The TOWNSHIP of WAINFLEET

COUNCIL INFORMATION PACKAGE

MAY 17, 2024

1. **C-2024-237**
   Correspondence dated May 10, 2024 from the Town of Plympton-Wyoming to the Honourable Doug Ford, Premier of Ontario respecting a resolution of support for the City of St. Catharines correspondence regarding Provincial Regulations Needed to Restrict Keeping of Non-native ("exotic") Wild Animals.

2. **C-2024-238**
   Correspondence dated May 10, 2024 from Watson & Associates Economists Ltd. to the Ministry of Municipal Affairs and Housing respecting Assessment of Bill 185 Cutting Red Tape to Build More Homes Act 2024.

3. **C-2024-239**
   Correspondence dated May 13, 2024 from the Township of Alnwick/Haldimand to the Association of Municipal Managers, Clerks and Treasurers of Ontario (AMCTO) Advocacy Team respecting a resolution of support for the AMCTO recommendations regarding MFIPPA Modernization.

4. **C-2024-240**
   Correspondence dated May 15, 2024 from the City of Welland to the Office of the Regional Clerk respecting a resolution of support for the City of St. Catharines correspondence regarding Provincial Regulations Needed to Restrict Keeping of Non-native ("exotic") Wild Animals.

5. **C-2024-241**
   Correspondence dated May 14, 2024 from the Municipality of East Ferris respecting a resolution of support for the Hastings County correspondence calling on the Ontario and Federal Government to implement sustainable infrastructure funding for small rural municipalities;

6. **C-2024-242**
   Correspondence dated May 14, 2024 from the Municipality of East Ferris respecting a resolution of support for the Township of the Archipelago correspondence requesting the Province reconsider and ultimately decide against the proposed phasing-out of free private drinking water testing services.

7. **C-2024-243**
   Correspondence dated May 14, 2024 from the Municipality of East Ferris respecting a resolution of support for the City of St. Catharines correspondence regarding Provincial Regulations Needed to Restrict Keeping of Non-native ("exotic") Wild Animals.

8. **C-2024-244**
   Correspondence dated May 14, 2024 from the Township of Lake of Bays to the Minister of Municipal Affairs and Housing respecting a resolution requesting Royal Assent of Administrative Monetary Penalty System in the Ontario Building Code Act.

9. **C-2024-245**
Correspondence received May 16, 2024 from the Township of Wainfleet Age Friendly Advisory Committee respecting the April 17, 2024 minutes and the motion contained therein.

10. **C-2024-246**
Correspondence dated May 13, 2024 from the Township of Georgian Bay respecting a resolution calling on the Ontario and Federal Government to implement sustainable infrastructure funding for small rural municipalities.

11. **C-2024-247**
Correspondence dated May 7, 2024 from the Municipality of Casselman respecting a resolution of opposition to the proposed regulatory changes under the Conservation Authorities Act.

12. **C-2024-248**
Correspondence dated May 15, 2024 from the Town of Bradford West Gwillimbury respecting a resolution calling on the Province to not phase out free well-water testing as part of the proposed streamlining efforts of public health laboratory operations in the province.

13. **C-2024-249**
Correspondence dated May 16, 2024 from the Town of Deep River to The Honourable Doug Ford, Premier of Ontario respecting endorsement of the County of Renfrew correspondence regarding Affordability of Water and Wastewater Systems.

14. **C-2024-250**
Correspondence received May 16, 2024 from the Township of Larder Lake respecting a resolution of support for the Township of North Glengarry correspondence regarding a request to amend blue box regulations for ineligible sources.

15. **C-2024-251**
Correspondence received May 16, 2024 from the Township of Larder Lake respecting a resolution petitioning the provincial government to implement regulations on exotic animals.

Received May 10, 2024
C-2024-237

Hon. Doug Ford premier@ontario.ca
(sent via e-mail)

May 10th, 2024

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

Please be advised that the Council of the Town of Plympton-Wyoming, at its meeting on May 8th, 2024, passed the following motion supporting the resolution from St. Catherines regarding the need of Provincial regulations to restrict the keeping of non-native ("exotic") wild animals.

Motion #21
Moved by Councillor Bob Woolvett
Seconded by Councillor Kristen Rodrigues
That Council support correspondence item 'g' from St. Catherines regarding Provincial Regulations needed to Restrict Keeping of Non-Native (exotic) Wild Animals.

Carried.

If you have any questions regarding the above motion, please do not hesitate to contact me by phone or email at eflynn@plympton-wyoming.ca.

Sincerely,

E Flynn

Ella Flynn
Executive Assistant – Deputy Clerk
Town of Plympton-Wyoming

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 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

St. Catharines

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

Received May 10, 2024
C-2024-238

May 10, 2024

To Ministry of Municipal Affairs and Housing:

Re: Bill 185, *Cutting Red Tape to Build More Homes Act, 2024*

On behalf of our many municipal clients, we are submitting our comments related to the proposed changes to the *Development Charges Act* (D.C.A.) under Bill 185 (*Cutting Red Tape to Build More Homes Act*). These proposed changes are with respect to:

1. Repeal of the mandatory five-year phase-in of development charge (D.C.) rates;
2. Studies as an eligible capital cost for D.C.s;
3. Process for amending existing D.C. by-laws; and
4. Time limit reductions on the D.C. freeze for specific planning approvals.

1. Repeal of the mandatory five-year phase-in of D.C. rates

The *More Homes Built Faster Act* (Bill 23) required the phase-in of charges imposed in a D.C. by-law over a five-year term. D.C. by-laws passed after January 1, 2022, were required to phase-in the calculated charges as follows:

- Year 1 of the by-law – 80% of the charges could be imposed;
- Year 2 of the by-law – 85% of the charges could be imposed;
- Year 3 of the by-law – 90% of the charges could be imposed;
- Year 4 of the by-law – 95% of the charges could be imposed; and
- Years 5 to 10 of the by-law – 100% of the charges could be imposed.

Bill 185 proposes to remove the mandatory phase-in of the charges. It is proposed that this change would be effective for D.C. by-laws passed after Bill 185 comes into effect.

For site plan and zoning by-law amendment planning applications that were made prior to Bill 185 receiving Royal Assent, the charges payable will be those in place on the day the planning application was made (i.e., including any applicable mandatory phase-in).

Bill 185 also proposes to allow minor amendments to D.C. by-laws that include mandatory phase-in provisions. As provided in further detail below, these amendments would not require the preparation of a D.C. background study or statutory public process. Moreover, the amendments would not be subject to Ontario Land Tribunal (OLT) appeal. This provision for a streamlined D.C. by-law amendment process will only be available for a period of six months after Bill 185 takes effect.

2233 Argentia Rd.
Suite 301
Mississauga, Ontario
L5N 2X7

Office: 905-272-3600
Fax: 905-272-3602
www.watsonecon.ca

Comment

We believe this to be a positive change for municipalities and the development community. The mandatory phase-in would reduce D.C. revenues by approximately 10% over a 10-year period (based on various analyses undertaken by Watson, as well as reports provided by municipalities). By removing this revenue loss municipalities will no longer have to fund this shortfall from non-D.C. sources (e.g. property taxes, water and sewer rates, etc.). Lower than required D.C. revenues for services that are required to enable the development of housing (i.e. water, wastewater, and services related to a highway) would create challenges for municipalities to provide timely infrastructure. With the removal of the mandatory phase-in, municipalities will be able to collect the funds necessary to construct the infrastructure required for development to proceed.

2. Studies as an eligible capital cost for D.C.s

Bill 23 amended the definition of capital costs (subsection 5 (3) of the D.C.A.). This amendment removed studies, including D.C. background studies, from the definition of an eligible capital cost. Bill 185 proposes to reverse this amendment by reinstating studies as an eligible capital cost. The following paragraphs are proposed to be added to subsection 5 (3) of the D.C.A.:

> 5. *Costs to undertake studies in connection with any of the matters referred to in paragraphs 1 to 4.*
>
> 6. *Costs of the development charge background study required under section 10.*

The proposed amendment will allow municipalities to fund the costs of studies, consistent with by-laws passed prior to Bill 23 amendments. This will allow for the funding of master plans for D.C. eligible services, D.C. background studies, and similar studies that inform the capital costs of the D.C. background study.

Comment

We believe this to be a positive change as well. Growth-related studies such as master plans and other planning-related studies are integral to the growth management and infrastructure planning framework of municipalities. These documents identify how the municipality intends to grow, the infrastructure required to provide desired service levels to support growth/development, and also provides the detailed costing required for municipalities to plan for growth in a financially sustainable way. These studies also add to the defensibility of D.C. background studies and reinstating the D.C. funding eligibility for these studies follows the principle that growth should pay for growth.

3. Process for amending existing D.C. by-laws

Section 19 of the D.C.A. requires that a municipality must follow sections 10 through 18 of the D.C.A. (with necessary modifications) when amending a D.C. by-law. These sections generally require the following:

- Completion of a D.C. background study, including the requirement to post the background study 60 days prior to passage of the D.C. by-law;
- Passage of a D.C. by-law within one year of the completion of the D.C. background study;
- A public meeting, including notice requirements; and
- The ability to appeal the by-law to the OLT.

As noted above, Bill 185 proposes to allow municipalities to undertake minor amendments to D.C. by-laws for the following purposes without adherence to the requirements noted above[1]:

1. To repeal a provision of the D.C. by-law specifying the date the by-law expires or to amend the provision to extend the expiry date (subject to the 10-year by-law term limitations provided in the D.C.A.);
2. To impose D.C.s to include the costs of studies, including the D.C. background study; and
3. To remove the provisions related to the mandatory phase-in of D.C.s as discussed in section 1 of this letter.

