

TOWNSHIP OF SOUTH GLENGARRY REGULAR MEETING OF COUNCIL AGENDA

Monday, May 6, 2024, 7:00 PM
Tartan Hall - Char-Lan Recreation Centre
19740 John Street, Williamstown

	Pages
1. CALL TO ORDER	
2. O CANADA	
3. DISCLOSURE OF PECUNIARY INTEREST	
4. APPROVAL OF AGENDA Additions, Deletions or Amendments All matters listed under the Consent agenda, are considered to be routine and will be enacted by one motion. Should a Council member wish an alternative action from the proposed recommendation, the Council member shall request that this matter be moved to the appropriate section at this time.	
5. APPROVAL OF MINUTES	
5.a Previous Meeting Minutes - April 15, 2024	4
6. PRESENTATIONS AND DELEGATIONS	
6.a Road Condition - Kenyon Concession Road One (Faith Van Reil) The matter in concern is the road condition on Kenyon Concession Road One, Applehill, Ont K0C 1B0 (EAST side of Highway 20).	10
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11.	CLOSED SESSION	
	BE IT RESOLVED THAT Council convene to Closed Session at _____ pm to discuss the following item(s) under Section 239 (2) & (3) of The Municipal Act S.O. 2001	
	(2) A meeting or part of a meeting may be closed to the public if the subject matter being considered is,	
	(b) personal matters about an identifiable individual, including municipal or local board employees;	
	Specifically: Staff Recruitment	
	(3.1) A meeting of a council or local board or of a committee of either of them may be closed to the public if the following conditions are both satisfied:	
	(1) The meeting is held for the purpose of educating or training the members.	
	Specifically: Cultural Memorial Practices	
12.	CONFIRMING BY-LAW	117

13. ADJOURNMENT

**TOWNSHIP OF SOUTH GLENGARRY
REGULAR MEETING MINUTES**

**April 15, 2024, 7:00 p.m.
Tartan Hall - Char-Lan Recreation Centre
19740 John Street, Williamstown**

PRESENT: Mayor Lachlan McDonald
Deputy Mayor Martin Lang
Councillor Stephanie Jaworski
Councillor Sam McDonell
Councillor Trevor Bougie

STAFF PRESENT: CAO Doug Robertson
GM Corporate Services/Clerk Kelli Campeau
Acting GM Finance/Treasurer Kaylyn MacDonald
GM Infrastructure Services Sarah McDonald
GM Planning, Building & Enforcement Joanne Haley
GM Park, Recreation & Culture Sherry-Lynn Harbers
Deputy Clerk Kayce Dixon

1. CALL TO ORDER

Resolution No. 2024-098

Moved by Deputy Mayor Lang
Seconded by Councillor Jaworski

BE IT RESOLVED THAT the April 15th, 2024 Regular Council Meeting of the Township of South Glengarry now be opened at 7:00 pm.

CARRIED

2. O CANADA

3. DISCLOSURE OF PECUNIARY INTEREST

4. APPROVAL OF AGENDA

Pulled from Consent Agenda:

-10.a. Departmental Quarterly Updates - First Quarter

Resolution No. 2024-099

Moved by Councillor Jaworski
Seconded by Councillor McDonell

BE IT RESOLVED THAT the Council of the Township of South Glengarry approve the agenda as amended.

CARRIED

5. APPROVAL OF MINUTES

Resolution No. 2024-100

Moved by Councillor McDonell
Seconded by Councillor Bougie

BE IT RESOLVED THAT the minutes of the following meetings, including Closed Session Minutes, be adopted as circulated:

-Previous Meeting Minutes - April 2, 2024

-Public Meeting Minutes - April 2, 2024

CARRIED

5.1 Previous Meeting Minutes - April 2, 2024

5.2 Public Meeting Minutes - April 2, 2024

6. PRESENTATIONS AND DELEGATIONS

7. ACTION REQUESTS

7.1 Char-Lan District High School Fee Waiver (S. Harbers)

Resolution No. 2024-101

Moved by Councillor Bougie
Seconded by Deputy Mayor Lang

BE IT RESOLVED THAT Staff Report 2024-46 be received and that the Council of the Township of South Glengarry approves the request from the Char-Lan District High School band, Clan Stock, to waive fees in the amount of \$508.50 to cover the cost of the floor rental at the Char-Lan Recreation Centre.

CARRIED

7.2 Establish an Easement for Access to 19629 Fairview Rd. (J. Haley)

Council directed that the cost to complete the survey be borne by the municipality.

Resolution No. 2024-102

Moved by Deputy Mayor Lang
Seconded by Councillor Jaworski

BE IT RESOLVED THAT Staff Report 2024-47 be received and that the Council of the Township of South Glengarry directs Administration to proceed with preparing an easement agreement over the Township owned lands on Fairview Road in favour of the property legally described as Part of Lots 48 and 49, Concession 1NRR, PIN 671210173, in the geographic Township of Charlottenburgh, now in the Township of South Glengarry, addressed as 19629 Fairview Road, which will permit a legal right to traverse the Township owned land;

AND FURTHERMORE that the Mayor and Clerk be authorized to sign all applicable documents.

CARRIED

8. BY-LAWS

8.1 Zoning By-law Amendment - The Wash Lancaster Inc. (J. Haley)

Resolution No. 2024-103

Moved by Councillor Jaworski
Seconded by Councillor McDonell

BE IT RESOLVED THAT Staff Report 2024-48 be received and that By-law 2024-20, being a by-law to amend By-law 38-09, to rezone the property described as Part of Lot 38, Concession 1, being Part 1 of RP14R2964, in the Geographic Township of Lancaster, now in the Township of South Glengarry, County of Glengarry, located at 20383 County Road 2, South Lancaster from Highway Commercial to Highway Commercial Exception Eleven to permit a laundromat as a use on the subject property and to permit the proposed laundromat and car wash to be serviced by 3 parking spaces on the subject property be read a first, second and third time, passed, signed and sealed in open council this 15th day of April 2024.

CARRIED

8.2 Zoning By-law Amendment - Lancaster Masonic Lodge (J. Haley)

Resolution No. 2024-104

Moved by Councillor McDonell
Seconded by Councillor Bougie

BE IT RESOLVED THAT Staff Report 2024-49 be received and that By-law 2024-21, being a by-law to amend By-law 38-09, to rezone the subject property legally described as Lot 6 Plan 26, being part 2 of RP14R6759 in the Geographic Village of Lancaster, now in the Township of South Glengarry, County of Glengarry, located at 28 South Terrace, Lancaster from Residential Two (R2) to Residential Two – Exception Four (R2-4) to:

- Permit a private club as a use on the subject property.
- Increase the maximum amount of the front yard that can be used or constructed as a driveway or parking space from 50% to 100%.
- Reduce the 1.5-meter setback along a lot line abutting a street/road to all parking spaces to 0 meters.
- Reduce the required number of parking spaces for the proposed private club from 17 spaces to 4 spaces,

Be read a first, second and third time, passed signed and sealed this 15th day of April 2024.

CARRIED

8.3 Load Reduction – North Branch Road and Cemetery Road (S. McDonald)

Resolution No. 2024-105

Moved by Councillor Bougie
Seconded by Deputy Mayor Lang

BE IT RESOLVED THAT Staff Report 2024-50 be received and that By-law 2024-22 being a by-law to enact reduced load restrictions on certain roads within the Township of South Glengarry be read a first, second and

third time, passed, signed and sealed in open council this 15th day of April. 2024.

CARRIED

8.4 Road Closure – Kinloch Road South (S. McDonald)

Resolution No. 2024-106

Moved by Deputy Mayor Lang
Seconded by Councillor Jaworski

BE IT RESOLVED THAT Staff Report 2024-51 be received and that By-law 2024-23, being a by-law to stop up and close the road named as Kinloch Road (part of PIN 671260095) located in the Township of South Glengarry be read a first, second and third time, passed, signed and sealed in Open Council this 15th day of April 2024.

CARRIED

8.5 Appoint Deputy Clerk (K. Campeau)

Resolution No. 2024-107

Moved by Councillor Jaworski
Seconded by Councillor McDonell

BE IT RESOLVED THAT Staff Report 2024-52 be received and that By-law 2024-24, being a by-law to appoint Doug Robertson as a deputy clerk for the Township of South Glengarry be read a first, second and third time, passed, signed and sealed in open council this 15th day of April 2024.

CARRIED

9. ITEMS FOR CONSIDERATION

9.1 Support Resolution - Town of Aurora

Resolution No. 2024-108

Moved by Councillor Jaworski
Seconded by Deputy Mayor Lang

BE IT RESOLVED THAT the Council of the Township of South Glengarry hereby supports the resolution passed by the Town of Aurora advocating for an amenity sharing Memorandum of Understanding with school boards for evening and weekend use;

AND FURTHERMORE that a copy of this resolution be sent to the Premier of Ontario, the Minister of Municipal Affairs and Housing, the Minister of Education, the Association of Ontario Municipalities and the Town of Aurora.

CARRIED

9.2 Support Resolution - Township of Adelaide Metcalfe

Resolution No. 2024-109

Moved by Deputy Mayor Lang
Seconded by Councillor McDonell

BE IT RESOLVED THAT the Council of the Township of South Glengarry hereby supports the resolution passed by the Township of Adelaide Metcalfe and requests that the Province, through the Ministry of Agriculture, Food and Rural Affairs, consider increasing the maximum annual Tile Loan limit to a minimum of \$100,000;

AND FURTHERMORE that this resolution be circulated to the Minister of Agriculture, Food and Rural Affairs, the Association of Municipalities of Ontario, the Rural Ontario Municipal Association and the Township of Adelaide Metcalfe.

CARRIED

9.3 Departmental Quarterly Updates - First Quarter (CAO Robertson)

10. CONSENT AGENDA

Resolution No. 2024-110

Moved by Councillor McDonell
Seconded by Councillor Bougie

BE IT RESOLVED THAT Council accepts the items listed on the Consent Agenda.

CARRIED

10.1 Departmental Quarterly Updates - First Quarter (CAO Robertson)

10.2 RRCA Board Meeting Highlights - March 26, 2024

10.3 RESOLUTION - 988 Suicide and Crisis Hotline (North Stormont)

10.4 RESOLUTION - Access to Natural Gas Resolution (Warwick Township)

10.5 RESOLUTION - Deadline of an Accessible Ontario by 2025 (Prince Edward County)

10.6 RESOLUTION - Energy Transition (Township of Terrace Bay)

10.7 RESOLUTION - Ontario Heritage Act (Kitchener)

10.8 RESOLUTION - Social and Economic Prosperity Review (North Glengarry)

10.9 RESOLUTION - Support for the OEB Decision to End the Subsidization of Fossil Gas (Guelph)

11. CLOSED SESSION

Resolution No. 2024-111

Moved by Councillor Bougie
Seconded by Deputy Mayor Lang

BE IT RESOLVED THAT Council convene to Closed Session at 7:43 pm to discuss the following item(s) under Section 239 (2) of The Municipal Act S.O. 2001;

(2) a meeting or part of a meeting may be closed to the public if the subject matter being considered is;

(b) personal information about an identifiable individual

Specifically: Staffing Matter

(k) negotiations

Specifically: Ongoing Negotiations

CARRIED

Resolution No. 2024-112

Moved by Deputy Mayor Lang

Seconded by Councillor Jaworski

BE IT RESOLVED THAT Council rise and reconvene at 9:47 pm into open session without reporting.

CARRIED

Resolution No. 2024-113

Moved by Councillor Jaworski

Seconded by Councillor McDonell

BE IT RESOLVED that Administration be directed to carry out all actions as specified in the Closed Session minutes.

CARRIED

12. CONFIRMING BY-LAW

Resolution No. 2024-114

Moved by Councillor McDonell

Seconded by Councillor Bougie

BE IT RESOLVED THAT By-law 2024-25, being a by-law to adopt, confirm and ratify matters dealt with by resolution be read a first, second and third time, passed, signed and sealed in open council this 15th day of April 2024.

CARRIED

13. ADJOURNMENT

Resolution No. 2024-115

Moved by Councillor Bougie

Seconded by Deputy Mayor Lang

BE IT RESOLVED THAT the Council of the Township of South Glengarry adjourn to the call of the chair at 9:48 pm.

