

CHAIR:

N. IANNICCA

MEMBERS:

P. BROWN

G. CARLSON

B. CROMBIE

D. DAMERLA

S. DASKO

G. S. DHILLON

J. DOWNEY

C. FONSECA

P. FORTINI

A. GROVES

J. INNIS

J. KOVAC

M. MAHONEY

S. MCFADDEN

M. MEDEIROS

M. PALLESCHI

C. PARRISH

K. RAS

P. SAITO

R. SANTOS

I. SINCLAIR

R. STARR

A. THOMPSON

P. VICENTE



The Council of the
Regional Municipality of Peel
REVISED AGENDA

Date: Thursday, January 23, 2020

Time: 9:30 AM

Place: Council Chamber, 5th Floor
Regional Administrative Headquarters
10 Peel Centre Drive, Suite A
Brampton, Ontario

For inquiries about this agenda or to make arrangements for accessibility accommodations including alternate formats, please contact:

Christine Thomson at (905) 791-7800, ext. 4582 or at
christine.thomson@peelregion.ca.

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1. **ROLL CALL**

2. **INDIGENOUS LAND ACKNOWLEDGMENT**

3. **DECLARATIONS OF CONFLICTS OF INTEREST**

4. **APPROVAL OF MINUTES**

4.1. January 9, 2020 Regional Council meeting

5. **APPROVAL OF AGENDA**

6. **CONSENT AGENDA**

7. **DELEGATIONS**

7.1. **Shari Lynn Ladanchuk, President and CEO, and Lori Plati, Public Relations Manager, Big Brothers Big Sisters of Peel**, Regarding Big Brothers Big Sisters 2020 Tim Hortons Bowl for Kids' Sake

7.2. **Michael Melling, Partner, Davies Howe LLP, on behalf of the Wildfield Village Landowners Group**, Regarding 2041 Regional Urban Boundary and Municipal Comprehensive Review (**Presentation now available**)

7.3. **Sean Meagher, Coordinator, Ontario for All**, Regarding the Impact of the Motion to be Presented by Councillor Santos Regarding Proposed Funding Cuts to the Ontario Disability Support Program (Related to 20.1)

8. **STAFF PRESENTATIONS**

8.1. Psychological Health and Safety at the Region of Peel Update
Presentation by Dawn Langtry, Director, Strategic Policy & Initiatives

9. **ITEMS RELATED TO PUBLIC WORKS**

Chaired by Councillor A. Groves or Vice-Chair Councillor P. Fortini

9.1. 2019 Region of Peel Vision Zero Road Safety Strategic Plan Update (For information)

10. COMMUNICATIONS

- 10.1. **Association of Municipalities of Ontario (AMO)**, Communication dated November 28, 2019, Regarding E-Scooter Pilot on Municipal Roads (Referral to Public Works recommended)
- 10.2. **Allan Thompson, Mayor, Town of Caledon**, Letter dated December 19, 2019, to the Minister of Transportation Regarding Automated Speed Enforcement Implementation (Receipt recommended)

11. ITEMS RELATED TO HEALTH

Chaired by Councillor J. Downey or Vice-Chair Councillor D. Damerla

- 11.1. The Region of Peel's Response to the Provincial Public Health Transformation Consultation
- 11.2. The Region of Peel's Response to the Provincial Emergency Health Services Modernization Consultation
- 11.3. Update on the Ontario Seniors Dental Care Program Capital Funding Requests

12. COMMUNICATIONS

- 12.1. **Christine Massey, Spokesperson, Fluoride Free Peel**, Email dated January 7, 2020, Regarding a New Study: Fluoridation Lowers IQ of Formula-fed Babies (Receipt recommended)
- 12.2. **Christine Massey, Spokesperson, Fluoride Free Peel**, Email dated January 7, 2020, Regarding Fluoride's Harm to the Developing Brain: Recent Science (Receipt recommended)
- 12.3. **Christine Massey, Spokesperson, Fluoride Free Peel**, Email dated January 7, 2020, Providing an Article from Colgate Stating that Fluoride Not be Used for Individuals that Have Allergies to Flouride or for Children Under Two Years of Age (Receipt recommended)

13. ITEMS RELATED TO HUMAN SERVICES

Chaired by Councillor M. Medeiros or Vice-Chair Councillor G.S. Dhillon

14. COMMUNICATIONS

15. ITEMS RELATED TO PLANNING AND GROWTH MANAGEMENT

Chaired by Councillor M. Palleschi or Vice-Chair Councillor A. Thompson

- 15.1. Peel 2041 Official Plan Review - Process Update Based on Provincial Direction and Potential Work Plan Revisions (For information)

16. COMMUNICATIONS

17. ITEMS RELATED TO ENTERPRISE PROGRAMS AND SERVICES

Chaired by Councillor C. Fonseca or Vice-Chair Councillor K. Ras

17.1. Amendments to Document Execution By-law 32-2017 (Related to By-law 6-2020)

17.2. Terms of Reference for the Preparation of a Report on Police Funding Allocations (Related to 18.2)

17.3. Options to Maintain Mississauga's Vote During a Member's Absence (For information) (**Deferred from the January 9, 2020 Regional Council Meeting**)

18. COMMUNICATIONS

18.1. **Steve Clark, Minister of Municipal Affairs and Housing**, Letter received January 10, 2020, Regarding a Regional Council Composition Review (Referral to the Regional Council Policies and Procedures Committee recommended)

18.2. **Association of Municipalities of Ontario (AMO)**, Communication dated January 15, 2020, Regarding the Government's Announcement of Consultation on Re-Composition of OPP Detachment Boards (Receipt recommended) (Related to 17.2)

19. OTHER BUSINESS/COUNCIL ENQUIRIES

20. NOTICE OF MOTION/MOTION

20.1. Motion Regarding Proposed Provincial Funding Cuts to the Ontario Works Program and the Ontario Disability Support Program (**As requested by Councillor Santos**) (Related to 7.3)

21. BY-LAWS

Three Readings

By-law 6-2020: A by-law to amend Schedule 1 to By-law 32-2017 to govern the execution of documents on behalf of The Regional Municipality of Peel. (Related to 17.1)

22. IN CAMERA MATTERS

- 22.1. Payment of Compensation Pursuant to the *Expropriations Act, R.S.O. 1990, c. E.26*, Twinning of The East Brampton Trunk Sewer from Regional Road 107 (Queen Street East) and Goreway Drive to South of Highway 407 and Regional Road 15 (Steeles Avenue East) – City of Brampton, Ward 8 (A proposed or pending acquisition or disposition of land by the municipality or local board)
- 22.2. Collective Bargaining Update (Oral) (Labour relations or employee negotiations)

23. BY-LAW TO CONFIRM THE PROCEEDINGS OF COUNCIL

24. ADJOURNMENT



**THE COUNCIL OF
THE REGIONAL MUNICIPALITY OF PEEL
January 9, 2020**

Regional Chair Iannicca called the meeting of Regional Council to order at 9:33 a.m. in the Council Chamber, Regional Administrative Headquarters, 10 Peel Centre Drive, Suite A, Brampton.

1. ROLL CALL

Members Present:

G. Carlson	M. Medeiros
S. Dasko	M. Palleschi
G.S. Dhillon	C. Parrish
J. Downey	K. Ras
C. Fonseca*	R. Santos
P. Fortini	I. Sinclair
A. Groves	H. Singh★
N. Iannicca	R. Starr
J. Innis	A. Thompson
J. Kovac	P. Vicente
M. Mahoney	

Members Absent:

P. Brown (H. Singh★)	Due to other municipal business
B. Crombie	Due to personal matters
D. Damerla	Due to personal matters
S. McFadden	Due to personal matters
P. Saito	Due to personal matters

Also Present: N. Polsinelli, Interim Chief Administrative Officer; K. Lockyer, Acting Commissioner of Corporate Services; S. VanOfwegen, Commissioner of Finance and Chief Financial Officer; S. Baird, Commissioner of Digital and Information Services; P. O'Connor, Regional Solicitor; A. Smith, Acting Chief Planner; A. Farr, Acting Commissioner of Public Works; J. Sheehy, Commissioner of Human Services; C. Granger, Acting Commissioner of Health Services; Dr. J. Hopkins, Medical Officer of Health; A. Macintyre, Deputy Regional Clerk and Manager of Legislative Services; C. Thomson, Legislative Specialist; S. Valteau, Legislative Technical Coordinator; R. Khan, Legislative Technical Coordinator

Regional Chair Iannicca advised that flags at all Regional facilities would be lowered to half-mast in mourning of the Canadians and all the other passengers and crew of Ukraine International Airline Flight PS752 who lost their lives while flying from Tehran to Kiev on January 9, 2020. On behalf of Regional Council, Regional Chair Iannicca extended condolences to the families and friends of the victims.

* See text for arrivals

◆ See text for departures

★ Denotes alternate member

2. INDIGENOUS LAND ACKNOWLEDGMENT

Regional Chair Iannicca read an Indigenous Land Acknowledgement:

“We would like to begin by acknowledging that the land on which we gather, and which the Region of Peel operates, is part of the Treaty Lands and Territory of the Mississaugas of the Credit. For thousands of years, Indigenous peoples inhabited and cared for this land. In particular we acknowledge the territory of the Anishinabek, Huron-Wendat, Haudenosaunee and Ojibway/Chippewa peoples; the land that is home to the Metis; and most recently, the territory of the Mississaugas of the Credit First Nation who are direct descendants of the Mississaugas of the Credit. We are grateful to have the opportunity to work on this land, and by doing so, give our respect to its first inhabitants.”

Councillor Fonseca arrived at 9:37 a.m.

2.1. Smudging Ceremony

Regional Chair Iannicca introduced Bear Standing Tall, a Nehiyaw from Onion Lake Cree Nation, Saskatchewan, Treaty 6 Territory and founder of Bear Tall & Associates of Toronto, who performed a smudging ceremony with Regional Council Members.

Bear Standing Tall provided information on the symbols and medicine used in the ceremony to open and purify the mind.

Peter Sackaney assisted Bear Standing Tall and spoke of his experience as a residential school survivor.

3. DECLARATIONS OF CONFLICTS OF INTEREST - Nil

4. APPROVAL OF MINUTES

4.1. December 19, 2019 Regional Council Budget Minutes

Moved by Councillor Thompson,
Seconded by Councillor Fonseca;

That the minutes of the December 19, 2019 Regional Council Budget meeting be approved.

Carried

2020-1

4.2. **December 19, 2019 Regional Council Minutes**

Moved by Councillor Innis,
Seconded by Councillor Mahoney;

That the minutes of the December 19, 2019 Regional Council meeting be approved.

Carried 2020-2

Regional Chair Iannicca advised that the January 16, 2020 Waste Management Strategic Advisory Committee (WMSAC) meeting will be held at the Peel Art Gallery Museum and Archives to provide Councillors an opportunity to tour the Trash Talk Exhibit. The tour will commence at 10:30 a.m. prior to the WMSAC meeting.

5. **APPROVAL OF AGENDA**

Moved by Councillor Vicente,
Seconded by Councillor Thompson;

That the agenda for the January 9, 2020 Regional Council meeting include a communication regarding the Wildfield Heritage Home, to be dealt with under Items Related to Public Works – Item 18.3;

And further, that Items Related to Public Works – Items 17.1, 18.2 and 18.3 be dealt with immediately following Delegations;

And further, that the agenda for the January 9, 2020 Regional Council meeting be approved, as amended.

Carried 2020-3

Related to Resolutions 2020-15, 2020-16 and 2020-17

6. **CONSENT AGENDA**

Moved by Councillor Palleschi,
Seconded by Councillor Mahoney;

That the following matters listed on the January 9, 2020 Regional Council Agenda be approved under the Consent Agenda: Items 12.1, 13.1, 14.1, 15.1, 15.3, 18.1 and 22.2.

In Favour	G. Carlson; S. Dasko; G.S. Dhillon; J. Downey; C. Fonseca; P. Fortini; A. Groves; J. Innis; J. Kovac; M. Mahoney; M. Medeiros; M. Palleschi; C. Parrish; K. Ras; R. Santos; I. Sinclair; H. Singh★; R. Starr; A. Thompson; P. Vicente	Total 20
Opposed		
Abstain <i>(counted as a no vote)</i>		
Absent <i>(from meeting and/or vote)</i>	B. Crombie; D. Damerla; S. McFadden; P. Saito	4

Carried 2020-4

RESOLUTIONS AS A RESULT OF THE CONSENT AGENDA

- 12.1. **Todd Smith, Minister of Children, Community and Social Services**, Letter dated December 16, 2019, Advising of Public Consultations to Inform the Development of a New Five-Year Ontario Reduction Poverty Strategy

Received 2020-5

- 13.1. **Report from the Regional Clerk Regarding the Public Meeting held on December 12, 2019 to Inform the Public and to Obtain their Input with Respect to the Proposed West Phase 2, Stage 2, Settlement Area Boundary Expansion Regional Official Plan Amendment (ROPA 34)**

Received 2020-6

- 14.1. **Steve Clark, Minister of Municipal Affairs and Housing**, Letter dated December 16, 2019, Regarding the Ministry’s Public Consultation on Potential Changes to the Delivery of Building Code Services

Received 2020-7

- 15.1. **Delegation of Tax Ratio Setting Authority**

Moved by Councillor Palleschi,
Seconded by Councillor Mahoney;

That the tax ratio setting authority for both lower-tier and upper-tier purposes for 2020, be delegated by the Region of Peel to its lower-tier municipalities, as authorized under section 310 of the *Municipal Act, 2001*;

And further, that the necessary by-law inclusive of the methodology to apportion the Regional levy, be presented to Regional Council for enactment.

Carried 2020-8

Related to Resolution 2020-27

15.3. **Temporary Borrowing Report**

Moved by Councillor Palleschi,
Seconded by Councillor Mahoney;

That the necessary by-law, authorizing the temporary borrowing of monies to meet 2020 expenses of the municipality pending receipt of revenues in accordance with section 407 of the *Municipal Act, 2001*, as amended, be presented for enactment.

Carried 2020-9

Related to Resolution 2020-27

18.1. **Allan Thompson, Mayor, Town of Caledon**, Letter dated December 19, 2019, Providing a Copy of the Mayor's Letter to the Minister of Transportation Regarding GTA West Transportation Corridor Environmental Assessment Study – Stage 2 Process Update

Received 2020-10

Council opted not to move into closed session to consider the following matter:

22.2. **Proposed Property Acquisition, Regional Road 14 (Mayfield Road) Widening from Chinguacousy Road to Regional Road 1 (Mississauga Road) – Town of Caledon, Ward 2 and City of Brampton, Ward 6 (A proposed or pending acquisition or disposition of land by the municipality or local board)**

Moved by Councillor Palleschi,
Seconded by Councillor Mahoney;

That The Regional Municipality of Peel, as Purchaser, enter into an Agreement of Purchase and Sale with Pioneer Hi-Bred Production Company, as Vendor, on legal terms satisfactory to the Regional Solicitor, for the purchase of:

- A fee simple interest in the lands described as Part of Lot 18, Concession 4 West of Hurontario Street, Town of Caledon (formerly Township of Chinguacousy), Regional Municipality of Peel, designated as Parts 1, 2, 3, 4, 6, 7 and 8 on Reference Plan 43R-39256.

And further, that the Office of the Regional Solicitor be authorized to complete the transaction, including the execution of all documents, Affidavits, Statutory Declarations and Undertakings required or appropriate for that purpose;

And further, that the Commissioner of Public Works be granted delegated authority to negotiate, approve and execute the Cost Sharing Agreement on business terms satisfactory to the Commissioner of Corporate Services, and on legal terms satisfactory to the Regional Solicitor;

And further, that the funds be financed from Capital Project 15-4070.

Carried 2020-11

AGENDA ITEMS SUBJECT TO DISCUSSION AND DEBATE

7. DELEGATIONS

7.1. Meghan Nicholls, Executive Director, The Mississauga Food Bank, Providing Information on the “Who’s Hungry” Report

Referred to Human Services staff for report back to Regional Council 2020-12

Related to Resolution 2020-13

Meghan Nicholls, Executive Director, the Mississauga Food Bank, presented findings from the “Who’s Hungry” report that provides a profile of hunger in the Toronto region. The report found that 44 per cent of people who use food banks have completed post-secondary education; an increasing number live outside of Toronto’s core; and, that the median amount of money available per person per day, after rent is paid, is \$7.83.

Meghan Nicholls explained that the Mississauga Food Bank’s role is to lead a network of 44 agencies who provide food for 20,000 individuals. She provided an overview of the agencies supported by the Mississauga Food Bank and its four-year plan to reach more people who live in poverty.

Meghan Nicholls encouraged staff of the Region of Peel and Members of Council to continue prioritizing affordable housing; fund high impact agencies who provide data to help with policy development; and, fund the establishment of a full-service network hub for Peel Region.

In response to a question from Councillor Santos, Meghan Nicholls advised that the Daily Bread Food Bank invited the Mississauga Food Bank to participate in the creation of the Who’s Hungry report which provides quantitative and qualitative data about the experience of hunger and poverty in the Toronto region, however; food banks in the City of Brampton do not collect data from their clients or have access to centralized data.

Councillor Santos stated that formalizing the collection of data is important to ensure effective services to residents and she requested that staff report back to Regional Council on the creation of a more efficient and effective food network.

Councillor Santos expressed concern that the Province of Ontario is considering changing its definition of “disability” which could impact the 57 per cent of food bank users with disabilities.

In response to a question from Councillor Groves, Meghan Nicholls advised that food banks cannot contribute resources to groups, such as school breakfast clubs, who receive provincial funding because it would be considered “double-dipping”.

Councillor Groves requested that the Regional Chair send a letter to the Minister of Children, Community and Social Services to highlight that breakfast clubs should not be restricted from accessing food bank resources.

Councillor Palleschi highlighted the work of organizations in Brampton who provide food bank services and he requested that they be consulted when planning the development of a food network.