Minor amendments related to items 2 and 3 noted above may be undertaken only if the D.C. by-law being amended was passed after November 28, 2022, and before Bill 185 takes effect. Moreover, the amending by-law must be passed within six months of Bill 185 taking effect.

Notice of by-law passage requirements for these minor amending by-laws are similar to the notice requirements in the D.C.A., with the exception of the requirement to identify the last day for appealing the by-law (as these provisions do not apply).

Comment

The ability to make minor amendments to D.C. by-laws to align with the legislative changes without onerous administrative requirements and further process delays will assist municipalities in aligning policies with the amended legislation quickly.

We would note, however, that minor amendments are not permitted for reducing the rate freeze from 2 years to 18 months to align with the amended legislation. This may

[1] Notice of by-law passage for these streamlined amendments would still be required.

impose administrative burdens on municipalities to undertake amendments to reflect the shorter periods, depending on the structure of their D.C. by-laws.

Additionally, these minor amendments may only be undertaken if the D.C. by-law is passed prior to Bill 185 coming into force. There are a number of municipalities that have released D.C. background studies but will not be able to pass a by-law until after Bill 185 comes into force. This poses a timing issue for these municipalities, as they will either have to file D.C. addendum reports prior to adoption to include the costs of studies or have to undertake a full D.C. amendment process to do so after just having passed a new D.C. by-law.

Recommendations

1. It is recommended that the Province add a clause to allow for minor amendments related to the timeline reduction for the rate freeze for site plan and zoning by-law amendment planning applications; and

2. It is recommended that the Province include a transitional clause to allow municipalities that have released a D.C. background study prior to Bill 185 coming into force, and that will allow municipalities to pass a by-law after the Bill comes into force to undertake minor amendments for the inclusion of the costs of studies. This can be achieved by allowing for minor amendments for by-laws that have passed within two or three months after the Bill takes effect (rather than before the Bill takes effect).

4. Time limit reductions on the D.C. freeze for specific of planning approvals

Bill 108, *More Homes, More Choices Act, 2019*, which received Royal Assent on June 6, 2019, provided several changes to the D.C.A. including the requirement to freeze the D.C.s imposed on certain developments. This applied to developments that received site plan and/or a zoning by-law amendment approval within 2 years of the date a D.C. is payable (e.g. building permit issuance). The D.C. rate for these developments is "frozen" at the rates that were in effect at the time the site plan and/or a zoning by-law amendment application was submitted. Once the planning application is approved by the municipality, if the date the D.C. is payable [1] is more than two years from the approval date, the D.C. rate freeze would no longer apply.

Bill 185 proposes to reduce the two-year timeframe from planning approval to the date the D.C. is payable to 18 months. Bill 185 also proposes to move this requirement from

[1] In the case of Rental Housing and Institutional development, once the application is approved by the municipality, if the date the first building permit is issued is more than two years after the date of approval, the D.C. rate freeze would no longer apply.

O. Reg. 82/98 to the D.C.A. Transition provisions are included in the Bill that require the two-year D.C. "freeze" for these planning approvals to remain in effect if approved prior to Bill 185 receiving Royal Assent.

Comment

Overall, this proposed change is positive. The reduction in the D.C. rate freeze timeline helps to incentive timely development with continued D.C. predictability for developers.

As noted above, the streamlined process for minor D.C. by-law amendments does not appear to include amendment to meet this legislative change.

Recommendations

1. It is recommended that the Province add a clause to allow for minor amendments related to the timeline reduction for the rate freeze of site plan and zoning by-law amendment planning applications.

We appreciate the opportunity to provide comments related to the proposed changes on behalf of our municipal clients.

Yours very truly,

WATSON & ASSOCIATES ECONOMISTS LTD.

Daryl Abbs, MBE, PLE, Managing Partner
Andrew Grunda, MBA, CPA, CMA, Principal
Jamie Cook, MCIP, RPP, PLE, Managing Partner
Peter Simcisko, BA (Hons), MBE, Managing Partner
Sean-Michael Stephen, MBA, Managing Partner
Jack Ammendolia, BES, PLE, Managing Partner

Received May 13, 2024
C-2024-239

May 13, 2024

Association of Municipal Managers, Clerks and
Treasurers of Ontario (AMCTO)
AMCTO Advocacy Team
(advocacy@amcto.com)

Dear Sir/Madam:

RE: MFIPPA Modernization

This is to advise that the Council of the Corporation of the Township of Alnwick/Haldimand at their Special Council Meeting on January 25th, 2024, passed the following resolution:

RES:20240125-11
Moved by Deputy Mayor Joan Stover, seconded by Councillor Greg Booth;

"Whereas the Municipal Freedom of Information and Protection of Privacy Act, 1990 (MFIPPA) has not been comprehensively reviewed in over 30 years; and

Whereas municipalities consider transparency an important tool for building and maintaining public trust and recognize the importance of continuously improving; and

Whereas municipal administrators need legislation that supports effective local program delivery, is responsive to current technology and reflects its original intent of open and accountable government; and

Whereas MFFIPA presents a number of challenges for municipal staff which can hinder its effectiveness and efficiency when it comes to serving the public; and

Whereas municipalities should have updated legislation that ensures municipal resources are best allocated; increases trust in public institutions through strengthening

accountability, transparency and responsiveness; and addresses the needs of the digital era; and

Whereas the Association of Municipal Managers, Clerks, and Treasurers of Ontario (AMCTO) has comprehensively reviewed MFIPPA and put forward recommendations in their submission "Looking Ahead: A Proactive Submission to Modernize the Municipal Freedom of Information and Protection of Privacy Act";

Be it resolved that the Ministry of Public Business and Service Delivery be requested to review MFIPPA and consider recommendations as outlined by AMCTO within their submission, "Looking Ahead: A Proactive Submission to Modernize the Municipal Freedom of Information and Protection of Privacy Act"; and

Further be it resolved that Council direct the Deputy Clerk to send a copy of this resolution to AMCTO's Advocacy Team, the Ministry of Public and Business Service Delivery and all Ontario municipalities."

CARRIED

We respectfully submit the resolution supporting the review and reform of MFIPPA.

Yours truly,

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

Cc: Ministry of Public and Business Service Delivery
All Ontario Municipalities

Clerks Division
Tara Stephens
City Clerk
905-735-1700 x2159
tara.stephens@welland.ca

Received May 15, 2024
C-2024-240

May 15, 2024

SENT VIA EMAIL

Ann-Marie Norio, Regional Clerk
Niagara Region
1815 Sir Isaac Brock Way
Thorold, ON L2V 4T7

Dear Ann-Marie:

Re: Correspondence from the City of St. Catharines regarding Provincial Regulations Needed to Restrict Keeping of Nonnative ("exotic") Wild Animals.

At its meeting on May 7, 2024, Welland City Council passed the following motion:

> **"THAT THE COUNCIL OF THE CITY OF WELLAND receives for information and supports the correspondence from the City of St. Catharines dated April 23, 2024, regarding Provincial Regulations Needed to Restrict Keeping of Nonnative ("exotic") Wild Animals."**

Yours truly,

Tara Stephens
City Clerk

c.c.: - The Honourable Doug Ford, Premier of Ontario
- Local Area Municipalities, sent via e-mail
- 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

East Ferris
MUNICIPALITY · MUNICIPALITÉ

Received May 15, 2024
C-2024-241

REGULAR COUNCIL MEETING
HELD
May 14th, 2024

2024-104
Moved by Deputy Mayor Rooyakkers
Seconded by Councillor Champagne

THAT Council for the Municipality of East Ferris support the resolution from Hastings County calling on the Ontario and Federal Government to implement sustainable infrastructure funding for small rural municipalities;

AND FURTHER THAT small rural municipalities are not overlooked and disregarded on future applications for funding;

AND FURTHER THAT both the Federal and Ontario Governments begin by acknowledging that there is an insurmountable debt facing small rural municipalities;

AND FURTHER THAT AND FINALLY THAT this resolution be forwarded to The Honourable Justin Trudeau, Prime Minister of Canada, The Honourable Sean Fraser, Minister of Housing, Infrastructure and Communities of Canada; Michel Tremblay Acting President and CEO, Canada Mortgage and Housing Corporation; The Honourable Doug Ford, Premier of Ontario; The Honourable Kinga Surma, Ontario Minister of Infrastructure; The Honourable Paul Calandra, Ontario Minister of Municipal Affairs and Housing; MP Anthony Rota, MPP Vic Fedeli, AMO, ROMA, FCM, Eastern Ontario Wardens' Caucus, Good Roads and all Municipalities in Ontario.

Carried Mayor Rochefort

CERTIFIED to be a true copy of
Resolution No. 2024-104 passed by the
Council of the Municipality of East Ferris
on the 14th day of May, 2024.

K Hanselman

Kari Hanselman, Dipl. M.A.
Clerk

T: 705-752-2740
E: municipality@eastferris.ca
25 Taillefer Road, Corbeil, ON. P0H 1K0

eastferris.ca

East Ferris
MUNICIPALITY · MUNICIPALITÉ

Received May 15, 2024
C-2024-242

REGULAR COUNCIL MEETING
HELD
May 14th, 2024

2024-105
Moved by Councillor Trahan
Seconded by Councillor Kelly

THAT Council for the Municipality of East Ferris supports the resolution from the Township of the Archipelago regarding requesting the Province reconsider and ultimately decide against the proposed phasing-out of free private drinking water testing services;

AND FURTHER THAT 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, MPP Nipissing.