Mayor

Clerk

ROAD "PETITION"

April 24, 2024

Regarding: Depleting conditions of Kenyon Concession Road 1, Applehill, Ont. K0C 1B0 (Road East side of Hwy 20) Extension roads Chapel and Squire included

Condition: Poor grading conditions, numerous potholes, creating unsafe driving condition, and damage to vehicles, one including the post office vehicle.

Petition: If you are **dissatisfied** with our Road condition I am asking you to sign this petition. I will attend Council Meeting to speak on your behalf. I need to have the petitions signed and handed back to my mailbox so I can bring them to the deputy clerk prior to the meeting date. If accepted I can get into the May meeting if there is an opening. If you would like to attend for support, I can email everyone the date, time and place. An improvement could mean an increase in our taxes temporarily within the means of a permanent fix of this road. (Photos of road conditions as well as a request to speak, has been sent to Council (Deputy clerk) this morning for review.

Petition Organizer: Faith Van Riel (Home owner) 18552 Kenyon Conc. Rd One, Applehill, K0C 1B0 **(DROP OFF PETITION IN MY MAILBOX PLEASE by April 29, 2024)** *My email address is: faith.vanriel@hotmail.ca*

Please fill out the FULL Information Requirement if you would like to support this cause. If you can, leave your email address so I can contact everyone on the petition on any results as they happen or as I am informed.

NAME: (PRINT) _____

FULL ADDRESS & POSTAL CODE AND PHONE NUMBER:

SIGNATURE: _____

EMAIL ADDRESS: (OPT) _____

ROAD "PETITION"

April 24, 2024

Regarding: Depleting conditions of Kenyon Concession Road 1, Applehill, Ont. K0C 1B0 (Road East side of Hwy 20)

Condition: Poor grading conditions, numerous potholes, creating unsafe driving condition, and damage to vehicles, one including the post office vehicle.

Petition: If you are **dissatisfied** with our Road condition I am asking you to sign this petition. I will attend Council Meeting to speak on your behalf. I need to have the petitions signed and handed back to my mailbox so I can bring them to the deputy clerk prior to the meeting date. If accepted I can get into the May meeting if there is an opening. If you would like to attend for support, I can email everyone the date, time and place. An improvement could mean an increase in our taxes temporarily within the means of a permanent fix of this road. (Photos of road conditions as well as a request to speak has been sent to Council (Deputy clerk) this morning for review.

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NAME: (PRINT) _____

FULL ADDRESS & POSTAL CODE AND PHONE NUMBER:

SIGNATURE: _____

EMAIL ADDRESS: (OPT) _____













Dust after grading. Photo till it rains.

Email and phone numbers Kenyon, Squire and Chapel roads

1. Helena Harjak, [REDACTED] 18947 Kenyon
2. Greg Chetkowski [REDACTED] 18877 Kenyon
3. Robert/Michelle St. Amour [REDACTED] 19145 Kenyon
4. Adele/Greg Lalonde (no email/phone) 18876 Kenyon
5. Dan Ursula/Kris Flipsen [REDACTED] 18810 Kenyon
6. Jason/Allyson Marshall [REDACTED] 525-4914 19429 Kenyon
7. Cindy Flaro [REDACTED] 19009 Kenyon
8. Luane/Michael Doyle [REDACTED] 18219 Kenyon
9. Kenny Russell [REDACTED] 18523 Kenyon
10. Anne Marie Jodoin [REDACTED] 18692 Kenyon
11. Martya Would [REDACTED] 18655 Kenyon
12. Don/Peg MacRae [REDACTED] 18786 Kenyon
13. Stefani Regimbald [REDACTED] 18983 Kenyon
14. Bruce/Christina Ransom [REDACTED] 18757 Kenyon
15. Bernie Trottier [REDACTED] 18674 Kenyon
16. Mervin Sloan [REDACTED] 18745 Kenyon
17. Joyce Gordon/John Hillenbrand [REDACTED] 19387 Kenyon
18. Chris Oosenbrug [REDACTED] 19030 Kenyon

19. Andre/Chantalle Chenier [REDACTED] 18518
Kenyon
20. Marion Newman [REDACTED]) 4099
Chapel
21. Robert Hall [REDACTED]) 3981 Chapel
22. Abbi Morrison [REDACTED] 3993
Chapel
23. Bradley Morrison [REDACTED] 3993
Chapel
24. Barbara/Darren Nelson [REDACTED] 19362 Kenyon
25. Robert Colosino/Lucie Kavakashian [REDACTED]
4065 Chapel
26. Don Nelthorpe/Tina Morris [REDACTED]
[REDACTED] 4005 Chapel
27. Claude Carrier/Manon Bellemare [REDACTED] 4077 Chapel
28. T. Bjorgan/R. Vainola [REDACTED] 4011
Chapel
29. Garry/Ellen Grant [REDACTED] 4059 Chapel
30. Olive/Egan Baktay [REDACTED] 4129 Chapel
31. Marianne Ewence/Gerry Koltuch [REDACTED]
4143 Chapel
32. Robert Allard [REDACTED] 3929 Chapel
33. Marthe Diguer [REDACTED] 3929 Chapel
34. John David Campbell [REDACTED]
[REDACTED]) 4251 Squire
35. Nicole/Danny Leblanc [REDACTED] 4160
Chapel
36. Emma Piette [REDACTED] 19080 Cornerstown road (rental)

37. Lourens Joubert/Gary Smith [REDACTED]
[REDACTED] 18683 Kenon
38. Kirsty Buchan [REDACTED] 18768 Kenyon
39. Angus Grant Buchan [REDACTED] 4186
Squire
40. Rory Buchan [REDACTED] 4194 Squire
41. Craig O'Brien [REDACTED] 18553 Kenyon
42. Faith Van Riel [REDACTED] 18552 Kenyon [REDACTED]
43. Tony Van Riel [REDACTED] 18552 Kenyon [REDACTED]

EMERGENCY PREPAREDNESS WEEK PROCLAMATION

BE IT RESOLVED THAT the Township of South Glengarry does recognize the importance of Emergency Management in Ontario and the goal of Emergency Preparedness Week is to raise community awareness and the need to be prepared within 72 hours for the possibility of an emergency;

AND WHEREAS during Emergency Preparedness Week, Ontario residents will identify and learn about risks in their communities and how they can protect themselves knowing the potential hazards and risks you face, planning ahead and being prepared are the best steps to ensure that you and your family will survive an emergency or disaster;

AND WHEREAS Although focused on personal preparedness, Emergency Preparedness Week also carries messages for business owners, municipal officials and utility operators; ensuring business continuity and updating emergency plans are all just as crucial in assuring community preparedness;

AND WHEREAS all levels of government have an important role to play in emergency preparedness and response, but ultimately, emergency preparedness is the responsibility of each and every one of us;

NOW THEREFORE, I, Mayor Lachlan McDonald, do hereby proclaim the week of May 5- 11, 2024 as **EMERGENCY PREPAREDNESS WEEK** in the Township of South Glengarry and encourage all citizens to begin today and learn how to prepare now for a safer tomorrow.



STAFF REPORT

S.R. No. 2024-53

PREPARED BY: Sherry-Lynn Harbers, General Manager of Parks, Recreation and Culture
Joanne Haley, General Manager of Planning, Building and Enforcement

PREPARED FOR: Council of the Township of South Glengarry

COUNCIL DATE: May 6, 2024

SUBJECT: Lancaster Legion - Generator

BACKGROUND:

1. Administration brought forward a Facility Generator Information report at the September 18, 2023 Council meeting.
2. Within the report, a number of municipal facilities were identified as priority sites that would benefit from a generator for multiple reasons including operations, efficiencies and maintaining the facility. However, the Lancaster Legion was not identified as a priority facility.
3. Sites that were identified as a priority facility for a generator were requested as budget items during the 2024 budget deliberations. The Lancaster Legion was not included as a site to receive a generator in 2024.
4. The Lancaster Legion reached out to administration to inquire about the installation of a generator for the Legion and included that the Legion would fund the full cost of the generator.
5. Administration met with Lancaster Legion representatives to discuss this option in detail regarding ownership, maintenance, location and emergency management.

ANALYSIS:

6. The Executive of the Legion suggests that their facility will be well suited to be used as a warming centre once serviced by a back up generator. This is a welcomed opportunity from an Emergency Planning response perspective. The Legion is a centrally located facility that is generously operated by their members where the community is welcomed and served on a regular basis. During any

power outage event, short or long, the public will have a space to attend to warm up, cool off, charge their phones and most likely be served with a hot meal.

7. However, this site will not be required to be an emergency response centre as part of the municipality's Emergency plan, as this facility is leased by the Legion and the Legion determines their operational schedule while following the terms of the lease agreement.
8. If this facility is required during an emergency event, the Township will work with the Legion representatives to determine the best use to benefit the public. It will continue to be at the discretion of the Legion to open and operate as an emergency site.
9. The generator would become part of the facility, therefore it would be owned by the Municipality and remain at the facility, which is currently leased by the Lancaster Legion - Branch 544.
10. The generator would be located near the front of the facility in order to be connected to the natural gas connection.
11. The Legion would maintain the generator and pay for any maintenance performed on the asset.
12. The Lancaster Legion has researched generator options and costing, the asset would be procured by the Lancaster Legion representatives.
13. If Council approves the Lancaster Legion purchasing a generator for the facility, administration will amend the current lease agreement to include the details above regarding the generator.

IMPACT ON 2024 BUDGET:

N/A

ALIGNMENT WITH STRATEGIC PLAN:

RECOMMENDATION:

BE IT RESOLVED THAT Staff Report 2024-53 be received and that the Council of the Township of South Glengarry approves the Lancaster Legion to purchase and install a generator for the Municipally owned facility that is currently leased by the Lancaster Legion.

**Recommended to Council for
Consideration by:
CAO DOUG ROBERTSON**



The Royal Canadian Legion

Ontario Branch 544 - Claude Nunney V.C

119 Military Rd., PO Box 144

Lancaster, Ont K0C 1N0

Phone (613) 347-3286

Email: info@lancasterlegion.com

March 12, 2024

Mayor and Council Members
Township of South Glengarry
Lancaster Ontario

Ref: Backup Generator for the Legion Building (Revised April 9, 2024)

Mr. Mayor and Councilors,

The most recent ice storm left many residents of South Glengarry without electricity due to damage done to the Hydro One and personal property infrastructure. It has become reasonable to assume that such events will become more common in the future and that the Township of South Glengarry and the village of Lancaster, in particular is ill equipped to handle them.

The executive of the Lancaster Legion suggests that the Municipal Building that it leases is well suited to be used as a "warming centre" providing a place for residents who cannot stay in their homes to come to. Having been expanded and upgraded in 2016, the building has a Health Unit approved kitchen, large walk-in cooler, code compliant barrier free access and washrooms. The building is heated with natural gas fed furnaces and is air conditioned. The Lancaster Legion does not intend that this facility be integrated into the Municipality's Emergency Preparedness Plan, but rather offers it as a service to the community. What it lacks to be fully functional in times of power failures is a backup emergency generator.

The Legion membership is proposing to pay the total cost of ordering, purchasing and installing a generator of sufficient capacity to power the building and its operations. This offer includes paying for all electrical and natural gas work required to hook it up by licensed contractors. In addition, the Legion will undertake the cost of contracting for the ongoing maintenance of the generator. Please advise your concurrence at your earliest convenience.

Regards,

Bill Bresee

President - RCL - Lancaster Branch 544

"They served till death! Why not we?"



