

1. **C-2024-190**
Correspondence dated April 19, 2024 from the Township of Archipelago respecting a resolution calling for the Province of Ontario to reconsider the proposed phasing-out of free private drinking water testing services.
2. **C-2024-191**
Correspondence dated March 5, 2024 from the Municipality of Wawa respecting a resolution of support for the Township of Plympton-Wyoming correspondence regarding Amendment to the Occupational Health and Safety Act to Clarify the Definition of Employer.
3. **C-2024-192**
Correspondence dated April 23, 2024 from the Town of Grimsby respecting a resolution of support for the Town of Goderich correspondence regarding a review of the Ontario Works and Ontario Disability Support Program financial assistance rates.
4. **C-2024-193**
Correspondence dated April 23, 2024 from the City of St. Catharines to The Honourable Doug Ford, Premier of Ontario respecting a resolution calling for the Province of Ontario to regulate the Keeping of Non-native ("exotic") Wild Animals.
5. **C-2024-194**
Correspondence dated April 24, 2024 from Watson & Associates Economists Ltd. respecting an assessment of the proposed changes to the Planning Act under Bill 185.
6. **C-2024-195**
Correspondence dated April 24, 2024 from Loyalist Township to The Honourable Doug Ford, Premier of Ontario respecting a resolution calling for the Province of Ontario to create a "Municipal Accessibility Fund" for municipalities to develop, implement and enforce AODA standards and, to commit to working with municipalities to implement the Donovan Review recommendations.
7. **C-2024-196**
Correspondence dated April 24, 2024 from Loyalist Township to The Right Honourable Justin Trudeau, Prime Minister respecting a resolution regarding infrastructure funding to support housing in rural Ontario.
8. **C-2024-197**
Correspondence dated April 25, 2024 from the Township of Alwicks/Haldimand to David Piccini, Minister of Labour, Immigration, Training and Skills Development respecting a resolution of support for amendments to the Municipal Freedom of Information and Protection of Privacy Act.

9. **C-2024-198**
Correspondence dated April 25, 2024 from the City of Stratford respecting a resolution of support for the Town of Lincoln correspondence regarding Increased Funding to Libraries and Museums in Ontario.
10. **C-2024-199**
Correspondence dated April 25, 2024 from the Municipality of Trent Hills to The Honourable Doug Ford, Premier of Ontario respecting a resolution of support for the Northumberland County correspondence regarding Use of Long Term Care Funding to Support Community Care Services.
11. **C-2024-200**
Correspondence dated April 25, 2024 from the Township of Alwicks/Haldimand to David Piccini, Minister of Labour, Immigration, Training and Skills Development respecting a resolution of support for the Northumberland County correspondence regarding Use of Long Term Care Funding to Support Community Care Services.
12. **C-2024-201**
Correspondence dated April 25, 2024 from the City of Stratford respecting a resolution of support for the Town of Cobourg correspondence regarding Proposed Amendment to Subsection 27(16) of the Ontario Heritage Act.
13. **C-2024-202**
Correspondence dated April 25, 2024 from the City of Stratford respecting a resolution of support for the Township of Amaranth correspondence regarding equivalent representative operational budget funding amounts to all Ontario municipalities.
14. **C-2024-203**
Correspondence dated April 8, 2024 from the Town of Smiths Falls respecting a resolution calling for the Provincial and Federal government to establish a basic income guarantee for working-age adults in Canada.



Received April 22, 2024
C-2024-190

**The Corporation of The Township of The Archipelago
Council Meeting**

Agenda Number: 15.8.
Resolution Number 24-082
Title: Public Health Ontario proposes phasing out free water testing for private wells
Date: Friday, April 19, 2024

Moved by: Councillor Manners
Seconded by: Councillor MacLeod

WHEREAS the Ontario Auditor General's annual report on public health from December 2023 indicates that Public Health Ontario is proposing the phasing-out of free provincial water testing services for private drinking water; and

WHEREAS free private drinking water testing services has played a pivotal role in safeguarding public health, particularly in rural communities, including the entire Township of The Archipelago, that rely predominantly on private drinking water; and

WHEREAS the removal of free private drinking water testing could lead to a reduction in testing, potentially increasing the risk of waterborne diseases in these vulnerable populations; and

WHEREAS the tragic events in Walkerton, Ontario underscored the critical importance of safe drinking water.

NOW THEREFORE BE IT RESOLVED that The Township of The Archipelago hereby requests that the Province reconsider and ultimately decide against the proposed phasing-out of free private drinking water testing services.

FURTHER BE IT RESOLVED that this resolution be sent to all Ontario municipalities, Minister of Environment Conservation and Parks, Minister of Health, North Bay Parry Sound District Health Unit, Graydon Smith, MPP Parry Sound-Muskoka.

Carried



Office of the Auditor General of Ontario

Value-for-Money Audit:
Public Health
Ontario



December 2023

Public Health Ontario

1.0 Summary

Public Health Ontario is an independent, board-governed agency with a broad mandate to provide scientific and technical advice and support to those working across health-related sectors to protect and improve the health of Ontarians. This includes carrying out and supporting activities such as population health assessment, public health research, surveillance, epidemiology, and planning and evaluation. Established in 2007 following the SARS outbreak in 2003, Public Health Ontario is one of the three pillars of Ontario's public health system, consisting of 34 local public health units and the Ministry of Health (Ministry), which exercises its authority in the area of public health primarily through the Office of the Chief Medical Officer of Health.

Public Health Ontario supports areas such as preventing and controlling infections and the spread of communicable diseases, improving environmental health and preventing chronic diseases, and operates Ontario's public health laboratory. Public Health Ontario provided public health and testing expertise during the COVID-19 pandemic, for example, in the area of vaccine safety, through its surveillance of adverse events following immunization.

The Ministry is the primary funder of Public Health Ontario. The agency spends the majority of its annual funding, which was about \$222 million in 2022/23, on operating the province's 11 public health laboratory sites. Ontarians relied on the agency's public health laboratory to perform 6.8 million tests in 2022/23 for diseases that include HIV, syphilis, tuberculosis, influenza, COVID-19 and West Nile virus. The laboratory

also carries out all required testing relating to outbreaks and investigations in Ontario, and has the capability of diagnosing pathogens requiring a high level of biosecurity and safety measures.

In early 2019, the Province announced its intention to modernize Ontario's public health system. A 2019 discussion paper to support the provincial plan outlined the key challenges facing public health. The paper noted the importance of working toward clearer and better aligned roles and responsibilities between the Province, Public Health Ontario and local public health units. In particular, it stated Public Health Ontario's potential to strengthen public health functions if these are co-ordinated or provided at the provincial level. The government revised its approach to modernizing the public health system in August 2023 to include a review of standards that govern the work of public health units, the roles and responsibilities that all three pillars of the public health system play, as well as their relationships and alignment across and beyond the broader health-care system.

Our audit found that Public Health Ontario has been unable to meet a number of its legislated responsibilities under the *Ontario Agency for Health Protection and Promotion Act, 2007*. This is partially due to a lack of direction from the Ministry to perform at its full potential. This includes a continued lack of clarity on roles and responsibilities in an evolving health-care system that saw the introduction of a new health agency, Ontario Health, that became operational in 2019. Though Public Health Ontario is responsible for providing scientific and technical advice and support to clients in the government, it was not consulted on some critical decisions concerning public health, such as the health impacts of increased access to gambling

and alcohol in recent years, and it did not address these topics independently.

We also found that lack of information sharing between the Ministry, public health units and Public Health Ontario has limited the agency's ability to centralize and co-ordinate work effectively in the area of research and evidence synthesis (a research methodology involving collecting the best available evidence on a given topic and summarizing it to inform best practice). This has resulted in duplication of efforts between provincial and local public health entities. From our work, we noted examples where multiple public health units have independently developed local resources in areas including key public health issues such as mental health and alcohol, when it would have been more cost-effective for Public Health Ontario to develop resources centrally.

Further, we found that Public Health Ontario's laboratory sites, where about 70% of its financial resources are allocated, were not operating efficiently. We found that three sites were able to perform tests on only 9% to 20% of the samples and specimens they receive, transferring the remainder of samples to other laboratory sites. Each of these three sites had base operating costs ranging from \$5 million to \$10 million over the last five years. The agency explained that transferring out laboratory tests to other sites was necessary for reasons that included lack of expertise or lack of sufficient volume to maintain competency of laboratory personnel in a specific test, lack of equipment to conduct certain tests, and efficiencies to achieve economy of scale. The agency developed a plan collaboratively with the Ministry in 2017 to modernize its laboratory operations by consolidating resources into fewer laboratory sites and discontinuing or restricting eligibility for certain tests; however, the government still had not approved the plan at the time of our audit. The Ministry stated this was due to reasons that include the COVID-19 pandemic and more recent recommendations relating to provincial laboratory optimization from an external consulting firm. We also found that the agency was not taking the lead in performing or co-ordinating testing for the surveillance of some diseases of public health significance.

These include a laboratory test to detect latent tuberculosis—a disease of public health significance that can disproportionately affect Indigenous people and newcomers to Ontario—as well as wastewater testing for the detection of COVID-19, which is currently led by another Ministry.

Other observations of this audit include:

- **Public Health Ontario is challenged by a lack of sustainable funding from the Ministry of Health.** We found that since 2019/20, Public Health Ontario has seen limited increases in base funding, and has had some of its base funding replaced by one-time annual funding. While the Ministry has increased base funding since 2020/21, it has still not restored it to pre-pandemic levels. This lack of consistent funding threatens Public Health Ontario's ability to fully deliver on its mandate, and hinders the agency's ability to continue to provide services. For example, the agency has begun to explore options to scale back or dismantle the operations of a committee designed to enhance provincial capacity to respond to public health emergencies.
- **Public Health Ontario did not adequately monitor compliance with procurement policies.** We found that Public Health Ontario has not always followed the Ontario Public Service Procurement Directive, as well as the agency's own corporate procurement policy. From 2018/19 to 2022/23, Public Health Ontario staff at various laboratory sites were using their purchasing cards to make recurring purchases of laboratory and health-care supplies from the same vendor, instead of engaging in competitive procurement as required by internal policies. The agency provided explanations for why it used purchasing cards for recurring transactions with two of the top vendors. For the remaining 28 vendors, we found that annual transaction values over this same period ranged from \$25,133 to \$222,283. We further found that Public Health Ontario does not have a formal process to track vendor performance

and non-compliance, even though the Directive requires vendor performance to be managed and documented.

- **Public Health Ontario mostly measures outputs but little in the way of client satisfaction or service quality.** The agency establishes performance indicators as well as targets in its annual business plans; however, these indicators mostly focus on quantifying the output of the agency's operational activities rather than client satisfaction and actual performance of its core activities, making it difficult for the agency to demonstrate that it has been effective in meeting the needs of its clients. We also found that the agency's performance indicators do not cover all of its key functions, for example, the performance of its research ethics committee, which provides ethics reviews to 26 of Ontario's 34 public health units, to measure the turnaround time of its reviews.
- **Public Health Ontario's information technology (IT) processes need improvement.** We examined Public Health Ontario's IT controls and processes related to user account management, cybersecurity and software management. Due to the nature of these findings and so as to minimize the risk of exposure for Public Health Ontario, we provided relevant details of our findings and recommendations directly to Public Health Ontario. Public Health Ontario agreed with the recommendations and committed to implementing them.

This report contains 10 recommendations, with 24 action items, to address our audit findings and to position Public Health Ontario for success to continue to contribute to the overall health of Ontarians as a public health agency, independent from the government.

Overall Conclusion

Our audit concluded that Public Health Ontario has delivered on some areas of its mandate as set out in the *Ontario Agency for Health Protection and Promotion Act, 2007* (Act), but does not yet sufficiently collaborate

with the Ministry of Health and local public health units to clearly define and ascertain the agency's role in areas such as undertaking public health research, disseminating knowledge, and delivering public health laboratory services to more effectively protect and promote the health of the people in Ontario and reduce health inequities.

We also concluded that Public Health Ontario mostly measures outputs but little in the way of client satisfaction or service quality, and that the agency's suite of performance indicators does not cover all of its key functions.

OVERALL PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario thanks the Auditor General for this comprehensive value-for-money audit report.

Public Health Ontario is committed to fulfilling our mission to enhance the protection and promotion of the health of the people in Ontario and to contribute efforts toward reducing health inequities. By providing scientific and technical advice and leadership to support our clients across the public health and health systems, we enable evidence-informed public health action and decision-making.

In consideration of our role in the province, we recognize the importance of continuing to strive to improve our operations and enhance the quality of our services and products. As such, we appreciate the independent review of our organization by the Auditor General and the recommendations brought forward, all of which we have accepted and have plans to address.

When interpreting the findings of the report, it is important to note that the time frame covered by the audit includes more than three years during which Public Health Ontario was actively engaged in the COVID-19 pandemic response. Public Health Ontario, like other public health organizations, was greatly affected by the extraordinary demands of the pandemic. Due to the need to dedicate considerable resources to the pandemic, some areas of

our work did not progress as planned during this period, such as efforts to reduce purchasing card usage in the laboratory and expand our outcome-based performance measures.

As we are now in the process of returning to a “new normal” for the public health system in Ontario, Public Health Ontario is leveraging the lessons learned during the pandemic to inform the development of our next strategic plan covering the years 2024–29. The insights shared through this audit are helpful inputs that will support us in our commitment to continuous quality improvement and further enhance our leadership role within the public health system.

2.0 Background

2.1 Overview of Public Health Ontario

The Ontario Agency for Health Protection and Promotion (also known as Public Health Ontario) was established in 2007 as an independent, board-governed agency, primarily funded by the Ministry of Health (Ministry) in response to Ontario’s challenges faced during SARS, a global respiratory outbreak that affected Ontario and other parts of Canada in 2003. Public health is the organized effort of society to promote and protect the health of populations and reduce health inequities through the use of supportive programs, services and policies. Thus, Public Health Ontario’s role is chiefly in disease surveillance, disease prevention and outbreak preparedness, as opposed to clinical treatment.

In accordance with the *Ontario Agency for Health Protection and Promotion Act, 2007*, the legislation that created Public Health Ontario, the agency’s mandate is to:

- enhance the protection and promotion of the health of Ontarians;
- contribute to efforts to reduce health inequities by providing scientific and technical advice and support to those working across health-related

sectors to protect and improve the health of Ontarians; and

- carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation.

The agency’s primary clients are the Office of the Chief Medical Officer of Health as well as various divisions within the Ministry, Ontario’s 34 public health units, health system providers and health system partners. The Chief Medical Officer of Health of Ontario is responsible for determining provincial public health needs, developing public health initiatives and strategies, and monitoring public health programs delivered by Ontario’s local public health units. Ontario’s 34 public health units are primarily funded by the Ministry but also receive funding from local municipalities; each is led by its own Medical Officer of Health and governed by a Board of Health—and therefore they operate independently from each other. The public health units provide programs and services to all members of their respective communities as per the Ontario Public Health Standards—the minimum requirements that public health units must adhere to in delivering programs and services—and as determined by their own Boards of Health. They are not accountable to Public Health Ontario.

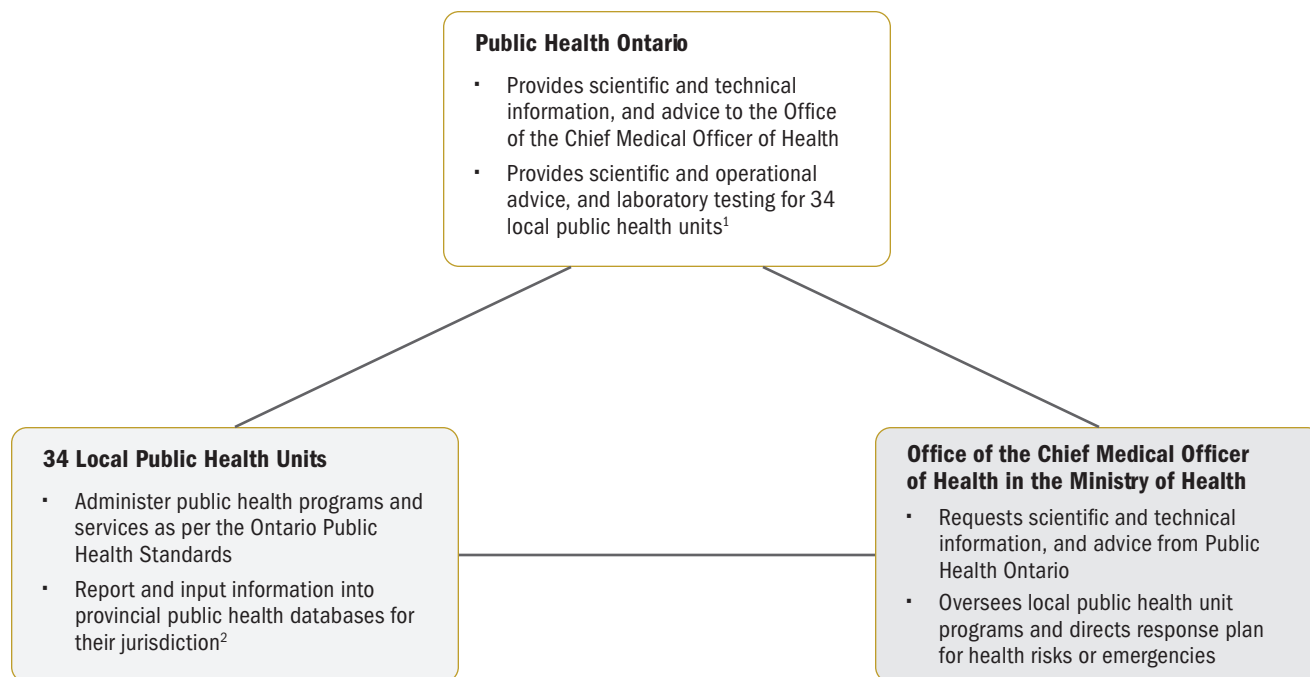
Figure 1 illustrates the relationship between Public Health Ontario and the various organizations involved in Ontario’s public health system, which, according to the Chief Medical Officer of Health, consists of about 9,000 people. Public Health Ontario has a complement of just under 870 full-time-equivalent staff as of June 2023.

2.1.1 Public Health Modernization

As part of the 2019 Ontario Budget, the Province announced in April 2019 (pre-COVID-19 pandemic) that public health would be undergoing a modernization process. This decision had the most impact on public health units, aiming to reduce their number from 35 (since reduced to 34 through amalgamation)

Figure 1: Public Health Model in Ontario

Prepared by the Office of the Auditor General of Ontario



1. In addition to public health units, Public Health Ontario's laboratory provides testing services to other health-care providers, for example, clinicians and community laboratories.

2. Local public health units are not accountable to Public Health Ontario.

to 10 by April 1, 2020; however, this modernization process was paused when the COVID-19 pandemic was declared in March 2020.

As part of the modernization process, the Ministry of Health launched a public consultation in November 2019, appointing a special advisor to lead the process of gathering feedback, and releasing a discussion paper in November 2019 outlining the key challenges facing public health. In this paper, Public Health Ontario is acknowledged as a key partner in the public health system, with the following themes being discussed:

- working toward improved clarity and alignment of roles and responsibilities between the Province, Public Health Ontario and local public health units;
- reducing duplication of efforts, co-ordinating and providing certain public health functions, programs or services at the provincial level, possibly by Public Health Ontario; and

- clarifying the role of Public Health Ontario in better informing and co-ordinating provincial priorities to increase consistency.

The government revised its approach to modernizing the public health system in August 2023 to include a review of the Ontario Public Health Standards, the roles and responsibilities that all three pillars of the system—the Ministry, Public Health Ontario and the local public health units—play, as well as their relationships and alignment across and beyond the broader health-care system.

2.2 Key Program Areas

Public Health Ontario's operations consist of five principal public health program areas: Laboratory Science and Operations; Health Protection; Environmental and Occupational Health; Health Promotion, Chronic Disease and Injury Prevention; and Knowledge Exchange and Informatics.

2.2.1 Laboratory Science and Operations

About 70% of the agency's resources are allocated to the operation of its laboratory. Public Health Ontario has 11 fully accredited laboratory sites across Ontario, located in Toronto, Hamilton, Kingston, London, Orillia, Ottawa, Peterborough, Sault Ste. Marie, Sudbury, Thunder Bay and Timmins. The agency's laboratory conducts a wide range of functions described by the Canadian Public Health Laboratory Network, including laboratory tests such as diagnostic tests and confirmatory tests, as well as complex tests that other providers, such as hospital and community laboratories, refer to it. This testing informs public health surveillance, detects threats and outbreaks, and enables preventive and therapeutic interventions for public health action and patient management in Ontario.

Public Health Ontario's laboratory serves public health units, hospital and community laboratories, long-term-care homes and other congregate settings, clinicians in private practice, and private citizens in the context of private well water testing. It performs the majority of its laboratory tests Monday to Friday for the detection and diagnosis of infectious diseases (such as tuberculosis) or antimicrobial resistance (that is, when a bacterium or fungus develops the ability to defeat the drug designed to kill it), and for specialized testing for molecular profiling of pathogens by examining the entire genetic makeup of a specimen (for example, identifying which variant of COVID-19 someone has), including genomics. Public Health Ontario's laboratory also offers after-hours support, and it has been performing COVID-19 testing daily since the summer of 2020. It was still performing this daily testing at the time of our audit.

Public Health Ontario's laboratory performed about 6.8 million tests in 2022/23; these tests include 100% of diagnostic HIV testing and over 95% of syphilis testing in the province. According to the agency, it operates one of the largest tuberculosis laboratories and one of the largest diagnostic mycology laboratories in North America. As well, the agency indicates that it is known as the provincial resource and expert for laboratory testing and outbreak support for emerging

pathogens, as well as for the 10 most common infectious agents causing the greatest burden of disease in Ontario. These agents include *C. difficile*, *E. coli*, hepatitis B, hepatitis C, HIV, human papillomavirus, influenza, rhinovirus, *Staphylococcus aureus* and *Streptococcus pneumoniae*. The laboratory also carries out all testing relating to pathogens found in food, water or the environment to assist in their investigations, and is able to diagnose pathogens requiring a high level of biosecurity and safety measures, such as tuberculosis and anthrax.

Public Health Ontario's laboratory undergoes accreditation by Accreditation Canada and the Canadian Association for Laboratory Accreditation Inc. to ensure that processes in accordance with the International Organization for Standards and requirements under environmental laws such as the *Safe Drinking Water Act, 2002* are in place. As of June 2023, all 11 public health laboratory sites have met these standards and requirements, including those designed to help mitigate future occurrences similar to the Walkerton *E. coli* outbreak in 2000.

Figure 2 shows that test volumes at public health laboratory sites increased from about 6.3 million in 2018/19 to 7.7 million in 2021/22, primarily due to conducting COVID-19-related laboratory tests, and then decreased to 6.8 million in 2022/23. The cost of each laboratory test generally increased between 2018/19 and 2022/23 by 36%, from about \$16.33 to \$22.15.

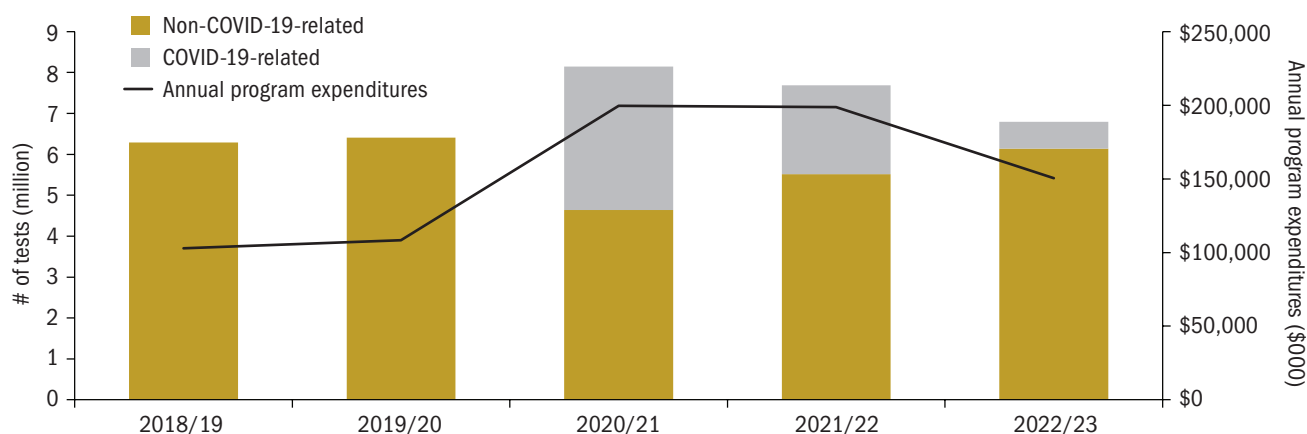
2.2.2 Health Protection

Public Health Ontario's Health Protection program provides data analysis, surveillance, evidence generation and synthesis, and consultation services to its clients. These activities are intended to better prevent communicable diseases, reduce transmission of infectious agents, and support system capacity building and professional development in public health and infection control best practices in Ontario. Expertise in this program spans:

- all diseases of public health significance (such as hepatitis A and B) as defined under the

Figure 2: Expenditures on Laboratory Services and Number of Tests Performed by Public Health Ontario, 2018/19–2022/23

Source of data: Public Health Ontario



Health Protection and Promotion Act (see **Appendix 1** for a full list of diseases of public health significance);

- surveillance and epidemiology of communicable diseases;
- infection prevention and control (IPAC) best practices and lapse investigations (that is, deviations from IPAC standard of care);
- programs and research to support epidemiology, immunization and antimicrobial stewardship (that is, promoting appropriate use of antibiotics to limit the development of antibiotic resistance); and
- emergency preparedness.

Public Health Ontario has an interactive online tool to track infectious disease trends, which provides 10 years of analyzed data on diseases of public health significance in Ontario. This helps the agency's clients and partners with surveillance, as well as informing program planning and policy. For example, as shown in **Figure 3**, the cases and rate of syphilis in Ontario from 2012 to 2021 have been steadily increasing according to Public Health Ontario's surveillance efforts; this information could be helpful to clinicians, policy-makers, and the public to raise awareness. In 2021/22—the latest year for which information is available—over 2.1 million total visits were made to Public Health Ontario's online centralized data and

analytic tools, down from about 2.9 million in 2020/21, the first year that the agency measured this metric.