Carried Mayor Rochefort

CERTIFIED to be a true copy of
Resolution No. 2024-105 passed by the
Council of the Municipality of East Ferris
on the 14th day of May, 2024.

K Hanselman

Kari Hanselman, Dipl. M.A.
Clerk

T: 705-752-2740
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25 Taillefer Road, Corbeil, ON. P0H 1K0

eastferris.ca

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

Ministry of Health

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 disproportionally 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.

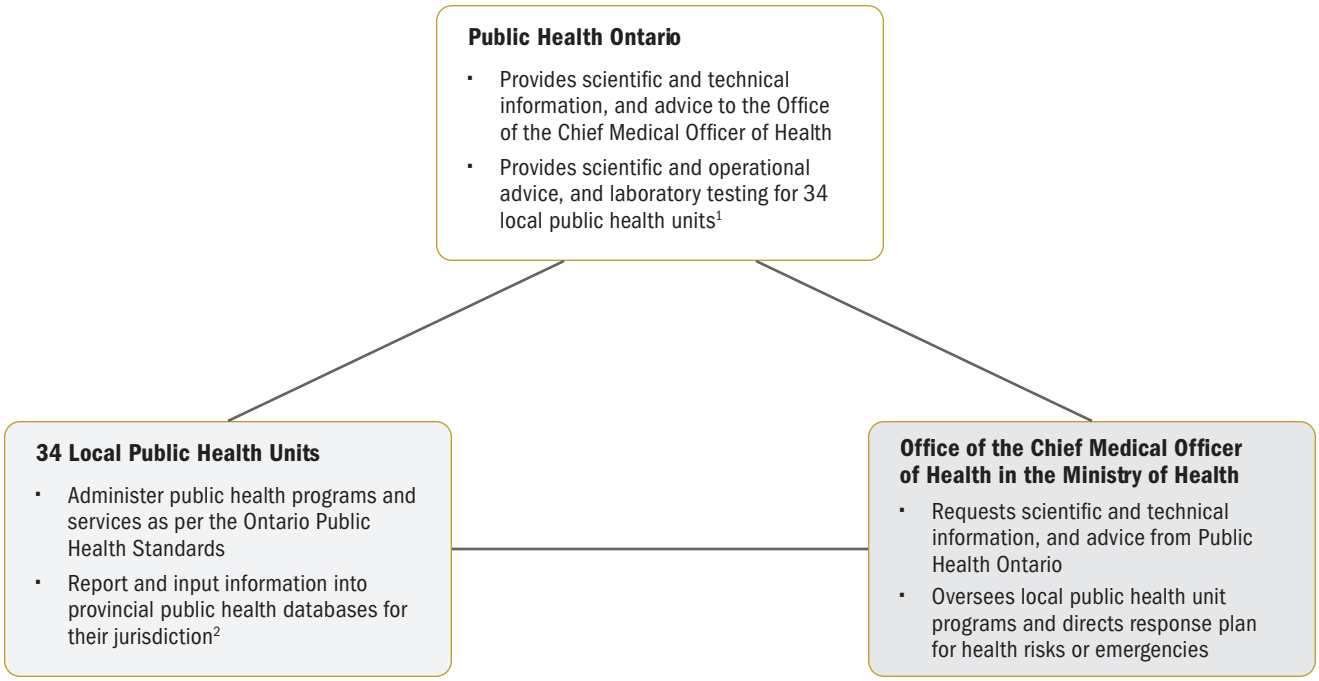
Figure 1 illustrates the relationship between Public Health Ontario and the various organizations involved in Ontario's public health system, which, according to the Chief Medical Officer of Health, consists of about 9,000 people. Public Health Ontario has a complement of just under 870 full-time-equivalent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

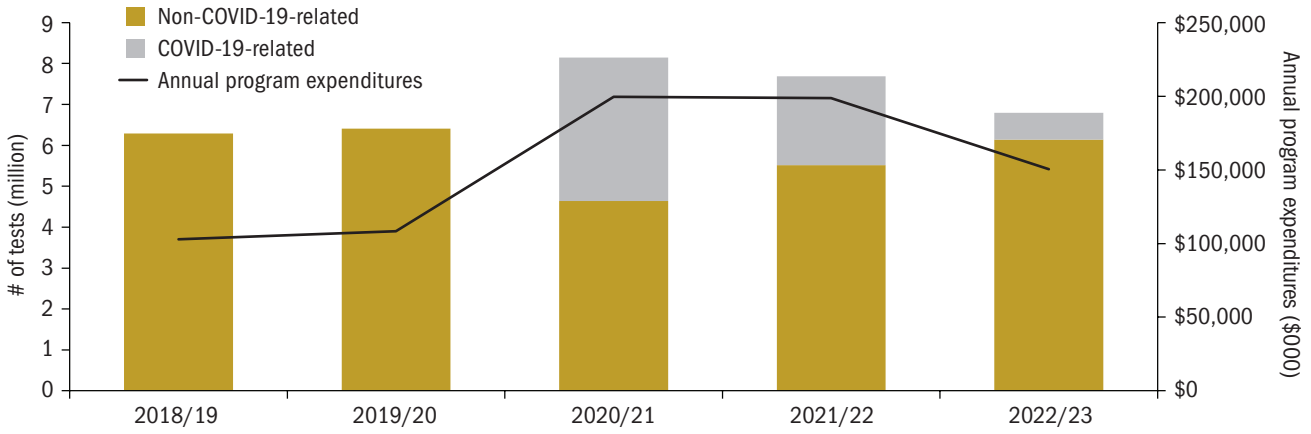
2.2.2 Health Protection

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

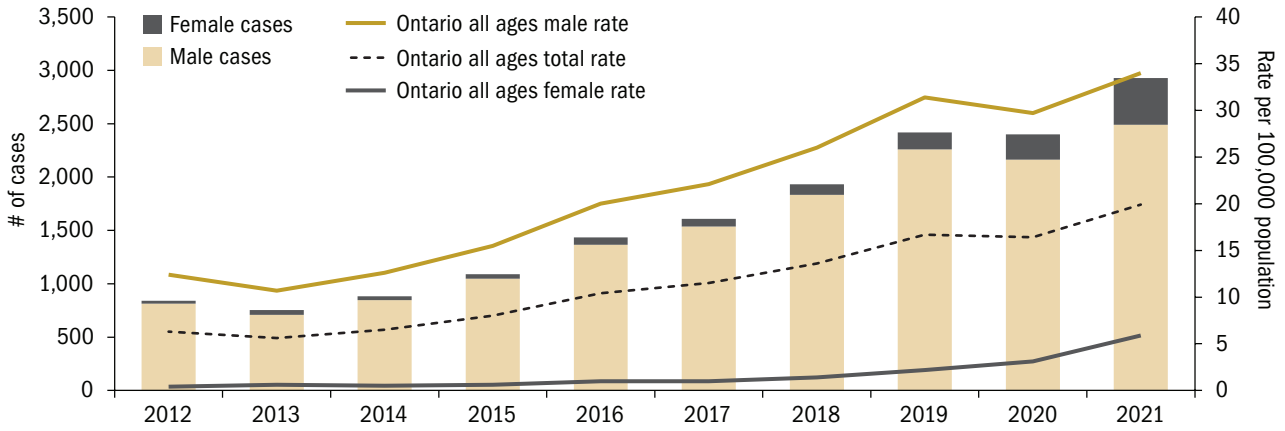
Public Health Ontario's Environmental and Occupational Health program area provides field support and helps the agency's clients and partners better understand and address evolving public health issues relating to exposures in the environment, such as indoor air quality, outdoor air pollution, water 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

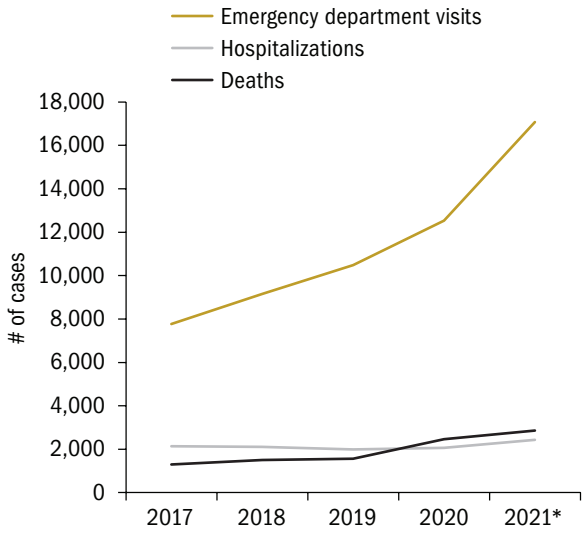
Public Health Ontario's Knowledge Exchange program supports the development and dissemination of the agency's products and services, including its external website. The program delivers professional development, including special events and learning exchanges, and the annual Ontario Public Health Convention; 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