STAFF REPORT

S.R. No. 2024-54

PREPARED BY:

Joanne Haley, GM-Planning, Building and Enforcement
& Sherry Lynn Harbers, GM-Parks, Recreation and
Culture

PREPARED FOR:

Council of the Township of South Glengarry

COUNCIL DATE:

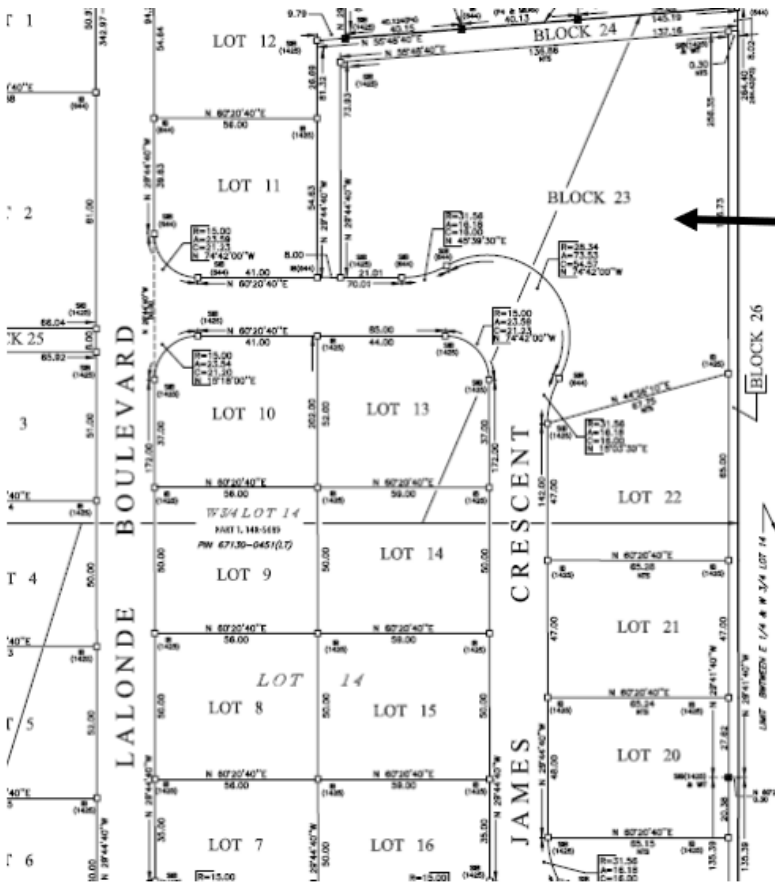
May 6, 2024

SUBJECT:

Parkland in Summerstown Estates

BACKGROUND:

1. The Summerstown Estates Subdivision, located at Part of Lot 14, Concession 1 Front, former Township of Charlottenburgh, was filed with the Ministry of Municipal Affairs and Housing in 1987.
2. The subject property received draft plan approval subject to conditions in 1995, which was amended in 2007, to create 33 lots and several blocks.
3. The first phase of the subdivision consists of 11 lots and was registered in August 2010. The subdivision agreement for the first phase required a cash in lieu of parkland in the amount of \$1,000.00. This cost was negotiated and based on 1987 land values as per the requirements of the Ontario Planning Act.
4. The second phase of the subdivision required parkland to be dedicated to the Township. Condition #6 stated, "that the owner convey up to 5% of the land included in the plan to the municipality for park purposes". The draft plan approved subdivision proposed Block 23 to be dedicated to the Township as parkland.



5. On December 20, 2021, a staff report was provided to Council regarding this parkland and to consider allowing the parkland to be developed. Council was provided 3 options as follows:
 - a. Accept the land for parkland purposes as per the subdivision approval and budget for park development in the near future.
 - b. Accept the land for parkland purposes as per the subdivision approval, do not develop the parkland in the near future and consider creating and selling lots. The monies of the sales of the lots can be placed in general reserves or can be used for development of other parks.
 - c. Do not accept the land for parkland purposes as per the subdivision approval, request cash in lieu of parkland from the developer and permit the developer to create lots and sell them.
6. Council opted for option C which would result in no park being created and the collection of cash in lieu of parkland.
7. Following feedback from the public, specifically property owners located within the Summerstown Estates Subdivision, at the January 17, 2022, Council meeting

Council reconsidered the motion and chose to accept the land for parkland purposes.

ANALYSIS:

8. On February 23, 2022, Sherry Lynn Harbers, General Manager of Parks, Recreation and Culture, Kelli Campeau, Clerk and Joanne Haley, General Manager of Planning, Building and Enforcement hosted a virtual public meeting for the residences of Summerstown Estates and area to determine the wishes and goals of the community for the proposed park.
9. The parkland is 3.5 acres in size. In consultation with the Parks, Recreation and Culture department, it was determined that approximately 2.5 acres would be appropriate to develop a neighbourhood park with approximately 1 acre remaining. The future use of the remaining 1 acre would need to be determined - see image below:



10. A Parks and Recreation Master Plan was completed in January 2023. Based on the feedback received at the February 23, 2022, Public Meeting and the consultation during the Master Plan process, the Master Plan included the intent to develop an active park in Summerstown Estates.

11. As part of the 2023 Capital Budget, \$20,000 was included for landscaping at Summerstown Estates, which was funded through the Parkland Reserve Fund.
12. Landscaping was to include grading and excavating in order to begin preparing for future park development. This project did not move forward in 2023 as a study known as a hydrogeological and terrain analysis was not completed to determine if it is possible to create an additional building lot from the possible unused parkland which was required to move forward.
13. Administration is recommending a different approach to allow the development of the parkland to proceed. If there is additional unused parkland, this use can be determined in the future.
14. As part of the 2024 Capital Budget, the \$20,000 was included again to complete landscaping on this property.
15. In 2024 the park development would continue to consist of landscaping. Subject to Council's approval, the Parks, Recreation and Culture Department would work with the community to discuss future development and fundraising options.
16. To proceed with the development of the park, direction from Council is required to determine if the park will consist of the full 3.5-acre parkland property or a portion of this property.
17. The following options are outlined below:
 - a. Assign the 3.5-acre property for future park development.
 - b. Assign 2.5 acres for future park development with the remaining 1-acre land use to be determined. A Subsequent staff report will be prepared in the future to determine the uses.
18. Once a decision is made by Council, the Township will request the lands to be transferred from the Developer to the Township in order for administration to proceed with the landscaping work as part of the 2024 budget.

IMPACT ON 2024 BUDGET:

\$20,000 has been budgeted for in the 2024 budget for landscaping of the parkland.

ALIGNMENT WITH STRATEGIC PLAN:

Goal #2 - Invest in infrastructure and its sustainability

Goal #3- Strengthen the effectiveness and efficiency of our organization

Goal #4- Improve quality of life in our community

RECOMMENDATION:

BE IT RESOLVED THAT Staff Report 2024-54 be received and that the Council of the Township of South Glengarry directs administration to:

Select One:

- a. Develop a neighbourhood park using the full 3.5-acre parcel
- b. Develop a neighbourhood park that is approximately 2.5 acres in area with a minimum of 1 acre remaining with the future use of this area of land to be determined.

For the subject property known as Summerstown Estates Subdivision Phase II Parkland, legally described as Part of Lot 14, Concession 1 Front, Registered Plan 14M13, Block 23, geographic Township of Charlottenburgh, now in the Township of South Glengarry, County of Glengarry.

**Recommended to Council for
Consideration by:
CAO DOUG ROBERTSON**

INFORMATION REPORT

REPORT TO: Council of the Township of South Glengarry

MEETING DATE: May 6, 2024

SUBJECT: eTracks Collection Site Award Winner

PREPARED BY: Sarah McDonald, P. Eng. – GM Infrastructure Services



South Glengarry is an enrolled collection site with eTracks (<https://etracks.ca/>), which is a Producer Responsibility Organization (PRO) responsible for the ethical recovery of used tires, supporting a cleaner and more sustainable Ontario.

During 2023, South Glengarry recycled almost 25 metric tonnes of tires through eTracks OR almost 530 tires. 2024 is off to a strong start with over 530 tires already removed for recycling and plans for many thousands more to be removed! Infrastructure Coordinator, **Belinda Dixon**, has championed this initiative on behalf of the Township.

The Township was notified in early May 2024 that it is the recipient of the **Collection Site Award of Excellence** from eTracks for demonstrating outstanding performance during 2023. Thank you to all staff involved for their hard work and perseverance in supporting a greener and sustainable South Glengarry.

Notice received from the eTracks Tire Management System:

Honouring Our Collection Site Award Winners!

We are pleased to announce the winners of the Collection Site Award of Excellence!

These exceptional sites have demonstrated outstanding performance in 2023, ensuring that tires are responsibly collected and recycled, contributing significantly to a cleaner and more sustainable environment in Ontario.

Congratulations to Centre De Pneu Marion, Jim's Auto Care, K-W Automotive Inc., Active Green + Ross Aurora, Municipality of Killarney, Township of South Glengarry, Essex Windsor Waste Authority, and Protyre.

Your dedication and hard work are truly commendable.

INFORMATION REPORT

REPORT TO: Council of the Township of South Glengarry

MEETING DATE: May 6, 2024

SUBJECT: 2023 Emergency Management Program Compliance

PREPARED BY: Joanne Haley, CEMC



Emergency Management Ontario (EMO) requires all municipalities to complete annual requirements to at least an essential level of preparedness. These requirements are:

1. Appoint a Community Emergency Management Coordinator (CEMC) and an Alternate.
2. CEMC and Alternate must complete required training, CEMC must have annual training.
3. Community Emergency Management Program Committee must be in place and must meet annually.
4. A current by-law must be in place adopting the Emergency Management Program.
5. The Community Risk profile must be reviewed annually and must be current.
6. Emergency Plan must be reviewed and submitted to EMO.
7. Must have a designated Emergency Operations Centre.
8. The Emergency Operation Centre must have an appropriate Communications system.
9. The Critical Infrastructure must be reviewed annually and must be current.

10. The Municipality must conduct annual training for the Community Control Group and staff.
11. The Municipality must conduct an annual exercise for the Community Control Group.
12. A Municipal employee must be designated as the Emergency Information Officer.
13. The Municipality must complete a public education program- this is completed annually during Emergency Preparedness week.
14. The Emergency Management Committee must conduct an annual review of the Emergency Management Program.

In conclusion, the Township of South Glengarry has met the requirements for 2023. Please see the attached compliance letter issued by Emergency Management Ontario.

Treasury Board Secretariat
Emergency Management Ontario
25 Morton Shulman Avenue
Toronto ON M3M 0B1
Tel: 647-329-1200

Secrétariat du Conseil du Trésor
de la gestion des situations d'urgence
Ontario
25 Morton Shulman Avenue
Toronto ON M3M 0B1
Tél. : 647-329-1200



April 15, 2024

Township of South Glengarry

Dear Joanne Haley - CEMC:

Emergency Management Ontario (EMO) is proud to support your efforts to deliver on our common mission to ensure Ontarians are safe, practiced and prepared before, during and after emergencies.

The Emergency Management and Civil Protection Act (EMCPA) requires each municipality to develop and implement an Emergency Management (EM) program that includes:

- Municipal hazard and identification risk assessment;
- Municipal critical infrastructure list;
- Municipal emergency plan;
- Program By-law;
- Annual Review;
- Annual training;
- Annual exercise;
- Public education program;
- An Emergency Operations Center;
- A Community Emergency Management Coordinator;
- An Emergency Management Program Committee;
- A Municipal Emergency Control Group (MECG) and;
- An Emergency Information Officer.

Emergency Management Ontario (EMO) assists municipalities by making available our Field Officers and other resources to provide advice and guidance, deliver training, participate in exercises, and other advisory services including annually advising municipalities on achieving their EMCPA requirements.

Thank you for sharing your EM program related information and the effort undertaken to do so. Upon review of the documentation submitted, EMO is pleased to advise that our assessment indicates that your municipality has satisfied all thirteen (13) program elements required under the EMCPA.

Congratulations on your municipality's efforts in meeting your EMCPA requirements in

2023.

You may also be interested in learning of the following information for further context:

- 412 of 444 municipalities sought EMO's advice on their progress to meet their EMCPA requirements in 2023, of which 405 were advised they appeared to satisfy their EMCPA requirements.
- Of the 7 municipalities who were advised they did not appear to meet all 13 program elements required under the EMCPA, the most prevalent reasons were:
 - Not designating an Emergency Information Officer;
 - CEMC did not complete training;
 - Not completing the annual MCEG training; and/or
 - Not completing an annual review of their EM program.

There is nothing more important than the safety and wellbeing of our families and loved ones, and the importance of ensuring that your municipality is as prepared as possible for any potential emergency cannot be understated.

Once again, EMO is here to assist municipalities in achieving their EMCPA requirements. For further information or if you have any questions or concerns about this letter, please contact our Field Officer assigned to your Sector; their contact information is below.

Name: Andre Proteau

Email: andre.proteau@ontario.ca

Phone: 647-328-1186

Sincerely,

Heather Levecque
Assistant Deputy Minister and Chief, Emergency Management
Treasury Board Secretariat

cc: Mayor Lachland McDonald

CONSENT AGENDA

REPORT TO: Council of the Township of South Glengarry



MEETING DATE: May 6, 2023

SUBJECT: 2022 Landfill Annual Reports

PREPARED BY: Sarah McDonald, P. Eng. – GM Infrastructure Services

Overview

The Township of South Glengarry currently owns and operates three waste disposal sites:

- Beaver Brook Road Waste Disposal Site
- North Lancaster Waste Disposal Site
- Summerstown Road Landfill (**closed**)

Each of the three landfills operates in accordance with an Environmental Compliance Approval (ECA) that describes the conditions, monitoring, and reporting parameters within which the Waste Disposal Site (WDS) must operate.