2.2.3 Environmental and Occupational Health

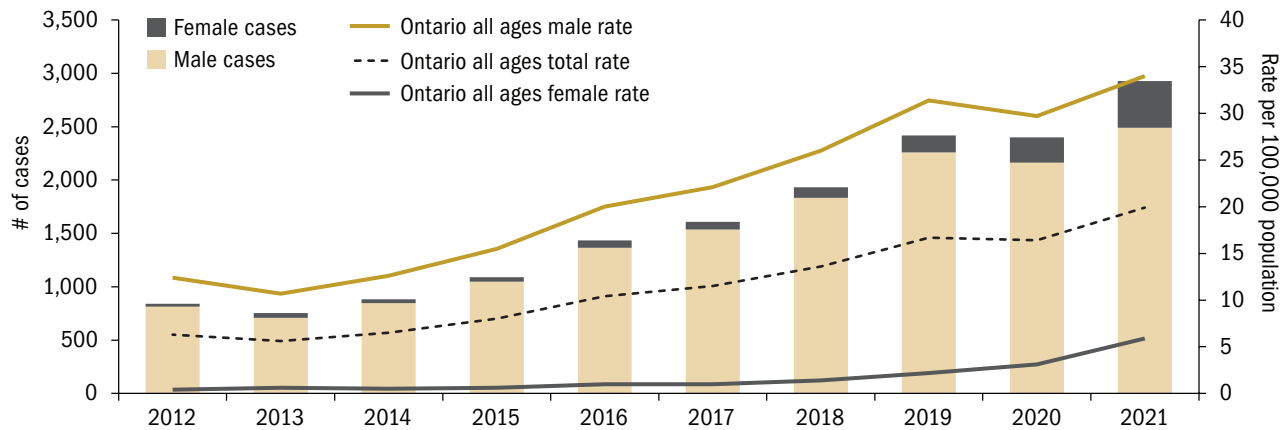
Public Health Ontario's Environmental and Occupational Health program area provides field support and helps the agency's clients and partners better understand and address evolving public health issues relating to exposures in the environment, such as indoor air quality, outdoor air pollution, water quality and food safety. This program works with and supports public health units and policy-makers to better respond to environmental threats and issues. This is done through situation-specific consultation and advice, interpretation of data, research, evidence-based reviews, case studies, access to environmental monitoring equipment, and training workshops.

2.2.4 Health Promotion, Chronic Disease and Injury Prevention

According to the World Health Organization, health promotion entails building healthy public policy; creating supportive environments; strengthening community action; developing personal skills; and reorienting health-care services toward prevention of illness and promotion of health. Public Health

Figure 3: Infectious Syphilis Cases and Rates for All Ages and by Sex in Ontario, 2012–2021

Source of data: Public Health Ontario



Ontario’s Health Promotion, Chronic Disease and Injury Prevention program focuses on non-communicable diseases (such as heart disease, cancer, diabetes) and injuries, oral health conditions, and the modifiable risk factors that contribute to them. The program covers comprehensive tobacco control; healthy eating and physical activity; oral health; reproductive, child and youth health; healthy schools; mental health promotion; substance use (for example, opioids, alcohol, cannabis, tobacco); injury prevention; health equity; and health promotion. One of the program’s activities is tracking data on substance abuse, such as opioid-related morbidity and mortality, as shown in **Figure 4**.

2.2.5 Knowledge Exchange and Informatics

Public Health Ontario’s Knowledge Exchange program supports the development and dissemination of the agency’s products and services, including its external website. The program delivers professional development, including special events and learning exchanges, and the annual Ontario Public Health Convention; supports medical resident and student placements at Public Health Ontario and in public health units; provides training and education programs; and delivers library services, knowledge mobilization and

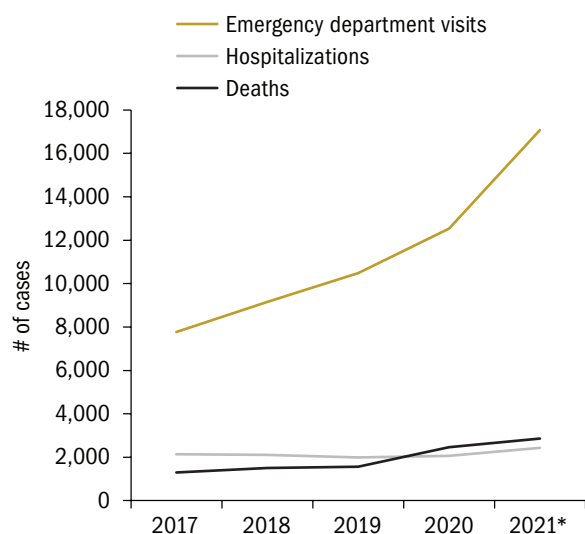
evaluation supports to its own staff, as well as to the overall public health sector. In 2021/22—the latest year for which information is available—this program area facilitated 70 professional development sessions to external clients and stakeholders.

This program also includes the Locally Driven Collaborative Projects (LDCP) program, which brings together public health units, along with academic and community partners, to collaboratively design and implement applied research and program evaluation projects on important public health issues of shared interest, and build new partnerships among participants. Examples of LDCP in prior years include a project to help public health units plan programs around substance abuse and harm reduction, and another project to identify lessons learned from the collection of sociodemographic data during the COVID-19 pandemic, as this data informs targeted improvement to address health inequities.

Informatics applies information and data science to public health practice, research and learning, enabling and bridging the use of technology and data to present critical information needed for effective public health decision-making. This team provides specialized and centralized supports for the governance, acquisition, synthesis, analysis, interpretation and presentation of data and information.

Figure 4: Emergency Department Visits, Hospitalizations and Deaths Related to Opioid Use in Ontario, 2017–2021

Source of data: Public Health Ontario



* According to Public Health Ontario, death data for 2021 should be considered as preliminary and is subject to change. Possible contributing factors to rising rates of opioid-related harm during the COVID-19 pandemic include increased stress, social isolation and mental illness, resulting in changes in drug use, and reduced accessibility of addiction, mental health and harm reduction services.

2.3 Organizational Structure and Accountability

2.3.1 Organizational Structure

Figure 5 shows Public Health Ontario’s program areas and senior management. Public Health Ontario’s office and main laboratory site is located in Toronto, with laboratory sites in 10 other cities across Ontario. As of August 2023, Public Health Ontario had 1,176 employees (just under 870 full-time equivalents), with 67% (792) of its employees working in laboratory sites across the province.

2.3.2 Governance and Accountability

The Agencies and Appointments Directive issued by the Management Board of Cabinet, an accountability framework for all board-governed provincial agencies, outlines the requirements of the reporting relationships between parties (see **Appendix 2** for more information). Public Health Ontario must adhere to this

accountability framework. The Chief Medical Officer of Health, a senior employee of the Ministry, also has the power to issue directives to the agency, as shown in **Figure 6**.

A memorandum of understanding (MOU) between the agency and the Ministry outlines accountability relationships, roles and responsibilities, and expectations for the operational, administrative, financial, staffing, auditing and reporting relationships. Public Health Ontario’s day-to-day operations are administered by the President and CEO, who reports to the agency Board of Directors. Public Health Ontario’s Board of Directors consists of a maximum of 13 voting members; each is appointed for a three-year term by the Lieutenant Governor in Council. According to the *Ontario Agency for Health Protection and Promotion Act, 2007*, appointment of people to Public Health Ontario’s Board should consider persons with skills and expertise in areas covered by Public Health Ontario or in corporate governance, and include a person with expertise in public accounting or with related financial experience, and a lay person with demonstrated interest or experience in health issues. **Figure 7** shows that the agency’s Board of Directors consisted of 12 people, with one vacancy, as of June 2023.

2.3.3 Joint Liaison Committee

The Joint Liaison Committee was created by the Ministry in 2008, shortly after the agency was established, to address issues of mutual interest between the Ministry and Public Health Ontario, resolve issues, provide direction, and delegate and co-ordinate work. The Committee is co-chaired by either the Assistant Deputy Minister or the Chief Medical Officer of Health from the Ministry, as well as the Chief Executive Officer of Public Health Ontario. The Committee held its last meeting prior to 2017/18, and since then the Office of the Chief Medical Officer of Health and the Chief Executive Officer of Public Health Ontario have mutually agreed to liaise informally as needed.

In April 2020, the Office of the Chief Medical Officer of Health created the COVID-19 Public Health Measures Table, consisting of public health unit

Figure 5: Program Areas and Senior Management of Public Health Ontario, August 2023

Source of data: Public Health Ontario

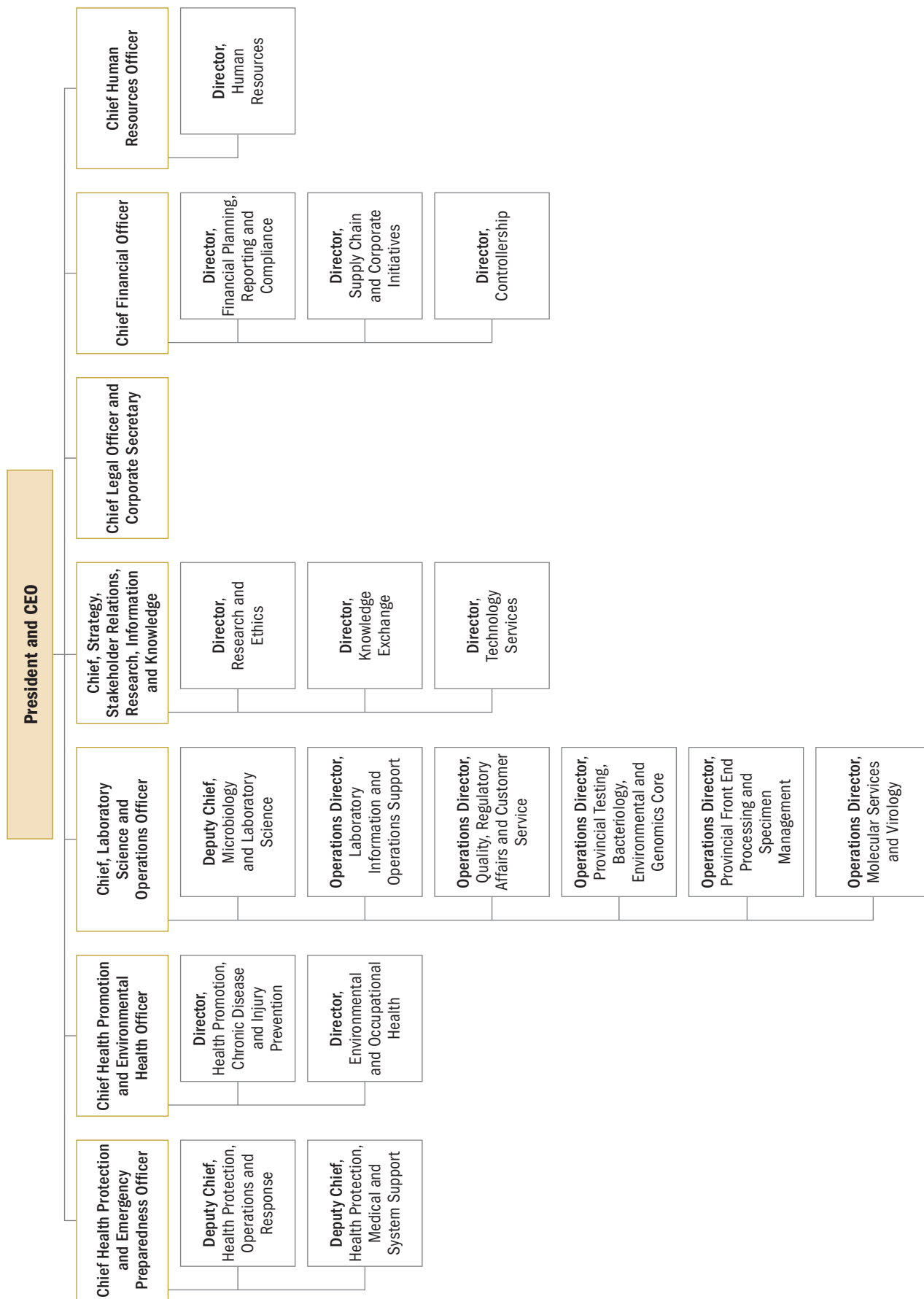
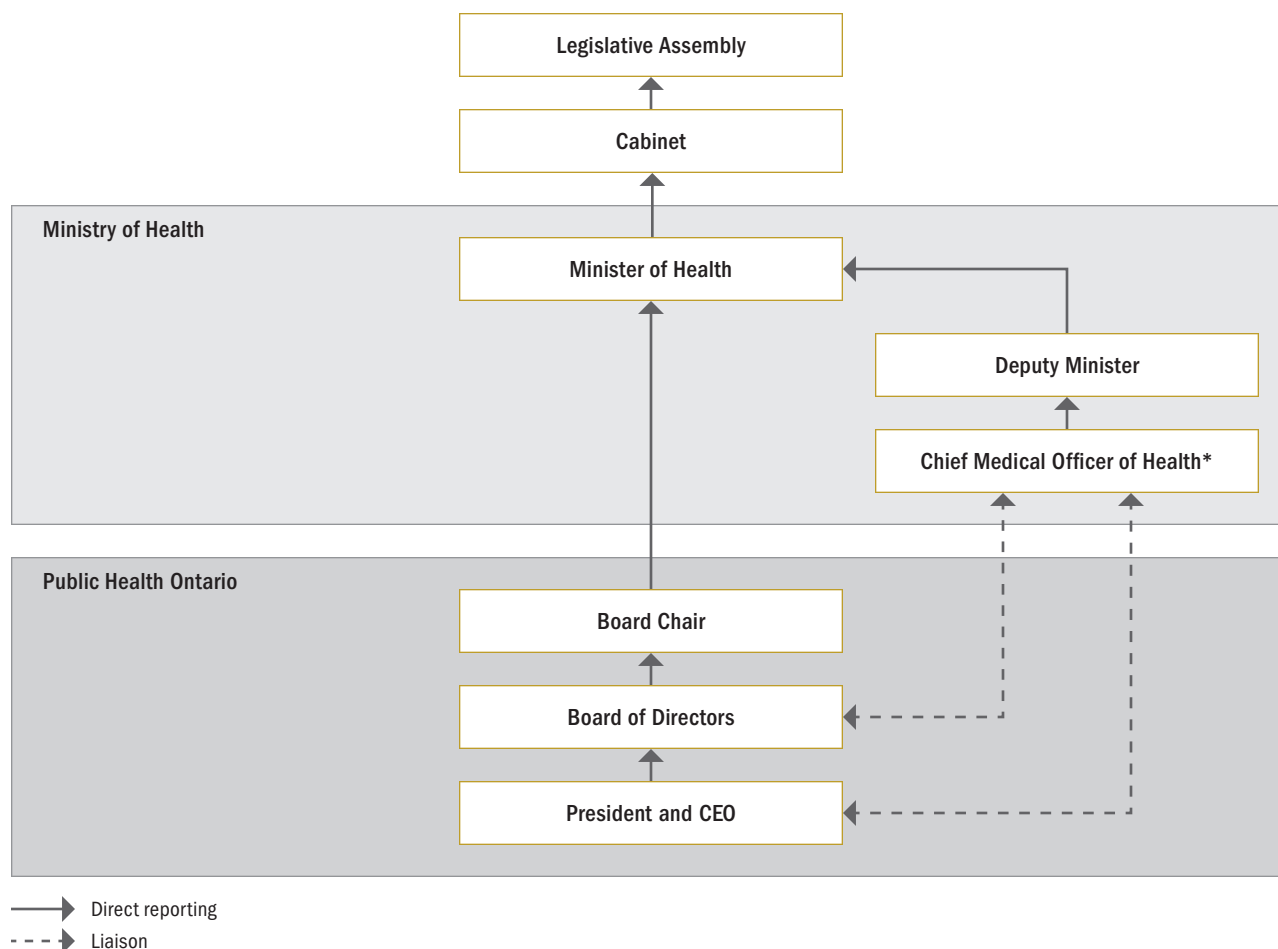


Figure 6: Accountability Framework for Public Health Ontario

Prepared by the Office of the Auditor General of Ontario



* The Chief Medical Officer of Health plays a liaison role between Public Health Ontario and the Ministry of Health, sitting as a non-voting member of the Board of Directors at Public Health Ontario, as well as a voting member on the Strategic Planning Standing Committee of the Board of Directors at Public Health Ontario to convey Ministry strategies and provincial priorities to Public Health Ontario. The Chief Medical Officer of Health also has the power to issue directives to Public Health Ontario.

representatives and Public Health Ontario, with the purpose of providing advice to the Chief Medical Officer of Health on public health measures that may be implemented to prevent or slow the transmission of COVID-19.

2.4 Financial Information

As shown in **Figure 8**, Public Health Ontario's expenditures were about \$222 million in 2022/23, an approximately 37% increase over the last five fiscal years. The increase was mainly attributable to

a temporary increase in testing volumes during the COVID-19 pandemic. In the last five years, 71% of the agency's actual expenditures related to its laboratory program, 18% related to science and public health programs, and the remaining 11% were for general administrative and amortization expenses.

Figure 9 shows funding provided to Public Health Ontario for the last five years. The Ministry is the primary funder of Public Health Ontario, providing about 94% of the agency's revenue. The agency also receives grants, mainly from the Canadian Institutes of Health Research, which averaged about \$1.8 million

Figure 7: Public Health Ontario Board of Directors as of June 30, 2023

Source of data: Public Health Ontario

Name	Board Position	Current/Most Recent Role
Helen Angus	Chair	Chief Executive Officer of AMS Healthcare, former Deputy Minister of Health
Dr. Isra Levy	Vice-Chair Chair, Governance and Human Resources Standing Committee ¹	Vice-President of Medical Affairs and Innovation, Canadian Blood Services
Ian McKillop	Member Chair, Strategic Planning Standing Committee ²	Associate Professor at University of Waterloo, School of Public Health Sciences
S. Ford Ralph	Member Chair, Audit Finance and Risk Standing Committee ³	Former Vice-President of Petro-Canada
Roxanne Anderson	Member	Senior Vice-President of Business Optimization and the Chief Financial Officer of the Victorian Order of Nurses
Harpreet Bassi	Member	Executive Vice-President, Strategy and Communications, Niagara Health
Cat (Mark) Criger	Member	Indigenous Elder, Traditional Teacher and Knowledge Keeper
William MacKinnon	Member	Former Chief Executive Officer of KPMG
Theresa McKinnon	Member	Former Partner at PwC Canada, Assurance
Rob Notman	Member	Trustee and former Board Chair of the Royal Ottawa Mental Health Centre
Dr. Andy Smith	Member	President and Chief Executive Officer of Sunnybrook Health Sciences Centre, Professor of Surgery at the University of Toronto
David Wexler	Member	Former Chief Human Resources Officer for the Vector Institute for Artificial Intelligence, FreshBooks, Syncapse, Alias Systems and the Canada Pension Plan Investment Board

1. The Governance and Human Resources Standing Committee supports the Board's commitment to and responsibility for the sound and effective governance of Public Health Ontario. This includes nominations for recommendation by the Board for appointment to the Board; appointment of Board members to committees; help with orientation and education of new directors to assist them in fulfilling their duties effectively; and support for the Board in its oversight of human resources policies and strategies.
2. The Strategic Planning Standing Committee provides reviews and advice on Public Health Ontario's strategic planning, performance measurement, quality assurance and stakeholder engagement processes, and monitors and advises it on progress against goals. The Chief Medical Officer of Health is part of this standing committee.
3. The Audit Finance and Risk Standing Committee ensures that Public Health Ontario conducts itself according to the principles of ethical financial and management behaviour and that it is efficient and effective in its use of public funds by overseeing Public Health Ontario's accounting, financial reporting, audit practices and enterprise risk management.

annually in the last five years. Ministry-provided base funding for Public Health Ontario has generally flatlined over the last 10 years, and decreased in 2019/20 just prior to the onset of the COVID-19 pandemic. While the Ministry has increased base funding subsequent to 2020/21, it still has not restored it to pre-pandemic levels.

2.5 Other Jurisdictions

In Canada, British Columbia's BC Centre for Disease Control and Quebec's Institut national de santé publique are close comparators to Public Health Ontario. The federal government's Public Health Agency of

Figure 8: Public Health Ontario Expenditures, 2018/19–2022/23 (\$000)

Source of data: Public Health Ontario

	2018/19	2019/20	2020/21	2021/22	2022/23	% of Total Expenditures (2018/19–2022/23)
Public health labs	102,889	108,399	199,562	198,741	150,495	71
Science and public health programs	38,802	37,757	36,597	38,537	39,843	18
General and administrative	14,007	13,148	17,024	19,098	19,102	8
Amortization of capital assets	6,547	5,464	7,428	11,655	12,539*	3
Total	162,245	164,768	260,611	268,031	221,979	100

* Increased 92% over five years due to increase in capital acquisitions starting in 2020/21 due to COVID-19.

Figure 9: Public Health Ontario Funding, 2018/19–2022/23 (\$000)

Source of data: Public Health Ontario

	2018/19	2019/20	2020/21	2021/22	2022/23	% of Total Funding (2018/19–2022/23)
Base operations¹	152,703	156,151	250,480	252,612	205,324	94
Base funding	152,703	153,114	148,563	151,282	150,683	60 ²
COVID-19 one-time funding ³	n/a	3,037	101,917	101,331	54,641	34 ²
Amortization of deferred capital asset contributions	6,547	5,464	7,428	11,655	12,539	4
Other grants	1,781	2,207	1,377	1,867	2,003	1
Miscellaneous recoveries	1,214	946	1,326	1,897	2,113	1
Total	162,245	164,768	260,611	268,031⁴	221,979	100

1. Increased revenue from 2019/20 to 2021/22 corresponds to increased operating expenditures due to Public Health Ontario's increased services to respond to COVID-19.
2. Covers fiscal years 2020/21 to 2022/23 only, as this represents the most significant time period for COVID-19 expenses, and represents three-year base funding and COVID-19 one-time funding as a percentage of base operations expenditures.
3. Public Health Ontario recognized COVID-19 revenue in its accounting records as related expenses were incurred.
4. Numbers do not add up due to rounding.

Canada, while similar to Public Health Ontario, is not governed by a board but rather overseen by the federal Minister of Health. **Appendix 3** shows a comparison of mandates and reporting relationships among these agencies.

3.0 Audit Objective and Scope

Our audit objective was to assess whether Public Health Ontario has effective systems and procedures in place to:

- deliver its mandate as set out in the *Ontario Agency for Health Protection and Promotion Act, 2007*, which includes providing scientific and technical advice and support to identified clients, including the Ministry of Health and other relevant ministries and agencies, public health units, and health-care providers; delivering public health laboratory services; undertaking public health research; and advancing and disseminating knowledge, best practices and research, with the goal of protecting and promoting the health of the people in Ontario and reducing health inequities; and

- measure and publicly report on the quality and effectiveness of these activities.

In planning for our work, we identified the audit criteria (see **Appendix 4**) we would use to address our audit objective. These criteria were established based on a review of applicable legislation, policies and procedures, internal and external studies, previous reports from our Office, and best practices. Senior management at Public Health Ontario reviewed and agreed with the suitability of our objectives and associated criteria.

We conducted our audit between January 2023 and August 2023. We obtained written representation from Public Health Ontario management that, effective November 10, 2023, it had provided us with all the information it was aware of that could significantly affect the findings or the conclusion of this report.

At Public Health Ontario, we:

- reviewed applicable legislation and regulations as well as documents consisting mainly of financial information, contracts and agreements, policy and procedure manuals, annual business plans, annual reports, strategic plans and meeting minutes;
- interviewed senior management and program staff responsible for all program areas, selected former agency management staff, as well as the Board Chair;
- obtained and analyzed financial and operational data from Public Health Ontario systems; and
- observed laboratory operations and met with staff at four of the 11 public health laboratory sites, located in London, Orillia, Sudbury and Toronto.

At the Ministry of Health, we conducted the majority of our work at the Office of the Chief Medical Officer of Health, where we interviewed staff and senior management, and reviewed documents consisting mainly of briefing notes, agreements, funding letters and external review reports of Public Health Ontario conducted since 2016.

We interviewed medical officers of health or their delegates from eight of the province's 34 public health units, consisting of Eastern Ontario; Grey Bruce;

Kingston, Frontenac and Lennox & Addington; Niagara; Peel; Sudbury; Timiskaming; and Toronto, to better understand local interactions with and perspectives on Public Health Ontario. We selected these public health units based on their size, geographic location and issues identified through our research. We reached out to 18 public health units to obtain more information on their courier routes for laboratory samples and specimens that would be delivered to Public Health Ontario, of which 16 responded. We selected these public health units based on factors including their geographic location and whether they used the agency's or their own couriers. We also reviewed public-facing websites for all 34 public health units to identify locally developed knowledge products.

To assess the cybersecurity risks to Public Health Ontario, we met with and obtained data from the Cyber Security Division of the Ministry of Public and Business Service Delivery, which provides certain services to the agency.

To gain familiarity with emerging public health issues, we attended The Ontario Public Health Convention in March 2023. This conference was organized by Public Health Ontario for public health professionals.

In addition, we researched similar organizations in British Columbia and Quebec to identify best practices for public health agencies.

We conducted our work and reported on the results of our examination in accordance with the applicable Canadian Standards on Assurance Engagements—Direct Engagements issued by the Auditing and Assurance Standards Board of the Chartered Professional Accountants of Canada. This included obtaining a reasonable level of assurance.

The Office of the Auditor General of Ontario applies Canadian Standards on Quality Management and, as a result, maintains a comprehensive system of quality management that includes documented policies and procedures with respect to compliance with rules of professional conduct, professional standards and applicable legal and regulatory requirements.

We have complied with the independence and other ethical requirements of the Code of Professional Conduct of the Chartered Professional Accountants of

Ontario, which are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.