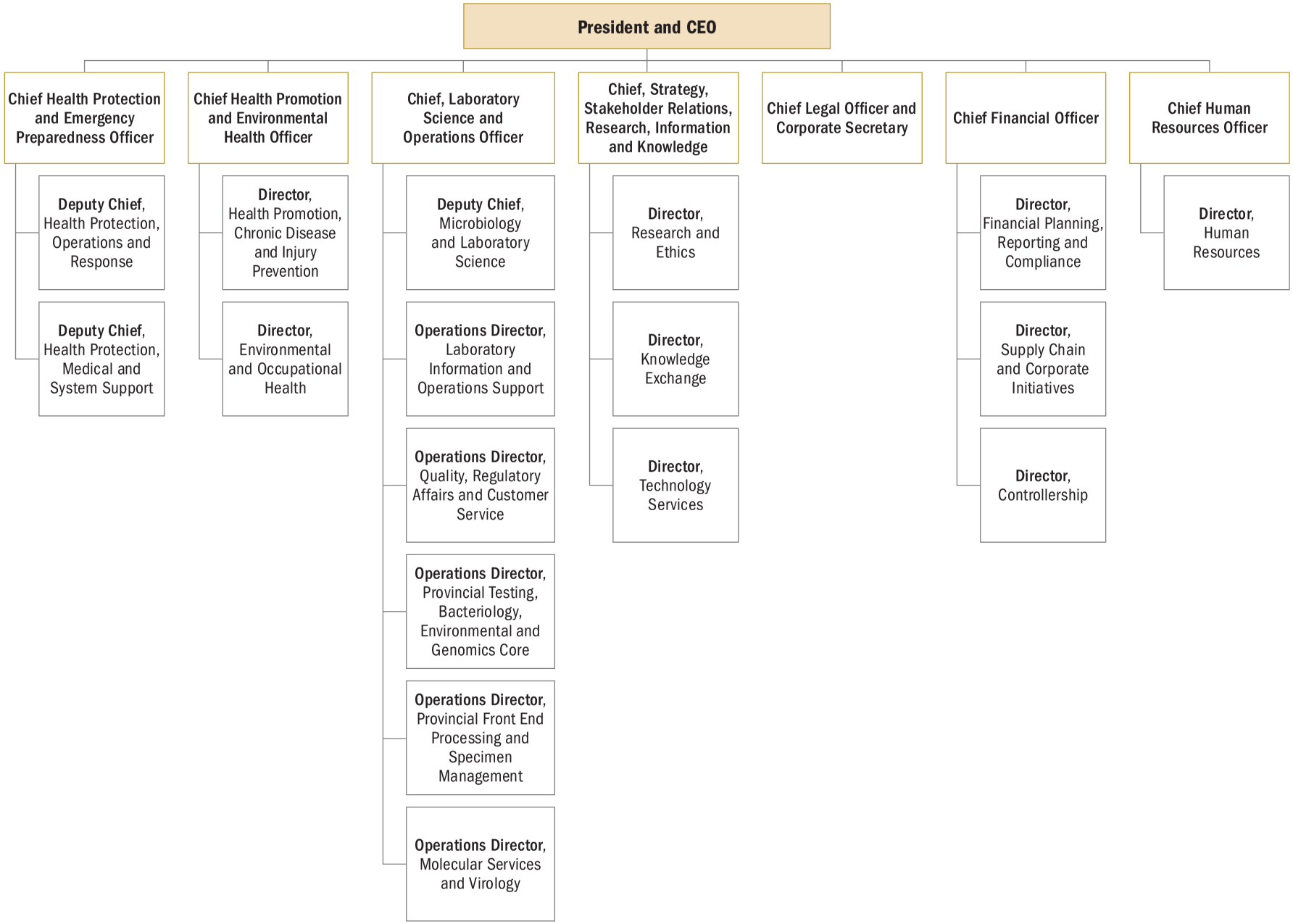
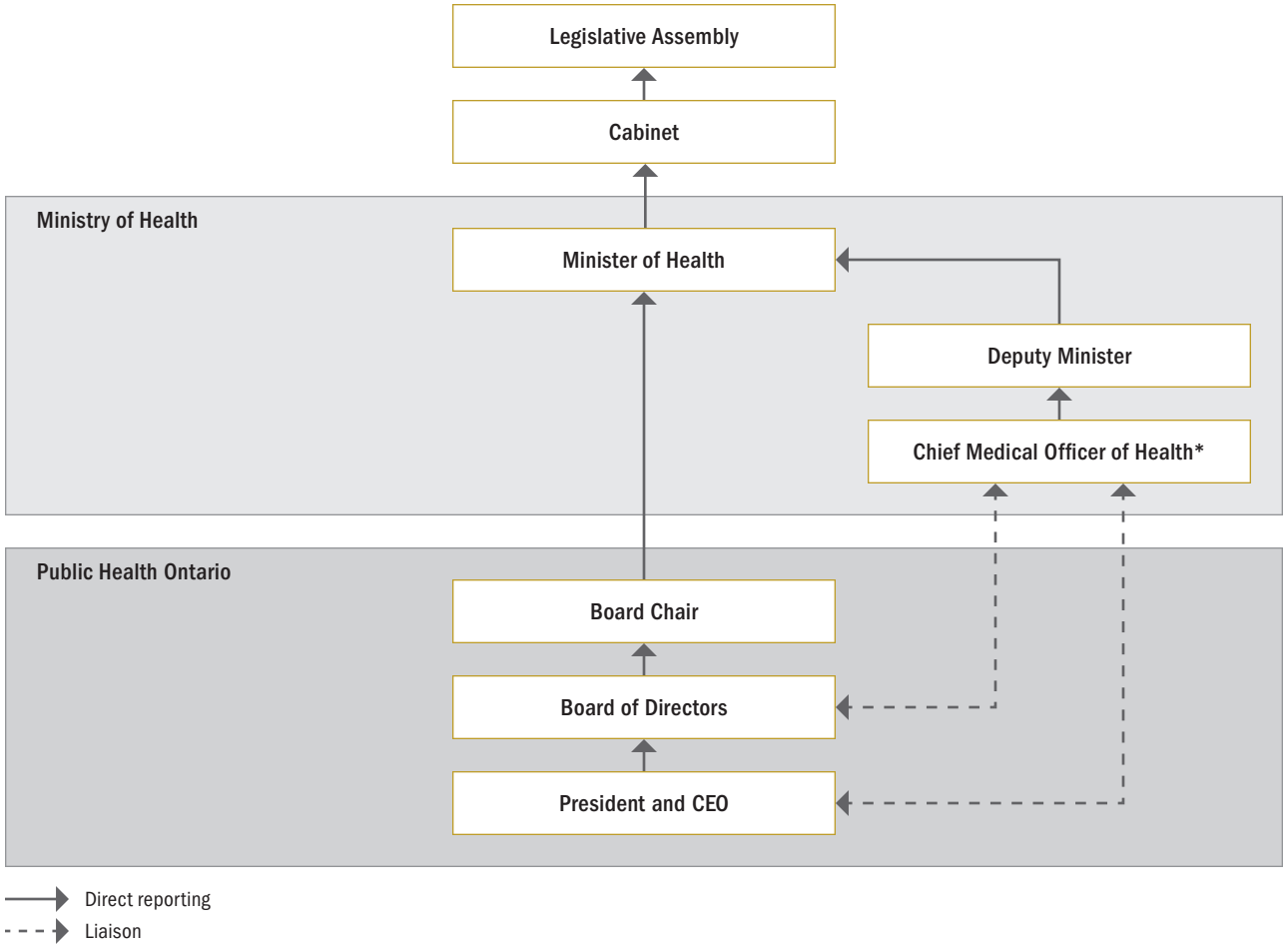


Figure 6: Accountability Framework for Public Health Ontario

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 operations[1]	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**	**268,031**[4]	**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:

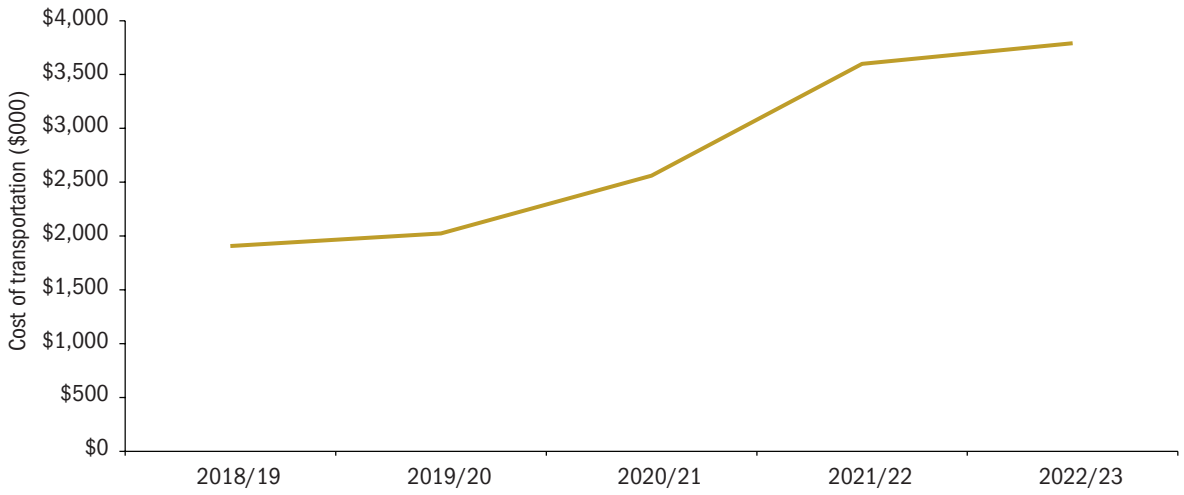
- Five of the nine public health units that do not use Public Health Ontario's courier were not even aware that this service exists; these public health units therefore had to co-ordinate their own couriers to send samples and specimens to the public health laboratory.
- Of the public health units that 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	✓	
Campylobacter enteritis	✓	
Carbapenemase-producing Enterobacteriaceae infection or colonization	✓	
Chancroid	✓	
Chickenpox (varicella)	✓	
Chlamydia trachomatis infections	✓	
Cholera	✓	✓
Clostridium difficile 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)	✓	
Echinococcus multilocularis 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		
Haemophilus influenzae 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 *E. coli* 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	• 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	• Required once every six years
Mandate letter	• 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	• 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	• Must be submitted to Minister: · 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	• 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	• 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)	• 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	• 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	• 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	• 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)	*Public Health Agency of Canada Act, 2006* *Department of Health Act, 1996* *Quarantine Act, 2005* *Human Pathogens and Toxins Act, 2009*	*Societies Act, 2015* Provincial Health Services Authority (Authority) Constitution and By-Laws	*The Act respecting Institut national de santé publique du Québec, 1998*
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	The President is the deputy head of the agency and reports to the Minister of Health. 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.	The Vice President, Population and Public Health, is the lead for the agency and reports to the CEO of the Authority. The CEO of the Authority reports to the Authority's Board Chair. The Board Chair of the Authority is the interface between the CEO and the Minister. 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.	All Board members, including the Président-directeur général and Chair of the Board, are appointed by the government. The Board reports to the Minister. 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.
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