The 2023 Annual Report for the North Lancaster WDSs were provided to the Ministry of Environment, Parks, and Culture in advance of the March 31, 2024 deadline. The results of the annual report are summarized for Council's information below.

North Lancaster WDS (2023)

The 2023 Annual Monitoring Report for the North Lancaster WDS included a surface water monitoring program, a ground water monitoring program, and a landfill gas monitoring program. The report provided the following key conclusions and recommendations:

1. Assuming the annual fill rate measured during the 2023 topographic survey is maintained, the estimated remaining lifespan in seven-eight years with **an estimated closure year of 2031**. This is an improvement from the estimated 2028 closure year noted in the 2022 monitoring report.
2. All perimeter ditches should be inspected to identify potential leachate seeps and erosion of ditch banks.
3. The monitoring program does not need to be adjusted and continue as stipulated in the ECA.
4. Confirmation of the viability of Surface Water Monitoring Station S-2 as a downstream surface water location is required following the clearing works being undertaken nearby.

5. Review of the management and placement of interim daily cover is required to increase the waste mound lifespan.
6. Improve record keeping to include: staff visits / purpose, onsite inspections, maintenance logs, and cover placement logs.

Beaver Brook WDS

The next formal report for the Beaver Brook WDS will cover the monitoring period of 2023 through 2024. The report will be finalized during March 2025.

The previous report (2021-2022) provided the following key conclusions and recommendations:

1. The annual fill rate between 2020 and 2022 indicates that the estimated remaining lifespan is 18.8 years. **The estimated closure year has been extended to 2040** which is a seven-year improvement from the previous estimate of 2033!
2. The placement of waste has moved west is confirmed by operations.
3. Final capping of Area 10 should be planned as the Area reaches final capacity.
4. Record keeping should continue to be improved.
5. The monitoring program does not need to be adjusted and continue as stipulated in the ECA.
6. Adequacy of monitoring wells should be evaluated annually as the WDS expands west and a blocked monitoring well should be decommissioned.
7. Improvement of training with respect to the risks and precautions associated with landfill gas emissions.
8. Review of the management and placement of interim daily cover is required.

Summerstown Road Landfill

The next formal report for the Summerstown Road Landfill will cover the monitoring period of 2021 through 2026. The report will be finalized during March 2027.

INFORMATION REPORT

REPORT TO: Council of the Township of South Glengarry



MEETING DATE: May 6, 2024

SUBJECT: Asset Management Update (May 2024)

PREPARED BY: Sarah McDonald, GM Infrastructure Services

1. The Province of Ontario implemented the Asset Management for Municipal Infrastructure Regulation, O. Reg. 588/17, to help improve how municipalities plan for their infrastructure.
2. O. Reg. 588/17 included a phased approach to provide municipalities with ample time to meet the requirements of the regulation. The regulation was amended by O. Reg. 193/21 to extend the regulatory timelines for phases two, three, and four, acknowledging the impact of the COVID-19 pandemic.
3. The revised phased schedule of O. Reg. 588/17 is:
 - a. July 1, 2019 – finalized a strategic asset management policy
 - b. July 1, 2022 – Approved asset management plan for core assets
 - c. **July 1, 2024 – Approved asset management plan for all municipal infrastructure assets**
 - d. July 1, 2025 – Approved expansion of the asset management plan
4. The current AMP (revised October 2022) included core assets for the following asset categories:
 - a. Roads
 - b. Bridges
 - c. Water
 - d. Sanitary (Wastewater)
5. Administration is preparing a revised AMP document that will include the core assets and the following additional asset categories:
 - a. Stormwater
 - b. Fleet
 - c. Facilities
 - d. Wharfs
 - e. Trails
 - f. Parks

6. A summary table of the source documents that Administration are using is provided below for advance information to members of Council.
7. The anticipated timing for Council's involvement in reviewing and receiving the revised AMP document is:
 - a. Council Meeting on May 21, 2024: Receive information report providing the summary changes to the AMP document
 - b. Council Meeting on June 3, 2024: Receive draft final report for comment and questions
 - c. Council Meeting on June 17, 2024: Receive final report for adoption
8. Administration notes that this AMP deliverable provides the CURRENT LEVEL OF SERVICE provided by the municipality for all infrastructure assets (core and non-core).
9. The DESIRED LEVEL OF SERVICE is part of the approved expansion of the AMP and will require increased involvement from Council in late-2024 and early 2025.
10. Separate from the upcoming update to the AMP noted above is the annual review of the municipal asset management progress to date which is required by the [Strategic Asset Management Policy statement](#). This progress update will be provided May 21, 2024.

Table Summary of Asset Data Sources

Type	Category	2022 AMP	2024 AMP
Core	Roads	2020 Road Needs Study with adaptation from Roads Working Group	2024 Road Needs Study (if available)
	Bridges	2021 and 2022 OSIM Reports	2023 OSIM Report
	Water	2022 Master Servicing Plan (GW) Known ages	2022 Master Servicing Plan (GW) Revision for GW Water Tower Known ages
	Sanitary	2018 CCTV for Lancaster Known ages	2023 CCTV Known ages
	Stormwater	N/A	Known ages
Non-Core	Fleet	N/A	Known ages
	Facilities	N/A	2024 Building Condition Assessments
	Wharfs	N/A	2022 Wharf Assessments
	Trails	N/A	2022 Peanut Line Master Plan Known ages
	Parks	N/A	Known ages

INFORMATION REPORT

REPORT TO: Council of the Township of South Glengarry

MEETING DATE: May 6, 2024

SUBJECT: Glendale Subdivision Community Expansion Project

PREPARED BY: Joanne Haley, GM- Planning, Building and Enforcement

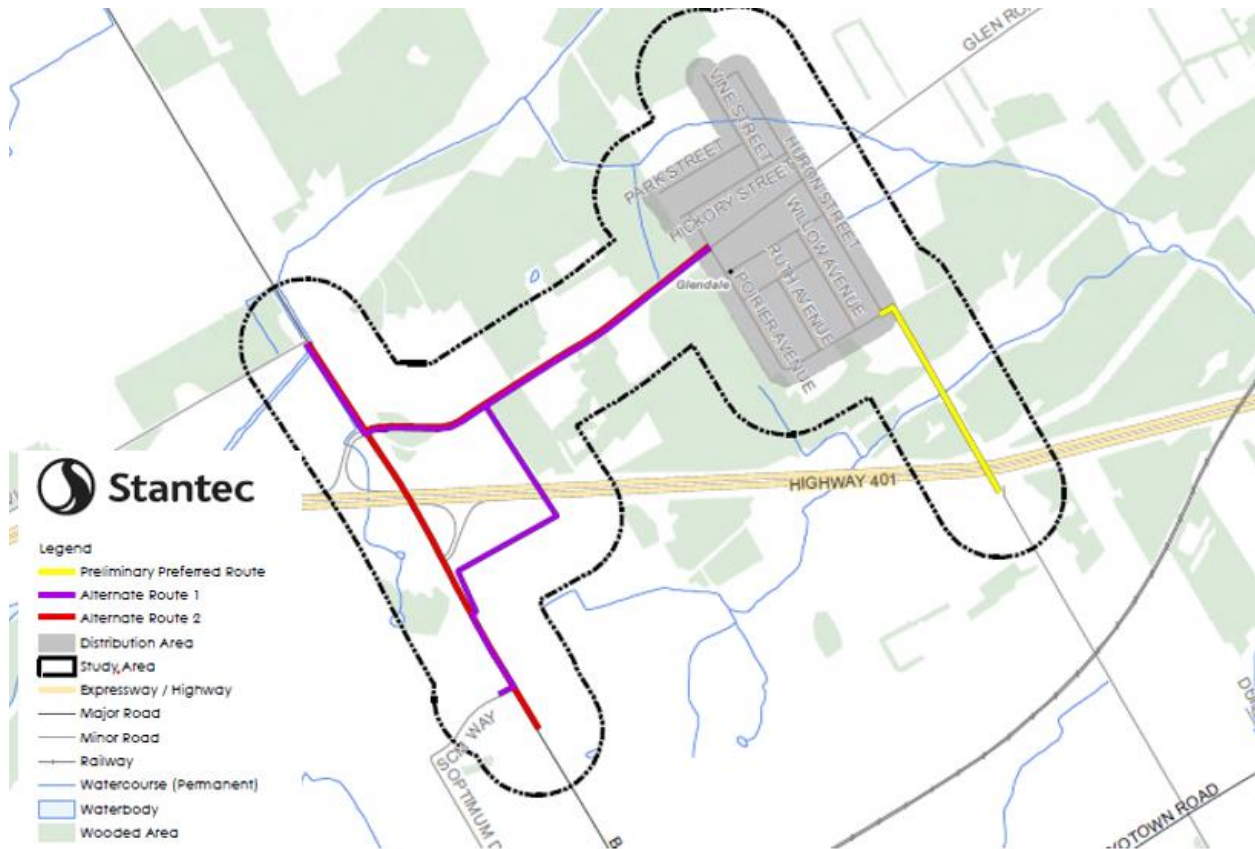


In 2020, South Glengarry submitted three possible projects to Enbridge Gas to expand natural gas services in three different areas within the Township. Enbridge chose to include the Glendale project in their submission to the Ontario Energy Board to pursue funding.

On June 9, 2021, the Ontario Government announced that South Glengarry will be part of the Natural Gas Expansion Program which allocates \$234 million to underserved communities in Ontario. An investment of \$2,352,112 was provided to Enbridge Gas to expand natural gas to the Glendale Subdivision.

Enbridge Gas has commenced an environmental assessment of the project distribution system to assess potential environmental and socioeconomic impacts. A preliminary route and two alternative routes are being considered. On April 23, 2024, Enbridge Gas and Stantec hosted a public information session at the Cornwall Golf and Country Club where they presented the project, the three possible routes and requested feedback. Mayor McDonald, Dillen Seguin, Director of Water and Wastewater Services and I attended this session.

The proposed possible routes are as follows:



During the information session, we learned that the preferred route is the most economical route for Enbridge Gas however if this is the chosen route then it will only service this Glendale Subdivision, there will be no opportunity to expand natural gas east or west on the Glen Road. If you wish to view the virtual public information session please see the link below.

<https://www.solutions.ca/Enbridge-Glendale/>

Administration prefers alternate route 1 or 2 as they will service the portion of Boundary Road just south of the Highway 401 which contains multiple existing businesses that will benefit greatly such as; BVD Truck Stop, Tim Hortons, Penske, etc. and will service the west end of the Glen Road and will continue along the Glen Road into the subdivision. This will also allow for future natural gas expansion to the east of the subdivision. Infrastructure Services was consulted and has no concerns with supporting the alternate routes proposed.

At this time, the corner of the Glen Road and Boundary Road is underdeveloped. The property at the corner located on the north and south side of the road is currently leased to a distribution company where trailers are stored (former GTL Transport site in the 80's to the mid to late 90's). The property owner is looking at expanding the site.

The lands located between Boundary Road and the Glendale Subdivision along Glen Road are designated Employment District and Rural District in the United Counties of SDG Official Plan. These designations permit a variety of industrial and commercial uses; if natural gas was available to these lands, it is easier to attract developers and businesses to this location. There are only two residents located on the Glen Road between Boundary Road and the Glendale Subdivision. There is lots of space for development opportunities while respecting the required separation distances to the existing dwellings.

With the support of Council, Administration intends to submit comments to Enbridge Gas and Stantec by their requested deadline of May 11, 2024. Once comments are received, they will be considered. It is anticipated that the Environmental Report for the study will be completed in September, 2024. Once completed, Enbridge Gas plans to file a Leave-to-Construct (LTC) application with the OEB. The OEB's review and approval are required before the proposed project can proceed. If approved, construction could begin in the second quarter of 2025.

I look forward to discussing this project further with Council.



