



ASSOCIATION OF MANITOBA MUNICIPALITIES

Meeting with Honourable Erin Selby
Minister of Health

February 6, 2014

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Introduction

- The Association of Manitoba Municipalities (AMM) appreciates the opportunity to meet with representatives of the Department of Health. We feel these meetings provide an excellent opportunity to share information and concerns we hear from our members.
- The AMM urges the Province of Manitoba to consider new and existing challenges for municipalities in its 2014 budget.
- The AMM would like to express thanks to staff from Manitoba Health for their help over the past year to update and resolve outstanding AMM resolutions.
- This document outlines the AMM's position and recommendations on a number of important municipal issues.

Priority Issues

1) Implementation of Brandon Medical Education Study Recommendations

The AMM recommends the government:

- ❖ ***Dedicate adequate funding to the provincial strategy to recruit, train and retain health professionals in rural and northern Manitoba; and***
- ❖ ***Implement the recommendations from the Brandon Medical Education Study to address the shortage of physicians in rural and northern Manitoba.***
 - Throughout Manitoba, ongoing shortages of health care professionals present challenges that must be addressed through the provincial strategy focused on training, recruitment and retention.
 - The AMM supports the Province's plan to ensure every Manitoban has access to a family doctor by 2015, and is also pleased with provincial efforts to make better use of doctors' and other medical professionals' time through the use of technology, mobile clinics, and a different model for scheduling appointments.
 - Of particular concern to the AMM has been the shortage of physicians in rural and northern Manitoba, and the AMM was pleased with the recommendations made by the Brandon Medical Education Study (the Study), released in July 2012.
 - The AMM was also pleased the Province accepted all the recommendations and established an interdepartmental working group to begin their implementation.
 - It is important for this working group to establish reasonable goals based on the Study's recommendations, and communicate their progress.
 - The Study made a number of recommendations to strengthen several existing programs that have been successful, such as return-of-service grant programs for medical students, and the northern and remote family-medicine-streamed residency program.
 - As well, the Study recommended new and enhanced training opportunities in rural areas. More regional training opportunities are also beneficial for other health professions as they lower the cost of education for students living

outside of larger centres, and they allow students to maintain links to rural communities.

- In its examination of recruitment programs the Study recommended continuing with several existing initiatives the AMM has supported in the past, such as the use of a rurality index in admissions to the University of Manitoba's Faculty of Medicine.
- The Study recognized there is an important role for International Medical Graduates (IMGs) to the supply of physicians, particularly in rural and remote areas of Manitoba. However, it suggested reviewing Manitoba's dependence on IMGs to ensure it does not become excessive.
- The AMM encourages Manitoba Health to continue working together with local communities and Manitoba Labour and Immigration to help find and retain physicians where they are urgently needed.
- Municipalities are often closely involved in efforts to welcome medical professionals and provide local services, however; they need help to provide incentives for these professionals to remain in Manitoba.
- The Province should continue to pursue innovative strategies to support gains that have already been made, and continue to study the issues needing further examination by the Brandon Medical Education Study.
- The AMM would also like to acknowledge the Office of Rural and Northern Health for the opportunity to nominate interviewers to participate in the University of Manitoba's Faculty of Medicine 2014 admissions process, and is awaiting confirmation of our nomination.

2) Reduction of Community Capital Contributions for Health Facilities

The AMM recommends the government:

- ❖ ***Reduce required community capital contributions for health facilities, and move towards funding all health facilities provincially.***
- Municipalities continue to struggle to contribute funding to health capital projects whose design and cost are determined by the Province.
- The policy states that communities are required to fund at least 10 per cent of all local health capital projects, and municipalities are typically expected to make part of the local contribution.
- This policy is one of several ways municipalities are becoming increasingly involved in health care, which is a clear provincial responsibility.
- The AMM appreciates provincial flexibility towards communities who must fulfill this requirement, and encourages the department to reduce the required contribution to a fixed 5 per cent of the project's cost, regardless of the payment schedule.
- The AMM encourages the Province to continue to consider in-kind contributions.
- As well, the AMM encourages the Province to look at alternative ways to build new health facilities by working with not-for-profit community groups and providing support through leasing agreements.
- This type of approach does not require a large upfront investment from the Province and it creates flexibility for the future.