4.0 Detailed Audit Observations

4.1 Ministry of Health Has Not Leveraged Public Health Ontario Effectively to Achieve Its Full Intended Capacity and Potential to Improve the Health of Ontarians

4.1.1 Public Health Ontario Has Been Left Out of the Province's Decision-Making with Major Public Health Implications

Despite the mandate of Public Health Ontario to provide scientific and technical advice and support to clients working in government, public health, health care and related sectors, the agency was not consulted when the government made some of its decisions affecting public health, such as those relating to increased access to alcohol and gambling. As well, upon observing recent government decisions on increased access to alcohol and gambling, Public Health Ontario has not conducted independent research in these areas.

Increased Access to Alcohol and Gambling

The government's decision to increase access to alcohol in various settings, such as grocery stores and convenience stores, was first announced in 2015 and saw expansion in 2019 and 2023. In addition, the new legal Internet gaming market in Ontario has grown by an average of more than 50% in total wagers and gaming revenue each quarter since its launch in April 2022. According to iGaming Ontario, a total of 1.65 million player accounts were active over the course of the 2022/23 fiscal year; these players on average spent about \$70 per month.

Public Health Ontario representatives confirmed with us that government decision-makers have not consulted them on the health impacts of either of these decisions, which have implications on addictions and

mental health on a population level. We asked the Ministry of Health (Ministry) why it did not consult Public Health Ontario, and Ministry representatives explained that the Ministry of Finance made both of these decisions. It did not seek an assessment of the impacts on public health from the Office of the Chief Medical Officer of Health, which also did not conduct a health impact assessment on increased access to alcohol and gambling. The Ministry informed us that, instead, the Ministry of Finance, working with other partner ministries, engaged and consulted stakeholders, for example, the Centre for Addiction and Mental Health, to understand the potential impacts.

In these cases, the government did not fully leverage Public Health Ontario to provide expert advice on the potential population health impacts of policy decisions made. One of the legislated responsibilities of Public Health Ontario according to the *Ontario Agency for Health Protection and Promotion Act, 2007* (Act) that created it, is “to inform and contribute to policy development processes across sectors of the health care system and within the Government of Ontario through advice and impact analysis of public health issues.” Our 2017 audit on Public Health: Chronic Disease Prevention highlighted the Health in All Policies approach, defined by the World Health Organization as an approach that considers how government decisions affect population health so that more accountability is placed on policy-makers. Our 2017 report recommended that the Ministry develop a process to integrate this approach into policy settings where appropriate, but this had not yet been fully implemented as of the time of this audit.

While these provincial policy changes affecting public health were occurring, Public Health Ontario did not prioritize publishing the state of the evidence in these areas. To illustrate, in relation to alcohol, a public health unit in October 2018 requested Public Health Ontario to answer a research question on the impact of increasing alcohol availability. However, instead of publishing an independently researched knowledge product that could establish Public Health Ontario's position on the state of the evidence, the agency compiled a list of existing journal articles and sent the

completed list directly to the public health unit in May 2019.

Similarly, we found that Public Health Ontario has not published any research on the health impact of problem gambling. In 2012, the agency published a knowledge product on the burden of mental illness and addictions in Ontario, but that product did not discuss problem gambling. We researched whether public health units had to independently develop knowledge products on problem gambling and found that six public health units—North Bay and Parry Sound, Ottawa, Peterborough, Sudbury, Toronto, and Windsor—had developed such research independently. Toronto Public Health explained in its report that studies have suggested an increase in problem or pathological gambling rates after gambling expansion, such as in Niagara where the rate increased from 2.2% to 4.4% one year after a casino opening. It also went on to note a consistent social impact from problem gambling, such as suicide and personal bankruptcy rates, with direct or indirect impacts on individuals and families.

We found that, unlike Public Health Ontario, other provinces have centrally developed knowledge products on problem gambling. For example, Quebec has made available centrally developed resources and knowledge products on the population health impact of problem gambling. Specifically, the Institut national de santé publique du Québec has on its website an interactive map that allows the public to quantify and visualize exposure and vulnerability to gambling in Quebec, and to support development of preventive initiatives and interventions to address these issues. Similarly, we found that British Columbia's Centre for Disease Control had included problem gambling on its website on substance use, indicating that a report was forthcoming.

Decisions Made During the COVID-19 Pandemic

Public Health Ontario was also not consistently consulted by the Province to provide scientific and technical advice in certain key decisions related to the COVID-19 pandemic.

According to the Act, one of the roles of Public Health Ontario is to provide scientific and technical advice, and operational support, to any person or entity in an emergency or outbreak situation that has health implications, as directed by the Chief Medical Officer of Health.

Our 2020 audit on COVID-19 preparedness and management, *Outbreak Planning and Decision-Making*, noted that Public Health Ontario played a diminished role in the COVID-19 pandemic, despite the agency being created in response to the SARS outbreak in 2003. Even when Public Health Ontario provided advice, such as on the recommended indicators and threshold triggers for lockdown, the Ministry of Health either did not fully follow this advice, or implemented the agency's advice much later than suggested.

Similarly, our 2022 audit on the COVID-19 Vaccination Program noted that Public Health Ontario was not represented on the COVID-19 Vaccine Distribution Task Force, where it felt that it could have contributed more scientific or technical expertise and support on vaccine distribution decisions.

4.1.2 Public Health Ontario's Role Has Continued to Diminish in the Public Health System, with Increased Reliance on One-Time Annual Funding

Public Health Ontario Could Not Fully Deliver Its Mandate, Citing Capacity and Funding Constraints

As noted in **Section 2.4**, in 2019/20, the Ministry reduced Public Health Ontario's base funding, replacing it with one-time annual funding. This was done because the Ministry at that time had assumed that its laboratory modernization plan would be implemented and that Public Health Ontario would be consolidated as part of Ontario Health. One-time funding makes it challenging for Public Health Ontario to plan for activities, as such funding is susceptible to being withdrawn. While the Ministry has increased base funding since 2020/21, it has still not restored it to pre-pandemic levels.

We found that, while the Ministry reduced Public Health Ontario's base funding assuming implementation of the laboratory modernization plan, the Ministry has not yet implemented this plan. We discuss this plan in greater detail in **Section 4.2.1**.

The Ministry also eventually did not consolidate Public Health Ontario into Ontario Health, as it had assumed it would. The government announced in 2019 that it would consolidate multiple health-care agencies and organizations, including Cancer Care Ontario, Trillium Gift of Life Network and all 14 Local Health Integrated Networks, within a single agency, known as Ontario Health. Ontario Health is responsible for planning and funding the health-care system, primarily in clinical settings, and ensuring health service providers have the tools and information to deliver quality care.

Despite both of these assumptions resulting in reduced base funding for Public Health Ontario, the Ministry has still not restored the agency's base funding to pre-pandemic levels, even though neither assumption was realized.

Our 2020 audit on COVID-19 preparedness and management, Outbreak Planning and Decision-Making, noted that, due to resource constraints, Ontario Health performed some tasks that were outlined in the Ontario Health Plan for an Influenza Pandemic as the responsibility of Public Health Ontario. These included co-ordinating laboratory testing for COVID-19 and analyzing provincial surveillance data.

Public Health Ontario explained to us that its budget has been flatlined for over 10 years, and has repeatedly raised this concern in its annual business plan, which it has submitted to the Ministry. While the Ministry provided Public Health Ontario with one-time COVID-19 funding between 2019/20 and 2022/23, this was strictly for use in the laboratory for COVID-19 testing, and little was added to fund the rest of the agency's mandate to support its growth, such as in environmental health, health promotion, and chronic disease and injury prevention.

As explained in **Section 2.3.2**, the relationship between Public Health Ontario and the Ministry is governed by provincial legislation and directives, but also

by a memorandum of understanding (MOU) that has not been updated since 2015. The Ministry and Public Health Ontario have continued to affirm the existing MOU since 2015 when new Board chairs and ministers have taken office. They informed us at the time of our audit that they were working on refreshing the MOU, with expected completion by the end of 2023.

Lack of Consistent Funding Puts the Continuation of Advisory Committee for Public Health Emergencies at Risk

In July 2020, the Province created the COVID-19 Science Advisory Table to provide emerging evidence and advice to the Ministry of Health to inform Ontario's response to the COVID-19 pandemic. Part of the impetus for this Table was that Public Health Ontario could not fully support the Province in providing synthesized evidence relating to the COVID-19 pandemic due to capacity constraints. The Table was external to Public Health Ontario, though one of the then vice-presidents of the agency was a co-chair. In July 2022, following direction from the Ministry of Health, Public Health Ontario became the permanent home of this Table. In September 2022, Public Health Ontario, building on the work of the Table, announced the establishment of the Ontario Public Health Emergencies Science Advisory Committee, an external advisory committee whose mandate is to enhance provincial capacity to respond to public health emergencies with the best available evidence.

The Ministry provided one-time funding of \$1.2 million in 2022/23 to the agency to establish and oversee this committee, but did not continue this funding in 2023/24. Public Health Ontario informed us that, as a result of the Ministry no longer providing funding, it was exploring options to scale back or dismantle the operations of this committee.

RECOMMENDATION 1

To enhance the clarity, relevance and value of Public Health Ontario's role in Ontario's public health system, we recommend that Public Health Ontario work with the Ministry of Health (Ministry) to:

- develop and implement a process to include Public Health Ontario’s review of evidence when developing provincial policy decisions that impact public health; and
- clarify the agency’s roles and responsibilities in the memorandum of understanding between the agency and the Ministry, especially with respect to Public Health Ontario’s role in relation to Ontario Health’s role.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation, and will work with the Ministry of Health to enhance and clarify our role within the public health system. While there are existing mechanisms in place for the Ministry to request support and advice from Public Health Ontario as needed, we recognize that there may be opportunity for improvement by formalizing a process specific to supporting provincial policy decisions. We also recognize the importance of clarifying the agency’s roles and responsibilities in the memorandum of understanding between Public Health Ontario and the Ministry, which, as noted in the report, is currently in the process of being refreshed.

RECOMMENDATION 2

To ensure that Public Health Ontario has sustainable resources required to deliver on the agency’s mandate effectively, we recommend that Public Health Ontario work with the Ministry of Health to develop a business case that addresses reallocation of one-time annual funding to base funding.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation to work with the Ministry of Health to reallocate its one-time annual funding to base funding for the agency.

4.1.3 Lack of Information Sharing on Priority Areas of Public Health Units Limits Public Health Ontario’s Ability to Centralize and Co-ordinate Work

Public Health Ontario obtains input from the Ministry and public health units, often through regular meetings, to inform its work. However, it does not have established information-sharing processes on what Ontario’s 34 public health units plan to do in terms of their program priorities and what research they would require that is best done centrally. Public health units report planned activities to the Ministry on an annual basis, but the Ministry does not share this information with Public Health Ontario. As a result, we found instances of fragmented responses to key public health issues and duplication of effort.

According to the *Ontario Agency for Health Protection and Promotion Act, 2007*, the agency is tasked with the responsibility to “undertake, promote and coordinate public health research in cooperation with academic and research experts as well as the community.” About half of the requests made to Public Health Ontario between 2018/19 and 2022/23 to conduct consultations, answer scientific questions and deliver presentations came from public health units, and the number of these requests ranged from 413 to 1,023 requests per year. Despite this, Public Health Ontario does not receive important summarized information on public health units’ planned program activities for the upcoming year so as to proactively prepare and direct its own efforts.

In contrast, every year, the Ministry of Health requires all 34 public health units to submit an annual service plan that outlines how each public health unit plans on satisfying the Ontario Public Health Standards, which we explain in **Section 2.1**. This includes planned activities, such as seasonal flu clinics, and the vaccine clinics in schools that public health units deliver as part of their programs. However, as the Ministry does not share the priorities in these annual service plans with Public Health Ontario, the agency

cannot synthesize information from these annual service plans to effectively identify areas where it can provide the most value across all public health units, such as co-ordinating research efforts and developing knowledge products, including evidence briefs and literature reviews. One of the purposes of these is to give users synthesized and easy-to-understand evidence to help them design programs and support advancing public health policy, knowledge and best practices in Ontario.

We found that public health units had duplicated efforts in producing resources on public health topics. For example, as noted in **Section 4.1.1**, six public health units individually developed resource materials on problem gambling, with Public Health Ontario not having published any such materials centrally. Similarly, between 2016 and 2020, eight public health units individually developed local resources on mental health and made these resources public. While five of these public health units referenced Public Health Ontario materials for either data or publications, the remaining three did not reference the agency at all. Public Health Ontario last conducted a full literature review on the burden of mental health problems and addictions in 2012, over 10 years ago.

With respect to the agency-developed resource on mental health from 2012, we further found that Public Health Ontario's research did not cover some important areas that public health units needed and therefore had to produce on their own. This led to public health units duplicating efforts amongst themselves, a missed opportunity to have Public Health Ontario prepare one central report covering all these common topics. Specifically, public health units individually compiled data on the use of mental health services, suicide rates, emergency department visits, and community belongingness in the context of their own regions, while comparing these to the provincial scale. Public Health Ontario's knowledge products on mental health did not discuss any of these topics for public health units to reference and adapt to their communities.

A successful example of this type of centralization has been seen in the topic of alcohol consumption. Seven public health units created knowledge products

on low-risk alcohol consumption guidelines, and six out of the seven referenced the agency for either data or publications. In this instance, the majority of data references were taken from Public Health Ontario's snapshot of self-reported rates of exceeding the low-risk consumption guidelines, where individual public health units pulled the centralized data and informational pieces for use in their local context.

Nevertheless, Public Health Ontario has demonstrated the ability to partner with public health units and other stakeholders to produce knowledge products:

- In 2013, one year after its literature review on mental health, Public Health Ontario released a report in partnership with Toronto Public Health and the Centre for Addiction and Mental Health, which discussed how Ontario public health units were addressing child and youth mental health.
- Since 2012, Public Health Ontario has partnered with four public health units to become hub libraries, which provide library services to 22, or 65%, of the province's 34 public health units. Public health units may use the services of a hub library to promote knowledge exchange, which may be used for a variety of purposes, including to search for peer-reviewed journal articles and research done on a topic that a public health unit would want to build local resources on.

Agency representatives informed us that, as part of their strategic planning consultations in 2023, they heard feedback from some public health units that there is an interest in Public Health Ontario developing more centralized and shared services to avoid overlap and duplication of effort. Such services may include a repository of resources on topics of mutual interest. They added that the agency would be considering its role in this. In the meantime, librarians performing the search through this partnership are encouraged to check to see if any other librarians have done a similar search already. Neither Public Health Ontario nor the partnered libraries receive copies of completed health unit knowledge products, limiting the potential for information sharing and reduction of duplication of efforts.

RECOMMENDATION 3

To improve the cost-effectiveness and efficiency of generating public health research in Ontario, we recommend that Public Health Ontario work with the Ministry of Health and public health units to:

- evaluate the feasibility of a formal process to centralize public health research across all three pillars of the public health system in Ontario; and
- if the current process is kept, create a searchable research repository consisting of all public health journal articles and research products prepared by Public Health Ontario as well as individual public health units and share access to this repository with all public health units.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation, and recognizes that there are opportunities to gain efficiencies through centralized public health research activities. While Public Health Ontario already routinely produces knowledge products, including scientific reports and research publications, on a variety of public health topics, we will engage with the Ministry of Health and public health units to evaluate the feasibility of further centralization. With respect to the potential creation of a central research repository, Public Health Ontario will also explore this idea with the Ministry and our public health unit clients to determine if this would be a valuable resource to support their work.

4.1.4 Multiple Recommendations of the Agency's 2016 Mandate Review Still Not Implemented

In 2016, the Ministry commissioned a review of Public Health Ontario's mandate, as is required for board-governed agencies every six years under the Agencies and Appointments Directive (Directive), described in

Section 2.3.2. However, we found that the Ministry never shared the final report of this mandate review with Public Health Ontario, despite some of the recommendations being directed to the agency; many of the recommendations are still outstanding seven years later. When we asked the Ministry why it has withheld the final report, it informed us that it is common practice to not share final mandate review reports with provincial agencies. The Ministry noted that the recommendations in the final report directed toward Public Health Ontario were shared through other mechanisms and processes, including through the issuing of mandate letters. However, this did not give Public Health Ontario an opportunity to provide input into the mandate review process or address specific recommendations from this review.

The mandate review noted areas for improvement that spanned different areas including revising Public Health Ontario's mandate and refining the agency's activities and operations. Notably, the review recommended the following, which remain outstanding more than seven years later:

- the Ministry to update the MOU to incorporate the respective roles, responsibilities and accountabilities of Public Health Ontario with Ministry communications with the public;
- the Ministry to decide whether or not to amend the *Ontario Agency for Health Protection and Promotion Act, 2007* or develop a new regulation to clarify how the agency's services will be directed; and
- Public Health Ontario and the Ministry to confirm alignment of the agency's functions for supporting Ministry priorities and programs for health promotion and reducing health inequities.

Furthermore, as per the Directive, Public Health Ontario should have undergone another mandate review in 2022. However, the Ministry indicated to us that this was put on hold due to the COVID-19 pandemic, with no expected date for completion.

Mandate Letters Either Provided Late or Not Provided at All to Public Health Ontario, Contrary to Government Directive Requirement

Every year for the last six years (2018/19–2023/24), the Ministry has not complied with the Agencies and Appointments Directive requirement to provide Public Health Ontario with a mandate letter 180 days before the start of its fiscal year. The mandate letter is issued by the Minister of Health, and lays out the focus, priorities, objectives, opportunities and challenges that the Minister has set for the agency for the coming year. The Ministry transmitted Public Health Ontario's mandate letters as late as six days before the start of the next fiscal year in 2021/22, making it difficult for the agency to set priorities for its annual business and strategic plans, and not providing sufficient time to plan activities prior to the start of the fiscal year. When we asked the Ministry why it had not complied with this requirement, the Ministry acknowledged that the timing to issue mandate letters to Public Health Ontario had not always met the 180-day requirement due to competing public health demands and priorities. The Ministry also indicated that the Chief Medical Officer of Health routinely shares Ministry priorities with Public Health Ontario through Board and committee meetings to help inform the agency's development of its annual business plan.

As well, the Ministry did not provide a mandate letter to Public Health Ontario in 2019/20 or 2020/21. The Ministry's explanation was that it was planning for public health modernization (explained in **Section 2.1.1**), and the public health system could have potentially changed.

RECOMMENDATION 4

To allow Public Health Ontario to more effectively plan its activities, we recommend that the Ministry of Health:

- share any review reports with Public Health Ontario and follow up on the implementation of any outstanding recommendation at least on an annual basis; and

- provide annual mandate letters to the agency on a timely basis in accordance with the Agencies and Appointments Directive.

MINISTRY RESPONSE

The Ministry of Health agrees with this recommendation and will continue to work closely with Public Health Ontario to ensure that agency goals, objectives and strategic directions align with government's priorities and direction. This includes, but is not limited to, providing annual mandate letters to the agency in accordance with the Agencies and Appointments Directive and sharing any relevant review recommendations with Public Health Ontario and following up on the implementation on any outstanding recommendations on a timely basis.

4.2 Public Health Ontario Laboratory Not Operating Efficiently

4.2.1 Streamlining of 11 Public Health Ontario Laboratory Sites Not Yet Implemented

In addition to its main Toronto laboratory, Public Health Ontario has 10 regional laboratory sites across Ontario to provide regional coverage for public health units and hospitals. However, we found that some regional laboratory sites are unable to perform a large proportion of the tests on the samples and specimens they receive. The agency provided the Ministry with the recommendation to consolidate some of these laboratory sites, in 2017 and again in early 2023, based on factors that included test volume and productivity, stating that the consolidation can save \$6 million in its budget. Although a 2020 consultant report had reached similar conclusions, the Ministry had not approved the consolidation of these sites at the completion of our audit.

According to an internal agency document, from September 2021 to September 2022, three public health laboratory sites transferred out more than 90% of the non-COVID-19 tests they received. We expanded this analysis to include all laboratory tests, including

COVID-19, that Public Health Ontario laboratory sites received and performed from 2018/19 to 2022/23. As shown in **Figure 10**, we found that:

- regional laboratory sites were completing wide ranges of between 9% and 80% of the tests they received and transferring the remainder to other laboratory sites;
- three laboratory sites—Peterborough, Sault Ste. Marie and Sudbury—transferred between 80% and 91% of all tests to other sites; and
- Toronto was the largest receiver of these transfers, receiving about 19 million tests from regional laboratory sites, with the London site receiving the next most tests, at over four million tests.

The three laboratory sites that transferred between 80% and 91% of the tests they received each had operating costs ranging from \$5 million to \$10 million over the last five years.

Public Health Ontario explained to us that the reasons for these transfers could include capacity issues, lack of expertise or sufficient volume to maintain competency of laboratory personnel in a specific test, lack of equipment to conduct certain tests, or

efficiencies to achieve economy of scale. For example, only one of the 11 public health laboratory sites has the equipment necessary to test for *H. pylori*, a bacterium that affects the stomach.

In 2017, Public Health Ontario proposed a joint modernization plan to update its public health laboratory, collaboratively with Ministry staff at the request of the Deputy Minister, that would have resulted in:

- gradually closing six of its 11 public health laboratory sites (Hamilton, Kingston, Orillia, Peterborough, Sault Ste. Marie and Timmins), while maintaining coverage across the province through five geographic areas; and
- changing the types of tests offered at the Public Health Ontario laboratory that would remove 20 tests and restrict eligibility for 12 additional tests, as well as the gradual discontinuation of private drinking water testing.

According to the agency, this plan was needed to mitigate rising costs of repairs and upgrades in existing laboratory sites, and would result in a more efficient operating model to address issues such as sites needing to reroute the majority of samples and specimens they receive to other sites.

Figure 10: Number of Tests Received, Completed and Transferred Out by Public Health Ontario Laboratory Sites, 2018/19–2022/23

Source of data: Public Health Ontario

Laboratory Site	# Received ¹	# Completed	# Transferred Out	% Transferred Out
Sudbury	670,052	57,935	612,994	91
Sault Ste. Marie	251,953	87,116	223,915	89
Peterborough	839,389	192,579	668,436	80
Ottawa	3,163,981	1,578,148	2,034,978	64
Timmins	415,938	276,814	203,773	49
Hamilton	2,769,143	1,484,913	1,301,497	47
Thunder Bay	1,027,948	603,753	433,203	42
London	4,211,543	3,224,316	1,199,701	28
Kingston	1,695,958	3,240,155 ²	366,121	22
Orillia	1,044,555	1,599,189 ²	213,330	20
Toronto	19,040,243	22,785,785 ²	233,173	1

1. Refers to the laboratory location that originally logged the sample or specimen in the laboratory information system; includes those tests that hospital and community laboratories and public health units send to this location.
2. Number of laboratory tests completed is greater than number of laboratory tests received mainly due to additional tests that other regional laboratory sites transferred to these laboratory sites.

The most recent iteration of this modernization plan, presented by Public Health Ontario to the Ministry in January 2023, included the same plan to consolidate sites, but instead focused on discontinuing its testing for *H. pylori*, which is not a disease of public health significance, and again recommended the gradual discontinuation of private drinking water testing. This updated plan also showed that current test volumes per full-time-equivalent staff ranged widely between all 11 existing sites, from 775 in Timmins to 13,523 in Hamilton.

A 2020 laboratory facilities report by a private-sector consultant commissioned by the Ministry of Government and Consumer Services (now the Ministry of Public and Business Service Delivery) and Infrastructure Ontario had findings consistent with Public Health Ontario's proposed plan, and made identical recommendations with respect to Public Health Ontario laboratory sites. Our 2020 audit on COVID-19 preparedness and management, Laboratory Testing, Case Management and Contact Tracing, recommended that the Ministry of Health immediately review Public Health Ontario's laboratory modernization plan, and consult with the agency to determine and provide the level of base funding that would allow the agency to fulfill its mandate.

Despite this, at the time of our audit, the Ministry of Health was still in the process of obtaining necessary internal approvals for the plan. We asked the Ministry why the plan was not yet implemented; it informed us that in the 2019 Ontario Budget, the government committed to modernize Ontario's public health laboratory system by developing a regional strategy. However, implementation of this plan was put on hold due to the construction of the new London public health laboratory, as well as increased capacity required from all Public Health Ontario laboratory sites for COVID-19.

RECOMMENDATION 5

To more efficiently deliver public health laboratory services, we recommend that Public Health Ontario, in conjunction with the Ministry of Health, update and implement a plan within 12 months to streamline public health laboratory operations.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation, and will continue to work in conjunction with the Ministry of Health to update the plan to streamline and modernize the agency's laboratory operations. Upon receipt of Ministry approval to proceed, Public Health Ontario will commence the phased implementation of the plan. We will work closely with our stakeholders throughout the implementation process to communicate changes in service delivery and minimize service disruptions.

4.2.2 Courier Services That Deliver Samples and Specimens Do Not Cover All Regions of the Province

Primary-care clinicians, hospitals and public health units are just some examples of places that send specimens (such as blood, phlegm and stool) to Public Health Ontario laboratory sites across the province for testing. Private citizens also send samples (such as well water) to these sites. Public Health Ontario co-ordinates courier services that pick up and deliver samples and specimens, most of which are sensitive to time and temperature during transit, to and from these locations as well as among its own network of 11 public health laboratory sites. For example, in the five-year period between 2018/19 and 2022/23, 21% of the tests received by public health laboratory sites were transported to other public health laboratory locations for testing.

Over the last five years, Public Health Ontario has relied on a roster of up to 18 courier companies to transport samples and specimens, and has established formal contracts with four of them. Currently, there are two contracted couriers providing the majority of these services to the agency. One company covers the Greater Toronto Area, southwestern Ontario and eastern Ontario; the other company focuses on Northern Ontario. Public Health Ontario engaged the other courier companies on its roster only when needed, such as to supplement any shortfalls of the two contracted courier companies.

Public Health Ontario's spending on courier services has increased by \$1.6 million, or 99%, in the last five years. The majority of this increase is attributable to the change in market pricing for this specialized service, and the remainder is attributable to an 8% increase in overall test volumes over the same period. In 2022/23, Public Health Ontario spent about \$3.8 million on courier services for samples and specimens, up from \$1.9 million in 2018/19, as shown in **Figure 11**.

