

**Regional Hospital District Meeting
Meeting Summary
August 2, 2007
10:30 am – 2:30 pm
Viscount Room, Delta Vancouver Airport**

Meeting Participants:

Mike Phelan, Manager of Budgets	Fraser Valley RHD
George Ferguson, Chair	Fraser Valley RHD
Don Zurowski, Chair	Fraser-Fort George RHD
Sonny Beck, Chair	Stuart Nechako RHD
Hans Berndorff, Financial Administrator	Stuart Nechako RHD
Fred Banham, CAO	Peace River RHD
Karen Goodings, Chair	Peace River RHD
Al Richmond, Chair	Cariboo Chilcotin RHD
Janis Bell, CAO	Cariboo Chilcotin RHD
Colin Palmer, Chair	Powell River RHD
Frances Ladret, Administrator	Powell River RHD
Bob Lapham, General Manager, Planning & Protective Services	Capital Region District
Robyn Loukes, Hospital Accountant	Capital Region District
Marilyn Davies, Vice-Chair	North West RHD
Joan Rysavy, Administrator	North West RHD
Joe Mackenzie, Treasurer	Mount Waddington RHD
W.J. (Jack) Peake, Chair	Cowichan Valley RHD
Glenn Wong, Chair	Alberni Clayoquot RD
Barry Janyk, Chair	Sunshine Coast RHD
Joan Merrick, Treasurer	Sunshine Coast RHD
Lawrence Chernoff, Chair	West Kootenay Boundary
John MacLean, CAO	West Kootenay Boundary RHD
Paul Edgington, CAO	Sea to Sky / SL RHD
Susan Gimse, Chair	Sea to Sky RHD
Walter Despot, Chair	Okanagan-Similkameen RHD
Jim Zaffino, General Manager Finance	RD Okanagan-Similkameen

Staff:

Richard Taylor, Executive Director, Union of BC Municipalities
Lesley Arsenault, Policy Analyst, Union of BC Municipalities

PURPOSE OF THE MEETING

Chair Susie Gimse outlined the purpose of the meeting as an opportunity to discuss concerns regarding relations between Regional Hospital Districts and Health Authorities and to get consensus on the issues of concern before discussions with the Minister and Health Authorities this fall.

Particular issues were highlighted such as:

- lack of capital funding,
- lack of long term planning process for both HA's and RHD's,
- a level of taxation that is reasonable for local governments, and

- prioritization of capital projects.

BACKGROUND

Chair Gimse outlined the related UBCM activities that have occurred, including the survey, the Convention Session and Health Authority presentation, all done in 2006. UBCM was also involved in the 2003 review of the Regional Hospital District Capital Cost Review performed for the Ministry of Health Services.

The Ministry of Health Services Regional Hospital District Cost Sharing Review in 2003 was conducted to ensure an appropriate role for RHDs in capital planning processes and to suggest the changes necessary to legislation and processed to implement that role. The report made recommendations to regularize the process of interaction between RHDs and HAs in terms of the capital planning process and communications in general.

Particular recommendations from the Review related to this meeting include:

- the onus is on the Health Authorities to develop and maintain effective working relationships with the RHDs within their regions, as RHD contributions are voluntary;
- a new process for capital planning was recommended to begin in the fall of 2003 and lead to 5 year rolling capital plan for health authorities;
- the report also recommended clarification of what is considered "capital" so as to create flexibility for what types of capital can be cost shared, which was not meant to increase RHDs contributions.

ROUNDTABLE

The Chair opened the floor for a roundtable discussion on the issues of concern.

Okanagan Similkameen

No major problems with IHA were noted. However, availability of proposed budgets in time for the RHD to incorporate has been a concern. Suggested that alignment of the HA budget cycle to the RHD cycle would be beneficial.

Fraser Valley

Concerned over requests for funding beyond 40%. Situation has occurred where the FVRHD wanted to maintain a facility (Mission hospital) that Fraser Health didn't want, told to fund capital at 100%.

