The Regional Municipality of Durham
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May 26, 2017

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If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2097.

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The Regional Municipality of Durham
Information Report

From:	Commissioner of Planning and Economic Development Commissioner of Works General Manager Durham Region Transit
Report:	#2017-INFO-57
Date:	May 26, 2017

Subject:

Update on Transit and Transportation Projects in Durham Involving Metrolinx

Recommendations:

Receive for information.

Report:

1. Purpose

1.1 This report provides an update on major Metrolinx initiatives now underway that affect Durham Region and the related staff approach to managing these initiatives including:

a) two projects in the Lakeshore East Rail Corridor: the Lakeshore East Rail extension to Bowmanville and the Regional Express Rail project
b) the review of the Metrolinx Regional Transportation Plan
c) the Metrolinx Fare Integration Initiative
d) the PRESTO agreement
e) the Highway 2 Bus Rapid Transit project; and
f) the Metrolinx Act Review.

2. Background

2.1 Metrolinx, as a provincial agency, is a key funder, planner and provider of inter-regional transit services across the Greater Golden Horseshoe (GGH). The agency is responsible for developing the Regional Transportation Plan (RTP) for central southern Ontario. The first and current RTP, The Big Move, was approved by the Metrolinx Board in November 2008.

2.2 Regional staff has regularly provided input to Metrolinx on files such as the RTP refresh in 2012, revenue tools review in 2013, station access planning, Regional Express Rail (RER) consultations and Environmental Assessments, the new RTP and a new national and provincial transit strategy over the past two years.

3. Lakeshore East GO Rail Corridor Projects

3.1 In February 2011, an Environmental Assessment (EA) that covered the Lakeshore East Rail extension to Bowmanville and the GO East Rail Maintenance Facility was approved. Only the maintenance facility proceeded to construction and should be completed by 2018.

3.2 In April 2015, the Province announced Regional Express Rail (RER) as its top priority transit initiative over the next 10 years. RER is planned to provide faster and more frequent (i.e. 15-minute, two-way, all-day service) GO Rail service on core segments of the GO Rail network through electrification, including the Lakeshore East corridor from Union Station to the existing Oshawa GO Station located south of Highway 401.

3.3 Following this announcement, Metrolinx began work on various components including an EA process for the new track from Scarborough to Pickering. A Notice of Commencement for the Transit Project Assessment Process (TPAP) EA is expected in Spring 2017. This notice triggers a six-month window for consultation and public review, ending with notification from the provincial Minister of Environment and Climate Change that the project can proceed either as planned or subject to conditions.

3.4 Early in 2016, Metrolinx proposed a short list of potential new stations as part of the background study for the development of RER, including two in Durham Region: Whites Road and Lake Ridge Road. Neither site has been advanced for further consideration at this time.

3.5 The 15-minute RER service will place significant new demands on existing GO Stations and local transit systems to increase passenger access. In 2016, Regional staff provided input to Metrolinx on an update to their GO Rail Station Access Plan to support RER. The new plan evaluates investment options, updates the policy framework to reflect a stronger multi-modal focus, and recommends a preferred list of capital investments and operational strategies. Improvements to local transit and active transportation routes to stations will be required to build ridership for the more frequent trains.

3.6 Metrolinx is currently constructing a parking lot expansion and a new station building at the Oshawa GO/VIA Station. Metrolinx also has committed up to $2 million to fully fund interim improvements on Victoria Street/Bloor Street (Regional Road 22) to help alleviate GO Station-related traffic congestion in advance of the Region's planned road widening project. Detailed design of the interim work is in progress, and construction is expected to start later this year.

3.7 The Region supports the RER project but has raised concerns about the suitability of the existing Oshawa GO Station for frequent RER service:

a) It is difficult to access, particularly by transit and active transportation.
b) It does not connect to the urban growth centre in downtown Oshawa or the local rapid transit that the Region and the Province have been investing in.
c) It does not support urban intensification as outlined in The Big Move or the Regional Official Plan.
d) It does not meet most of the Metrolinx new RER station criteria.

3.8 On June 20, 2016, following an intensive advocacy effort by politicians and staff of Durham Region and area municipalities, the Province announced the extension of GO Rail east to Bowmanville. In accordance with the approved EA and consistent with Durham's Regional Official Plan, the extension will run on the CP Belleville corridor north of Highway 401. Four peak period diesel trains in each direction per day by 2024 are planned to serve four new GO stations at Thornton Corners, Central Oshawa, Courtice and Bowmanville. Though early work on this project has begun, no formal funding commitment to the project has been announced yet by the Province.

3.9 In the Region's view, this line is the more effective route for frequent, electrified service and is a better transit investment to support Growth Plan goals.

3.10 Staff from the Region, Oshawa, Whitby, and Clarington met with Metrolinx in March 2017 to exchange information on timing, resources and potential collaboration opportunities. Metrolinx staff provided updates on the various aspects of the project:

a) Discussions between Metrolinx and CP staff regarding the potential for a line sharing agreement to support the GO East extension continue.
b) Metrolinx is retaining a consultant to complete an addendum to TPAP EA for the Oshawa to Bowmanville segment to further study:
    - whether the extension can be fully electrified, and if so, to what extent, and what the station requirements will be; and
    - the appropriate terminus of the RER in Durham (i.e. at the existing Oshawa GO/VIA Station vs. Thornton Corners/Central Oshawa GO Station).

c) Full detailed design work has commenced on the section of rail corridor that Metrolinx would own extending from just west of the current Oshawa GO Station location up to the CPR Belleville line, including the Thornton's Corners Station.

3.11 Regional staff will work with Metrolinx to coordinate design and construction efforts on the planned Thornton Road-CP Rail grade separation and Gibb Street/Olive Avenue realignment/widening with the GO East extension project. The goal is to reduce traffic disruption and achieve efficient project implementation and potential cost savings.

3.12 Metrolinx staff indicated the Province has allocated some funds to allow for the EA addendum work, detailed design, engineering, property acquisition to continue until full funding is announced.

4. Metrolinx Regional Transportation Plan (RTP) Review

4.1 As part of the legislated ten-year review of the Regional Transportation Plan, Metrolinx released a "Discussion Paper for the Next Regional Transportation Plan, Greater Toronto and Hamilton Area" (Discussion Paper) in August 2016. Report #2016-COW-35 presented Regional comments on the Discussion Paper in October 2016. The report recommended that transportation initiatives such as Simcoe Street rapid transit, expanded transit in new development areas and rural Durham, and other local transit improvements, should be included in the next RTP. In the process of completing the Durham Transportation Master Plan (TMP), Regional staff have communicated the TMP's findings and recommendations to Metrolinx for consideration in the RTP.

4.2 The RTP review includes developing the transportation network, updating the RTP strategies, producing a draft RTP Plan and subsequent RTP Implementation Plan. As part of this work, staff attended the Municipal Technical Advisory Committee meetings and the Planning Leaders Forum meetings, which are hosted by Metrolinx. The purpose of these groups is to support local engagement in the RTP review process.

4.3 Metrolinx plans to release a draft of their RTP Update in June which will allow the Region to consider implications for the Durham TMP before it is finalized this fall.

4.4 Regional staff and the public will have an opportunity to comment on the draft Metrolinx RTP from July 2017 to November 2017. A final RTP is expected at end of 2017/early 2018.

5. Metrolinx Fare Integration Initiative

5.1 Metrolinx is leading the work to develop an integrated fare structure for all transit services in the GTHA. The PRESTO card was seen as the first technical step towards the fare and service integration. However, at present, each transit authority still has its own fare policies and concessions.

5.2 The fare integration initiative seeks to simplify all these different policies into a single GTHA-wide approach to setting fares. Metrolinx is exploring five scenarios that range from a slight modification and simplification of current practices to a base fee plus fare per distance travelled. For example, GO Transit uses a base fare plus a cost per zone travelled. Another potential approach is to charge one type of fare on faster, higher-order systems (like subway or rail) and take a different approach on local transit service.

5.3 Cooperative cross-boundary fare arrangements exist among most GTHA transit agencies. Age ranges and naming conventions for discounted fares are now aligned among transit agencies in the GTHA. Reduced co-fares for GO Transit services and cross-boundary transfer recognition support transfers from Durham Region Transit (DRT) to any of the other GTHA transit systems except the Toronto Transit Commission (TTC). A full second fare is paid when transferring to a TTC service.

5.4 By far, most transit ridership occurs within a single municipality/region and not across boundaries. Certain scenarios being considered under the fare integration work would require new governance agreements as the individual transit authorities would no longer set fare levels, policy or concessions (e.g. seniors, youth fares).

5.5 The challenges and benefits of the different scenarios have not been fully assessed and impacts remain unclear. Each scenario could affect the transit system and its riders somewhat differently. For example, scenarios that move toward a fare-by-distance regime may exacerbate poor access to jobs and income inequality already manifesting in suburban areas. A model that makes RER travel relatively inexpensive for short distances could drain ridership from local transit. Conversely, if higher order systems are too expensive, demand on local transit could rise dramatically.

5.6 The Metrolinx assessment of options to date omits several important issues:

a) Effect on specialized and demand-responsive transit services, where passengers are not picked up at a regular stop, with respect to fare parity as required under accessibility legislation;

b) Governance impacts regarding fare setting and related policies;
c) Potential impacts to revenue (service cost recovery, average fare per customer), operating costs (increased service level requirements), and capital requirements (additional PRESTO devices and fleet);and
d) Social impacts of the different models.

5.7 Metrolinx intends to bring a preferred integrated long-term fare structure to its December 2017 board meeting. Metrolinx does not plan to work on governance or financial impacts prior to this even though the structure decision could require fundamental changes to the governance and financing of transit across the GTHA.

5.8 GTHA transit agencies are part of a Metrolinx Technical Advisory Committee. There is consensus among many GTHA transit agencies, including the TTC, that fare by distance models are not preferred.

5.9 DRT and other GTHA transit agencies have emphasized that service integration is far more important to customers than fare integration. Fare integration will fall short of serving customers if service integration is not developed in parallel. Metrolinx should be just as focused on reducing the gaps in transit services that exist when transferring from one system to another (e.g. matching frequencies and schedules, convenience of transfer points, integration of travel information) as it is on fare integration.

6. PRESTO

6.1 Durham Region was part of the group of transit agencies that joined with GO Transit to develop the PRESTO system and was an early adopter of the system. The TTC was not involved in PRESTO till much later. The first 10-year agreement among the original partners for participation in PRESTO was to expire in October 2016 but was extended several times by consent of all parties.

6.2 In accordance with direction from Durham Transit Executive Committee on February 23, 2017, staff is pursuing negotiations in the best interests of Durham Region for a new PRESTO agreement for the period October 2017 to November 2027. Negotiations are being conducted in concert with six other 905-area transit agencies. For PRESTO core services and governance aspects, the negotiations also involve GO Transit, OC Transpo and the TTC.

6.3 Following political and senior staff discussions, an agreement-in-principle was reached and approved by all the respective Councils and Boards. Outstanding

items and differences of interpretation are to be addressed in the final agreement.

6.4 The agreement-in-principle establishes that the PRESTO fees for 905 communities would gradually increase from 2 percent of fare revenue collected through PRESTO to 9 percent. The final rate for the TTC is 4.65 per cent. For the 905 transit agencies, participating in PRESTO is a condition of eligibility to receive Provincial Gas Tax funding. The new 905 agreement would expire in 2027, concurrent with the TTC PRESTO agreement, allowing for a single agreement to be established at that time.

7. Highway 2 Bus Rapid Transit Project

7.1 In 2008, the Region received $82.3 million from the provincial Quick Wins Fund for Phase 1 of the Highway 2 Bus Rapid Transit (BRT) project.

7.2 Metrolinx's The Big Move (and later The Next Wave) vision identified a continuous BRT service connecting the Oshawa Urban Growth Centre and the Scarborough Town Centre. In 2010, a Metrolinx Business Case Analysis was completed for the Durham-Scarborough Highway 2 BRT project. The Region sought funding for this project, provincially and federally on multiple occasions without success.

7.3 Highway 2 Bus Rapid Transit was identified as a key Regional higher order transit spine in Durham's 2010 Long Term Transit Strategy (LTTS). The Region's ongoing TMP Update study confirms the Highway 2 corridor as the Region's top priority for BRT implementation.

7.4 With the Quick Win funding, the Region launched Phase 1 of BRT implementation along Highway 2 through Pickering and Ajax. Key elements included:

a) Completion of a Class EA for curbside bus-only lanes over approximately 10 kilometres; and
b) Construction of approximately 4 kilometres of curbside bus-only lanes through critical intersections (at Whites Road, Liverpool Road, Brock Road in Pickering; at Westney Road, Harwood Avenue, Salem Road in Ajax).

7.5 Construction of the Phase 1 bus-only lanes along with adjacent buffered cycling lanes is on track for completion by March 2018.

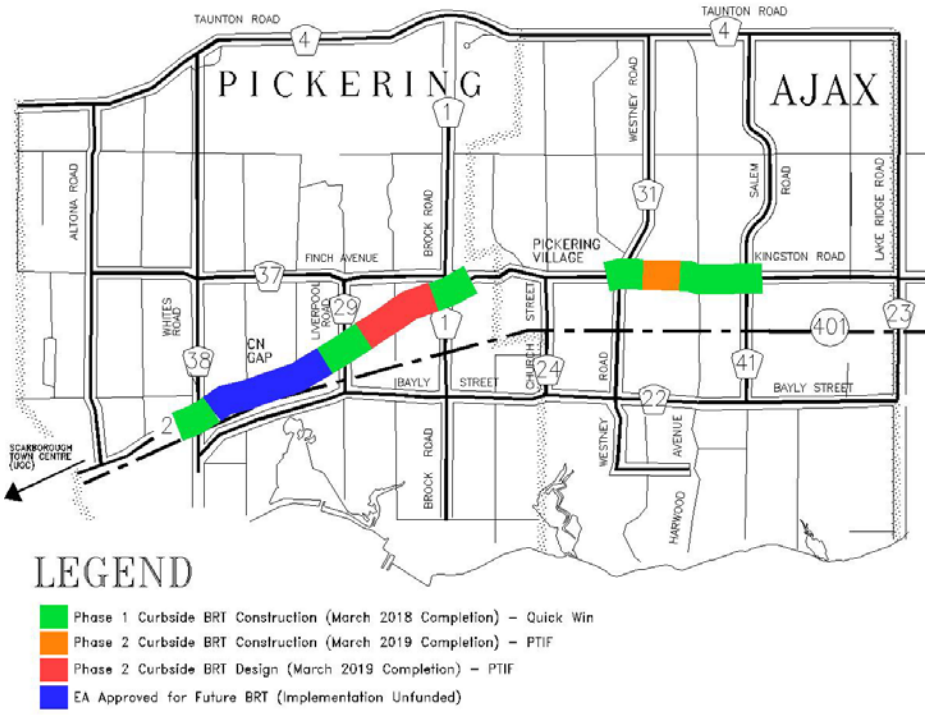
7.6 Advancing BRT construction beyond Phase 1 (i.e. the approximately four kilometres) to the remainder of the approved EA limits would require significant funding and resourcing for completion of detail design, property acquisition,

utility relocations and construction.

7.7 In August 2016, the Province announced $10 million to continue the planning and design work for additional segments of the Scarborough-Durham Highway 2 BRT project. Initial work is expected to commence soon and be completed over a six-month period. Regional and DRT staff are participants in the Metrolinx working group that has been created for the completion of this study.

7.8 The Region also received matching funding approval (March 31, 2017) under the Public Transit Infrastructure Fund (PTIF) program to launch Phase 2 work. This will include closing the gap between the Westney Road and Harwood/Salem Quick Win segments and completion of detailed design and critical utility relocations for the gap between the Liverpool and Brock Road Quick Win segments (see Figure 1 below). The planned completion date for these Phase 2 PTIF projects is March 2019.

Figure 1: Highway 2 BRT Implementation Status



7.9 With Durham's PTIF projects having been approved nearly six months after submission, there is a real risk that the Region may not be able to fully complete all projects by the specified timelines of March 31, 2018 and March 31, 2019. This risk has been echoed by other transit systems and communicated to staff of both the Provincial and Federal Government. To date, the Federal Government has not modified the required project completion dates.

7.10 Regional staff is in the process of refining work plans and will try to mitigate the timing risks through project management. Project progress will be closely monitored and, should it be necessary to seek extensions from the Federal Government, Regional staff will proceed accordingly and advise Transit Executive Committee, Committee of the Whole, and Regional Council.

8. Metrolinx Act Review

8.1 The Metrolinx Act 2009 mandates a five-year review. When the legislation was introduced, the Region recommended (Report 2009-J-19) that the Metrolinx Board should have a hybrid structure with both public and private sector members to maintain representation, accountability, and direct linkage to the municipal partners. The Province chose to create a private board. The Metrolinx Board meets in public quarterly. Each public meeting is paired with a closed meeting. Board meeting procedures preclude delegations.

8.2 Direction to undertake the review appeared in the Minister's mandate letters in 2014 and 2016. In 2016, MTO told Regional staff that the review was in very preliminary stages and should be complete by the end of 2017.

8.3 In February 2015, the GTHA Mayors and Chairs group passed a resolution recommending to Metrolinx that it establish a committee of the regional chairs and single tier mayors to advise the Metrolinx Board. No response was received from Metrolinx, nor did this resolution ever appear on a Metrolinx Board public meeting agenda.

8.4 The legislated review of the Metrolinx Act is an opportunity for Regional Council to offer suggestions to improve the accountability and transparency of Metrolinx and its board and to enhance the agency's relationship with its partners by restoring municipal elected representation to the Board.

9. Conclusions and Next Steps

9.1 From 2009 to 2015, Metrolinx primary investments in Durham were system support projects including the East Rail Maintenance Yard, East Regional GO Bus Maintenance Facility, and parking garages at GO Stations. These projects involved significant federal and provincial capital contributions and support future expansion of GO Transit's bus and rail network.

9.2 GO Stations with parking garages could help enable future intensification at and around the station site if designed as transit hubs. By introducing paid parking and making parallel investments in local transit to serve more frequent RER service, current surface parking areas could be redeveloped for new uses (e.g.

the Port Whitby Secondary Plan). Planning and development would need to be done in close cooperation with local transit, the Region and area municipalities to respect and support Regional and local objectives for the affected community.

9.3 Over the past two years, the politicians and staff of Durham Region and area municipalities bolstered efforts to engage with Metrolinx and the Province. Through direct meetings with the Minister of Transportation, local MPPs and Metrolinx board members and staff, they advocated for two high priority transit projects in Durham: extending GO Rail East to Bowmanville and Highway 2 BRT.

9.4 This effort was followed by announcements of the Lakeshore East GO Rail extension to Bowmanville and the $10 million for planning to advance Highway 2 BRT. Given this success, frequent, focused engagement with Metrolinx and federal and provincial ministries should continue.