3) Emergency Medical Services Transition Update

The AMM recommends the government:

- ❖ ***Improve Emergency Medical Services (EMS) in all areas of Manitoba in consultation with communities; and***
- ❖ ***Ensure EMS response times are comparable and safe in all communities.***
 - Many communities remain concerned that response times for some Manitoba residents can be significantly longer either because the ambulance must travel farther or because the ambulance driver is unfamiliar with the area.
 - However; the AMM understands there are a number of improvements under way to address the needs of the entire EMS system.
 - The AMM appreciated the provincial review of EMS, as well as the presentations made by the Department to AMM members outlining the Province's initial response to the resulting recommendations.
 - The AMM continues to receive updates from the EMS Review Task Force, and appreciates the provincial commitment to consult with affected communities before changes are made to the location of EMS stations.

4) Palliative Care

The AMM recommends the government:

- ❖ ***Ensure sufficient funding is provided for local palliative care services in every RHA to avoid reliance on community fundraising;***
 - ❖ ***Require a separate budget item for palliative care funding in RHA budgets; and***
 - ❖ ***Include funding for a full-time Palliative Care Coordinator for communities that require one.***
- Palliative care services provide essential support to individuals and families living with life-threatening illnesses, as does home care.
 - The AMM understands funding decisions are currently made at the RHA level; however the needs of individual communities must receive adequate consideration.
 - As well, RHA funding decisions should be transparent.
 - A Palliative Care Coordinator is an important position that must perform a number of critical functions, including working with volunteers, working directly with families and health care providers, and in some cases fundraising.
 - However, Palliative Care Coordinators in some communities must engage in fundraising for their own position, which substantially reduces the time they have to spend on patients.
 - The AMM requests that Manitoba Health ensure RHAs provide the funding needed to support local palliative care services without excessive reliance on fundraising.

5) Mental Health Patient Transfers

The AMM recommends the government:

- ❖ ***Consider alternate arrangements for supervision of patients escorted under The Mental Health Act while in transport and once these patients are at a medical facility; and***
 - ❖ ***Reduce the wait time for patients to be admitted to the Mental Health Crisis Response Centre in Winnipeg.***
- The AMM remains concerned about the requirement for peace officers to escort patients under The Mental Health Act due to the impact this has on the community.
 - Not only does the community lose the service of the escorting police officer for anywhere from several hours up to an entire shift, the overtime costs can be substantial.
 - Although the AMM supports the new Mental Health Court and the Mental Health Crisis Response Centre in Winnipeg as positive initiatives, the process to transport mental health patients to the Crisis Centre continues to consume police resources as it still requires the patient to wait in order to first see health professionals in the Health Sciences Centre.
 - The AMM would also like to emphasize the importance of properly funding services and supports for people with mental health issues to ensure that the police are not always the default responders.

6) Representation in Regional Health Authorities

The AMM recommends the government:

- ❖ ***Allow elected representatives to serve on Regional Health Authority (RHA) Boards.***
- The AMM appreciates recent measures enacted by the Province of Manitoba to improve transparency and accountability.
- However; communities have expressed concern that the RHA complaint resolution process has not yet been developed.
- As indicated in the AMM's May 4, 2012 submission on *Bill 6: The Regional Health Authority Amendment Act*, the AMM supports consultation with patients and families in the region through community health assessments to identify local health needs and RHA priorities.
- Municipalities should be consulted through the development of the resolution process for patient concerns and throughout the ongoing development of RHA plans in each region.