The Commissioner of Human Services advised that the Region of Peel provides \$1.7 million in funding for food security initiatives to seven foodbanks. She stated that Region of Peel staff would work with staff from the City of Brampton and Brampton food organizations on approaches to obtain data that would enable the identification of service gaps. Staff will report in Fall 2020, with a plan to obtain the data as part of the poverty reduction update report.

Item 12.2 was dealt with.

- 12.2. **Sonya Pacheco, Legislative Coordinator, City of Brampton**, Letter dated December 17, 2019, Regarding Food Insecurity in Brampton

Referred to Human Services staff for report back to Regional Council 2020-13

Related to Resolution 2020-12

- 7.2. **Audrey Guth, Founder and Board Chair, Nanny Angel Network**, To Raise Awareness of The Nanny Angel Network Program

Received 2020-14

Audrey Guth, Founder and Board Chair, Nanny Angel Network, advised that the Nanny Angel Network provides free, professional relief childcare for Greater-Toronto Area mothers with cancer, and provides timely, compassionate support to families throughout treatment, recovery, palliative care and bereavement. The Network is working to create a reality where every mother with cancer gets the care she needs for her children so she has enough time to take care of herself. Audrey Guth requested the assistance of Regional Council in spreading awareness of the Network and soliciting qualified volunteers through social media.

Several Members of Regional Council expressed their appreciation to Audrey Guth and the Nanny Angel Network volunteers and expressed their willingness to help raise awareness.

In response to a question from Councillor Thompson, Audrey Guth explained that because volunteers are going into homes in crisis, the Network's volunteer criteria require that they have at least one year of experience working with children in a professional setting.

Items 17.1, 18.2 and 18.3 were dealt with.

17.1. Oral Update Regarding the Heritage House Located at 11962 The Gore Road, Wildfield, City of Brampton, Ward 10

Received 2020-15

Related to Resolutions 2020-3, 2020-16 and 2020-17

Gary Kocialek, Director, Transportation and Gayle Gorman, Manager, Capital Acquisitions, reviewed the background related to the purchase of 11962 The Gore Road in anticipation of the future widening of Mayfield Road and The Gore Road, including the addition of a new watermain. At the December 19, 2019 Regional Council meeting, staff was directed to correspond with Candevcon on the possible relocation of the structure located at 11962 The Gore Road, as well as the potential availability of host sites. Gary Kocialek advised that Candevcon confirmed that no suitable site has been found. The construction tender to begin the watermain replacement project is scheduled to be issued in Spring 2020 and the structure must be removed prior to construction. Staff will proceed to tender the demolition of the structure and will report back to Regional Council on continuous improvement opportunities for the management of heritage structures impacted by Region of Peel projects.

Antonietta Minichillo, Manager, Community Innovation and Resilience and Cassandra Jasinski, Heritage Planner, City of Brampton, provided the history of the efforts of the City of Brampton to save the structure located at 11962 The Gore Road. Antonietta Minichillo advised that staff at the City of Brampton would be requesting salvage of materials at the site and the installation of commemorative, interpretive signage to ensure the history of the structure lives on and that staff would work with residents on the signage narrative.

Councillor Vicente thanked the residents of Wildfield for bringing national attention to the efforts to relocate the structure, noting that ultimately, the costs of relocation are prohibitive.

Dan O'Reilly, Resident, Wildfield, expressed disappointment that a suitable site was unable to be identified and thanked Regional Council and staff for their efforts.

Andrew Farr, Acting Commissioner of Public Works, advised that Gary Kocialek's last day at the Region of Peel would be Friday, January 17, 2020. Members of Regional Council recognized Gary for his thirteen years of service and extended best wishes on his retirement.

18.2. Michael Harrison, Resident, City of Toronto, Email dated January 7, 2020, Regarding the Heritage House Located at 11962 The Gore Road, Wildfield, City of Brampton, Ward 10

Received 2020-16

Related to Resolutions 2020-3, 2020-15 and 2020-17

Additional Item – Item 18.3:

- 18.3. **Janice Klymson, Resident, City of Mississauga, Ward 2**, Email dated January 6, 2020 Regarding Questions related to the Wildfield Heritage Home

Received 2020-17

Related to Resolutions 2020-3, 2020-15 and 2020-16

8. **STAFF PRESENTATIONS - Nil**

9. **ITEMS RELATED TO HEALTH**
Chaired by Councillor J. Downey

10. **COMMUNICATIONS**

- 10.1. **Christine Elliott, Deputy Premier and Minister of Health**, Letter dated December 9, 2019 Regarding 2019-20 Capital One-Time Funding for the Ontario Seniors Dental Care Program

Received 2020-18

In response to a question from Councillor Parrish, the Medical Officer of Health advised that staff would be reporting to the January 23, 2020 Regional Council meeting with an update on the Ontario Seniors Dental Care Program Capital Funding, noting that the Provincial funding is for specific projects, and that the report will include how the \$1.143 million in provincial funding will be utilized.

11. **ITEMS RELATED TO HUMAN SERVICES**
Chaired by Councillor M. Medeiros

12. **COMMUNICATIONS**

- 12.2. **Sonya Pacheco, Legislative Coordinator, City of Brampton**, Letter dated December 17, 2019, Regarding Food Insecurity in Brampton

This item was dealt with under Resolution 2020-13

- 12.3. **Steve Clark, Minister of Municipal Affairs and Housing**, Letter dated December 20, 2019, Advising of the Canada-Ontario Housing Benefit Program

Received 2020-19

The Commissioner of Human Services was requested by Councillor Parrish to provide her with the number of people on the Region of Peel's social housing wait list.

13. ITEMS RELATED TO PLANNING AND GROWTH MANAGEMENT

Chaired by Councillor M. Palleschi

This item was dealt with under the Consent Agenda

14. COMMUNICATIONS

- 14.2. **Steve Clark, Minister of Municipal Affairs and Housing**, Letter dated December 19, 2019, Regarding the Changes to the *Development Charges Act*, Made by the *More Homes, More Choice Act*, and Relevant Amendments to Ontario Regulation 82/98 under the *Development Charges Act*, Effective January 1, 2020

Received 2020-20

Related to Resolutions 2020-21 and 2020-22

In response to a question from Councillor Starr, the Commissioner of Finance and Chief Financial Officer advised that staff would be reporting to a future meeting of Regional Council on the financial sustainability of the growth program while respecting the need for increasing the supply of affordable housing.

- 14.3. **Steve Clark, Minister of Municipal Affairs and Housing**, Email dated December 20, 2019, Regarding Changes to Ontario's Provincially Significant Employment Zone Mapping

Received 2020-21

Related to Resolutions 2020-20 and 2020-22

Moved by Councillor Parrish,
Seconded by Councillor Groves;

That the communication from the Minister of Municipal Affairs and Housing listed as item 14.3 on the January 9, 2020 Regional Council agenda be referred to staff for a report back to a future meeting of Regional Council;

And further, that staff from the Ministry of Municipal Affairs and Housing be requested to attend a Regional Council meeting to present on the Employment Zone Mapping, as soon as possible.

In Favour	G. Carlson; S. Dasko; J. Downey; C. Fonseca; P. Fortini; A. Groves; J. Innis; J. Kovac; M. Mahoney; M. Medeiros; M. Palleschi; C. Parrish; K. Ras; R. Santos; I. Sinclair; H. Singh★; R. Starr; A. Thompson; P. Vicente	Total 19
Opposed		
Abstain <i>(counted as a no vote)</i>		
Absent <i>(from meeting and/or vote)</i>	B. Crombie; D. Damerla; G.S. Dhillon; S. McFadden; P. Saito	5

Carried 2020-22

Related to Resolutions 2020-20 and 2020-21

In response to a question from Councillor Groves, Adrian Smith, Acting Chief Planner, advised that the requests for changes to the Provincially Significant Employment Zone mapping were submitted throughout the growth plan consultations, and further comments were submitted to the Ministry of Municipal Affairs and Housing (MMAH) from municipalities and landowners. He noted that the Region of Peel’s submission is available on the Region of Peel website.

Councillor Groves requested that staff report back to a future meeting with an update on the Region of Peel’s submission to the MMAH and that a copy of the previous and current employment zone mapping be provided to Council members

Councillor Parrish requested that staff from the MMAH be requested to attend a meeting of Regional Council to present on the Employment Zone Mapping, as soon as possible.

Councillor Innis stated that the timing of the staff report should coincide with MMAH staff’s presentation to Regional Council.

Councillor Thompson requested that Region of Peel staff request that staff from the MMAH expedite the phase three implementation approach.

Councillor Parrish asked that the Region of Peel’s external legal counsel on the ROPA 30 appeal be requested to attend the Regional Council meeting at which MMAH staff attend.

15. ITEMS RELATED TO ENTERPRISE PROGRAMS AND SERVICES

Chaired by Councillor C. Fonseca

15.2. 2019/2020 Dedicated Provincial Gas Tax Funds

Withdrawn 2020-23

15.4. **Options to Maintain Mississauga’s Vote During a Member’s Absence**

Deferred to the January 23, 2020 Regional Council meeting 2020-24

16. **COMMUNICATIONS**

16.1. **Carolyn Parrish, Regional Councillor**, Email dated December 18, 2019, Regarding a Notice of Resignation from Three Regional Council Committees, Effective January 1, 2020

Received 2020-25

Related to Resolution 2020-26

Councillor Parrish advised that she is resigning from two Committees, not three Committees as noted in her email dated December 18, 2019.

Moved by Councillor Fortini,
Seconded by Councillor Groves;

That the resignation of Councillor Parrish from the Strategic Housing and Homelessness Committee (SHHC) and the Health System Integration Committee (HSIC) be received;

And further, that Councillor Fonseca be appointed to the SHHC for a term ending November 14, 2022 or a successor is appointed by Regional Council;

And further, that Councillor Damerla be appointed to the HSIC for a term ending November 14, 2022 or until a successor is appointed by Regional Council.

In Favour	G. Carlson; S. Dasko; J. Downey; C. Fonseca; P. Fortini; A. Groves; J. Innis; J. Kovac; M. Mahoney; M. Medeiros; M. Palleschi; C. Parrish; K. Ras; R. Santos; I. Sinclair; H. Singh★; R. Starr; A. Thompson; P. Vicente	Total 19
Opposed		
Abstain <i>(counted as a no vote)</i>		
Absent <i>(from meeting and/or vote)</i>	B. Crombie; D. Damerla; G.S. Dhillon; S. McFadden; P. Saito	5

Carried 2020-26

Related to Resolution 2020-25

17. ITEMS RELATED TO PUBLIC WORKS

Chaired by Councillor A. Groves

17.1. Oral Update Regarding the Heritage House Located at 11962 The Gore Road, Wildfield, City of Brampton, Ward 10

This item was dealt with under Resolution 2020-15

18. COMMUNICATIONS

18.2. Michael Harrison, Resident, City of Toronto, Email dated January 7, 2020, Regarding the Heritage House Located at 11962 The Gore Road, Wildfield, City of Brampton, Ward 10

This item was dealt with under Resolution 2020-16

18.3. Janice Klymson, Resident, City of Mississauga, Ward 2, email dated January 6, 2020 regarding Questions related to the Wildfield Heritage Home

This item was dealt with under Resolution 2020-17

19. OTHER BUSINESS

19.1. Curbside Christmas Tree Collection (Oral)

Received 2020-24

The Acting Commissioner of Public Works was requested by Councillor Dasko to provide him with information related to the change in timing for the curbside collection of real Christmas trees, noting that the collection period in 2020 is later than it was in 2019.

19.2. Revised Regional Council Agendas (Oral)

Received 2020-24

The Deputy Regional Clerk was requested by Councillor Parrish to place copies of any late additional items which get circulated on Wednesdays in Councillors' meeting folders.

19.3. Inquiries from Councillors (Oral)

Received 2020-24

Councillor Ras requested that the Other Business section of Council Agendas include the opportunity for Councillor Inquiries.

The Acting Commissioner of Corporate Services noted that such a change could be made to Council Agendas; however, no motions may arise from the inquiries, other than direction to staff for report back to a future meeting of Regional Council.

20. NOTICE OF MOTION/MOTION - Nil

21. BY-LAWS

Three Readings

By-law 1-2020: A by-law to delegate the tax ratio setting authority to each lower-tier municipality and to provide a method to determine the portion of Regional levies that will be raised in each lower-tier municipality.

By-law 3-2020: A by-law to authorize the temporary borrowing of monies to meet expenses of the municipality pending receipt of revenues.

By-law 4-2020: A by-law to amend By-law 30-2018 being a by-law to govern the procurement and disposal of goods and services.

Moved by Councillor Medeiros,
Seconded by Councillor Mahoney;

That the by-laws listed on the January 9, 2020 Regional Council agenda, being By-laws 1-2020, 3-2020 and 4-2020, be given the required number of readings, taken as read, signed by the Regional Chair and the Deputy Regional Clerk, and the Corporate Seal be affixed thereto.

Carried 2020-27

Related to Resolutions 2020-8 and 2020-9

22. IN CAMERA MATTERS

Council opted not to move into closed session to consider the following matter:

22.1. December 19, 2019 Regional Council Closed Session Report

Received 2020-28

23. BY-LAW TO CONFIRM THE PROCEEDINGS OF COUNCIL

Moved by Councillor Kovac,
Seconded by Councillor Groves;

That By-law 5-2020 to confirm the proceedings of Regional Council at its meeting held on January 9, 2020, and to authorize the execution of documents in accordance with the Region of Peel by-laws relating thereto, be given the required number of readings, taken as read, signed by the Regional Chair and the Deputy Regional Clerk, and the corporate seal be affixed thereto.

Carried 2020-29

24. ADJOURNMENT

The meeting adjourned at 12:31 p.m.

Deputy Regional Clerk

Regional Chair

FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD 2020/01/23	MEETING NAME REGIONAL COUNCIL
---------------------------------------	----------------------------------

Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582
E-mail: council@peelregion.ca

DATE SUBMITTED YYYY/MM/DD 2020/01/09

NAME OF INDIVIDUAL(S) Lori Plati Shari Lynn Ladanchuk

POSITION(S)/TITLE(S) Public Relations Manager and President & CEO

NAME OF ORGANIZATION(S) Big Brothers Big Sisters of Peel
--

E-MAIL lori.plati@bigbrothersbigsisters.ca	TELEPHONE NUMBER 9054577288	EXTENSION 227
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REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED) Big Brothers Big Sisters 2020 Tim Hortons Bowl for Kids Sake - This is Big Brothers Big Sisters largest fundraising event with a goal to raise \$150,000. There are 5 different bowling events being held across Peel Region from Feb 23 - May 25. We are looking to grow our event and are looking for further support from local and regional councillors to come out and support our event and help us spread the word. We are pleased to announce Peel Regional Police Chief Nishan Duraiappah as Honorary Chairperson of our 2020 Tim Hortons Bowl for Kids Sake. All funds raised go directly towards our agency working to create life-changing mentoring relationships to ignite the power and potential of young people in Peel Region.
--

A formal presentation will accompany my delegation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Presentation format: <input type="checkbox"/> PowerPoint File (.ppt) <input type="checkbox"/> Adobe File or Equivalent (.pdf) <input type="checkbox"/> Picture File (.jpg) <input type="checkbox"/> Video File (.avi,.mpg) <input type="checkbox"/> Other <input type="text"/>
Additional printed information/materials will be distributed with my delegation : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Attached

Note:
Delegates are requested to provide an electronic copy of all background material / presentations to the Clerk's Division at **least ten (10) business days prior** to the meeting date so that it can be included with the agenda package. **In accordance with Procedure By-law 56-2019 delegates appearing before Regional Council or Committee are requested to limit their remarks to 5 minutes and 10 minutes respectively (approximately 5/10 slides).**
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Once the above information is received in the Clerk's Division, you will be contacted by Legislative Services staff to confirm your placement on the appropriate agenda.

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Please complete and return this form via email to council@peelregion.ca

7.1-2

Tim Hortons

BOWL FOR KIDS' SAKE

BRAMPTON BOWLING CENTRE • MISSISSAUGA CLASSIC BOWL • CALEDON SKYVIEW LANES

• BIG & LITTLE BROTHER RAYMOND & JEREMY AND BIG & LITTLE SISTER HANNAH & DESTINY •



GO FOR GOLD

Tim Hortons

CALEDON Enterprise.

MISSISSAUGA TheNews.

BRAMPTON Guardian.

Vintage HOTELS

Z103.5 ALL THE HITS

QUILLES BOWL CANADA

Big Brothers Big Sisters
BOWL For Kids' Sake

BOWL IN SUPPORT OF BIG BROTHERS BIG SISTERS
REGISTER TODAY • 905.457.7288 EXT. 223 • WWW.BBBSPEEL.COM

United Way
Greater Toronto


Tim Hortons

BOWL FOR KIDS' SAKE





REGISTER TODAY




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BIG & LITTLE BROTHER RAYMOND & JEREMY
AND BIG & LITTLE SISTER HANNAH & DESTINY



GO FOR GOLD




HERE'S HOW TO PARTICIPATE:

- 1 Gather 5–6 bowlers, choose a date and register your team
- 2 Raise \$150 individually or \$900 as a team by collecting pledges
- 3 Come dressed in your **GOLD MEDAL** finish attire

SPONSORSHIP OPPORTUNITIES ARE AVAILABLE!