MEMORANDUM

To: Township of South Glengarry Council, CAO, and Clerk
From: Lisa Van De Ligt, Team Lead, Communications and Stewardship
Date: March 26, 2024
Subject: RRCA Board of Directors meeting highlights (March 21, 2024)

The Raisin Region Conservation Authority (RRCA) Board of Directors consists of eight representatives from the RRCA's five member municipalities: City of Cornwall and Townships of North Glengarry, South Glengarry, South Stormont and North Stormont.

Following every Board meeting, councils, CAOs and clerks of the RRCA's five member municipalities are sent meeting highlights and the date of the next meeting. The RRCA Board meets monthly (except for July, August, and December, unless a special meeting is called).

March 21, 2024 RRCA Board of Directors Meeting Highlights:

- Approved minutes from the February 15, 2024 meeting can be found at <http://rrca.on.ca/governance>
- Board received an update on the *Conservation Authorities Act* and associated regulatory changes and approved interim policies and guidelines for the administration of the updated regulations (O. Reg. 41/24) and the associated transition plan.
- Board approved the inclusion of 19 RRCA properties in the proposed SDG Official Plan Amendment to redesignate select properties as Major Open Space.
- Board reviewed the procedures and best practices for water control structure removals.
- Board approved the submission of two funding applications for invasive species management and unrated municipal drain classification to support the Department of Fisheries and Oceans.
- Board received an update on Conservation Area visitation and enhancements.

Next RRCA Board meeting date: April 18, 2024

March 6, 2024

Doug Robertson, Chief Administrative Officer
Township of South Glengarry
6 Oak Street, P.O. Box 220
Lancaster, On. K0C 1N0

Dear Mr. Robertson

May is Community Living Month, a province-wide annual awareness campaign created to promote true inclusion for people who have an intellectual disability and their families. As many municipalities throughout Ontario have proclaimed the month of May "Community Living Month", we are asking the South Glengarry Township to have their Council bring forward a motion to proclaim May as Community Living Month. In hopes that Council is supportive, we have attached a sample proclamation for your convenience.

This year, Toronto's CN Tower will be helping to promote Community Living Month by lighting up in **blue** and **green** (the official colours of the Community Living movement) on **May 1st** as part of Community Living Ontario's ***Shine a Light on Community Living*** initiative.

Community Living Ontario is encouraging other communities to invite their local landmarks to participate by designating a LOCAL BUILDING/LANDMARK to shine a light (blue/green), raise awareness and celebrate with us.

As a proud member of Glengarry County who believes strongly in the Community Living movement, our organization "Community Living Glengarry" is inviting South Glengarry Township to:

- Use blue and/or green flood lights to illuminate the South Glengarry Township Building
- To raise our "Community Living" flag (we will provide you with one)

Together, we can create a powerful example of inclusion that will shine not only in our community, but throughout many others around the province. Will you join us this year? If so, please let me know so we can promote your participation.

We thank you in advance for your time and consideration. If you have any questions about this special month, visit CommunityLivingOntario.ca or contact me via the information shown below.

Sincerely,



Danielle Duranceau, Executive Director
Community Living Glengarry
613-525-4357 ext. 351
danielle@clglen.on.ca

More information: Founded in 1953, Community Living Ontario is a nonprofit leader providing a provincial voice for people who have an intellectual disability, their families, friends, and support providers across Ontario. Today, they proudly advocate on behalf of more than 100,000 people while championing the inclusion efforts of over 100 member organizations.



The Municipality of
SOUTH DUNDAS

DATE: April 15, 2024

Rural Ontario Municipal Association ATTN: Board of Directors
SENT VIA EMAIL: roma@roma.on.ca

Ontario Good Roads Association ATTN: Board of Directors
SENT VIA EMAIL: info@goodroads.ca

RE: Return to Combined ROMA and OGRA Conferences

Dear ROMA & OGRA Board of Directors,

Please be advised of the following motion passed at the Wednesday, April 10, 2024, Municipality of South Dundas Council Meeting:

Moved By: Councillor Smyth
Seconded By: Deputy Mayor St. Pierre

WHEREAS as a past attendee of combined conferences, it makes great sense for the OGRA & ROMA conferences to be returned to a combined conference effort, not only financially for the municipality but also for availability for participation of members of Council and staff; and

WHEREAS these conferences afford a vital opportunity for delegations with members of our provincial parliament, returning to a combined conference provides a better respect to their availability and participation; and

WHEREAS during the 2019 OGRA conference AGM a resolution was passed regarding the re-establishment of an annual combined conference for both OGRA & ROMA; and

WHEREAS it is understandable that little movement has happened since the resolution at the 2019 OGRA conference AGM was passed, due to delays of the COVID-19 pandemic; and

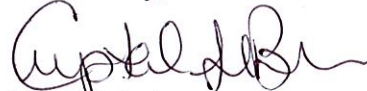
WHEREAS not all persons who wish to attend can do so in person, that a hybrid participation option be considered for the sessions;

NOW THEREFORE BE IT RESOLVED that the Council of the Municipality of South Dundas call upon both the ROMA & OGRA boards to re-establish a combined OGRA & ROMA annual conference.

FURTHERMORE that this resolution be forwarded to Premier Doug Ford, Minister Paul Calandra, and be circulated to Municipalities of Ontario; as amended

If you have any questions, please do not hesitate to contact me
clebrun@southdundas.com .

Yours truly,



Crystal Lebrun
Director of Corporate Services/Clerk

cc. Premier Doug Ford premier@ontario.ca,
Hon. Paul Calandra Paul.Calandra@pc.ola.org
AMO amo@amo.on.ca
Ontario Municipalities

Ministry of Transportation

Office of the Director
Highway Operations Management Branch

301 St. Paul Street, 2nd Floor
St. Catharines, Ontario L2R 7R4
Telephone: 289-213-2511

ministère des Transports

Bureau du directeur
Direction de la gestion des opérations routières

301 rue St. Paul, 2^e étage
St. Catharines (Ontario) L2R 7R4
Téléphone: (289) 213-2511



April 24, 2024

Lachlan McDonald
Mayor, South Glengarry
6 Oak Street, PO Box 220
Lancaster, ON K0C 1N0
mayor@southglengarry.com

Dear Lachlan McDonald,

The Minister of Transportation announced on April 24, 2024, that the government is raising the speed limit permanently from 100 kilometres per hour to 110 kilometres per hour on 10 new sections of provincial highways in Ontario. The Ministry of Transportation (MTO) is proposing an Ontario Regulation amendment to continue implementing its plan to permanently raise the speed limit to 110 km/h more broadly on provincial highways in Ontario, subject to public safety considerations.

The proposed speed limit changes are the second phase of the Speed Limit Initiative undertaken by the government. The intent of this initiative is to align posted speeds on highways with the way motorists currently drive. In April 2022, MTO permanently raised the posted speed limit for the following highway segments:

- QEW, from Hamilton to St. Catharines
- Highway 401, from Windsor to Tilbury
- Highway 404, from Newmarket to Woodbine
- Highway 402, from London to Sarnia
- Highway 417, from Ottawa to the Ontario / Quebec Border
- Highway 417, from Kanata to Arnprior

In addition to raising the speed limit permanently on these sections of highways in Southern Ontario, at the same time, the province raised the speed limit to 110 km/h on a trial basis on the following sections of provincial highways in Northern Ontario:

- Highway 400 from MacTier to Nobel
- Highway 11 from Elmsdale to South River

Since the change in speed limit, MTO has determined that these sections of highways continue to operate as expected without a significant increase in collisions or operating speeds. As a result the two Northern Ontario trial sections will remain at 110 km/h on a

permanent basis. MTO will continue to seek regular feedback from enforcement partners on driver behaviour for these sections of provincial highways with the higher posted speed limit.

Beginning in summer 2024, MTO will continue with the implementation of the second phase of this initiative to include sections of provincial highways that have been carefully selected for their ability to safely accommodate an increased posted speed limit of 110 km/h. These include nine sections in Southern Ontario and one section in Northern Ontario.

Pending ministerial approval, the speed limit will be raised permanently to 110 km/h on the following sections of highways in Ontario:

- Hwy 401, Tilbury, extension east of existing 110 km/h zone, approximately 7 km
- Hwy 401, from Hwy 35/115 to Cobourg, approximately 35 km
- Hwy 401, from Colborne to Belleville, approximately 44 km
- Hwy 401, from Belleville to Kingston, approximately 66 km
- Hwy 401, from Hwy 16 to Quebec Boundary, approximately 107 km
- Hwy 403, from Woodstock to Brantford, approximately 26 km
- Hwy 403, from Brantford to Hamilton, approximately 14.5 km
- Hwy 406, from Thorold to Welland, approximately 13 km
- Hwy 416, from Hwy 401 to Ottawa, approximately 70 km
- Hwy 69, Sudbury to French River, approximately 60 km

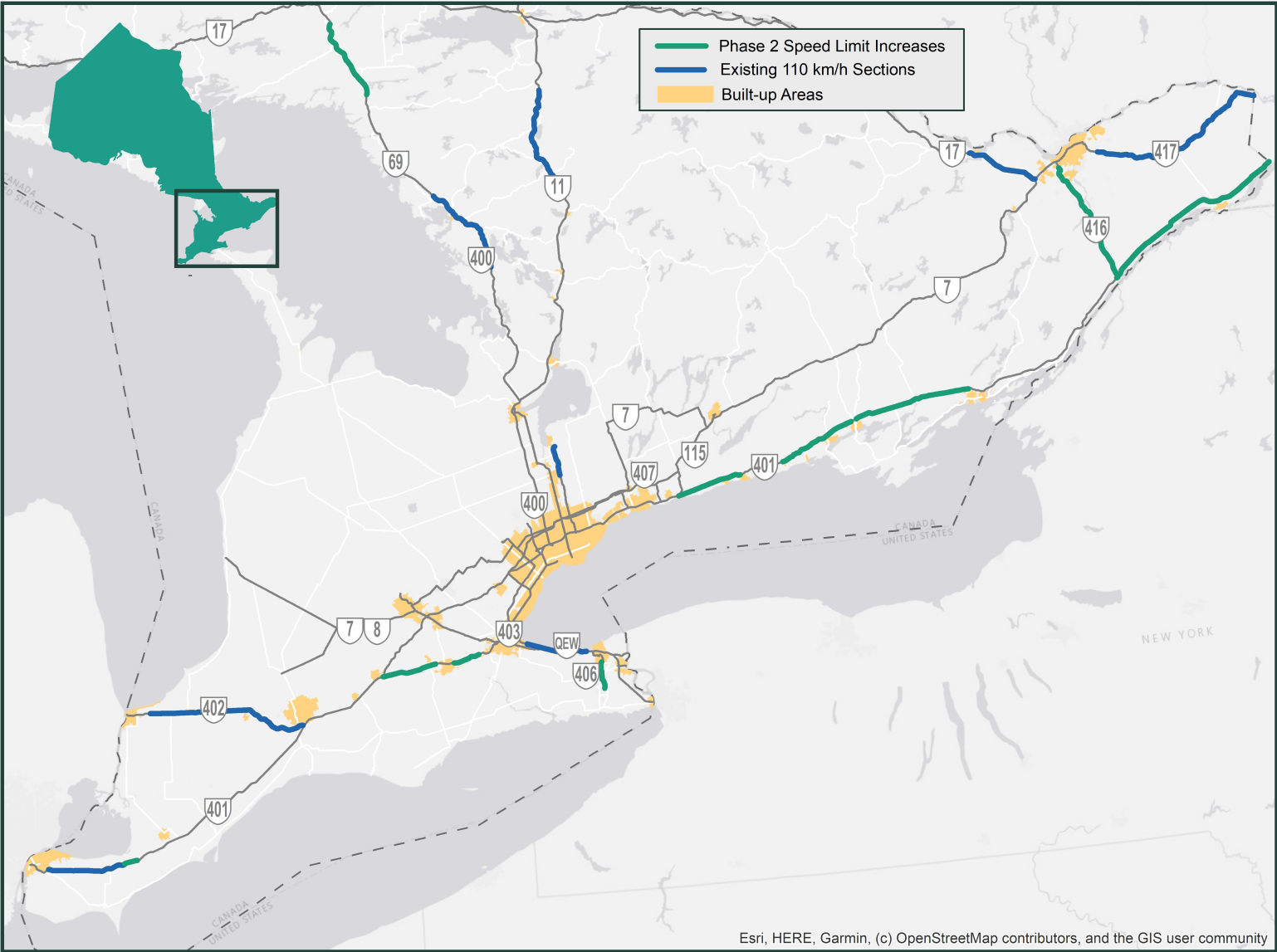
As part of this initiative, MTO is reaching out to seek your input and feedback on the proposed segments of highways in the next phase of the speed limit initiative to have the posted speed limit raised to 110 km/h. Please find attached an overview map illustrating the Phase 2 locations in Ontario where the speed limit is proposed to be raised to 110 km/h. Comments from your municipality / organization on the planned speed limit increase are requested by May 24, 2024. Please email your feedback to Ben Plested, P.Eng., Traffic Engineer at Ben.Plested@ontario.ca.