We could not determine whether Public Health Ontario's courier services fully cover all primary-care clinician offices and hospitals that send samples and specimens to the public health laboratory, because the total number of these collection sites is not readily available. We found, however, that Public Health Ontario does not provide courier services to nine, or 26%, of the 34 public health units. We surveyed these nine public health units, and another random sample of nine geographically dispersed public health units that use Public Health Ontario's contracted courier, of which seven responded. We noted the following:

- Five of the nine public health units that do not use Public Health Ontario's courier were not even aware that this service exists; these public health units therefore had to co-ordinate their

own couriers to send samples and specimens to the public health laboratory.

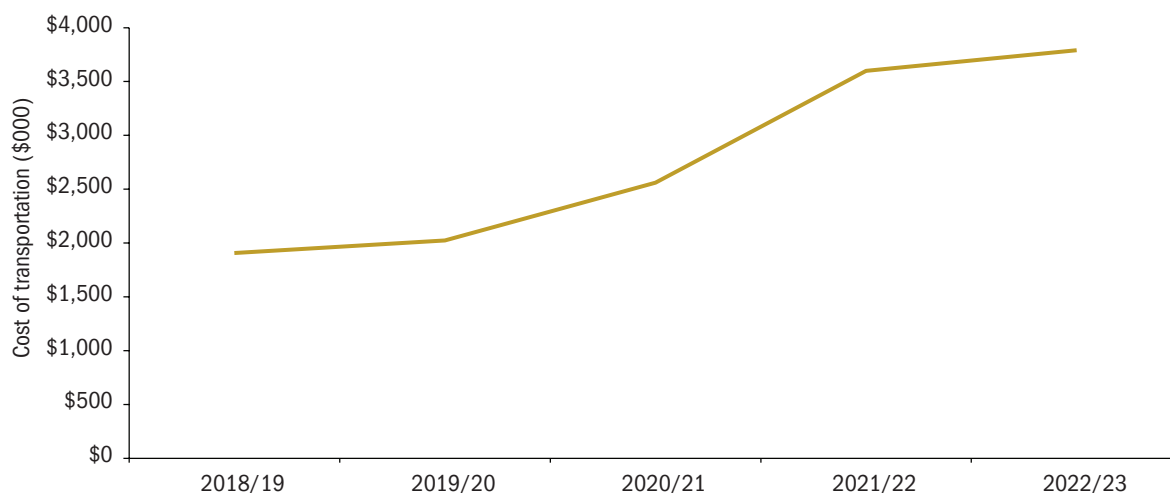
- Of the public health units that use the agency's courier, some cited challenges with the courier services including delayed, missed and/or infrequent pickups; this can sometimes result in samples and specimens being rejected by the public health laboratory as they did not arrive within the time frame required for testing. Public Health Ontario and some public health units also have had to use external couriers to cover the shortfalls of the current courier routes so that samples and specimens can be delivered on time to be suitable for testing.

RECOMMENDATION 6

To achieve better value for money for the province's use of couriers for the public health laboratory, we recommend that Public Health Ontario, in conjunction with the Ministry of Health, consult with all public health units to determine whether centrally procured courier services for laboratory samples and specimens would be beneficial, and make centrally co-ordinated courier services available to all public health units.

Figure 11: Public Health Ontario Courier Expenses for Transportation of Laboratory Samples and Specimens, 2018/19–2022/23

Source of data: Public Health Ontario



PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation, and recognizes the importance of better value for money with respect to laboratory courier services across the public health sector. We will work with the Ministry of Health, public health units and other partners, including the Ontario Laboratory Medicine Program, to determine the feasibility of making centrally co-ordinated courier services available to all public health units, including a collaborative procurement approach.

4.2.3 Some Laboratory Tests for Diseases of Public Health Significance Not Offered at the Public Health Laboratory

Public Health Ontario provides surveillance of communicable diseases based on data it collects through its laboratory or obtains from other sources. It provides over 270 tests, and is often the only laboratory in Ontario to test for certain diseases, for example, HIV. Providing comprehensive laboratory tests to detect and identify diseases of public health significance in its role as the provincial public health laboratory is therefore critical to effectively protect the health of Ontarians. We compared testing menus from Public Health Ontario to those of other provincial health agencies, and found some examples of tests not done through public health laboratories for diseases of public health significance, such as certain types of testing for latent tuberculosis, and wastewater testing that can identify COVID-19 transmission in geographic areas.

Interferon Gamma Radiation Assay for Latent Tuberculosis

One of Public Health Ontario's legislated responsibilities is "to provide scientific and technical advice and support to the health care system and the Government of Ontario in order to protect and promote the health of Ontarians and reduce health inequities." Despite this, we found that the Public Health Ontario laboratory does not offer a test that is specifically beneficial for the

detection of latent tuberculosis in at-risk populations such as Indigenous communities and foreign-born populations.

Latent tuberculosis is a dormant form of tuberculosis, meaning the person does not feel sick or have symptoms, but has the potential to progress to active tuberculosis later in life due to weakened or compromised immune systems. Approximately 15% of people with latent tuberculosis progress to the active disease, which is preventable, as latent tuberculosis can be treated with antibiotics, through shared decision-making between the health-care providers and patients. Statistics from the Government of Canada showed that in 2020, there were 1,772 cases of active tuberculosis in Canada, with more than 80% of these cases found in foreign-born individuals and Indigenous people.

In Ontario, the only publicly funded test to detect latent tuberculosis is a skin test, which public health units and other health-care clinics conduct. Another testing method—interferon gamma release assay (IGRA)—involves blood testing done by laboratories. The last Ministry guidelines on tuberculosis, from 2018, stated that Ontario was assessing the use of IGRA in select communities. However, at the time of our audit, this test was still not publicly funded across Ontario. IGRA is currently available in Ontario at one children's hospital under specific eligibility, as well as selected private laboratories at a cost of around \$90 per test to the patient. Public Health Ontario's laboratory currently does not perform any laboratory tests to detect latent tuberculosis.

Public Health Ontario published a report in 2019 that looked at testing for tuberculosis infection using IGRA as compared to the conventional skin testing method. The report did not look into the estimated costs of delivering IGRA versus the skin test method, but noted the pros and cons of each method as follows:

- The conventional skin test method requires a second clinic visit 48 to 72 hours after the first, which may result in patients, especially those living in rural and northern communities, not making that follow-up visit.

- IGRA is more specific to obtain the right diagnosis but also costlier due to the need for new equipment, training and processing time.
- IGRA requires specimens to be processed within a specific window of time after collection; Public Health Ontario's laboratory does not have co-located facilities to support timely blood specimen collection and submission for assay testing, though one commercially available test can be processed up to 53 hours after specimen collection.

The agency has not more recently analyzed the full costs and benefits of IGRA versus the skin test to detect latent tuberculosis, and does not have plans to do so in the near future. Such an analysis could include the potential impact of not diagnosing and treating someone with latent tuberculosis. For instance, a recent study, using data obtained at a treatment centre in Ontario as well as two other centres in Canada, found that the median cost to treat patients with tuberculosis infection was \$804 for the most easily treatable varieties and ranged as high as \$119,014 for highly drug-resistant tuberculosis infections.

In contrast, the British Columbia Centre for Disease Control has co-ordinated with hospitals to offer IGRA for the diagnosis of latent tuberculosis. It controlled for some of the limitations of this test, such as time from sample collection to processing, by co-ordinating sample collection times with lab availability, to ensure that samples will be tested before spoiling.

Wastewater Testing

Public Health Ontario does not perform wastewater testing in Ontario, which can identify COVID-19 transmission in geographic areas and supplement other clinical data sources. Currently, wastewater testing is led by the Ministry of the Environment, Conservation and Parks, through its Wastewater Surveillance Initiative. Through this initiative, laboratory tests are conducted through 13 different Ontario universities, as well as the Public Health Agency of Canada's National Microbiology Laboratory.

In contrast, the British Columbia Centre for Disease Control collects samples two to three times a week for testing from wastewater treatment plants in urban

regions across British Columbia, to identify respiratory pathogens such as influenza and COVID-19. At the time of our audit, the Ministry of Health informed us that it was working collaboratively with Public Health Ontario to develop a proposal for a public health model for wastewater surveillance in Ontario.

RECOMMENDATION 7

To help ensure the public health laboratory in Ontario applies current and best practices to conduct surveillance on diseases of public health significance, we recommend that Public Health Ontario, together with the Ministry of Health:

- perform a jurisdictional scan to compare public health laboratory test menus;
- conduct a cost/benefit analysis on the tests not conducted by the public health laboratory in Ontario to determine whether the alternative tests would yield more accurate and timely results; and
- develop a plan to incorporate new tests into the Ontario public health laboratory test menu.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation, and will work with the Ministry of Health to ensure that our test menu supports the evolving public health needs and ensures fiscal responsibility. We will continue our work to finalize the public health laboratory test menu for Ontario, which will be informed by a jurisdictional scan of other public health laboratory test menus in Canada and the findings of test cost/benefit analyses.

4.3 Weaknesses in Corporate Procurement Policy and Lack of Enforcement, Resulting in Poor Procurement Governance

The Ontario Public Service Procurement Directive (Directive), developed by the Management Board of Cabinet in March 2019, sets out the responsibilities of organizations throughout the procurement process. The purpose of the Directive is to ensure that goods

and services are acquired through an open, fair and transparent process, to reduce purchasing costs, and to ensure consistency in the management of procurement. Public Health Ontario's internal corporate procurement policy, originally drafted in July 2010 and last updated in November 2022, is based on this Directive.

During our audit, we reviewed details of procurement projects that were active as of May 31, 2023, and examined a sample of them. We found that Public Health Ontario did not always follow its own corporate procurement policy, which contributed to weaknesses in procurement governance and could have prevented the agency from achieving value for money. From 2018/19 to 2022/23, Public Health Ontario spent, on average, \$207 million per year in goods and services to operate its laboratory and deliver its science and public health programs.

4.3.1 Agency Staff Purchased Goods and Services from Vendors Using Purchasing Cards Rather than Procuring Them Competitively

We found that Public Health Ontario's laboratory staff were using purchasing cards (P Cards) in ways that are contrary to their intended purposes. As a result, we found instances where the agency did not acquire goods or services through an open, fair and transparent process.

According to the agency's procurement policy, P Cards are "primarily used for low value purchases" and may only be used for individual purchases valued under \$5,000 (or \$10,000 for senior staff) that are "not recurring transactions with a single vendor." The policy further clarifies that "a series of reasonably related transactions shall be considered as a single transaction for purposes of determining the required approval and authority levels." At the time of our audit, the agency had issued P Cards to 126 of its staff, 68 of whom were responsible for laboratory operations.

The corporate procurement policy further states that program areas are required to work with the procurement team "to assist in the planning and coordination of all procurement activities." However, the agency has not been enforcing this requirement. In fact, laboratory staff at Public Health Ontario can

procure goods and services on their own without having to go through the procurement team.

We found that staff from various laboratory sites at Public Health Ontario were using their P Cards to make recurring purchases of laboratory and health-care supplies from the same vendor between 2018/19 and 2022/23. Although the individual purchases were under \$5,000, the cumulative value of the recurring transactions exceeded \$25,000—the amount above which purchases must be procured competitively according to procurement policies. As shown in **Figure 12**, we found that from 2018/19 to 2022/23, Public Health Ontario staff made almost 17,000 transactions on their P Cards with 30 different vendors, for a combined purchase value of over \$11 million over five years. Over \$4 million of this amount related to purchases from two vendors. According to Public Health Ontario, the use of P Cards is required for purchases below \$5,000 in the User Guide for the Vendor of Record arrangement with the top vendor. The User Guide was prepared by the then Ministry of Government and Consumer Services (now Ministry of Public and Business Service Delivery), Ontario Shared Services and Supply Chain Ontario. As a result, its staff have to follow this User Guide, resulting in recurring transactions using their P Cards. Regarding the second vendor, agency staff told us that, until recently, it accepted only P Cards as payment. Excluding the top two vendors, annual transaction values ranged from \$25,133 to \$222,283. Agency staff purchased laboratory equipment and supplies on a recurring basis from these vendors using their P Cards, when they should have instead procured these supplies and equipment competitively.

Our review of the individual transactions found that this practice, although limited to the agency's laboratory operations, was widespread across several laboratory sites. For example, in 2022/23, 35 staff across various laboratory sites cumulatively made 1,339 recurring purchases of medical laboratory and health-care supplies from a single vendor totalling over \$554,000. This is equivalent to an average of 39 recurring transactions per staff member for that year alone. According to Public Health Ontario, these recurring P Card transactions were done in accordance

Figure 12: Top 10 Vendors by Total Value of Recurring Transactions Charged to Purchasing Cards (P Cards) and Totals for All 30 Vendors, 2018/19–2022/23

Source of data: Public Health Ontario

Vendor #	# of Years with P Card Charges >\$25,000	Value of Charges (\$)		# of Charges	
		Total	Avg. per Year	Total	Avg. per Year
Top 10 Vendors					
1	5	2,789,087	557,817	6,669	1,334
2	3	1,381,694	460,565	1,349	450
3	5	1,037,100	207,420	1,955	391
4	3	666,848	222,283	882	294
5	5	622,895	124,579	1,350	270
6	5	485,805	97,161	294	59
7	5	475,601	95,120	963	193
8	4	408,235	102,059	523	131
9	4	360,486	90,121	387	97
10	5	352,095	70,419	479	96
All 30 Vendors					
1-30	1-5	11,104,934	3,286,409	16,961	4,111

with the User Guide for the agency's arrangement with this vendor. We noted that the agency's P Card guidelines state that they are used to acquire goods and services that are not required frequently. According to Public Health Ontario, it has to follow this User Guide as opposed to its own procurement policy. This practice was also not limited to a single year. As shown in **Figure 12**, recurring P Card purchases exceeded \$25,000 in all the five years we analyzed.

The agency's finance team explained that for low-dollar and low-risk routine purchases, laboratory operations used P Cards instead of going through competitive procurement in these circumstances either because they needed to acquire the goods urgently, or, in cases where a contract existed between the agency and the vendor, because the contract did not cover the goods they needed. Additionally, they used P Cards for low-dollar and low-risk routine purchases when they needed to source from an alternative vendor if there were unforeseen supply shortages with the existing vendor. The dollar value of these recurring purchases, whether taken per year or cumulatively over the five years, should have required staff to

procure the goods and services competitively, either by soliciting quotes from at least three vendors or requesting bids from vendors. In either process, the procurement would have resulted in formal contracts with the chosen vendors, stipulating deliverables, payments and performance monitoring. However, because these transactions were made through P Cards, the agency's procurement team was not involved in these procurements, even though the team is responsible for monitoring the agency's compliance with both internal and public-sector procurement policies. At the time of our audit, the finance team did not periodically review P Card use across the agency to identify recurring transactions for which central procurement might be used without the need to use P Cards.

Our review of individual P Card limits noted that six of the cards have spending limits that range from \$35,000 to \$60,000, and one card has a limit of \$200,000 specifically for urgent COVID-19 pandemic-related purchases. According to Public Health Ontario, these exceptions were granted to meet operational needs resulting from the pandemic.

4.3.2 Vendor Progress and Performance Not Measured or Monitored

We found that Public Health Ontario does not have a formal process to track vendor performance and non-compliance, and does not always evaluate whether vendors have accomplished deliverables before it makes payment. As a result, procurement staff cannot easily verify, as part of their responsibilities to manage contracts, whether the vendor's work has been completed satisfactorily and whether the vendor met agreed upon terms before making payments.

Public Health Ontario's corporate procurement policy does not outline how to periodically monitor vendor performance and how to resolve matters of poor performance or non-compliance, even though the Directive outlines that vendor performance must be managed and documented, and any performance issues must be addressed.

Nonetheless, over half of the contracts we reviewed included requirements for the vendor to submit mandatory quarterly activity reports to Public Health Ontario that reflect all activities pertaining to the provision of goods and services. We requested copies of these reports submitted to Public Health Ontario for all contracts we reviewed, but the agency could not provide these reports for any contracts in our sample.

We also found that over half of the contracts we reviewed required the creation of a Contract Management Committee with representatives from Public Health Ontario and the vendor. The contract terms require the committee to meet regularly and conduct quarterly or semi-annual reviews of the vendors' fulfillment of the deliverables. We requested minutes of committee meetings; the agency informed us that the committees, though mentioned in the contracts, were never struck or acted upon. As a result, these reviews had not been completed at the time of our audit.

The procurement team told us that they regularly met with program staff to review contracts and discuss procurement issues, and that they had not identified performance issues with any of the vendors in our sample. However, they could not provide us with supporting documentation for 35% of our sample. In all

cases where the agency provided us with documentation, the communication between procurement staff and program area staff centred around clarification about contract terms and renewal options, with no discussion of the vendor's performance.

We noted that, as of May 31, 2023, 43 vendors had between two and seven active contracts with Public Health Ontario, with one vendor accounting for \$32 million in contracts. The value of the contracts with just these 43 vendors totalled \$108 million, which comprised 78% of the total value of all active contracts at the time. The multiple contracts with certain vendors highlight the importance of having a system in place to monitor and document vendor performance across different contracts.

The consequences of not monitoring vendor performance were evident in 2022 when Public Health Ontario paid a consulting firm almost \$50,000 to conduct a survey of staff to assess burnout, and recommend policies and practices to address agency staff burnout resulting from the COVID-19 pandemic. At the conclusion of the contract, the vendor recommended that Public Health Ontario develop initiatives to help staff become involved with self-help activities such as exercise and meditation. The vendor also recommended that the agency implement policies that would provide staff with sufficient time off to allow meaningful recovery from work stress. However, the agency already had these initiatives and policies in place at the time; it had provided the consultant with its existing initiatives and policies, but the consultants still made these recommendations. With proper vendor performance monitoring, this lapse would have been identified earlier, thereby preventing the redundant recommendations.

The lack of vendor performance tracking also hinders Public Health Ontario's ability to review its history with vendors to help inform its decision-making process when engaging a vendor for a new project. In our review of a sample of contracts, we noted that in 73% of cases, there was no discussion of the vendors' historical performance with the agency or evidence of reference checks to inquire about other organizations' past experience with the vendors. For example, four

of the contracts we reviewed, with a combined value of over \$32 million, were awarded to one vendor. The contracts had effective dates between March 2020 and April 2022 for terms of three to over six years. None of the documentation for any of the four contracts discussed the vendor's historical performance.

RECOMMENDATION 8

To help ensure that Public Health Ontario is using taxpayer money to procure goods and services in an open and transparent manner and is receiving value for money, we recommend that Public Health Ontario:

- review the use of purchasing cards at least on an annual basis to identify recurring transactions with vendors, and take corrective actions as necessary;
- monitor that payments to vendors are made only when goods and services have been satisfactorily delivered and within the contract ceiling price;
- evaluate vendor progress and performance in accordance with contract terms; and
- develop and implement a process to include evaluation results in the consideration of vendor selection in future projects.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation. Prior to the pandemic, we had initiated a purchasing card (P Card) project to reduce P Card usage in Laboratory Operations. The project, which was paused during the COVID-19 pandemic, was restarted in April 2023 and is now expected to be completed by February 2024. Public Health Ontario also plans to augment our procurement practices to ensure that processes are in place to evaluate vendor progress and performance. We will develop and implement a risk-based vendor performance framework to support these processes.

4.4 Public Health Ontario Has No Succession Plan in Place for Specialized Management Roles

Public Health Ontario does not have a formal succession plan in place to identify when key roles may need to be filled, such as in the case of retirement. This leaves Public Health Ontario at risk of being without senior leadership and/or key specialized roles for long periods before the positions are filled, potentially affecting its ability to appropriately respond to public health risks, especially during times of emergency.

The agency employs a wide variety of specialized roles, such as medical laboratory technologists, public health physicians, epidemiologists, clinical microbiologists, scientists and more. The scientific and technical advice Public Health Ontario provides to its clients is dependent on having a skilled workforce and anticipating any changes in these highly specialized roles, so that the agency can continue to carry out its mandate without any setbacks.

The impact of not having a succession plan was felt during the COVID-19 pandemic, when between April 2020 and September 2021, Public Health Ontario lost its President and CEO, Chief Health Protection Officer, and Chief of Microbiology and Laboratory Science all in the span of 17 months. Except for the President and CEO role, which was filled temporarily by an existing executive, these positions were filled by promoting internal senior leaders at a time when Public Health Ontario was looked to for leadership. The position of President and CEO was filled in July 2022, more than two years after its temporary holder took on the role.

In its 2017/18 annual business plan, Public Health Ontario outlined a strategic direction to continue to improve employee engagement, which included piloting a succession planning process for senior leadership positions. Work on this had begun in 2019 prior to the pandemic, specifically with the laboratory, such as developing guiding documents to support the succession planning process. More recently, in its 2020/23 strategic plan, Public Health Ontario outlined a

goal to build leadership capacity, by developing and implementing a proactive approach to workforce and succession planning that enhances diversity and inclusion and improves continuity and consistency of services. At the time of our audit, Public Health Ontario had not fully realized this goal.

Public Health Ontario also does not track which senior leadership or specialized positions have had a successor identified internally, and has not set a target for when a successor should be identified before an anticipated departure. Further, the agency does not have a formal process to identify which staff, including those in senior leadership or specialized positions, are about to retire and therefore would leave a position vacant or without effective leadership. During our audit, in June 2023 the agency's new Chief of Health Promotion and Environmental Health Officer assumed the full responsibilities of the position only after a transition period that had begun with her predecessor's retirement in January 2023. The predecessor's retirement was known from May 2022, at which point a formal public recruitment began. However, this role required an experienced public health physician executive, and there was a limited pool of qualified candidates. Although the successful candidate accepted the position in March 2023, the responsibilities of the position were still being covered by agency executives for an additional three months, during which the successful candidate was transitioning to her new role.

Other jurisdictions have targeted goals in their strategic plans and annual reports for the proportion of prioritized positions they want to have a successor identified for internally. For example, Quebec's Institut national de santé publique has a stated objective to anticipate the retirement of staff members whose expertise plays a key role in the pursuit of the institute's mission, and to develop succession plans to offset the impact of such departures by focusing on the full potential of its personnel. The Quebec institute targeted 60% of its prioritized positions to have an internal successor identified in 2020/21.

RECOMMENDATION 9

To better prepare Public Health Ontario in continuing to deliver its mandate with the support of skilled staff and management, we recommend that Public Health Ontario:

- conduct an analysis to determine when senior positions and specialized roles are expected to become vacant;
- identify and develop potential talent from within the organization, or identify the need to recruit;
- develop and track key performance indicators that support succession planning; and
- develop and implement a succession plan for senior leadership and specialized roles.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation. We are currently in the process of developing a new human resources strategy, which will include a focus on succession planning for the organization and will incorporate the elements described in the recommendation.

4.5 Continuous Improvement Efforts Needed to Collect Better Data on Performance Indicators

4.5.1 Public Health Ontario's Performance Indicators Mostly Measure Output Volume Instead of Client Satisfaction or Service Quality

Public Health Ontario establishes performance indicators as well as targets in its annual business plans; however, these indicators mostly focus on quantifying the output of the agency's operational activities rather than client satisfaction and actual performance of its core activities, making it difficult for the agency to demonstrate that it has been effective in meeting the needs of its clients.

As early as 2018/19, Public Health Ontario acknowledged in its annual report that the performance of public health organizations is often difficult to assess quantitatively. The agency noted that it continued to explore new approaches to performance measurement to incorporate additional impact, value and outcome considerations. Its 2018 peer review also recommended that the current performance indicators could be reoriented to capture service quality rather than focusing largely on volume of services delivered. However, the agency has made little progress on this. It stated in its 2021/22 annual report that it did not advance this work substantively due to focusing on requirements relating to the COVID-19 pandemic.

At the time of our audit, Public Health Ontario was tracking performance indicators that are mostly volumetric. These include the number of knowledge products published on the agency's website, the number of visits to the agency's online data and analytic tools, and the number of scientific and technical support activities and data requests completed in response to clients and stakeholders.

With respect to measuring client satisfaction, the only performance indicator where satisfaction is directly measured is the percentage of professional development sessions achieving a client/stakeholder rating of at least 3.5 out of 5. The agency noted that it also measures the quality of its core activities and services through indicators of the percentage of laboratory tests completed within the target turnaround time that it has established, and the percentage of multi-jurisdictional outbreaks of diseases of public health significance that it assesses for further investigation within one day of being notified. In our view, these are indirect measures of client satisfaction. Public Health Ontario also noted that it frequently receives client feedback; however, these results are not shared publicly.

The agency informed us that, historically, it has conducted client satisfaction surveys via third-party marketing firms on a two-year cycle, with its last survey completed in 2016. Since then, the agency has

not sought these services due to government-imposed expenditure constraints.

In contrast, the Institut national de santé publique du Québec reported on more client-focused performance indicators such as clients' satisfaction with the usefulness of the institute's scientific productions to support them in their work, and satisfaction with its support for intervention with public health departments in the event of a public health threat (for more examples of these indicators, see **Appendix 5**).

Public Health Ontario informed us that it last fully reviewed its performance indicators during the development of its 2014–19 strategic plan. At that time, the agency reframed the performance scorecard reported in its annual reports to better align with its strategic direction. While it continues to review them on an annual basis, it plans to conduct its next full review of organizational performance measurement when it develops its next strategic plan, covering 2024–29.

4.5.2 Public Health Ontario Does Not Track or Report on Performance of Several Key Functions or Programs

Public Health Ontario's suite of performance indicators do not cover all its key functions, for example, the performance of its research ethics committee, environmental and occupational health program consults, or the agency's Locally Driven Collaborative Projects, explained in **Section 2.2.5**.

Public Health Ontario has contracts with 26 public health units to perform ethics reviews for local research these health units plan and conduct. According to the World Health Organization's Tool for Benchmarking Ethics Oversight of Health-Related Research with Human Participants, among the criteria research ethics committees should select to evaluate is time from a project application's submission to its approval. Public Health Ontario confirmed with us that it had not established clear definitions for the submission date of a project application for the purposes of tracking turnaround time.