Team Sponsor \$1,200, Host Sponsor \$500,
Lane Sponsor \$150

INCENTIVE PRIZES WILL BE GIVEN
TO ALL BOWLERS WHO RAISE \$200+
AND TEAMS WHO RAISE \$1,000+

DATES, TIMES & LOCATIONS:

MISSISSAUGA CLASSIC BOWL

PEEL REGIONAL POLICE DAY

Sunday, February 23 • 2:00pm–4:00pm

MISSISSAUGA COMMUNITY DAY

Saturday, February 29 • 2:00pm–4:00pm

BANKERS DAY

Monday, May 25 • 6:00pm–8:00pm

BRAMPTON BOWLING CENTRE

BRAMPTON COMMUNITY DAY

Tuesday, February 25 • 5:30pm–7:30pm

CALEDON SKYVIEW LANES

CALEDON COMMUNITY DAY

Wednesday, March 4 • 12:00pm–2:00pm

Request for Delegation

FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD 2020/01/23	MEETING NAME Regional Council
---------------------------------------	----------------------------------

Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582
E-mail: council@peelregion.ca

DATE SUBMITTED YYYY/MM/DD
2020/01/09

NAME OF INDIVIDUAL(S)
Michael Melling, on behalf of the Wildfield Village Landowners Group

POSITION(S)/TITLE(S)
Partner

NAME OF ORGANIZATION(S)
Davies Howe LLP

E-MAIL
michaelm@davieshowe.com

TELEPHONE NUMBER EXTENSION
4169777088

REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)
2041 Regional Urban Boundary and Municipal Comprehensive Review

***NOTE*: Please reserve a laser pointer for my presentation**

A formal presentation will accompany my delegation Yes No

Presentation format: PowerPoint File (.ppt) Adobe File or Equivalent (.pdf)
 Picture File (.jpg) Video File (.avi,.mpg) Other

Additional printed information/materials will be distributed with my delegation : Yes No Attached

Note:
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Please complete and return this form via email to council@peelregion.ca

January 9, 2020

By E-Mail Only to *council@peelregion.ca*

Ava Macintyre, Regional Clerk
Regional Clerk's Office
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9

Dear Ms. Macintyre:

**Re: Request for Delegation
Regional Council Meeting – January 23, 2020**

We are counsel to the Wildfield Village Landowners Group.

Please find enclosed my Request for Delegation form for the Regional Council meeting scheduled for January 23, 2020.

In accordance with Council's policy, I will produce 45 hard copies of my presentation to the Clerk's office prior to the meeting. An electronic copy of my presentation in PowerPoint format will also be submitted to the Clerk's office by January 21, 2020.

Please do not hesitate to contact me if you have any questions.

Yours sincerely,
DAVIES HOWE LLP



Michael Melling

MWM:JC
encl.: As above

copy: Client

Regional Municipality of Peel
2041 Municipal Comprehensive Review

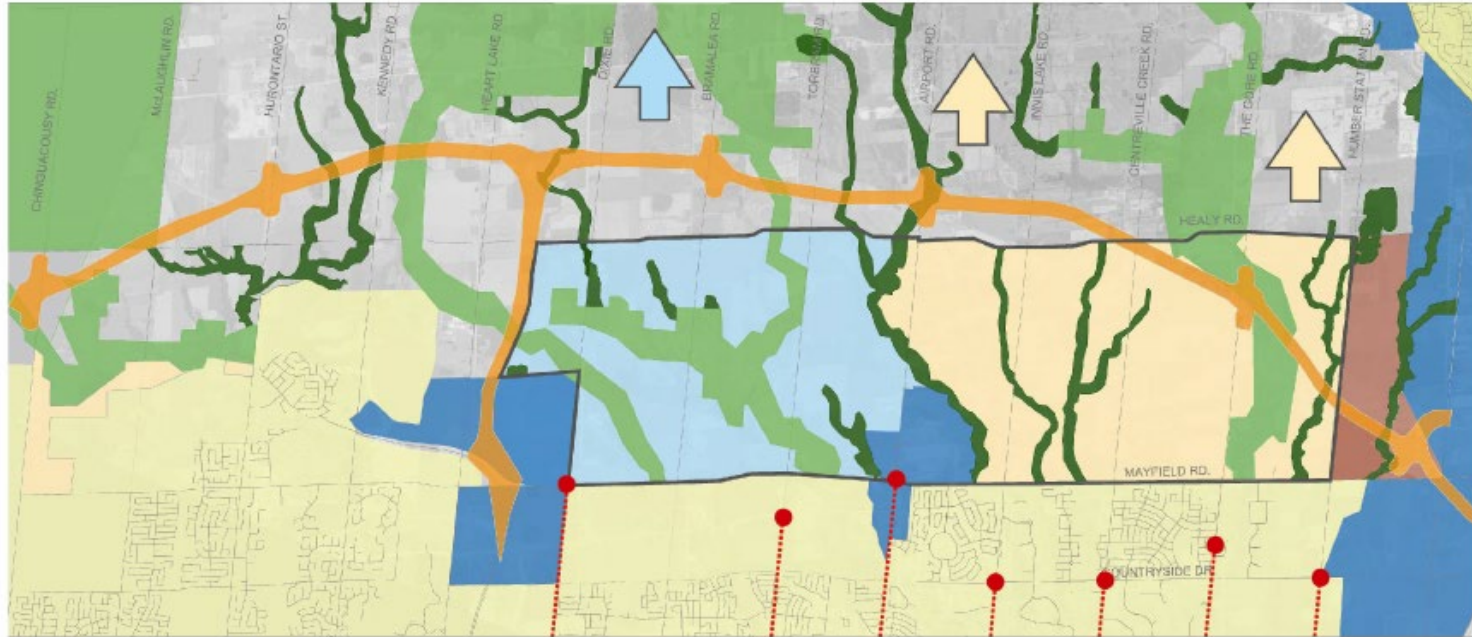
Peel Region Settlement Boundary Expansion

Michael Melling, Partner
Wildfield Village Landowners Group Inc.

Regional Council Meeting
January 23, 2020

7.2-4

EXPANSION AREA, LAND USE DESIGNATIONS AND EXISTING WASTEWATER INFRASTRUCTURE



Note: NHS not shown in Existing and Planned Residential and Employment Areas

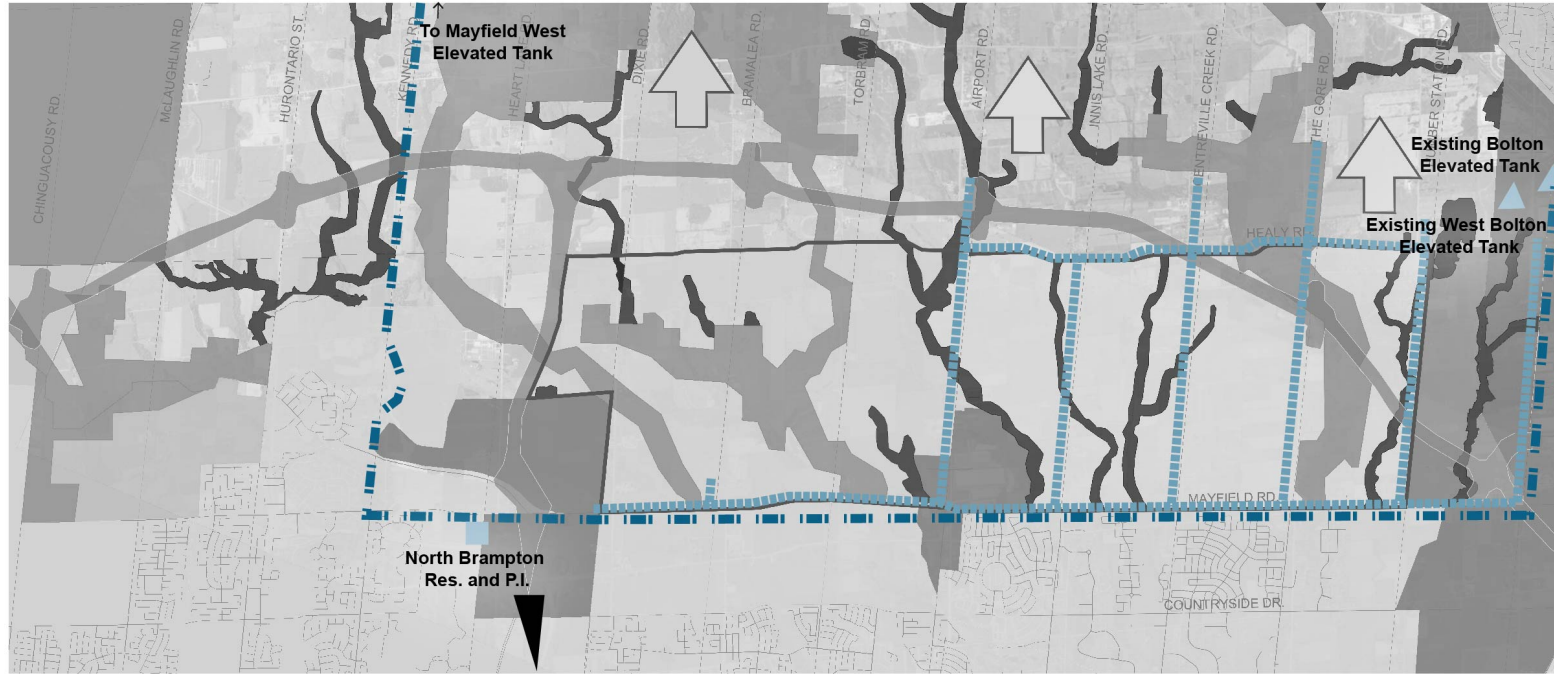
KEY ADVANTAGES

- Logical northerly progression of growth to 2041
- Gradually knits together Bolton and Mayfield West
- Cost-efficient extension of existing and planned infrastructure *per* Region's draft water, wastewater and transportation master plans
- Consolidated employment area builds on and links existing areas in Mayfield West and Tullamore
- Optimizes planned extension of the new GTA West transportation corridor and Highway 410

GROWTH MANAGEMENT

- Potential developable residential area expansion: 1220.4 ha.
- Potential developable employment area expansion: 930.2 ha.
- Would support the *Growth Plan 2019* population and employment targets for 2041

EXISTING WATER INFRASTRUCTURE



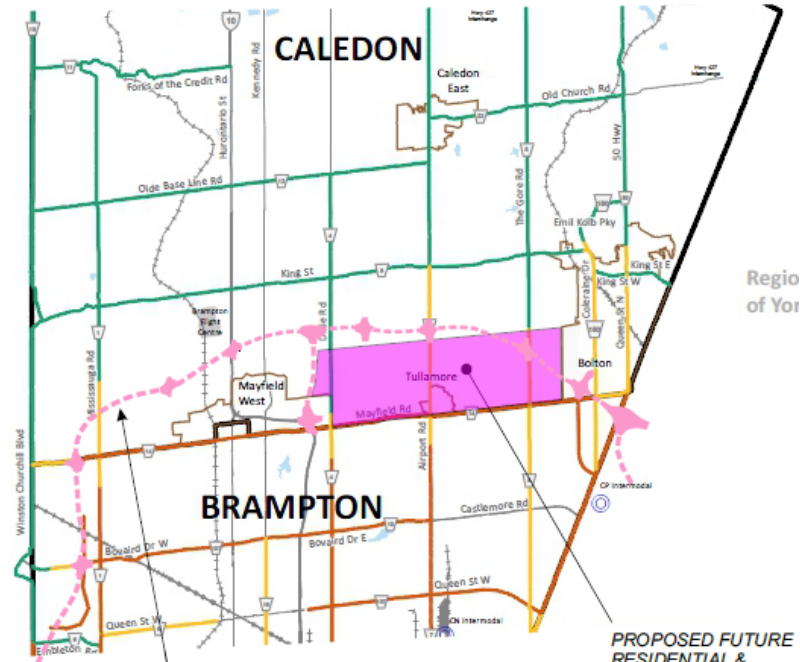
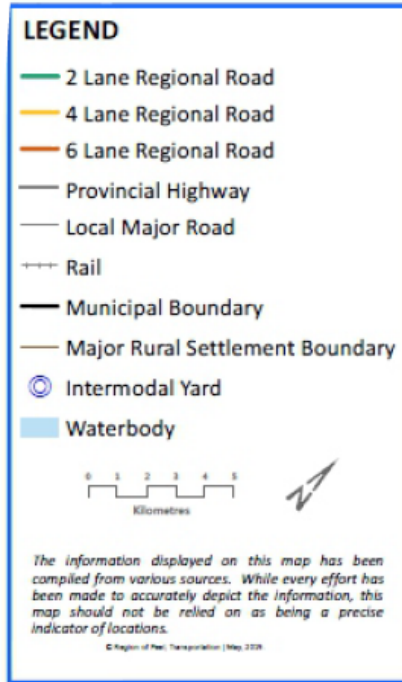
- Existing Reservoir and Pump Station
- ▲ Existing Elevated Tank
- Existing Watermains (Pressure Zone 6)
- Existing Regional Transmission Watermains

SERVICING INFRASTRUCTURE

- Existing water infrastructure:
 - Regional watermains on Kennedy, Mayfield and Coleraine
 - Eight “Pressure Zone 6” watermains within the area
- Existing wastewater infrastructure:
 - Seven (7) sewers south of the area
 - Pump station at Mayfield and Bramalea
- Consistent with Region 2020 *Water and Wastewater Master Plan* presented at PIC No. 2 (November 2019)

TRANSPORTATION FRAMEWORK

Number of Lanes, Region of Peel 2041 Horizon Year
 Directly Served by
 4 and 6 Lane Arterial Roads



**TECHNICALLY
 PREFERRED
 GTA WEST ROUTE - MTO
 (as of September 2019)**

**PROPOSED FUTURE
 RESIDENTIAL &
 EMPLOYMENT
 EXPANSION**

TRANSPORTATION FRAMEWORK

- Maximizes:
 - Proposed GTA West transportation corridor
 - Proposed Highway 410 extension
 - Existing and planned arterial roads
- Supports sustainable transportation, including public transit

KEY PLANNING BENEFITS

- Proposed employment area will:
 - Create a large continuous area connecting Tullamore and Mayfield West that will be attractive to large employers
 - Capitalize on and support the GTA West transportation corridor and the Highway 410 extension to it
- Proposed residential area will:
 - Be a logical extension of Bolton, building on ROPA 30
 - Be a logical extension of residential communities in Brampton
 - Implement logical south-to-north development, supporting efficient use and extension of existing services and reducing trip lengths to and from southern destinations

THE “ASK”

Council direct Staff and external consultants to consider and study this proposed settlement boundary expansion as part of the 2041 MCR process currently underway.

Thank you!

Davies Howe LLP
michaelm@davieshowe.com
416.977.7088
www.davieshowe.com

FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD 2020/01/23	MEETING NAME Regional Council
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Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582
E-mail: council@peelregion.ca

DATE SUBMITTED YYYY/MM/DD
2020/01/21

NAME OF INDIVIDUAL(S)
Sean Meagher

POSITION(S)/TITLE(S)
Coordinator

NAME OF ORGANIZATION(S)
Ontario for All

E-MAIL 	TELEPHONE NUMBER 	EXTENSION
--	---	-----------

REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)
Speaking to the Impact of Councillor Santos' motion on disability

A formal presentation will accompany my delegation Yes No

Presentation format: PowerPoint File (.ppt) Adobe File or Equivalent (.pdf)
 Picture File (.jpg) Video File (.avi,.mpg) Other

Additional printed information/materials will be distributed with my delegation : Yes No Attached

Note:
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Please complete and return this form via email to council@peelregion.ca

DATE: January 15, 2020

REPORT TITLE: **PSYCHOLOGICAL HEALTH AND SAFETY AT THE REGION OF PEEL UPDATE**

FROM: Kathryn Lockyer, Acting Commissioner of Corporate Services

RECOMMENDATION

That the Psychological Health and Safety Framework as outlined in Section 2 and Appendix II of the report from the Acting Commissioner of Corporate Services, titled “Psychological Health and Safety at the Region of Peel Update”, be endorsed.

REPORT HIGHLIGHTS

- In Canada, it is estimated that 500,000 Canadians miss work due to mental health problems or illnesses, costing the economy in excess of \$50-billion annually.
- Region of Peel specific data suggests mental health illnesses accounted for roughly 35% of salary continuance short-term sick leave claims in 2018, and the Employee and Family Assistance program (EFAP) data provides that mental health related services are the highest emerging issue at over 60% of all counselling (2nd quarter 2019).
- The Region of Peel has demonstrated a commitment to National Standard of Canada for Psychological Health and Safety in the Workplace (The Standard) through several initiatives, policies, and processes that are embedded in the Strategic Plan and Corporate Social Responsibility strategy.
- As outlined in the Council presentation and Appendix II, a Peel specific framework was developed to provide alignment, synergies and measurement. The framework includes goals and an operational work plan that connects individual, workplace and community goals together, to make the invisible – the mental well-being of us all – visible.

DISCUSSION

1. Background

As reported to Council in past and more recently on November 14th, 2019 in a report called “Violence Prevention in Paramedic Services”, the Region of Peel is committed to creating a workplace that is healthy and safe for all staff. This commitment is embedded in the Region’s 20-year Strategic Plan and Corporate Social Responsibility strategy.

This is even more important in today’s context. For example, last year the World Health Organization (W.H.O.) declared burnout a syndrome which results from chronic workplace stress. In Canada, it is estimated that 500,000 Canadians miss work due to mental health

PSYCHOLOGICAL HEALTH AND SAFETY AT THE REGION OF PEEL UPDATE

problems or illnesses, costing the economy in excess of \$50-billion annually in direct costs related to health care, social services and income supports. Region of Peel specific data suggests mental health illnesses accounted for roughly 35% of salary continuance short-term sick leave claims in 2018, and the Employee and Family Assistance program (EFAP) data provides that mental health related services are the highest emerging issue at over 60% of all counselling (2nd quarter 2019). In order to remain viable, businesses and governments are focusing inwards to improve how they navigate mental well-being in their workplace.

2. Region of Peel Perspective

As reported, the Region of Peel has used the National Standard of Canada for Psychological Health and Safety in the Workplace (reaffirmed in 2018) (The Standard) as a guide. The Standard was developed using scientific literature from a variety of sources, including workplace health and safety, law, and social science. The model is grounded by three strategic pillars: prevention of harm (safety of employees); promotion of overall well-being (maintaining and promoting good health); and resolution of incidents or concerns. It also includes fifteen workplace factors (two specific to paramedics) that are shown to have measurable impacts and improvements on business outcomes (see Appendix I).

