Audio Transcription: Provincial Information Session - United Way BC's Healthy Aging Service Delivery Model

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As I was saying, this has been a product of conversations with the community based senior services leadership council.

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The ministry partners at the Ministry of Health as well as United Way, BC.

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Over the course of the last few months. And we felt that it was important, before we, go to the next phase, to get input and thoughts and recommendations from all of you.

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Who are the experts in delivering these programs and services to all your British Columbians? Today is high level.

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It's going to provide conceptually some ideas or around our way forward. These, as you may know, this session, as you may know, will be full, followed by, in-person regional consultations.

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And those invitations have been extended and hopefully you're able to make it to an in person consultation.

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Where we will do a deeper dive. Into some of the particulars and granularities of the program design model.

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And we will culminate, at the end of the month, with another provincial consultation, which includes the feedback and trends that we've heard, from the, from the consultations to happen over the next 3 to 4 weeks.

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I again, I want to acknowledge the engagement and participation in partnership, of all of the leadership council.

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From across the province who have been instrumental in providing consultation direction and guidance. On this work and way forward.

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What we're presenting to you today. Is not the final iteration. We anticipate that there will be changes after the regional consultations take place.

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Because we are expecting over 200 participants, it's not logistically feasible to do a Q&A session.

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So at the completion of this session, a link will be sent out. For you to provide feedback.

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And ask questions and we will trend and address those questions. At future consultations and at the, final, for provincial consultation at the end of October.

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And so if you have technical questions, John and Colin are around. and if you have any, further feedback, please provide that, at the end.

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That will be distributed at the end. Of this session.

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Before we commence, I want to take a moment. To acknowledge all indigenous nations and peoples throughout this province.

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And raise our hands to their resistance and resilience in the face of grave injustices.

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And the continuing legacy of colonialism. It's happening not only BC but across the world.

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Collectively today, we are all on the ancestral and stolen homelands. Multiple indigenous lands, nations across the province.

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And we encourage you, whether it's through the chat or otherwise, to share the ancestral and unseated lands on which you reside.

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And there is a website or a number there for you to get more information, to learn about the land on which you reside.

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I also want to take a moment to recognize that you know there are ongoing atrocities happening to marginalized peoples across the world.

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Hi, and I wanna take a moment to recognize and pause for in recognition of all of those. Astrocities that are that are happening including here in Canada.

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We're gonna start off a little bit. We're gonna start off with our vision.

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And go into our journey before we get into some of the technical components of our work.

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As we move into the future implementation of our service redesign model. We envision a province with a network of community collaboratives.

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Really that will look to strengthen partnerships within communities. Within community-based senior serving organizations. To help us.

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To effectively support seniors.

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Collaboration is going to be instrumental and a critical success factor in our way moving forward. We will require community-based organizations to work collaboratively together.

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And with partners and you'll hear about that throughout this presentation. To support seniors in their community. And what we mean by collaboration, we'll get into in our regional consultations because there's different types of collaborations.

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But we're talking about authentic. Partnerships and collaborations which will be required at the community level.

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Our vision is to enhance and build capacity within the community-based senior services sector. To meet the holistic needs of older British Columbians.

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Through expanded access and points of entry to the system. As well as enhanced services. To help support improved referrals, and to, improve.

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Coordinated access to programs and services for older British Columbians. We know through the safe senior strong communities initiatives and over the course of the last few years that organizations have increasingly being supported.

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Being supporting older people with cold vulnerabilities and multiple vulnerabilities. And as a result those older British Columbians have, increased reliance.

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On community based organizations.

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Through the community collaborative. We envision, older British Columbians to have access to an expanded basket of services through better at home.

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That will support them to stay socially connected. Have access to nutritious food. Engage in physical activity.

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And be connected with services and information that they require. And so one of the central components you'll see is that there is an expanded better at home.

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You'll hear some of us refer to it as better at home 2 point oh you'll hear some of us refer to it as an expanded version of better at home.

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You'll hear some of us refer to it as better, better at home. We haven't.