We reviewed ethics reviews conducted by Public Health Ontario's research ethics committee for public health units from 2017/18 to 2022/23 using the date of receipt or, in lieu of that, the earliest indicated date, and found that on average it completed the reviews in seven weeks, ranging from one week to 18 weeks. When asked why this was not reported as a performance indicator, the agency informed us that it was still in the process of determining an appropriate performance indicator for ethics reviews, as the time it takes to grant approval may vary due to the quality of the application, including missing information or necessary follow-up with the applicants.

We looked to other public health agencies, and found that the joint ethics review board for Health Canada and the Public Health Agency of Canada reported on its review board turnaround time, citing an average of 42 days (six weeks) in 2021/22 from time of application submission to approval, and this was reported in its ethics review board's annual report. Tracking this metric and publicly reporting on it may allow Public Health Ontario to identify education opportunities for the agency to train public health units on best practices relating to the development of project applications, and a demonstrated record of efficiency will help as the agency works toward bringing the remaining public health units into agreements for its services.

4.5.3 Public Health Ontario Does Not Track or Report Uptake of Its Services by Public Health Issue

Between 2020/21 and 2022/23, Public Health Ontario on average received about 1,630 requests annually from all clients, including public health units, which represent about 50% of those requests. The agency internally tracks the number of requests by the responsible lead program areas that handle them, but not by public health issue. Tracking and reporting on incoming requests by public health issue, such as alcohol, cannabis, dental health, food safety and healthy eating, could help the agency better inform and advise the Ministry on the most topical issues on which public health units require assistance from Public Health Ontario throughout the year, which would in turn provide the Ministry with a more complete picture of public health events that require intervention throughout the year across all three pillars of the public health system.

As shown in **Figure 13**, between 2020/21 and 2022/23, Public Health Ontario's "health protection" was assigned as the lead program area for most of these requests, which includes communicable diseases, emergency preparedness and response. The high volume of requests in this program area likely corresponded with the COVID-19 pandemic and can

Figure 13: Lead Program Areas Where Public Health Ontario Received Requests from All Clients, 2020/21-2022/23

Source of data: Public Health Ontario

Lead Program Area	2020/21	2021/22	2022/23
Health Protection ¹	1,540	1,441	980
Environmental and Occupational Health	216	120	122
Health Promotion, Chronic Disease and Injury Prevention	77	35	57
Laboratory ²	126	115	49
Other ³	11	7	14
Total	1,970	1,718	1,222

1. Includes communicable diseases, emergency preparedness and response, infection prevention and control and antimicrobial stewardship.

2. Reflects the requests made primarily by public health units and the Ministry of Health; separate from support requests to the laboratory customer support centre.

3. Includes knowledge exchange and communications, strategy stakeholder relations, and legal and privacy.

be readily linked to that public health issue. However, program areas such as “environmental and occupational health” and “health promotion, chronic disease and injury prevention” cover a wide range of potential public health issues and yield less specific information to inform the full scope of issues raised by requestors. Public Health Ontario noted that the title and description of the request can be filtered for key words. However, this is not done regularly, and can result in inconsistency.

In addition, the agency reports publicly only on total volume of outputs but does not break down the total into program areas. For example, one of its performance indicators is “responses to client and stakeholder requests,” which includes all program areas.

RECOMMENDATION 10

To increase its value and impact on public health units and other clients, we recommend that Public Health Ontario:

- conduct a jurisdictional scan of key performance indicators used by other public health agencies, focusing on those that measure client satisfaction;
- establish and collect data on key performance indicators that are focused on client satisfaction and outcomes;
- update the request tracking database to categorize requests according to public health issue, and report on this in its annual report; and
- publicly report on key performance indicators, including those that relate to client and stakeholder requests, broken down by program areas.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation. As described in the report, we intend to complete a fundamental review of organization-wide performance measurement as part of the implementation of our new Strategic Plan for 2024–29. We will use that review as an opportunity to introduce additional performance indicators that are focused on client satisfaction and outcomes, informed by a jurisdictional scan of performance indicators used by other public health agencies. We also plan to make updates to our request tracking database at the start of the next fiscal year, which will enable reporting on client request performance indicators broken down by the lead program area and public health issue.

4.6 IT Governance and Operations of Public Health Ontario

We examined Public Health Ontario’s information technology (IT) controls and processes related to user account management, cybersecurity and software management. Due to the nature of these findings and so as to minimize the risk of exposure for Public Health Ontario, we provided relevant details of our findings and recommendations directly to Public Health Ontario. Public Health Ontario agreed with the recommendations and committed to implementing them.

Appendix 1: Diseases of Public Health Significance under the *Health Protection and Promotion Act*

Prepared by the Office of the Auditor General of Ontario

Disease	Communicable ¹	Virulent ²
Acquired immunodeficiency syndrome (AIDS)	✓	
Acute flaccid paralysis		
Amebiasis	✓	
Anaplasmosis		
Anthrax	✓	
Babesiosis		
Blastomycosis	✓	
Botulism	✓	
Brucellosis	✓	
<i>Campylobacter</i> enteritis	✓	
Carbapenemase-producing Enterobacteriaceae infection or colonization	✓	
Chancroid	✓	
Chickenpox (varicella)	✓	
<i>Chlamydia trachomatis</i> infections	✓	
Cholera	✓	✓
<i>Clostridium difficile</i> infection outbreaks in public hospitals	✓	
Creutzfeldt-Jakob disease, all types	✓	
Cryptosporidiosis	✓	
Cyclosporiasis	✓	
Diphtheria	✓	✓
Diseases caused by a novel coronavirus, including severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS) and coronavirus disease (COVID-19)	✓	
<i>Echinococcus multilocularis</i> infection	✓	
Encephalitis, primary, viral	✓	
Encephalitis, post-infectious, vaccine-related, subacute sclerosing panencephalitis, unspecified		
Food poisoning, all causes	✓	
Gastroenteritis, outbreaks in institutions and public hospitals	✓	
Gonorrhea	✓	✓
Group A streptococcal disease, invasive	✓	
Group B streptococcal disease, neonatal		
<i>Haemophilus influenzae</i> disease, all types, invasive	✓	
Hantavirus pulmonary syndrome	✓	
Hemorrhagic fevers, including Ebola virus disease, Marburg virus disease, Lassa fever, and other viral causes	✓	✓
Hepatitis A, viral	✓	
Hepatitis B, viral	✓	
Hepatitis C, viral	✓	

Disease	Communicable ¹	Virulent ²
Influenza	✓	
Legionellosis	✓	
Leprosy	✓	✓
Listeriosis	✓	
Lyme disease		
Measles	✓	
Meningitis, acute, including bacterial, viral and other	✓	
Meningococcal disease, invasive	✓	
Mumps	✓	
Ophthalmia neonatorum		
Paralytic shellfish poisoning	✓	
Paratyphoid fever	✓	
Pertussis (whooping cough)	✓	
Plague	✓	✓
Pneumococcal disease, invasive	✓	
Poliomyelitis, acute	✓	
Powassan virus		
Psittacosis/ornithosis	✓	
Q fever	✓	
Rabies	✓	
Respiratory infection outbreaks in institutions and public hospitals	✓	
Rubella	✓	
Rubella, congenital syndrome	✓	
Salmonellosis	✓	
Shigellosis	✓	
Smallpox and other orthopoxviruses, including monkeypox	✓	✓
Syphilis	✓	✓
Tetanus	✓	
Trichinosis	✓	
Tuberculosis	✓	✓
Tularemia	✓	
Typhoid fever	✓	
Verotoxin-producing <i>E. coli</i> infection, including hemolytic uremic syndrome (HUS)	✓	
West Nile virus illness		
Yersiniosis	✓	

1. An illness caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; can spread from the environment or from one person to another.

2. A pathogen's or microorganism's ability to cause damage to a host, such as a human.

Appendix 2: Mandatory Requirements for Board-Governed Agencies per Agencies and Appointments Directive

Prepared by the Office of the Auditor General of Ontario

Requirement	Details
Directives	<ul style="list-style-type: none"> • Must comply with all Treasury Board/Management Board of Cabinet (TB/MBC) directives whose application and scope cover board-governed agencies, unless exempted
Mandate reviews	<ul style="list-style-type: none"> • Required once every six years
Mandate letter	<ul style="list-style-type: none"> • Provided to the agency in time to influence business plan, no later than 180 calendar days prior to the start of the agency's next fiscal year
Business plan	<ul style="list-style-type: none"> • Must be submitted to Minister no later than one month before the start of the provincial agency's fiscal year • Must be Minister approved • Must be submitted to Chief Administrative Officer or executive lead three months prior to the beginning of the agency's fiscal year
Annual Report	<ul style="list-style-type: none"> • Must be submitted to Minister: <ul style="list-style-type: none"> • no later than 120 calendar days after the provincial agency's fiscal year-end, or • where the Auditor General is the auditor of record, within 90 calendar days of the provincial agency's receipt of the audited financial statement • Minister must approve within 60 calendar days of the Ministry's receipt of the report • The Ministry must table an agency's annual report in the Legislative Assembly within 30 days of Minister's approval of the report
Compliance attestation	<ul style="list-style-type: none"> • Chairs of board-governed agencies must send a letter to the responsible Minister, at a date set by annual instructions, confirming their agency's compliance with legislation, directives and accounting and financial policies • To support the Chair, Chief Executive Officers of provincial agencies should attest to the Chair that the provincial agency is in compliance with mandatory requirements
Public posting	<ul style="list-style-type: none"> • MOU, business plan and annual report must be made available to the public on a government or provincial agency website within 30 calendar days of Minister's approval of each • Agency mandate letter must be made available to the public on a government or provincial agency website at the same time as the agency's business plan • Expense information for appointees and senior executives must be posted on a government or provincial agency website
Memorandum of understanding (MOU)	<ul style="list-style-type: none"> • Must have a current MOU signed by the Chair and Minister • Upon a change in one of the parties, an MOU must be affirmed by all parties within six months
Risk assessment evaluation	<ul style="list-style-type: none"> • Ministries are required to complete risk assessment evaluations for each provincial agency • Ministries must report high risks to TB/MBC on a quarterly basis
Financial audit	<ul style="list-style-type: none"> • Financial statements must be audited and reported based on meeting audit threshold criteria

Appendix 3: Jurisdictional Scan of Public Health Agencies in Canada

Prepared by the Office of the Auditor General of Ontario

	Canada: Public Health Agency of Canada	British Columbia: BC Centre for Disease Control	Quebec: Institut national de santé publique du Québec
Mandate and function	<ul style="list-style-type: none"> • Contributes to disease and injury prevention and health promotion. • Enhances sharing of surveillance information and knowledge of disease and injury. • Provides federal leadership and accountability in managing public health events. • Strengthens intergovernmental collaboration and facilitates national approaches to public health policy and planning. • Serves as a central point for sharing public health expertise across Canada and with international partners, and for using this knowledge to inform and support Canada's public health priorities. 	Provides surveillance, detection, prevention, treatment, policy development, and health promotion programming to promote and protect the health of British Columbians.	Offers expertise and support to Quebec's Ministre de la Santé and the health sector.
Governing document(s)	<i>Public Health Agency of Canada Act, 2006</i> <i>Department of Health Act, 1996</i> <i>Quarantine Act, 2005</i> <i>Human Pathogens and Toxins Act, 2009</i>	<i>Societies Act, 2015</i> Provincial Health Services Authority (Authority) Constitution and By-Laws	<i>The Act respecting Institut national de santé publique du Québec, 1998</i>
Organization type	Agency	Non-profit/Agency	Agency
Governed by Board	No	Yes—part of the Authority	Yes

	Canada: Public Health Agency of Canada	British Columbia: BC Centre for Disease Control	Quebec: Institut national de santé publique du Québec
Reporting relationship	<p>The President is the deputy head of the agency and reports to the Minister of Health.</p> <p>As part of the agency, the Chief Public Health Officer provides the Minister of Health and the President of the agency with scientific public health advice.</p>	<p>The Vice President, Population and Public Health, is the lead for the agency and reports to the CEO of the Authority.</p> <p>The CEO of the Authority reports to the Authority's Board Chair.</p> <p>The Board Chair of the Authority is the interface between the CEO and the Minister.</p> <p>The Provincial Health Officer reports to the Ministry of Health and is external to the agency but works with it on disease control, health protection and population health.</p>	<p>All Board members, including the Président-directeur général and Chair of the Board, are appointed by the government.</p> <p>The Board reports to the Minister.</p> <p>The province's Directeur national de santé publique reports to the sous-ministre à la Santé et aux Services sociaux and is external to the agency.</p>
Board appointment process	Governor-in-Council appointment	Appointed by the government	Appointed by the government
# of full-time-equivalent employees	4,565	444	666

Appendix 4: Audit Criteria

Prepared by the Office of the Auditor General of Ontario

-
- 1.** Effective governance and accountability structures are in place and operating to ensure Public Health Ontario operates cost-effectively.
-
- 2.** Public Health Ontario's role in Ontario's public health system is clearly defined, and understood by its clients, stakeholders and the public.
-
- 3.** Public Health Ontario has access to and collects relevant data and provides timely and objective data analyses and advice to its clients that meet their needs.
-
- 4.** Public Health Ontario has effective processes in place to support public health units in developing programs and capacity to help deliver public health services locally, and seeks to identify opportunities for minimizing duplication of efforts in the public health system and achieving efficiencies in the laboratory system.
-
- 5.** Public Health Ontario has resources available to fulfill its mandate and allocates and uses them efficiently and effectively.
-
- 6.** Performance measures and targets are established, monitored and compared against actual results to ensure that the intended outcomes are achieved, and are publicly reported.
-
- 7.** Processes are in place to identify areas of improvement and to operate more efficiently and effectively, and changes are made on a timely basis.
-

Appendix 5: Institut national de santé publique du Québec Examples of Strategic Objectives Performance Measures, 2021/22

Source of data: Institut national de santé publique du Québec

	Indicators	Target (%)
Participate in relevant legislative and governmental processes	Rate of participation in parliamentary committees and selected public consultations	80
Support public departments in their regional partnerships	Response rate to requests for support from public health departments in health impact assessment	90
Support public health actors in integrating knowledge into their practices	Client satisfaction rate on the usefulness of scientific productions to support clients in their work	95
Continuously capture the needs of regional partners	Satisfaction rate regarding support for intervention with public health departments in the event of a threat to the health of the population	90
Deliver scientific products in a timely manner for decision-makers	Rate of compliance with the deadlines set out in the charter of prioritized projects	80



Office of the Auditor General of Ontario

20 Dundas Street West, Suite 1530
Toronto, Ontario
M5G 2C2
www.auditor.on.ca





The Corporation of the Municipality of Wawa

REGULAR COUNCIL MEETING

Received April 22, 2024
C-2024-191

RESOLUTION

Tuesday, March 5, 2024

Resolution # RC24048	Meeting Order: 9
Moved by: 	Seconded by: 

RESOLVED THAT the Council of the Municipality of Wawa, having considered the correspondence from the Town of Plympton-Wyoming and Township of Larder Lake regarding 'Support for amendment to the Occupational Health and Safety Act to Clarify the Definition of Employer', support this correspondence and attached motion from the City of Greater Sudbury; and

AND FURTHER, THAT that a copy of the resolution be sent to the Honourable Doug Ford Premier of Ontario, the Honorable David Piccini Minister of Labour, Immigration, Training and Skills Development, and the Honorable Paul Calandra, Minister of Municipal Affairs and Housing, and all Ontario Municipalities.

RESOLUTION RESULT		RECORDED VOTE		
<input checked="" type="checkbox"/>	CARRIED	MAYOR AND COUNCIL	YES	NO
<input type="checkbox"/>	DEFEATED	Mitch Hatfield		
<input type="checkbox"/>	TABLED	Cathy Cannon		
<input type="checkbox"/>	RECORDED VOTE (SEE RIGHT)	Melanie Pilon		
<input type="checkbox"/>	PECUNIARY INTEREST DECLARED	Jim Hoffmann		
<input type="checkbox"/>	WITHDRAWN	Joseph Opato		

Disclosure of Pecuniary Interest and the general nature thereof.

Disclosed the pecuniary interest and general name thereof and abstained from the discussion, vote and influence.

Clerk: _____

MAYOR - MELANIE PILON	CLERK - MAURY O'NEILL
	



**The Corporation of the Town of Grimsby
Administration**

Office of the Town Clerk

160 Livingston Avenue, Grimsby, ON L3M 0J5

Phone: 905-945-9634 Ext. 2171 | **Fax:** 905-945-5010

Email: vsteele@grimsby.ca

April 23, 2024

SENT VIA E-MAIL

Received April 23, 2024
C-2024-192

Andrea Fisher, Clerk
The Town of Goderich
57 West Street
Goderich, Ontario
N7A 2K5

Dear: Clerk Fisher,

**RE: Town of Goderich Resolution – Review of the Ontario Works and Ontario
Disability Support Program Financial Assistance Rates**

Please be advised that the Council of the Corporation of the Town of Grimsby at its meeting held on April 15, 2024, passed, and endorsed the following resolution:

Moved: Councillor Korstanje

Seconded: Councillor DiFlavio

Resolved that the Town of Goderich's resolution regarding a review of the Ontario Works and Ontario Disability Support Program financial assistance rates be received and endorsed.

If you require any additional information, please let me know.

Regards,

Victoria Steele
Town Clerk

CC: Premier Doug Ford
Hon. Paul Calandra
MPP Lisa Thompson, Huron–Bruce
Hon. Sylvia Jones
Association of Municipalities of Ontario
Ontario Municipal Social Services Association
Ontario Municipalities

Wednesday, April 10, 2024

Catalina Blumenberg
Clerk
Prince Edward County
332 Picton Main Street
Picton, Ontario
K0K 2T0

SENT VIA EMAIL: clerks@pecounty.on.ca

RE: Town of Goderich Resolution – Review of the Ontario Works and Ontario Disability Support Program Financial Assistance Rates

Dear C. Blumenberg,

Please be advised of the following motion passed at the Monday, March 18, 2024, Goderich Town Council Meeting:

Moved By: Councillor Segeren

Seconded By: Councillor Kelly

WHEREAS poverty is taking a devastating toll on communities, undermining a healthy and prosperous Ontario, with people in receipt of Ontario Works and Ontario Disability Support Program being disproportionately impacted;

WHEREAS the cost of food, housing, medicine, and other essential items have outpaced the highest inflation rates seen in a generation;

WHEREAS people in need of social assistance have been legislated into poverty, housing insecurity, hunger, poorer health, their motives questioned, and their dignity undermined;

WHEREAS Ontario Works (OW) Financial Assistance rates have been frozen since 2018 (\$733 per month);

WHEREAS Ontario Disability Support Program (ODSP) benefit rates have been increased by 6.5 percent as of July 2023 to keep up with inflation, however even with the increase, ODSP rates still fall below their value in 2018 (\$1,376 when adjusted for inflation) and significantly below the disability-adjusted poverty line (\$3,091 per month);

WHEREAS OW and ODSP rates do not provide sufficient income for a basic standard of living and, as a result, hundreds of thousands of people across Ontario who rely on these programs live in poverty;

WHEREAS designated Service Managers are doing their part, but do not have the resources, capacity, or tools to provide the necessary income and health-related supports to people experiencing poverty; and

WHEREAS leadership and urgent action is needed from the Provincial Government to immediately develop, resource, and implement a comprehensive plan to address the rising levels of poverty in Ontario, in particular for those on Ontario Works and Ontario Disability Support Programs;

THEREFORE BE IT RESOLVED THAT the Town of Goderich requests the Provincial Government to urgently:

1. At least double Ontario Works and ODSP rates and index rates to inflation, answering calls already made by “Raise the Rates” campaign and the “Income Security Advocacy Centre”;
2. Commit to ongoing cost of living increases above and beyond the rate of inflation to make up for the years they were frozen;
3. Commit to jointly working between the Ministry of Children, Community, and Social Services and the Ministry of Health on the best methods of assessing client needs and then matching those in need to the services they require;

AND FURTHER THAT a copy of this resolution be sent to the Minister of Children, Community, and Social Services, the Minister of Health, the Minister of Municipal Affairs and Housing, the Association of Municipalities of Ontario, the Ontario Municipal Social Services Association, Huron County Social and Property Services, the Western Ontario Wardens Caucus, and all Ontario Municipalities.

CARRIED

If you have any questions, please do not hesitate to contact me at 519-524-8344 ext. 210 or afisher@goderich.ca.

Yours truly,



Andrea Fisher

The Town of Goderich
57 West Street
Goderich, Ontario
N7A 2K5
519-524-8344
townhall@goderich.ca
www.goderich.ca



Director of Legislative Services/Clerk
/ar

cc. Premier Doug Ford premier@ontario.ca
Hon. Paul Calandra Paul.Calandra@pc.ola.org
MPP Lisa Thompson, Huron–Bruce lisa.thompsonco@pc.ola.org
Hon. Sylvia Jones Sylvia.Jones@pc.ola.org
Association of Municipalities of Ontario resolutions@amo.on.ca
Ontario Municipal Social Services Association dball@omssa.com
Huron County Social and Property Services
Western Ontario Wardens Caucus
Ontario Municipalities

April 23, 2024

The Honourable Doug Ford
Premier of Ontario
Legislative Building
1 Queen's Park
Toronto, ON M7A 1A1

Sent via email: premier@ontario.ca

**Re: Provincial Regulations Needed to Restrict Keeping of Non-native ("exotic") Wild Animals
Our File 35.11.2**

Dear Premier Ford,

At its meeting held on April 8, 2024, St. Catharines City Council approved the following motion:

WHEREAS Ontario has more private non-native ("exotic") wild animal keepers, roadside zoos, mobile zoos, wildlife exhibits and other captive wildlife operations than any other province; and

WHEREAS the Province of Ontario has of yet not developed regulations to prohibit or restrict animal possession, breeding, or use of non-native ("exotic") wild animals in captivity; and

WHEREAS non-native ("exotic") wild animals can pose very serious human health and safety risks, and attacks causing human injury and death have occurred in the province; and

WHEREAS the keeping of non-native ("exotic") wild animals can cause poor animal welfare and suffering, and poses risks to local environments and wildlife; and

WHEREAS owners of non-native ("exotic") wild animals can move from one community to another even after their operations have been shut down due to animal welfare or public health and safety concerns; and

WHEREAS municipalities have struggled, often for months or years, to deal with non-native ("exotic") wild animal issues and have experienced substantive regulatory, administrative, enforcement and financial challenges; and

WHEREAS the Association of Municipalities of Ontario (AMO), the Association of Municipal Managers, Clerks and Treasurers of Ontario (AMCTO) and the Municipal Law Enforcement Officers' Association (MLEOA) have indicated their support for World Animal Protection's campaign for provincial regulations of non-native ("exotic") wild animals and roadside zoos in letters to the Ontario Solicitor General and Ontario Minister for Natural Resources and Forestry;

THEREFORE BE IT RESOLVED that the City of St. Catharines hereby petitions the provincial government to implement provincial regulations to restrict the possession, breeding, and use of non-native ("exotic") wild animals and license zoos in order to guarantee the fair and consistent application of policy throughout Ontario for the safety of Ontario's citizens and the non-native ("exotic") wild animal population; and

BE IT FURTHER RESOLVED that this resolution will be forwarded to all municipalities in Ontario for support, the Premier of Ontario, Ontario Solicitor General, Ontario Minister for Natural Resources and Forestry, MPP Jennie Stevens, MPP Sam Oosterhoff, MPP Jeff Burch, AMO, AMCTO, and MLEAO.

If you have any questions, please contact the Office of the City Clerk at extension 1524.



Kristen Sullivan, City Clerk
Legal and Clerks Services, Office of the City Clerk
:av

cc: The Honourable Michael S. Kerzner, Solicitor General
The Honourable Graydon Smith, Minister of Natural Resources and Forestry
Local MPPs
Association of Municipalities of Ontario (AMO)
Association of Municipal Managers, Clerks and Treasurers of Ontario (AMCTO)
Municipal Law Enforcement Officers' Association of Ontario (MLEAO)
All Municipalities of Ontario

April 24, 2024

Received April 24, 2024
C-2024-194

To our Municipal clients:

Re: Assessment of Bill 185, *Cutting Red Tape to Build More Homes Act, 2024* and the Proposed Provincial Planning Statement, 2024

On behalf of our many municipal clients, we are writing to inform you of the Ontario Legislature's proposed changes to the *Planning Act* under Bill 185 (*Cutting Red Tape to Build More Homes Act*) and the proposed Provincial Planning Statement, 2024 (PPS, 2024). The primary focus of this letter is to provide our assessment of the proposed PPS, 2024 and its potential impacts on growth management in Ontario. The proposed PPS, 2024 was released in coordination with Bill 185 on April 10, 2024, for a 30-day comment period. The comment period on the proposed PPS, 2024 ends on May 12, 2024 (the deadline was extended by two days after the release of the French version of the proposed PPS, 2024). The PPS is provided under section 3 of the *Planning Act* and if the proposed PPS, 2024 is approved, all municipal decisions would be required to be consistent with the PPS, 2024 under subsections 3 (5) and 3 (6) of the *Planning Act*.

1. Proposed Planning Act Changes

With respect to the proposed changes to the *Planning Act* under Bill 185, we have identified the following key impacts as they broadly relate to growth management in Ontario.

Upper-Tier Municipalities with No Planning Responsibilities to Come into Effect on July 1, 2024, for the Regional Municipalities of Halton, Peel, and York

- The Province introduced the concepts of “upper-tier municipalities without planning responsibilities” and “upper-tier municipalities with planning responsibilities” to the *Planning Act* as part of Bill 23. “Upper-tier municipalities without planning responsibilities” includes a list of seven upper-tier municipalities comprising all the upper-tier municipalities in the Greater Toronto Area, as well as the County of Simcoe, the Region of Niagara, and the Region of Waterloo. Bill 185 builds upon this and amends the *Planning Act* to implement changes to certain upper-tier municipalities, “upper-tier municipalities without planning responsibilities.”
- Under Bill 185, the Region of Halton, the Region of Peel, and the Region of York will become “upper-tier municipalities without planning responsibilities” on July 1, 2024. The County of Simcoe, the Region of Durham, the Region of Niagara, and the Region of Waterloo will become “upper-tier municipalities without planning



responsibilities” at a future date to be named by proclamation of the Lieutenant Governor.^[1]

- Upon the review of Bill 23, Watson & Associates Economists Ltd. (Watson) previously expressed concerns with these significant changes to regional planning. We anticipate that there will continue to be a strong need for impacted upper-tier municipalities to address regional growth management coordination efforts (e.g., coordination of regional growth forecasts and regional urban land needs assessments, assessment of regional infrastructure needs and review of cross-jurisdictional issues) working with their area municipalities.