The Region has placed attention to psychological health and safety through initiatives supporting standards of behaviour. Some key initiatives and policies are listed below with further details provided in Appendix I:

- Workplace Health and Safety Policies
 - Respectful Workplace
 - Violence in the Workplace
- Leadership Competencies
- Performance Management Program
- Employee Recognition Program
- Employee and Family Assistance Program (EFAP)
- Programs specific to Paramedic Services (e.g. Road to Mental Readiness, increased benefits coverage, peer support program, priority calls within EFAP coverage)

Four components that make up the business case for improving workplace psychological health and safety include:

- **Risk mitigation** (e.g. compliance with existing legislation and legislation in terms of protection of workers well-being, decrease in grievances, Workplace Safety and Insurance Board (WSIB) and injury rates);
- **Cost effectiveness** (e.g. decrease in absenteeism and short- and long-term disability claims, WSIB claims, enhanced productivity, and innovation);
- **Improved ability for recruitment and retention of workers** (e.g. job satisfaction and fulfillment rates, personal self-esteem); and,
- **Organizational excellence and sustainability.**

These factors are grounded by human needs (e.g. security and physiological safety, belonging, social justice, self-worth, self-esteem, accomplishment or autonomy) that drive an individual's ability to support organizational performance. As the workplace occupies a large space in an individual's life, the Region has an important role to play in supporting employees to maintain and enhance these fundamental human needs and promote psychological health and safety broadly.

PSYCHOLOGICAL HEALTH AND SAFETY AT THE REGION OF PEEL UPDATE

a) An Overarching Framework as Guide Forward

The Standard cannot be implemented alone. Moving forward the Region will take into account the fact that there is varied awareness, understanding, and appreciation of all the factors that impact psychological health and safety; create alignment between existing policies and procedures to allow for better measurement; and recognize the societal shifts occurring that impact people and work. In essence, we need to recognize the “human factor” – the people we are; the increasing needs to think critically and be creative beyond the reaches of artificial intelligence; to build relationships and empathize with all dimensions of diversity and views.

The framework developed and summarized in Appendix II provides a starting point from which we can begin to make the invisible – the mental well-being in all of us – visible. In doing so, it will help to connect individual, workplace and community goals within an operational work plan that has a common purpose and approach. This will provide the Region with a strong foundation from which to support all its employees and enable the Region, as a whole, to deliver high quality, client-centred and cost-effective services to residents in Peel.



Kathryn Lockyer, Acting Commissioner of Corporate Services

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

APPENDICES

Appendix I – Factors Chart

Appendix II – PHS Framework

For further information regarding this report, please contact Dawn Langtry, Director of Strategic Policy and Initiatives, ext. 4138, dawn.langtry@peelregion.ca or Mary Killeavy, Director of Human Resources, ext. 4049, mary.killeavy@peelregion.ca.

Authored By: Dawn Langtry, Director, Strategic Policy and Initiatives

PSYCHOSOCIAL FACTORS AS EXPLAINED BY THE STANDARD

Definition	Why it's important?	Examples of Region of Peel Aligned Initiatives/ Policies
<p>1. Psychological and Social Support</p> <p>Psychological support is present in the workplace where coworkers and supervisors are supportive of employees' mental health concern, and respond appropriately as needed. Equally important are the employees' perception and awareness of organizational support.</p>	<ul style="list-style-type: none"> Employee perceptions of a lack of psychological support from their organization can lead to increases in absenteeism, withdrawal behaviours, strain, conflict, and turnover. The more employees feel they have psychological support, the greater their job attachment, job commitment, job satisfaction, job involvement, work mood positivity, desire to remain with the organization, organizational citizenship behaviours Strain can lead to issues such as fatigue, headaches, burnout, and anxiety. This can ultimately lead to loss of productivity and greater risk of accidents and injuries. 	<ul style="list-style-type: none"> Respectful workplace program Performance management program Employee and family assistance program Psychological health and safety training for leaders Leadership training/coaching Emotional Intelligence training Employee reporting line
<p>2. Organizational Culture</p> <p>Organizational culture is the degree to which a work environment is characterized by trust, honesty, and fairness. In general, organizational culture has been described as 'a pattern of basic assumptions invented, discovered, or developed by a given group'. These assumptions are a mix of values, beliefs, meanings and expectations that group members hold in common and that they use as behavioural and problem-solving cues. The critical task is to determine which of these assumptions enhance the psychological health and safety of the workplace and the workforce.</p>	<ul style="list-style-type: none"> Culture "sets the tone" for an organization; if that culture is negative it can undermine the effectiveness of the best programs, policies and services intended to support the workforce. Organizational trust is imperative for any positive and productive social processes within any workplace. Trust is a predictor of cooperative behaviour, organizational citizenship behaviours, organizational commitment, and employee loyalty, all of which in turn help retain and attract employees. If an organization has a culture of "profit at all costs" and constant chaotic urgency, it can create an environment in which burnout is the norm. 	<ul style="list-style-type: none"> Vision, mission, values Performance management program Leadership training/coaching Respectful workplace program Culture strategy Diversity and inclusion strategy Code of conduct

Definition	Why it's important?	Examples of Region of Peel Aligned Initiatives/ Policies
<p>3. Clear Leadership and Expectations</p> <p>Clear leadership and expectations is present in a work environment where there is effective leadership direction and support that helps employees know what they need to do, how their work contributes to the organization, and whether there are impending changes. There are many types of leadership, each of which impacts psychosocial health and safety in different ways.</p>	<ul style="list-style-type: none"> • Effective leadership increase employee morale, resiliency and trust, and decreases employee frustration and conflict. • A leader who demonstrates a commitment to maintaining his or her own physical and psychological health can influence the health of employees (sickness, presenteeism, absenteeism), as well as the health of the organization as a whole. 	<ul style="list-style-type: none"> • Region's Strategic Plan and priority setting process • Leadership competencies and competency learning and development program • Goal setting process through performance management program • Leadership training/coaching (formal/informal) • Emotional intelligence training • Customer service commitment • Corporate Social Responsibility
<p>4. Civility and Respect</p> <p>Civility and respect is present in a work environment where employees are respectful and considerate in their interactions with one another, as well as with customers, clients, and the public.</p> <p>Civility and respect are based on showing esteem, care, and consideration for others, and acknowledging their dignity.</p>	<ul style="list-style-type: none"> • Organizations characterized by civility and respect create a positive atmosphere marked by high spirits and work satisfaction. This allows people to enjoy the environment, whether they are staff, clients, or customers. • Uncivil and disrespectful workplace is associated with greater conflict and job withdrawal. • A work environment that is uncivil and disrespectful also exposes organizations to the threat of more grievances and legal risks. 	<ul style="list-style-type: none"> • Code of conduct • Values • Respectful Workplace Policy • Workplace harassment and discrimination policy • Violence in the workplace policy • Culture strategy • Diversity and inclusion strategy • Accessibility plan
<p>5. Psychological Demands (Competencies and Requirements)</p> <p>Psychological demands is present in a work environment where there is a good fit between employees' interpersonal and emotional competencies and the requirements of the position they hold.</p>	<ul style="list-style-type: none"> • A fit between employees' psychological competencies and the requirements of the position they hold is associated with fewer health complaints, lower levels of depression, greater self-esteem and a more positive self-concept. • It is also associated with enhanced performance, job satisfaction and employee retention. • A misfit between employees' psychological competencies and the requirements of the position they hold may result in job strain. 	<ul style="list-style-type: none"> • Succession planning and talent review practices • Emotional intelligence training • Respectful workplace program • Leadership and core competencies and competency learning and development program
<p>6. Growth and Development</p> <p>Growth and Development is present in a work environment where employees receive encouragement and support in the development of their interpersonal, emotional, and job skills. Such</p>	<ul style="list-style-type: none"> • Employee development increases goal commitment, organizational commitment, and job satisfaction. • Employees feel that organizations care when they support growth and development, and skill acquisition and career development directly enhance employee well-being. 	<ul style="list-style-type: none"> • Performance management program • Learning and development program (Mentorship, Learning assignments, secondment) • Talent management review • Leadership training

Definition	Why it's important?	Examples of Region of Peel Aligned Initiatives/ Policies
workplaces provide a range of internal and external opportunities for employees to build their repertoire of competencies, which will not only help with their current jobs, but will also, prepare them for possible future positions.	<ul style="list-style-type: none"> Employees who are not challenged by their work will grow bored, their well-being will suffer, and their performance will drop. The result can be conflict, disengagement, and distress 	<ul style="list-style-type: none"> Psychological health and safety training for leaders Acting assignments Tuition assistance program
<p>7. Recognition and Reward</p> <p>Recognition and reward is present in a work environment where there is appropriate acknowledgement and appreciation of employees' efforts in a fair and timely manner. This includes appropriate and regular financial compensation, as well as employee or team celebrations, recognition of years served, and/or milestones reached.</p>	<ul style="list-style-type: none"> Recognizing and rewarding employees motivates them, fuels their desire to excel, builds their self-esteem, encourages employees to exceed expectations, and enhances team success. This in turn provides staff with more energy and enthusiasm and a greater sense of pride and participation in their work. When employees believe that their efforts are not appreciated it can undermine their confidence in their work and trust in the organization. An imbalance between effort and reward is a significant contributor to burnout and emotional distress leading to a range of psychological and physical disorders. 	<ul style="list-style-type: none"> Total rewards and job evaluation program Plaques for retiring or voluntarily resigning long service employees Recognition funding for long service employees (retiring or voluntarily resigning) "Together We're Better" awards Ripple board
<p>8. Involvement and Influence</p> <p>Involvement and influence is present in a work environment where employees are included in discussions about how their work is done and how important decisions are made. Opportunities for involvement can relate to an employee's specific job, the activities of a team or department, or issues involving the organization as a whole.</p>	<ul style="list-style-type: none"> When employees feel they have meaningful input into their work, they are more likely to be engaged, to have higher morale, and to take pride in their organization. This in turn increases their willingness to make extra effort when required. If employees do not believe they have a voice in the affairs of the organization, they are likely to feel a sense of indifference or helplessness. Job alienation, or non-involvement, is associated with cynicism and distress, greater turnover, and burnout. 	<ul style="list-style-type: none"> Leadership competencies related to leading teams Goal setting through the performance management program Values
<p>9. Workload Management</p> <p>Workload management is present in a work environment where tasks and responsibilities can be accomplished successfully within the time available. This is the psychosocial factor that many working Canadians describe as being the biggest workplace stressor. It is not just the amount of work that makes a difference, but also the extent to which employees</p>	<ul style="list-style-type: none"> Workload management is important because there is a unique relationship between job demands, intellectual demands, and job satisfaction. Job demands reduce job satisfaction, whereas intellectual demands, or decision-making latitude, increase job satisfaction and allows for positive coping behaviours to be learned and experienced. 	<ul style="list-style-type: none"> Goal setting through the performance management program Employee and family assistance program Leadership training Respectful workplace program

Definition	Why it's important?	Examples of Region of Peel Aligned Initiatives/ Policies
have the resources (time, equipment, support) to do the work well.	<ul style="list-style-type: none"> Increased demands, without opportunities for control, result in physical, psychological, and emotional fatigue, and increase stress and strain. 	
<p>10. Engagement</p> <p>Engagement is present in a work environment where employees feel connected to their work and are motivated to do their job well. Employee engagement can be physical, emotional, and/or cognitive. Whatever the source, engaged employees feel connected to their work because they can relate to, and are committed to, the overall success and mission of their company.</p>	<ul style="list-style-type: none"> Not only is employee engagement important for individual satisfaction and psychological health, but it also leads to positive outcomes for the organization including greater customer satisfaction, enhanced task performance, greater morale, greater motivation, and increased organizational citizenship behaviours. In addition to financial hardships, a workforce that is not engaged is more likely to demonstrate greater employee turnover, workplace deviance (in the form of withholding effort), counterproductive behaviour, and withdrawal behaviours. 	<ul style="list-style-type: none"> Leadership competencies Goal setting through the performance management program Employee survey
<p>11. Balance</p> <p>Balance is present in a work environment where there is recognition of the need for balance between the demands of work, family, and personal life.</p>	<ul style="list-style-type: none"> When employers recognize that work-life balance is important, they realize the need for greater workplace flexibility. This flexibility helps minimize conflict by allowing employees to accomplish the tasks necessary in their daily lives. Organizationally, this translates into enhanced employee commitment, job satisfaction, organizational citizenship behaviours, and job performance. When work-family conflict occurs, health and well-being are undermined. This imbalance can lead to constant tiredness, bad temper, and inability to progress. The impact on the organization is increased costs due to benefit payouts, absenteeism, disability, and turnover. 	<ul style="list-style-type: none"> Health, Safety and Well-Being policy Healthy workplace program Respectful workplace program Flexible work arrangements Workforce enablement program

Psychological Health & Safety

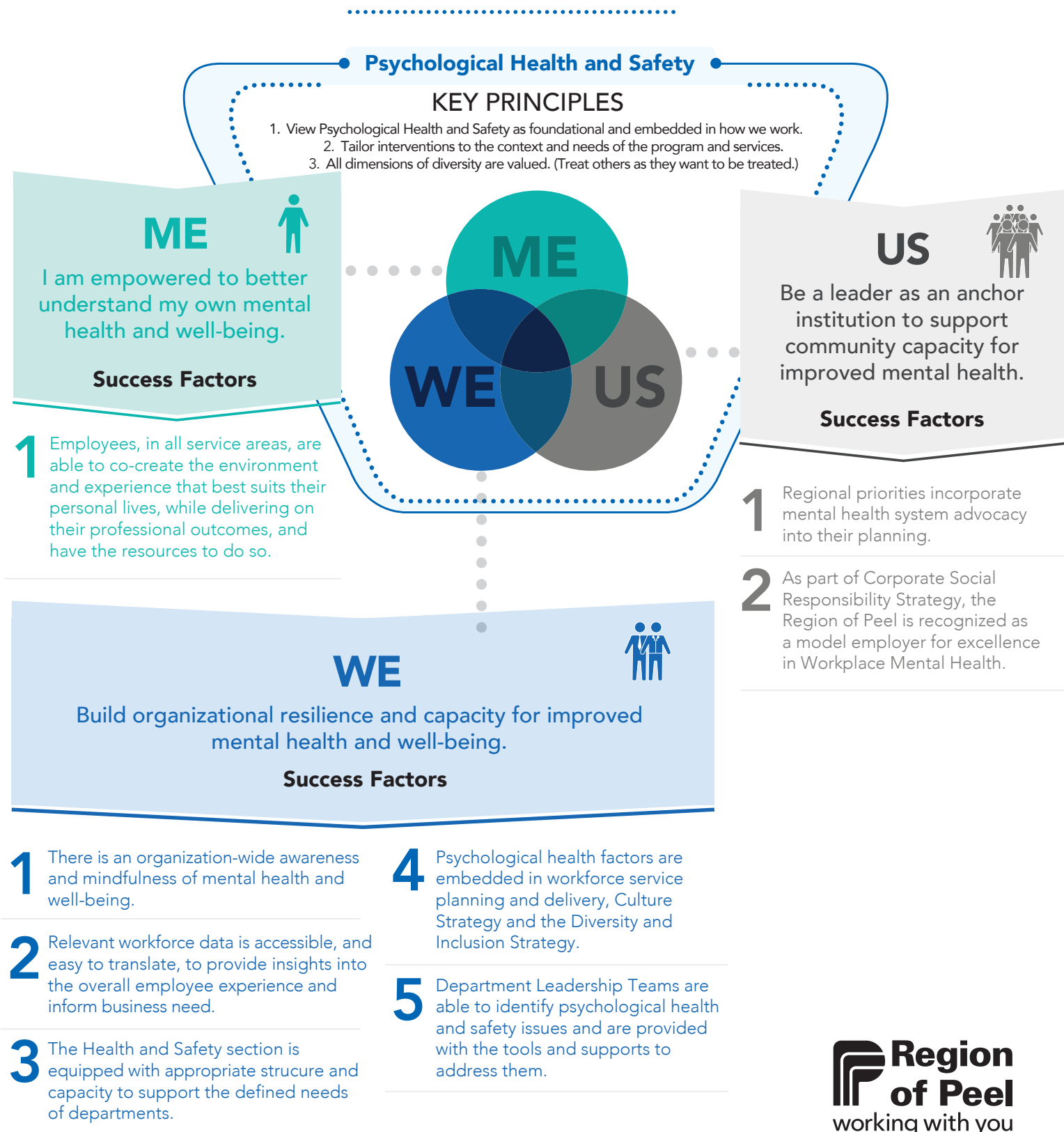
Definition	Why it's important?	Examples of Region of Peel Aligned Initiatives/ Policies
<p>12. Psychological Protection</p> <p>Workplace psychological safety is demonstrated when workers feel able to put themselves on the line, ask questions, seek feedback, report mistakes and problems, or propose a new idea without fearing negative consequences to themselves, their job or their career.</p>	<ul style="list-style-type: none"> • When employees are psychologically protected they demonstrate greater job satisfaction, enhanced team learning behaviour, and improved performance. Employees are more likely to speak up and become involved. • They show increased morale and engagement and are less likely to experience stress-related illness. • When employees are not psychologically safe they experience demoralization, a sense of threat, disengagement and strain. 	<ul style="list-style-type: none"> • Culture strategy • Diversity and inclusion strategy • Values • Culture audits • Psychological health and safety training for leaders • Emotional intelligence training • Respectful workplace program • Healthy workplace program • Health, Safety and Well-Being policy
<p>13. Protection of Physical Safety</p> <p>Protection of physical safety is present in a work environment where management takes appropriate action to protect the physical safety of employees. Appropriate actions may include policies to protect employees physical safety; training in safety-related protocols; rapid and appropriate response to physical accidents or situations identified as risky; and clearly demonstrated concern for employees' physical safety.</p>	<ul style="list-style-type: none"> • The sense of physical safety protection is enhanced by: adequate training and with regard to physical safety, trust that the employer minimizes physical hazards, confidence that the employer responds quickly and effectively to safety incidents, and the opportunity to have meaningful input into workplace policies and practices. • The protection of physical safety is also an important bridge between traditional Occupational Health and Safety (OH&S) and the new area of Psychological Health and Safety. • Workers who do not see the workplace as protecting physical safety will feel less secure and less engaged, and this will increase their vulnerability to psychological distress and potential mental health problems. 	<ul style="list-style-type: none"> • Health and safety policies • Violence prevention policy • Health and safety training • Joint health and safety committee

Definition	Why it's important?	Examples of Region of Peel Aligned Initiatives/ Policies
<p>14. Other Chronic Stressors as Identified by Workers (specific to Paramedics)</p> <p>Other chronic stressors exist within paramedic service organizations given the nature of their roles in emergency situations. Examples include: risk of responding to calls of close family or friends; serious injury or death of team member; cases of profound emotion (e.g. death of infant); exposure to pathogens; threats of violence; dealing with acutely ill or seriously injured people etc.</p> <p>15. Cumulative Exposure to Critical or stressful Events (specific to paramedics)</p> <p>Cumulative exposure to items listed in factor #14 and others can create feelings of helplessness, hopelessness and horror; compassion fatigue and burnout.</p>	<ul style="list-style-type: none"> • When paramedics or other employees are psychologically protected they demonstrate greater job satisfaction, enhanced team learning behaviour, and improved performance and are less likely to experience stress-related illness. • If not present, staff could experience burnout and potentially PTSD or present other mental health difficulties 	<ul style="list-style-type: none"> • Road to Mental Readiness program • Increased benefits coverage • Peer support program • Priority calls within EFAP coverage • Increased short term disability

Psychological Health and Safety Framework

Overall Goal:

Employees take control of their personal health and well-being AND risk is mitigated by identifying and removing hazards that are within our control in the workplace.