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Finalize the narrative, but you can think about it as an expanded or better at home, 2.0.

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What's critical to this? For all of those that are involved with the better home network is that addressing loneliness and fostering social connection will be a core function of the better at home program.

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Which is a bit of a shift. And how better at home was originally conceived. And the way we've been implementing better at all.

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In addition to the, basket of services, that will be provided in better at home, 2.0 if you will.

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Supplemental funding will be made available. For 3 4 4 key elements one social meals And this is key that the funding will be made available for meal provision that addresses loneliness.

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That's gonna be a key, criteria. Additional funding will be made available for transportation.

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For supporting volunteer recruitment retention and training because we know volunteers are pivotal. To our success factor.

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As well as enhanced housekeeping. And enhanced housekeeping. Looks at not just the provision of lighthouse keeping services.

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But including a social support component. With light housekeeping. As well as house lighthouse keeping being an entry point for early detection, early identification purposes, and there will be augmented training and supports in place for enhanced housekeeping.

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Each community collaborative will also include a new position called a community connector. And the community connectors role will be to.

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Provide older British Columbians. With coordinated access to programs and services within the community. Whether it's to better at home to source, to, taps.

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To meal programs, etc, but also to facilitate the partnership and appropriate referrals with the local health subsystem partners in your community.

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And we know that there's been varying degrees of success. In our partnership with the health system and local communities across the province.

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But these roles, and we are working with our partners at the Ministry of Health to ensure that there is integration and collaboration between the community-based senior services sector.

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And the local health system and the creation of this role. And collaboratives across the province are going to be instrumental to that.

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I've talked about how loneliness and social connection will be. Core function of better at home moving forward.

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We will also be investing in capacity building initiatives within the community based senior services sector. Everything from support to building collaborations within community.

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Where support is required. To learning and quality assurance approaches. To training, learning, and volunteer supports across the province.

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We really relied on our engagement with you as partners to inform this way of thinking. Whether it's been through the summits that we've engaged, whether it's the previous consultations or community or practices.

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We've been able to identify common challenges and trends that you have brought up throughout the province. Now this is not going to meet 100% of what we've heard.

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But I think will make significant movement from where we're currently at. We've also looked at what's happening in other parts of the country.

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We've looked at the federal strategy on aging. We've also looked at what's worked here through our existing programs and services to help inform this path forward.

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We also know that there is an acute need to address the increasing demand. That all of you are facing on a day to day basis.

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In terms of the increasing number of older adults who are trail and pre-fail or have co vulnerabilities that may require acts, extra resources, from yourselves in the provision of the community-based programs and services.

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We're gonna need to work closer with one another. In our local communities so whether that's working with other community based partners whether that's working with our local government.

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And or whether that's working with our local health partners in. And in surrounding communities. So that collaboration and partnership is going to be critical.

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And it will actually be a criteria of funding and we'll get into that in a little bit. We will also be enhancing or reimagining our learning and quality assurance, work.

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To ensure that we are being effective and accountable in the work that we do.

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We will also be reimagining our target population. To ensure that social connection is at the core of what we do but also to address I, the varying types of triaging that are happening, at the local level.

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So we're going to get into what does this actual program, redesign look like.

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There are 3 key messages that have come up again and again. Over the last few years, that have really informed our work.

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One, that we need to intentionally use the social determinants of health as a framework. To enhance services and programs to support older British Columbians to age in place at home in their community.

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As it's safe to do so and as long as they wish to be there. 2, to increase the capacity of the sector.

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To be able to continue to provide services to an increasing, increasing demand. And 3 to strengthen collaboration within the sector.

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And within municipalities and we health system. And those are going to be critical success factors as we move forward.

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I wanted to spend a minute to talk about who we will be serving in this new redesign. Our focus will be on the delivery of services to vulnerable older people.

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While we recognize that we want to still keep the promotion prevention lens to the work that we do.

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We are going to be focused on community dwelling older adults. And prioritizing those that experience 2 or more vulnerabilities.