9.5 These two Metrolinx projects will provide a needed focus on improving the transit network within Durham. From a Durham perspective, it is also critical that Metrolinx investments in frequent RER service should support the Urban Growth Centre in downtown Oshawa and the urban intensification planned for east Whitby, Oshawa and Clarington. In response to Durham concerns, Metrolinx is initiating an amendment to the GO East EA which, among other things would further investigate the potential for the RER service to extend north of Highway 401. Durham Region will continue to advocate for this more effective investment in transit.

9.6 At the project implementation level, Regional staff has largely productive and cooperative relationships with Metrolinx staff as evidenced by the effort underway to coordinate the work to bring the Lakeshore East rail across the 401. Subject to Regional Council approval, the future Regional Roads capital program will be aligned to better coordinate with the GO East extension schedule.

9.7 Metrolinx has made progress on advancing large, higher-order transit projects. However, building lower-cost, road-based transit networks and service strategies will promote the transformation of suburban 905 communities to a denser urban form. Comparable Metrolinx support for development of frequent, reliable transit networks in rapidly growing 905 and new communities is critical so that new residents have a reasonable alternative to the car. This more inclusive focus should also be reflected in the next RTP.

9.8 Each of the Metrolinx initiatives outlined in this report has the potential to significantly affect Durham Region. Regional staff will continue to work with Metrolinx to advance these transit and transportation projects and will report on individual initiatives as needed.

10. Attachments

Attachment #1: Acronym List

Respectfully submitted,

Original signed by:

Brian Bridgeman,
Commissioner of Planning and Economic Development

Original signed by:

Susan Siopis, P. Eng.
Commissioner of Works

Original signed by:

Vincent Patterson, MCIP, RPP, MEng
General Manager, Durham Region Transit

Attachment 1: Acronym List

BRT – Bus Rapid Transit

COW – Committee of the Whole

DRT – Durham Region Transit

EA – Environmental Assessment

GGH – Greater Golden Horseshoe (as defined in the Provincial Growth Plan)

GTHA – Greater Toronto and Hamilton Area

LRT – Light Rail Transit

LTTS – (Durham) Long Term Transit Strategy

MTO – Ontario Ministry of Transportation

PTIF - Public Transit Infrastructure Fund (federal funding)

RER – Regional Express Rail (electrified, frequent rail service)

ROP – Regional Official Plan

RTP – (Metrolinx) Regional Transportation Plan a.k.a. “The Big Move”

SGMN – strategic goods movement network

TMP – (Durham Region’s) Transportation Master Plan

TPAP– Transit Project Assessment Process (streamlined EA process for transit projects)

TTC – Toronto Transit Commission

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2305

The Regional Municipality of Durham
Information Report

From:	Commissioner of Finance
Report:	#2017-INFO-58
Date:	May 26, 2017

Subject:

2016 Annual Investment Report and Update on Bill 68, Modernizing Ontario's Municipal Legislation Act

Recommendation:

Receive for information

Report:

1. Purpose

1.1 In accordance with the *Municipal Act, 2001, Ontario Regulation 438/97*, and the Region's "Statement of Investment Policy and Goals", the Treasurer is required to report annually on the Region's investment portfolio following the end of each fiscal year, generally to report on performance of the portfolio and its conformity with investment policies and goals.

1.2 This report summarizes the performance for the investment portfolio for 2016, provides the required statement of the Treasurer, and provides an update on potential provincial changes to the Municipal Act, which proposes to provide municipalities with broadened investment powers.

2. Background

2.1 The Region's Statement of Investment Policy and Goals sets a low risk tolerance level and the overall investing approach emphasizes security of principal while maintaining liquidity. The policy permits investment in a diversified basket of high credit rated securities that meet the minimum credit ratings established in the policy.

2.2 This conservative approach to investing shields the Region from losses associated with periods of economic decline and ensures that sufficient funds are available to meet financial obligations as they come due.

2.3 The post financial crisis investment landscape continues to be characterized by relatively low returns as low interest rates have been maintained by central banks throughout the prolonged global recovery. The performance of the Region's investment portfolio is reflective of the continued low interest rates available in the investment marketplace.

3. Performance of the Investment Portfolio

Investment Returns

3.1 The approved Statement of Investment Policy and Goals specifically recognizes the Region's role as custodian of taxpayer's money, with safeguarding of funds being of paramount importance. The policy also recognizes that trade-offs among investment objectives will occur in order to emphasize security of principal, provide overall liquidity, and, at the same time, maximize investment returns. While investment return is an important measure of the performance of the portfolio, it is a measure that will reflect the investment objectives as well as market conditions.

3.2 The continued low interest rate environment in 2016 resulted in investment returns that are lower than those obtained in the prior year. For 2016, the return on the portfolio averaged 1.94% (2015 – 2.07%).

3.3 Treasury bills (T-Bills) are used as a benchmark since they normally yield higher returns than typical savings accounts and term deposits while still preserving a low risk tolerance. T-bills are the most liquid component of the domestic money market. The Region's average rate of return of 1.94% compared favourably to the average yield on one year Government of Canada T-Bills of 0.55% for 2016 (2.07% versus 0.55% for 2015).

3.4 The rate of return for the short term investments averaged 2.05% (2015 – 2.71%) for investments with a remaining term of less than 6 months and 1.90% (2015 – 2.29%) for investments with remaining terms of 6 months to 1 year. The rate of return for investments with remaining terms greater than 1 year up to 5 years averaged 2.31% (2015 – 2.18%), investments with remaining terms greater than 5 years up to 10 years averaged 2.77% (2015 – 3.05%), while investments with remaining terms greater than 10 years up to 20 years averaged 4.34% (no change from last year).

Investment Terms

3.5 The Statement of Investment Policy and Goals also provides guidelines for the stratification of the Region's portfolio over investment terms ranging from less than six months up to twenty years.

3.6 At year end, fifty-three per cent (2015 – seventeen per cent) of the value of the portfolio was invested in securities maturing in one year or less, forty-four per cent (2015 – seventy-nine per cent) of the portfolio was maturing within one to five years, two per cent (2015 – three per cent) was maturing in five to ten years and the remaining one per cent (2015 – one per cent) had maturities due in the ten to twenty year range.

3.7 The liquidity guideline ensures ready access to cash in order to meet the financial obligations of the Region as they come due and suggests a minimum of 50% of the Region's investments should have a term of one year or less. The value of the investment portfolio was slightly above this minimum target at the end of 2016, in part due to the lack of securities with longer maturities and suitable rates of return that were available for purchase.

3.8 Investment of a portion of the portfolio over the longer terms permitted under the policy provides a partial shield against the current market conditions and also recognizes that the full value of the investment portfolio is not required in order to satisfy current obligations of the Region.

3.9 An additional term-related objective of the policy is to hold all investments until maturity, unless cash flow is required for operational purposes. In 2016, all investments were held until maturity.

Investment Portfolio Composition

3.10 The Investment Policy provides general guidelines for the minimum and maximum investment targets by type of financial instrument and by issuers, as well as minimum credit ratings for products. The portfolio composition at any one point in time tends to reflect the availability of secure investments at rates of return that exceed those being received on surplus operating cash balances.

3.11 Although it is permissible under the policy to invest in securities with higher risk, the decision to invest in lower risk investments has shielded the Region from investment losses. The composition of the Region's investment portfolio reflects the low risk tolerance and conservative investment approach to ensure the security of principal. The composition of the investment portfolio at year end by type of financial institution or instrument is shown in the following table:

Financial Institution / Instrument	**Guidelines**		**Actual at Dec 31/16 %**
	Target Minimum %	**Target Maximum %**	
Government of Canada (incl. T-bills)	25	100	0
Provincial Governments	15	50	7
Large Urban Municipal Debentures	0	25	7
Schedule 1 Banks (notes, bonds and high interest accounts)	0	50	86

3.12 For the past few years, Canadian T-bill interest rates have been very low. As the result of this, investing in bank paper and high interest savings account in 2016 have been the main investment vehicles for the Region.

3.13 The Investment Policy also permits the Region to invest in its own debt issuances, with the requirement to report such investments in each annual investment report. The following table shows the Region of Durham debentures held in the investment portfolio as at December 31, 2016:

Broker	Coupon Rate	Maturity Amount	Issue Date	Purchase Date	Maturity Date
CIBC	4.85%	$2,104,000	Jan. 25/05	Mar. 5/12	Jan. 25/17
RBC	4.588%	$8,446,532*	Oct. 6/05	Feb. 14/11	Oct. 6/28
RBC	4.15%	$1,538,000	Oct. 16/13	Oct. 16/13	Oct. 16/29
RBC	4.20%	$1,602,000	Oct. 16/13	Oct. 16/13	Oct. 16/30
RBC	4.25%	$1,669,000	Oct. 16/13	Oct. 16/13	Oct. 16/31
RBC	4.30%	$1,740,000	Oct. 16/13	Oct. 16/13	Oct. 16/32
RBC	4.30%	$1,814,000	Oct. 16/13	Oct. 16/13	Oct. 16/33

*Amortizing bond – amount will reduce over the term

4. Compliance with Investment Policies and Goals

4.1 Internal controls established by Finance Department staff are an integral component in ensuring that all investment transactions are made in accordance with the Region's Statement of Investment Policies and Goals.

4.2 The controls include those outlined in the policy as well as the ethics and conflict of interest guidelines. In addition, the Region's investments are reviewed annually by the external auditors.

5. Update on Provincial Bill 68 Ontario's Municipal Legislation Act 2017

5.1 Bill 68, Modernizing Ontario's Municipal Legislation Act, 2017 was tabled on November 16, 2016 and proposed to amend various Acts in relation to municipalities. Among those are proposed changes to the Municipal Act which would provide municipalities with broadened investment powers. In addition, changes to the credit rating thresholds are also contemplated concurrent to the broader Municipal Legislative review.

5.2 The Province is considering permitting municipalities to invest money that it does not immediately require in <u>any</u> security in accordance with certain requirements outlined in the regulation.

5.3 Bill 68 outlines the various elements for applying the Prudent Investor Standard, including, but not limited to:

- The duty to obtain the advice that a prudent investor would obtain under comparable circumstances to satisfy investment requirements while exercising the care, skill, diligence and judgement that a prudent investor would use;
- For the purposes of planning investments, a municipality must consider criteria including general economic conditions, possible effects of inflation or deflation, role of each investment in overall portfolio, anticipated total return from income and appreciation of capital and need for liquidity, regularity of income, preservation or appreciation of capital and need for diversification;
- Ability to enact regulations that would prescribe, among other things, the purpose of a municipality's requirements prior to passing a by-law, rules, conditions and procedures for the investment of money as well as transitional rules/matters; and
- Elements around repayment of earnings to fund from which money was invested, combined investments and investments by groups of municipalities.

5.4 The ability to grant Prudent Investor Standard status to municipalities recognizes municipalities as responsible participants within the financial markets which has the potential to provide a greater degree of flexibility and opportunities to achieve greater rates of return on investment, although this must be carefully weighed versus matters of process, responsibility, and protection of principal invested.

5.5 As of the date of this report, Bill 68 has been ordered for Third Reading. Regional staff will continue to monitor progression of the proposed bill and report back to Council outlining potential Regional implications, as appropriate.

6. Conclusion

6.1 The Region continues to invest in a diversified basket of high credit rated securities that meet the minimum credit rating criteria, even after May 10, 2017 downgrading of the big six Canadian banks by Moody's Investors Service, and deliver a suitable rate of return. Durham Region's investment portfolio composition is in compliance with the Council approved Statement of Investment Policies and Goals.

6.2 In my opinion, all investment transactions for 2016 continue to conform to the Region's investment policies and goals as adopted by Regional Council, reflecting a low risk tolerance and overall conservative investing approach to emphasize the security of principal, while maintaining ample liquidity.

Respectfully submitted,

Original signed by

R.J. Clapp, CPA, CA
Commissioner of Finance

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The Regional Municipality of Durham
Information Report

From:	Commissioner of Planning and Economic Development
Report:	#2017-INFO-59
Date:	May 24, 2017

Subject:

2017 Durham Tourism Discovery Guide

Recommendation:

Receive for information

Report:

1. Purpose

1.1 The 2017 Durham Tourism Discovery Guide is an annual publication produced by the Economic Development and Tourism division. The Durham Tourism Discovery Guide is created to raise awareness of Durham Region as a tourist destination while offering an effective and affordable advertising vehicle for the tourism industry. This guide provides a convenient, user-friendly reference guide of the tourist product available in Durham Region for the residents and visitors.

2. Background

2.1 Durham Tourism is responsible for selling advertisement and listing space in the guide and the creation of all written content is established in partnership with the Corporate Communications Department.

2.2 The guide features an extensive calendar of events and detailed sections including: golf; snow sports; dining; arts and culture; heritage; breweries and wineries; agri-tourism; entertainment; shopping; outdoor adventures; festivals and events; and community, recreation, sport and convention facilities.

2.3 The design and printing of the guide were completed by local vendors and 60,000 copies were printed.

2.4 18,500 copies will be distributed through the CTM Brochure Display stands across Durham Region, Greater Toronto Area Community and Information Centres, Hotel and Visitor Programs, Ontario Travel Information Centres across Ontario, Highway 401 Rest Stops and a new market was added of the Kitchener/Waterloo region.

2.5 The remaining guides will be distributed to all advertisers, local area information centres, online/telephone visitor requests, as well as at community events and industry trade shows.

3. Conclusion

3.1 The 2017 Durham Tourism Discovery Guide can be viewed online in an accessible document at https://www.durhamtourism.ca/brochures/DiscoveryGuide.pdf.

Respectfully submitted,

Original signed by

B.E. Bridgeman, MCIP, RPP
Commissioner of Planning and
Economic Development

Interoffice Memorandum

Date: **May 26, 2017**

To: **Committee of the Whole**

From: **Dr. Robert Kyle**

Health
Department

Subject: Ontario Public Health Standards Modernization

On February 17, 2017, the Ontario Ministry of Health and Long-Term Care released a consultation paper as regard the above subject. The Durham Region Health Department (DRHD) hosted a regional consultation meeting on March 28 and provided written comments to the Ministry in April in response to the consultation paper. On May 15, the Ministry released the attached Accountability Framework and Organizational Requirements as well as the Summary of Themes Raised at the Regional Consultation Meetings on the Modernized Ontario Standards for Public Health Program and Services (OSPHPS).

In summary, the Accountability Framework outlines the parameters to hold boards of health accountable for delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice. The Organizational Requirements have been drawn from the *Health Protection and Promotion Act*, Public Health Funding and Accountability Agreement, Ontario Public Health Organizational Standards and the OSPHPS. Once finalized, they will replace the current Organizational Standards.

As Durham's board of health, Regional Council is encouraged to review the Organizational Requirements. DRHD staff is reviewing the Framework with a view towards providing comments by June 9.

The Ministry is considering the feedback on the OSPHPS from the consultation meetings and is reviewing written submissions to inform the finalization of the OSPHPS and development of additional guidelines, tools and templates.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Ministry of Health and Long-Term Care

Assistant Deputy Minister's Office

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May 15, 2017

MEMORANDUM

TO: Board Chairs, Medical Officers of Health, and Chief Executive Officers

RE: Update and Next Steps regarding the Modernized Ontario Standards for Public Health Programs and Services and Accountability and Organizational Requirements

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Dear Colleagues

I am writing to provide you with an update on the next steps on a number of initiatives underway with the Ontario Standards for Public Health Programs and Services (OSPHPS) and Accountability.

I will start with a sincere thanks to all those who attended the regional consultation sessions, and a very special thanks in particular to the seven host public health units: Ottawa Public Health, Elgin-St. Thomas Public Health, Sudbury and District Health Unit, Durham Region Health Department, City of Hamilton Public Health Services, Thunder Bay District Health Unit and Toronto Public Health.

The regional consultations were held between March 21st and April 6th following the February release of the OSPHPS Consultation Document. The discussions were very rich and informative – they provided an opportunity to hear from you and many of your staff on specific implementation issues and opportunities. During the regional consultation process it was very clear that health units are enthusiastic about the work completed to date and eager to continue to participate in the process. I am pleased to share with you a thematic summary of the discussions at those meetings as well as a question and answer document (see attached).

We are in the midst of reviewing 55 submissions from 30 boards of health and 25 associations/organizations. Your thoughtful submissions are much appreciated and further demonstrate your commitment to ensuring that the new public health programs and services meet the needs of Ontarians. In turn, you have my commitment that your feedback will be carefully considered.

The ministry intends to convene a final meeting of both the Executive Steering Committee and the Practice and Evidence Committee to review the feedback and recommended changes to the standards resulting from the consultations. Meeting date details will be forthcoming, as well as a targeted release date for the finalized standards.

As we heard consistently in the regional sessions, many of you are also anxious to know the next steps of the standards modernization – specifically regarding, protocols, guidelines, indicators and accountability.

The following is the approach the ministry will be taking on these next steps:

1) The work on protocols, guidelines and indicators will commence shortly and will be a concurrent process.
    - Subject matter/content work groups/tables (as required) will support the ministry in the development of these outputs.
    - There is a number of existing content specific work groups, and we will leverage those mechanisms as much as possible, but we may need to expand, enhance or establish new forums to ensure participation reflects the diversity of our health units across this province and we have appropriate geographic representation.
    - We also want to ensure we have sufficient front line representation from those health unit staff who are delivering programs and services on the ground.
    - Ministry leads have been identified for specific content areas, and will be contacting health units shortly, in a coordinated way, for staff participation in these work groups. Please see Appendix 1 for more details.

2) To oversee the above process in a coordinated and cogent way, the ministry will establish the *Standards Implementation Task Force*, and details on membership will be shared shortly.
   The Standards Implementation Task Force will work with ministry to ensure the following:

    - The development of the protocols, guidelines, program outcome indicators and population health outcome indicators are evidence based where possible, and the processes for development are grounded in scientific rigour.
    - That there is relevant consistency across all outputs and the application of the outputs can be consistent across the province.
    - Identify where exceptions may be warranted, and mitigation strategies to address capacity challenges where appropriate.
    - The core functions of public health practice are maintained.
    - Provide advice on /mechanisms for on-going input into the protocols, guidelines and indicators (e.g. identification of gaps etc.).
    - Identify specific training needs of both board members and health unit staff as appropriate.

3) Please see attached the Accountability Framework and draft proposed organizational requirements. As recommended by the Accountability Committee, the ministry has held targeted consultations on the draft organizational requirements with the alPHa Board (included COMOH representation); Association of Business Administrators, and we will be scheduling time with the AMO Health Task Force.

If you have questions on the Accountability Framework or the draft organizational requirements, please contact Liz Walker at 416-212-6359 or (Elizabeth.Walker@Ontario.ca). Please submit any comments on the draft organizational requirements by Friday, June 9th, 2017.