Psychological Health and Safety

Action Plan Examples

ME

Success Factor:

Employees, in all service areas, are able to co-create the environment and experience that best suits their personal lives, while delivering on their professional outcomes, and have the resources to do so.

Examples of associated actions:

- Build upon current learning program and well-being training offered to include mental health e-learning with a focus on building personal agency for one's health and well-being at work and outside of work.
- Re-frame offerings of Employee Family Assistance Program from reactive tool to a proactive support.
- Develop a consistent approach to sharing key information, resources, training and personalized stories related to employee well-being.
- Adapt employee recognition program with a lens of the importance of personal recognition.
- Normalize flexible workplace environment/practices.

WE

Success Factor:

There is an organization-wide awareness and mindfulness of mental health and well-being.

Examples of associated actions:

- Develop an awareness and engagement strategy that will empower and enable communications based on a spectrum of engagement.
- Add additional e-learning options using the Canadian Mental Health Commission resources, including offering mental health first aid to anyone interested.
- Use current vehicles within Learning and Development planning to share key messages and profile exemplary leaders.

Success Factor:

That relevant workforce data is accessible, and easy to translate, to provide insights into the overall employee experience and inform business needs.

Examples of associated actions:

- The workforce analytics strategy development includes a comprehensive data management plan (including analysis capabilities) that is informed by psychological factors and the needs of departments and will be readily available and transparent.

Success Factor:

The Health and Safety Section is equipped with appropriate structure and capacity to support the defined needs of departments.

Examples of associated actions:

- A review of functions/role of Health and Safety section within Human Resources, ensuring a more holistic view of the supports related to health and safety (employee well-being) is realized, as well as increased capacity.
- Review and define opportunities to improve the experience of the employee accommodation process.

Success Factor:

Psychological health factors are embedded in workforce service planning and delivery, Culture Strategy and the Diversity and Inclusion Strategy.

Examples of associated actions:

- As part of the Culture strategy and the Diversity and Inclusion strategy, conduct employment services review to improve the overall employee experience including psychological health and safety factors.

Success Factor:

Department Leadership Teams are able to identify psychological health and safety issues and are provided with the tools and supports to address them.

Examples of associated actions:

- Approaches used to support department specific challenges are designed using learnings from other parts of the organization (eg. Paramedics).

US

Success Factor:

Regional priorities incorporate mental health system advocacy into their planning.

Examples of associated actions:

- Include mental health system advocacy activities as directed by the Health System Integration Committee of council and as part of the Community Safety and Well-being Plan.
- Explore potential options with community partners to make mental health first aid training available to community.

Success Factor:

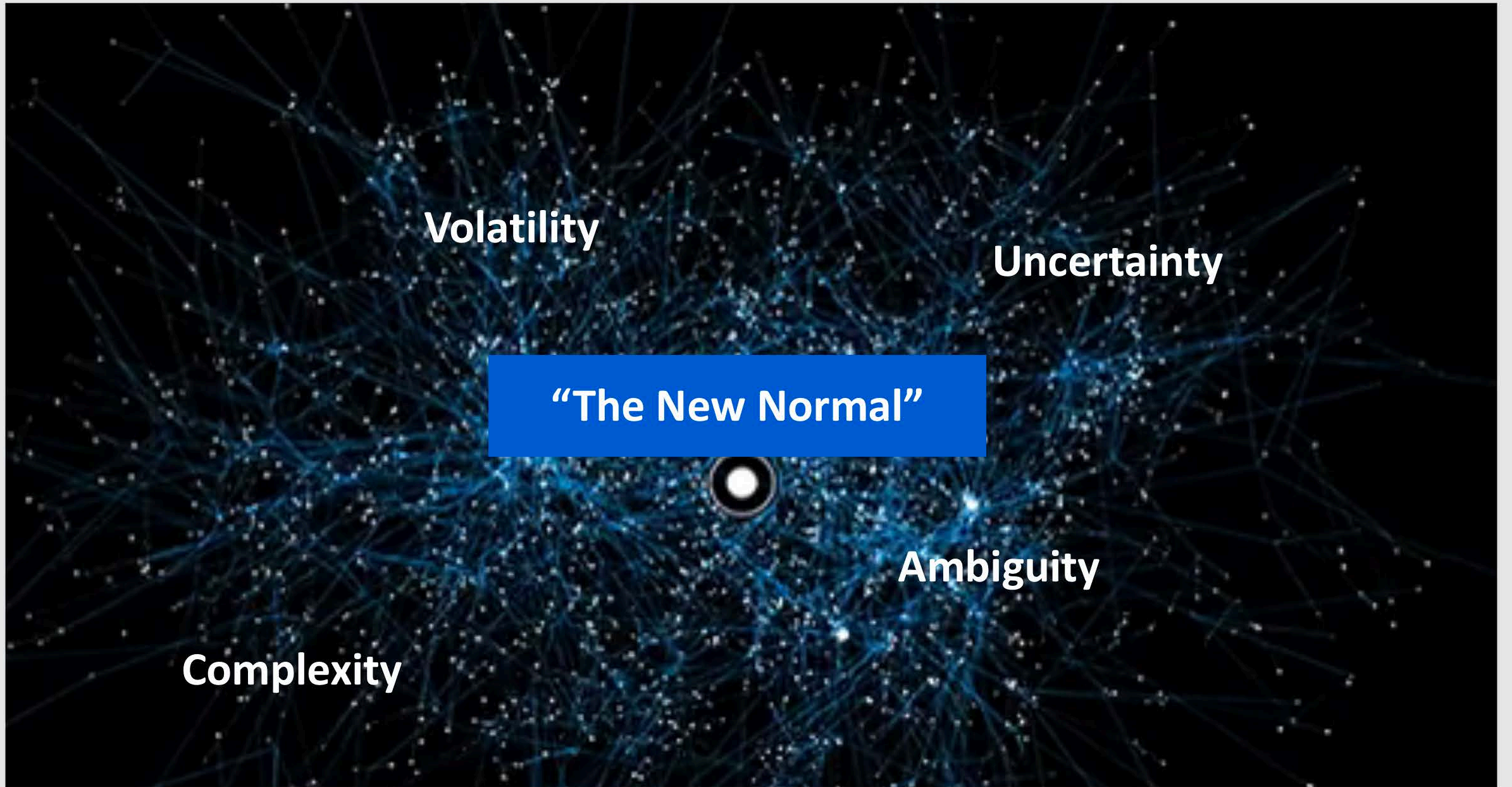
As part of Corporate Social Responsibility Strategy, the Region of Peel is recognized as a model employer for excellence in Workplace Mental Health.

Examples of associated actions:

- Transfer knowledge and share learnings and processes with other businesses and non-profit community agencies.
- Apply to achieve Excellence Canada's Platinum Award for Excellence, Workplace Mental Health.



Psychological Health & Safety



Volatility

Uncertainty

"The New Normal"

Ambiguity

Complexity

Why Mental Health in the Workplace is Important

Business



Occupational Health and Safety Act
Section 25 (2).

To take every precaution
reasonable in
circumstances for the
protection of workers.

Ethical



500,000

Canadians in any given week, are unable to work due to mental health problems or illnesses *

over \$50 billion

The total economic costs of mental health illness in Canada *

WHO

The World Health organization declared **Burnout** as an official **syndrome**

New Zealand

introduced a new well-being budget

1 in 5

In any given year,

people in Canada will personally experience a mental health problem or illness *

\$2.5 trillion

Cost to the Canadian economy by 2041 in CAD *

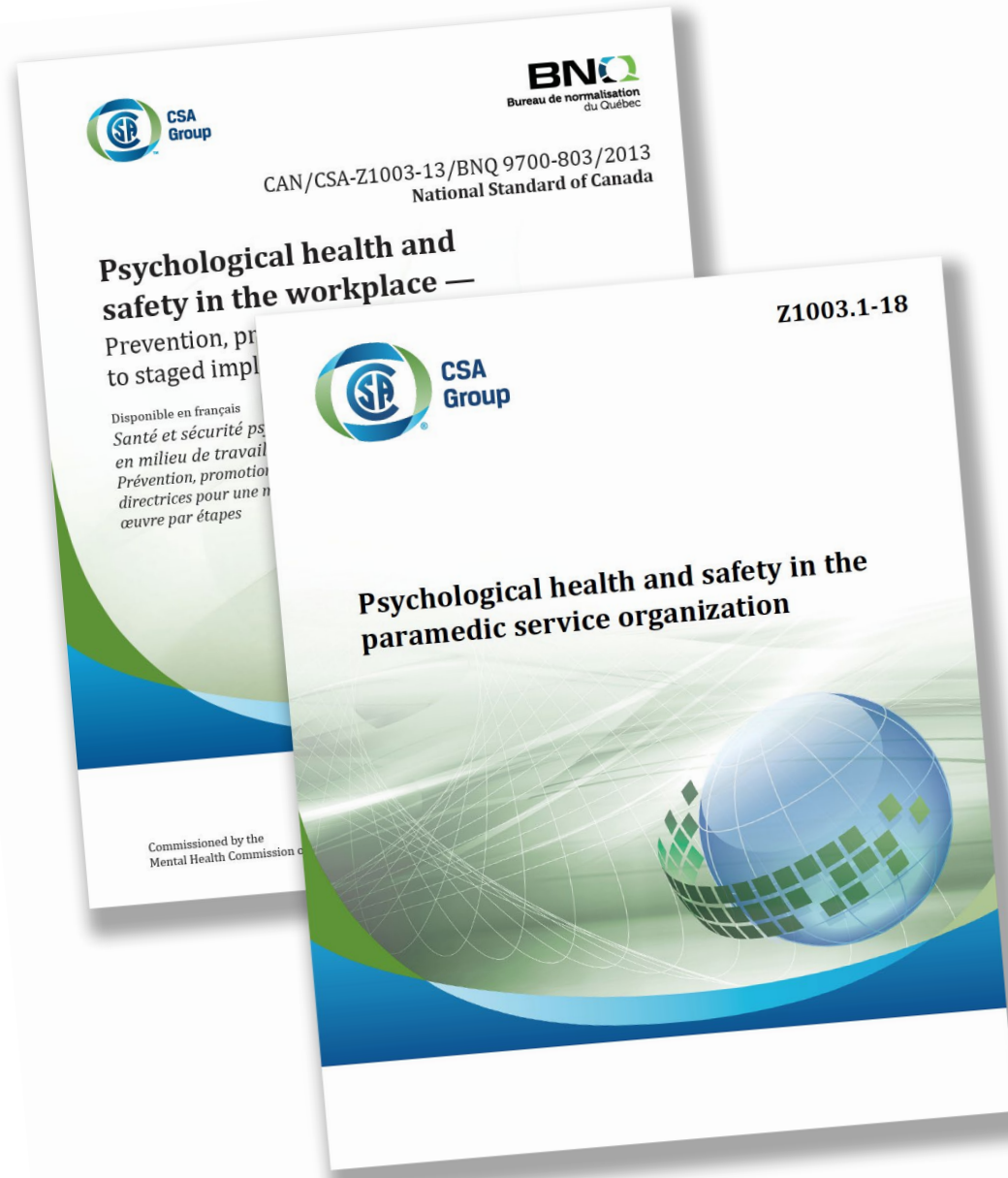
53%

of Canadians consider anxiety and depression to be 'epidemic' in Canada *

Britain has appointed a Minister of **Loneliness**

What is the Standard?

A Psychologically healthy and safe workplace is one that actively works to prevent harm to workers, including negligent, reckless, or intentional ways, and promotes mental well-being.



Prevention

Promotion

Resolution



15

Factors

Protection of Physical Safety

Organizational Culture

Growth and Development

Recognition and Rewards

Engagement

Psychological and Social Support

Balance

Involvement and Influence

Civility and Respect

Psychological Demands

Psychological Protection

Clear Leadership and Expectations

Workload Management

Cumulative Exposure to Critical and Stressful events

Other Chronic Stressors as Identified by Workers



Varied Understanding and Measurement Gaps

Mental wellness vs mental illness. A stigma exists.

Low awareness of the 15 National Standard's Workplace Factors.