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And we've identified vulnerabilities to be low or modest income. I isolated or lonely. Low to moderate frailty.

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And or a member of an underserved population. Now, of course, they will continue to be a discretion at the local community level.

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Trust me for those of us that have worked in the nonprofit sector, we're not in the space of saying no to somebody that comes to our organization to reserve, receive services, but we have heard that we need to provide guidance on who is the target.

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Profile of the person that we will be serving in this in our work together.

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So what does this look like? The first component is addressing the TAPS program as well as the family and friend caregiver support program.

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Because of the audience base because of the profile of the person that we're serving and because of its distinct outcomes.

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These 2 programs will remain as independent programs and granting streams. They will be part of the community collaborative, which we'll talk about.

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But in terms of the program application. And the program implementation. We will continue to work with the 15 TAPS programs and we will continue to work with the 16 family friendgiver caregiver support programs across the province.

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To increase effectiveness and accountability and potentially look at expanding some of these initiatives where it makes sense to do so.

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I'm going to pass it on to Bobby Signs who is our director of healthy aging followed by Camille J.

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Hannah, our assistant director of healthy aging, to lead us through some of the other changes in the program redesign.

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Thanks, K here. So great to see all of you. Join us today. See many names that I am familiar with and some that I'm not.

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And so hoping to get connected and to meet a lot of room person as we go on our provincial.

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I'm here just to sort of walk through some of, focusing on some of what could hear is already mentioned and to really dive in a little bit into what this journey might look like.

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First off, we wanted to build on the success and the pride that we have of the program that is well known and supported throughout the province and of course that's better at home.

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As Kayer mentioned in his previous slides, we've learned a lot over the past few years from you through our valuations for our teams of practice, the consultations, the summits.

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And we're also acutely aware of the changing demographics on through better at home is serving.

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And as Khare mentioned, I'll refer to this new model, this new vision as better, better at home.

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So better, better at home, provides agencies with the opportunity to offer now an expanded password services to better recognize the more holistic needs of the seniors with 4 overarching aspects.

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So the value and upholding of social connection, as Kir mentioned. Focusing on frailty prevention.

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And better nutrition and social commodity programming. And of course offering information for all at its core.

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So currently, as most of you are all of you already know, the current bus service includes and you can see it on the screen friendly visiting light housekeeping light yard work minor home repairs no shoveling grocery shopping prepared meal delivery prescription pickup and drop off and transportation to medical appointments.

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Under the new service delivery model, agencies will no longer be limited to this basket of services. And agencies can now elect to offer a range of additional services and response to the community needs.

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And of course available funding. Examples of what this might include is information and referral. We want to acknowledge that many programs are doing this and have been doing this.

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And feel as critical in the work that you do. Peer support. Transportation to non-medical appointments.

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We know better at home programs are currently limited in their ability to provide this due to a range of barriers whether it be funding or volunteer capacity but wanting to build that out.

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Expanded group activities, this goes back to valuing and upholding the essence of social connection.

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And social meals. So healthy, nutritious meals with a social component. In addition to this and help me the needs of this expanded basket of services, agencies will have the option of applying for additional funds in these following areas.

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Expanded housekeeping. Food for social activities, volunteer supports. Transportation. So let's talk a little bit more about what this might looks like.

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So with expanded light housekeeping, it is of course the most frequently requested that our home service and also the service that is the most expensive to provide.

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As a result, enhanced models of this light housekeeping that increase efficiency and effectiveness of service delivery, decreases weightless, enhances the monitoring and social connection components of the service and builds trusted relationships are a priority and that will be funded through the housekeeping pilot.

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We recently undertaken some focus group work within the existing better home programs and we're developing what this might look like further.

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Justin, next slide.

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Next is food supports, so we have consistently heard from community on the need for more food supports for seniors.

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So grocery shopping has of course always been a core better at home service. And then we saw the growing need and increase in the delivery of prepared meals, of course, during the pandemic.

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And this is remained a vital service. So of course food, eating, meals, it's a highly social activity and there's a great value in sharing a meal with others or including food as part of social gatherings.