ISBN 978-1-4868-7538-2 (PDF)

East Ferris
MUNICIPALITY · MUNICIPALITÉ

Received May 15, 2024
C-2024-243

REGULAR COUNCIL MEETING
HELD
May 14th, 2024

2024-106
Moved by Councillor Kelly
Seconded by Councillor Champagne

THAT Council for the Municipality of East Ferris support the resolution from the City of St. Catharines regarding petitioning 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 FUTHER THAT 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 Anthony Rota, MPP Vic Fedeli, AMO, AMCTO, and MLEAO.

Carried Mayor Rochefort

CERTIFIED to be a true copy of
Resolution No. 2024-106 passed by the
Council of the Municipality of East Ferris
on the 14th day of May, 2024.

K Hanselman

Kari Hanselman, Dipl. M.A.
Clerk

T: 705-752-2740
E: municipality@eastferris.ca
25 Taillefer Road, Corbeil, ON. P0H 1K0

eastferris.ca

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

St. Catharines

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

LAKE OF BAYS
• MUSKOKA •

T 705·635·2272
TF 1·877·566·0005
F 705·635·2132

TOWNSHIP OF LAKE OF BAYS
1012 Dwight Beach Rd
Dwight, ON P0A 1H0

Received May 15, 2024
C-2024-244

May 14, 2024

Via email: minister.mah@ontario.ca

Minister of Municipal Affairs and Housing
Attention: Paul Calandra
777 Bay Street, 17th Floor
Toronto, ON M7A 2J3

Dear Mr. Calandra:

RE: Request for Royal Assent of Administrative Monetary Penalty System in the Ontario Building Code Act.

The Administrative Monetary Penalty System (AMPS) is an enforcement tool approved by the Provincial Government in August of 2009 and was originally used for parking offences to free up court time and cost.

A large number of municipalities have adopted an AMPS program and have applied AMPS to other Municipal enforcement by-laws as a replacement to the standard Part 1 Provincial Offences Act (POA) ticket system, as it provides the alleged offender with a flexible appeal system and the municipality the ability to apply unpaid penalties on to the property taxes. AMPS frees up valuable Provincial Offences Court time saving the province and the municipalities valuable resources and funds.

AMPS was written into the Building Code Act in December of 2017 however it has not received Royal Assent. AMPS has proven to be a valuable tool for education and enforcement of other Municipal by-laws. On behalf of the Council of the Corporation of the Township of Lake of Bays, we ask that AMPS receive Royal Assent. In doing so this would free up time for Building Officials to conduct their primary job (building inspections) instead of having to attend court normally a full day to hear an appeal to Part 1 ticket, at the same time providing the offender a more streamlined appeal system.

Sincerely,

Carrie Sykes, *Dipl. M.A., CMO, AOMC,*
Director of Corporate Services/Clerk.

TG/lv
Copy to: MPP, Graydon Smith
Association of Ontario Municipalities
Association of Municipal Clerk and Treasurers of Ontario
All Area Municipalities

THE CORPORATION OF THE TOWNSHIP OF WAINFLEET
AGE-FRIENDLY ADVISORY COMMITTEE MEETING
MINUTES

C03/24
APRIL 17, 2024
6:00 P.M.
BOARDROOM 1

MEMBERS PRESENT:	A. Stapleton (Electronic Participation) D. Flagg (Electronic Participation) L. Hickey K. Krause P. Shaw
REGRETS:	L. Gibson M. Grace S. Van Vliet
STAFF PRESENT	A. Chrastina, Deputy Clerk

1. **Call to Order**
The meeting was called to order at 6:16 p.m.

2. **Declarations of Interest and the General Nature Thereof**
None.

3. **Adoption of Previous Committee Meeting Minutes**

a) Minutes of the regular meeting held March 6, 2024
Without objection, the minutes of the meeting held March 6, 2024 were adopted as circulated.

4. **Delegations**
None.

5. **Business**

a) NOAA Meeting
Katharina shared an information card published by the City of Thorold and other resources collected with the Committee. The Committee discussed potentially attending the Community Open House to be held at the Wainfleet Arena April 24, 2024.

- *A link to the McMaster Optimal Aging Portal will be added to a Resources section on the Committee web page.*

b) Niagara Falls Seniors Advisory Committee
The Niagara Falls Seniors Advisory Committee circulated a memo to its Council with a resolution advocating for Council to request the Niagara Region Transit Commission to establish a discounted Seniors fare that is competitive with others in the Golden Horseshoe and seek the endorsement of all other local area municipalities in the Niagara Region.

The above resolution was considered and carried unanimously by Niagara Falls City Council at its meeting held March 19, 2024.

The Committee discussed and passed the following resolution:

Resolution AFAC-001-2024
Moved by Member Stapleton
Seconded by Member Hickey

"**THAT** the memorandum from the Niagara Falls Seniors Advisory Committee respecting establishing a discounted and competitive Seniors fare be supported; and

THAT the Council of the Township of Wainfleet support the Niagara Falls resolution; and

THAT the Council of the Township of Wainfleet additionally request the Niagara Region Transit Commission to implement an option for travel within the Wainfleet municipal boundaries through the On-Demand Transit service."
CARRIED

6. Action Items from Previous Meeting

a) The issue of having to accept all cookies on the Township website was investigated. The cost to implement a solution to allow end users to manage cookies was quoted at $935.00 plus applicable taxes and was declined by staff.

Further discussion led to the discovery that the link to the Privacy Policy directed to a page with no content. This will be investigated and rectified by staff.

7. Other Business

a) Louise referenced a recent news article entitled *'Overtaxed': Niagara resident says 'fairer' system needed for single seniors.* The Committee discussed the potential to support the initiative of the Single Seniors for Tax Fairness group in their efforts to lobby the federal government to review the federal Income Tax Act for "fairness and equity".

8. **Next Meeting Date**
May 15, 2024

9. **Adjournment of Meeting**

There being no further business, the meeting was adjourned at 6:52 p.m.

A. Stapleton, CHAIR

A. Chrastina, RECORDING SECRETARY

Approved May 15, 2024

Inter-Departmental Memo

To: **Mayor Jim Diodati & City Council Members**

From: **Seniors Advisory Committee via D.J. Brooks, Community Development Coordinator**

Date: **Feb 21, 2024**

Re: **City of Niagara Falls Canada Day Celebration – June 30 to July 2**

The Seniors Advisory Committee meets monthly with the purpose of "advising City Council and staff on matters that impact the quality of life of seniors (60 years plus) in the City of Niagara Falls". As such, the committee brings the below resolution to council for consideration.

RESOLUTION re. Seniors Transit Fares

Whereas the Region of Niagara and specifically the City of Niagara Falls is recognized across the country as a retirement community attracting older adults;

And whereas the Seniors Advisory Committee conducted a survey of Niagara Falls seniors in 2019, the results of which indicated that transportation was one the biggest challenges of living in Niagara Falls;

And whereas the Senior Advisory Committee has endorsed a Strategic Plan - one of its stated goals being to explore the requirements to create an Age-Friendly Niagara Falls;

And whereas one of the hallmarks of an age-friendly community is providing for the transportation needs of its older citizens, in particular those with limited financial means;

And whereas Region of Niagara's transit fare discount for Seniors (65 years of age and over) for a monthly pass is 81.25% (region-wide) and 73.68% (local) of that for adults;

And whereas adult fares in other similar-sized municipalities around the Golden Horseshoe are not only lower than in Niagara, but that comparable senior fares are discounted 35% in City of Hamilton, 40% in Durham Region, and seniors in Burlington and Oakville can ride for free year-round.

Now therefore be it resolved:

That Niagara Falls City Council request the Niagara Region Transit Commission establish a discounted Seniors fare that is competitive with others in the Golden Horseshoe and seek the endorsement of all other local area municipalities in Niagara Region.

11.8. **Comments from Resident**

Moved by Councillor Tony Baldinelli
Seconded by Councillor Mona Patel

THAT Council receive and file for information Item #11.1 though to Item #11.8 (excluding Item #11.5).

Carried Unanimously

12. COMMUNICATIONS AND COMMENTS OF THE CITY CLERK

12.1. **Memo - From Seniors Advisory Committee - City of Niagara Falls Canada Day Celebration - June 30 - July 2, 2024.**
Attached is a memo from the Seniors Advisory Committee advising Council on matters that impact the quality of life of seniors (60 years plus) in the City of Niagara Falls.

Recommendation:
THAT Niagara Falls City Council request the Niagara Region Transit Commission establish a discounted Seniors fare that is competitive with others in the Golden Horseshoe and seek the endorsement of all other local area municipalities in Niagara Region.