Fraser- Fort George

Capital related funding and budget timelines were cited as creating difficulties in planning. Noted that relationship with HA and communications have been improving, including recognition from NIHA for shared funding. NIHA and Ministry seem averse to taking on debt while the RHD is willing to make funding commitments if combined with long term operating agreements. Ministry not as cooperative when celebrating new projects to recognize the local share.

Stuart Nechako

Community with very small tax base and large First Nation population, limited industry creates great difficulties in funding health capital projects. Cited problems of being able to contribute 40%. Concerned with lack of flow through for federal funding of First Nation health. Also concerned with planning process where capital projects are pre-approved by HA before coming to RHD. Need examination of the use levels of health facilities by First Nations.

Peace River

Also concerned with First Nation health funding. Budget timelines. Have an agreement in place with Northern Health that if their requests come after RHD budget is done, they won't expect any funding. Also have concerns regarding P3 projects. Concerned that the Health Authority sometimes has to align with provincial goals instead of local goals. Very concerned with facilities for mental health patients. Patients relocated due to closing of Riverview but the Province has not created a viable replacement. Has created dangerous situations for both mental health and other patients, staff, etc.

Cariboo Chilcotin

Deal with Northern Health and Interior Health and the relations are getting better. Have developed MOUs and protocols. Concerned with lack of long term planning processes from the Province, which limits the ability of HAs to plan. Need to see more discussions with HAs before the budgets are committed. Have developed an agreement with First Nations to provide better rural services including ambulance.

Powell River

Have dealt with very poor communications, including poor public relations. Have MOU now with VCHA and work cooperatively with other RHDs. Concerned over the broader range of projects RHD are being asked to contribute to. Concerned over requests to provide more funding, need to "attract" people to do the projects, so need more funding. See the lack of commitment on capital planning from the Ministry as a problem. Also concerned with what appears to be creeping download; RHD is not responsible for youth programs, Crystal Meth, mental health, etc.

Capital Region

Becoming involved in complex care, need policies to address new areas of health services and the RHD role and level of funding. Due to large numbers of capital projects, may need to seek trade offs with Province on infrastructure funding. Also concerned with P3 financial accountability.

North West

Concerned with lack of vision from Northern Health, not responding to local concerns. Seem to be only concerned with replacing what already exists. Do not feel an ability to influence capital planning as they are approached with already decided plans. Also see the results of a huge First Nations population. Have been expected to pay 100% for locally identified priorities (Masset hospital). Need to be included in pre-budget and budget meetings with HA and Ministry.

Mount Waddington

Availability of 40% funding was seen as a deal breaker with VIHA, despite recommendations from Cost Sharing Review. Concerned with affordability of 60/40 cost sharing. Funding continuity from Province and HAs is required. Suggested that 40% of funding should get 40% of decision-making.

Cowichan Valley

The 3 existing funding formulas for health care are not seen as beneficial. Need ability to have input into local health delivery. They are handed down budgets and not involved in decision making. Concerned also with First Nation funding. Need long term planning, 5 to 10 years is not long term, not to mention 1 year planning.

Alberni-Clayoquot

Need communication to go through many bureaucratic levels, all the way down through staff. First Nations health funding is also a concern. There seems to be an expansion of the types of projects for which the 60/40 sharing is requested. Experienced an erosion of services in a new facility, need to ensure commitment of operating funds for new facilities to ensure staff for it.

Sunshine Coast

Good relations now with VCHA with the development of a MOU. Ministry needs to create decisive planning direction among their staff. Also need a better definition of minor, under \$20,000, capital to ensure that RHD is not funding operational costs.

West Kootenay Boundary

Micromanagement by the Ministry remains a concern. Lack of long term planning. Cash management is a concern where the RHD commits funds but HA doesn't act quickly and comes back for the money much later. Also concerned that there is a need to commit to staffing new facilities. Recognizes that there is a push to contribute to tertiary IHA facilities in neighbouring RHDs and wants to be involved in any discussions around cost-sharing.

Sea to Sky

Better relationship with VCHA and between three RHDs. Problems seem to arise when the HA finds last minute funds from the Province and expects 40% from RHD. Flaws in capital planning process including constant additions to project costs which increase 40% share. Pressure to centralize facilities but there needs to be rural services. Concerned with provincial land use deals which add/change populations that will require health services. Would like to see more respect for elected official input. There needs to be recognition that blanket funding formulas don't work well given the geography of the province.