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As a result, food support is being incorporated into this new model. As a way to ensure seniors can receive a nutritious meal, increase social connections and decrease loneliness and isolation.

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Social meals are now will be available for agencies to offer in that bathroom of services. And through the new model, a targeted fund will be available to provide meals as part of social gatherings with priority given to communities where we're seeing through deserts and when we say that we mean that there are no or limited programs supporting Next slide, Jessa.

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Next is volunteer strategy and support. So volunteers of course are a crucial part of the CBSS sector and the nonprofit world.

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And we have heard from agencies across BC about the need for enhanced supports to address the challenges. That we're having supporting volunteers and whether that be in recruitment, retention, orientation.

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We've also heard from agencies about the desire to see some standardized tools and training that can be adopted by agencies for use at that local level.

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We're happy to say that 2 staff members were recently added to the healthy aging team to increase UWbc's organizational capacity to support volunteering across the sector.

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In addition, we are looking to hire a couple more roles over the next few months to focus on this work.

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Next slide. And through this new model, United Way commits to providing education, resources, templates, general guidelines for volunteer programs.

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We will offer subject matter expertise and trainings that we've heard are important to you, that specific to the CVS sector.

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So things like identifying elder abuse. How to relate to and work with people living with dementia. Or how to be safe when entering somebody's home.

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And developing strategies to support the recruitment of high impact volunteers. So supplemental funding will be available to support regional community volunteer coordinators as well.

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Who will work on the ground with local organizations and will act as a liaison with a provincial lead here at United Way.

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And just wanting to acknowledge that stabilization of the CDSS volunteer force is a critical success factor in implementation of the service model and of course as we said funding will be outated communities based on identified need.

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Next slide. Transportation has always been consistently recognized as a gap in current services available to support seniors to age in place and remain active in their communities.

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This is a particular concern in communities, primarily rural or remote, but also some urban communities where we're seeing, again, I'll use the term desert, the transportation desert, and or lack to public transportation services.

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In the new model agencies will continue to be able to offer transportation services both medical and non-medical.

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And in addition, access to transportation, services will be enhanced through additional funding that agencies can apply to.

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The supplement the resources they receive through their better home program. So while the funding may not be sufficient for uses like capital purchase like a buying a bus, it can be used.

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For expenses like leveraging partnerships who in your community might be a viable partner to help to move seniors from home to the program.

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Etc. It can also be used for expenses like, volunteer honorariums, of course for paying mileage or gas costs.

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And the transportation funding as we mentioned. Will be prioritized based on the community. And next slide.

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And I was here mentioned the notion of the community connector. So the heart of this new service delivery model is the community connector.

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The concept comes from our social prescribing demonstration project that started in 19 agencies across BC back in 2020.

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Community connectors play a crucial role in engaging with older adults and linking them to a wide range of local non-clinical services provided by agencies.

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And when appropriate, facilitate those referrals to and from the healthcare system. In addition to supporting individual seniors, the community character also plays a role in building networks within the community.

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Strengthening relationships between the sector, the healthcare system, and local government services. The connector wall is highly relational and to be successful to connector must have a strong knowledge in community relationships with key stakeholders.

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The positive effects that we've seen from social prescribing are numerous and they can lead to improved mental health, reduce social isolation.

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And overall enhanced quality of life. As well as a decrease for all on medical. In the new model, there's funding for about 90 different connectors that will be part of these collaborative communities.

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And we want to ensure coverage across the province. Each connector will be embedded in and employed by an agency in a community.

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And that the agency, the connectors employed may or may not be a better it could be any organization in the community working, of course alongside with better at home or tapped or caregivers or other senior serving agencies in the community.

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And so with that, I know that's a lot of information. I'm super excited to see how this is all going to come together and I will pass it over to you.

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Thanks so much, Ka here and Bobby and welcome everyone. As Kieran Ka here mentioned, I'm Camille Tehanna.