Moved by Councillor Mona Patel
Seconded by Councillor Wayne Campbell

THAT Niagara Falls City Council request the Niagara Region Transit Commission establish a discounted Seniors fare that is competitive with others in the Golden Horseshoe and seek the endorsement of all other local area municipalities in Niagara Region.

Carried Unanimously

13. RESOLUTIONS

13.1. **Resolution: By-law No. 2024-031, AM-2023-023, 5438 Ferry Street**
A Public Meeting was held by Council on January 16th, 2024 to consider a Zoning By-law Amendment application to facilitate the development of a 30-storey mixed-use building at 5438 Ferry Street. The recommendations of Report No. PBD-2024-01 were approved by Council on January 16th, 2024, and By-law No. 2024-031 has been placed on Council's agenda this evening. The attached resolution is required to deem changes minor and exempt the requirement for further notice for the purpose of permitting a maximum lot coverage of 80% and the insertion of a 3-year sunset clause. No changes have been made to the building envelope or conceptual Site Plan since the Public Meeting.

THEREFORE, BE IT RESOLVED that subject to subsection 34(17) of the Planning Act, 1990 R.S.O Council deems the changes to By-law No. 2024-031 minor and exempts the requirement for further written notice.

R&C-2024-02

Report

Report to:	Mayor and Council
Date:	March 19, 2024
Title:	**Seniors Advisory Committee Goals and Objectives**

Recommendation(s)
That Council Receive the Seniors Advisory Committee Goals and Objectives report for information.

Executive Summary
At the November 13, 2018, City Council meeting, Council approved a motion to create an Age Friendly/Seniors Advisory Committee. The City of Niagara Falls has various Committees made of appointed citizens, Council members and City staff.

To better represent all citizens of Niagara Falls a Seniors Advisory Committee (SAC) has been developed to address seniors' issues and opportunities.

Background
Each term, the Seniors Advisory Committee undertakes a goals and objectives facilitation session to create concrete goals for their committee. The goals and objectives presented have been adapted from the previous committee to reflect the current state of the committee.

Analysis
The goals for the term, as agreed upon by the Seniors Advisory Committee.

Goal #1: Promote Awareness and Encourage Input

1. Create Awareness of the Role of the Seniors Advisory Committee
2. Solicit input and act as a public forum for issues that affect seniors in the community.
3. Improve seniors' participation in City Programs and Services

Goal #2: Explore and develop partnerships that inform and improve the quality of life for seniors.

1. Identify possible partnerships.
2. Liaise with similar committees in Niagara to share information and avoid duplication.

Goal #3: Develop an action-oriented strategy, focused on older adults, to create an Age-Friendly Niagara Falls

1. Complete the Age-Friendly self-assessment of Niagara Falls

2. Secure Council's support to create an Age-Friendly Niagara Falls

Goal #4: Advise Council

1. Provide recommendations, based on input received, to improve programs, policies and services provided to seniors.

Financial Implications/Budget Impact

Goals and Objectives will be achieved within the current SAC annual budget of $3,100.

Strategic/Departmental Alignment

Social Sustainability: The City of Niagara Falls works in partnership with the Niagara Region to ensure residents have access to basic needs such as affordable housing, health and mental health care, education, and social services, ensuring that Niagara Falls is a livable, inclusive and supportive community for all.

List of Attachments

SAC Goals and Objectives 2023

Written by:

DJ Brooks, Community Development Coordinator
DJ Brooks, Community Development Coordinator

Submitted by:	**Status:**
Kathy Moldenhauer, General Manager of Recreation, Culture & Facilities	Approved - 07 Mar 2024
Jason Burgess, CAO	Approved - 11 Mar 2024

Seniors Advisory Committee Goals and Priorities 2023-2027

Purpose: Serve in an advisory capacity to Council and staff on matters that impact the quality of life of seniors (60 years plus) in the City of Niagara Falls.

SAC acts as a liaison to enrich and enhance the lives of seniors within Niagara Falls by identifying barriers, forming partnerships with the community and acting as a public forum for issues affecting seniors.

Goal #1: Promote Awareness and Encourage Input

1. **Create Awareness of the Role of the Seniors Advisory Committee**

Actions:

1.1 Promote the mandate of SAC by utilizing the City's web site and promotional materials by end of 2024/25.
1.2 Promote an email account and use business cards and/or rack cards to encourage input from residents by 2025.
1.3 Provide information and links to programs and services for seniors - ongoing.
1.4 Share SAC successes with Council and residents of Niagara Falls. Ongoing.

2. **Solicit input and act as a public forum for issues that affect seniors in the community**

Actions:

2.1 Establish key questions to be used when soliciting input by November 2019.
2.2 Identify audiences and locations to seek meaningful input by March 2020.
2.3 Develop and use surveys, as needed, with professional guidance. Ongoing.
2.4 Collect and analyze input and feedback by June 2020.
2.5 Develop recommendations based on top 3-5 critical issues identified by residents by November 2020.

3. **Improve seniors' participation in City Programs and Services**

Actions:

3.1 Review current City of Niagara Falls programs and services and usage data by end of 2024/25.
3.2 Seek input from residents using key questions to help identify reasons seniors do not participate - ongoing.
3.3 Using data collected, identify top 3-5 reasons seniors do not access programs and services - ongoing.

3.4 Prepare recommendations to address identified reasons and barriers - ongoing

Goal #2: Explore and develop partnerships that inform and improve the quality of life for seniors

1. Identify possible partnerships

   Actions:

   1.1 Determine which service clubs, community or business groups are interested in supporting seniors and SAC activities by December 2019.
   1.2 Develop partnerships with appropriate organizations. Ongoing

2. Liaise with similar committees in Niagara to share information and avoid duplication

   Actions:
   2.1 Interact and maintain contact with the other municipal seniors' advisory committees in Niagara beginning in September 2019 and ongoing.
   2.2 Participate in Niagara Age-Friendly activities and knowledge exchange beginning in September 2019 and ongoing.

Goal #3: Develop an action-oriented strategy, focused on older adults, to create an Age-Friendly Niagara Falls

1. Complete the Age-Friendly self-assessment of Niagara Falls

Actions:
1.1 Review self-assessment requirements and develop a schedule for completion by end of 2024/25.
1.2 Conduct self-assessment and identify current barriers and gaps in services by 2025.
1.3 Analyze results and develop recommendations to address barriers and gaps by 2025.

2. Secure Council's support to create an Age-Friendly Niagara Falls

Actions:

2.1 Prepare plan and recommendations for presentation to Council by May.
2.2 Present plan and recommendations to Council in May.
2.3 Follow-up and communicate outcomes by December.

Goal #4: Advise Council

1. Provide recommendations, based on input received, to improve programs, policies and services provided to seniors

Actions:

1.1 Present annual report to Council, highlighting accomplishments, key issues and ongoing activities by June each year.
1.2 Provide recommendations to Council, based on input from residents, as necessary. Ongoing

Received May 16, 2024
C-2024-246

The Township of Georgian Bay

Resolutions

Council - 13 May 2024

Item 12.(a)

Date: May 13, 2024 **C-2024-165**

Moved by Councillor Stephen Jarvis
Seconded by Councillor Peter Cooper

WHEREAS Ontario's small rural municipalities face insurmountable challenges to fund both upfront investments and ongoing maintenance of their capital assets including roads and bridges and water wastewater and municipally owned buildings including recreational facilities and libraries;

WHEREAS in 2018, the Ontario government mandated all Ontario municipalities to develop capital asset management plans with the stipulation that they be considered in the development of the annual budget;

WHEREAS small rural municipalities (of 10,000 people or less) are facing monumental infrastructure deficits that cannot be adequately addressed through property tax revenue alone;

WHEREAS the only application approved through the recently awarded Housing Accelerator Fund to a small rural municipality was to Marathon Ontario, who received an allocation of $1.9 million dollars while over $1.369 billion going to Ontario's large urban centres, resulting in a 0.2% investment in rural Ontario;

WHEREAS the Ontario Government has committed $9.1 billion to Toronto alone to assist with operating deficits and the repatriation of the Don Valley and Gardner Expressway;

WHEREAS small rural Ontario cannot keep pace with the capital investments required over the next 20 years unless both the Provincial and Federal Governments come forward with new sustainable infrastructure funding;

WHEREAS it is apparent that both the Federal and Ontario Governments have neglected to recognize the needs of small rural Ontario;

NOW THERFORE BE IT RESOLVED THAT the Township o fGeorgian Bay call on the Ontario and Federal Government to implement sustainable infrastructure funding for small rural municipalities;

AND THAT small rural municipalities are not overlooked and disregarded on future applications for funding;

AND THAT both the Federal and Ontario Governments begin by acknowledging that there is an insurmountable debt facing small rural municipalities;

AND THAT both the Federal and Ontario Governments immediately commission a Working Group that includes a member of the Eastern Ontario Wardens Caucus, to develop a plan on how to deal with the impending debt dilemma;

AND FINALLY THAT this resolution be forwarded to The Honourable Justin Trudeau, Prime Minister of Canada, The Honourable Sean Fraser, Minister of Housing, Infrastructure and Communities of Canada; Michel Tremblay Acting President and CEO, Canada Mortgage and Housing Corporation; The Honourable Doug Ford, Premier of Ontario; The Honourable Kinga Surma, Ontario Minister of Infrastructure; The Honourable Paul Calandra, Ontario Minister of Municipal Affairs and Housing; MP Shelby Kramp-Neuman, Hastings-Lennox Addington; MPP Ric Bresee Hastings-Lennox Addington, AMO, ROMA, FCM, Eastern Ontario Wardens' Caucus and all Municipalities in Ontario.