Difficult to collect data

Mental Health Continuum Model

Mental Illness

Excessive anxiety, easily enraged, depressed mood

Unable to fall or stay asleep

Exhaustion, physical illness

Unable to perform duties, absenteeism

Isolation, avoiding social events



Mental Wellness

Normal fluctuations in mood

Normal sleep patterns

Physically well, full of energy

Consistent performance

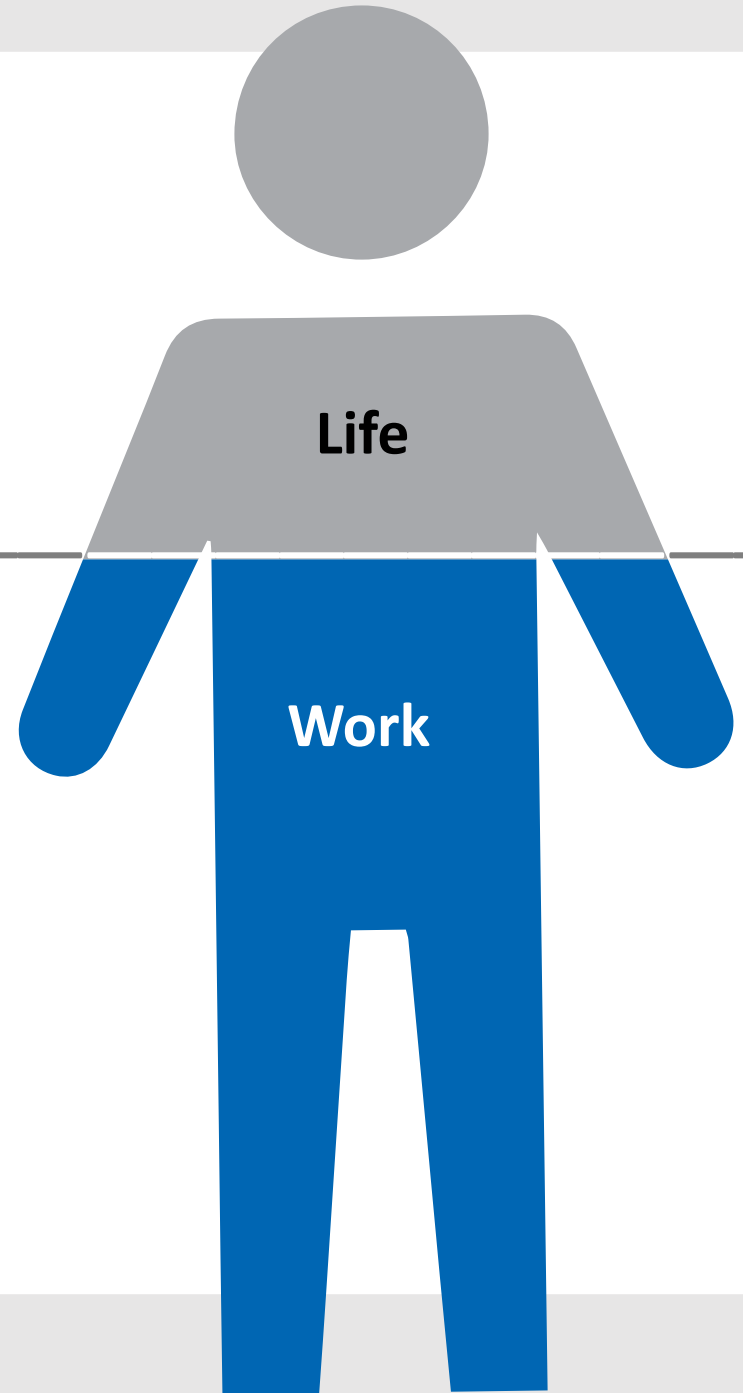
Socially active

Life

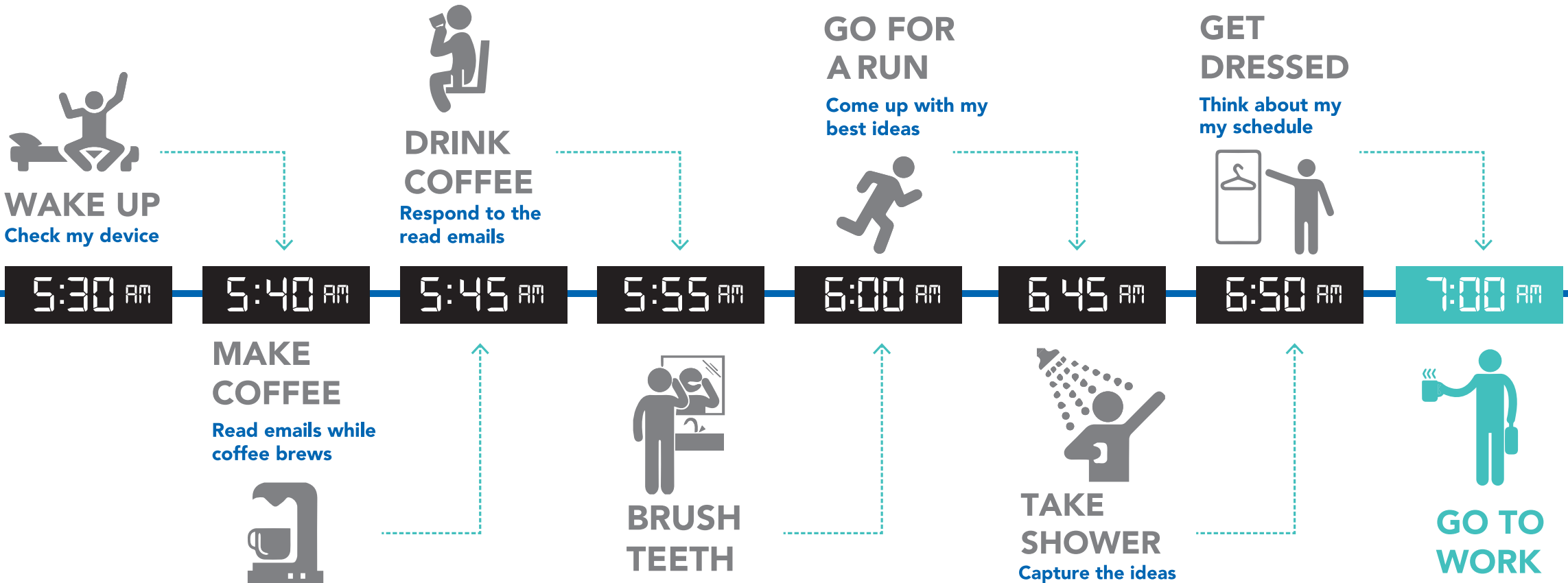
40 %

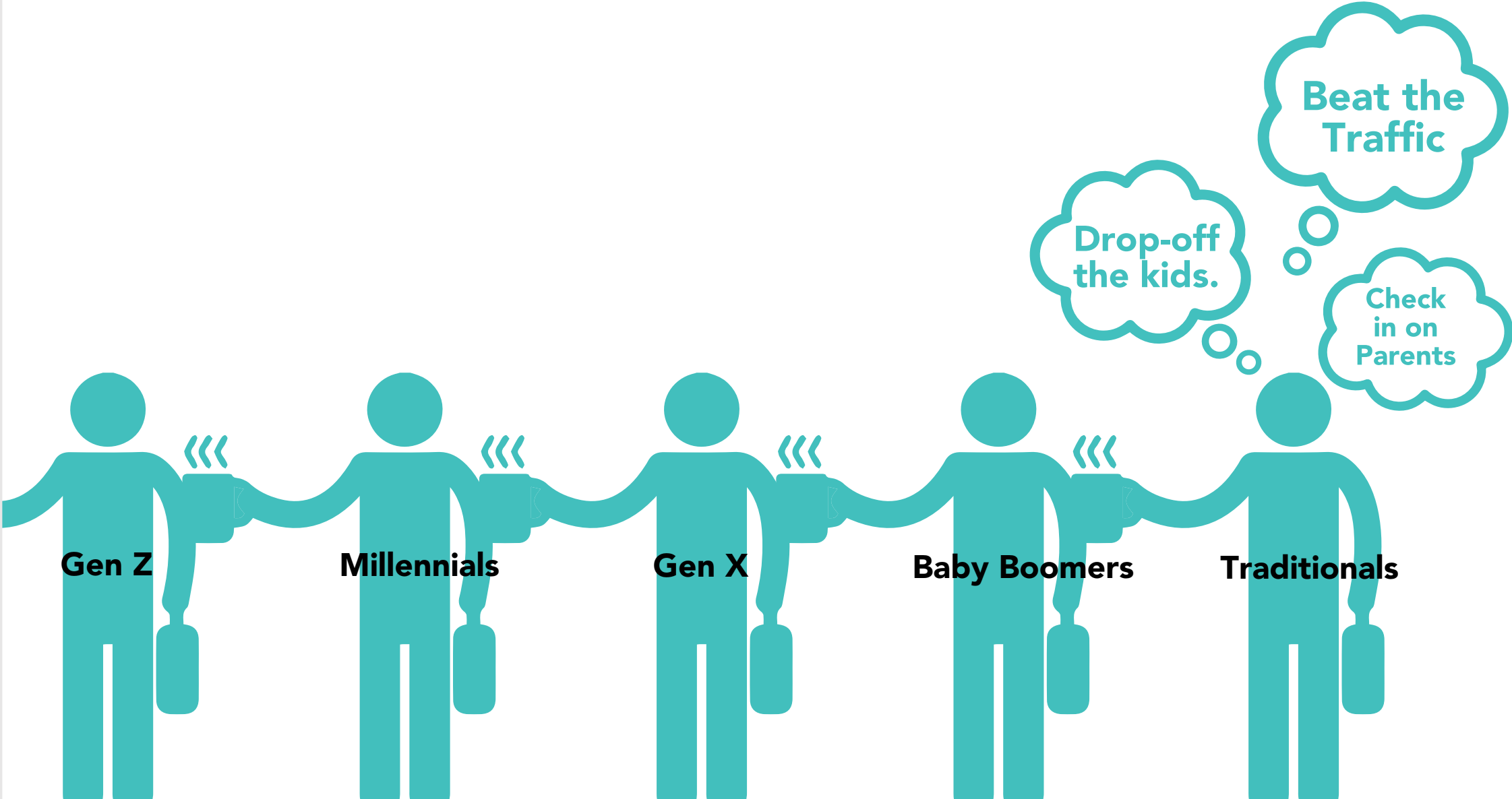
Work

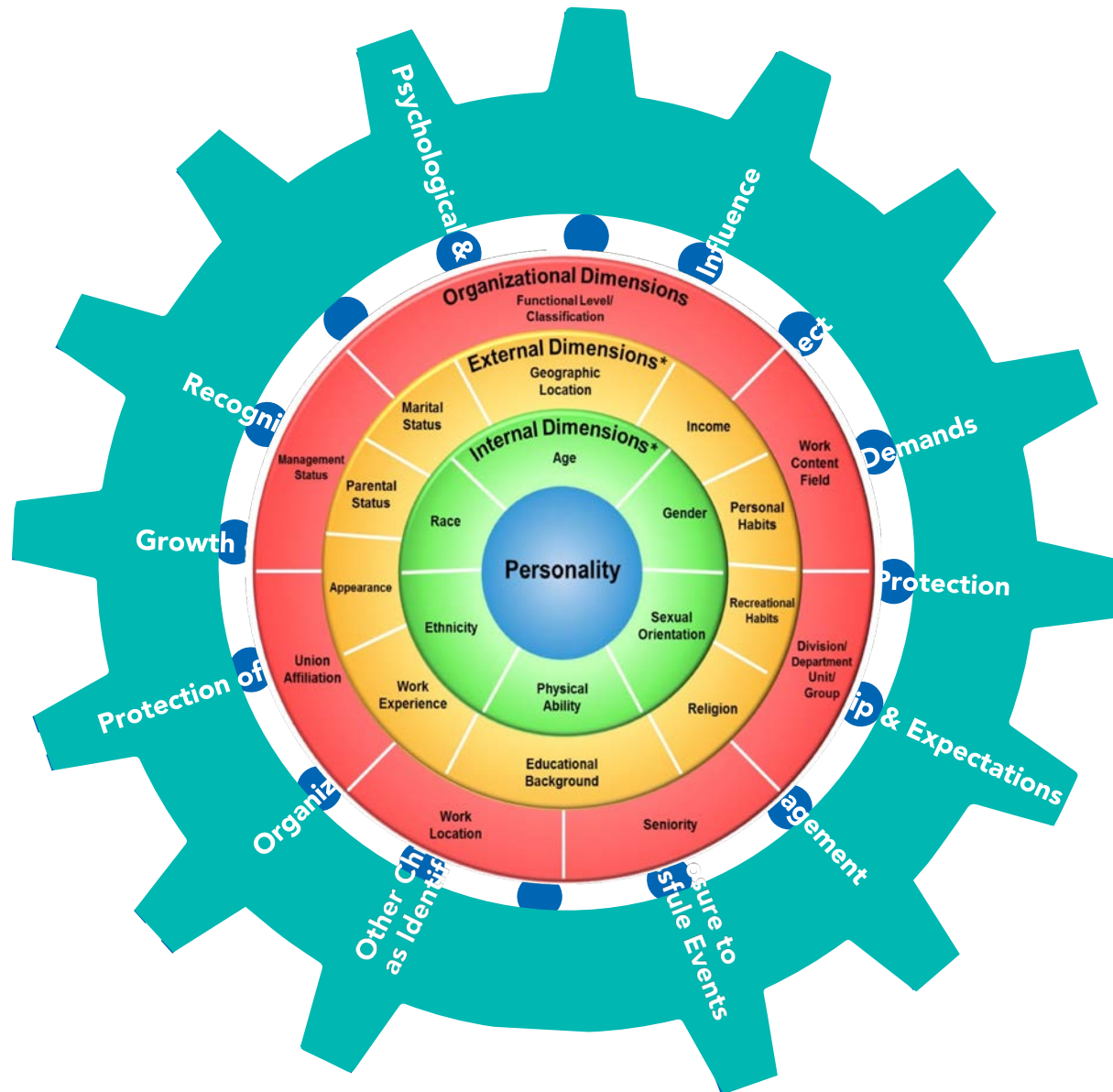
60 %



Life Work







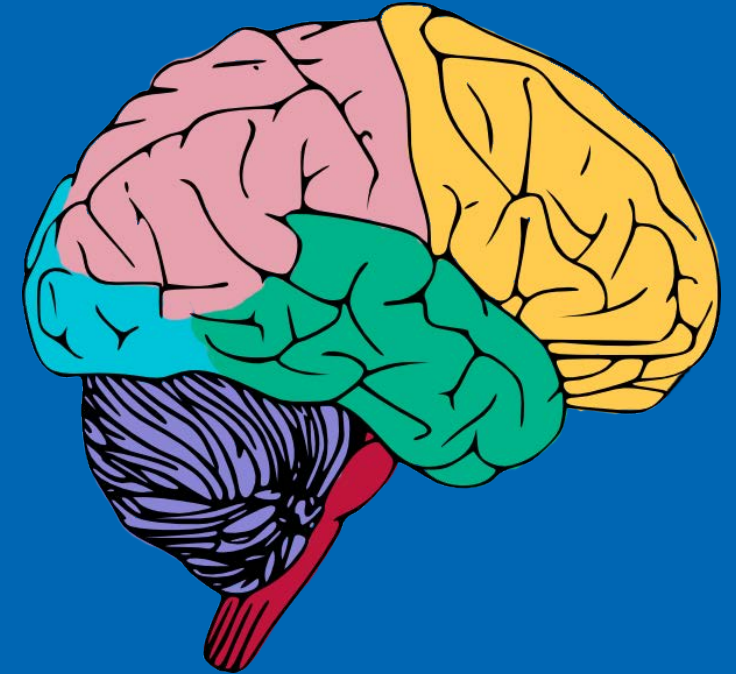
We cannot just implement the standard alone because this is not a standard problem.

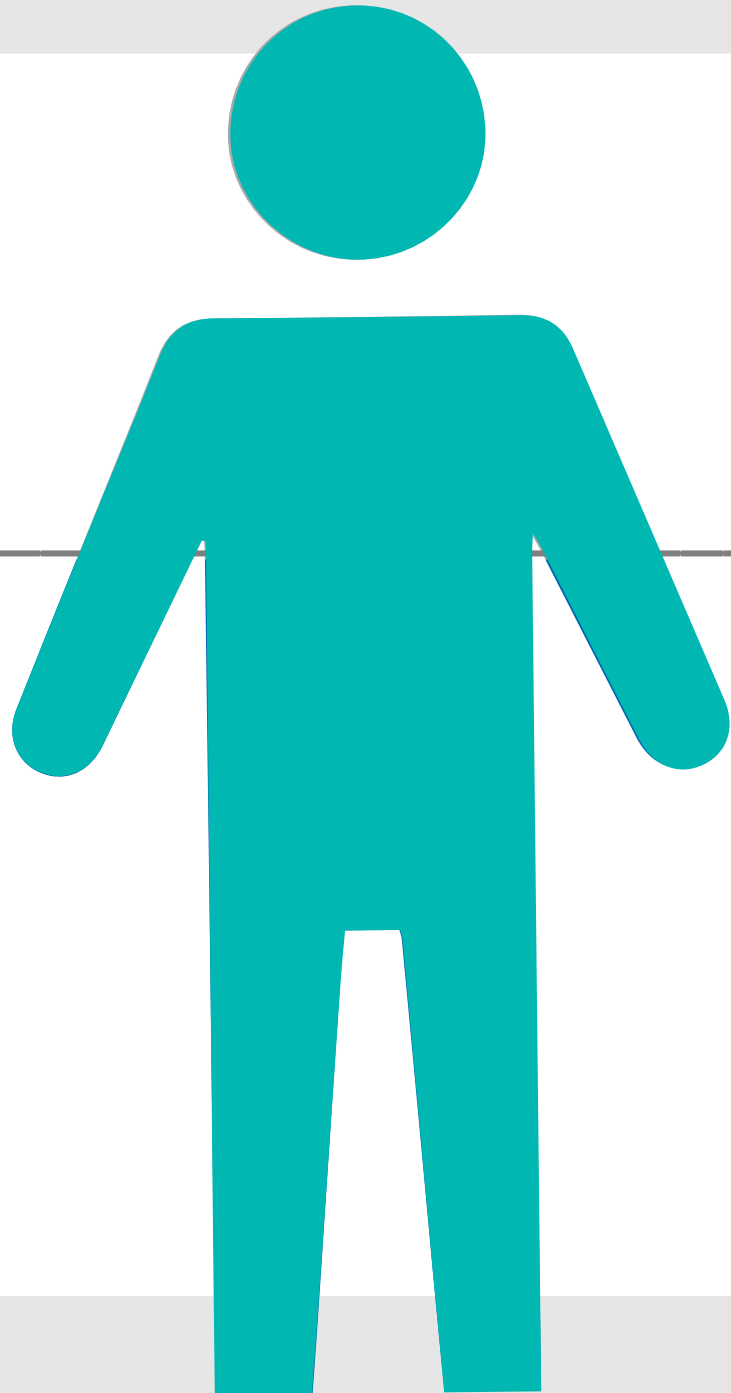
It's a complex one.
A human one.

“Black and white solution to a rainbow problem”

“We want organizations to be:
*Adaptive, flexible, self-renewing, resilient,
learning and intelligent* - attributes found
only in **living systems**.

The tension of our times is that:
we want our organizations to behave as
living systems, but we only know how to
treat them as **machines.**”



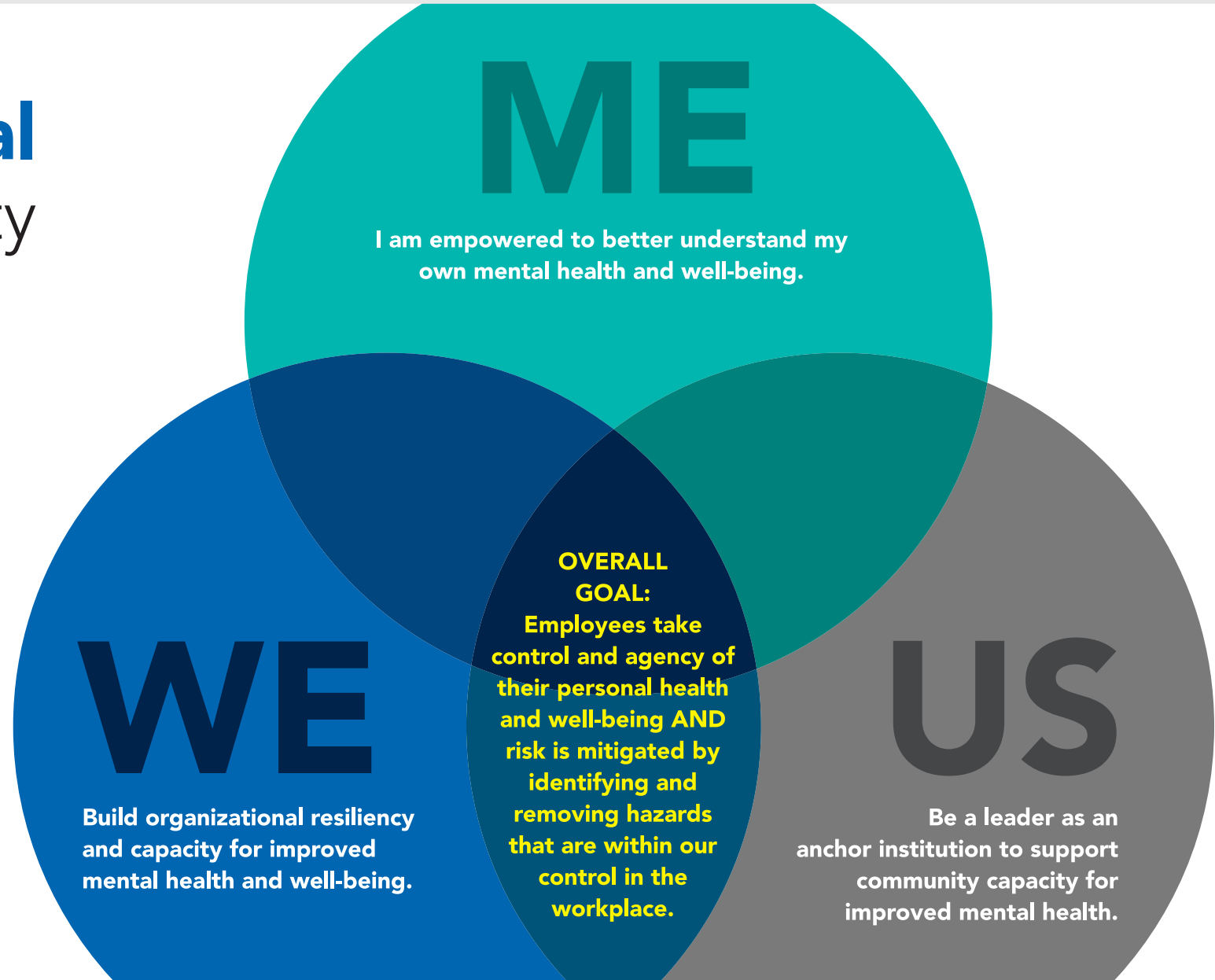


We need to shift our thinking

We must appreciate and support
the whole person.