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I support the operational and granting requirements of our healthy agent funding streams and our strategic initiatives. And today I'll just take a bit of time to review the known operational requirements within this new program and service delivery model, including some timelines and developments towards enhancing the design of the model.

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So we will be taking a phased approach when launching the new program and service delivery model. This will allow us to learn.

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From the initial implementation of the model and embed those learnings into the next phases of delivery. We also know that there are aspects that we can move on right away that will be of immediate impact to our agencies, communities, and the older adults we serve while others will take a bit more time to implement.

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So the application process will be rooted in collaboration building as has been mentioned and is integral to the success of this model.

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The vision is that our funded agencies work together more closely, collaboratively to provide those full some supports to seniors connected to their programs and that effective referral systems are created also among all senior serving agencies in our identified communities.

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So in phase one, we would rolling out better at home 2.0 or the better better at home across the province and that will start on April first, 2024 aligning with the fiscal year.

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Better at home agencies are then also to apply for those additional funds as mentioned before to where enhanced housekeeping food in a group setting volunteer supports and transportation.

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And while applying for these spending streams, expected that the applicants will work together collaboratively with other agencies to identify those potential partnerships or other strategies for community collaboration.

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So this will mean that the application process will look a little bit different this year than it has in previous years.

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Then phase 2 will allow communities to apply for that community connector position and this will be staggered across the province and in all health regions.

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The first cohort will be eligible to apply in April, 2,024 again aligning festally the next the following fiscal year starting in 2,025 and then if necessary also in in April, 2026 communities that have a high level of self-identified readiness will be prioritized in the Space 2.

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This means that communities that demonstrate effective collaboration among the CVS at CBSS organizations in their region, the local health system and with local government will be the first to implement the CC role or community collabor, community connector role.

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Those communities will identify a lead applicant. Who will apply for and employ the community connector and act as a convener for the community.

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This community connector may be situated as mentioned at the local better home agency but also may not and agencies within the community will need to work collaboratively in order to identify which agency will apply.

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For the community connector role.

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And with our learning and quality insurance activities, they play really a key role in helping to continuously develop our programs and respond to our initiatives.

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Evolutions as they're implemented across the province. We describe this sometimes as proving and improving our work.

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That is to sort of understand what works well and what could be improved so that we can increase the impact of our projects programs and activities.

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The goals of our LQA plan or learning and quality assurance plan in this new model are to support agencies to build their capacity.

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Also enhance the effectiveness of their programming and ensure that public dollars are being well utilized. So this will include additional investments by UWBC to enhance the impact and accountability of our healthy agent funded programs and initiatives.

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In addition, we are focusing on learning systems as are being developed in the health sector. Learning systems are methods in which data, evidence, and experience are continuously being collected and integrated into practice in order to make improvements to the system.

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Learning systems share similarities with the developmental evaluation approaches that are already currently being used within. Many agencies in the CBSS sector.

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And then finally, UWC in partnership with the CBS Leadership Council have established a learning and quality assurance committee and is currently developing that LQA framework.

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We're also bringing in an LQA specialist to both inform United Way BC's approach and work with anticipate our agencies in meeting the goals of the Learning and Quality Assurance Plan.

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Now that you've heard from us, we want to hear from you. This is the list of community consultations near you and we're hoping that you can join us to engage in dialogue around how we're working.

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To increase the collaboration of the community-based senior services sector and enhance our work. And reimagine the investments in our communities.

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So on the screen, it are all of the in person consultations, registration, and information is available here or on healthy aging core BC and or the core BCE newsletter so it's best to register for those and connect to core and I will put both of those links in the chat box just as we proceed here and so that you don't miss important event information.

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It's best to register as soon as possible. There is in person capacity attendance at some of our locations.

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So great to get your registration in now. But we also know that these consultations do not cover every area of the province and we understand that it may not always be possible to travel great distances in order to attend.

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If you're not able to attend in person, we have provided an online feedback link. Which will be shared widely throughout core and in the newsletter so that you can provide your valuable feedback that way if you're not able to attend.