**Please note there are key documents currently in development that will support/enable Boards of Health to fulfil their accountability requirements. These include:

- Template for Annual Service Plan and Budget Submission
- Template for Annual Report
- Templates for Program Activity Report
- Board of Health Attestation template

As well, there will be a new Accountability Agreement between the ministry and boards of health. Details will be forthcoming.

4) To oversee the above process in a coordinated and cogent way, the ministry will establish the *Accountability Implementation Task Force*, and details on membership will be shared shortly. Please note the ministry intends to leverage the existing Accountability Committee that worked with the ministry to develop the framework and draft organizational requirements, but will be repurposing the mandate of the committee and changing the membership somewhat to ensure a cross section of participants to reflect the diversity and geographic location of health units across the province.

The Accountability Implementation Task Force will work with the ministry to ensure the following:

- That accountability requirements and associated templates are aligned with program and service delivery requirements.
- The implementation of accountability requirements and practices are informed by best practices identified in the literature.
- That the accountability cycle is considerate of health unit planning and board of health approvals.
- That implementation of the requirements considers systems in place to support the requirements.
- Identify where exceptions may be warranted, and mitigation strategies to address capacity challenges where appropriate.
- Provide advice on /mechanisms for on-going input into accountability requirements and associated documents.
- Identify specific training needs of both board members and health unit staff as appropriate.

Finally, the ministry intends to hold a series of summits in Toronto to engage more broadly on the various outputs of the processes outlined above. Further information will be provided in the near future.

Thank you for collaboration, camaraderie and commitment to public health.

Original signed by

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division

Attachments

Appendix 1: Protocols, Guidelines and Indicators

Protocols

Protocols will provide direction on how boards of health must operationalize requirement(s) in the Standards, anything referenced in statute will have a protocol. The Consultation Document names 26 protocols. It is expected that the standards will have 21 protocols, as a number of protocols will be consolidated.

Below is a listing of the protocols and their respective target completion date. Please note, the ministry will work with the Ministry of Children and Youth Services with respect to the Healthy Babies and Healthy Children Protocol and Guideline.

Protocols Pending SFO Modernization

Protocol	Ministry Lead	Contact	Targeted Completion Date
Electronic Cigarettes Compliance Protocol	Laura Pisko Director, Health Protection Policy and Programs Branch	Laura.Pisko@ontario.ca 416-327-7445	TBD
Tobacco Compliance Protocol	Laura Pisko Director, Health Protection Policy and Programs Branch	Laura.Pisko@ontario.ca 416-327-7445	TBD

Protocols with Minimal Revisions

Protocol	Ministry Lead	Contact	Targeted Completion Date
Menu Labelling Compliance Protocol	Dianne Alexander A/Director Healthy Living Policy and Programs Branch	Dianne.Alexander@ontario.ca 416-212-7637	September
Rabies Prevention and Control Protocol	Nina Arron Director, Disease Prevention Policy and Programs Branch	Nina.Arron@ontario.ca 416-212-4873	September
Infection Prevention and Control (IPAC) in Child Care Centres Protocol	Nina Arron Director, Disease Prevention Policy and Programs Branch	Nina.Arron@ontario.ca 416-212-4873	September

Protocol	Ministry Lead	Contact	Targeted Completion Date
Infection Prevention and Control Protocol[1]	Nina Arron Director, Disease Prevention Policy and Programs Branch	Nina.Arron@ontario.ca 416-212-4873	September
Infectious Diseases Protocol	Nina Arron Director, Disease Prevention Policy and Programs Branch	Nina.Arron@ontario.ca 416-212-4873	October
Institutional Prevention and Control Practices Complaint Protocol	Nina Arron Director, Disease Prevention Policy and Programs Branch	Nina.Arron@ontario.ca 416-212-4873	October
Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol	Nina Arron Director, Disease Prevention Policy and Programs Branch	Nina.Arron@ontario.ca 416-212-4873	October
Food Safety Protocol	Laura Pisko Director, Health Protection Policy and Programs Branch	Laura.Pisko@ontario.ca 416-327-7445	October
Recreational Water Protocol	Laura Pisko Director, Health Protection Policy and Programs Branch	Laura.Pisko@ontario.ca 416-327-7445	October
Tanning Beds Compliance Protocol	Laura Pisko Director, Health Protection Policy and Programs Branch	Laura.Pisko@ontario.ca 416-327-7445	November

[1] Infection Prevention and Control Protocol will include components of the Infection Prevention and Control (IPAC) in Personal Services Settings Protocol and the Infection Prevention and Control Practices Complaint Protocol.

Protocols with Significant Revisions

Protocol	Ministry Lead	Contact	Targeted Completion Date
Vaccine Storage and Handling Protocol	Nina Arron Director, Disease Prevention Policy and Programs Branch	Nina.Arron@ontario.ca 416-212-4873	September
Population Health Assessment and Surveillance Protocol[2]	Jackie Wood Director, Planning and Performance Branch	Jackie.Wood@ontario.ca 416-212-7785	October
Safe Drinking Water and Fluoride Monitoring Protocol	Laura Pisko Director, Health Protection Policy and Programs Branch	Laura.Pisko@ontairo.ca 416-327-7445	October
Oral Health Protocol[3]	Dianne Alexander A/Director Healthy Living Policy and Programs Branch	Dianne.Alexander@ontario.ca 416-212-7637	October
Health Hazard Response Protocol	Laura Pisko Director, Health Protection Policy and Programs Branch	Laura.Pisko@ontario.ca 416-327-7445	November
Child Visual Health and Vision Screening Protocol	Dianne Alexander A/Director Healthy Living Policy and Programs Branch	Dianne.Alexander@ontario.ca 416-212-7637	November
Tuberculosis Prevention and Control Protocol	Nina Arron Director, Disease Prevention Policy and Programs Branch	Nina.Arron@ontario.ca 416-212-4873	November
Immunization Management Protocol	Nina Arron Director, Disease Prevention Policy and Programs Branch	Nina.Arron@ontario.ca 416-212-4873	November

[2] The Population Health Assessment and Surveillance Protocol will include components of the Oral Health Assessment and Surveillance Protocol.
[3] Oral Health Protocol will include components of the Health Smiles Ontario Protocol and Oral Health Assessment and Surveillance Protocol.

Guidelines

Guidelines will provide direction on how boards of health must approach/apply requirement(s) outlined in the Standards, and will be referenced in the Standards in the same way protocols are. There will be 17 guidelines, however, as gaps are identified through the process of implementation, the ministry will consider additional guidelines should there be an appropriate need.

Guideline	Ministry Lead	Contact	Targeted Completion Date
LHIN Support and Planning Guideline	Jackie Wood Director Planning and Performance Branch	Jackie.Wood@ontario.ca 416-212-7785	October
Operational Approaches for Food Safety Guideline	Laura Pisko Director, Health Protection Policy and Programs Branch	Laura.Pisko@ontario.ca 416-327-7445	October
Infection Prevention and Control Lapse Disclosure Guideline	Nina Arron Director, Disease Prevention Policy and Programs Branch	Nina.Arron@ontario.ca 416-212-4873	October
Infection Prevention and Control Best Practices for Personal Services Settings Guideline	Nina Arron Director, Disease Prevention Policy and Programs Branch	Nina.Arron@ontario.ca 416-212-4873	October
Management of Suspected Rabies Exposures Guideline	Nina Arron Director, Disease Prevention Policy and Programs Branch	Nina.Arron@ontario.ca 416-212-4873	October
Chronic Disease Prevention Guideline	Dianne Alexander A/Director Healthy Living Policy and Programs Branch	Dianne.Alexander@ontario.ca 416-212-7637	November
Injury Prevention Guideline	Dianne Alexander A/Director Healthy Living Policy and Programs Branch	Dianne.Alexander@ontario.ca 416-212-7637	November
Mental Health Promotion Guideline	Dianne Alexander A/Director Healthy Living	Dianne.Alexander@ontario.ca 416-212-7637	November

Guideline	Ministry Lead	Contact	Targeted Completion Date
	Policy and Programs Branch		
Substance Misuse Guideline	Laura Pisko Director, Health Protection Policy and Programs Branch	Laura.Pisko@ontario.ca 416-327-7445	November
Healthy Environments and Climate Change Guideline	Laura Pisko Director, Health Protection Policy and Programs Branch	Laura.Pisko@ontario.ca 416-327-7445	November
Small Drinking Water Systems Risk Assessment Guideline	Laura Pisko Director, Health Protection Policy and Programs Branch	Laura.Pisko@ontario.ca 416-327-7445	November
Operational Approaches for Recreational Water Guideline	Laura Pisko Director, Health Protection Policy and Programs Branch	Laura.Pisko@ontario.ca 416-327-7445	November
Healthy Growth and Development Guideline	Dianne Alexander A/Director Healthy Living Policy and Programs Branch	Dianne.Alexander@ontario.ca 416-212-7637	November
Vaccine Storage and Handling Guideline	Nina Arron Director, Disease Prevention Policy and Programs Branch	Nina.Arron@ontario.ca 416-212-4873	November
Immunization Management Guideline	Nina Arron Director, Disease Prevention Policy and Programs Branch	Nina.Arron@ontario.ca 416-212-4873	November
Relationship with Indigenous Communities Guideline	Liz Walker Director, Liaison and Accountability Branch	Elizabeth.Walker@ontario.ca 416-212-6359	December
Guidelines for Emergency Preparedness, Response and Recovery	Clint Shingler Director, Health System Emergency Management Branch	Clint.Shingler@ontario.ca 416-327-8865	TBD

Indicators (for Program Outcomes and contribution to Population Health Outcomes)

Ministry Lead	Contact	Target Completion Date
Jackie Wood, Director, Planning and Performance Branch	Jackie.Wood@ontario.ca 416-212-7785	TBD Details to follow shortly

Ministry of Health and Long-Term Care

Accountability Framework and Organizational Requirements

Consultation Document

Population and Public Health Division

May 2017

Ministry of Health and Long-Term Care

THIS DOCUMENT IS FOR CONSULTATION PURPOSES ONLY AND IS SUBJECT TO CHANGE.

Ontario

Table of Contents

Policy Context

Ontario's health system is undergoing significant transformation, and public health is expected to play a key role in this transformation. Three major initiatives are underway to support public health to take on this role in this transformation:

1. **What is the work of public health in Ontario?** This is being addressed through the modernization of the standards for public health programs and services.
2. **What is the role of public health in integrated planning?** This is being addressed by the Public Health Work Stream.
3. **How does public health need to be organized across the province in order to function effectively within an integrated system?** This is being addressed through the Expert Panel on Public Health.

The province is continuing to experience tight fiscal constraints, with increased scrutiny and expectations regarding value for public expenditures. Boards of health and public health units face these same issues. It can be challenging to make a case for increased investments in public health funding within the current landscape. It is difficult for the Ministry of Health and Long-Term Care (the "ministry") to demonstrate impact at a population level and value for money/return on investment.

An Accountability Committee was convened to recommend an accountability framework for the public health sector in Ontario (see **Appendix 1** for membership). The Accountability Committee was tasked with:

- Developing and validating an overarching accountability framework;
- Articulating the scope of the areas within the accountability framework for boards of health (domains);
- Identifying the accountability requirements of boards of health in relation to each of the accountability domains; and,
- Identifying the tools and processes that are necessary to support board of health reporting on accountability requirements.

In developing the accountability framework, the Accountability Committee:

- Shared information on processes and tools public health units use to demonstrate accountability to their boards and municipalities;
- Reviewed findings and lessons learned from the ministry audits conducted of boards of health;
- Ensured the scope of the accountability framework covered the full scope of accountabilities of boards of health in their relationship to the ministry;
- Considered how to achieve a balance between ensuring compliance with service delivery expectations and supporting the achievement of intended outcomes; and,
- Considered how accountability can be implemented without creating excess burden on resources.

The Public Health Accountability Framework provides the opportunity for the ministry to include and/or highlight specific requirements related to the transformation of the system, including:

- Ensuring that boards of health fulfill their role in an integrated health system;
- Details on the specific activities of boards of health in areas such as use of demographics in program planning, descriptions of program delivery, risk management, and board governance; and,
- Reporting on unit costs of service delivery in order to demonstrate the value for money of public health programs and services.

Through enhanced transparency and demonstration for the value for money, public health will be better able to influence investment decisions that can support the re-orientation of the health system towards upstream prevention efforts.

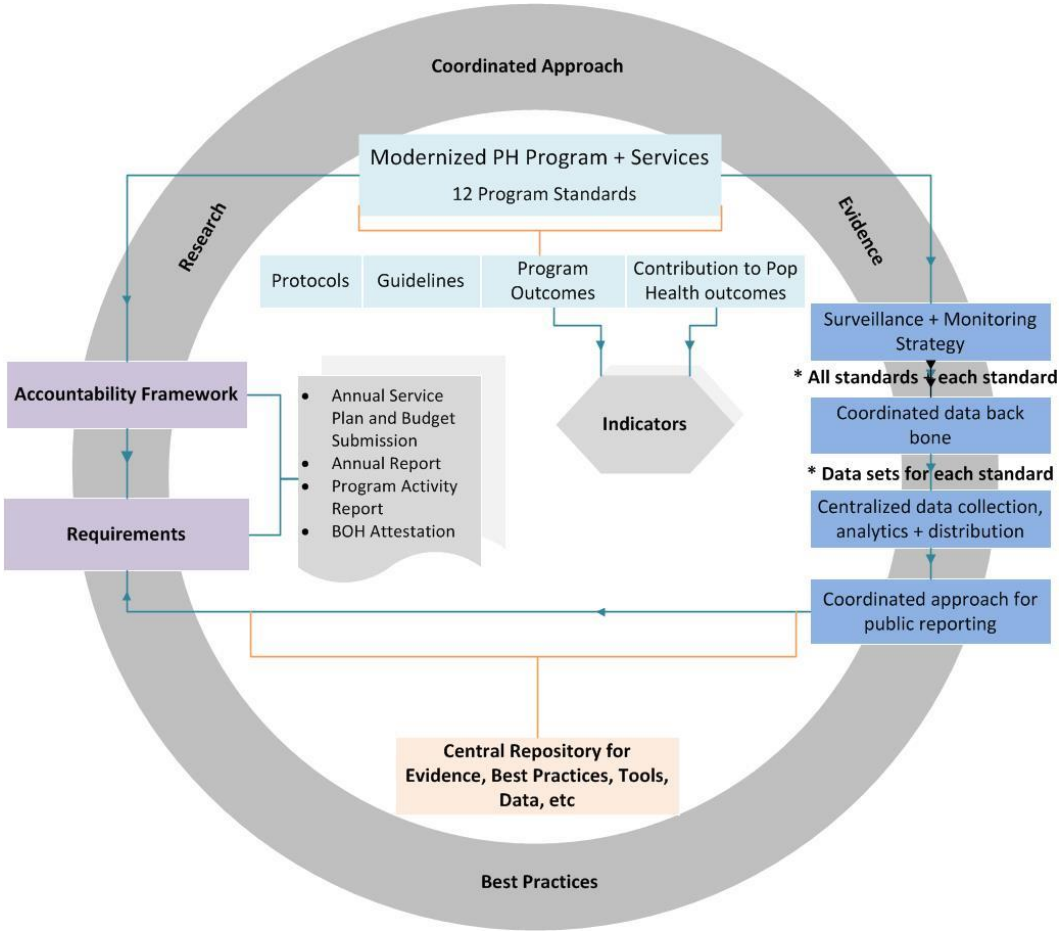
Modernization of the Ontario Public Health Standards

The modernized Ontario Standards for Public Health Programs and Services (OSPHPS) will be supported by protocols, guidelines, reference documents, and a suite of program and population level indicators and an integrated surveillance strategy that will support the implementation, monitoring and evaluation of programs and services, and the impact of public health interventions both across the province and within each public health unit catchment area.

This information will come together in a repository that will assist with analytics required at provincial, regional, and local levels, and a coordinated approach for public reporting. This will assist each board of health in managing its own governance, administration, and effective program and service planning as well as begin to demonstrate the value of these interventions at a regional level and impact on overall wellness of the population.

Figure 1 illustrates the coordinated approach of the modernized OSPHPS to ensure an integrated approach to reporting, data collection, and accountability.

Figure 1: Coordinated Approach – Modernized OSPHPS



Public Health Accountability Framework

As public health transforms, the approach to accountability must also adapt to reflect the new landscape and increased expectations for effectiveness, value, oversight, and quality of the delivery of public health programs and services. Enhanced accountability means that we can ensure investments in public health are improving programs and services that lead to better health for Ontarians. It also supports a strong public health sector that can demonstrate the value of public health and its contribution to population health outcomes.

As boards of health move to implement the expectations of the modernized OSPHPS and settle into their role within an integrated health system, the **Public Health Accountability Framework** (Figure 2) outlines the parameters and requirements for this work, how they do it, and results achieved. It articulates the expectations of the ministry to boards of health to promote a transparent and effective accountability relationship. Enhanced accountability supports the implementation of public health programs and services by ensuring boards of health have the necessary foundations related to the delivery of programs and services, financial management, governance, and public health practice.

Guiding principles underpinning this framework are:

- Well-articulated roles, responsibilities, and expectations for both the ministry and boards of health.
- Leveraging and aligning with current practices to reduce the burden on boards of health.
- Timely direction from the ministry on planning and performance expectations.
- Streamlined reporting to facilitate early identification of any financial, operational, and performance issues.
- Transparent reporting on performance results.
- Fair and effective assessment, engagement, and intervention strategies to address issues, manage risks, and strengthen performance.

Program requirements are outlined in the modernized OSPHPS. The organizational requirements as outlined in this document have been drawn from the *Health Protection and Promotion Act* (HPPA), Public Health Funding and Accountability Agreement, Ontario Public Health Organizational Standards, newly modernized OSPHPS, and recommendations from the ministry audits conducted of boards of health.

The Accountability Framework provides a vehicle for ensuring that all specific requirements that boards of health are responsible for meeting (both programmatic and organizational) are clearly communicated and can effectively be monitored.

Figure 2: Ontario's Public Health Accountability Framework

The Public Health Accountability Framework outlines the parameters and requirements to hold boards of health accountable for the work they do, how they do it, and the results achieved.