- The AMM continues to believe that accountability in health care is extremely important to Manitobans, and that allowing elected representatives to serve as directors on RHA Boards would ensure increased accountability of RHAs.
- The importance of geographic representation on RHA Boards is especially important to AMM members in the context of the larger, amalgamated RHAs, and many communities have expressed concern with the new structure.
- As well, *The Regional Health Authorities Act* currently provides for directors to be either elected or appointed, and the AMM believes elected representatives will be more responsive to the communities they serve.

Conclusion

- The AMM would like to thank Minister Selby and the Department of Health staff for taking the time to meet with the AMM.
- The AMM encourages the Province of Manitoba to consider municipal concerns as well as the effect of funding decisions on communities throughout the budget process.

Appendix A – Active Resolutions

AMM Resolution #24-2013

Topic: Palliative Care Services

Sponsor: Town of Russell (Midwestern District)

Department: Manitoba Health, Manitoba Healthy Living and Seniors

WHEREAS access and provision of health care services throughout the Province of Manitoba are important to all residents of Manitoba;

AND WHEREAS all services from beginning of life to end of life are critical to a health care system that is compassionate and respectful;

AND WHEREAS the provision of palliative care is not always funded through Manitoba's Department of Health and is left to be organized and funded by local communities;

AND WHEREAS 'end of life' care should receive a greater level of support and recognition by Manitoba Health;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Province of Manitoba to change the current funding arrangements so that palliative care services are given greater priority and greater resources through regional health authorities.

AMM Resolution Number 25-2013

Topic: Reduce Community Contribution Requirements

Sponsor: LGD of Pinawa (Eastern District)

Department: Manitoba Health

WHEREAS the Province of Manitoba (the Province) has a policy on community contributions to health capital (the Policy) projects whereby health capital projects will be cost shared between the Province and a community, the community paying at least 10 per cent and the Province paying the remainder of the costs associated with the health capital project;

AND WHEREAS the Policy states that the community contribution may be spread out in equivalent annual payments for a ten year period, resulting in a contribution of 20 per cent of the health capital projects;

AND WHEREAS the AMM presented Resolution 19/07 to Manitoba Health resolving that the Province of Manitoba remove the 10 per cent community contribution requirement;

AND WHEREAS Manitoba Health has not yet acted upon this Resolution;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Province of Manitoba to reduce the community contribution requirement on any health care facilities to a fixed 5 per cent;

AND BE IT FURTHER RESOLVED THAT the community contributions be in the form of progress payments over the project construction period at the said fixed 5 per cent rate.

AMM Resolution Number 37-2013

Topic: Transportation for Mental Health Assessments * Standing Policy

Sponsor: RM of Wallace (Western District)

Department: Manitoba Health; Manitoba Justice

WHEREAS the Royal Canadian Mounted Police (RCMP) rural detachments are responsible for providing transportation for individuals requiring mental health assessments and are required to wait at the medical facility until such time as the individual is admitted or released;

AND WHEREAS this policy results in policing shortages in rural detachments in Manitoba;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Province of Manitoba to amend the policy to provide an alternate security method other than solely the Royal Canadian Mounted Police officers from rural detachments to wait with individuals pending admission or release.

AMM Resolution Number 55 - 2012

Topic: Community Dinners

Sponsor: RM of Hamiota (Midwestern District)

Department: Manitoba Health

WHEREAS it has been customary for many years to hold community dinners throughout Manitoba as a socio-economic stimulus for many community organizations;

AND WHEREAS it has become extremely important for the Province of Manitoba and Manitobans in general to become conscious of food safety issues;

AND WHEREAS the continued need for community dinners in their present format has become in conflict with the current regulations for food safety to a point that such dinners will no longer continue causing financial hardship for many organizations;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Province of Manitoba to create a workable balance between the need for community dinners and food safety.

AMM Resolution Number 52 - 2012

Topic: Additional Funding for Palliative Care Services in Manitoba * Standing Policy

Sponsor: Town of Birtle (Midwestern District)

Department: Manitoba Health

WHEREAS health care is an important service to all Manitobans;

AND WHEREAS palliative care is considered a core health service;

AND WHEREAS Manitoba is encountering a growing population facing life-threatening disease and an increasing need for palliative care;

AND WHEREAS health services are becoming more centralized, leaving some communities with less than optimal health care;

AND WHEREAS local palliative care organizations are struggling to provide basic support for clients and the volunteers that serve them at the grassroots level;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Province of Manitoba for additional funding for local palliative care services.