Yours truly,



Sheri Graham, P. Eng.
Director

c: Jenn Meleschuk, Manager, Engineering Program Delivery East
Kelly Schmid, Manager, Traffic Office





March 28, 2024

Larry Brock, MP Brant
108 St. George Street, Suite #3
Brantford, ON N3R 1V6

Sent via email: larry.brock@parl.gc.ca

Will Bouma, MPP
96 Nelson Street
Suite 101
Brantford, ON N3T 2X1

Sent via email: will.bouma@pc.ola.org

To whom it may concern:

Please be advised that Brantford City Council at its meeting held March 26, 2024 adopted the following:

12.6.13 Home Heating Sustainability

WHEREAS home heating energy costs is a major and onerous burden for Seniors and those with limited or fixed incomes; and

WHEREAS the cost of natural gas to heat homes continues to climb due to many factors such as inaccurate meter readings, inflation, delivery and customer charges, carbon tax, among others, causing financial strain for many citizens; and

WHEREAS 3.8 million households in Ontario currently use natural gas for home heating, representing about 70 per cent of Ontario households; and

WHEREAS the carbon tax charged on heating bills is highly dependent on the amount of natural gas used and accounts for 20-25% of the utility bill; and

WHEREAS Canadians have no choice but to heat their homes throughout the winter; and

WHEREAS no citizen should have to choose between putting food on the table or heating their homes; and

WHEREAS the carbon tax is increasing as of April 1, 2024 to \$0.15 per cubic meter for natural gas, and the carbon tax rebate for homeowners is also increasing; and

WHEREAS Ontario homeowners can now expect to receive \$1,120 annually for the rebate on average and the rebate will be renamed to the Canada Carbon Rebate; and

WHEREAS starting on January 1, 2024, both SaskEnergy and SaskPower removed the federal carbon tax from home heating, resulting in savings for approximately 98 per cent of Saskatchewan families by exempting them from carbon tax on home heating oil; and

WHEREAS the Canadian government has implemented new measures to help Atlantic Canadians lower their energy bills by making the average heat pump free to help low- to median-income Canadians switch to cleaner fuel and incentivizing the switch to heat pumps with \$250 upfront payments; and

WHEREAS the Canadian and Ontario governments have discontinued grant and rebate programs for Ontarians to retrofit their homes to be energy efficient such as Ontario's green home-retrofit rebate program, the ecoENERGY home retrofit program, and the Canada Greener Homes Grant, making it difficult for homeowners to reduce their reliance on natural gas.

NOW THEREFORE BE IT RESOLVED:

- A. THAT the Federal Government exclude home heating from the federal carbon tax to reduce the burden on citizens, as has been done in Saskatchewan; and
- B. THAT the Federal and Provincial Governments reinstate home energy retrofit rebate and grant programs to help Brantford residents retrofit their homes to be more energy efficient and provide barrier-free options for switching to less carbon-intensive fuel sources to lower their utility bills and avoid the carbon tax; and
- C. THAT the Clerk BE DIRECTED to forward a copy of this resolution to The Federal Minister of the Environment and Climate Change, The Honourable Steven Guilbeault, The Provincial Minister of Environment, Conservation and Parks, The Honourable Andrea Khanjin, The City of Brantford Member of Parliament, The Honourable Larry Brock, The City of Brantford Member of Provincial Parliament, The Honourable Will Bouma, and to each municipality in Ontario; and
- D. THAT the Mayor of the City of Brantford request that this resolution be added as an agenda item for consideration by the Ontario Big City's Mayor Caucus.

I trust this information is of assistance.

Yours truly,



Chris Gauthier
City Clerk, cgauthier@brantford.ca

cc Federal Minister of the Environment and Climate Change, Honourable Steven Guilbeault
Provincial Minister of Environment, Conservation and Parks, Honourable Andrea Khanjin
All Ontario Municipalities

15. Committee and Staff Reports

15.1 Minutes - Committee of the Whole Meeting CW#05-24 held April 3, 2024

15.1.10 Member Motion - Councillor Cilevitz - Extension of the Deadline for Listed Non-Designated Heritage Properties - (CW Item 12.1)

Moved by: Councillor Shiu
Seconded by: Councillor Cilevitz

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

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

Whereas, the above-noted work involving 235 listed properties in the City of Richmond Hill is extremely time-consuming and cannot be completed by December 31, 2024.

Now therefore be it resolved,

That Council for the City of Richmond Hill requests the Government of Ontario to amend Subsection 27(16) of the *Ontario Heritage Act* to extend the above-noted deadline for five years from January 1, 2025 to January 1, 2030; and



That the Clerk be directed to send a copy of this Resolution to the Honourable Doug Ford, Premier of the Province of Ontario; the Honourable Michael Ford, Minister of Citizenship and Multiculturalism; Richmond Hill MPP Daisy Wai; Aurora - Oak Ridges - Richmond Hill MPP Michael Parsa; AMO; and all Ontario municipalities.

Carried Unanimously

April 24, 2024

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

DELIVERED VIA EMAIL

Dear Prime Minister,

Re: Motion regarding Housing Funding

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

Resolution 2024-95

Moved by Councillor Willis
Seconded by Councillor Ennis

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

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

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

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



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

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

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

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

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

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

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



Sincerely,

Anne Kantharajah

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

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

April 24, 2024

Hon. Sylvia Jones, Minister of Health
Ministry of Health
5th Floor - 777 Bay St.
Toronto, ON M7A 2J3

DELIVERED VIA EMAIL

Dear Minister,

Re: Motion regarding Public Health Ontario Labs

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

Resolution 2024-94

Moved by Deputy Mayor Townend
Seconded by Councillor Willis

WHEREAS the mission of Public Health Ontario (PHO) is to "enable informed decisions and get actions that protect and promote health and contribute to reducing health inequities", there are grave concerns that the closure of six community-based PHO labs will increase health inequities, especially for rural communities; and

WHEREAS combined these labs collect and process thousands of water samples and time sensitive medical tests each day; and

WHEREAS there are grave concerns about the integrity of samples being compromised if travel time is increased by centralizing all tests to a few locations; and

WHEREAS these labs already process overflow tests and samples when labs such as Toronto and Ottawa cannot keep up to demand and many scaled up to meet demand during the COVID-19 pandemic; and

WHEREAS frequent drinking water testing services is vital for Ontarians who draw their water from private drinking water systems (i.e. wells) and protecting groundwater quality and quantity is a shared responsibility.



NOW THEREFORE BE IT RESOLVED THAT As stewards of care for the Safe Drinking Water Act, 2022, Council of Loyalist Township urges the provincial government to take caution against acting on the recommendations stated in the aforementioned audit report.

AND FURTHER THAT this motion be circulated to Honourable Sylvia Jones, Minister of Health, Shelby Kramp-Neuman MP of Hastings-Lennox and Addington, Ric Bresee MPP of Hastings-Lennox and Addington and all municipalities, for their support.

Motion carried.

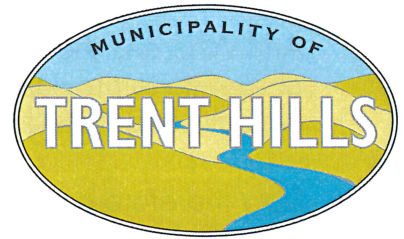
Sincerely,

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

cc: Shelby Kramp-Neuman MP - Hastings-Lennox & Addington
Ric Bresee, MPP Hastings - Lennox & Addington
Jim Hegadorn, Mayor, Loyalist Township
Rebecca Murphy, CAO, Loyalist Township
Deputy Mayor Townend, Loyalist Township
Councillor Willis, Loyalist Township
Ontario Municipalities

April 25, 2024

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



Come for a visit. Stay for a lifestyle.

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

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

Motion No. THC-240425-21

Moved by Councillor Rob Pope
Seconded by Councillor Daniel Giddings

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

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

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

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

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

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

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

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

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

Carried.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Douglas Irwin', written over a horizontal line.

J. Douglas Irwin
Director of Legislative Services/Clerk

April 24, 2024

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

DELIVERED VIA EMAIL

Dear Premier Ford,

Re: Motion regarding Accessible Ontario by 2025

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

Resolution 2024-93

Moved by Councillor Proderick
Seconded by Councillor Willis

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

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

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

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



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

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

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

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

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

Motion carried.



Sincerely,

Anne Kantharajah

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

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

April 23, 2024

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

Sent via email: premier@ontario.ca

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

Dear Premier Ford,

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

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

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

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

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

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

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

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

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

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

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



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

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



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

Agenda Number: 15.8.

Resolution Number 24-082

Title: Public Health Ontario proposes phasing out free water testing for private wells

Date: Friday, April 19, 2024

Moved by: Councillor Manners

Seconded by: Councillor MacLeod

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

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

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

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

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

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

Carried



Office of the Auditor General of Ontario

Value-for-Money Audit:
Public Health
Ontario



December 2023

Public Health Ontario

1.0 Summary

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

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

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

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

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

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

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

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

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

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

Other observations of this audit include:

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

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

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

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

Overall Conclusion

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

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

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

OVERALL PUBLIC HEALTH ONTARIO RESPONSE

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

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

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

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

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

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

2.0 Background

2.1 Overview of Public Health Ontario

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

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

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

sectors to protect and improve the health of Ontarians; and

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

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

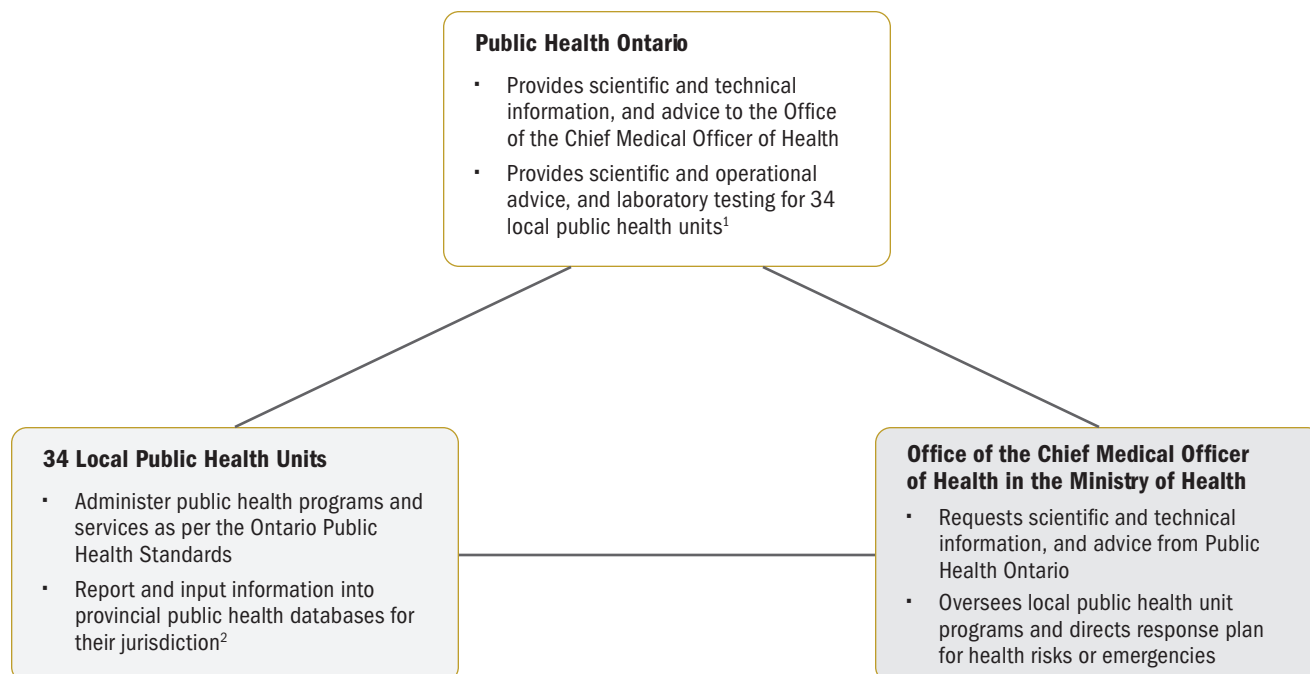
Figure 1 illustrates the relationship between Public Health Ontario and the various organizations involved in Ontario’s public health system, which, according to the Chief Medical Officer of Health, consists of about 9,000 people. Public Health Ontario has a complement of just under 870 full-time-equivalent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