The Accountability Framework is composed of four Domains:

Domain	Delivery of Programs and Services	Fiduciary Requirements	Good Governance and Management Practices	Public Health Practice
Objectives of Domain	Boards of health will be held accountable for the delivery of public health programs and services and achieving program outcomes in accordance with ministry published standards, protocols, and guidelines.	Boards of health will be held accountable for using ministry funding efficiently for its intended purpose.	Boards of health will be held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.	Boards of health will be held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

Requirements will incorporate one or more of the following functions:

The Accountability Framework will be supported by:

Accountability Documents	• **Accountability Framework Requirements**: Sets out requirements against which boards of health will be held accountable across all four domains. • **Ministry-Board of Health Accountability Agreement:** Establishes key operational and funding requirements for boards of health.
Planning Documents	• **Board of Health Strategic Plan:** Sets out the 3 to 5 year local vision, priorities, and strategic directions for each board of health. • **Board of Health Annual Service Plan and Budget Submission:** Outlines how boards of health will operationalize the strategic directions and priorities in its strategic plan in accordance with the Standards for Public Health Programs and Services.
Reporting Documents	• **Performance Reports**: Regular performance reports (programmatic and financial) are required by boards of health with the opportunity to report back on program achievements and finances and articulate local challenges/issues in meeting outcomes. • **Annual Report:** Boards of health provide to the ministry a report after year-end on the affairs and operations, including how they are performing on requirements (programmatic and financial), how they are delivering quality public health programs and services, how they are practicing good governance, and complying with various legislative requirements.

NOTE: The Accountability Framework refers to boards of health in order to respect the board of health as the body that is accountable to the ministry as per the *Health Protection and Promotion Act*. It is recognized that there is a delegation of authority for the day to day management and administrative tasks to the Medical Officer of Health (and Chief Executive Officer or other executive officers, where applicable).

Requirements within the Accountability Framework incorporate one or more of the following functions:

- **Monitoring and reporting** measures the activities and achievements of boards of health and assesses the results (to demonstrate value and contribution of public health).
- **Continuous quality improvement** encourages changes in processes to address identified problems and improve efficiency and effectiveness.
- **Performance improvement** ensures boards of health achieve the best results possible and contribute to local, provincial, and population health outcomes.
- **Financial management** ensures that resources are used efficiently and in line with local and provincial needs.
- **Compliance** ensures boards of health meet ministry expectations for required activities articulated in legislation, standards, funding agreements and policies.

Accountability across the domains will be demonstrated through accountability, planning, and reporting tools, such as:

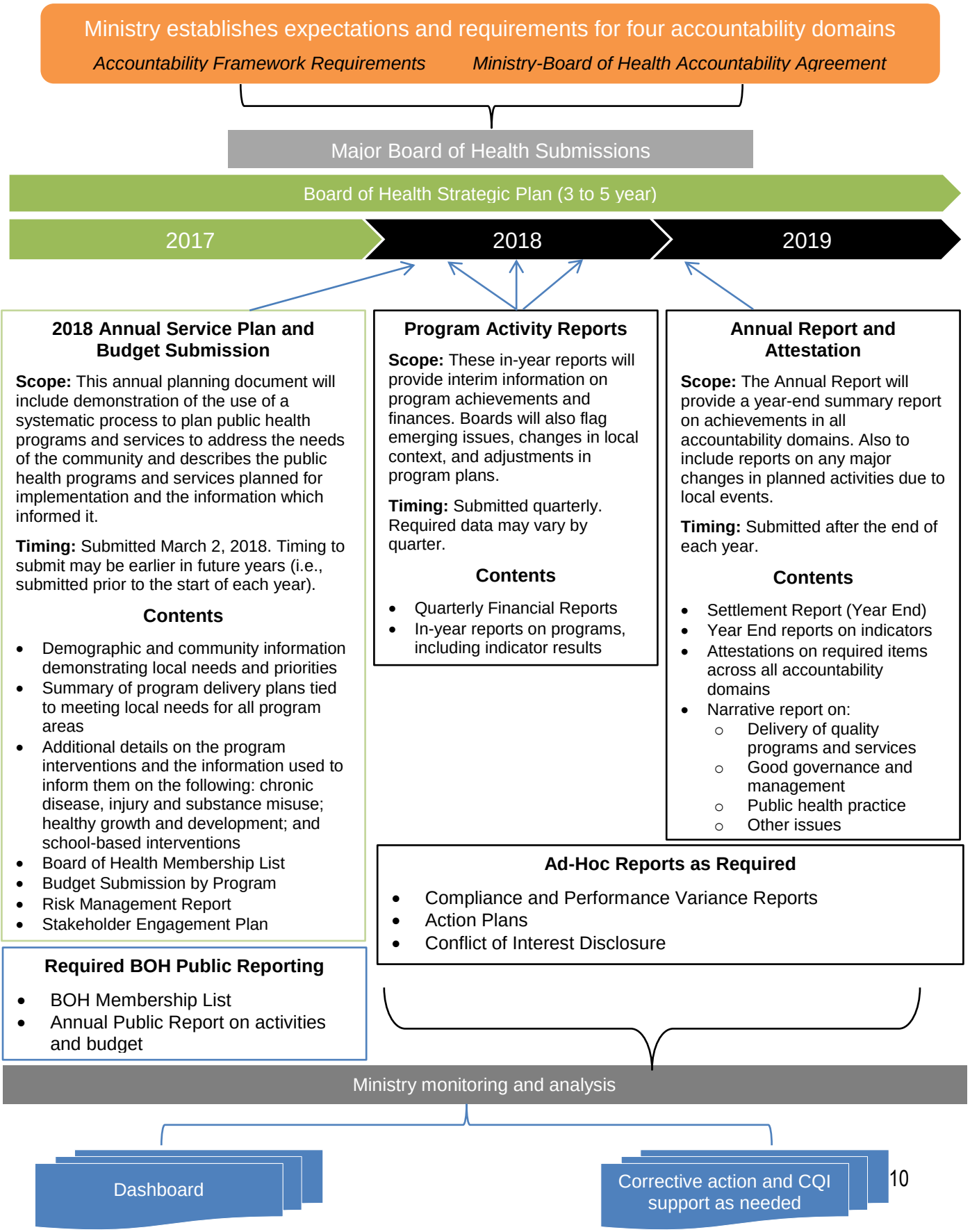
- The **Ministry-Board of Health Accountability Agreement**, which will establish key operational and funding requirements;
- **Board of Health Strategic Plan**, which will set out the 3 to 5 year vision, priorities, and strategic directions for each board of health;
- **Board of Health Annual Service Plan and Budget Submission**, which will outline how boards of health will operationalize the strategic directions and priorities;
- **Performance and other ad hoc reports**, which will provide interim information on program achievements and finances in-year; and,
- **Annual Report**, which will provide a year-end summary of board of health achievements and include attestations on required items across all accountability domains.

These tools will allow boards of health to demonstrate that they:

- Comply with all legal requirements and provide appropriate oversight for public funding and resources;
- Support a high standard and quality of public health practice and good governance and management practices that provide the foundation for the effective delivery of public health programs and service; and,
- Demonstrate the value that Ontarians receive for the funding invested in public health, and how that investment contributes to population health outcomes for all Ontarians.

Figure 3 provides an overview of the annual accountability reporting cycle for boards of health under the Public Health Accountability Framework.

Figure 3: Annual Accountability Reporting Cycle



Accountability Framework - Organizational Requirements

The ministry's expectation is that boards of health will be accountable for meeting all requirements included in legislation (e.g., HPPA, *Financial Administration Act*, etc.) and the documents that operationalize them (e.g., OSPHPS, Ministry-Board of Health Accountability Agreement, etc.).

Organizational requirements specified in the Accountability Framework are those requirements where additional reporting and/or monitoring will be required of boards of health. Reporting on these requirements may differ and the ministry plans to use a range of reporting and measurement approaches to assess board of health compliance with these requirements including:

- Routine board of health audits and the introduction of formal year-end attestations;
- Narrative reports and submitted documentation; and,
- Indicators and other metrics.

The type of approach used will vary depending on the level of detail deemed necessary and the measurability of each requirement. Reporting will be streamlined as much as possible through annual service plans and year-end reports.

Delivery of Programs and Services

Boards of health will be held accountable for the delivery of public health programs and services and achieving program outcomes in accordance with ministry published standards, protocols, and guidelines.

Objective of Requirements

The ministry has a due diligence responsibility to ensure that boards of health are delivering mandated programs and services that reflect the appropriate level of provincial consistency and local flexibility, and that the services delivered are effective in achieving their intended purposes.

Requirements and Rationales

Requirements*	Rationale
Boards of health are required to deliver programs in compliance with the OSPHPS, and all applicable legislation and regulations.	Duty of the board of health under the HPPA to provide for the delivery of public health programs and services to prevent the spread of disease and promote and protect the health of the populations in their public health unit.
Boards of health are required to comply with program provisions within the HPPA.	Meets legislative requirements.
Boards of health are required to undertake population health assessments including identification of priority populations, determinants of health and health inequities, and measure and report on them.	Demonstrates evidence-based determination of population need, reflects government priorities in Patients First, and brings a greater focus on local needs.
Boards of health are required to describe the following program interventions and the information used to inform them: chronic disease, injury and substance misuse; healthy growth and development; and, school-based interventions, including how health inequities will be addressed.	Demonstrates evidence-based determination of local needs and priorities, particularly in areas where local boards of health have greater flexibility.
Boards of health shall publicly disclose results of all inspections or information in accordance with the OSPHPS Protocols.	Demonstrates compliance with the OSPHPS.
Boards of health shall effectively prepare for emergencies to ensure timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidance documents.	Demonstrates compliance with the OSPHPS.
Boards of health shall collect and analyze relevant data to monitor trends over time and population inequities in outcomes, and communicate the population results in accordance with the OSPHPS Protocols.	Demonstrates compliance with the OSPHPS.
Boards of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and reviewed at least every other year.	Ensures boards of health are taking a longer term and higher level perspective to addressing local community needs and are establishing organizational priorities for change and growth.

* This list does not include all requirements for boards of health.

Fiduciary Requirements

Boards of health will be held accountable for using ministry funding efficiently for its intended purpose.

Objective of Requirements

The ministry has a due diligence responsibility to ensure that public health funding is used in accordance with accepted accounting principles, legislative requirements, and government policy expectations.

The ministry must also ensure that boards of health make efficient use of public resources by delivering high quality, effective program interventions, ensuring value for money.

Requirements and Rationales

Requirements*	Rationale
Boards of health shall comply with the terms and conditions of the Ministry-Board of Health Accountability Agreement.	Meets legislative and corporate requirements.
Boards of health are required to provide costing information by program.	To determine the actual cost of delivering public health programs and services in Ontario and value for money.
Boards of health shall submit budget submissions, quarterly financial reports, annual settlement reports, and other financial reports as requested.	Ensures full disclosure of use of funding. Supports analysis of compliance with program standards, HPPA, and accountability requirements.
If the ministry provides the grant to boards of health prior to their immediate need for the grant, boards of health shall place the grant in an interest bearing account at a Canadian financial institution and report interest earned to the ministry.	Meets corporate requirements. Ensures interest earned on publicly funded revenues is reinvested in public programs.
All revenues collected by boards of health for programs or services must be reported in accordance with the direction provided in writing by the ministry.	Meets corporate requirements. Including offset revenues ensures a more accurate analysis of use of financial resources.
Boards of health shall report any part of the grant that has not been used or accounted for in a manner requested by the ministry.	Ensures accountability for funding received from the ministry and that all funding used for the intended purpose.
Boards of health shall repay amounts as requested by the ministry.	Meets legislative requirements. Ensures that unused funds can be reinvested to address pressures in the health system.
Boards of health shall ensure that expenditure forecasts are as accurate as possible.	Ensures that unused funds can be reinvested to address pressures in the health system
Boards of health shall keep a record of its financial affairs, invoices, receipts and other documents, and shall prepare annual statements of its financial affairs.	Ensures fundamental accounting practices are in place. Basic tenant of modern controllership in broader public sector.
Boards of health shall comply with the financial requirements of the HPPA (e.g., remuneration, informing municipalities of financial obligations, passing by-laws,	Meets legislative requirements.

* This list does not include all requirements for boards of health.

Requirements*	Rationale
etc.), and all other applicable legislation and regulations.	
Boards of health shall use the grant only for the purposes of the HPPA and to provide or ensure the provision of programs and services in accordance with the HPPA, OSPHPS, and Ministry-Board of Health Accountability Agreement.	Ensures accountability for funding received from the ministry and that all funding used for the intended purpose
Boards of health shall spend grant only on admissible expenditures.	Ensures accountability for funding received from the ministry and that all funding used for the intended purpose.
All procurement of goods and services should normally be through an open and competitive process. Boards of health shall comply with the *Municipal Act* which requires that boards of health ensure that the administration adopts policies with respect to its procurement of goods and services.	Meets legislative requirements.
Boards of health shall ensure that the administration implements appropriate financial management and oversight which ensures the following are in place: a plan for the management of physical and financial resources; a process for internal financial controls which is based on generally accepted accounting principles; a process to ensure that areas of variance are addressed and corrected; a procedure to ensure that the procurement policy is followed across all programs/services areas; a process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards; a process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity; and, a budget forecast for the current fiscal year that does not project a deficit.	Ensures boards of health use internal transparency practices, and demonstrate organizational due diligence.
Boards of health shall negotiate a service level agreement for corporately provided services.	Ensures the efficient use of public resources as it reduces duplication in the provision of corporate services for boards of health which receive same from their municipal or regional governments.
Boards of health are required to have and maintain insurance.	Meets corporate requirements. Protection against general liability.
Boards of health shall maintain an inventory of all tangible capital assets developed or acquired with a value exceeding $5,000 or a value determined locally that is appropriate under the circumstances.	Meets corporate requirements. Ensures boards of health use internal transparency practices, and demonstrate organizational due diligence.
Boards of health shall not dispose of an asset which exceeded $100,000 without the ministry's prior written confirmation.	Meets corporate requirements. Ensures accountability for funding received from the ministry and that all funding used for the intended purpose.
Boards of health are not permitted to carry over the grant from one year to the next, unless pre-authorized in writing by the ministry.	Meets corporate requirements. Ensures accountability for funding received from the ministry and that all funding used for the intended purpose.
Boards of health shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported.	Ensures boards of health have adequate plans in place to manage its sites.

Good Governance and Management Practices

Boards of health will be held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.

Objective of Requirements

The organizational requirements within this domain support the use of recommended best practices in governance and organizational processes. By adhering to these practices, boards of health will be able to improve the quality and effectiveness of programs and services, prioritize the allocation of resources, improve efficiency, and strive for resiliency in their organizational culture.

Requirements and Rationales

Requirements*	Rationale
Boards of health shall submit a list of board members.	Demonstrates compliance with the HPPA for board membership.
Boards of health shall operate in a transparent and accountable manner, and provide truthful and complete information to the ministry.	Full disclosure is a core component of accountability.
Boards of health shall ensure that members are aware of their roles and responsibilities and emerging issues and trends by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for continuing board members.	Ensures board members have the knowledge required to contribute to governance decisions.
Boards of health shall carry out obligations without a conflict of interest and shall disclose to the ministry an actual, potential, or perceived conflict of interest.	Basic tenant of modern controllership in broader public sector. A common best practice expectation of effective, accountable governance.
Boards of health shall comply with the governance requirements of the HPPA (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations.	Meets legislative requirements.
Boards of health shall ensure that the administration establishes a human resources strategy, based on a workforce assessment which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce. Boards of health shall ensure that the administration establishes and implements written human resource policies and procedures which are made available to staff, students, and volunteers. All policies and procedures shall be regularly reviewed and revised, and include the date of the last review/revision.	Ensures use of a common best practice of effective management. Supports effective program delivery by ensuring policies and procedures for succession planning, labour relations, and staff retention are in place.

* This list does not include all requirements for boards of health.

Requirements*	Rationale
Boards of health shall engage in community and multi-sectoral collaboration with LHIN(s) and other relevant stakeholders in decreasing health inequities.	Demonstrates compliance with the OSPHPS.
Boards of health shall engage in relationships with Indigenous communities in a way that is meaningful for them.	Demonstrates compliance with the OSPHPS.
Boards of health shall provide population health information, including determinants of health and health inequities, to the public, LHIN(s)*, community partners, and health care providers, in accordance with the SPHPS. *Work is currently underway to define the parameters and expectations for the relationship between LHIN(s), boards of health, as well as LHIN CEOs and Medical Officers of Health or their designates.	Demonstrates compliance with the OSPHPS.
Boards of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including: use and establishment of sub-committees; rules of order and frequency of meetings; preparation of meeting agenda, materials, minutes, and other record keeping; selection of officers; selection of board members based on skills, knowledge, competencies and representatives of the community, where boards of health are able to recommend the recruitment of members to the appointing body; remuneration and allowable expenses for board members; procurement of external advisors to the board such as lawyers and auditors (if applicable); conflict of interest; confidentiality; medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review; delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan.	Ensures boards of health demonstrate organizational due diligence. A common best practice expectation of effective, accountable governance.
Boards of health shall ensure that by-laws and policies and procedures are reviewed and revised as necessary, and at least every two years.	Ensures boards of health demonstrate organizational due diligence. A common best practice expectation of effective, accountable governance.
Boards of health shall provide governance direction to the administration and ensure that the board remains informed about the activities of the organization on the following: delivery of programs and services; organizational effectiveness through evaluation of the organization and strategic planning; stakeholder relations and partnership building; research and evaluations; compliance with all applicable legislation and regulations; workforce issues, including recruitment of medical officer of health and any other senior executives; financial management, including procurement policies and practices; and, risk management.	Ensures boards of health demonstrate organizational due diligence. A common best practice expectation of effective, accountable governance.
Boards of health shall have a self-evaluation process of its governance practices and outcomes that are implemented at least every other year and results in recommendations for improvements in board effectiveness and engagement.	Ensures boards of health are aware of the range of skills required for effective governance and are engaged in addressing significant gaps in skills or knowledge.
Boards of health shall ensure the administration develops and implements a set of client service standards.	Ensures boards of health are aware of client experiences as an input to program improvements (planning and evaluation).

Requirements*	Rationale
Boards of health shall ensure that the medical officer of health, as the designated health information custodian, maintains information systems and implements policies/procedures for privacy and security, data collection and records management.	Ensures use of a common best practice of effective management. Supports effective program delivery by ensuring data is available to plan, manage and evaluate programs. Supports reporting on program effectiveness.

Public Health Practice

Boards of health will be held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

Objective of Requirements

The organizational requirements within this domain restate the key requirements of the new Effective Public Health Practice Standard within the Foundational Standards, and support the fostering of a culture of excellence in professional practice with boards of health.

A culture of quality and continuous organizational self-improvement is part of effective public health practice, which is an underpinning of effective program interventions, and therefore is necessary for the achievement of the desired goals and outcomes of public health programs and services.