AMM Resolution Number 66 - 2011

Topic: Health Ombudsman Position

Sponsor: RM of Sifton (Western District)

Department: Manitoba Health

WHEREAS Manitoba lacks a dedicated Health Ombudsman office to deal with health complaints and the resolution of health disputes and that conducts systemic reviews relating to principles of administrative equitability and fairness related to the application of laws, policies, procedures and practices of governing bodies;

AND WHEREAS this Health Ombudsman would be appointed by an all party committee as an independent and non-partisan Officer of the Legislative Assembly and would have broad powers to investigate, recommend and report publicly on complaints and dispute resolution;

AND WHEREAS there is a strong belief that if there were a dedicated Health Ombudsman that all citizens, medical staff (including physicians), employees of medical facilities and anyone that does not feel safe or comfortable in reporting incidents locally would feel that there was an avenue in place to promote fairness, equity and administrative accountability through investigation of complaints and disputes;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Province of Manitoba for the creation and operation of a dedicated Health Ombudsman for Manitoba.

AMM Resolution Number 21 - 2010

Topic: Regional Health Authority Boards

Sponsor: RM of Pipestone (Western District)

Department: Manitoba Health

WHEREAS health care is an important service to Manitobans;

AND WHEREAS health care is the single largest expenditure in the provincial budget;

AND WHEREAS The Regional Health Authorities Act provides for the directors to be elected or appointed;

AND WHEREAS the board must have some geographic representation from each area of a region;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Province of Manitoba to establish elections for regional health authority boards of directors;

AND BE IT FURTHER RESOLVED that where warranted elections be based on ward systems to achieve geographic representation.

AMM Resolution Number 20 - 2010

Topic: Amend The Mental Health Act

Sponsor: LGD of Pinawa (Eastern District)

Department: Manitoba Health

WHEREAS The Mental Health Act currently requires a peace officer to escort a patient and remain with the patient until seen by a qualified mental health worker;

AND WHEREAS this may take as long as 14 hours or longer before a qualified mental health worker is available to see the patient;

AND WHEREAS during that time, the RCMP members are not available to perform policing services in their region;

AND WHEREAS this is an inefficient use of RCMP members' time who are trained to provide policing services in their region;

AND WHEREAS this adds cost to policing services in the region;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Province of Manitoba to amend The Mental Health Act to facilitate the orderly and timely transfer of custody at the mental health facility to free up peace officer time, while at all times maintaining the patient's care as the highest priority.

AMM Resolution Number 22 - 2009

Topic: Palliative Care Program Funding

Sponsor: Village of Dunnottar (Interlake District)

Department: Manitoba Health, Health Canada

WHEREAS palliative care in Manitoba is not fully funded by the Province of Manitoba;

AND WHEREAS the Palliative Care Program is a necessary component of health care in the Province of Manitoba;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Province of Manitoba to provide full funding to the Palliative Care Program.

AMM Resolution Number 19 - 2009

Topic: Medical School at Brandon University

Sponsor: RM of Shoal Lake (Midwestern District); RM of Roblin, RM of Pipestone (Western District)

Department: Manitoba Health

WHEREAS Manitoba experienced and continues to experience a serious shortage of physicians and emergency services;

AND WHEREAS recruitment of a sufficient number of physicians to operate clinics, hospitals and emergency services is an ongoing challenge;

AND WHEREAS it is strongly believed that the operation of a rural medical school at Brandon University would produce physicians prepared to practice in rural Manitoba;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Province of Manitoba for the creation and operation of a rural medical school at Brandon University.

Note: The AMM accepted the recommendations of the Brandon Medical Education Study, and is now following the implementation.