☒ Carried ☐ Defeated ☐ Recorded Vote ☐ Referred ☐ Deferred

Recorded Vote:

	For	Against	Absent
Councillor Brian Bochek			
Councillor Peter Cooper			
Councillor Kristian Graziano			
Councillor Allan Hazelton			
Councillor Stephen Jarvis			
Councillor Steven Predko			
Mayor Peter Koetsier			

Peter Koetsier, Mayor

MUNICIPALITÉ DE CASSELMAN MUNICIPALITY

MUNICIPALITY OF CASSELMAN
AGENDA
REGULAR MEETING

Received May 16, 2024
C-2024-247

Regular Meeting

Agenda Number:	15.1.1.
Resolution Number	2024-134
Title:	Geneviève Lajoie - Autonomy of Conservation Authorities in Ontario
Date:	Tuesday, May 7, 2024

Moved by:	Genevieve Lajoie
Seconded by:	Paul Groulx

WHEREAS the Ministry of Natural Resources and Forestry (MNRF) has proposed regulatory changes under the Conservation Authorities Act, as detailed in posting #019-8320 on the Environment Registry of Ontario, which grant the Minister of Natural Resources and Forestry unprecedented powers to i) prevent a conservation authority from issuing a permit and decide on a permit application in the place of the conservation authority, and ii) review a conservation authority permit decision at the request of an applicant, as notified by Jennifer Keyes, Director, Resources Planning and Development Policy Branch;

AND WHEREAS these changes threaten to undermine the expertise, autonomy, and localized knowledge of conservation authorities, risking the effective stewardship of Ontario's natural resources, as articulated in the letter from Genevieve Lajoie, Mayor of Casselman and dedicated board member of the South Nation Conservation;

AND WHEREAS the proposed changes may lead to developments that compromise water quality, public health, and biodiversity, and ignore the critical role of conservation authorities in climate adaptation strategies, indigenous rights and knowledge, and environmental and economic sustainability;

THEREFORE BE IT RESOLVED that the Municipality of Casselman stands in solidarity, expressing deep concern and opposition to the proposed regulatory changes under the Conservation Authorities Act;

BE IT FURTHER RESOLVED that the Municipality of Casselman supports the call to uphold the principles of scientific integrity, local expertise, and community input in conservation efforts, advocating for the autonomy of conservation authorities to protect our environment from decisions that favor development at the expense of environmental integrity;

AND BE IT FURTHER RESOLVED that Municipality of Casselman urges all Ontario municipalities to join in this call by supporting the letter addressed to the MNRF by Mayor Genevieve Lajoie, and to advocate for the MNRF to reconsider the proposed regulatory changes in favor of environmental stewardship, public trust, and the rights of future generations.

Sébastien Dion
Signed with ConsignO Cloud (2024/05/08)
Verify with verifio.com or Adobe Reader.

Carried

Sébastien Dion, Clerk

Town of Bradford West Gwillimbury
100 Dissette Street, Units 7 & 8
P.O. Box 100, Bradford, Ontario L3Z 2A7

Telephone: 905-775-5366
Fax: 905-775-0153
www.townofbwg.com

Received May 16, 2024
C-2024-248

Thursday, May 15, 2024 **VIA EMAIL**

RE: Resolution – Well-Water Testing

At its Regular Meeting of Council and Committee of the Whole held on Tuesday, May 7, 2024, the Town of Bradford West Gwillimbury Council approved the following resolution:

Resolution 2024-172
Moved by: Councillor Dykie
Seconded by: Councillor Verkaik

WHEREAS private water systems (e.g., wells) are not protected through legislated requirements under *The Safe Drinking Water Act 2002* and *The Clean Water Act 2006*, but are more likely to contribute to cases of gastrointestinal illness than municipal systems; and

WHEREAS the 2023 Ontario Auditor General's value-for-money audit of Public Health Ontario (PHO) recommended that PHO, in conjunction with the Ontario Ministry of Health, begin the gradual discontinuance of free private drinking water testing; and

WHEREAS, in Bradford West Gwillimbury, approximately 3200 households do not receive water from municipal systems, with many relying on a private drinking water system, including wells; and

WHEREAS the Walkerton Inquiry Report Part II, concluded the privatization of laboratory testing of drinking water samples contributed directly to the E. coli outbreak in Walkerton, Ontario in May 2000; and

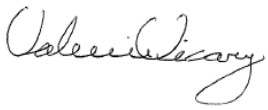
WHEREAS all Ontarians deserve safe, clean water, and free well-water testing is a way to help ensure that residents on private wells continue to have barrier-free access to well water testing.

THEREFORE BE IT RESOLVED Council call on the Province to not phase out free well-water testing as part of the proposed streamlining efforts of public health laboratory operations in the province; and

THAT this resolution be circulated to the Hon. Sylvia Jones, Minister of Health; Hon. Lisa Thompson, Minister of Agriculture, Food and Rural Affairs; Hon. Andrea Khanjin, Minister of the Environment, Conservation and Parks, York—Simcoe's MPP; and all Ontario Municipalities.

Thank you for your consideration of this request.

Regards,



Valerie Vicary
Deputy Clerk, Town of Bradford West Gwillimbury
(905) 775-5366 ext: 1105
vVicary@townofbwg.com

CC:
Hon. Sylvia Jones, Minister of Health;
Hon. Lisa Thompson, Minister of Agriculture, Food and Rural Affairs;
Hon. Andrea Khanjin, Minister of the Environment, Conservation and Parks, York—Simcoe's MPP; and
All Ontario Municipalities

Phone: 613-584-2000
Fax: 613-584-3237
Email: townmail@deepriver.ca
deepriver.ca |

Received May 16, 2024
C-2024-249

May 16, 2024

DELIVERED VIA EMAIL

The Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

Dear Premier Ford,

Please be advised that at the Regular Meeting of Council on April 24, 2024, Council of the Corporation of the Town of Deep River passed the following resolution in support of the County of Renfrew Council resolution regarding Rural and Small Urban Municipalities – Affordability of Water and Wastewater Systems:

6.1.1 Rural and Small Urban Municipalities - Affordability of Water and Wastewater Systems
Renfrew County Council

RESOLUTION 2024 117

MOVED BY: Councillor Hughes
SECONDED BY: Councillor Giardini

BE IT RESOLVED THAT the correspondence from the County of Renfrew Council regarding the affordability of Water and Wastewater Systems of rural and small urban municipalities, be received,

THAT Council of the Town of Deep River endorses the motion, and

THAT it be forwarded to the same persons as listed in the County of Renfrew distribution list.

CARRIED

Kind Regards,

Jackie Mellon, on behalf of the Council of the Town of Deep River
Clerk
Town of Deep River

cc: The Honourable Kinga Surma, Minister of Infrastructure
The Honourable Dominic LeBlanc, Minister of Public Safety, Democratic Institutions and Intergovernmental Affairs
The Honourable Paul Calandra, Minister of Municipal Affairs and Housing
The Honourable Andrea Khanjin, Minister of the Environment, Conservation and Parks
Cheryl Gallant, MP, Renfrew-Nipissing-Pembroke
John Yakabuski, MPP, Renfrew-Nipissing-Pembroke and Parliamentary Assistant to the Minister of the Energy
Association of Municipalities Ontario (AMO)
Rural Ontario Municipal Association (ROMA)
Federation of Canadian Municipalities (FCM)
All Ontario Municipalities

Office of the
County Warden

9 INTERNATIONAL DRIVE
PEMBROKE, ON, CANADA
K8A 6W5
613-735-7288
FAX: 613-735-2081
www.countyofrenfrew.on.ca

County of Renfrew
Ontario . Canada
Experience Our History, Share Our Future!

January 31, 2024

The Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

DELIVERED VIA EMAIL

RE: Rural and Small Urban Municipalities – Affordability of Water and Wastewater Systems

Dear Premier Ford,
Please be advised that at the Regular Council Meeting on January 31, 2024, The County of Renfrew passed the following resolution:

WHEREAS the Provincial Policy Statement (PPS) (Section 1.6.6.2) states that municipal sewage services and municipal water services are the preferred form of servicing for settlement areas to support protection of the environment and minimize potential risks to human health and safety and that intensification and redevelopment within these settlement areas should be promoted; and

WHEREAS the PPS (Section 2.2.1 (f)) states that planning authorities shall protect, improve, or restore the quality and quantity of water by implementing the necessary restrictions on development and site alternation to protect all drinking supplies and designated vulnerable areas, and protect, improve, or restore vulnerable surface and ground water, sensitive surface water features and sensitive groundwater features, and their hydrologic functions; and

WHEREAS the PPS (Sections 2.2.1(h) and (i)) states that there is consideration of environmental lake capacity as well as stormwater management practices; and

WHEREAS the Ministry of the Environment, Protection and Conservation (MECP) Procedural Guideline B-1-5 Policy 2 provision states that water quality which presently does not meet the Provincial Water Quality Objectives shall not be further degraded and all practical measures shall be undertaken to upgrade the water quality to the Objectives; and

WHEREAS in 2014 the Township of Whitewater Region authorized Jp2gConsultants Inc. to undertake a Municipal Class Environmental Assessment (EA) for the purpose of evaluating viable options to upgrade the 1979 Cobden Wastewater Treatment Plant. This plant did not meet guidelines for effluent flow into Muskrat Lake and Cobden Wetland being highly sensitive, at-capacity, inland lake, and Provincial Significant Wetland (PSW) and acknowledged as one of

the most eutrophic in the province. The plant had ongoing seasonal overflow events, and was operating at maximum capacity; and

