physical infrastructure in Canada, doing nothing is not an option.

Alignment

Key to planning for systems change in government is identifying areas of alignment with the goals and aspirations of potential partners. The proposed Innovative Housing and Health Strategy that you're here to discuss today needs to be considered in the context of other, current, intrinsically related strategic plans of Ministries and departments. Doing so will maximize their collective impact and has a better chance of improving the quality of life of those Northern Ontarians who need these living environments and related supports.

As announced last week, transformative change is in the works in the delivery of health services in Ontario. The Minister of Health wants the new Patient's First legislation to deliver on one clear health promise: to put people and patients first by improving their health care experience and their health outcomes. His vision in the changes announced is to deliver better coordinated and integrated care by focusing on transforming home and community care. Another goal of this sea change in the delivery of health services in Ontario is to provide the right care for mental health and addiction, improve dementia support and providing more coordinated care for patients with complex medical conditions.

The North East LHIN's current ***Integrated Health Services Plan*** aligns with this. Their Plan, completed last Fall, supports the development of opportunities to bring the health care to people in social housing. Housing is identified as a key enabler of helping northerners stay healthy, get better and manage their care. As a social determinant of health, housing is an all- government agenda item and has been identified by the NE LHIN as a key element of supporting health care transformation. The values that the NE LHIN espouse include putting people first in their decision-making; and that they listen and engage and ensure Northerners are heard in the development of a better system. Further, the Northeastern Ontario region's Cultural Diversity shall be recognized and that they will include the health care needs of Aboriginal and Francophone people in their decision making. The Northeast LHIN Service Plan identifies itself as a main agent of change in this proposed Health Systems Transformation by setting connecting services as a goal by transforming home and community care. Further, the NE LHIN has identified that they will work with partners to strengthen the continuum of care for Northerner and strengthen programs and services; help to keep people active while living independently and identify and foster models for transportation and housing to better support people in community.

As we heard last night – the Province's push for alignment does not stop there. The Ministry of Municipal Affairs and Housing - Ontario's **Long-Term Affordable Housing Strategy** was announced this past March (2016). In support of Ontario's updated Long-Term Affordable Housing Strategy (LTAHS), the government is transforming Ontario's supportive housing system to help people in need get the right housing and supports, at the right time, in the right place. As one of the steps in moving forward LTAHS, the Province has committed to promoting collaboration between Service Managers and Local Health Integration Networks (LHINs). In fact, a proposed amendment to the Ontario Housing Policy Statement is intended to promote collaboration between Service Managers and LHINs to coordinate housing and homelessness services with LHIN-funded agencies.

The Province is also developing a **Supportive Housing Policy Framework** to guide both provincial and local program improvements, and support co-ordination across sectors to improve client outcomes. The framework will be developed through a collaborative process across ministries (Ministry of Municipal Affairs and Housing, Ministry of Health and Long-Term Care, Ministry of Community and Social Services, Ministry of Children and Youth Services), and through engagement with key stakeholders like NOSDA.

In NOSDA's Strategic Plan one of NOSDA's goals is Innovating in the planning and delivery of sustainable human services. In our **Consolidated Pan-Northern Housing and Homelessness Report** from late 2014, they identified the importance of taking a housing 'systems' approach to address people's needs across the housing continuum by integrating housing and homelessness services, by moving towards broader human services planning, and/or by coordinating with other agencies and stakeholders. This integrated systems

approach include taking actions that promote integrated human services planning and delivery (e.g. LHINs, CCAC, MMAH, MCSS). This will be done to find new and innovative ways to meet the needs of renters, homeowners and the most vulnerable. These partnerships would build on the strengths of one another, ensuring that scarce resources are used efficiently. DSSABs will play a leading role in facilitating strategic partnerships that increase housing options, decrease costs and promote effective, coordinated programs and services for Northern Ontarians.

Another goal of NOSDA members is partnerships: to work with Northern Local Health Integration Networks, the Private Sector and others to get affordable housing built and to improve the delivery of housing and support services to help vulnerable people and the homeless achieve housing stability.