Elimination of Third-Party Appeal Rights to Include Municipally Approved Official Plans, Official Plan Amendments, Zoning By-Laws and Zoning By-Law Amendments

- As part of Bill 23, the Province amended the *Planning Act* to limit appeals for minor variances, a plan of subdivision, or a consent to sever to the applicant, the municipal authority, the Minister, or a “specified person.” “Specified person” is a new term introduced with the intent to focus appeals on a more focused group, including applicants, public bodies, Indigenous communities, and utilities providers. Appeal rights removed include third-party landowners, ratepayers, and other members of the public that are not the applicant, the Minister, an approval authority, a public body, or a “specified person.” Under Bill 185, it is proposed that the elimination of third-party appeals would be extended to include municipally approved Official Plans, Official Plan Amendments, Zoning By-laws and Zoning By-law Amendments.^[2]
- Bill 185 proposes to remove appeal rights for “upper-tier municipalities with no planning responsibilities”; these upper-tier municipalities will only be able to provide comments on applications. As a result, utility providers will have stronger tools (including appeal rights) to protect their infrastructure relative to upper-tier municipalities who are responsible for managing and building infrastructure, as well as the associated risks (e.g., financial and public safety).^[3]

Restore Appeal Rights for Privately Initiated Settlement Area Boundary Expansions

- Private-sector applications for a boundary of area of settlement (settlement area expansions) can be appealed to the Ontario Land Tribunal (OLT) provided that it

[1] Bill 185, Schedule 1, section 1.

[2] Bill 185, Schedule 12, section 3 (1).

[3] The Regional Municipality of York, Report of the Commissioner of Corporate Services and Chief Planner for Regional Council on April 25, 2024 – Cutting Red Tape to Build More Homes Act, 2024 (Bill 185) – Proposed Changes to Planning Act, 1990, Municipal Act, 2001 and Provincial Planning Statement.



is not within the Greenbelt Area. Under the current *Planning Act*, an applicant cannot appeal an Official Plan Amendment or Zoning By-law Amendment application that would expand or alter an in-force settlement area boundary.^[1] It is important to note that this appeal right does not extend to settlement boundary expansions that have received a Minister's decision as part of an Official Plan and Official Plan Amendment. The Minister's decision is still final.

- Permitting appeals may result in more land being designated through OLT decisions than what was identified by municipalities in Official Plans and would potentially have the impact of undermining local growth management objectives established through an Official Plan Review.

A New “Use it or Lose it” Tool for Municipalities to Tackle Stalled Developments

- Proposed changes to the *Planning Act* include a new “use it or lose it” tool for municipalities to tackle stalled developments that have unused servicing capacity allocation (water and sewage servicing). The proposal as part of Bill 185, includes a framework for the municipality to expand the scope of lapsing provisions, including requiring approval authorities to impose a lapsing condition for all draft subdivision/condominium and site plan control approvals.^[2] Previously, this was an option for municipalities; now it is a requirement. It should be noted that municipalities can provide for lapsing provisions of previous applications, subject to notice to the owner.^[3]
- The new provisions would provide an incentive for developers/builders to move forward on an approved application. From a growth management perspective, this tool would potentially provide more certainty when determining housing and land supply potential to accommodate growth within the short term.

Create a New “Servicing Management” Tool to Facilitate Infrastructure Servicing Re-Allocation to Make More Efficient Use of Municipal Servicing Capacity

- This bill proposes to create a new municipal servicing management tool that would explicitly authorize municipalities to adopt policies by by-law (if they do not already exist) to establish how water and sewage servicing of an approved development is managed. Furthermore, it would enable municipalities to allocate and reallocate servicing capacity to other projects if the approved development has not proceeded after a specified timeline and the servicing is needed elsewhere in the service area. Should municipalities adopt such a by-law, it would not be appealable to the OLT.^[4]

^[1] Bill 185, Schedule 12, section 6 (4).

^[2] Bill 185, Schedule 12, section 10 (3) and section 12.

^[3] Bill 185, Schedule 4, section 2.

^[4] Bill 185, Schedule 12, section 14.



- Currently, the *Planning Act* already provides municipalities with the authority to enact by-laws to establish an allocation system for water and wastewater servicing for lands that are subject to a draft plan of subdivision. Bill 185 proposes to repeal this provision of the *Planning Act* and give municipalities the authority to pass by-laws to create a policy for water and servicing capacity, which may include the tracking of water and wastewater servicing capacity for approved developments and establishing criteria for the allocation to future development applications.^[1] Bill 185 proposes to replace this policy in the *Planning Act* and to add a new section 86.1 to Part III (Specific Municipal Powers) of the *Municipal Act, 2001*.^[2]
- These changes will empower municipalities to shift servicing allocation that will deliver the development of homes and employment growth opportunities faster. Furthermore, it provides more transparency on the expectations of servicing for future development applications.

Elimination of Parking Standards in Protected Major Transit Station Areas to Provide More Flexibility

- Proposed changes to the *Planning Act* will include prohibiting municipalities from setting parking minimums in Protected Major Transit Station Areas (PMTSAs). This would allow the market and developers the ability to decide the parking requirements in PMTSAs based on market needs.^[3] This could provide opportunities to increase housing yields in PMTSAs and possibly reduce development costs through potentially lower parking requirements.

A New Minister's Zoning Orders (MZO) Framework

- To provide better transparency at the provincial level, the Province has established a framework setting out how requests for zoning orders will be received and considered. The framework includes intake thresholds, submission requirements, and a process for Ministry assessment and decision-making. The intake requirements would need to demonstrate that the MZO delivers on a provincial priority that is supported by an Ontario government ministry and/or is supported by a single-tier or lower-tier municipality through a municipal council resolution or a letter from a mayor with strong mayor powers. Formal input from upper-tier municipal councils is excluded from the intake requirements. Submission requirements that should be provided with an application include a rationale on why the project requires ministerial zoning relief rather than following

^[1] Based on interpretation by McMillan LLP, Introducing Bill 185, the Cutting Red Tape to Build More Homes Act, and an Update on the New Provincial Planning Statement, April 17, 2024.

^[2] Bill 185, Schedule 9 (*Municipal Act, 2001*).

^[3] Bill 185, Schedule 12, section 2.



municipal planning processes; a description of consultation with the public and engagement with Indigenous communities; and information related to how and when servicing (water/wastewater) will be addressed.^[1]

- While the applicant is required to demonstrate that it supports provincial priorities and/or local council support, the MZO framework does not require an applicant to support the need for the application in consideration of existing urban land supply opportunities, the status of other applications within municipalities, or forecast demand for housing within an established planning horizon. Provincial priorities established in the framework are very broad and include addressing housing and economic development opportunities which would not limit many applications, if any.
- We continue to support the recommendations provided to the Province by the Association of Municipalities of Ontario to improve the MZO framework that would include MZOs being used in collaboration with municipalities and use MZOs only in situations of extraordinary urgency.^[2]

Remove the Community Infrastructure and Housing Accelerator Tool from the *Planning Act*

- The proposed changes would include removing the Community Infrastructure and Housing Accelerator (CHIA) tool (brought in under Bill 109) from the *Planning Act*.^[3] Instead of the CHIA tool, municipalities can rely on the new MZO framework that provides clarity on how MZO requests from municipalities will be received and considered going forward.
- Proposed transition rules will be provided to permit CHIA orders that have been made to date to continue functioning as municipal zoning by-laws.

Enhance and Expand Municipal Planning Data Regulation (O. Reg. 73/23) to Include 21 Additional Municipalities (50 Municipalities in Total)

- On April 6, 2023, Ontario Regulation (O. Reg.) 73/23: Municipal Planning Data Reporting (as part of Bill 109), came into effect. This regulation requires 29 municipalities in Ontario to report information on planning matters to the Ministry on a quarterly and annual basis. The 29 municipalities have already provided reporting on a quarterly basis. Under Bill 185, this would be expanded to 50 municipalities.^[4]

^[1] Province of Ontario – Zoning Order Framework, retrieved online: [Zoning order framework | ontario.ca](https://www.ontario.ca/zoning-order-framework), accessed April 19, 2024.

^[2] Association of Municipalities of Ontario, retrieved online: [Bill 185, Cutting Red Tape to Build More Homes Act, 2024 | AMO](https://www.amo.on.ca/bill-185-cutting-red-tape-to-build-more-homes-act-2024), accessed April 19, 2024.

^[3] *Planning Act*, section, 34.1.

^[4] Environmental Registry of Ontario, ERO 019-8368, Proposed Amendments to Ontario Regulation 73/23: Municipal Planning Data Reporting.



- The reporting requirements include preparing a standardized summary table that outlines key statistics on planning applications for each quarterly report (e.g., total number of submissions, decisions) and documenting changes to settlement area boundaries, Employment Area conversions, and major transit station areas (MTSAs) on an annual basis. Providing geospatial data that identifies designated serviced land supply is also required as part of the reporting. The additional 21 municipalities would be required to publish this summary on their respective municipal webpages and update the summary each quarter, beginning October 1, 2024.^[1]
- It is our opinion that this regulation change is a key step forward in setting minimum standards for municipalities in reporting land supply. This also provides an opportunity for the municipalities to build upon these provincial requirements and proactively track and monitor growth, which will better empower municipalities in making informed decisions on planning for growth.

Enhancing and Broadening the Framework for Additional Residential Units

- Under subsection 35.1 (2) of the *Planning Act*, the Minister is authorized to make regulations regarding Additional Residential Units (ARUs) by establishing requirements and standards with respect to a second or third residential unit in a detached house, semi-detached house, or rowhouse, as well as a residential unit in a building or structure ancillary to such a house.
- Bill 185 proposes to broaden provisions to allow the Minister to regulate any ARUs in an existing home (as noted above) or ancillary structure for the purposes of an ARU. If approved, the Minister will have a new regulation-making power to remove zoning barriers to accommodate ARU developments which may include maximum lot coverage and limits on the number of bedrooms allowed per lot.^[2]

2. Proposed Provincial Planning Statement, 2024

In 2023, the Province set in motion consultation on a Provincial Planning Statement (PPS, 2023) that proposes to integrate the Provincial Policy Statement, 2020 (PPS, 2020) and A Place to Grow: Growth Plan for the Greater Golden Horseshoe (Growth Plan) into a single document. The proposed PPS, 2023 was released for public comment in April 2023 and was introduced as part of Bill 97 – *the Helping Homebuyers, Protecting Tenants Act*. On April 10, 2024, the Province posted another draft of the PPS. Based on a review by Watson, we note that the PPS, 2024 is not significantly different than the previous PPS, 2023. There are, however, more parameters, additional guidance, and strengthening of policies related to the management of growth

^[1] Ontario Regulation 73/23 filed April 6, 2023, under *Planning Act*, R.S.O. 1990, c. P.13.

^[2] Bill 185, Schedule 12, section 9.



relative to the proposed PPS, 2023. Provided below are key highlights of the proposed PPS, 2024 with a key focus on growth management in Ontario. Some of the highlights below include policies that are proposed to be carried forward from the PPS, 2023.

A Flexible Growth Forecast Horizon

Compared to the PPS, 2020, the proposed PPS, 2024 provides a more flexible horizon for planning for growth by providing a planning horizon with a minimum of 20 years and a maximum of 30 years. Similar to the proposed PPS, 2023, “planning for infrastructure, public service facilities, strategic growth areas and employment areas may extend beyond this time horizon.”^[1] Based on our interpretation of the proposed PPS, 2024, this would suggest that municipalities are to designate land to accommodate growth over a 20- or 30-year period, with the opportunity to designate additional land beyond the 30-year time horizon for Employment Areas.

Initial Direction on Growth Forecasting

The proposed PPS, 2024 notes that “planning authorities shall base population and employment growth forecasts on Ministry of Finance (MOF) 25-year projections and may modify projections, as appropriate”^[2] (underlining added). It is our interpretation that municipalities are not required to utilize the MOF forecasts and that they are not meant to replace long-term forecasting by municipalities. It is important to note that the MOF population forecasts are provided at the Census division level only, which typically represents upper-tier municipalities, including separated municipalities (e.g., the City of Stratford and the Town of St. Marys are included with the County of Perth Census Division) and large urban single-tier municipalities. The MOF does not provide forecasts at the area municipal level.^[3] Furthermore, the most recent Summer 2023 MOF forecast provides growth estimates to the year 2046. Subsection 2.1.3 of the proposed PPS, 2024 states that urban land needs can be calculated up to 30 years. As such, current MOF forecasts would need to be extended from 2046 to 2054 to accommodate a full 30-year planning horizon. It is our interpretation that the use of the MOF forecasts is not meant to replace long-term forecasting by municipalities but the forecasts are to be used as a starting place in establishing forecasts and testing the reasonableness of alternative regional forecasts and area municipal growth allocations, a practice that Watson currently carries out.

Municipalities within the Greater Golden Horseshoe (GGH) are required to continue to use forecasts issued by the Province through Schedule 3 of the Growth Plan until more

[1] Proposed PPS, 2024, policy 2.1.3, p. 6

[2] Proposed PPS, 2024, policy 2.1.1, p. 6

[3] Census division is the general term for provincially legislated areas (such as municipality, county, region or district) or their equivalents. Census divisions are intermediate geographic areas between the province/territory level and the municipality (Census subdivision).



current forecasts are available to 2051, as informed by guidance provided by the Province.^[2] Forecasts established in Schedule 3 of the Growth Plan and the allocation of growth by lower-tier municipality are to be considered minimum growth forecasts. It is unknown at this time whether this policy of growth forecasts as minimums will be carried forward. We anticipate that future guidance documents will provide direction on this matter.

It should be noted that the proposed PPS, 2024 encourages growth management undertaken by municipalities to be coordinated with adjacent planning authorities when planning is not conducted by an upper-tier municipality.^[3] We envision the need for local municipalities, where planning is not conducted by an upper-tier municipality, to include a consultation process or technical advisory group comprising representatives of adjacent municipalities when conducting Official Plan Reviews and other related comprehensive planning studies.

Minster's Zoning Orders (MZOs) are Considered in Addition to Projected Needs

According to the proposed PPS, 2024, MZOs are to be treated as “in addition to projected needs” over the planning horizon. In planning for MZO lands, the proposed PPS, 2024 states these lands must be incorporated into the Official Plan and related infrastructure plans.^[4] Since MZO lands are not tied to an assessment of need, it is recommended that when planning for these lands the timing of their buildout is not held to a targeted minimum or maximum planning horizon. As such, it is recognized that full development of MZOs may or may not extend beyond the 30-year maximum planning horizon set out in the proposed PPS, 2024, subject to anticipated economic growth and real estate market demand within the municipality and the broader economic region over the horizon of the plan. It is our opinion that the timing of development regarding approved MZOs should be established through provincial and local phasing policies, municipal servicing plans, and reviewed through regular monitoring.

Providing for an Appropriate Range and Mix of Housing Options

Similar to the proposed PPS, 2023, under subsection 2.1.4 of the proposed PPS, 2024 planning authorities are to:

- a) maintain at all times the ability to accommodate residential growth for a minimum of 15 years through lands which are designated and available for residential development; and

^[2] Proposed PPS, 2024, policy 2.1, p. 6; and Environmental Registry of Ontario, ERO 019-8462: Review of proposed policies for a new provincial planning policy instrument.

^[3] Proposed PPS, 2024, policy 6.2.10, p. 36.

^[4] Proposed PPS, 2024, policy 2.1.1, p. 6.



- b) maintain at all times where new development is to occur, land with servicing capacity to provide at least a three-year supply of residential units available through lands suitably zoned, including units in draft approved registered plans.

We recommend that where planning authorities have established minimum targets for intensification and redevelopment, these targets are considered in the assessment of proposed PPS, 2024 policy 2.1.4. a) and b).

Subsection 2.1.5 of the proposed PPS, 2024 identifies that where planning is conducted by an upper-tier municipality, the land and unit supply maintained by the lower-tier municipality shall be based on and reflect the allocation of population and units by the upper-tier municipality. This policy emphasizes the need for urban land and housing needs to be assessed at the local municipal level within two-tier planning systems.

Anticipated Guidance Documents on Growth Forecasting and Land Needs

We anticipate that the Province will release a guidance document on projecting growth and associated land requirements.^[5] On March 12, 2024, the Province re-opened a proposal on Environmental Registry Ontario (ERO) for A Proposed Approach to Update the Projection Methodology Guideline.^[6] This proposal was initially posted in June 2021 following the release of the PPS, 2020. As noted in the ERO proposal summary, the last provincial guidance document on growth projections and land needs for the entire Province was provided in 1995. The 1995 Projection Methodology has been generally used by Watson as a source of best practice for growth forecasting. Since 1995, the Province released a Land Needs Assessment Methodology for the GGH with a few updates.^[7] This document has since been used as a best practice for projecting growth and urban land needs across the GGH.

It should be noted that the Province has not yet updated the document entitled, “Proposed Approach to Implementation of the Proposed Provincial Planning Statement” which accompanied the proposed PPS, 2023 in April 2023.

^[5] The ERO 019-2346 proposal summary notes that “Guidance for projecting population and related land requirements may be updated after finalization of the proposed Provincial Planning Statement to reflect final policy direction and considering feedback received.”

^[6] Environmental Registry of Ontario, ERO 019-2346, A Proposed Approach to Update the Projection Methodology Guideline.

^[7] The last update to the methodology came into effect on August 28, 2020. The proposed PPS plans to combined both the PPS and the Growth Plan and if approved, this document would no longer be in force.



No Significant Policy Change and Approach to Planning for Affordable Housing

The proposed PPS, 2024 carries forward a similar definition of affordable housing as established in the PPS, 2020. The definition of affordable housing in the proposed PPS, 2024, however, is based on the municipality instead of the regional market area as defined in the PPS, 2020. The definition of affordable housing was notably missing in the proposed PPS, 2023. Additionally, the proposed PPS, 2024 carries forward the requirement of “establishing and implementing minimum targets for the provision of housing that is affordable to low- and moderate-income households.”^[9] The proposed PPS, 2024 does not address the issue of attainable housing, an issue that was also lacking in the PPS, 2020.

Settlement Areas Remain Focus of Growth and Development

The proposed PPS, 2024 identifies that settlement areas shall be the focus of growth and development. Within settlement areas, where applicable, growth should be focused in Strategic Growth Areas (SGAs), including Major Transit Station Areas (MTSAs), and that planning authorities shall support general intensification and redevelopment to promote the achievement of complete communities. Planning authorities are encouraged to establish and implement minimum targets for intensification and development within built-up areas, based on local conditions. Planning authorities are also encouraged to establish density targets for designated growth areas, based on local conditions. Large and fast-growing municipalities are encouraged to plan for a target of 50 residents and jobs per gross hectare in designated growth areas. Large and fast-growing municipalities are identified in Schedule 1 of the proposed PPS, 2024.

Based on our experience, all large and fast-growing municipalities are anticipated to achieve average densities in designated growth areas above 50 residents and jobs per gross hectare. Accordingly, it is recommended that this density target is considered a minimum.

Identifying New Settlement Areas and Settlement Area Boundary Expansions

According to the proposed PPS, 2024, Settlement Area Boundary Expansion (SABE) is allowed at any time and without the requirement of a Municipal Comprehensive Review or Comprehensive Review, provided that all PPS policies under subsection 2.3.4 are considered.^[10] Furthermore, the policies allow for a simplified and flexible approach for municipalities to undertake a SABE which would require a demonstrated need for urban expansion. It should be noted that the criteria in the proposed PPS, 2024 has been expanded compared to the proposed PPS, 2023. Additionally, the language has

^[9] Proposed PPS, 2024, policy 2.2.1, p. 7.

^[10] Proposed PPS, 2024, policy 2.3.4, p. 7. Under the A Place to Grow: Growth Plan for the Greater Golden Horseshoe, 2019 and the PPS, 2020, SABEs were permitted only through a Municipal Comprehensive Review.



changed from “should consider” in the proposed PPS, 2023 to “shall consider” in the proposed PPS, 2024. The proposed PPS, 2024 does carry over the concept of demonstrating the need for additional land as identified in the PPS, 2020 which was not included in the proposed PPS, 2023.

While the proposed PPS, 2024 does not require a prescriptive approach to determining the need for expansion as provided in the Growth Plan or the PPS, 2020, it does require municipalities to consider infrastructure needs and the phased progression of growth. Furthermore, for new settlement areas, the proposed PPS, 2024 adds a stand-alone policy requiring municipalities to demonstrate that the infrastructure and public service facilities are planned or available for new settlement areas.^[11]

We recommend that a policy is added to subsection 2.3.2.1 of the proposed PPS 2024 that identifies where planning authorities have established minimum targets for intensification and redevelopment within built-up areas and that implementation of these targets shall be considered prior to identifying the need for new settlement areas.

Planning for Growth in Major Transit Station Areas

Under the proposed PPS, 2024, intensification policies have become less prescriptive compared to the PPS, 2020, with a focus on encouraging rather than setting out requirements. As previously noted, according to the proposed PPS, 2024, planning authorities are encouraged (rather than required) to establish minimum targets for intensification and redevelopment within their respective built-up areas. Targets for intensification are encouraged in MTSA's and all municipalities (i.e., not just large and fast-growing municipalities as identified in the proposed PPS, 2023) shall plan to meet minimum density targets.^[12] Minimum density targets for MTSA's are based on the transit service level:

- a) 200 residents and jobs combined per hectare for those that are served by subways;
- b) 160 residents and jobs combined per hectare for those that are served by light rail or bus rapid transit; or
- c) 150 residents and jobs combined per hectare for those that are served by commuter or regional rail.^[13]

[11] Proposed PPS, 2024, policy 2.3.2, p. 8.

[12] Proposed PPS, 2024, policy 2.2.3.1.4, p. 8

[13] Proposed PPS, 2024, policy 2.2.3.1.4, p. 8



Expanded Scope of Strategic Growth Areas, but No Targets on Density

The proposed PPS, 2024 carries over the concept of SGAs from the proposed PPS, 2023. The concept of SGAs was initially introduced in the Growth Plan. According to the proposed PPS, 2024, SGAs include:

major transit station areas, existing and emerging downtowns, lands adjacent to publicly assisted post-secondary institutions and other areas where growth or development will be focused, that may include infill, redevelopment (e.g., underutilized shopping malls and plazas), brownfield sites, the expansion or conversion of existing buildings, or greyfields. Lands along major roads, arterials, or other areas with existing or planned frequent transit service or higher order transit corridors may also be identified as strategic growth areas.^[14]

The proposed PPS, 2024 expands on the description of SGAs to include a greater range of site areas focused for infill and redevelopment, such as underutilized shopping malls and plazas, suggesting that SGAs may include a range of site sizes, with an expanded focus on non-residential sites. It is important to note that, unlike the proposed PPS, 2023, the proposed PPS, 2024 encourages all municipalities (i.e., not just the large and fast-growing municipalities) to focus growth and development in SGAs to achieve higher density outcomes.

Other than minimum density targets for MTSAs, minimum density targets for other SGAs have not been carried forward from the proposed PPS, 2023 and the Growth Plan. Furthermore, Urban Growth Centres, a component of SGAs set out in the proposed PPS, 2023 and the Growth Plan, have not been carried forward in the proposed PPS, 2024. Instead, the proposed PPS, 2024 provides more simplified direction to plan for downtowns as SGAs.

A Narrow Definition of Employment Area

The proposed PPS, 2024 includes an updated definition of Employment Area based on the amendment of the *Planning Act* on June 8, 2023. The *Planning Act* was amended under subsection 1 (1) to include a new definition of “area of employment.” The amendment to the *Planning Act* received Royal Assent as part of Bill 97 on June 8, 2023. The definition change in the *Planning Act* would require proclamation before it becomes in effect.

Under the new definition of Employment Area, municipalities are required to plan for, and protect, industrial uses based on a more narrowly scoped definition of Employment Area and are limited to these uses that are primarily industrial in nature or other uses associated or ancillary to the primary use. Employment Area lands and uses that do not

^[14] Proposed PPS, 2024, definitions, p. 53.



meet the definition of Employment Area should be removed from Employment Areas. Lands that do not meet the Employment Area definition would not be subject to provincial Employment Area protection policies and would allow for opportunities for residential and other non-employment uses.^[15]

In light of the definition change of Employment Area, a key concern for municipalities will be their ability to provide an urban structure that will support employment uses outside of Employment Areas, particularly non-retail commercial and institutional uses (e.g. office uses, training and education, entertainment, wholesale trade and service repair centres). Traditionally, Employment Areas have been regarded as areas protected for key targeted employment sectors, especially those in the export-based sectors.

As previously discussed, municipalities are allowed to forecast beyond a 30-year period for Employment Areas.^[16] Furthermore, it should be noted that the Provincially Significant Employment Zones identified in the Growth Plan are not proposed to be carried forward. The Province has suggested in the PPS, 2024 proposal summary that the policies in the PPS are sufficient for protection for Employment Areas.^[17]

Unlocking Residential Opportunities on Non-Residential Lands and Supporting Mixed-Uses

The proposed PPS, 2024 requires that municipalities unlock more opportunities for housing, stating that municipalities should support redevelopment of commercially designated retail lands (e.g., underutilized shopping malls and plazas) to support mixed-use residential.^[18] Furthermore, the proposed PPS, 2024 notes that Employment Areas that do not meet the definition of Employment Area, referred to as “employment outside of Employment Areas” should support a diverse mix of land uses, including residential uses.^[19] These lands generally would include office business parks, commercial and institutional lands, and employment lands that do not meet the definition of Employment Area. It is also suggested that specific industrial, manufacturing, and small-scale warehousing uses that do not require separation from sensitive land uses are to be encouraged to locate in mixed-use areas or SGAs where frequent transit service is available, outside of Employment Areas.^[20] Again, under the proposed policy framework, municipalities are anticipated to face greater long-term challenges regarding their ability to strike a balance in accommodating mixed-use development and ensuring an adequate supply of non-residential lands to support employment uses outside of

[15] Proposed PPS, 2024, definitions, p. 34.