How might we support employees to
bring their best selves to **work** and **home**
every day?

Psychological Health & Safety Framework



Key Principles

Moving Forward

Make the Invisible

VISIBLE



8.1-28



Thank You



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**ITEMS RELATED TO
PUBLIC WORKS**

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For Information

DATE: January 15, 2020

REPORT TITLE: **2019 REGION OF PEEL VISION ZERO ROAD SAFETY STRATEGIC PLAN UPDATE**

FROM: Andrew Farr, Acting Commissioner of Public Works
Cathy Granger, Acting Commissioner of Health Services
Dr. Jessica Hopkins, Medical Officer of Health

OBJECTIVE

To provide an update on the first year (2018) of implementation of the five-year Region of Peel Vision Zero Road Safety Strategic Plan (2018-2022).

REPORT HIGHLIGHTS

- In September 2018, Regional Council approved the implementation of the Vision Zero Road Safety Strategic Plan in an effort to better coordinate resources among agencies and stakeholders to reduce and ultimately eliminate fatal and injury motor vehicle collisions in Peel.
- The philosophy for the Vision Zero Road Safety Strategic Plan is zero fatal and injury collisions for all road users, with a goal of a 10 per cent reduction in fatal and injury collisions on Regional roads in five years (2018-2022).
- The key emphasis areas of the Plan to improve safety are: intersections, aggressive driving, distracted driving, impaired driving, pedestrians and cyclists.
- The countermeasures for these key areas of focus are categorized into the “four E’s” of engineering, enforcement, education and outreach, and empathy.
- A Peel Vision Zero Task Force has been established and an Annual Vision Zero Road Safety report has been developed.
- Total fatal and injury collisions on Regional roads have been reduced from 880 (60.6 per 100,000 population) in 2017 to 861 (58.2 per 100,000 population) in 2018, a reduction of 2.2 per cent.

DISCUSSION
1. Background

The World Health Organization has declared road safety a public health issue, with motor vehicle collisions remaining one of the leading causes of preventable injury and premature deaths worldwide. In Peel, an average of 870 fatal and injury motor vehicle collision occur annually.

On September 13, 2018, Regional Council received the Vision Zero Road Safety Strategic Plan (2018-2022), a progressive strategy to reduce, and ultimately eliminate, the number of fatal and injury motor vehicle collisions in Peel.

2019 REGION OF PEEL VISION ZERO ROAD SAFETY STRATEGIC PLAN UPDATE

The philosophy of Vision Zero is “no loss of life is acceptable.” While the road system needs to keep us moving, it must also be designed to protect all road users. Life and health must not be exchanged for other benefits, such as speed, and/or level of service, and safety must take priority over cost and convenience.

The Road Safety Strategic Plan aligns with the Region of Peel’s Vision of a Community for Life, by contributing to the mission of ‘creating a healthy, safe and connected community’ for Peel residents. It will also deliver on outcomes associated with the 2018-2022 Term of Council Priorities to expand community mobility and to advance community safety and well-being.

The Road Safety Strategic Plan meets the requirements of the *Ontario Public Health Standards*, which mandates Public Health Units to develop and implement interventions to reduce injury and promote road safety.

The Vision Zero Road Safety Strategic Plan

The Vision and Goal of the Plan are:

- Vision: Zero fatal and injury collisions for all road users
- Peel’s goal: 10 per cent reduction in fatal and injury collisions by 2022

Based on collision data, the Road Safety Strategic Plan identifies six emphasis areas which have the greatest opportunity for road safety improvement, which include:



1. Intersections



2. Aggressive Driving



3. Distracted Driving



4. Impaired Driving



5. Pedestrians



6. Cyclists

Actions, or ‘countermeasures’ are being implemented to address each of these emphasis areas. The countermeasures are divided into short term, medium term and long term and will be implemented based on funding, approvals and tied to the timeframe of other larger projects.

Countermeasures are further categorized based on the type of strategy being used, including:

- Engineering
- Enforcement

2019 REGION OF PEEL VISION ZERO ROAD SAFETY STRATEGIC PLAN UPDATE

- Education and Outreach
- Empathy

Trucks and school zones were identified by Peel residents as perceived areas of safety concern, though these concerns were not supported by the collision data. In view of this, trucks and school zones have been termed “awareness areas” and will be considered within the six emphasis areas.

2. Road Safety Strategic Plan - Implementation Year 1 (2018)

In 2018, the Peel Vision Zero Task Force was formed. The Task Force is a cross-sectoral partnership between the Region of Peel, its local municipalities, Peel Regional Police, Ontario Provincial Police – Caledon Detachment, Ministry of Transportation Ontario and other stakeholders. The Vision Zero Task Force is responsible for implementing and overseeing the overall success of the Road Safety Strategic Plan and for creating a climate in which road safety is highly valued and rigorously pursued.

A copy of the Region of Peel Vision Zero Annual Road Safety Report 2018 – Year One is attached as Appendix I. This report details the achievements of year one of the five-year program.

2.1. Engineering Countermeasures

Engineering countermeasures are changes to the physical form of the roadway to ensure safe modes of travel are available for all road users. Designing safe roads for everyone has the added benefit of improving conditions for active transportation, which can improve health and environmental outcomes (e.g. increased physical activity, improved air quality).

The Region prioritizes countermeasures for those types of collisions that are more likely to result in a fatal or injury collision. In 2018, speed limit reviews were conducted to ensure the posted speed limit aligns with the surrounding land use and to identify roadways in which the posted speed can be lowered to reduce aggressive driving behaviour. The speed limit along seven corridors was lowered.

Other examples of engineering countermeasures implemented in 2018, include:

- Ladder crosswalks
- Intersection pedestrian signals
- Pedestrian crossovers
- Crossride signals
- Fully protected left turn signals to reduce left-turn collisions
- Smart channels to improve pedestrian safety

2.2. Enforcement

Enforcement countermeasures include police enforcement and automated enforcement to increase compliance with the rules of the road. Peel Regional Police and Ontario Provincial Police - Caledon Detachment are committed to Vision Zero and have implemented several initiatives and programs to improve road safety in Peel.

2019 REGION OF PEEL VISION ZERO ROAD SAFETY STRATEGIC PLAN UPDATE

To improve safety and speed compliance, the Region is working with the Ontario Traffic Council, City of Toronto, the Ministry of Transportation of Ontario and other municipal stakeholders to develop standards, practices, and procedures for the acquisition and processing of an Automated Speed Enforcement System in community safety zones and school zones.

Other examples of enforcement countermeasures implemented in 2018 include:

- Distracted driving campaign – education and awareness campaign targeted at distracted driving
- ERASE - Eliminate Racing Activities on Streets Everywhere
- Operation Impact – various traffic initiatives to increase traffic safety and increase awareness of traffic safety laws
- Reduce Impaired Driving Everywhere (R.I.D.E)
- Safe Roads Campaign – strategic enforcement at top 10 problem intersections and roadways to increase safety and prevent collisions and injuries

2.3. Education and Outreach Countermeasures

Education and outreach countermeasures aim to increase awareness of road safety issues, so road users can make safer choices. Several strategic countermeasures were implemented in 2018, including:

- i. The creation of a **Vision Zero Education and Awareness Working Group**, which is a sub-committee of the Vision Zero Task Force. This group organises, co-ordinates and delivers joint education, outreach, and communications initiatives. Within this working group, two project teams were created to organize safety campaigns to raise awareness of pedestrian and cyclist safety. Some of the campaigns that were undertaken to promote safety of vulnerable road users in 2018 were:
 - Pedestrian Safety Month
 - Secondary School Road Safety Awareness Pilot Program
 - Peel Children Water Festival – safety campaign and education on how to use pedestrian facilities
 - Peel Safe and Active Routes to School
- ii. **Community Road Safety Ambassadors:**

A Road Safety Ambassador program is being developed to create a network of road safety ambassadors who can promote and champion road safety and Vision Zero in the Region of Peel.

2.4. Empathy Countermeasures

The Region is developing an organizational culture change to ensure safety is embedded as a core value in the transportation decision-making throughout the Region of Peel. The goal of this initiative is to change values and attitudes so that road safety is prioritized over other factors such as cost, speed, delay, level of service and convenience. The expected outcome includes a positive change in attitudes, beliefs, knowledge and behaviours regarding road safety for everyone designing, maintaining and using the roads in the Region.

2019 REGION OF PEEL VISION ZERO ROAD SAFETY STRATEGIC PLAN UPDATE

3. Performance

The effectiveness of a safety program is linked to the data analysis to better identify safety improvements and select action items to achieve the goals of the Plan. Collisions require multiple years of data to identify trends. The statistical analysis of the year one collision data identifies a marginal decrease in fatal and injury collisions even as growth continues to occur in the Region.

Over time these analytical processes improve staff's ability to recognize trends in the data and to categorize safety issues such as road design, road operation, and road user behavior. This will enable the Region to focus efforts to further improve safety through sustainable infrastructure upgrades and implementation of the Vision Zero safety strategies.

Figure 1 depicts fatal and injury collision data on Peel's Regional roads for 2017 and 2018. The total number of fatal and injury collisions in 2018 decreased by 2.2 per cent for the roads under the jurisdiction of the Region of Peel.

Emphasis Areas	Fatal and Injury Collisions*		Per cent (%) Change
	2017	2018	
Total fatal and Injury collisions	880	861	2.2% ↓
Intersection collisions	652	672	3.1% ↑
Aggressive driving	373	383	2.7% ↑
Distracted driving	338	282	16.6% ↓
Pedestrian collisions	97	92	5.2% ↓
Cyclist Collisions	12	7	41.7% ↓
Impaired Driving	32	39	21.9% ↑

*Collisions reported might have emphasis area overlap. For e.g. one collision might have involved an impaired, aggressive driver at an intersection striking a pedestrian.

Figure 1: Fatal and Injury Collisions, Regional Roads, Peel, 2017 and 2018

RISK CONSIDERATIONS

Achieving a reduction in fatal and injury collisions requires sustained implementation efforts from all stakeholders on the Task Force. Ongoing data collection and analysis is also required to monitor safety improvements, and to select and modify safety countermeasures to ensure long term positive outcomes.

2019 REGION OF PEEL VISION ZERO ROAD SAFETY STRATEGIC PLAN UPDATE

The measurable improvement in the first year of the program indicates that stakeholders must remain committed and diligent towards improving safety for all road users, in order to achieve the goal of a 10 per cent reduction in fatal and injury collisions.

To mitigate any risk of incompleteness, the Vision Zero Task Force meets at least twice a year, where participants provide updates on specific countermeasures being deployed and discuss upcoming initiatives and challenges. This aims to keep stakeholders engaged by the success of their partners and encourages them to continue with their support and participation towards reaching the outlined goal and vision.

CONCLUSION

Through Peel's Vision Zero Task Force, Regional staff will continue to collaborate with stakeholders to implement the Vision Zero Road Safety Strategic Plan and promote road safety across the Region. Work in this first year has shown some improvement towards the Region's goal. All stakeholders must continue to remain committed towards improving safety to achieve the vision of zero fatal and injury collisions for all road users.

Regional staff will bring update reports to Council on an annual basis.



Andrew Farr, Acting Commissioner of Public Works



Cathy Granger, Acting Commissioner of Health Services



Dr. Jessica Hopkins, Medical Officer of Health

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

APPENDICIES:

Appendix I: Region of Peel Vision Zero Annual Road Safety Report 2018 – Year One

9.1-7

2019 REGION OF PEEL VISION ZERO ROAD SAFETY STRATEGIC PLAN UPDATE

For further information regarding this report, please contact. William Toy, Supervisor, Traffic Safety, Traffic and Sustainable Transportation, extension 7869, william.toy@peelregion.ca

Authored By: Seema Ansari, Technical Analyst, Traffic Safety, Traffic and Sustainable Transportation, Extension 5070, seema.ansari@peelregion.ca.

Region of Peel • VISIONZERO

Annual Road Safety Report

2018 | Year One





“No loss of life is acceptable”

The Region remains committed to improving road safety. This includes everyone from the designers, constructors and maintainers of the roadway, to those that enforce the rules of the road to the people that use our roads. We all play an essential role in keeping our roads safe, for everyone.

Regional Council adopted the Vision Zero Road Safety Strategic Plan (2018–2022) on September 13, 2018.

This plan aligns with, and will contribute to the achievement of, the Region of Peel’s 20-year Strategic Plan Vision (2015–2035), “Community for Life” by building a community that’s integrated, safe and complete. It supports the 2018–2022 ‘Term of Council Priorities’ to advance community safety and well being, expand community mobility and from a Public Health perspective, aligns with the Ontario Public Health Standards.

For Vision Zero to succeed the “business as usual” approach at the Region will not help in achieving the ultimate goal of zero fatal and injury collisions. We need processes and partnerships, to prioritize road safety and allow for systemic and cultural change.

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“Safety is our top priority when building and maintaining Peel’s roads. By working with our stakeholders, we will continue to optimize our roadway so everyone can enjoy a safe, healthy and connected experience when travelling throughout Peel.”

Andrew Farr, Commissioner of Public Works



COUNCILLOR MESSAGE

Message from Ward 9 Councillor Pat Saito



"As the chair of Mississauga's Road Safety Committee, keeping our roads safe has long been a priority of mine. Vision Zero is a wonderful program because it recognizes that we are human and can make mistakes, and that life and health should never be exchanged for other benefits in society.

Over the next five years, the Region and its safety partners will be enhancing their road safety programs by making improvements in the key areas most effective in reducing collisions.

Working together and following the guidelines of Vision Zero allows us to modify our roads and encourage behaviours, so all residents can travel safely within the community."

A handwritten signature in cursive script that reads "Pat Saito".

Pat Saito

Councillor Ward 9, Mississauga
Chair, Mississauga Road Safety Committee

REGIONAL MESSAGES

Message from the Director of Transportation



“No loss of life is acceptable as a result of a motor vehicle collision.” This is a simple and powerful statement. Achieving this goal will take both time and ongoing prioritization, but road safety is a commitment Peel’s Transportation division is prepared to make.

In 2018, the Region undertook many positive first steps toward making our road system safer. We installed crossrides to make our road networks safer for cyclists and added new PXO crossing at the right turn channels to increase pedestrian safety. We lowered speed limits to reduce aggressive driving behaviour and installed fully protected left turn signals to provide safer left turning for drivers in the Region of Peel.

This is just the beginning. As we continue this journey, the Region and our safety partners are committed to working together to implement the actions outlined in the Road Safety Strategic Plan.

We have confidence this plan will guide us toward a community where the public experiences a sense of well-being and safety on all of our roadways, no matter what mode of travel.

Gary Kocialek, P.Eng
Director of Transportation
Public Works, Region of Peel

Message from Peel Public Health



Peel Public Health aims to protect and promote health, prevent disease, and reduce health disparities among Peel residents. The design of our transportation system influences the travel choices our residents make, and in turn impacts their health.

Building our communities with safety and walkability in mind increases physical activity, reduces the burden of chronic disease and noise, improves air quality, and reduces death and disability from motor vehicle collisions. The last point particularly highlights how road safety is a critical public health concern. Of note, young people and seniors are among the most vulnerable road users, as are cyclists and pedestrians, who are at greater risk of severe or fatal injuries.

December 14, 2017, marked an important milestone for road safety and public health in Peel as Regional Council endorsed a future vision of zero fatality and injury collisions for all road users in Peel, and a near-term goal of a 10% reduction in fatal and injury collisions by 2022. Peel Public Health is excited to collaborate with key stakeholders and partners in implementing the Region’s Vision Zero Road Safety Strategic Plan to improve the safety of the transportation system for all users and ultimately, decrease the burden of preventable injury and death from motor vehicle collisions in Peel Region.

Together, with our community stakeholders, we will continue to work towards a common goal of creating a healthy, safe and connected Peel.

Lawrence Loh, MD, MPH, CCFP, FRCPC, FACPM
Associate Medical Officer of Health
Public Health, Health Services, Region of Peel

POLICE SERVICES

Message from Peel Regional Police



Road Safety is a key Strategic Objective of Peel Regional Police. We are proud to be part of Vision Zero and have committed to the long term goal of reducing traffic fatalities to zero. Our officers

are fully dedicated to ensuring the roads in the Region of Peel are safe; no injury or loss of life is acceptable on our shared roadways.

Our service has participated in the development of The Region of Peel's Road Safety Strategic Plan, which features Vision Zero as a cornerstone. We are proud of the collective efforts of the Vision Zero planning group implementation team and the goals we have established. In 2019, the first full year of the program, we have seen the positive effects of Vision Zero with modest reductions in fatal collisions. This is just a beginning, there is still work to be done.

Together with our community partners we will continue to drive this initiative and look forward to a day when we achieve the goal of zero fatalities on our roads.