Requirements and Rationales

Requirements*	Rationale
Boards of heath shall ensure that the administration establishes, maintains and implements policies and procedures related to research ethics.	Protects against breaches of confidentiality and other risks to participants. Also ensures that publicly funded research results will be considered valid and transferable.
Boards of health are required to designate a Chief Nursing Officer.	Chief Nursing Officer role articulates, models, and promotes a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context.
Boards of health are required to demonstrate the use of a systematic process to plan public health programs and services to assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities.	Demonstrates evidence-based determination of population need.
Boards of health shall support a culture of excellence in professional practice; ensure culture of quality and continuous organizational self-improvement. This includes, but is not limited to: measurement of client, community, and stakeholder/ partner experience to inform transparency and accountability; and, regular review of outcome data that includes variances from performance expectations and implementation of remediation plans.	Ensures boards of health have processes in place to support organizational change and growth, which will support organizational effectiveness.

* This list does not include all requirements for boards of health.

Common To All Domains

The following list of organizational requirements contains those that are relevant to all four domains of the Public Health Accountability Framework, and have been grouped together here to avoid duplication above.

Requirements and Rationales

Requirements*	Rationales
Boards of health shall submit an Annual Service Plan and Budget Submission to include all programs and services delivered by boards of health and program costing for ministry-funded programs.	Ensures programs and services are planned to meet community needs and in accordance with program standards. Budget submission will be used to determine the actual costs of providing services.
Boards of health shall submit action plans as requested to address any compliance or performance issues.	Action plans allow the ministry to negotiate the required actions of a board of health to mitigate situations where known issues may be creating a risk to the public's health or to the stability or competency of the organization.
Boards of health shall submit all reports as requested by the ministry.	Provides necessary documentation of accountability.
Boards of health shall have a formal risk management framework in place that identifies, assesses and addresses risks.	Ensures boards of health are aware of and are talking action to mitigate known issues that may be creating a risk to the public's health or to the stability or competency of the organization.
Boards of health shall produce an annual financial and performance report to the general public.	Allows boards of health to demonstrate their efficient use of public funding in protecting the public's health.
Boards of health shall comply with all legal and statutory requirements.	Meets legislative requirements.

* This list does not include all requirements for boards of health.

Considerations for Implementation

Change management strategies will support the implementation of the Public Health Accountability Framework and its requirements.

The ministry commits to implementing the Framework and requirements in a manner that acknowledges:

- Time and effort – maximize the use of existing internal reports or documentation as the basis for Annual Service Plan and Budget Submission, and build on the current year-end reporting process with boards of health.
- Design and use electronic templates for report submissions – which will support the ministry's review and analysis of the information.
- Evolution and adaptation – reporting requirements and templates are also expected to evolve over time based on experience with the information submitted and the principles of continuous quality improvement.

The ministry recognizes that it will take some time to adapt to the new requirements, and is planning for a phased-in approach to support change management within boards of health. At full implementation, boards of health will be required to submit their annual service plan prior to the beginning of their program year. Over the coming weeks and months, the ministry will be working with input from the field to develop templates and an implementation plan that will clearly communicate these expectations, identify supports needed and provide tools to assist.

Appendix 1: Membership of the Accountability Committee

Chair

Roselle Martino	Assistant Deputy Minister, Population and Public Health Division, MOHLTC

Members

Doug Heath	Chief Executive Officer, Thunder Bay District Health Unit (AOPHBA representative)
Mary Johnson	Board of Health Member, Eastern Ontario Health Unit (alPHa representative)
Karen Jones	Senior Corporate Management and Policy Consultant (City of Toronto representative)
Dr. Chris Mackie representative)	Medical Officer of Health, Middlesex London Health Unit (COMOH
Anne Schlorff	Director, Central Resources, Region of Waterloo Public Health (AOPHBA representative)
Jane Sager	Director (A), LHIN Liaison Branch, Health System Accountability and Performance Division (MOHLTC representative)
Janette Smith	Commissioner, Region of Peel (AMO representative)
Linda Stewart	Executive Director, Association of Local Public Health Agencies
Larry Stinson	Director of Operations, Peterborough Public Health (OPHA representative)
Cynthia St. John	Executive Director, Elgin St. Thomas Public Health (AOPHBA representative)

Committee Support (MOHLTC)

Accountability and Liaison Branch, Population and Public Health Division

Planning and Performance Branch, Population and Public Health Division

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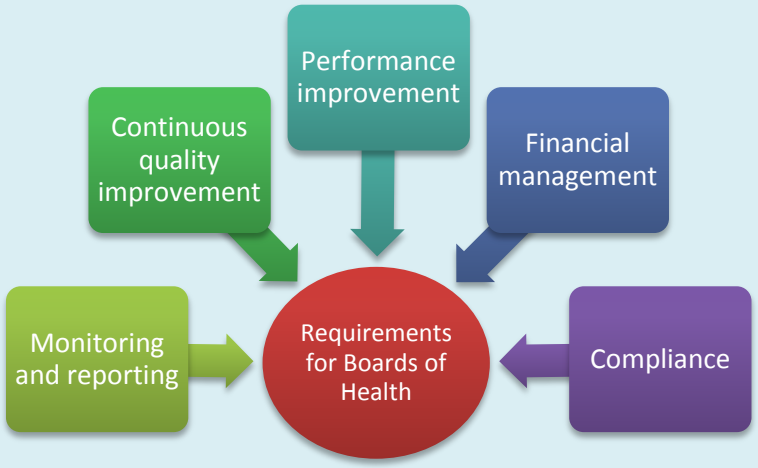
Ontario

Ontario's Public Health Accountability Framework

The Public Health Accountability Framework outlines the parameters and requirements to hold boards of health accountable for the work they do, how they do it, and the results achieved.

The Accountability Framework is composed of four Domains:				
Domain	**Delivery of Programs and Services**	**Fiduciary Requirements**	**Good Governance and Management Practices**	**Public Health Practice**
Objectives of Domain	Boards of health will be held accountable for the delivery of public health programs and services and achieving program outcomes in accordance with ministry published standards, protocols, and guidelines.	Boards of health will be held accountable for using ministry funding efficiently for its intended purpose.	Boards of health will be held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.	Boards of health will be held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

Requirements will incorporate one or more of the following functions:



The Accountability Framework will be supported by:

Accountability Documents	• **Accountability Framework Requirements**: Sets out requirements against which boards of health will be held accountable across all four domains. • **Ministry-Board of Health Accountability Agreement:** Establishes key operational and funding requirements for boards of health.
Planning Documents	• **Board of Health Strategic Plan:** Sets out the 3 to 5 year local vision, priorities, and strategic directions for each board of health. • **Board of Health Annual Service Plan and Budget Submission:** Outlines how boards of health will operationalize the strategic directions and priorities in its strategic plan in accordance with the Standards for Public Health Programs and Services.
Reporting Documents	• **Performance Reports**: Regular performance reports (programmatic and financial) are required by boards of health with the opportunity to report back on program achievements and finances and articulate local challenges/issues in meeting outcomes. • **Annual Report:** Boards of health provide to the ministry a report after year-end on the affairs and operations, including how they are performing on requirements (programmatic and financial), how they are delivering quality public health programs and services, how they are practicing good governance, and complying with various legislative requirements.

NOTE: The Accountability Framework refers to boards of health in order to respect the board of health as the body that is accountable to the ministry as per the *Health Protection and Promotion Act*. It is recognized that there is a delegation of authority for the day to day management and administrative tasks to the Medical Officer of Health (and Chief Executive Officer or other executive officers, where applicable).

May 2017

Ministry of Health and Long-Term Care

Summary of Themes Raised at the Regional Consultation Meetings on the Modernized Ontario Standards for Public Health Program and Services

Population and Public Health Division
Ministry of Health and Long-Term Care

May 2017

Ontario

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Introduction

As part of broader health system transformation efforts, the review and modernization of the Ontario Public Health Standards (OPHS) was launched in November 2015. Two key committees were established to support the modernization process. The Executive Steering Committee (ESC), chaired by Dr. David Jones, former Chief Public Health Officer of Canada, provided overall strategic leadership and guidance for the modernization of the standards. A Practice and Evidence Program Standards Advisory Committee (PEPSAC), chaired by Dr. David Williams, Chief Medical Officer of Health, provided input and expert advice on evidence based standards reflective of current accepted practice in the areas of health protection and health promotion. Membership on the committees represented a balance of strategic leaders and experts from public health units, Public Health Ontario, public health associations, health care, municipalities, and government representatives (from Ministry of Health and Long-Term Care, Ministry of Children and Youth Services, and Ministry of Municipal Affairs). Based on the advice of the committees, as well as that received through written submissions, the Ministry of Health and Long-Term Care (the ministry) drafted a set of modernized standards for consultation. The Ministry of Education was consulted and provided input on the School Health Standard.

The Standards for Public Health Programs and Services Consultation Document (modernized standards) was distributed to public health stakeholders on February 17, 2017. As part of the consultation activities, a series of seven regional consultation meetings were held across the province from March 21, 2017 to April 6, 2017. Refer to **Appendix 1** for a list of the regions, dates, and board of health/public health unit participation at each meeting. The purpose of the meetings was to provide boards of health and senior public health unit leadership with an opportunity to seek clarification/context on the modernized standards, and to provide input on anticipated operational considerations with the implementation of the standards, as well as the need for implementation and change management supports. This report summarizes the feedback received at the regional consultation meetings.

In an effort to respond to some of the feedback and questions from the regional consultation meetings, a set of frequently asked questions, with ministry responses, are included in **Appendix 2**.

Regional Consultation Meetings

A consultation meeting was hosted by one health unit in each of the seven regions as defined by the Association of Local Public Health Agencies (refer to http://www.alphaweb.org/?page=PHU). Over 300 individuals, representing all public health units, attended the meetings.

The meetings started with a presentation that provided an overview of the modernized standards. Following the presentation, meeting participants were provided with the opportunity to discuss and report back on the following four key questions:

- Are there areas that require further clarity or context?
- What are the operational considerations to support successful implementation of the modernized standards?
- What implementation supports are needed?
- What other tools or supports would assist you/your organization with this modernized approach to the delivery of public health programs and services?

At a Glance: What We Heard at the Regional Consultation Meetings

- Overall, meeting participants were supportive of the modernized standards.
- The majority of meeting participants stated that it was difficult to assess operational considerations, as well as any impact on funding and resources, without the protocols and guidelines. Participants requested that:
  - Public health units be involved in the revision and development of protocols and guidelines.
  - Further opportunities for dialogue on operational considerations be provided as protocols and guidelines become available.
- Further clarity and direction on what is expected in relation to the provision of travel health clinics and sexual health clinical services by public health is needed.
  - Consideration must be given to those public health units that serve areas where other health service providers are not available or do not have the capacity to provide these clinical services.
  - Clarity on public health's role in negotiating and a process for departing from the provision of clinical services is needed.
- The modernized standards should include more emphasis on public health's role in addressing the social determinants of health with non-health partners.
- Clarity is needed on the expected relationship between boards of health/public health units and local health integration networks (LHINs) and public health's role in informing integrated health service planning.
- Limited capacity and the lack of or inability to easily access data at the local, sub-LHIN, and LHIN levels, as well as evidence on effective public health interventions for various topic areas, may limit public health's ability to fully implement the requirements related to population health assessment, program planning and evidence-informed decision-making.
  - Participants suggested the development of a provincial strategy for population health assessment and surveillance, as well as the development of central repositories for data and evidence.

- Meeting participants stated that they appreciate the flexibility in program planning and allocation of resources allowed for by the modernized standards, but fear the potential erosion of health promotion programs if limited funding is allocated to the more prescriptive health protection requirements.
- Additional guidance, in the form of guidelines, training and/or templates, was requested for the following topic areas:
    - Identifying and engaging priority populations, including Indigenous populations;
    - Health inequities;
    - Program planning;
    - Evidence-informed decision-making;
    - Board of Health Annual Service Plan and Budget Submission;
    - Quality and transparency;
    - Built environment and climate change;
    - Healthy sexuality;
    - Mental health promotion;
    - Sleep;
    - Concussions;
    - Violence; and,
    - Vision screening.
- Participants requested additional rationale and the supporting evidence for the inclusion of the School Health Standard and the requirement to provide vision screening services.
- Participants emphasized the need for reciprocity with key partners, i.e., that schools/school boards and municipal partners be required to work with public health, to implement the requirements of the School Health and Healthy Environments Standards.
- Participants suggested that the ministry consider a phased approach for the implementation of the modernized standards that aligns with the municipal planning and budgeting cycle and takes into account the time and resources needed to reorient public health programs and services, as well as public health unit staff.

Summary of Key Themes from the Regional Consultation Meetings

The majority of meeting participants stated that it was difficult to assess operational considerations, including any impact on funding and resources, without the protocols and guidelines. They requested further information on the timing of and process for the revision or development of the protocols and guidelines. Participants requested that public health units be involved in the revision/development process and that there be opportunities for continued dialogue on operational considerations. That being said, participants did provide a significant amount of valuable feedback on anticipated operational considerations, as well as areas where further clarity and/or implementation supports are needed. The following provides a summary of the key themes heard across all regional consultation meetings.

Overall, meeting participants supported the direction taken with the modernization of the standards. However, there were certain standards and topic areas that were highlighted by meeting participants as areas that needed further consideration, clarity and/or direction, these included:

- Travel health and sexual health clinical services
- Priority populations and health equity
- Population health assessment
- Program planning and evidence-informed decision-making
- Quality and transparency
- Chronic diseases and injury prevention, wellness and substance misuse topics
- Healthy environments
- School health
- Visual supports and vision screening services

The feedback has been summarized according to these topic areas. Participants also provided feedback on areas that they felt were missing in the modernized standards, as well as considerations and suggestions for implementation planning and change management.

Participants acknowledged the change in Emergency Preparedness, Response and Recovery to a foundational standard, in recognition of its importance across all public health programs and services. As there is only a single, general requirement reflected at this time, there was little discussion on this standard at the consultation meetings and, therefore, it is not included in the summary below. However, it was understood that more work is currently underway that will articulate requirements in the future and that there will be opportunities for further dialogue at that time.

Travel Health and Sexual Health Clinical Services

The majority of meeting participants requested clarification on expectations related to clinical service provision, for both travel health and sexual health clinical services. The

perception of meeting participants is that clinical service provision has been de-emphasized in the modernized standards and public health units are expected to depart from providing travel health and sexual health clinical services. In response to this expected departure from the provision of clinical services, meeting participants identified two key operational considerations:

- Impact on communities and public health units where public health is the only provider available to deliver these services; and,
- The process for departing from clinical services.

In many smaller, rural and remote Northern communities, public health is often the only service provider that delivers travel health and/or sexual health clinical services. Other service providers may not be available or have the capacity to take on these services. Meeting participants, particularly those from public health units that serve Northern or smaller, more rural communities, were concerned with "widening the health equity gap" in these communities if these services were to be removed. The impact on the public health unit's capacity must also be considered, as these health units may not be able to depart from providing clinical services and, as a result, may not have the flexibility to reorient their resources and programs towards more upstream prevention efforts, limiting their ability to achieve the expectations of the modernized standards.

Meeting participants requested clarity on the rationale for departing from clinical services to support change management and communication with staff, partners and the public. In addition, they requested clarity on the expected process for departing from clinical services and supports with implementing the process. Specifically, participants requested:

- Clarity on what is meant by the language of 'ensure access to' in the draft standards and what is expected of public health units, i.e., what are the responsibilities of public health units in identifying available services and assessing acceptable levels and quality of service provision;
- Direction on public health's role and a process for working and negotiating with LHINs and other health service providers that will be expected to deliver the clinical services;
- Support for helping other health service providers to build capacity for these services; and,
- Training on the process for departing from clinical services, including communication with the public.

Priority Populations and Health Equity

Meeting participants expressed concern that the modernized standards do not provide enough emphasis on the role of public health in addressing the social determinants of health with non-health partners, e.g., municipal partners. Participants felt that this is an important part of public health's work and should be emphasized in the standards; not emphasizing this role may impact a public health unit's ability to build a business case

for addressing the social determinants of health at the municipal level. Clarity on the expectations and public health's role in relation to all priority populations was also requested.

In addition, participants requested more guidance on how to assess and report on health inequities and engage communities to address them. More guidance on working with Indigenous communities was also requested. Specifically, participants requested guidance on how to identify and meet the needs of Indigenous populations, evaluate the adequacy of the engagement with Indigenous partners, and how to understand the depth and meaningfulness of the relationships. Some participants also expressed concern about having adequate capacity and resources to do this work.

Meeting participants also requested training on health equity.

Population Health Assessment

Many meeting participants expressed concern with their ability to meet requirements related to population health assessment. The key concerns related to having access to local data, adequate capacity within the public health unit to perform the work and a lack of understanding of the expected relationship with the LHINs.

Many meeting participants stated that it is difficult to access the data needed at local, sub-LHIN and LHIN levels to support population health assessment. This applies to all standards, but having the data necessary to identify priority populations and measure health inequities was highlighted by participants. The ability to recruit and retain qualified epidemiologists was also identified as a challenge, particularly in Northern and smaller communities. It was suggested that a provincial strategy for population health assessment is needed. The strategy should clarify roles and responsibilities at the local, regional and provincial level, identify data requirements and include a plan for addressing data gaps, centralizing data collection and analysis, and implementing the IT systems needed to support population health assessment and surveillance.

Participants at all regional meetings requested clarification on the expected relationship between boards of health/public health units and the LHINs, how public health will be integrated with the broader health system, and public health's role in informing integrated health system planning. Many participants asked about reciprocity with the LHINs; specifically, public health units will support LHINs with local health system planning, but what will boards of health/public health units receive in return from the LHINs? Concerns related to challenges with working with LHINs were also highlighted, particularly in areas where there are multiple LHINs per PHU or multiple PHUs per LHIN. Participants requested time and support to help build relationships with the LHINs.

Program Planning and Evidence-Informed Decision-Making

Participants at all regional meetings requested clarity on the Board of Health Annual Service Plan and Budget Submission requirement. Specifically, participants requested more details about what will be included in the Board of Health Annual Service Plan and Budget Submission, the approval and report back processes, how it will be used by the ministry, and whether or not it will be a public document. Participants requested operational supports, e.g., templates, training, etc., to help with the implementation of this requirement.

Meeting participants also requested further guidance and support in the areas of program planning and evidence-informed decision making. A guideline and training on how to define local need was requested, including the types and level of evidence that will be needed in the Board of Health Annual Service Plan to demonstrate local need and justify planning and decision-making. Meeting participants expressed significant concern related to building a case for and justifying the implementation of programs and services where the standards allow for greater variability, i.e., in the areas of chronic diseases and injury prevention, wellness, substance misuse, healthy growth and development and school health. Participants noted their fear that health promotion programs will be eroded, due to the possibility of funding and resources being directed to the more prescriptive health protection requirements. Participants requested additional support, in the form of guidelines and/or stronger language in the modernized standards, to ensure the protection of health promotion programs, as well as consistency across the province in how health promotion programs and services are planned for and justified. Participants also requested a definition of and clarity on what is meant by “a program of public health interventions”.