There are a number of areas where there is alignment of purpose and objectives between what the Federal, Provincial and Municipal levels of government and the private sector could work on to improve the stock of social housing with health supports in Northeastern Ontario. Working collectively to develop an Innovative Housing and Health Strategy for Northeastern Ontario is a strategic approach to address opportunities in this part of the Province.

Earlier this year, an Expert Panel was formed to assist with this Strategic Planning exercise. The panel members were selected for their specific expertise in housing or health service delivery, as well as for their unique geographic and cultural perspectives from across the North East of Ontario. We got a pretty big group – 24 panelists and 12 special advisors.

Like most Strategic Planning exercises: Strengths, Weaknesses, Opportunities and Threats along with a Political, Economic, Social and Technological assessment of the North East was undertaken in the form of a survey of the Expert Panel in May.

A SWOT /PEST analysis essentially tells you what is good and bad about what's going on in a given area or field of observation. If it's a business or a society – or in this case, where we needed to look at the current state of housing with supports in Northeastern Ontario - and the aim is to improve it, then the results should help in identifying ways to improve:

Strengths: What we have – our natural advantages to **maintain, build or leverage**

Opportunities: What we could have if we work at it by **prioritizing and optimizing**

Weaknesses: What we need to fix or work at

Threats: Current matters that need to be addressed that impinge on our ability to act.

1) What are the strengths of the Northeast for housing and health services development?

Communities are its greatest strength.

- We have small communities and people know each other. Even within the City of Greater Sudbury there is that "small town" feeling where people know each other, are familiar with each other, and are willing to collaborate and work together for the better of the community.

Our People are our Strength

- The growing aboriginal population, including those who are obtaining a post-secondary education.
- There is a large sector of retirees from many backgrounds that add capacity and bring strengths that can find innovative solutions.

There are generally positive and cooperative relationships among providers.

- Willingness to communicate/partner with each other and work together to find solutions and participate in a housing or health project. There is a familiarity between service providers and a collaborative culture at the front line and there are some solid partnerships
- The greatest strength for development is the recognition on the part of the DSSABs and LHIN that action must be taken and that there is shared responsibility between the two organizations. It's great that the NELHIN that sees the importance of sustainable housing as the foundation for health and well-being. There are common interests and common audiences between the two organizations and the opportunity to collaborate is tremendous.

In many areas, we have well-developed infrastructure

- There are new hospitals and several agencies, Universities, community colleges and the NOMS involved in the health service sector that have social capital and research capabilities

- The relatively lower cost of land compared to Toronto; lower property values, lots of room to expand +/- vacant, shovel ready land is available on already serviced roads in many communities and many vacant buildings – both commercial and residential – that exist throughout the Northeast that could be converted which could be less costly than building new

2. What are the opportunities presenting for housing and health services in the Northeast?

Alignment is viewed as a Great Opportunity

- Alignment provides opportunities to align our programs and services with other provincial policies including a realignment of the existing government and support structures, which may lower the costs of administering both housing and health services.
- Aligning with Federal/Provincial funding initiatives and priorities gives us a window of opportunity

Need for Inter-Agency Cooperation/Collaboration

- To offer services under one umbrella organization, or combining responsibilities, may be an opportunity. Many of us are servicing the same clients so more coordination could benefit the client and the agency. Might there be a willingness to consider re-deploying funding to the housing sector if work can be done to cut health care costs?

Need for Inter-Ministerial Cooperation and Understanding

- Ministries must work together to build stronger partnerships at all levels. There is a recognized need to break down governmental silos in planning and service delivery. Today is a great example of seeking ways to cooperate between provincial health and housing agencies.

Need for Respect of First Nations Accords and Health and Housing Funding Agreements

Use of Technology

- There are opportunities to examine how technology can improve the lives of people in the Northeast. For example, tele-medicine, single source medical record keeping, the use of technology to provide health care supports to people in housing that may be isolated or disconnected due to geography, the use of Green technology in building construction, the use of Structurally Integrated Panels.