WHEREAS in 2018 the Council of the Township of Whitewater Region approved the construction of a new parallel mechanical system that would meet all provincial environmental and regulatory requirements including accommodating future growth. Federal and provincial contributions only covered 50% of the final construction costs, as there was no ability to renegotiate with federal and provincial partners once real costs were known. As a result, the balance of costs ($6M) was debentured over 30 years at interest rates that are slightly punitive to rural and small urban municipalities; and

WHEREAS in 2019 the Council of the Township of Whitewater Region conducted a Water and Wastewater Rate Study that demonstrated the need for rate increases of over 100% to fund the new wastewater treatment plant construction debenture and the significantly increased operating costs for a parallel mechanical system. Rural and small urban municipalities experience very limited growth as federal and provincial policies heavily support growth in urban centers. As there are no other sources of available operational funding, rural and small urban municipalities are expected to fund the construction and operation of these state-of-the-art systems from existing property owners and nominal forecasted growth; and

WHEREAS in 2023 the Township of Whitewater Region combined water and wastewater rates have risen to almost $3,000/year for its five hundred and eleven (511) users and are among the highest in the County of Renfrew and across the Province of Ontario. There are similarly high user rates in the Township of Madawaska Valley as a result of Provincial regulations and a small number of users. Other examples of rapidly increasing rates include the Towns of Deep River, Renfrew, Arnprior, Laurentian Hills, and Petawawa, and the Townships of Bonnechere Valley, Laurentian Valley and Killaloe, Hagarty and Richards, where significant upgrades in short periods of time are making rates unaffordable even with an increased number of users.

NOW, THEREFORE BE IT RESOLVED THAT the Council of the County of Renfrew:

Advocate to the provincial and federal levels of government to make them aware that rural and small urban water and wastewater systems are financially unsustainable; and Advocate to the Association of Municipalities of Ontario (AMO), the Rural Ontario Municipalities Association (ROMA) and the Federation of Canadian Municipalities (FCM) to examine if the unaffordability of water and wastewater system operational costs is systemic provincially and nationally.

AND THAT a copy of this resolution be circulated to The Honourable Doug Ford, Premier of Ontario; the Honourable Kinga Surma, Minister of Infrastructure (Ontario); the Honourable Dominic LeBlanc, Minister of Intergovernmental Affairs, Infrastructure and Communities (Canada); the Honourable Paul Calandra, Minister of Municipal Affairs and Housing, the Honourable Andrea Khanjin, Minister of the Environment, Conservation and Parks (Ontario), Cheryl Gallant, MP, Renfrew-Nipissing-Pembroke, John Yakabuski, MPP, Renfrew-Nipissing-Pembroke and Parliamentary Assistant to the Minister of the Environment, Conservation and Parks; AMO; ROMA; FCM; and all Municipalities in Ontario.

THE CORPORATION OF THE TOWNSHIP OF LARDER LAKE
69 Fourth Avenue, Larder Lake, ON
Phone: 705-643-2158 Fax: 705-643-2311

MOVED BY:	SECONDED BY:	
☐ Thomas Armstrong	☐ Thomas Armstrong	Motion #: 6
☒ Patricia Hull	☒ Patricia Hull	Resolution #:
☒ Paul Kelly	☐ Paul Kelly	Date: May 14, 2024
☐ Lynne Paquette	☐ Lynne Paquette	

Received May 16, 2024
C-2024-250

THAT the Council of the Township of Larder Lake supports the resolution passed by the Council of the Township of North Glengarry regarding a request to the province to amend the blue box regulation for ineligible sources as follows:

WHEREAS under Ontario Regulation 391/21: Blue Box producers are fully accountable and financially responsible for their products and packaging once they reach their end of life and are disposed of, for 'eligible' sources only; and

WHEREAS 'ineligible' sources which producers are not responsible for including businesses, places of worship, daycares, campgrounds, public-facing and internal areas of municipal-owned buildings, and not-for-profit organizations, such as shelters and food banks;

AND WHEREAS should a municipality continue to provide services to the 'ineligible' sources, the municipality will be required to oversee the collection, transportation, and processing of the recycling, assuming 100% of the costs;

BE IT RESOLVED that the Council of the Corporation of the Municipality of Larder Lake hereby request that the province amend Ontario Regulation 391/21: Blue Box so that producers are responsible for the end-of-life management of recycling products from all sources;

AND FURTHER that Council hereby requests the support of all Ontario Municipalities;

AND FURTHER that this resolution be forwarded to the Premier of Ontario, the Honourable Minister of the Environment, Conservation, and Parks, and the

Recorded vote requested: ☐

	For	Against
Tom Armstrong		
Patricia Hull		
Paul Kelly		
Lynne Paquette		
Patty Quinn		

I declare this motion

☐ Carried
☐ Lost / Defeated
☐ Deferred to: _____ (enter date) Because:
☐ Referred to: _____ (enter body) Expected response: (enter date)

Disclosure of Pecuniary Interest*

Chair: _____

***Disclosed his/her (their) interest(s), abstained from discussion and did not vote on this question.**

THE CORPORATION OF THE TOWNSHIP OF LARDER LAKE
69 Fourth Avenue, Larder Lake, ON
Phone: 705-643-2158 Fax: 705-643-2311

MOVED BY:
___ ☐ Thomas Armstrong
___ ☐ Patricia Hull
___ ☐ Paul Kelly
___ ☐ Lynne Paquette

SECONDED BY:
___ ☐ Thomas Armstrong
___ ☐ Patricia Hull
___ ☐ Paul Kelly
___ ☐ Lynne Paquette

Motion #: 7
Resolution #:
Date: May 14, 2024

Honourable Minister of Natural Resources and Forestry, to MPP Timiskaming-Cochrane and all Municipalities within the District of Timiskaming.

Recorded vote requested: ☐

	For	Against
Tom Armstrong	✓	
Patricia Hull	✓	
Paul Kelly	✓	
Lynne Paquette	✓	
Patty Quinn	✓	

I declare this motion

☑ Carried
☐ Lost / Defeated
☐ Deferred to: _____ (enter date) Because:
☐ Referred to: _____ (enter body) Expected response: (enter date)

Disclosure of Pecuniary Interest*

Chair: _____

***Disclosed his/her (their) interest(s), abstained from discussion and did not vote on this question.**

THE CORPORATION OF THE TOWNSHIP OF LARDER LAKE
69 Fourth Avenue, Larder Lake, ON
Phone: 705-643-2158 Fax: 705-643-2311

MOVED BY:	SECONDED BY:	
☐ Thomas Armstrong	☑ Thomas Armstrong	Motion #: 8
☐ Patricia Hull	☐ Patricia Hull	Resolution #:
☑ Paul Kelly	☐ Paul Kelly	Date: May 14, 2024
☐ Lynne Paquette	☐ Lynne Paquette	

Received May 16, 2024
C-2024-251

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 exotic wild animals in captivity;

AND WHEREAS 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 exotic wild animals can cause poor animal welfare and suffering, and poses risks to local environments and wildlife;

AND WHEREAS owners of 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 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 exotic wild animals and

Recorded vote requested: ☐

	For	Against
Tom Armstrong		
Patricia Hull		
Paul Kelly		
Lynne Paquette		
Patty Quinn		

I declare this motion

☐ Carried
☐ Lost / Defeated
☐ Deferred to: _____ (enter date) Because:
☐ Referred to: _____ (enter body) Expected response: (enter date)

Disclosure of Pecuniary Interest*

Chair: _____

***Disclosed his/her (their) interest(s), abstained from discussion and did not vote on this question.**

THE CORPORATION OF THE TOWNSHIP OF LARDER LAKE
69 Fourth Avenue, Larder Lake, ON
Phone: 705-643-2158 Fax: 705-643-2311

MOVED BY:
___ ☐ Thomas Armstrong
___ ☐ Patricia Hull
___ ☐ Paul Kelly
___ ☐ Lynne Paquette

SECONDED BY:
___ ☐ Thomas Armstrong
___ ☐ Patricia Hull
___ ☐ Paul Kelly
___ ☐ Lynne Paquette

Motion #: 9
Resolution #:
Date: May 14, 2024

roadside zoos in letters to the Ontario Solicitor General and Ontario Minister for Natural Resources and Forestry;

THEREFORE BE IT RESOLVED THAT The Corporation of the Township of Larder Lake hereby petitions the provincial government to implement provincial regulations to restrict the possession, breeding, and use of 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 exotic wild animal population;

AND FINALLY THAT a copy of this resolution be forwarded to the Premier of Ontario, Ontario's Solicitor General, Ontario's Minister for Natural Resources and Forestry, MPP Timiskaming-Cochrane, AMO, AMCTO, MLEAO, Timiskaming Municipal Association (TMA), the Federation of Northern Ontario Municipalities, (FONOM), and all municipalities within the District of Timiskaming.

Recorded vote requested: ☐

	For	Against
Tom Armstrong	✓	
Patricia Hull	✓	
Paul Kelly	✓	
Lynne Paquette	✓	
Patty Quinn	✓	

I declare this motion

☑ Carried
☐ Lost / Defeated
☐ Deferred to: _____ (enter date) Because:
☐ Referred to: _____ (enter body) Expected response: (enter date)

Disclosure of Pecuniary Interest*

Chair: _____

***Disclosed his/her (their) interest(s), abstained from discussion and did not vote on this question.**