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The final provincial consultation as you see on the bottom of the screen here was originally scheduled for October thirtieth.

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It will be changing to the 30 first and you will see that if you've already registered you'll receive an updated timeline and zoom link.

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That information session will be the culmination of what we'd heard today through the consultations and all of the online feedback we've received.

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So register please for that one to hear about your thoughts and and hear about how your valuable feedback is implemented into the new design.

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Thanks. Thanks, Camille. So look, you know, I'm just gonna address a few things, right, right off the bat here.

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Number one is You've heard about a lot of different concepts today. We haven't gone through the technical rollout of what this will look like and we will get into some particulars and granularities.

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At the in personal regional consultations and if those cannot make those of you that cannot make it, we will feed that back at the final provincial consultation.

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We. Also recognize that there's a lot of information here with some new concepts.

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A new basket of services and expanded better at home. A tighter requirement on collaboration.

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A supplemental funding opportunities, as well as the establishment of community. Connectors across the province. We know that we're going to have to be work closely together to be most effective and that we're going to have to be work closely together to be most effective and that funding envelopes need and will accompany the new way of working including a streamlined application process.

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We will be distributing these slides. As well as this recording. So we really invite you to take a look.

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A little bit more deeply at this documentation. This is not for distribution and a reminder that this is not the final iteration.

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Things will change as we engage. Our first consultation as you saw as next week. And we will continue to update this.

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As we move from consultation to consultation. But Please do review the the recording and as well as the slides.

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And please provide your questions and feedback. To, this, link and or through this QR code.

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We will be trending and we will be incorporating feedback and addressing questions that have arisen. At the consultations and at the final virtual provincial consultation.

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For those agencies that are currently funded by a united way you may use that funding to travel to regional consultations.

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But no additional funding at this point will be provided. You you can use it from your existing funding or you can provide feedback through this link and code which will also be shared to everybody after this meeting.

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As well as there will be an opportunity to provide additional feedback, October, 30 first at the, at the last consultation.

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As you can imagine, we're striving to implement this phase one, April 1, 2024.

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And so we will need to land on, what this looks like by the end of this calendar year.

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So that we're able to draw out, the systems and application process for this for, April one.

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We, hope that some of this at least has reflected some of the concerns and challenges and gaps that you've identified.

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We also know that partnership with the local health systems are integral to be successful in this and we do have commitment.

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To work through that process and through that partnership. As well, please bring additional questions and thoughts to the regional consultation near you.

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When you, if you're able, to, attend. At this point, I'm just going to pause, to see if whether Camille Bobby or either of our leadership council co-chairs have any final comments before we bring this session to a close.

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Okay, great. I do see some questions again just because we have over 200 participants. We're not going to be able to address questions.

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Live. But please, whatever questions you do have, put them through in the system and we will make sure to get back to you, whether it's individually, or if there's common questions, we'll get back to everybody.

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Through the regional consultations. But. This link will be open, for, for your feedback, even as, additional questions may arise.

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When you go through the deck, at your, at your, on time.

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Thank you all for your ongoing commitment, to, to this work. We are hopeful.

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That this way forward will address some of the challenges that, that we've heard over the course of the last few years.

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And again, I just want to recognize our partners at the Ministry of Health and at the Leadership Council for their consultation and in guidance through this process.

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But really, this is going to be, as exciting as your input is.

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And as our success really depends on all of your your feedback and your, commitment to this. And so We have obviously given a lot of time over the next.

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Few weeks to come out to your communities. Look, we wish we could do 20 consultations across the province so that everybody who wants to attend can attend.

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But, 9 was the maximum that was feasible. Given the time constraints and given the geographical nuances of our province.

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With that, we really, really appreciate your time. There's nothing like found time back.

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So hopefully you can take 17 min to recharge. Have something to eat. Before your next commitment which i know many of you will have at 20'clock specific standard time So once again, thank you all for your time.

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This deck and recording and the link for feedback and questions will be circulated. Very, very soon.

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Have a wonderful rest of your afternoon and week.