Similar to the challenges described above in accessing data to inform population health assessment, meeting participants also identified challenges in accessing the data and evidence needed support program planning and decision-making at the local level. In addition to the provincial support in addressing data gaps and centralizing data collection and analysis as described above, participants requested support in accessing existing data sources, such as data from school boards, ICES, CIHI and RFSS, in a way that allows for analysis at the local level. Participants also requested the implementation of mechanisms and processes to improve access to evidence on effective public health interventions and to support innovation and sharing of promising/best practices across public health units. Participants suggested the following:

- Define clear roles and responsibilities for the development, collection and dissemination of evidence at the provincial and local levels.
- Develop a central repository of evidence on effective public health interventions.
- Support communities of practice and knowledge brokering for various program areas.
- In areas where evidence is lacking, develop processes to allow for innovation and the testing/piloting of new programs at the health unit level and sharing of information and results across the province.

Participants also requested training and tools to support the implementation of evidence-informed decision-making.

Quality and Transparency

Meeting participants requested a guideline, tools/templates and training to further define what is expected for quality and to ensure a standardized approach to continuous quality improvement across the province. Participants requested additional guidance and templates to support the implementation of the tools and processes identified in the standards, i.e., Quality/Practice Committee, Quality Improvement Plan, measurement of client, community and stakeholder/partner experience and external peer reviews. Clarity on how to apply quality improvement to health promotion programs and services, provincial vs. local roles and responsibilities in relation to quality improvement, and what indicators will be measured and how they will be used at the provincial level was also requested.

Meeting participants also requested protocols, guidelines and training to further define what is expected with the public disclosure of inspection results and ensure a consistent approach to the implementation of this requirement across the province.

Chronic Diseases and Injury Prevention, Wellness and Substance Misuse

Meeting participants requested training and guidelines that define, clarify public health's role in and identify effective public health interventions for many of the topic areas under the Chronic Diseases and Injury Prevention, Wellness and Substance Misuse Standard. The specific topic areas identified by participants that require further definition and guidance include: the built environment; healthy sexuality; mental health promotion; sleep; concussions; and, violence. As the topic areas of built environment, mental health promotion, and healthy sexuality are referenced in multiple standards, participants requested clarity on the expectations for these topic areas within and across the different standards. Meeting participants also suggested that the results of the relevant Locally-Driven Collaborative Projects be used as evidence-based information to inform development of guidelines.

Healthy Environments

Meeting participants requested training and guidelines to define expectations and support the implementation of the proactive requirements in the Healthy Environments Standard, i.e., development of healthy natural and built environments and mitigating the impacts of climate change. Participants expressed concern with having the capacity and access to the data needed to assess the environmental health status of their communities. In addition, participants requested support to facilitate the partnerships, i.e., with municipal partners, needed to implement the requirements of the standard.

School Health

Participants requested additional context and clarity on the rationale for including a School Health Standard and focus on this one setting. There is concern that school-aged children and youth outside of the public school setting may be missed. In addition, further clarity on the role of public health in schools was requested, particularly in the area of health promotion. The majority of comments from meeting participants were related to reciprocity with schools and school boards; participants expressed concern that without equivalent requirements for schools and school boards to work with public health under Ministry of Education legislation, regulation or policy, it might be difficult for public health to implement the requirements of the School Health Standard. Participants requested support at the provincial level, from both the ministry and Ministry of Education, to facilitate the development of partnerships with schools and school boards that support the implementation of the standard and achievement of outcomes.

Visual Health Supports and Vision Screening Services

Meeting participants requested additional context and clarity on the rationale for including the requirement for public health to provide vision screening services, including the evidence to support the inclusion of this program. A protocol, guideline and training to articulate program expectations and requirements and support implementation were requested. Participants from northern health units highlighted access to optometry services as an operational consideration for this program; not all children have access to optometry services in northern, remote communities and there may be travel implications for children in these communities who require follow-up with an optometrist.

Suggested Changes and Additions to the Standards

Meeting participants felt that the following topics are not adequately addressed in the modernized standards:

- Settings, other than schools, where public health is active (e.g., child care centres, workplaces, long-term care homes, etc.);
- Older adults and aging;
- Advocacy, and,
- Healthy public policy.

Meeting participants also felt that the School Health Standard is not the appropriate place for the Healthy Smiles Ontario program requirement and suggested moving it to the Healthy Growth and Development Standard or the Chronic Diseases and Injury Prevention, Wellness and Substance Misuse Standard. In addition, it was suggested that a glossary of terms be developed as participants identified a number of terms that require further clarity and definition.

Implementation Planning and Change Management

Meeting participants requested clarity on when the modernized standards will come into effect and when public health units will be expected to fully implement the standards. They requested that the ministry consider a phased approach to the implementation of the modernized standards and provide public health units with a schedule that clearly defines expectations for sequencing of and progress on the implementation of each standard. It was suggested that implementation should align with the school year, where appropriate (i.e., for the implementation of the School Health Standard), as well as the municipal planning and budget cycle. It was noted that boards of health/public health units begin budget planning in the summer for the following funding year. Therefore, they will need the templates for the Board of Health Annual Service Plan and Budget Submission, as well as an understanding of what is expected to be implemented in 2018 by the summer in order to inform budget planning.

Participants also emphasized that it will take time and resources to re-orient programs and services, as well as staff, to fully implement the modernized standards and this should be considered when developing the ministry implementation schedule. Time is needed to negotiate and execute the departure from providing some programs and services, in order to allow for implementation of new requirements. In addition, it will take time to re-orient and retrain existing staff and recruit the new staff needed to support the implementation of the modernized standards. Participants requested that the ministry provide direction on the competencies and skills needed to implement the modernized standards to assist with labour relations associated with the re-orientation/retraining of existing and recruitment of new staff. Participants also had questions related to funding. Specifically, they questioned whether or not one-time funding would be provided by the ministry to support the implementation of the modernized standards and they sought clarity on how the changes to the standards will impact how current funding is allocated across program areas.

To support change management, meeting participants requested that the ministry provide training and communication materials. It was requested that training be provided to boards of health and public health unit management and senior staff on the changes to the standards, as well as the context for the changes. Participants also requested that the ministry ensure that partner ministries, e.g., Ministry of Education, Ministry of the Environment and Climate Change, Ministry of Children and Youth Services, understand and support the changes to the standards. In addition, participants requested on-going communication from the ministry to public health stakeholders, employees and the public on the changes and context for the changes, as well as communication materials that can be used by public health unit senior staff and managers to ensure consistent messaging across the province and throughout the modernized standards implementation process.

Next Steps

In addition to the regional consultation meetings, feedback on the OSPHPS Consultation Document was requested through ministry participation at various stakeholder meetings and the submission of written feedback to the ministry by April 21, 2017. Consultation feedback from all sources is currently being consolidated and analyzed. The consultation results will be used to finalize the OSPHPS and as an input into the process for and revision/development of implementation supports, such as protocols, guidelines, training, tools and templates, etc.

Appendix 1: Regions, Meeting Dates and Board of Health/Public Health Unit Participation at Regional Consultation Meetings

Region	Meeting Date	Boards of Health/Public Health Units Represented at the Meeting
East Region	March 21, 2017	Ottawa Public Health (Host)
		Hastings, Prince Edward Public Health
		Renfrew County & District Health Unit
		Eastern Ontario Health Unit
		Kingston, Frontenac, Lennox & Addington Public Health
		Leeds, Grenville and Lanark District Health Unit
South West Region	March 24, 2017	Elgin St. Thomas Public Health (host)
		Grey Bruce Health Unit
		Huron County Health Unit
		Perth District Health Unit
		Oxford County Public Health
		Middlesex-London Health Unit
		Windsor-Essex County Health Unit
		Lambton Public Health
		Chatham-Kent Public Health Unit
North East Region	March 27, 2017	Sudbury & District Health Unit (host)
		North Bay Parry Sound District Health Unit
		Timiskaming Health Unit
		Algoma Public Health
		Porcupine Health Unit
Central East Region	March 28, 2017	Durham Region Health Department (host)
		York Region Public Health
		Simcoe Muskoka District Health Unit

Region	Meeting Date	Boards of Health/Public Health Units Represented at the Meeting
		Haliburton, Kawartha, Pine Ridge District Health Unit
		Peterborough Public Health
Central West Region	April 3, 2017	City of Hamilton Public Health Services (host)
		Halton Region Health Department
		Niagara Region Public Health
		Brant County Health Unit
		Haldimand-Norfolk Health Unit
		Wellington-Dufferin-Guelph Public Health
		Region of Waterloo, Public Health
		Grey Bruce Health Unit
North West Region	April 4, 2017	Thunder Bay District Health Unit (host)
		Northwestern Health Unit
Toronto	April 7, 2017	Toronto Public Health (host)
		Peel Public Health

Appendix 2: Frequently Asked Questions

Content of the Consultation Document

Introduction to the Standards

Q1. The modernized Standards for Public Health Programs and Services (modernized standards) state that 'greater variability is accommodated in areas where there is an opportunity to plan programs to decrease health inequities and address the needs of priority populations'. What does this mean?

By not defining specific interventions, some standards will provide boards of health with the opportunity to tailor their programs and services to meet the needs of their local populations. Boards of health will have flexibility in allocating funding and resources to those programs and services that will have the highest impact on improving the health of their local population, as well as reducing health inequities. A consistent approach to the implementation of requirements may be warranted; in these cases, guidelines will provide direction on how boards of health must approach requirements.

Q2. How will this allowance for greater variability be implemented?

Boards of health will be required to use data and information to identify local population health needs, as required in the Population Health Assessment Standard and Population Health Assessment and Surveillance Protocol. Using this information, boards of health will be required to implement programs of public health interventions in the areas of Chronic Diseases and Injury Prevention, Wellness and Substance Misuse; Healthy Growth and Development; and, School Health that address the needs of and build on the assets in their communities.

As part of the annual budget submission process, boards of health will be required to describe the programs and services planned for implementation within that funding year, as well as the process and information used by the board of health/public health unit to inform planning.

Foundational Standards

Population Health Assessment

Q3. How will the requirement to define the expectations for the relationship between Local Health Integration Networks (LHINs) and boards of health be developed?

A Public Health Work Stream (i.e., a project team with cross-sector collaboration that includes LHIN CEOs and Medical Officers of Health) has been established to

support implementation of the Patients First legislation related to public health. The Public Health Work Stream has been tasked with defining parameters and expectations for engagement between LHINs and boards of health and determining the requirements. The recommendations of this work stream will inform the development of a requirement in the Population Health Assessment Standard, revisions to the Population Health Assessment and Surveillance Protocol and the potential development of other supporting materials. A report back from the Public Health Work Stream will be released in Spring 2017.

Effective Public Health Practice

Q4. The proposed Effective Public Health Practice Standard requires boards of health to develop, implement and make available to the public a Board of Health Annual Service Plan and Budget Submission. How is this different from what is currently done as part of the annual budget process?

To comply with the requirements of the modernized Standards for Public Health Programs and Services and improve accountability and transparency in the public health sector, there will be changes to the annual budget submission process, as well as the accountability reporting cycle.

An Accountability Committee, chaired by Roselle Martino (ADM Population and Public Health) with representation from boards of health, public health units, LHINs, and the Ministry of Health and Long-Term Care, was established in May 2016. The mandate of the Committee was to recommend an accountability framework for the public health sector in Ontario to support enhanced transparency and the demonstration of value for money. The Committee's mandate also included the identification of tools and processes necessary to support board of health reporting on accountability requirements.

The draft Public Health Accountability Framework, which outlines the parameters and requirements to hold boards of health accountable for the work they do, how they do it, and the results achieved, was finalized in March 2017and targeted consultation with the public health sector on the framework is currently underway. The accountability tools and templates, including the Board of Health Annual Service Plan and Budget Submission, will be developed by the ministry with sector input and released over the next few months. The Accountability Framework and associated requirements will be effective January 1, 2018 and will be implemented applying a phased-in approach to support change management requirements within boards of health.

Q5. What will be required in the Board of Health Annual Service Plan and Budget Submission?

The purpose of the Board of Health Annual Service Plan and Budget Submission is to support greater accountability and transparency in the use of public funds. This annual planning document will include:

- A requirement for boards of health to demonstrate the use of a systematic process to plan public health programs and services to address the needs of the community;
- A description of the public health programs and services planned for implementation within that funding year (including a requirement for boards of health to report on unit costs of service delivery); and,
- A description of the information used to inform the plan.

The detailed requirements for the Board of Health Annual Service Plan and Budget Submission will be developed by the ministry with sector input and engagement over the next few months.

Q6. What does the ministry mean by the use of a 'systematic process' to plan public health programs and services?

At a high level, a 'systematic process' refers to one that substantiates program delivery priorities and approaches through the articulation of the manner in which demographic information, the best available research and evaluation evidence, and contextual factors such as local population health issues, priority populations, community assets and needs, political climate, public engagement and available resources inform program planning.

Further details will be provided following the development of the process and requirements of the Board of Health Annual Service Plan and Budget Submission.

Q7. When will boards of health be expected to submit Board of Health Annual Service Plan and Budget Submission?

Boards of health will be required to submit the Board of Health Annual Service Plan and Budget Submission beginning with the 2018 funding year – due March 1, 2018 (similar timeline as the Program-Based Grants budget submission). It is anticipated that the accountability tools and templates, including the Board of Health Annual Service Plan and Budget Submission, will be released by the ministry later in 2017. In future years, the timing to submit the Annual Service Plan and Budget Submission may be earlier (i.e., prior to the start of each calendar year), to align with the board of health budget cycle and in an effort to advance ministry approvals of funding.

Q8. Will the Board of Health Annual Service Plan require approval by the ministry?

Yes, the Board of Health Annual Service Plan and Budget Submission will be submitted to the ministry for approval.

Q9. Will the Ontario Public Health Organizational Standards be revised? If so, when and how?

The Ontario Public Health Organizational Standards will no longer exist as a standalone document. However, the new Accountability Framework will provide a vehicle for ensuring that all specific requirements that boards of health are responsible for meeting (both programmatic and operational) are clearly communicated and can effectively be monitored. Accountability requirements have been drawn from the Health Protection and Promotion Act (HPPA), Public Health

Funding and Accountability Agreement, Ontario Public Health Organizational Standards, newly modernized OSPHPS, and recommendations from the ministry audits conducted of boards of health. Most of the requirements outlined in the Organizational Standards are now reflected in the organizational requirements and are part of the Accountability Framework.

Q10. Will a process for the public disclosure of inspections results be developed to ensure consistency across the province? If so, how and when will this process be developed?

The detailed requirements for the public disclosure of inspection results for routine inspections will be delineated in specific protocols. The processes for public disclosure of inspection results will be developed through the protocol review process with the goal to ensure consistency across the province; refer to Question 22 for more information.

Program Standards

Chronic Diseases and Injury Prevention, Wellness and Substance Misuse Standard

Q11. The 2008 Chronic Diseases Prevention and Prevention of Injury and Substance Misuse Standards have been combined and the number of requirements reduced. Does this reflect a change in the expectations of the ministry with respect to number and types of chronic disease, substance misuse and injury prevention programs and services delivered by boards of health?

Although not explicitly stated, nearly all 2008 requirements of the Prevention of Injury and Substance Misuse Standard and the majority of the 2008 requirements of the Chronic Diseases Prevention Standard are reflected in the modernized Chronic Diseases and Injury Prevention, Wellness and Substance Misuse Standard. The key changes in the modernized standard include:

- Accommodation of variability across boards of health.
  - The modernized standard will require boards of health to implement programs of public health interventions that address chronic diseases and substance misuse risk factors and risk factors for injuries based on an assessment of the needs of the local population.
  - Boards of health must consider a number of topics, related to chronic disease, substance misuse, and injuries, to focus on for public health interventions.
  - The topics to be considered include those that were in the 2008 OPHS and some new topics (i.e., built environment, mental health promotion, sleep, concussions and violence).
- Removal of the requirement to increase public awareness of benefits of screening for early detection of cancers and other chronic diseases of public

health importance (as a topic). Although not an explicit requirement, this could be included as a component of a public health unit's "program of public health interventions" as deemed necessary.

- Removal of the requirement to use the Nutritious Food Basket Protocol to monitor food affordability. The requirement to collect data on food affordability will remain in the Population Health Assessment and Surveillance Protocol; however, the use of a specific tool will not be mandated.

Q12. The chronic disease, substance misuse and injury prevention topics to be considered have been changed and expanded. Will the ministry expect boards of health to implement programs and services for all topic areas?

The modernized standards accommodate variability across the province and will require boards of health to assess the needs of their local population and implement programs of public health interventions that reduce the burden of illness from chronic diseases, substance misuse, and injuries in the health unit population. In program planning, boards of health must consider all topics listed in the standards, but can focus public health programs and services on those topics that address identified gaps and will have the greatest impact on improving the health of their local population.

Q13. Mental health promotion has been added to the list of topics to be considered. What will be the expectations of boards of health with respect to mental health promotion?

Boards of health are required to assess the needs of their local population and implement programs of public health interventions that address identified gaps and will have the greatest impact on improving the health of their local population. Mental health promotion must be considered as part of this process, and if needed, interventions should be reflective of evidence and based on the context of the health unit (e.g., needs, capacity, assets, etc.). The ministry will develop guidelines, with public health sector input and engagement, to support the development and implementation mental health promotion interventions by boards of health.

Immunization Standard

Q14. Providing or ensuring the availability of travel health clinics is no longer a requirement in the modernized Immunization Standard. Will boards of health still be required to provide these services?

Public health programs and services interface with the broader health system in a number of areas, including the provision of travel health clinics. With the implementation of the Patients First legislation and the work of the Public Health Work Stream, parameters and expectations for implementing formal engagement between boards of health and LHINs are being developed (refer to Question 3). A formal relationship between boards of health and LHINs can set the foundation for joint planning on health service delivery in priority areas. It can also facilitate alignment of public health and health care service delivery to address population health needs. Within an integrated health system, clinical service provision by

boards of health will be dependent on need (i.e., gaps in services) and service planning discussions to identify the provider best positioned to deliver the service.

Infectious and Communicable Diseases Prevention and Control Standard

Q15. Are boards of health still required to provide Sexual Health Clinical Services?

The modernized Infectious and Communicable Diseases Prevention and Control Standard requires boards of health to "ensure access to, or provide, based on local assessment, clinical services for priority populations to promote and support healthy sexual practices…"; therefore, as with travel health clinics, sexual health clinical service provision by boards of health will be dependent on need (i.e., gaps in services) and service planning discussions to identify the provider best positioned to deliver the service within the health unit area and within an integrated health system.