[16] Proposed PPS, 2024, policy 2.1.3, p. 6.

[17] Environmental Registry of Ontario, ERO 019-8462, Review of Proposed Policies for a New Provincial Planning Policy Instrument, Proposal Summary, Section 2.

[18] Proposed PPS, 2024, policy 2.4.1.3, p. 9.

[19] Proposed PPS, 2024, policy 2.8.1.3, p. 13.

[20] Proposed PPS, 2024, policy 2.1.8.2, p. 11.



Employment Areas, especially with increasing market pressure to accommodate residential development.

Employment Area Conversions Referred to as Removals of Employment Areas

The proposed PPS, 2024 carries forward similar policies on conversions provided in the proposed PPS, 2023. Under the proposed PPS, 2024, municipalities are provided with greater control over Employment Area conversions (now referred to as Employment Area removals) with the ability to remove lands from Employment Areas at any time. Previously, under the PPS, 2020 and the Growth Plan, municipalities were required to review changes to designated Employment Areas during a Municipal Comprehensive Review or Comprehensive Review. Under the proposed PPS, 2024, municipalities are required to demonstrate that there is an identified need for the removal and the land is not required for Employment Area uses over the long term. Furthermore, the Employment Area removal requires consideration of the impact of the produced use on the function of the Employment Area and whether existing infrastructure and public facilities can accommodate the proposed use.^[23]

It is important to recognize that the definition change may result in already developed Employment Area lands not meeting the definition. Based on the proposed PPS, 2024 emphasis on supporting mixed uses, going forward, municipalities will need to assess whether existing Employment Areas meet the new provincial definition and identify areas that should transition into mixed-use areas. While municipalities are required to plan Employment Areas according to the new definition, existing uses that were legally established prior to the *Helping Homebuyers, Protecting Tenants Act, 2023* came into force are allowed the continuation of use, regardless of whether the use meets the definition change.^[24]

Planning for Growth in the Rural Area Directed to Rural Settlement Areas

Compared to the PPS, 2020, the proposed PPS, 2024 does not significantly change the direction of growth within rural areas. As noted in the proposed PPS, 2024, in rural areas, rural settlement areas “shall be the focus of growth and development and their vitality and regeneration shall be promoted.”^[28] A key update in the proposed PPS, 2024 includes permitting more housing on farms to support farmers, farm families, and farm workers without creating new lots (enhanced policy and criteria supporting additional units).^[29] Unlike the proposed PPS, 2023, the proposed PPS, 2024 does not carry forth policies that would have permitted lot creation in prime agricultural areas.

^[23] Proposed PPS, 2024, policy 2.8.2.4, p. 12.

^[24] *Planning Act*, Schedule 6, section 1 (2).

^[28] Proposed PPS, 2024, policy 2.5.2, p. 11.

^[29] Environmental Registry of Ontario, ERO 019-8462, Review of Proposed Policies for a New Provincial Planning Policy Instrument, Proposal Summary, section 1.



No New Direction on Planning for Rural Employment Areas

The proposed PPS, 2024 identifies that development within rural areas needs to be assessed within the rural context in terms of the scale of servicing and character.^[30] No further direction is provided with respect to development within existing or new Rural Employment Areas. Under subsection 2.2.9.5 of the Growth Plan, the Province provided a framework for Rural Employment Area expansions. The framework identified that expansion of Employment Areas outside settlement areas on rural lands that were designated for employment uses may only be permitted if necessary to support the immediate needs of existing business and if compatible with the surrounding uses.^[31] The proposed PPS, 2024 does not carry forward this policy. Based on the proposed PPS, 2024, it appears that expansion of Rural Employment Areas in the GGH is no longer subjected to the policies that prohibited the creation of new Employment Areas in the rural areas.

New Emphasis in Planning for Public Service Facilities

The proposed PPS, 2024 includes a new definition of public service facilities and requires a greater emphasis on coordination with public service providers, as well as planning for emergency management services, health care institutions, schools and post-secondary institutions.^[32] It is noted that municipalities can plan beyond a 30-year period for public service facilities.^[33]

Consideration of a Student Housing Strategy

The proposed PPS, 2024 recognizes the importance of planning for a post-secondary population, especially in municipalities with a post-secondary institution. This is the first time that provincial planning policy has acknowledged the need to consider student housing needs. The word “student” is not mentioned at all in the PPS, 2020. The proposed policies in the PPS, 2024 would require municipalities to collaborate with publicly assisted post-secondary institutions on the development of a student housing strategy that includes consideration of off-campus housing targeted to students.^[34]

^[30] Proposed PPS, 2024, policy 2.5.2, p. 10.

^[31] A Place to Grow, Growth Plan for the Greater Golden Horseshoe, Office Consolidation, policy 2.2.9.5, p. 28.

^[32] Proposed PPS, 2024, policy 3.1, p. 16.

^[33] Proposed PPS, 2024, policy 2.1.3, p. 6.

^[34] Proposed PPS, 2024, policy 6.2.6, p. 35.



3. Summary Comments on the Proposed Amendments and the PPS, 2024

Watson will be providing a submission through the ERO on these legislative changes. We will continue to monitor the progress of Bill 185 through the legislature, including any guidance documents on implementation, and will continue to keep our clients informed of any changes. If you have any questions, please do not hesitate to contact us.

Yours very truly,

WATSON & ASSOCIATES ECONOMISTS LTD.

Jamie Cook, MCIP, RPP, PLE, Managing Partner
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Daryl Abbs, MBE, PLE, Managing Partner
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April 24, 2024

Received April 24, 2024
C-2024-195

The Honourable Doug Ford
Premier of Ontario
Legislative Building
Queens Park
Toronto ON M7A 1A1

DELIVERED VIA EMAIL

Dear Premier Ford,

Re: Motion regarding Accessible Ontario by 2025

Please be advised that at its regular meeting of April 23, 2024, Loyalist Township Council passed the following resolution:

Resolution 2024-93

Moved by Councillor Proderick
Seconded by Councillor Willis

WHEREAS the Accessibility for Ontarians With Disabilities Act (AODA) is ground-breaking legislation, created to help people with disabilities fully participate in society, bring them to the table in crafting regulations, and build mechanisms to enforce standards;

WHEREAS Rich Donovan, an expert in accessibility issues, was appointed as the Independent Reviewer of the Act in 2022, and in his 2023 legislative review declared a crisis as a necessary catalyst to get Ontario back on track for accessibility;

WHEREAS at least 2.9 million Ontarians currently live with a disability, representing at least 22% of the consumer base and the workforce, but due to barriers, Ontarians with disabilities are too often falling short of their full potential;

WHEREAS the AODA aims to develop, implement and enforce standards related to goods, services, accommodation, employment and buildings before Jan. 1, 2025, and municipalities, as the level of government closest to the people are at the front lines, developing, implementing and enforcing these standards without meaningful guidance on its implementation and/or enforcement by the Province;



WHEREAS people with disabilities and advocates note the slow pace of current and previous Ontario governments in implementing the AODA and there are growing concerns there will be no renewed push to keep accessibility issues at the forefront after 2025;

WHEREAS Loyalist Township is dedicated and committed to creating a welcoming environment so that all people may have equitable access to programs, goods, services and facilities, but making investments to achieve the AODA standards has been challenging given the lack of consistent and stable funding for municipalities to remove accessibility barriers;

THEREFORE BE IT RESOLVED THAT the Council of Loyalist Township strongly encourages action on the part of the Provincial Government to urgently:

- a) create a "Municipal Accessibility Fund" for municipalities to develop, implement and enforce AODA standards related to goods, services, accommodation, employment and buildings. Such a fund could be modeled after the Canada Community-Building Fund or the Ontario Cannabis Legalization Implementation Fund on a per household basis;
- b) to commit to working with municipalities to implement the Donovan Review immediate crisis recommendations;

AND FURTHER THAT a copy of this resolution be sent to Honourable Doug Ford, Premier of Ontario, Honourable Raymond Sung Joon Cho Minister of Seniors and Accessibility, Honourable Micheal Parsa, Minister of Children, Community, and Social Services, Honourable Sylvia Jones, Minister of Health, Honourable Paul Calandra, Minister of Municipal Affairs and Housing, the Federation of Canadian Municipalities, the Association of Municipalities of Ontario, and the Eastern Ontario Wardens Caucus, and all Ontario Municipalities for their support.

Motion carried.



Sincerely,

Anne Kantharajah

Anne Kantharajah
Township Clerk
akantharajah@loyalist.ca
613-386-7351 Ext. 121

cc: Honourable Raymond Sung Joon Cho Minister of Seniors and Accessibility
Honourable Micheal Parsa, Minister of Children, Community, and Social Services
Honourable Sylvia Jones, Minister of Health
Honourable Paul Calandra, Minister of Municipal Affairs and Housing,
Federation of Canadian Municipalities
Association of Municipalities of Ontario
Eastern Ontario Wardens Caucus
Jim Hegadorn, Mayor, Loyalist Township
Rebecca Murphy, CAO, Loyalist Township
Councillor Proderick, Loyalist Township
Councillor Willis, Loyalist Township
Ontario Municipalities

April 24, 2024

The Right Honourable Justin Trudeau
Office of the Prime Minister
80 Wellington Street
Ottawa, ON
K1A 0A2

Received April 24, 2024
C-2024-196

DELIVERED VIA EMAIL

Dear Prime Minister,

Re: Motion regarding Housing Funding

Please be advised that at its regular meeting of April 23, 2024, Loyalist Township Council passed the following resolution:

Resolution 2024-95

Moved by Councillor Willis
Seconded by Councillor Ennis

WHEREAS Loyalist Township is in need of \$4,375,000 in funding to complete the Peak Flow Equalization and Headworks Upgrades at the Amherstview Water Pollution Control Plant in 2024, which is critical in the ongoing development of new homes in Loyalist Township;

AND WHEREAS the Township cannot afford to increase Water or Sewer rates to fund all of this infrastructure;

AND WHEREAS increased Debt to build the project will just increase costs to Water and Sewer rates, or increased costs to developers;

AND WHEREAS Loyalist Township is currently experiencing a housing crisis from all citizens;



AND WHEREAS Peak Flow Equalization and Headworks Upgrades at the Amherstview Water Pollution Control Plant are projected to accommodate 1889 new residential units to be completed, 607 which are shovel ready;

AND WHEREAS Loyalist Township is not currently eligible for funding under the Provincial Building Faster Fund as its population is below the threshold;

AND WHEREAS Loyalist Township is submitting an application to the provincial Housing-Enabling Water Systems Fund which has only \$825M available in funding of which the province would only fund up to 73% to a maximum of \$35M for one project;

AND WHEREAS additional funding has not been allocated from the Federal Government to enhance the Housing-Enabling Water Systems Funding;

NOW THEREFORE BE IT RESOLVED THAT Loyalist Township calls on the Federal Government to re-evaluate their lack of funding for municipalities with a population less than 50,000 in rural Ontario and to make available funding for infrastructure programs to help build infrastructure to help build much-needed new homes;

AND FURTHER THAT the Province of Ontario be asked to prioritize funding from the \$825M Housing Enabling Water Systems Fund to municipalities without housing targets that are not eligible for funding under the Building Faster Fund;

AND FURTHER THAT this motion be circulated to Honourable Justin Trudeau, Prime Minister, Honourable Sean Fraser, Federal Minister for Housing, Honourable Doug Ford, Premier of Ontario, Ministry of Infrastructure, Ministry of Municipal Affairs and Housing, Shelby Kramp-Neuman MP of Hastings-Lennox and Addington and Ric Bresee MPP of Hastings-Lennox and Addington, and all municipalities, for their support.
Motion carried.

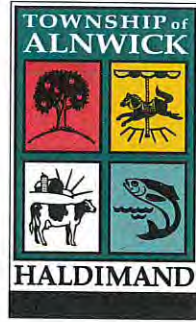


Sincerely,

Anne Kantharajah

Anne Kantharajah
Township Clerk
akantharajah@loyalist.ca
613-386-7351 Ext. 121

cc: the Honourable Sean Fraser, Federal Minister for Housing
Honourable Doug Ford, Premier of Ontario
Ministry of Infrastructure
Ministry of Municipal Affairs and Housing
Shelby Kramp-Neuman MP Hastings - Lennox and Addington
Ric Bresee, MPP Hastings - Lennox and Addington
Jim Hegadorn, Mayor, Loyalist Township
Rebecca Murphy, CAO, Loyalist Township
Councillor Willis, Loyalist Township
Councillor Ennis, Loyalist Township
Ontario Municipalities



Received April 25, 2024
C-2024-197

April 25, 2024

David Piccini, MPP
Northumberland-Peterborough South
Minister of Labour, Immigration, Training and Skills Development
117 Peter Street,
Port Hope, ON L1A 1C5

Dear Sir:

RE: Support of Resolution – Municipal Freedom of Information and Protection of Privacy Act

This is to advise that the Council of the Corporation of the Township of Alwicks/Haldimand at their Regular Council Meeting on September 5th, 2023, passed the following resolution supporting the resolutions of the Municipality of South Huron, the Municipality of Chatham-Kent and the Municipality of Shuniah regarding amendments to the Municipal Freedom of Information and Protection of Privacy Act:

Moved by Councillor Mike Ainsworth, seconded by Deputy Mayor Joan Stover;

"Whereas Council reviewed the correspondence 'Support Time for Change - Municipal Freedom of Information and Protection of Privacy Act' from the Municipality of South Huron, the Resolution from the Municipality of Chatham-Kent and the Resolution from the Municipality of Shuniah;

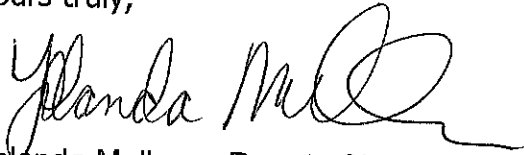
Be it resolved that the Council of the Township of Alwicks/Haldimand support amendments to the Municipal Freedom of Information and Protection of Privacy Act to address societal and technological changes in addition to global privacy concerns and consistency across provincial legislation; and

Further that Council direct staff to forward a copy of this resolution to local MPP David Piccini, the Ministry of Government and Consumer Services, the Information and Privacy Commissioner of Ontario, AMO, and all Ontario municipalities."

CARRIED

A copy of the above noted resolutions from the Municipality of South Huron, Municipality of Chatham-Kent and the Municipality of Shuniah are attached for your reference.

Yours truly,

A handwritten signature in black ink, appearing to read 'Yolanda Melburn', with a long horizontal flourish extending to the right.

Yolanda Melburn, Deputy Clerk
Township of Alnwick/Haldimand
905-349-2822 ext. 32
ymelburn@ahwp.ca

Encl.

Cc: (via email)
Ross Romano, Minister of Government and Consumer Services
Patricia Kosseim, Information and Privacy Commissioner of Ontario
Association of Municipalities of Ontario (AMO)
All Ontario Municipalities



CORPORATION OF THE MUNICIPALITY OF SOUTH HURON

322 Main Street South P.O. Box 759

Exeter Ontario

NOM 1S6

Phone: 519-235-0310 Fax: 519-235-3304

Toll Free: 1-877-204-0747

www.southhuron.ca

August 2, 2023

Via email: Kaleed.Rasheed@ontario.ca

Honourable Rasheed
Minister of Public and Business Service Delivery (MPBSD)

Re: Support Time for Change – Municipal Freedom of Information and Protection of Privacy Act

South Huron Council passed the following resolution at their July 17, 2023 Regular Council Meeting:

Motion: 284-2023

Moved by: T. Oke

Seconded by: M. Denomme

That South Huron Council support the June 26, 2023 resolution of the Municipality of Chatham-Kent regarding Time for Change - Municipal Freedom of Information and Protection of Privacy Act.

Disposition: Carried

Please find attached the originating correspondence for your reference.

Respectfully,

Sue Johnson, Administrative Assistant

Municipality of South Huron

sjohnson@southhuron.ca

519-235-0310 ext 225

Encl.

cc: Judy Smith, Clerk/Freedom of Information Coordinator, Municipality of

Chatham-Kent ckclerk@chatham-kent.ca

Lisa Thompson MPP lisa.thompsonco@pc.ola.org

Ben Lobb, MP ben.lobb@parl.gc.ca

Information and Privacy Commissioner of Ontario info@ipc.on.ca

AMCTO Legislative and Policy Advisory Committee amcto@amcto.com

Amo amo@amo.on.ca

All Municipalities in Ontario



Municipality of Chatham-Kent

Corporate Services

Municipal Governance

315 King Street West, P.O. Box 640

Chatham ON N7M 5K8

July 5, 2023

Via Email: Kaleed.Rasheed@ontario.ca

Minister of Public and Business Service Delivery (MPBSD)

Honourable Rasheed:

**Re: Time for Change
Municipal Freedom of Information and Protection of Privacy Act**

Please be advised the Council of the Municipality of Chatham-Kent at its regular meeting held on June 26, 2023 passed the following resolution:

WHEREAS the Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 (MFIPPA) dates back 30 years;

AND WHEREAS municipalities, including the Municipality of Chatham-Kent, practice and continue to promote open and transparent government operations, actively disseminate information and routinely disclose public documents upon request outside of the MFIPPA process;

AND WHEREAS government operations, public expectations, technologies, and legislation surrounding accountability and transparency have dramatically changed and MFIPPA has not advanced in line with these changes;

AND WHEREAS the creation, storage and utilization of records has changed significantly, and the Municipal Clerk of the Municipality is responsible for records and information management programs as prescribed by the Municipal Act, 2001;

AND WHEREAS regulation 823 under MFIPPA continues to reference antiquated technology and does not adequately provide for cost recovery, and these financial shortfalls are borne by the municipal taxpayer;

AND WHEREAS the threshold to establish frivolous and/or vexatious requests is unreasonably high and allows for harassment of staff and members of municipal councils, and unreasonably affects the operations of the municipality;

AND WHEREAS the Act fails to recognize how multiple requests from an individual, shortage of staff resources or the expense of producing a record due to its size, number or physical location does not allow for time extensions to deliver requests and unreasonably affects the operations of the municipality;

AND WHEREAS the name of the requestor is not permitted to be disclosed to anyone other than the person processing the access request, and this anonymity is used by requesters to abuse the MFIPPA process and does not align with the spirit of openness and transparency embraced by municipalities;

AND WHEREAS legal professionals use MFIPPA to gain access to information launch litigation against institutions, where other remedies exist;

AND WHEREAS there are limited resources to assist administrators or requestors to navigate the legislative process;

AND WHEREAS reform is needed to address societal and technological changes in addition to global privacy concerns and consistency across provincial legislation;

BE IT RESOLVED THAT the Ministry of Government and Consumer Services be requested to review the MFIPPA, and consider recommendations as follows:

1. That MFIPPA assign the Municipal Clerk, or designate to be the Head under the Act;
2. That MFIPPA be updated to address current and emerging technologies;
3. That MFIPPA regulate the need for consistent routine disclosure practices across institutions;
4. That the threshold for frivolous and/or vexatious actions be reviewed, and take into consideration the community and available resources in which it is applied;
5. That the threshold for frivolous and/or vexatious also consider the anonymity of requesters, their abusive nature and language in requests to ensure protection from harassment as provided for in Occupational Health and Safety Act;
6. That the application and scalability of fees be designed to ensure taxpayers are protected from persons abusing the access to information process;
7. That administrative practices implied or required under the Act, including those of the IPC, be reviewed and modernized;
8. That the integrity of the Act be maintained to protect personal privacy and transparent governments.

If you have any questions or comments, please contact Judy Smith at ckclerk@chatham-ketn.ca

Sincerely,

Judy Smith

Digitally signed by
Judy Smith
Date: 2023.07.05
10:48:27 -04'00'

Judy Smith, CMO
Director Municipal Governance
Clerk /Freedom of Information Coordinator

c.

Lianne Rood, MP
Dave Epp MP
Trevor Jones, MPP
Monte McNaughton, MPP
Information and Privacy Commissioner of Ontario
Association of Municipalities of Ontario
AMCTO Legislative and Policy Advisory Committee
Ontario municipalities



COUNCIL RESOLUTION

MUNICIPALITY OF
SHUNIAH

Date: Aug 8, 2023

Resolution No.: 309-23

Moved By: _____
[Handwritten Signature]

Seconded By: _____
[Handwritten Signature]

THAT Council receives and supports the resolutions from Chatham-Kent and South Huron regarding changes to MFIPPA;

AND THAT Council directs the Clerk to forward a copy of this resolution to MP Marcus Powlowski, MP Patty Hajdu, MPP Lise Vaugeois, MPP Kevin Holland, Information and Privacy Commissioner of Ontario, Association of Municipalities of Ontario, AMCTO Legislative and Policy Advisory Committee and Ontario Municipalities,

- Carried
- Defeated
- Amended
- Deferred

Wendy Landry
Signature

Municipality of Shuniah, 420 Leslie Avenue, Thunder Bay, Ontario, P7A 1X8



Received April 25, 2024
C-2024-198

City of Stratford, Corporate Services Department

Clerk's Office

City Hall, P. O. Box 818, Stratford, Ontario N5A 6W1

Tel: 519-271-0250, extension 5237

Email: clerks@stratford.ca

Website: www.stratford.ca

April 25, 2024

Sent via email to: jkirkelos@lincoln.ca

Julie Kirkelos
Town Clerk
Town of Lincoln

Dear Julie Kirkelos:

Re: Resolution - Increased Funding to Libraries and Museums in Ontario

We acknowledge receipt of your correspondence dated February 28, 2024, regarding the above-mentioned matter.

The said correspondence was provided to Stratford City Council for their information as part of the March 25, 2024, Council meeting Consent Agenda (CA-2024-036). Council adopted the following resolution:

That CA-2024-036, being a resolution from the Town of Lincoln regarding Increased Funding to Libraries and Museums in Ontario, be endorsed.

Sincerely,
T. Dafoe
Tatiana Dafoe, Clerk

/mf

cc: Hon. Doug Ford, Premier of Ontario
Hon. Neil Lumsden, Minister of Tourism, Culture and Sport
Association of Municipalities of Ontario (AMO)
All Ontario municipalities



4800 SOUTH SERVICE RD
BEAMSVILLE, ON L0R 1B1

905-563-8205

February 28, 2024

SENT VIA EMAIL: Premier@ontario.ca

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Honourable Doug Ford:

RE: Town of Lincoln Council Resolution – Urgent Need for Increased Funding to Libraries and Museums in Ontario

Please be advised that the Council of the Corporation of the Town of Lincoln at its Council Meeting held on February 26, 2024, passed the following motion regarding an Urgent Need for Increased Funding to Libraries and Museums in Ontario:

Resolution No: RC-2024-23

Moved by Mayor Easton; Seconded by Councillor Mike Mikolic

WHEREAS the provincial funding for public libraries is currently based on population levels from 25 years ago, which fails to reflect the substantial growth and changing needs of our communities. The Town of Lincoln Council wishes to draw your attention to the "Overdue" report of 2023 from the Canadian Urban Council, which emphasizes the pivotal role libraries play in various aspects of community life, including knowledge distribution, culture, health, reconciliation, belonging, and our democracy; and

WHEREAS libraries, situated at the heart of our communities, serve as multifaceted institutions catering to diverse needs. They provide essential services such as access to culture and information, refuge for those experiencing domestic violence, election information centers, job search facilities, health clinics, language learning centers for newcomers, and spaces for educational and community events. Despite their vital role, public libraries in Ontario have not seen an increase in provincial funding for over 25 years, leading to a decrease in the value of the province's investment by over 60%; and

WHEREAS the Town of Lincoln Council urges the Provincial Government to

consider increasing provincial funding for Ontario's public libraries to address critical shared priorities and community needs. While over 90% of library funding comes from local municipal governments, provincial operating funding is crucial for providing stability to library budgets, especially in times of inflation, technological changes, and increasing demands on libraries as community hubs; and

WHEREAS the Town of Lincoln Council would like to bring to the Provincial Government's attention the pressing need to increase the funding envelope for the Community Museum Operating Grant (CMOG). The Town of Lincoln currently receives \$25,000 annually, the maximum amount through this grant, but the funding envelope has remained stagnant for over 15 years. This limitation hampers the ability of community museums to offset increasing operational expenses, impacting their role in preserving and promoting local stories, attracting cultural tourists, supplementing school curriculum, and contributing to vibrant and vital communities; and

WHEREAS the Lincoln Museum and Cultural Centre is a community hub critical to the health and vibrancy of our community. An increase in CMOG funding will enable our museum to continue its valuable service to the community, creating a sense of place, attracting cultural tourists, and preserving local stories that define our unique identity; and

WHEREAS Cultural institutions, particularly museums, play a vital role in shaping and preserving our community's identity. They contribute to tourism, social participation, senior well-being, skill-building, and learning. As the largest government funder for most of Ontario's smaller museums, municipalities create value in their communities through the work of these institutions.

THEREFORE, BE IT RESOLVED THAT the Town of Lincoln Council urges the Provincial Government to support increasing funding to both public libraries and community museums. Recognizing these institutions as national assets and strategically investing in their potential will contribute significantly to renewing post-pandemic social cohesion, economic well-being, and community resilience; and

BE IT FURTHER RESOLVED THAT this resolution be circulated to the Province, the Minister of Tourism, Culture and Sport, Association of Municipalities of Ontario (AMO), the Niagara Region, the 12 Local Area Municipalities in Niagara and all municipalities of Ontario for endorsement.

CARRIED

If you require any additional information, please do not hesitate to contact the undersigned.