2.1.1 Public Health Modernization

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

Figure 1: Public Health Model in Ontario

Prepared by the Office of the Auditor General of Ontario



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

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

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

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

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

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

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

2.2 Key Program Areas

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

2.2.1 Laboratory Science and Operations

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

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

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

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

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

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

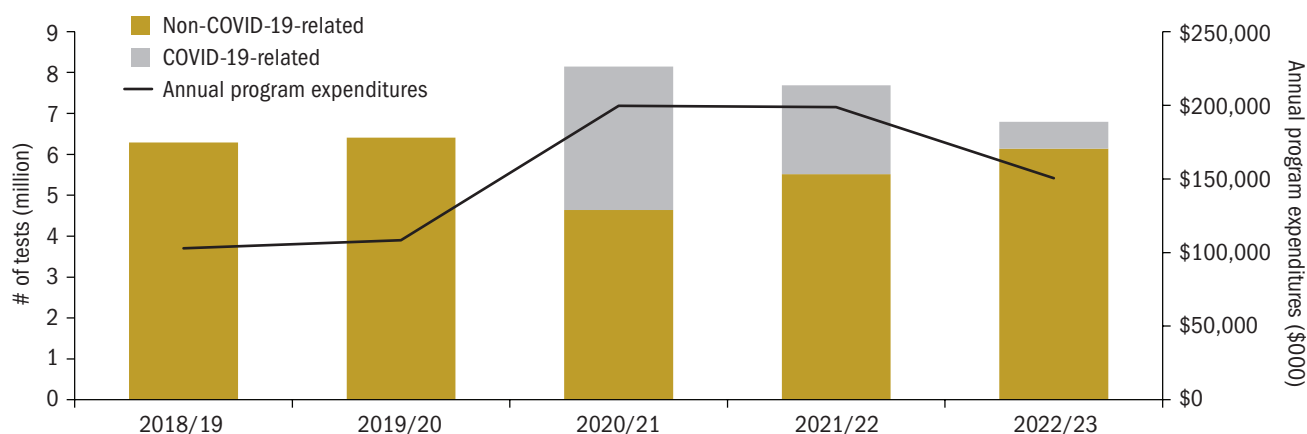
2.2.2 Health Protection

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

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

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

Source of data: Public Health Ontario



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

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

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

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

2.2.3 Environmental and Occupational Health

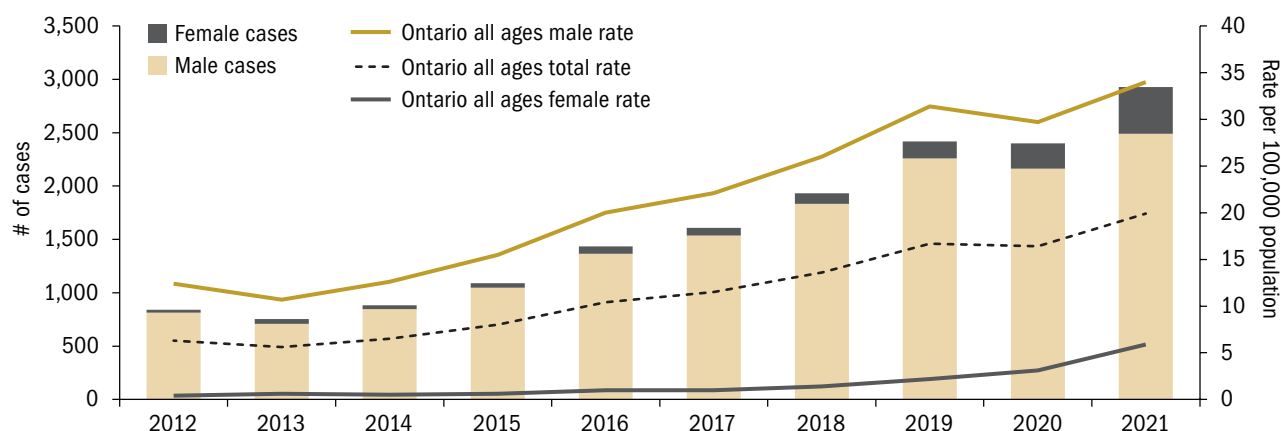
Public Health Ontario's Environmental and Occupational Health program area provides field support and helps the agency's clients and partners better understand and address evolving public health issues relating to exposures in the environment, such as indoor air quality, outdoor air pollution, water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

2.2.4 Health Promotion, Chronic Disease and Injury Prevention

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

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

Source of data: Public Health Ontario



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

2.2.5 Knowledge Exchange and Informatics

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

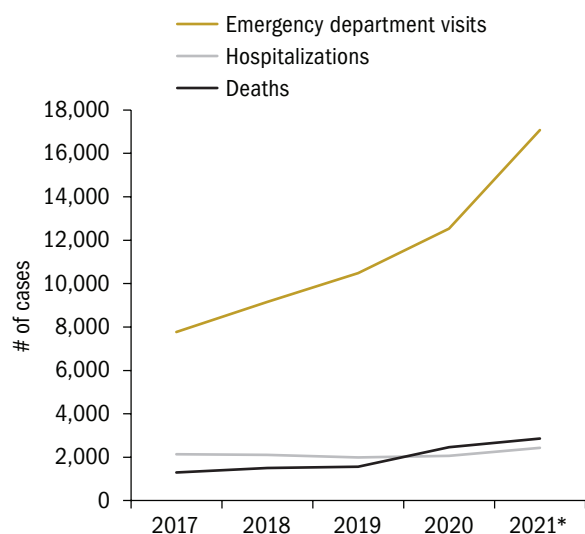
evaluation supports to its own staff, as well as to the overall public health sector. In 2021/22—the latest year for which information is available—this program area facilitated 70 professional development sessions to external clients and stakeholders.

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

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

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

Source of data: Public Health Ontario



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

2.3 Organizational Structure and Accountability

2.3.1 Organizational Structure

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

2.3.2 Governance and Accountability

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

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

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

2.3.3 Joint Liaison Committee

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

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

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

Source of data: Public Health Ontario

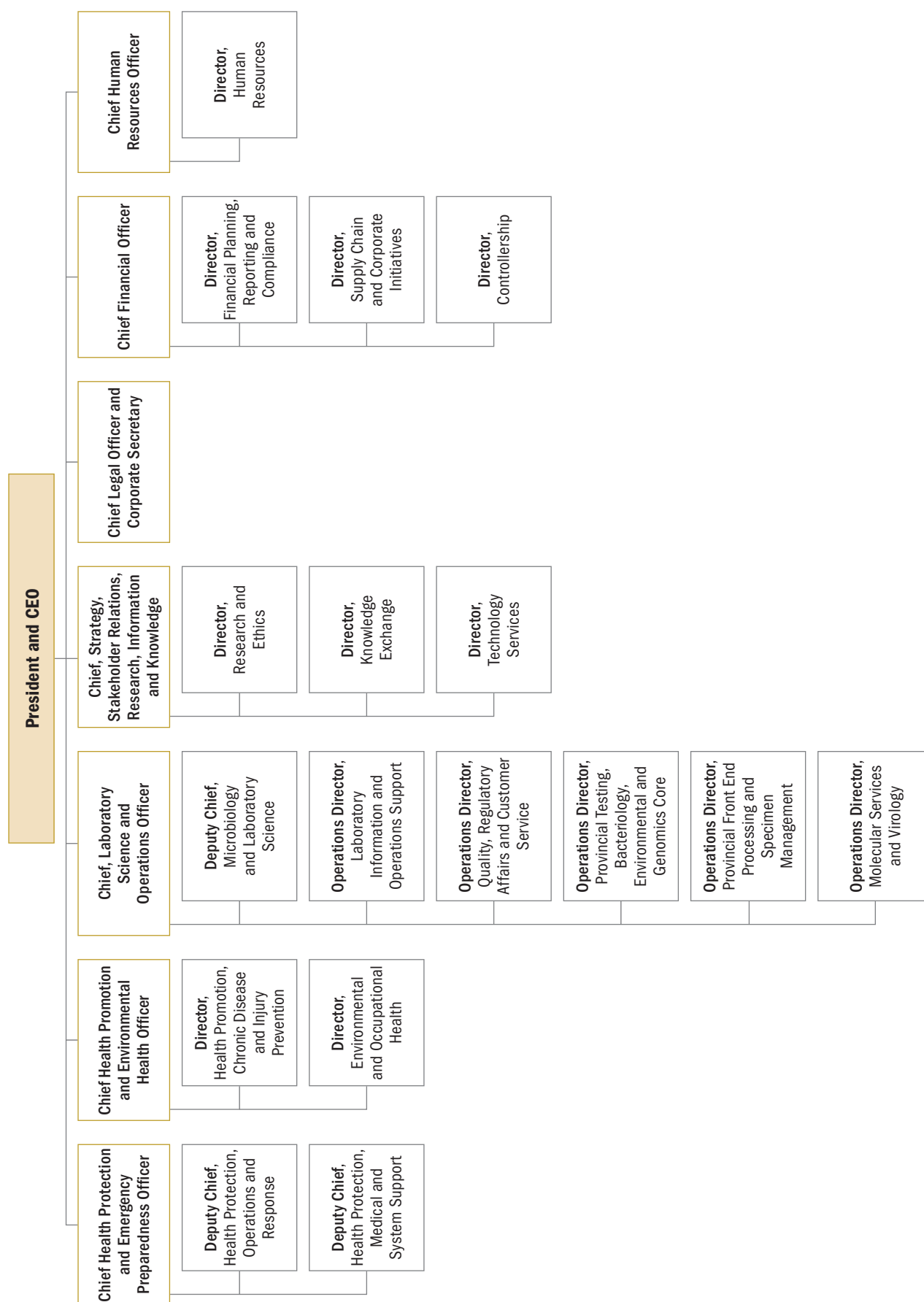
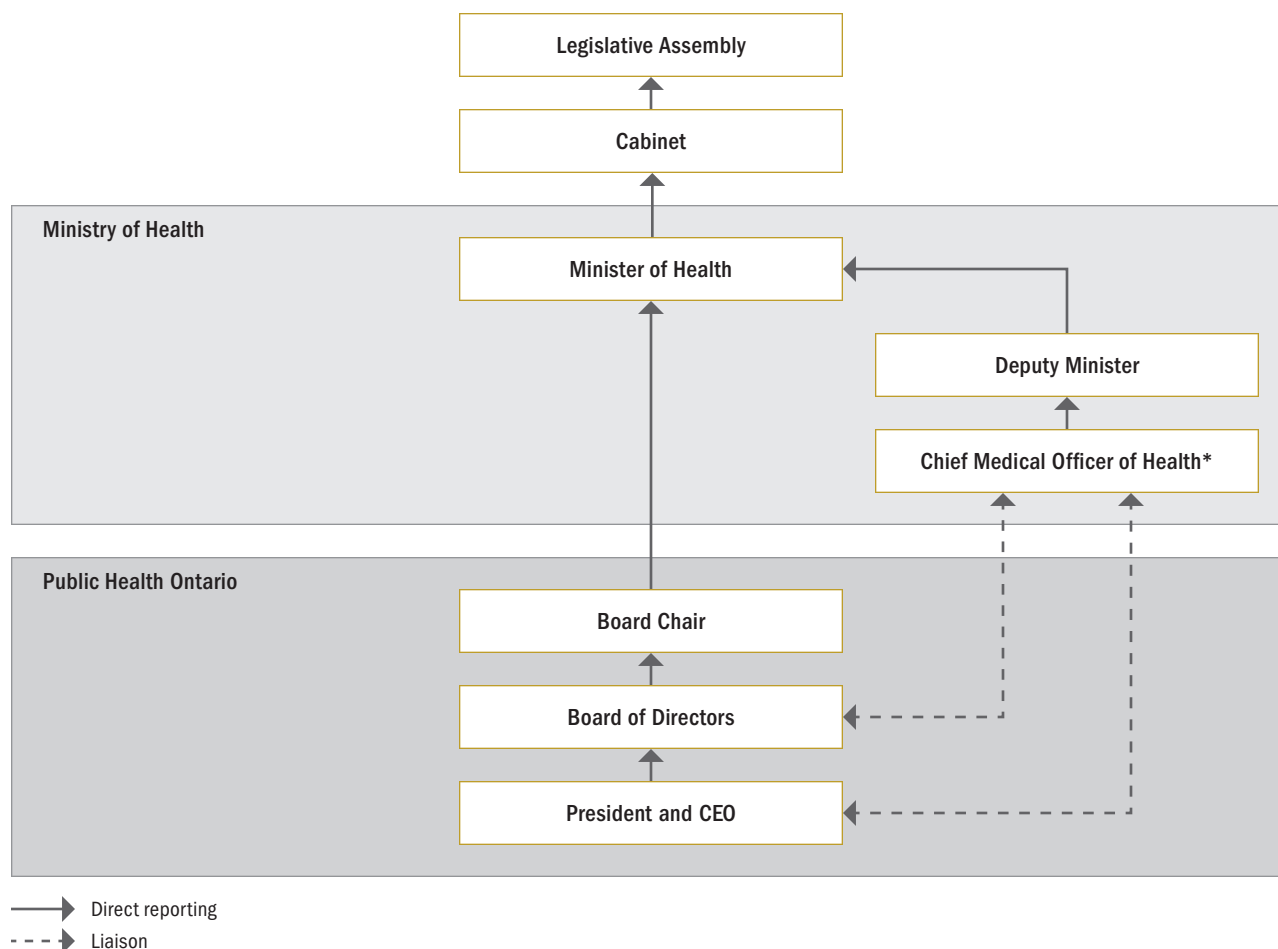