School Health Standard

Q16. Implementing the School Health Standard will require significant collaboration between boards of health and school boards. Will schools and school boards be required to work with boards of health to improve the health of children and youth in schools?

Student well-being "lives" in the context of child and youth well-being and as such, school boards and boards of health share in this important mandate. Strong partnerships that focus efforts on strategic priorities can improve health outcomes for children and students, positively affect their achievement and reduce preventable illness and injuries, which in turn will contribute to a healthier and better-educated citizenry.

While schools and school boards are not required to work with boards of health, many school boards and boards of health across Ontario have developed local-level partnerships to work together towards common goals. To support this work, the Ministry of Education supports ongoing meetings (2-3 times per year) between representatives from CODE (Council of Ontario Directors of Education) and COMOH (Council of Ontario Medical Officers of Health).

The purpose of the CODE/COMOH committee is to contribute to the well-being of Ontario's children and students through enhancing public health unit and school board partnerships in order to achieve optimal delivery of services and ongoing supports for children and students. The committee is currently working on a Memorandum of Understanding template that can be used by public health units and school boards/principals to facilitate the development of partnerships between public health units and school boards/schools.

Q17. Why is the requirement for boards of health to provide the Healthy Smiles Ontario (HSO) program included in the School Health Standard, given that HSO is not delivered in schools?

While there is no requirement for the Healthy Smiles Ontario Program to be delivered in schools, a decision was made to centralize oral health programming under one program standard. Because delivery of the Oral Health Assessment and Surveillance Protocol and health promotion under *Ontario Regulation 570* are school-based, the School Health Standard was chosen.

Q18. What is the rationale for having a child vision program?

Currently, all children (aged 19 years or younger) in Ontario are eligible to receive a free annual eye exam funded through OHIP. Despite this universal optometry program, a large proportion of Ontario children are not getting their eyes checked annually. OHIP data for 2013-14 indicate that only 14% of children under the age of six years receive a routine eye exam in a given year. Only 60% of six year olds have ever received a routine eye exam (2013). It is widely recognized that undetected vision problems can interfere with a child's ability to learn and participate at school, resulting in poor educational, health, and social outcomes. A survey by the Ontario Association of Optometrists (OAO) found that the low uptake of eye exams may be associated with the following factors:

- Cost barrier for eye glasses;
- Misinformation about the availability of free eye exams; and
- Low priority on visual health.

The ministry will be working with stakeholders to design a child vision screening program that is consistent with core public health functions and the mandate of public health, to be implemented beginning in fall 2018 and delivered by boards of health to ensure that all children have their vision assessed annually.

Q19. What research is the ministry reviewing on the effectiveness of vision screening?

A vision screening pilot is currently being led by a joint research team out of McMaster University and The Hospital for Sick Children at 15 sites across Ontario, some of which include partnerships with public health. The PPHD has been working closely with the research team and will be reviewing results to help inform and finalize components of the program (e.g., screening tools).

Other relevant reviews and literature, including "A Preliminary Literature Review on Vision Care and Screening Programs for Children" conducted by the ministry's Evidence Synthesis Unit in 2015 and "Effectiveness of Vision Screening Programs for Children Aged One to Six Years" conducted by PHO in 2016, are being reviewed by the ministry and will inform the development of the program.

Implementation of the Modernized Standards

Q20. When will boards of health be required to implement the modernized standards?

The modernized standards will come into effect on January 1, 2018 and implementation will begin on this date. The ministry is currently developing a plan for sector input and engagement on the revision or development of the various implementation supports for the standards (i.e., protocols, guidelines and accountability tools and templates). The ministry will take into account the input received through the regional consultation meetings and written submissions to consider the resources and change management supports needed by public health units to implement changes, as well as timing of programs (i.e., alignment with school year).

Q21. Will protocols and guidance documents be revised as part of the modernization of the standards?

The ministry is embarking on a new approach to the documents that form part of the standards (and will thus be enforceable). Specifically,

Protocols will continue to be part of the standards. Protocols will provide direction on how boards of health **must operationalize** requirements outlined in the modernized standards. The aim is consistent implementation. Anything referenced in legislation or regulations will have a protocol.

Guidelines will be a new type of document and will also be part of the standards. Guidelines will provide direction on how boards of health **must approach/apply** requirements outlined in the modernized standards. The aim is a consistent approach/application.

Between now and the end of the year, existing protocols and guidance documents will be reviewed based on feedback received through the consultation process for the modernized standards. Protocols and guidelines will be revised and/or developed, as necessary, in accordance with the new approach described above.

Q22. Will the ministry provide additional funding to support implementation of the modernized standards?

Although the modernized standards were designed to be cost neutral, and there will be no changes to any base allocations of health units as result of the modernized standards, the ministry recognizes there may be costs to support the implementation of the new standards. We will continue to work internally to find ways to support this request, and are working to ensure boards of health have further flexibility in allocating funding in a manner that supports the implementation of the modernized standards.

Q23. How will the public health capacity needed to implement revised/new requirements be assessed and how will any capacity gaps be addressed?

As part of the consultation on the modernized standards throughout March and April 2017, boards of health and public health units were asked to provide feedback on anticipated operational challenges, as well as supports and tools needed to address these challenges. In response to the feedback received, the PPHD is in the process of developing a plan for the creation of provincial and regional supports that will address some of the identified operational priorities.

The implementation of the modernized standards will be supported by protocols, guidelines, and a suite of program and population level indicators, as well as a surveillance and monitoring strategy that includes centralized data collection, analytics and distribution. This information will come together in a central repository of evidence, best practices, data and tools that will assist with analytics required at provincial, regional, and local levels. It will support evidence-informed decision-making at the local level and the allocation of funding and resources to those programs and services that will have the highest impact on improving the health of the local population, as well as reducing health inequities.


Ontario

City of PICKERING

Corporate Services Department
Legislative Services

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Take Appr. Action

May 17, 2017

Ralph Walton, Regional Clerk/Director of Legislative Services
Region of Durham
605 Rossland Road East
Whitby, ON L1N 6A3

Subject: Director, City Development & CBO, Report PLN 06-17
City of Pickering
Durham Community Climate Adaptation Plan
File: A-1400-001-17

The Council of the Corporation of the City of Pickering considered the above matter at a meeting held on May 15, 2017 and the following recommendations were adopted:

1. That Council approves the Durham Community Climate Adaptation Plan in principle;

2. That Council authorizes staff to participate in the Working Groups being established by the Region of Durham to develop the 18 proposed Programs as part of Phase 3: Program Approval and Funding;

3. That Council authorizes staff to participate in the development of a Reporting Framework for joint tracking of the Programs in the Durham Community Climate Adaptation Plan; and

4. That the City Clerk forward a copy of Report PLN 06-17 to the Region of Durham.

Please find attached a copy of Report PLN 06-17. Should you require further information, please do not hesitate to contact the undersigned at 905.420.4660 extension 2019.

Yours truly

Debbie Shields
City Clerk

Copy: Director, City Development & CBO

City of PICKERING

Report to Executive Committee

Report Number: PLN 06-17
Date: May 8, 2017

From: Kyle Bentley
Director, City Development & CBO

Subject: City of Pickering
Durham Community Climate Adaptation Plan
File: A-2100-017

Recommendations:

1. That Council approves the Durham Community Climate Adaptation Plan in principle;
2. That Council authorizes staff to participate in the Working Groups being established by the Region of Durham to develop the 18 proposed Programs as part of Phase 3: Program Approval and Funding;
3. That Council authorizes staff to participate in the development of a Reporting Framework for joint tracking of the Programs in the Durham Community Climate Adaptation Plan; and
4. That the City Clerk forward a copy of Report PLN 06-17 to the Region of Durham.

Executive Summary: In October 2013, the Durham Region Roundtable on Climate Change (DRRCC) began working on a Durham Community Climate Adaptation Plan (Plan). The process considered Durham's entire geography, identified the impacts of climate change on relevant sectors, and determined how these changes relate to the vulnerability of other areas.

Phase 1 began with developing Durham Region-specific future climate projections for 2040 to 2049. Sector-specific stakeholders were engaged throughout the process to help interpret the impacts from the projected climate changes on community infrastructure, businesses, and residents. A Phase 1 progress report was prepared, providing an assessment of those impacts and identifying medium and high risks to the Durham community.

The Phase 2 work resulted in a proposed Climate Adaptation Plan that was approved in principle by Durham Regional Council on December 14, 2016. The Plan includes 18 discrete climate adaptation programs across multiple sectors including buildings, roads, flooding, and human health. The Climate Adaptation Plan is the result of a three year process and represents a major accomplishment of the DRRCC. This plan will help build a more resilient area as it aims to reduce climate risks and improve community safety.

Financial Implications:

No financial implications at this time. However, it is anticipated that programs proposed for Durham's municipalities will have costs associated with them. Staff will advocate that any future senior government funding be shared between the lower tier municipalities and the Region.

Background: In October 2013, the Durham Region Roundtable on Climate Change (DRRCC) began working on a development of the Climate Adaptation Plan, as a complementary initiative to the Community Climate Change Local Action Plan, approved by DRRCC in September 2012, which focuses on climate mitigation. The DRRCC struck a Climate Adaptation Subcommittee to oversee this process, and on October 11, 2013 it approved a strategy and work plan developed by the Subcommittee.

The process includes four phases, which will take four years to complete pending implementation. The four phases are:

Phase	Year	Program
1	2014	Assessment
2	2015/16	Program Design
3	2017	Program Approval and Funding
4	2018	Program Implementation

Phase 1: Assessment consisted of:

- Projecting future climate parameters in Durham Region for the period 2040 to 2049 (the SENES study)
- Engaging stakeholders through briefings on the results of the SENES study
- Creating seven Expert Task Forces to assess the impacts of the future climate parameters and identify those impacts that pose medium and high risks to the Durham community

This work resulted in a Progress Report, which was endorsed by Regional Council on January 21, 2015 and included authorization to move forward with Phase 2 of preparing a Plan.

Phase 2: Program Design consisted of reconvening the Expert Task Forces to develop programs to address all of the medium and high risks identified in Phase 1 through the following steps:

- Assembling an inventory of applicable actions
- Classifying actions by implementation tools
- Packaging measures into proposed programs
- Participating in a design charrette
- Producing an integrated plan

The Phase 2 work resulted in a proposed Climate Adaptation Plan, which was approved in principle by Regional Council at the meeting on December 14, 2016. The City received a letter dated February 21, 2017 from the Region of Durham, (see Attachment #1) requesting the City to:

- Approve in principle the Climate Adaptation Plan
- Participate in working groups to further develop proposed Programs
- Work to develop a Reporting Framework for joint tracking of progress

A copy of the Plan was provided to Council and Directors in advance of this Report. The Region has received recognition for its leadership on climate adaptation planning from the Minister of the Environment and Climate Change and the Intact Centre for Climate Adaptation at the University of Waterloo.

Discussion:

a) Durham's Climate Adaptation Plan

This Plan addresses the risks posed from a changing climate on infrastructure, heath, welfare, and economy within Durham Region. The impacts of these changes in weather patterns are already being felt locally and globally. Prolonged heat waves, torrential rainstorms, windstorms, and droughts are increasing throughout Ontario. The Programs proposed will proactively address climate change to ensure Durham remains a liveable, resilient, and prosperous community.

The Plan supports many of the indicators outlined in the City's Measuring Sustainability Report. In addition, the Plan provides the foundation for Pickering to develop its own climate adaptation vision in the near future. It is recommended that Council approve, in principle, the Durham Community Climate Adaptation Plan.

b) Staff Engagement

The Plan identifies 18 Programs across 7 sectors that are to be implemented by various levels of government and agencies across Durham. Collectively, these programs will increase the resilience of our community to the changing climate and help protect the City's infrastructure, service, and citizens (see Program Responsibilities, Attachment #2).

As background, City staff were engaged in the Phase 1 and Phase 2 work as members of the Building Task Force. The Task Force assessed the risks to buildings and recommended developing standards for low-rise residential and high-rise residential buildings and a program to retrofit existing buildings to address climate resilience.

Given the scope and magnitude of the Programs, it would be appropriate for staff to continue its participation to ensure that a comprehensive evaluation of each Program is completed. It is important that the matters regarding municipal jurisdiction, legal obligations, and fiscal responsibilities are well understood. It is recommended that Council authorize staff to participate in the working groups to further develop the proposed Programs as part of Phase 3: Program Approval and Funding.

c) Reporting Framework

Staff agrees with Durham's proposal to design a Reporting Framework. This framework would provide an efficient and standard method to enable local municipalities and responsible agencies to easily report their progress in developing, approving, and implementing the Programs in the Plan. Such a framework could later be modified to include Pickering specific programs.

Also, the reporting process provides an opportunity to review the Climate Adaptation Plan every five years. It is recommended that Council authorize staff to participate in the development of a Reporting Framework for joint tracking of the Programs in the Plan.

Attachments:

1. Letter from the Region of Durham
2. Program Responsibilities

Prepared By:

Grant McGregor, MCIP, RPP
Manager, Strategic Initiatives & Sustainability

Approved/Endorsed By:

Kyle Bentley, P.Eng
Director, City Development & CBO

GM:lc

Recommended for the consideration
of Pickering City Council

April 11, 2017

Tony Prevedel, P.Eng.
Chief Administrative Officer

ATTACHMENT # 1 TO
REPORT # PLN 06-17

SENT TO ALL MAYORS AND CAO'S
IN DURHAM REGION

February 21, 2017

Office of the CAO			
Received	FEB 22 2017		
File #			
Follow Up			
	Mayor		City Development
	Council		Corporate Services
	Directors		Clerk
	Cult & Rec		Legal & LS
	Eng & PW		Finance
	Fire Services		Human Resources
	Customer Care		Oper & Fleet
	CAO Mgt Team		

The Regional Municipality of Durham

605 ROSSLAND ROAD EAST
PO BOX 623
WHITBY, ON L1N 6A3
CANADA
905-668-7711
1-800-372-1102
Fax: 905-668-1567
Email:
roger.anderson@durham.ca
garry.cubitt@durham.ca

www.durham.ca

Roger M. Anderson
Regional Chair and CEO

Garry H. Cubitt
B.Sc., M.S.W. (Hon) LL.D
Chief Administrative Officer

Mr. Tony Prevedel
Chief Administrative Officer
City of Pickering
One The Esplanade
Pickering, Ontario
L1V 6K7

Dear Mr. Prevedel:

Thank you for your personal support and your staff's contribution to the completion of the Durham Community Climate Adaptation Plan. As you know, this Plan was approved in principle by Durham Regional Council on December 14, 2016 (Report #2016 COW-103). We want to congratulate all participants on this important milestone and to celebrate this collective accomplishment. I am pleased to enclose a copy of the attractive public version of the Durham Community Climate Adaptation Plan.

I am also writing to formally refer the Plan to your attention. This Plan identifies 18 Programs for implementation by various levels of government and agencies across Durham that will collectively increase the resilience of our community to the changing climate. It will also help to protect our infrastructure, services and citizens against increasingly severe weather.

The Plan is the culmination of three years of intensive work led by The Durham Region Roundtable on Climate Change, together with over 60 experts delegated from a variety of organizations including the Region, the local municipalities, the electrical utilities and the conservation authorities. We believe this Plan represents the very best analysis, thinking and judgement on climate adaptation that is available in Durham at this time.

The recommended Programs relate to cross-sectoral needs, buildings, the electrical sector, flooding, human health, roads and the natural environment. The actions necessary to increase resilience

"Service Excellence for our Communities"

If this information is required in an accessible format, please contact the Accessibility Co-ordinator at 1-800-372-1102 ext. 2009.

are numerous, complex and interrelated. Moreover, they fall into the jurisdictions of several levels of government and the mandates of various agencies. The Programs will also be challenging to implement in terms of their respective timeframes and costs. They will test our resolve for the future, our institutional attention spans, our business planning processes, and our creativity to find the necessary funding.

In particular, I want to draw your attention to Table 2 on pages 73 and 74 which summarizes the roles and responsibilities (both legislated and voluntary) for the various levels of government and relevant agencies in the implementation of this Plan.

At this time we are requesting our municipal partners to:

1. **Take this Plan to your Council for approval in principle.**

   This community plan will have more credibility across Durham and with senior levels of government if it is officially endorsed by both levels of government in Durham. Therefore as a first step, we are requesting that you take this Plan to your Council as soon as possible for approval in principle. Approval in principle does not require or imply approval of funding at this time; rather it commits us and you to further develop Program concepts and then consider them in future business planning processes. Please let us know if Regional staff can assist you in presenting this Plan to your Council.

2. **Participate in working groups to further develop proposed Programs.**

   As a next step, we are planning to structure six or seven working groups among the responsible agencies. These working groups will further develop the 18 Programs to the point where those agencies with responsibility can make informed decisions within their risk management policies and business planning processes on Program implementation. Thus, your participation is critical. We are pleased to report that Regional Council recently approved $100,000 in "seed funding" for the next steps which will be used to support this Program development.

3. **Work with us to develop a Reporting Framework for joint tracking of progress.**

ATTACHMENT # 1 TO REPORT # PLN 06-17

We are requesting you to collaborate with us to design a Reporting Framework by June 30, 2017. The objective is to create an efficient process that will enable all responsible agencies to easily report their progress in developing, approving and implementing the Programs in this Plan. The Region would compile and publish the annual progress report on behalf of all participating agencies. This process should also support a revision of the Plan every five years.

The Regional Municipality of Durham is committed to pursuing the roles and responsibilities that fall within our mandates and jurisdiction and will maintain open communication with our partners.

In closing, I would like to once again thank you and underscore the importance of climate adaptation action to our community. As recent events have vividly illustrated, climate change is now a reality we cannot ignore. The critical work ahead will be a test of our collective resolve as a community to protect and improve our infrastructure and our quality of life.