Regards,



Julie Kirkelos

Town Clerk

jkirkelos@lincoln.ca

JK/dp

Cc: Premier of Ontario
Minister of Tourism, Culture and Sport
Association of Municipalities of Ontario (AMO)
Ann-Marie Norio, Clerk, Niagara Region
Local Area Municipalities
All Ontario Municipalities

April 25, 2024

Honourable Doug Ford
Premier's Office
Room 281
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
doug.fordco@pc.ola.org



Come for a visit. Stay for a lifestyle.

Received April 26, 2024
C-2024-199

**Re: Northumberland Inter-Municipal Task Force on Housing and Homelessness motion re:
Funding Social Services**

At its meeting of April 25, 2024, Council considered the update brought forward by Councillor Rob Pope re: Northumberland Inter-Municipal Task Force on Housing and Homelessness motion re: Funding Social Service and passed the following motion:

Motion No. THC-240425-21

Moved by Councillor Rob Pope
Seconded by Councillor Daniel Giddings

Whereas Ontario is experiencing a housing crisis, with housing costs far exceeding affordable levels by any standard including in Northumberland County;

And Whereas the prevalence of homelessness is quickly increasing beyond the capacity of local governments to create new emergency, transitional, or affordable housing;

And Whereas homelessness is a condition that can largely be prevented with adequate resources, but that nonetheless puts an increasing number of residents at risk of considerable harm or death;

And Whereas insufficient housing and social services fail not only to provide for those experiencing homelessness, but also cause significant economic costs to lower and upper tier municipalities as well as to the province in the form of higher policing, first responder, healthcare, and economic development costs, among others;

And Whereas insufficient housing and social services fail not only to provide for those experiencing homelessness, but also cause significant social costs in communities that experience social estrangement, insecurity, and fear associated with increased crime and visible drug use, all of which causes considerable social and political unrest;

And Whereas the Province of Ontario dictates the requirement for social services including emergency shelters, but limits their operation through insufficient funding, thereby causing said economic and social costs at the upper and lower tiers of municipal governance;

And Whereas the municipalities of Northumberland County recognize our moral and legal obligation to provide adequate shelter and public safety for all residents, but are limited in our capacity to unilaterally do so by constrained finances;

Now therefore be it resolved that the Municipality of Trent Hills, along with other Northumberland County municipalities, call upon the Province of Ontario to significantly increase funding for housing, shelters, and other necessary social services to ensure adequate levels of service to meet the needs of our residents;

And that this resolution be forwarded to the Honourable Doug Ford, Premier of Ontario, to the Honourable Paul Calandra, Minister for Municipal Affairs and Housing, the Honourable David Piccini, Minister of Labour, Immigration, Training and Skills Development and MPP for Northumberland-Peterborough South, and to all Ontario municipalities.

Carried.

Should you have any questions, please do not hesitate to contact the Municipality.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Douglas Irwin', written in a cursive style.

J. Douglas Irwin
Director of Legislative Services/Clerk



Northumberland County Council Resolution

SENT VIA EMAIL

August 18, 2023

Hon. Paul Calandra (Minister of Long-Term Care)
Hon. Peter Bethlenfalvy (Minister of Finance)
Hon. David Piccini (Minister of Environment, Conservation and Parks & MPP for
Northumberland - Peterborough South)
Association of Municipalities of Ontario
All Ontario Municipalities

**Re: Northumberland County Resolution – ‘Use of Long Term Care Funding to
Support Community Care Services’**

At a meeting held on August 16, 2023 Northumberland County Council approved the following Council Resolution # 2023-08-16-556 adopting the below recommendation from the July 31, 2023 Community Health Committee meeting.

Moved by: Councillor Lucas Cleveland
Seconded by: Councillor Robert Crate

"**That** the Community Health Committee, having considered correspondence from the City of Pickering regarding 'Use of Long Term Care Funding to Support Community Care Services', recommend that County Council support this correspondence; and

Further That the Committee recommend that County Council direct staff to send a copy of this resolution to the Honourable Paul Calandra (Minister of Long-Term Care), the Honourable Peter Bethlenfalvy (Minister of Finance), the Honourable David Piccini (Minister of the Environment, Conservation and Parks and MPP for Northumberland - Peterborough South), the Association of Municipalities of Ontario (AMO), and all Ontario Municipalities."

Council Resolution # 2023-08-16-556

Carried



**The Corporation of the
County of Northumberland**

555 Courthouse Road
Cobourg, ON, K9A 5J6

If you have any questions regarding this matter, please do not hesitate to contact the undersigned at matherm@northumberland.ca or by telephone at 905-372-3329 ext. 2238.

Sincerely,
Maddison Mather

A handwritten signature in blue ink that reads "M Mather".

Manager of Legislative Services / Clerk
Northumberland County

Community Health Committee Resolution

Committee Meeting Date: July 31, 2023

Agenda Item: 7.a

Resolution Number: 2023-07-31- SIG

Moved by: L. Cleveland

Seconded by: M. Martin

Council Meeting Date: August 16, 2023

"**That** the Community Health Committee, having considered correspondence from the City of Pickering regarding 'Use of Long Term Care Funding to Support Community Care Services', recommend that County Council support this correspondence; and

Further That the Committee recommend that County Council direct staff to send a copy of this resolution to the Honourable Paul Calandra (Minister of Long-Term Care), the Honourable Peter Bethlenfalvy (Minister of Finance), the Honourable David Piccini (Minister of the Environment, Conservation and Parks and MPP for Northumberland - Peterborough South), the Association of Municipalities of Ontario (AMO), and all Ontario Municipalities."

Carried 
Committee Chair's Signature

Defeated _____
Committee Chair's Signature

Deferred _____
Committee Chair's Signature

Sent by Email

May 29, 2023

The Honourable Doug Ford
Premier of Ontario
Room 281
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
premier@ontario.ca

Subject: Re: Resolution – Use of Long-Term Care Funding to Support Community Care Services
Corr. 24-23
File: A-1400

The Council of The Corporation of the City of Pickering considered the above matter at a Meeting held on May 23, 2023 and adopted the following resolution:

1. That Corr. 24-23 from Chris Bantock, Deputy Clerk, City of Stratford, dated April 17, 2023, regarding Resolution – Use of Long-Term Care Funding to Support Community Care Services, be received and endorsed; and,
2. That a copy of this Resolution be forwarded to The Honourable Premier Doug Ford, The Honourable Paul Calandra, Minister of Long-Term Care, Matthew Rae, Member of Provincial Parliament, Perth-Wellington, The Honourable Peter Bethlenfalvy, Member of Provincial Parliament, Pickering-Uxbridge, the Association of Municipalities of Ontario (AMO), and all Ontario Municipalities.

A copy of the original correspondence is attached for your reference.

Should you require further information, please do not hesitate to contact the undersigned at 905.420.4660, extension 2019.

Yours truly,



Susan Cassel
City Clerk

SC:am

Encl.

Copy: The Honourable Paul Calandra, Minister of Long-Term Care
The Honourable Peter Bethlenfalvy, Member of Provincial Parliament, Pickering-Uxbridge
Matthew Rae, Member of Provincial Parliament, Perth-Wellington
Chris Bantock, Deputy Clerk, City of Stratford
The Association of Municipalities of Ontario (AMO)
All Ontario Municipalities
Chief Administrative Officer



City of Stratford
Corporate Services Department
Clerk's Office
City Hall, P. O. Box 818
Stratford, Ontario N5A 6W1
Tel: 519-271-0250, extension 5237
Email: clerks@stratford.ca
Website: www.stratford.ca

April 17, 2023

Via email: ltcminister@ontario.ca

Ministry of Long-Term Care
6th Floor, 400 University Avenue
Toronto, ON M5G 1S5

Dear Hon. Paul Calandra:

Re: Resolution – Use of Long-Term Care Funding to Support Community Care Services

At their April 11, 2023 Regular Council meeting, Stratford City Council adopted the following resolution requesting the provincial government to support community driven home care services through the redirect of ministry beds in abeyance funding:

THAT staff be requested to send a letter to the provincial government to endorse the redirect of current ministry beds in abeyance funding towards the support of community care services.

We kindly request your support and endorsement.

Sincerely,

Chris Bantock

Chris Bantock
Deputy Clerk

cc: Premier Doug Ford
Matthew Rae, MPP
Association of Municipalities of Ontario
All Ontario municipalities



Received April 26, 2024
C-2024-200

April 25, 2024

David Piccini, MPP
Northumberland-Peterborough South
Minister of Labour, Immigration, Training and Skills Development
117 Peter Street,
Port Hope, ON L1A 1C5

Dear Sir:

RE: Support of Resolution – Use of Long Term Care Funding to Support Community Care Services

This is to advise that the Council of the Corporation of the Township of Alnwick/Haldimand at their Regular Council Meeting on September 5th, 2023, passed the following resolution supporting the resolution of the County of Northumberland regarding the use of long term care funding to support community care services:

Moved by Councillor Mary Catherine O'Neill, seconded by Councillor Greg Booth;

"Whereas Council reviewed the resolution 'Use of Long Term Care Funding to Support Community Care Services' from Northumberland County;

Be it resolved that the Council of the Township of Alnwick/Haldimand support this resolution; and

Further that Council direct staff to forward a copy of this resolution to local MPP David Piccini, the Minister of Long Term Care, the Minister of Finance, AMO, and all Ontario municipalities."

CARRIED

A copy of the above noted resolution from the County of Northumberland is attached for your reference.

Yours truly,

A handwritten signature in black ink, appearing to read 'Yolanda Melburn', with a long, sweeping underline.

Yolanda Melburn, Deputy Clerk
Township of Alnwick/Haldimand
905-349-2822 ext. 32
ymelburn@ahwp.ca

Encl.

Cc: (via email)

Hon. Stan Cho, Minister of Long-term Care
Hon. Peter Bethlenfalvy, Minister of Finance
Association of Municipalities of Ontario (AMO)
All Ontario Municipalities



Northumberland County Council Resolution

SENT VIA EMAIL

August 18, 2023

Hon. Paul Calandra (Minister of Long-Term Care)
Hon. Peter Bethlenfalvy (Minister of Finance)
Hon. David Piccini (Minister of Environment, Conservation and Parks & MPP for
Northumberland - Peterborough South)
Association of Municipalities of Ontario
All Ontario Municipalities

**Re: Northumberland County Resolution – ‘Use of Long Term Care Funding to
Support Community Care Services’**

At a meeting held on August 16, 2023 Northumberland County Council approved the following Council Resolution # 2023-08-16-556 adopting the below recommendation from the July 31, 2023 Community Health Committee meeting.

Moved by: Councillor Lucas Cleveland
Seconded by: Councillor Robert Crate

"**That** the Community Health Committee, having considered correspondence from the City of Pickering regarding 'Use of Long Term Care Funding to Support Community Care Services', recommend that County Council support this correspondence; and

Further That the Committee recommend that County Council direct staff to send a copy of this resolution to the Honourable Paul Calandra (Minister of Long-Term Care), the Honourable Peter Bethlenfalvy (Minister of Finance), the Honourable David Piccini (Minister of the Environment, Conservation and Parks and MPP for Northumberland - Peterborough South), the Association of Municipalities of Ontario (AMO), and all Ontario Municipalities."

Council Resolution # 2023-08-16-556

Carried



**The Corporation of the
County of Northumberland**

555 Courthouse Road
Cobourg, ON, K9A 5J6

If you have any questions regarding this matter, please do not hesitate to contact the undersigned at matherm@northumberland.ca or by telephone at 905-372-3329 ext. 2238.

Sincerely,
Maddison Mather

A handwritten signature in blue ink that reads "M Mather".

Manager of Legislative Services / Clerk
Northumberland County

Community Health Committee Resolution

Committee Meeting Date: July 31, 2023

Agenda Item: 7.a

Resolution Number: 2023-07-31- SIG

Moved by: L. Cleveland

Seconded by: M. Martin

Council Meeting Date: August 16, 2023

"**That** the Community Health Committee, having considered correspondence from the City of Pickering regarding 'Use of Long Term Care Funding to Support Community Care Services', recommend that County Council support this correspondence; and

Further That the Committee recommend that County Council direct staff to send a copy of this resolution to the Honourable Paul Calandra (Minister of Long-Term Care), the Honourable Peter Bethlenfalvy (Minister of Finance), the Honourable David Piccini (Minister of the Environment, Conservation and Parks and MPP for Northumberland - Peterborough South), the Association of Municipalities of Ontario (AMO), and all Ontario Municipalities."

Carried 
Committee Chair's Signature

Defeated _____
Committee Chair's Signature

Deferred _____
Committee Chair's Signature

Sent by Email

May 29, 2023

The Honourable Doug Ford
Premier of Ontario
Room 281
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
premier@ontario.ca

Subject: Re: Resolution – Use of Long-Term Care Funding to Support Community Care Services
Corr. 24-23
File: A-1400

The Council of The Corporation of the City of Pickering considered the above matter at a Meeting held on May 23, 2023 and adopted the following resolution:

1. That Corr. 24-23 from Chris Bantock, Deputy Clerk, City of Stratford, dated April 17, 2023, regarding Resolution – Use of Long-Term Care Funding to Support Community Care Services, be received and endorsed; and,
2. That a copy of this Resolution be forwarded to The Honourable Premier Doug Ford, The Honourable Paul Calandra, Minister of Long-Term Care, Matthew Rae, Member of Provincial Parliament, Perth-Wellington, The Honourable Peter Bethlenfalvy, Member of Provincial Parliament, Pickering-Uxbridge, the Association of Municipalities of Ontario (AMO), and all Ontario Municipalities.

A copy of the original correspondence is attached for your reference.

Should you require further information, please do not hesitate to contact the undersigned at 905.420.4660, extension 2019.

Yours truly,



Susan Cassel
City Clerk

SC:am

Encl.

Copy: The Honourable Paul Calandra, Minister of Long-Term Care
The Honourable Peter Bethlenfalvy, Member of Provincial Parliament, Pickering-Uxbridge
Matthew Rae, Member of Provincial Parliament, Perth-Wellington
Chris Bantock, Deputy Clerk, City of Stratford
The Association of Municipalities of Ontario (AMO)
All Ontario Municipalities
Chief Administrative Officer



City of Stratford
Corporate Services Department
Clerk's Office
City Hall, P. O. Box 818
Stratford, Ontario N5A 6W1
Tel: 519-271-0250, extension 5237
Email: clerks@stratford.ca
Website: www.stratford.ca

April 17, 2023

Via email: ltcminister@ontario.ca

Ministry of Long-Term Care
6th Floor, 400 University Avenue
Toronto, ON M5G 1S5

Dear Hon. Paul Calandra:

Re: Resolution – Use of Long-Term Care Funding to Support Community Care Services

At their April 11, 2023 Regular Council meeting, Stratford City Council adopted the following resolution requesting the provincial government to support community driven home care services through the redirect of ministry beds in abeyance funding:

THAT staff be requested to send a letter to the provincial government to endorse the redirect of current ministry beds in abeyance funding towards the support of community care services.

We kindly request your support and endorsement.

Sincerely,

Chris Bantock

Chris Bantock
Deputy Clerk

cc: Premier Doug Ford
Matthew Rae, MPP
Association of Municipalities of Ontario
All Ontario municipalities



Received April 26, 2024
C-2024-201

City of Stratford, Corporate Services Department

Clerk's Office

City Hall, P. O. Box 818, Stratford, Ontario N5A 6W1

Tel: 519-271-0250, extension 5237

Email: clerks@stratford.ca

Website: www.stratford.ca

April 25, 2024

Sent via email to klepik@cobourg.ca

Kristina Lepik

Deputy Clerk/Manger, Legislative Services

The Corporation of the Town of Cobourg

Re: Resolution - Proposed Amendment to Subsection 27(16) of the OHA

We acknowledge receipt of your correspondence dated March 8, 2024, regarding the above-mentioned matter.

The said correspondence was provided to Stratford City Council for their information as part of the March 25, 2024, Council meeting Consent Agenda (CA-2024-044). Council adopted the following resolution:

THAT CA-2024-044, being a resolution from the Town of Coburg regarding a proposed amendment to Subsection 27(16) of the Ontario Heritage Act, be endorsed.

Sincerely,

T. Dafoe

Tatiana Dafoe, Clerk

/mf

cc: Hon. Doug Ford, Premier of Ontario
Matthew Rae, MPP Perth-Wellington
All Ontario municipalities



The Corporation of the Town of Cobourg

Resolution

All Ontario Municipalities

Sent via email

Town of Cobourg
55 King Street West,
Cobourg, ON, K9A 2M2
clerk@cobourg.ca
Town of Cobourg

March 8, 2024

RE: Correspondence from the Architectural Conservancy Ontario regarding Proposed Amendment to Subsection 27(16) of the Ontario Heritage Act with respect to the removal of listed (non-designated) properties from municipal heritage registers

Please be advised that the Town of Cobourg Council, at its meeting held on February 28, 2024, passed the following resolution:

WHEREAS subsection 27(16) of the Ontario Heritage Act stipulates that any non-designated heritage property listed on the municipal register of properties as of December 31, 2022 shall be removed from the municipal register on or before January 1, 2025, if the council of the municipality does not give a notice of intention to designate the property under subsection 29(1) of the Ontario Heritage Act on or before January 1, 2025; and

WHEREAS since January 1, 2023, municipal staff and members of the municipal heritage committee in the Town of Cobourg have been diligently working to: review the municipal heritage register; research the heritage value and interest of listed (non-designated) properties; review and research the heritage value and interest of non-designated properties; contact owners of such properties; determine which properties should potentially be designated in accordance with the provisions of Section 29 of the Ontario Heritage Act; and take all required steps to designate such properties; and

WHEREAS the above-noted work involving 213 listed properties in the Town of Cobourg is extremely time-consuming and cannot be completed by December 31, 2024 with the limited municipal resources available.



The Corporation of the Town of Cobourg

Resolution

NOW THEREFORE BE IT RESOLVED THAT the Council of the Town of Cobourg authorize the Mayor to promptly send a letter to Doug Ford, Premier of Ontario, and Michael Ford, Minister of Citizenship and Multiculturalism, requesting that Subsection 27(16) of the Ontario Heritage Act be amended to extend the above-noted deadline for five years from January 1, 2025 to January 1, 2030; and

FURTHER THAT Council direct staff to forward this resolution to all 443 municipalities in Ontario seeking support of the ACO correspondence.

Sincerely,

A handwritten signature in black ink that reads "Kristina Lepik".

Kristina Lepik
Deputy Clerk/Manager, Legislative Services



Received April 26, 2024
C-2024-202

City of Stratford, Corporate Services Department

Clerk's Office

City Hall, P. O. Box 818, Stratford, Ontario N5A 6W1

Tel: 519-271-0250, extension 5237

Email: clerks@stratford.ca

Website: www.stratford.ca

April 25, 2024

Sent via email to: hboardman@amaranth.ca

Holly Boardman

Deputy Clerk

Township of Amaranth

Re: Resolution - Operational Budget Funding

We acknowledge receipt of your correspondence dated March 12, 2024, regarding the above-mentioned matter.

The said correspondence was provided to Stratford City Council for their information as part of the March 25, 2024, Council meeting Consent Agenda (CA-2024-047). At the meeting, Council adopted the following resolution:

THAT CA-2024-047, being a resolution from the Township of Amaranth regarding Operational Budget Funding, be endorsed.

Sincerely,

T. Dafoe

Tatiana Dafoe, Clerk

/mf

cc: Hon. Doug Ford, Premier of Ontario
Hon. Paul Calandra, Minister of Municipal Affairs and Housing
Matthew Rae, MPP Perth-Wellington
Association of Ontario Municipalities (AMO)



374028 6TH LINE • AMARANTH ON • L9W 0M6

March 12, 2024

Hon. Paul Calandra
Minister of Municipal Affairs and Housing

Sent by email to: Paul.Calandra@pc.ola.org

Re: Operational Budget Funding

At its regular meeting of Council held on March 6, 2024, the Township of Amaranth Council passed the following resolution.

Resolution #: 4

Moved by: G Little

Seconded by: A. Stirk

Whereas all Ontario municipalities are prohibited from running budget deficits for operating purposes, and;

Whereas all Ontario municipalities have similar pressures with respect to aging infrastructure and operating costs for policing, and;

Whereas the City of Toronto has recently received Provincial funding to cover a \$1.2 billion dollar operating shortfall and approximately \$12 million in Federal and Provincial funding for their Police operating budget, and;

Whereas the City of Toronto has the lowest tax rates in the Province, approximately 40% less than the average Dufferin rural municipal tax rate.

Be it Resolved That the Township of Amaranth call on the Province of Ontario to treat all municipalities fairly and provide equivalent representative operational budget funding amounts to all Ontario municipalities.

CARRIED

Please do not hesitate to contact the office if you require any further information on this matter.

Yours truly,

Nicole Martin, Dipl. M.A.

CAO/Clerk

C: Premier of Ontario; AMO; Ontario Municipalities

THE CORPORATION OF THE TOWN OF SMITHS FALLS
Regular Council Meeting

Resolution Number 2024-04-074
Title: Basic Income Guarantee
Date: Monday, April 8, 2024

Received April 26, 2024
C-2024-203

Moved by J Miller
Seconded by P McKenna

WHEREAS, per Statistics Canada data, in 2020 the median after-tax household income in Smiths Falls was \$56,400, the lowest of any lower or single-tier municipality in Lanark County (Beckwith the highest, at \$107,000), and compared to \$77,000 for Lanark County as a whole;

WHEREAS, per the 2021 Census of Canada 1490 out of 9085 residents of Smiths Falls (16.4% of the total) lived in low income, based on the Low Income After Tax (LIM-AT) measure;

WHEREAS, of the 1490 Smiths Falls citizens living in low income in 2021, 120 of them were children five years old or younger, 215 of them were children between the ages of six and 17, and 365 of them were seniors aged 65 or over;

WHEREAS, the level of income is one of the most important social determinants of health, and relates to many other determinants including education and literacy, healthy behaviours, one's social environment, and employment and work conditions;

WHEREAS, low income is strongly correlated with a wide range of negative health outcomes, including heart disease, cancer, diabetes, and poor mental health, and with shorter life expectancies compared to higher income persons;

WHEREAS, the minimum wage in Ontario and the maximum amounts of financial support available through Ontario Works (OW) and the Ontario Disability Support Program (ODSP) are deeply insufficient to meet the basic needs of full-time minimum wage workers, or of individuals or families drawing OW or ODSP support;

WHEREAS, ongoing, widespread, and rapid changes in labour markets, including due to outsourcing, artificial intelligence, automation, and advance of the "gig" economy, are causing more and more people to be exposed to labour changes beyond their control, adding to their vulnerability to low income;

WHEREAS, basic income is a means by which individuals, families, and whole communities can be less vulnerable to negative changes in health, relationship or family status, and labour markets, and better able to navigate transitions and challenging circumstances;

WHEREAS, basic Income is money distributed to eligible people, regularly, reliably, and without work requirement, and which, absent other income, should meet basic human needs;

WHEREAS, basic income exists in Canada in the form of longstanding programs like the Canada Child Benefit and the Guaranteed Income Supplement for seniors, programs with demonstrated positive impacts on basic income recipients, economies, and our greater society;

WHEREAS, there is need to establish basic income security for working-age adults in Canada who, at present and in general, lack sufficient social protection against low income;

WHEREAS, there is a growing body of evidence that basic income is not a disincentive on the pursuit or retention of employment and that, further, basic income is more likely to support such pursuit or retention given its stabilizing effect in the lives of people;

WHEREAS, the gross cost of a basic income program is reduced to a net cost once various funding options are exercised and the fiscal benefits of basic income are realized (e.g., basic income as a local economic stimulus);

WHEREAS, Canada, one of the wealthiest nations in the world, has the fiscal capacity to support a

basic income guarantee for working-age adults;

WHEREAS, the call for basic income in Canada has been and is being made by public health authorities, including the Leeds, Grenville and Lanark District Health Unit per its November 2023 report on food insecurity within the health region;

WHEREAS, the call for basic income in Canada has been and is being made by many other interests, including a growing number of municipalities in Ontario and beyond, and by a range of provincial and federal parliamentarians;

WHEREAS, a 2022 national public opinion poll suggests that six in 10 adults in Canada support the concept of basic income;

AND WHEREAS, the Town of Smiths Falls wishes to add its municipal voice to the call for a basic income guarantee for working-age adults in Canada.

THEREFORE, BE IT RESOLVED:

- 1) That the Town of Smiths Falls supports the concept of a basic income guarantee for working-age adults to help combat low income and economic vulnerability within our community;
- 2) That the Town of Smiths Falls calls upon the federal and the provincial and territorial governments to collaborate on the design, introduction, implementation, and ongoing evaluation of a national basic income guarantee program for working-age adults;
- 3) That the Council of the Town of Smiths Falls directs the Mayor to write (a) a letter to Prime Minister Justin Trudeau, copy to relevant federal ministers and to Lanark-Frontenac-Kingston MP Scott Reid; and (b) a letter to Ontario Premier Doug Ford; copy to relevant provincial ministers and to Lanark-Frontenac-Kingston MPP John Jordan, calling on these orders of government to collaborate on the design, introduction, implementation, and ongoing evaluation of a national basic income guarantee program for working-age adults;
- 4) That the Council of the Town of Smiths Falls directs the Mayor to write a letter to each of the Mayor's counterparts in the lower-tier municipalities in Lanark County, encouraging each municipality to also pass a resolution similar to that adopted by the Town of Smiths Falls;
- 5) That a copy of this resolution be shared with all other municipalities in Ontario, and with the presidents of the Eastern Ontario Mayors Caucus, the Eastern Ontario Wardens' Caucus, the Association of Municipalities of Ontario, the Rural Ontario Municipal Association, and the Federation of Canadian Municipalities.

Carried

Mayor



SMITHS FALLS

RISE AT THE FALLS

RECORDED VOTE

COUNCIL MEETING DATE: April 8/2024.

ISSUE: 9.3 Basic Income Guarantee

BYLAW/RESOLUTION NO. _____

MEMBER	YEA	NAY
J Brennan		✓
D Quinn		✓
J Miller	✓	
P McKenna	✓	
S Robinson		✓
C McGuire	✓	
S Pankow	✓	
TOTAL	4	3

Carried

Defeated

Kastello
Clerk

- requested by J. Brennan