Figure 6: Accountability Framework for Public Health Ontario

Prepared by the Office of the Auditor General of Ontario



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

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

2.4 Financial Information

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

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

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

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

Source of data: Public Health Ontario

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

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

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

2.5 Other Jurisdictions

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

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

Source of data: Public Health Ontario

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

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

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

Source of data: Public Health Ontario

	2018/19	2019/20	2020/21	2021/22	2022/23	% of Total Funding (2018/19–2022/23)
Base operations¹	152,703	156,151	250,480	252,612	205,324	94
Base funding	152,703	153,114	148,563	151,282	150,683	60²
COVID-19 one-time funding ³	n/a	3,037	101,917	101,331	54,641	34²
Amortization of deferred capital asset contributions	6,547	5,464	7,428	11,655	12,539	4
Other grants	1,781	2,207	1,377	1,867	2,003	1
Miscellaneous recoveries	1,214	946	1,326	1,897	2,113	1
Total	162,245	164,768	260,611	268,031⁴	221,979	100

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

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

3.0 Audit Objective and Scope

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

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

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

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

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

At Public Health Ontario, we:

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

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

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

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

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

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

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

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

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

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

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

4.0 Detailed Audit Observations

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

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

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

Increased Access to Alcohol and Gambling

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

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

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

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

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

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

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

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

Decisions Made During the COVID-19 Pandemic

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RECOMMENDATION 1

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

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

PUBLIC HEALTH ONTARIO RESPONSE

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

RECOMMENDATION 2

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

PUBLIC HEALTH ONTARIO RESPONSE

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

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

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

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

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

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

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

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

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

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

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

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

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

RECOMMENDATION 3

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

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

PUBLIC HEALTH ONTARIO RESPONSE

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

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

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

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

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

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

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

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

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

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

RECOMMENDATION 4

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

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

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

MINISTRY RESPONSE

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

4.2 Public Health Ontario Laboratory Not Operating Efficiently

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

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

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

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

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

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

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

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

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

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

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

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

Source of data: Public Health Ontario

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

1. Refers to the laboratory location that originally logged the sample or specimen in the laboratory information system; includes those tests that hospital and community laboratories and public health units send to this location.

2. Number of laboratory tests completed is greater than number of laboratory tests received mainly due to additional tests that other regional laboratory sites transferred to these laboratory sites.

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

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

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

RECOMMENDATION 5

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

PUBLIC HEALTH ONTARIO RESPONSE

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

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

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

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

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

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

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

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

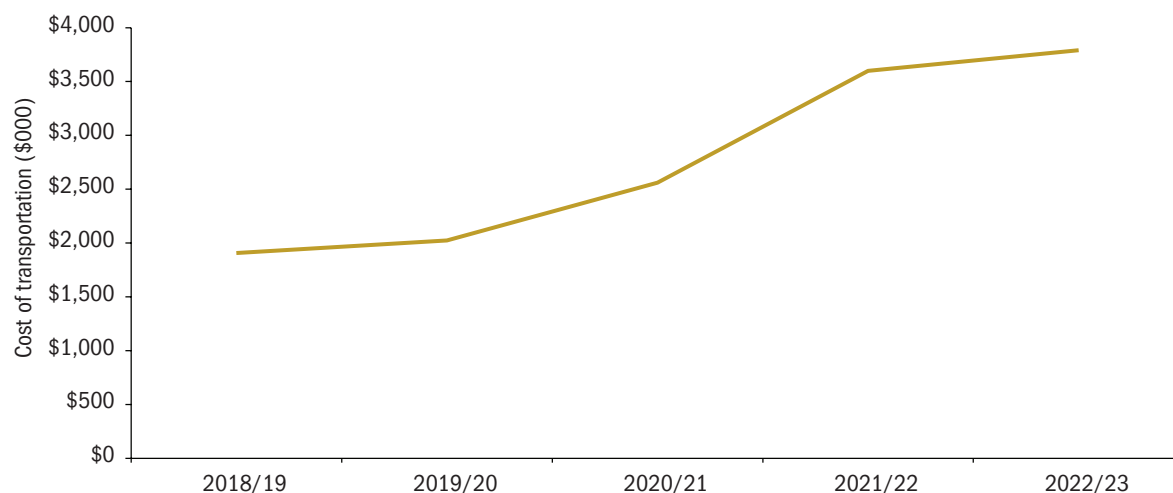
- Of the public health units that use the agency's courier, some cited challenges with the courier services including delayed, missed and/or infrequent pickups; this can sometimes result in samples and specimens being rejected by the public health laboratory as they did not arrive within the time frame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

RECOMMENDATION 6

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

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

Source of data: Public Health Ontario



PUBLIC HEALTH ONTARIO RESPONSE

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

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

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

Interferon Gamma Radiation Assay for Latent Tuberculosis

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

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

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

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

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

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

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

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

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

Wastewater Testing

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

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

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

RECOMMENDATION 7

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

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

PUBLIC HEALTH ONTARIO RESPONSE

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

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

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

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

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

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

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

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

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

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

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

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

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

Source of data: Public Health Ontario

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

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

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

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

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

4.3.2 Vendor Progress and Performance Not Measured or Monitored

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

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

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

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

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

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

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

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

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

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

RECOMMENDATION 8

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

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

PUBLIC HEALTH ONTARIO RESPONSE

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

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

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

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

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

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

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

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

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

RECOMMENDATION 9

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

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

PUBLIC HEALTH ONTARIO RESPONSE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Source of data: Public Health Ontario

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

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

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

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

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

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

RECOMMENDATION 10

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

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

PUBLIC HEALTH ONTARIO RESPONSE

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

4.6 IT Governance and Operations of Public Health Ontario

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

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

Prepared by the Office of the Auditor General of Ontario

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

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

1. An illness caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; can spread from the environment or from one person to another.
2. A pathogen's or microorganism's ability to cause damage to a host, such as a human.

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

Prepared by the Office of the Auditor General of Ontario

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

Appendix 3: Jurisdictional Scan of Public Health Agencies in Canada

Prepared by the Office of the Auditor General of Ontario

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

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

Appendix 4: Audit Criteria

Prepared by the Office of the Auditor General of Ontario

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

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

Source of data: Institut national de santé publique du Québec

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



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April 17, 2024

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

Delivered via email

doug.fordco@pc.ola.org

premier@ontario.ca

RE: Hastings County Motion regarding sustainable infrastructure funding for small rural municipalities

Please be advised that Hastings County Council, at its meeting held on March 28, 2024, passed the following resolution:

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 THEREFORE BE IT RESOLVED THAT Hastings County 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.

If you have any questions regarding the above motion, please do not hesitate to contact me directly.

Sincerely,



Cathy Bradley
Director of Legislative Services

Terrace Bay
Regular Council - 02 Apr 2024

Item a)

Date: April 2, 2024

CR91-2024

Moved by 
Seconded by 

WHEREAS municipal public works departments from across the Province of Ontario provide invaluable services to our communities ensuring the health and safety of all residents;

AND WHEREAS, if it was not for our municipal public works employees from across the Province of Ontario maintaining our public roads systems, our communities would not be able to function as emergency personnel could not respond to calls, school buses could not get our children to school, residents would not be able to get to work, school or appointments and many more basic functions would not be able to happen;

AND WHEREAS, municipal public works departments are already feeling the impacts of a labour shortages, which will only be exasperated over the next three (3) to five (5) years, which will cause the levels of service that municipalities are able to provide to ensure the health and safety of our residents to decrease;

AND WHEREAS, there is currently no provincial-wide course that properly trains potential municipal public works employees, specifically relating to municipal heavy equipment;

BE IT THEREFORE RESOLVED THAT the Corporation of the Township of Terrace Bay supports the work of the Association of Ontario Road Supervisors to develop a Municipal Equipment Operator Course to address this issue;

AND BE IT FURTHER RESOLVED THAT Council for the Corporation of the Township of Terrace Bay calls on the Province of Ontario's Ministry of Minister of Labour, Immigration, Training and Skills Development to fully fund the Municipal Equipment Operator Course in 2024 through the Skills Development Fund;

AND BE IT FURTHER RESOLVED THAT, a copy of this Resolution be forwarded to the Minister of Labour, Training, Immigration and Skilled Trades, David Piccinni; our local Member of Provincial Parliament; the Association of Municipalities of Ontario (AMO); the Association of Ontario Road Supervisors (AORS); and all Ontario Municipalities.

☒ Carried ☐ Defeated ☐ Recorded Vote

Recorded Vote:

	Yes	No
Mayor Paul Malashewski		
Councillor Gary Adduono		
Councillor Chris Dube		
Councillor Bert Johnson		

Councillor Rick St. Louis			



 Mayor

**THE CORPORATION OF THE
TOWNSHIP OF SOUTH GLENGARRY
BY-LAW NUMBER 2024-26
FOR THE YEAR 2024**

***BEING A BY-LAW A BY-LAW TO ADOPT, CONFIRM AND RATIFY
MATTERS DEALT WITH BY RESOLUTION.***

WHEREAS s.5 (3) of the *Municipal Act, 2001*, provides that the powers of municipal corporation are to be exercised by its Council by by-law; and

AND WHEREAS it is deemed expedient that the proceedings, decisions and votes of the Council of the Corporation of the Township of South Glengarry at this meeting be confirmed and adopted by by-law;

**NOW THEREFORE THE COUNCIL OF THE CORPORATION OF THE
TOWNSHIP OF SOUTH GLENGARRY ENACTS AS FOLLOWS:**

1. **THAT** the action of the Council at its regular meeting of May 6th, 2024 in respect to each motion passed and taken by the Council at its meetings, is hereby adopted, ratified and confirmed, as if each resolution or other action was adopted, ratified and confirmed by its separate by-law; and;
2. **THAT** the Mayor and the proper officers of the Township of South Glengarry are hereby authorized and directed to do all things necessary to give effect to the said action, or to obtain approvals where required, and except where otherwise provided, The Mayor and the Clerk are hereby directed to execute all documents necessary in that behalf and to affix the corporate seal of the Township to all such documents.
3. **THAT** if due to the inclusion of a particular resolution or resolutions this By-law would be deemed invalid by a court of competent jurisdiction then Section 1 to this By-law shall be deemed to apply to all motions passed except those that would make this By-law invalid.
4. **THAT** where a “Confirming By-law” conflicts with other by-laws the other by-laws shall take precedence. Where a “Confirming By-law” conflicts with another “Confirming By-law” the most recent by-law shall take precedence.

***READ A FIRST, SECOND AND THIRD TIME, PASSED, SIGNED AND
SEALED IN OPEN COUNCIL THIS 6th DAY OF MAY 2024.***

MAYOR: _____ **CLERK:** _____