In a second roundtable discussion, the Participants highlighted the following achievements as successes:

Cariboo Chilcotin

Created a task force with First Nations groups and Interior Health to discuss better health services in rural areas. Signed an MOU on communication and accountability processes for projects.

Peace River

The NCMA organized Northern Caucus meetings have been very beneficial. Have an MOU with Northern Health, which is beneficial as it creates commitment.

Powell River

Established a twice yearly liaison committee and an MOU on capital planning. Good cooperation with Sea to Sky and now are seeing improving rural services. Seeing great advances in rural care through innovations like telehealth, teleradiology, etc where connections are enhanced with specialists in major centres.

North West

Meeting held at NCMA with others in area association to discuss issues. Also, beginning to have input into joint Northern Health and RHD conferences. Recently held a Board to Board meeting with Northern Health. The Health Bus project which travels to Prince George and Vancouver and a number of new capital projects.

Sunshine Coast

COO Hotline with the Health Authority – beneficial direct relationship between Chair and COO.

Aging population in the area requires new techniques – requiring commitments to social amenities from developers to contribute to the community.

Cowichan Valley

Telehealth and Teleradiology are helping. Discharge planning for patients sent to Vancouver, good work with YVR. Partnering with First Nations and federal government to work on rural nursing stations.

Sea to Sky

Created a governance liaison committee that includes local government, RHD, HA and First Nations, and hospital foundations. This committee has helped to change HA priorities. Also established a protocol agreement. Beginning to see recognition of the RHD as a level of government.

Fraser-Fort George

Care North Strategy from Northern Health is a good innovation. Group Care. Recruitment success in rural areas. Protocol agreement between NH and RHD is helping build trust. Work occurring between Ministry of Education and Ministry of Finance to educate health professionals in rural areas.

Fraser Valley

Hospital Foundation fundraising for the Abbotsford Cancer Centre to provide the most up to date equipment at the time the hospital opens has raised more than \$75 million.

DEVELOP CONSENSUS ON KEY ISSUES

Based upon the Roundtable Discussion, six themes were developed as priority issues.

1. Long Term Planning / Funding
 - a. Include Ministry/HAs/RHDs in meetings

- b. Consideration of local priorities
 - c. Operating funds to staff new capital projects
2. Funding Formula (what and how much)
 - a. Scope of capital projects
 - b. "if you want it, pay for it" (100%)
 - c. contribution to other regions
 - d. < 40% funding for small RHDs
 - e. one size doesn't fit all
 - f. scope reductions (when cost overruns occur)
 3. First Nations and Federal Funding
 - a. Provincial cooperation
 - b. Transparency
 4. Budget Cycle and Cash Management
 - a. Delays
 - b. Surprises
 - c. Different year ends
 - d. Double billing
 - e. Multi-year projections
 5. Decisions made before RHD approvals
 6. Ministry Communications
 - a. Joint announcements

Further discussions identified that Item 3 could be treated as a subset of Item 2, Funding Formula.

The Group prioritized the items with Items 1, 2 and 4 identified as top concerns. These items will be taken forward for discussion with the Ministry and Health Authorities in the September meeting.

TAKING THE ISSUES FORWARD

Richard Taylor outlined an approach to proceed with taking the identified priority issues forward to the Ministry.

Staff will develop a report based upon the recommendations of the 2003 Regional Hospital District Capital Cost Sharing Review. The issues identified in this meeting will be related to the recommendations contained in the Review. The report will serve as an update to the 2003 Review and discuss how the Review's recommendations have or have not been incorporated into practice from the RHD perspective. The RHDs would be recommending to the Minister to a joint Ministry, RHD and HA review of the progress in implementing the 2003 recommendations and what needs to be done if the recommended directions have not been achieved.

The draft report will be circulated to the participants of this meeting for comments prior to the meeting with the Ministry and Health Authorities.

CONCLUSION

The Chair closed the meeting at 2:30 pm with thanks to the participants for attending and sharing their concerns.