Addressing the Needs of an Aging Population

- The Seniors' market is secure as demonstrated by demographic projections. Keeping seniors in their communities, whether through aging at home programs or in various levels of care, keeps them as economic agents for local merchants and service providers. Housing developments, whether for seniors or for any vulnerable populations, are themselves economic engines with multiplier effects. They provide tax revenue, employment, utilities revenue, and can counteract decline that is common in many small communities in northeastern Ontario.

Housing and Healthy Population are Economic Drivers

- Improved access to adequate housing = improved health = increased First Nation contribution to the local economy. An unhealthy population is a drain on and a loss to the area's economy. The province must invest in these kinds of services for First Nations people if we are to create healthy, vibrant and economically stable First Nation communities within a Housing First approach, that ensure people have a safe home base from which to move forward. If this happens, there will be a reduction in emergency services, hospitalization, corrections and institutionalization.

3. What are the weaknesses of the Northeast for housing and health services development?

Large geographic area

- There are large distances between communities which increases operating costs.
- Agencies do not have enough dollars to pay for staff and travel to service the rural areas.
- The distance that clients/patients need to travel to get care can be too over whelming for someone and too far away from their support system and may leave people isolated and without access to services.
- There is also a lack of transportation and high travel costs

Low population densities and an aging population with slow to negative population growth.

- Declining population and corollary circumstances – declining school enrollment, declining demand for primary care services in small communities, etc. resulting in facility closures

- Loss of youth population and employment opportunities due to an overall declining economy in most Northeastern communities
- Aging demographics
- Volunteers are becoming older and not being replaced

Lack of Economies of Scale

- Small projects often find it difficult to access financing even though these projects may have a big impact in their respective communities.

Lack of Coordination/ Silo Mentality/ Bureaucracy

- Traditional silo mentality and bureaucracy across public sector service and funding lines
- The current system of accessing health or housing services is confusing with too many agencies involved so there may be an opportunity to reduce the number of agencies involved to simplify the process.
- We need to get away from Crisis management

Higher construction, service, housing and energy costs.

- Smaller scale of challenges can mean costs per heads are higher (no economies of scale)
- Harsh winter climate which impacts construction and heating costs.
- Low housing stock and inadequate housing creates increased housing waitlists and times
- High market rent – not a sustainable option for individuals on a fixed/low income

Cyclical Economy

- Economic fluctuations related to primary resource based economy
- Worker shortages
- Higher unemployment rate.
- Lower average income - people don't have the means to pay for housing

Lack of Expertise

- Not enough Support Services (Case Managers) for individuals in need of assistance / no provision to provide education to tenants. There are very limited social service, counselling/mental health and addictions supports

Discrimination

- There is still discrimination in the North regarding other races, cultures and First Nation issues.

4. What are the threats/impediments to housing and health services development in the Northeast?

Geography

- Disconnected/isolated communities - Large distances between clients and the services they need to access
- Unique communities require unique solutions

Lack of funding.

- Cost of building new construction
- Lack of funding to build or renovate to accommodate supportive housing
- high and rising costs of infrastructure
- Cost of service delivery
- Funding being delivered annually versus long term core funding which allows for consistent program delivery
- Need to recognize limitations at/of the municipal level to fund housing and health programs; -Municipal governments have stretched budgets with declining tax bases

Silos/Lack of Political Will/Leadership

- Lack of political will
- Silo mentality between Ministries/Lack of Ministerial integration

Discrimination

- Stigma towards vulnerable populations leads to difficulty in housing within social housing and with private landlords
- First Nation issues in Northeastern Ontario are not well understood which is an impediment

- Overcrowding and inappropriate housing has a significant effect on the economic, physical and social health of individuals living on First Nation communities. The escalation in suicide rates and opiate addiction is having a significant impact on overall functioning of First Nation communities across the region.
- Poor and inadequate housing continues to pose a threat to the health and well-being of all individuals living on First Nations communities

Aging population and declining population

- The big threats are outside of housing and health and are tied to local populations and economies. With slowing economies, the NE's ability to attract new residents and new health care workers will compound current support services and demographic challenges. Who will provide services required and how will they be funded and delivered in a cost effective way?
- Higher proportion of seniors