Yours truly,

Roger Anderson,
Regional Chair and CEO

Garry H. Cubitt, M.S.W.
Chief Administrative Officer

Enclosure

Table 2: Program Responsibilities Matrix

#	Sector/Program	Region	Municipalities	Electrical Utilities	Conservation Authorities	Provincial Agencies	Federal Agencies
	Cross-Sectoral Programs						
CS1	Protect Our Outside Workers	•	•	•	•		
CS2	Social Infrastructure for Emergency Resilience	•	•				
	Building Sector						
B1	Durham Climate Resilience Standard for Buildings	•	•			• 1	
B2	Building Retrofit for Climate Resilience	•	•			• 1,2	
	Electrical Sector						
E1	Asset Protection Against Flooding		•	•	•		
E2	Vegetation Management	•	•	•			
E3	Asset Design & Service Life Management			•		• 3	
	Flooding						
F1	Addressing Urban Flooding		•		•	• 2, 4, 5	• a
F2	Redefine Flood Hazards		•		•	• 2, 4	
F3	Improving Flood Forecasting, Warning & Emergency Response	•	•		•	• 4	
F4	Addressing Riverine Flooding		•		•	• 2, 4	
	Human Health						
HH1	Extreme Weather Alert and Response system	•	•			• 6	• b, c
HH2	Property Standards Bylaw for Maximum Heat Allowed in Apartments	•	•			• 6	• c
HH3	"Cool Durham" Heat Reduction Program	•	•		•		
	Roads						
R1	Resilient Asphalt Program	•	•			• 5	
R2	Road Embankment Program	•	•			• 5	
R3	Adaptive Culverts and Bridges	•	•		•		
	Natural Environment						
NE1	Achieving Climate Resilience in the Natural Environment	•	•		•		

LA CORPORATION DU / THE CORPORATION OF

CANTON DE CHAMPLAIN TOWNSHIP

BUREAU ADMINISTRATIF / ADMINISTRATION OFFICE
948 est, chemin Pleasant Corner Road East
Vankleek Hill, Ontario (K0B 1R0)

613-678-3003
(fax) 613-678-3363

May 16, 2017

The Honourable Kathleen O. Wynne
Premier of Ontario
Main Legislative Building – Room 281
Queen's Park
Toronto, ON M7A 1A1

Dear Premier,

RE: Champlain Township – Not a Wiling Host for Wind Turbines

I am writing to advise that Champlain Township Council declared that it is not a willing host for wind turbines at its meeting of May 9, 2017.

At the same meeting, Champlain Township Council resolved to endorse the Municipality of Dutton Dunwich's Resolution No. 2017-06-27, supporting Sam Oosterhoff, MPP for Niagara-West Glanbrook's Private Member's Bill proposing the government halt all wind power approvals in unwilling host communities.

A copy of resolutions 2017-202 and 2017-207 are attached.

Council respectfully requests your consideration of its position.

Yours sincerely,

Alison Collard

Alison Collard
Clerk

cc: The Honourable Glen Murray, Minister of the Environment and Climate Change
The Honourable Glen Thibeault, Minister of Energy
The Honourable Jeff Leal, Minister of Agriculture, Food and Rural Affairs
Grant Crack, M.P.P., Glengarry-Prescott-Russell
Sam Oosterhoff, M.P.P., Niagara-West Glanbrook
Ontario Municipalities by email

Attach.

C.S. - LEGISLATIVE SERVICES

Original To: CIP
Copy To: B. Bridgeman
C.C. S.C.C. File
Take Appr. Action

TOWNSHIP OF CHAMPLAIN

RESOLUTION

Agenda Number: 13.7
Resolution Number 2017-202
Title: Dutton Dunwich - Support for Private Member's Bill - Wind Turbines
Date: May 9, 2017

Moved By: Pierre Perreault
Seconded By: Paul Emile Duval

BE IT RESOLVED THAT the Resolution of the Municipality of Dutton Dunwich No. 2017-06-27, supporting the Private Member's Bill of Sam Oosterhoff, MPP for Niagara-West Glanbrook proposing the government halt all wind power approvals in unwilling host communities, be endorsed.

CARRIED

Certified True Copy of Resolution

Alison Collard May 15, 2017

Alison Collard, Clerk Date:

TOWNSHIP OF CHAMPLAIN

RESOLUTION

Agenda Number: 14.0
Resolution Number 2017-207
Title: CORRESPONDENCE (pour information)
Date: May 9, 2017

Moved By: Paul Emile Duval
Seconded By: Helen MacLeod

BE IT RESOLVED THAT the Township of Champlain declares that it is not a willing host for wind turbines;

BE IT FURTHER RESOLVED THAT this resolution be circulated to Premier Kathleen Wynne, as well as to the Minister of Environment and Climate Change, the Minister of Energy, the Minister of Agriculture, Food & Rural Affairs and to all Ontario municipalities for their support and endorsement.

CARRIED

Certified True Copy of Resolution

Alison Collard May 15, 2017

Alison Collard, Clerk Date:

COUNCIL RESOLUTION

#27

Res: 2017- 06.27

Wednesday April 12th, 2017

Moved by: Bob

Seconded by: Fleck

THAT the Council of the Municipality of Dutton Dunwich supports the Private Member's Bill of Sam Oosterhoff, MPP for Niagara-West Glanbrook proposing the government halt all wind power approvals in unwilling host communities.

AND THAT a copy of this resolution be sent to Honourable Kathleen Wynne, Premier of Ontario, the Honourable Minister of Energy Glenn Thibeault, Elgin-Middlesex-London MP Karen Vecchio, Elgin-Middlesex-London MPP Jeff Yurek, AMO and all Ontario Municipalities.

Recorded Vote	Yeas	Nays
I.Fleck	___	___
D. McKillop	___	___
M. Hentz	___	___
B. Purcell	___	___
C. McWilliam - Mayor	___	___

Carried:

Mayor

Defeated:

Mayor

Municipality of Killarney

May 18th, 2017.

MAIL & EMAIL: minister.mma@ontario.ca

The Honourable Bill Mauro,
Minister of Municipal Affairs,
777 Bay Street – 17th Floor,
Toronto, Ontario.
M5G 2E5

Main Office:
32 Commissioner Street
Killarney, Ontario
P0M 2A0

Tel: 705-287-2424
Fax: 705-287-2660

E-mail:
inquiries@municipalityofkillarney.ca

Public Works Department:
1096 Hwy 637
Killarney, Ontario
P0M 2A0

Tel: 705-287-1040
Fax: 705-287-1141

website:
www.municipalityofkillarney.ca

Dear Sir:

RE: Changes Under Consideration to the Municipal Act, 2001
Re: End to Payments Out of Court for Municipalities

It is our understanding that Bill 68 – Modernizing Ontario's Municipal Legislation Act is proposing changes to the tax registration proceedings which would end payments out of court for municipalities.
The proposed amendment to Section 380 (8) and (9) would see out of court payments revert back to the Crown.

The Municipality of Killarney at their Regular Meeting of Council held May 17th, 2017 passed Resolution No. 17-198 as this proposed change will have a significant impact on small municipalities.

The Council for the Municipality of Killarney hereby appeals to you Honourable Minister, to reconsider this proposed change for the reasons outlined in the attached resolution.

Your consideration of this request is respectfully submitted.

Sincerely,

THE MUNICIPALITY OF KILLARNEY

Mrs. Candy K. Beauvais,
Clerk-Treasurer.

cc: Hon. Kathleen Wynne; Premier of Ontario
Local MPP's, FONOM, AMO, OSUM,
Ontario Municipalities

Word:MinistryofMunicipalAffairs-TaxRegistrationChanges-18-05-2017

C.S. - LEGISLATIVE SERVICES

Original To: C.P. ✓
Copy To: J. Clapp J. Hunt
C.C. S.C.C. File
Take Appr. Action

The Corporation of the Municipality of Killarney
32 Commissioner Street
Killarney, Ontario
P0M 2A0

MOVED BY: Pierre Paquette

SECONDED BY: Nancy Wirtz

RESOLUTION NO. 17-198

BE IT RESOLVED THAT the Municipality of Killarney appeal to the Minister of Municipal Affairs to reconsider the proposed change to the Municipal Act, 2001 as a result of Bill 68 regarding tax registration procedures which would end payments out of court for municipalities. The proposed amendment to Section 380 (8) and (9) would see out of court payments revert back to the Crown;

FURTHER THAT tax sale proceedings involve a significant amount of staff time which is an expense to a municipality and it is only fair that municipalities continue to be eligible for these payments out of court;

FURTHER THAT tax sale revenues assist municipalities with various expenditures which to some extent alleviate the burden of the reduction of revenues of various Provincial grants/programs and the continual "downloading" upon small municipalities.

FURTHER THAT this resolution be forwarded to the Premier of Ontario, the Minister of Municipal Affairs, our local MPP's, FONOM, AMO, Ontario Small Urban Municipalities as well as all Ontario municipalities.

CARRIED

I, Candy K. Beauvais, Clerk Treasurer of the Municipality of Killarney do certify the foregoing to be a true copy of Resolution #17-198 passed in a Regular Council Meeting of The Corporation of the Municipality of Killarney on the 17th day of May, 2017.

Candy K. Beauvais
Clerk Treasurer

CITY OF ST. CATHARINES

Legal and Clerks Services

Office of the City Clerk
PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2

Phone: 905.688.5600
Fax: 905.682.3631
TTY: 905.688.4TTY (4889)

May 18, 2017

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

Sent via email: justin.trudeau@parl.gc.ca

Re: Resolution – Canada's 150th Birthday – Request to Waive Taxes
Our File No. 35.11.2

Please be advised that the Council of the City of St. Catharines, at its regular meeting held on May 8, 2017, gave consideration to a motion from the Township of Adjala - Tosorontio, with regard to their request to waive the taxes payable on purchase of a Canadian flag or Canada 150th Anniversary flag.

The Mayor and Members of Council passed the following motion, Moved by Councillor Britton:

> "That Council support the resolution from the Township of Adjala – Tosorontio, regarding the waiving of taxes on the purchase of a Canadian flag or Canada 150 Anniversary Flag for Canada's 150th Birthday, and forward our support to the Government of Canada and back to the originating township; and
>
> That staff contact all Niagara MP's to inquire if their offices provide flags to residents for free; and
>
> That all Canadian Flags are made in Canada. FORTHWITH."

Should you have any questions, please do not hesitate to contact me at extension 1506.

Bonnie Nistico-Dunk

cc Township of Adjala-Tosorontio (email)
Hon. Kathleen Wynne, Premier (email)
Ontario Municipalities (email)

C.S. - LEGISLATIVE SERVICES
Original
To: C.P.
Copy
To: T. Clapp
C.C. S.C.C. File
Take Appr. Action

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2097.

The Regional Municipality of Durham

MINUTES

DURHAM REGION ROUNDTABLE ON CLIMATE CHANGE

May 12, 2017

A regular meeting of the Durham Region Roundtable on Climate Change was held on Friday, May 12, 2017 in Boardroom LL-C, Regional Municipality of Durham Headquarters, 605 Rossland Road East, Whitby at 1:00 PM.

Present: R. Gauder, Citizen Member, Chair
Councillor Ashe, Finance & Administration Committee, left the meeting at 2:16 PM on municipal business
Councillor Ballinger, Works Committee
Councillor Gleed, Health and Social Services Committee
T. Hall, Citizen Member
D. Hoornweg, Citizen Member
J. Kinniburgh, Citizen Member
Councillor Mitchell, Planning & Economic Development Committee
B. Neil, Citizen Member
K. Shadwick, Citizen Member

Absent: G.H. Cubitt, Chief Administrative Officer
D. Gilbert, Citizen Member
E. Lacina, Citizen Member
H. Manns, Citizen Member
S. Moore, Citizen Member
J. Solly, Citizen Member
M. Vroegh, Citizen Member, Vice-Chair
Regional Chair Anderson

Staff Present: B. Kelly, Manager of Sustainability, Office of the CAO
P. Veiga, Supervisor, Waste Operations, Works Department, Durham Region
D. James, Committee Clerk, Corporate Services – Legislative Services

1. Adoption of Minutes

Moved by D. Hoornweg, Seconded by Councillor Gleed,
That the minutes of the regular Durham Region Roundtable on Climate Change meeting held on April 7, 2017, be adopted.
CARRIED

2. Declarations of Interest

There were no declarations of interest.

3. Update on Durham Community Energy Plan

A) Brian Kelly, Manager of Sustainability, Re: Update on Durham Community Energy Plan

B. Kelly, Manager of Sustainability provided a PowerPoint update on the Durham Community Energy Plan. A copy of his presentation was provided to the Committee prior to the meeting.

Highlights of his presentation included:

- Project Schedule
- Project Status
- Stakeholder Engagement
- Baseline Energy Study
- DCEP Steering Committee
- Next Steps
- Toronto Transform TO Project

4. DCEP Baseline Energy Study for 2015

A) Terry Green, Chairman of Durham Sustain Ability, Re: Durham Community Energy Plan Baseline Energy Study for 2015

T. Green, Chairman of Durham Sustain Ability provided a PowerPoint presentation on the Durham Community Energy Plan Baseline Energy Study for 2015. A copy of his presentation was provided to the Committee prior to the meeting.

T. Green reminded the Committee that he presented the interim report in February of this year and advised that he was presently before the Committee to give an update on the Durham Community Energy Plan Baseline Energy Study for 2015, as the data is finalized.

Highlights of his presentation included:

- Changes to Final Report:
  - Energy Consumption
  - Energy Generation
- Changes to Final Report – Impact:
  - Energy Consumption
  - Energy Generation
- A Window on Energy in Durham – 2015 Baseline
- Energy Use by Sector
- Energy Use by Source

- Energy Generated in Durham
- Renewable Energy Breakdown
- GHG Emissions by Source
- GHG Emissions by Sector
- Energy Cost by Source
- Energy Cost by Sector
- Highlights:
  - Transportation Sector
  - Electricity
  - Renewable Energy
- Final Report

T. Green responded to questions from the Committee.

5. DCEP Stakeholder Consultation Report

A) Helen Break, Consultant, The Monarch Park Group, re: Durham Community Energy Plan Stakeholder Consultation Draft Final Report

H. Break, Consultant, The Monarch Park Group provided a PowerPoint presentation on the Durham Community Energy Plan Stakeholder Consultation Draft Final Report. A copy of her presentation was provided to the Committee prior to the meeting.

H. Break advised that 2 Stakeholder Consultations were held to gather feedback to help create a vision of Durham's energy future by 2050. The first consultation was held in September 20, 2016 at the Brooklin Community Centre and Library; and the second was held on February 28, 2017 at the Oshawa Civic Auditorium Complex.

Highlights of her presentation included:

- Desired Feedback
- Consultation Process
- Key Elements of the Vision:
  1. Innovative, Smart and Diversified Energy Solutions
  2. Transparent, Accountable and Committed to the Vision
  3. Reduced Carbon Footprint
  4. Economic Prosperity, and Community and Environmental Health
  5. Reliable, Resilient, Integrated, Sustainable and Financially Viable Energy Sources
  6. In Terms of Cost, Affordability for All!
  7. Community Collaboration for Innovative Solutions
- Key Messages
- What's Next

H. Break responded to questions from the Committee.

6. Update on Durham Community Climate Adaptation Plan – Phase 3

A) Brian Kelly, Manager of Sustainability, re: Update on Durham Community Climate Adaptation Plan – Phase 3

B. Kelly, Manager of Sustainability provided a PowerPoint update on the Durham Community Climate Adaptation Plan – Phase 3. A copy of his presentation was provided to the Committee prior to the meeting.

Highlights of his presentation included:

- Celebration Luncheon
- Recognition and Exposure
- DCCAP Council Approvals
- Launch of Working Groups
- Progress Reporting Framework

B. Kelly responded to questions from the Committee.

7. Other Business

A) City of Toronto Transform TO

Brian Kelly, Manager of Sustainability provided a PowerPoint presentation on the City of Toronto's Transform TO process.

B. Kelly advised that Transform TO will identify strategies to reduce Toronto's GHG emissions by 80% by 2050, and develop a framework that will lead to a healthier, more prosperous and equitable city. He stated that the Transform TO Report 2 was approved by the Parks & Environmental Committee on May 4th and will be before the City of Toronto Council on May 24th. He noted that Sustainability Solutions Group was retained by the City of Toronto and reminded the Committee that they have also been retained by the Region of Durham to help develop Durham's Energy Plan for the period to 2050. He stated that he hoped this would allow for a sharing of information between the Region of Durham and the City of Toronto towards developing their respective energy future plans.

8. Date of Next Meeting

The next regular meeting of the Durham Region Roundtable on Climate Change will be held on Friday, June 9, 2017 starting at 1:00 PM in Room LL-C, Regional Headquarters Building, 605 Rossland Road East, Whitby.

9. Adjournment

Moved by Councillor Ballinger, Seconded by J. Kinniburgh,
That the meeting be adjourned.
CARRIED

The meeting adjourned at 2:45 PM.

R. Gauder, Chair, Durham Region Roundtable on Climate Change

D. James, Committee Clerk

Action Items
Committee of the Whole and Regional Council

Meeting Date	Request	Assigned Department(s)	Anticipated Response Date
September 7, 2016 Committee of the Whole	Staff was requested to provide information on the possibility of an educational campaign designed to encourage people to sign up for subsidized housing at the next Committee of the Whole meeting. (Region of Durham's Program Delivery and Fiscal Plan for the 2016 Social Infrastructure Fund Program) (2016-COW-19)	Social Services / Economic Development	October 5, 2016
September 7, 2016 Committee of the Whole	Section 7 of Attachment #1 to Report #2016-COW-31, Draft Procedural By-law, as it relates to Appointment of Committees was referred back to staff to review the appointment process.	Legislative Services	First Quarter 2017
October 5, 2016 Committee of the Whole	That Correspondence (CC 65) from the Municipality of Clarington regarding the Durham York Energy Centre Stack Test Results be referred to staff for a report to Committee of the Whole	Works	
December 7, 2016 Committee of the Whole	Staff advised that an update on a policy regarding Public Art would be available by the Spring 2017.	Works	Spring 2017
January 11, 2017 Committee of the Whole	Inquiry regarding when the road rationalization plan would be considered by Council. Staff advised a report would be brought forward in June.	Works	June 2017

Meeting Date	Request	Assigned Department(s)	Anticipated Response Date
January 18, 2017	In light of the proposed campaign self-contribution limits under Bill 68 and the recent ban on corporate donations which will require candidates for the elected position of Durham Regional Chair to raise the majority of their campaign funds from individual donors, staff be directed to prepare a report examining the potential costs and benefits of a contribution rebate program for the Region of Durham.	Legislative Services	Fall 2017
March 1, 2017 Committee of the Whole	Staff was directed to invite the staff of Durham Region and Covanta to present on the Durham York Energy Facility at a future meeting of the Council of the Municipality of Clarington.	Works	
March 1, 2017 Committee of the Whole	Staff was requested to advise Council on the number of Access Pass riders that use Specialized transit services.	Finance/DRT	March 8, 2017
March 1, 2017 Committee of the Whole	A request for a report/policy regarding sharing documents with Council members.	Corporate Services - Administration	Prior to July 2017
May 3, 2017 Committee of the Whole	Discussion ensued with respect to whether data is collected on how many beds are created through this funding; and, if staff could conduct an analysis of the Denise House funding allocation to determine whether an increase is warranted. H. Drouin advised	Social Services	

Meeting Date	Request	Assigned Department(s)	Anticipated Response Date
	staff would investigate this and bring forward this information in a future report.		
May 3, 2017 Committee of the Whole	Discussion ensued with respect to whether staff track the job loss vacancies in Durham Region, in particular the retail market. K. Weiss advised that staff will follow-up with the local area municipalities and will report back on this matter.	Economic Development & Tourism	