Chief Nish Duraiappah
Peel Regional Police

Message from Ontario Provincial Police



The Vision Zero Road Safety Strategic Plan was developed with the underlying philosophy that no person should be seriously injured or killed as a result of a collision on a roadway within the

Region of Peel. The Ontario Provincial Police is committed to this philosophy, as there can be no higher priority than saving lives. Traffic Safety in all its components; education, prevention, and enforcement is a core function of the Caledon Detachment of the Ontario Provincial Police.

2018 marks the completion of the first year since the implementation of the Region of Peel's Vision Zero Road Safety Strategic Plan.

Inspector Mike Garant
Ontario Provincial Police - Caledon Detachment

REGION OF PEEL VISION ZERO



What is Vision Zero?

The Region of Peel's Vision Zero Road Safety Strategic Plan 2018–2022 (RSSP) was launched in September 2018 to approach road safety holistically. The fundamental principle of Vision Zero is that fatal and injury collisions on the roadway are not acceptable.



Human beings make mistakes so the road system is designed to be forgiving



Life and health cannot be exchanged for other societal benefits



Safety is prioritized over other factors such as cost, speed, delay, level of service, and convenience



Benefit - cost analysis not necessarily applicable

Vision and Goal



The vision of the RSSP is *“zero fatal and injury collisions for all road users”*. It is recognized by the partners that this is an ambitious vision and it will take some time to achieve it.



The goal is a *“10% reduction in fatal and injury collisions by 2022”*. The ultimate goal is that no one should be injured or killed in the Region of Peel resulting from a collision.

PEEL AT A GLANCE



“The Road Safety Strategic Plan aligns with a number of priorities outlined in the Region of Peel’s Strategic Plan (2015–2035). This includes promoting healthy and age-friendly built environments and building a community that promotes safe mobility, walkability, healthy living, and various modes of transportation.”








Road Safety Strategic Plan

Peel Statistics at a Glance

The Region has implemented the Vision Zero Road Safety Strategic Plan to eliminate injury and fatal collisions and to provide further protection for vulnerable road users. Peel Region's collision statistics are generated by Peel Region Police and the Caledon detachment of Ontario Provincial Police.

- In 2018, there were a total of 861 fatal and injury collisions, a reduction of 2.2% from 2017, this equates to 58.2 per 100,000 population.
- There was a 5.2% reduction in fatal and injury collisions involving pedestrians in 2018.
- There was a 16.6% reduction in fatal and injury collisions involving distracted driving in 2018.
- In 2018, when compared with 2017, the fatal and injury collisions increased for Intersection collisions by 3.1%, aggressive driving collisions by 2.7%, and impaired driving by 21.9%.

Fatal and Injury Collision Statistics, Regional Roads, Peel (2017–2018)¹

Emphasis Areas	Fatal and Injury Collisions*		Per cent (%) Change
	2017	2018	
Total Fatal and Injury Collisions	880	861	2.2% 
Intersection Collisions	652	672	3.1% 
Aggressive driving	373	383	2.7% 
Distracted driving	338	282	16.6% 
Pedestrian Collisions	97	92	5.2% 
Cyclist Collisions	12	7	41.7% 
Impaired Driving	32	39	21.9% 

¹ The data only reflects reported collisions on roads under the jurisdiction of Region of Peel. Collisions on municipal roads, private property, and unreported collisions are not included.

* Collisions reported might have emphasis area overlap. For e.g. one collision might have involved an impaired, aggressive driver at an intersection striking a pedestrian.

Total Collision Statistics for the Region of Peel (2017–2018)¹

Statistic	2017	2018
Number of Collisions	5756	6488
Number of Collisions per 100,000 Population	396.3	438.6
Percentage of Collisions involving Trucks	6.3%	6.0%
Number of Fatal Collisions	10	12
Number of Injury Collisions	870	849
Number of Collisions Involving Pedestrians	112	100
Number of Collisions Involving Cyclists	27	21
Percentage of Collisions Occurring at Intersections	71.3%	71.0%
Day with Highest Number of Collisions	Friday	Friday
Month with Highest Number of Collisions	October & December	November
Time of Day with Highest Number of Collisions	15:00	15:00
Most Common Collision Type	Rear End	Rear End
Most Frequently Recorded Improper Driving Action	Following too Close	Following too Close
Percentage of Alcohol-Related Collisions	1.9%	1.6%

¹ The data only reflects reported collisions on roads under the jurisdiction of Region of Peel. Collisions on municipal roads, private property, and unreported collisions are not included.



EMPHASIS AREAS



The Road Safety Strategic Plan has six emphasis areas representing the main safety concerns identified through a collision analysis and public consultation. These include:



Intersection



Impaired Driving



Aggressive Driving



Pedestrian



Distracted Driving



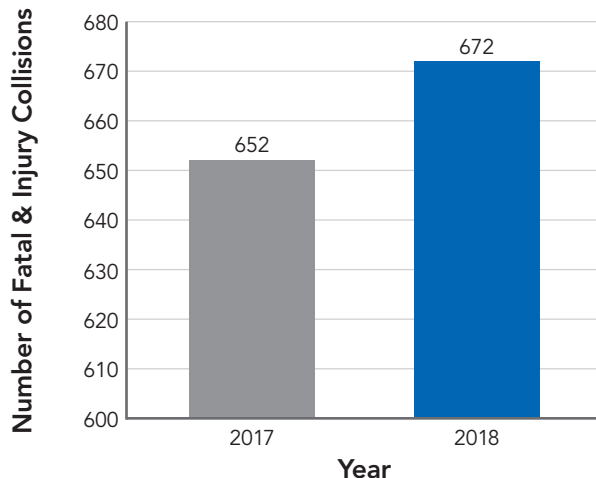
Cyclist

INTERSECTION

What are intersection collisions?

Over 71% of all reported collisions occurred at intersections on Regional Roads. Rear ends are the most common type of collisions at intersections, followed by those caused by turning movements.

**Intersection
Fatal and Injury Collisions**

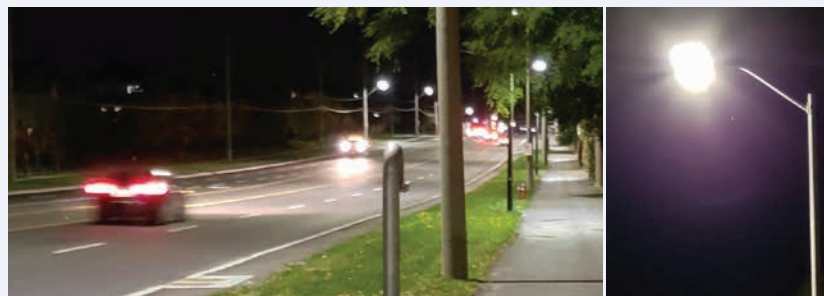


* Statistics reflect Regional data only

Examples of Intersection Countermeasures Implemented in 2018

Street Lighting Improvements

Enhanced street lighting to increase night time illumination.



Fully Protected Left Turn

Provide a designated left turn phase where vehicles can only make a left turn on a green arrow.



Pavement Marking Improvements

Enhanced pavement markings such as guidelines at intersections, 3D markings, and yield pavement markings.

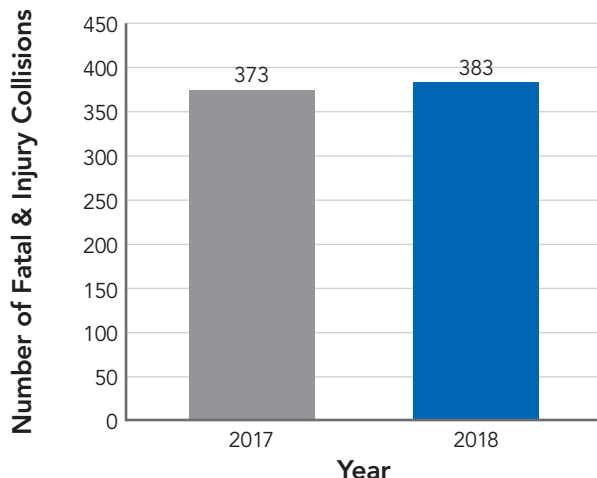


AGGRESSIVE DRIVING

What are aggressive driving collisions?

Aggressive driving collisions involve a driver following too close, disobeying traffic control, failing to yield the right of way, or speeding. In the Region of Peel, following too close is the number one contributor of rear-end collisions.

Aggressive Driving
Fatal and Injury Collisions



* Statistics reflect Regional data only

Examples of Aggressive Driving Countermeasures Implemented in 2018

Speed Cushions

Installation of speed cushions as a traffic calming measure to slow the speed of oncoming vehicles. Speed cushions have been installed in rural areas with lower posted speed limits where adherence to the posted speed limit has been a concern.



Red Light Cameras

Installation of a camera at an intersection to discourage red light running.



Electronic Radar Speed Signs

The use of electronic radar speed signs to remind motorists about the posted speed or the speed they are traveling (Vehicle Activated Traffic Calming Signs (VATCS), feedback speed signs, or speed trailers).



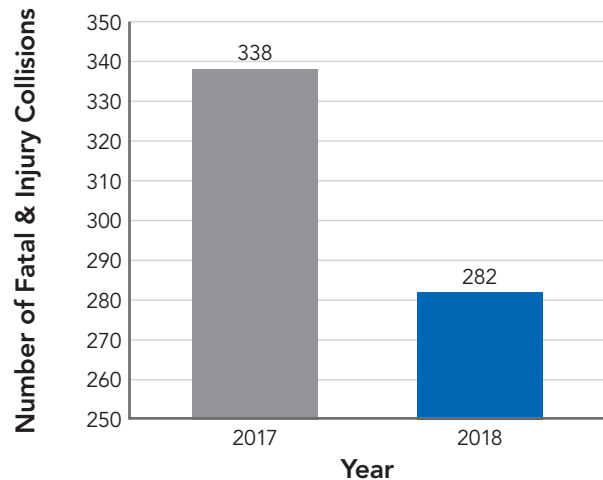


DISTRACTED DRIVING

What are distracted driving collisions?

Distracted collisions occur when motorists do not pay attention while driving. For example, a driver could be texting or talking on the phone, changing music or using GPS. Distracted driving has become one of the leading causes of fatal or injury collisions in Ontario.

Distracted Driving Fatal and Injury Collisions



* Statistics reflect Regional data only

Examples of Distracted Driving Countermeasures Implemented in 2018

Operation Impact

Peel Regional Police and Ontario Provincial Police focus their efforts on various traffic enforcement initiatives to improve road safety, public awareness and compliance with traffic laws.



Image courtesy of Ontario Provincial Police

Distracted Driving Campaign

Education and enforcement campaign targeted at distracted driving.



Image courtesy of Peel Regional Police

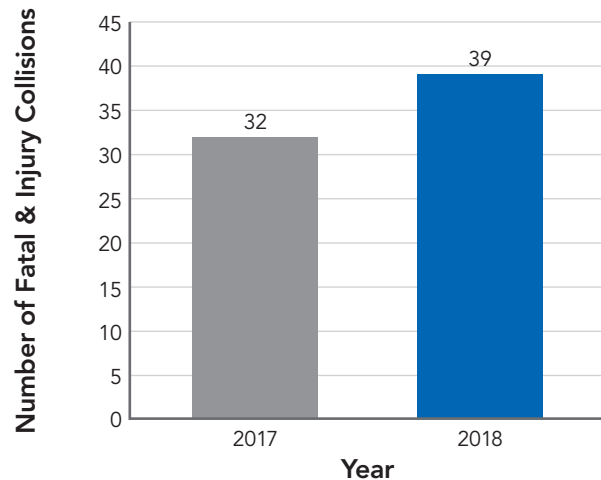


IMPAIRED DRIVING

What are impaired driving collisions?

Impaired driving collisions that involve drivers under the influence of alcohol or drugs. In Canada, it is a criminal offence to drive with a blood alcohol content (BAC) of .08 percent or more. Beginning as soon as you start drinking, impairment affects your thinking, judgment, perception, and reaction time.

Impaired Driving Fatal and Injury Collisions



* Statistics reflect Regional data only

Examples of Impaired Driving Countermeasures Implemented in 2018

R.I.D.E.

Reduce Impaired Driving Everywhere (R.I.D.E) is a yearly program operated by the Police. Additionally, a Festive Season R.I.D.E. program operates from the end of November to early January.



Image courtesy of Peel Regional Police



Image courtesy of Ontario Provincial Police

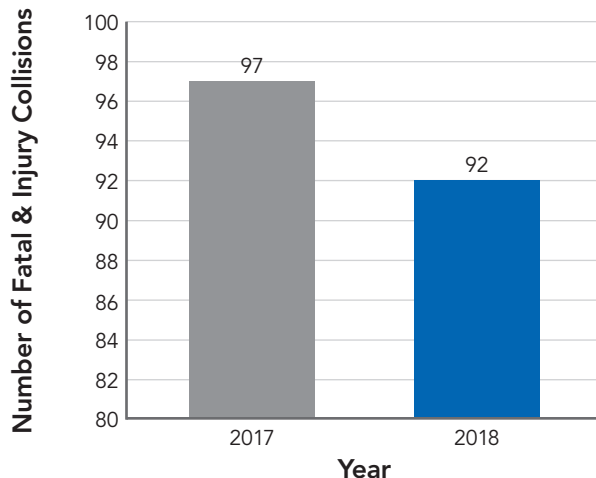


PEDESTRIANS

What are pedestrian collisions?

Pedestrian collisions refer to incidents that involve a motor vehicle and a pedestrian. This type of collision almost always results in injury, often serious. The majority of the pedestrian collisions occur at signalized intersections.

Pedestrians
Fatal and Injury Collisions

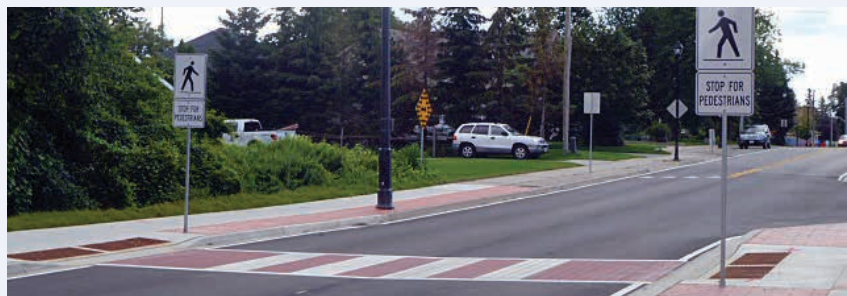


* Statistics reflect Regional data only

Examples of Pedestrian Countermeasures Implemented in 2018

Pedestrian Crossover (PXO)

A controlled pedestrian crossing that allows for safer pedestrian movement.



Ladder Crosswalks

Enhanced traditional two line crosswalks with additional painted bars.



Accessibility for Ontarians with Disability Act (AODA)

Infrastructure that complies with the AODA Act, such as audible pedestrian push buttons and tactile warning strips.



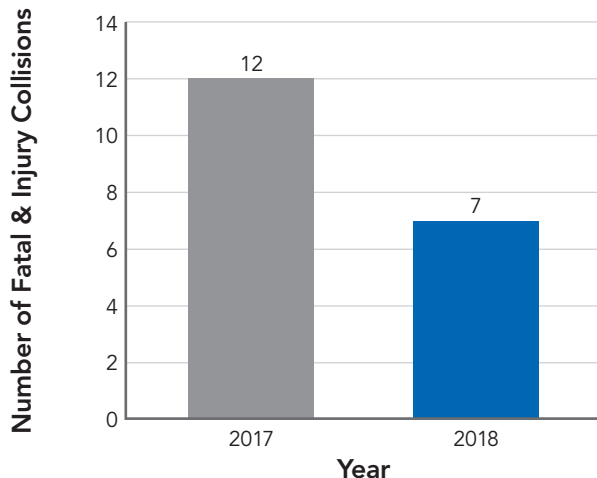


CYCLIST

What are cyclist collisions?

Cyclist collisions involve a motor vehicle and a person riding a bicycle. The number of people riding their bicycles for work or leisure is continuing to increase. Cycling contributes to a healthier community and the Region is committed to providing a safer environment for cyclists.

Cyclist
Fatal and Injury Collisions



* Statistics reflect Regional data only

Examples of Cyclist Countermeasures Implemented in 2018

Crossrides

A dedicated space identified by unique pavement markings and bicycle signals, for cyclists to legally ride across a roadway without dismounting.





ENGINEERING ENHANCEMENTS



Pivotal to reaching our target of reduced fatal and injury collisions, changes need to be made to the built environment to further enhance safety. The engineering countermeasures serve as a major component to servicing the needs of all mobility modes.



ENGINEERING

2018 Engineering Enhancements

Advanced Signal Signage

We continue to implement and standardize Traffic Signal Ahead sign's to advise motorists of an upcoming signal.



Rectangular Rapid Flashing Beacons

Flashing lights installed at a Pedestrian Cross Over (PXO) to increase conspicuity of people crossing the roadway. *As of 2018 the Region of Peel has started inclusion of Rectangular Rapid Flashing Beacons at selected crossovers.*



Electronic Signs

Radar Traffic Feedback Signs and Vehicle Activated Traffic Calming Signs (VATCS) to help remind motorists of their speed and slow traffic down. *As of 2018, the Region of Peel has installed 28 electronic signs.*



2018 Engineering Enhancements

Pedestrian Crossing

Pedestrian crossovers (PXO), Intersection Pedestrian Crossings (IPS) and Mid-Block Crossings help to facilitate safer roadway crossings for people. *The Region of Peel installed 20 PXO's in 2018.*



Right Turn Channel

The Region is reviewing the use of smart channels and retrofitting the existing right turn channels to support walkability and cycling. *The Region of Peel retrofitted seven intersections in 2018.*



Cycling Infrastructure

Cycling infrastructure is installed to delineate cycling areas from other roadway users.



2018 Engineering Enhancements

Protected Left Turn Signals

Protected left turn signals are implemented to prevent conflicts between left turning vehicles, and opposing through vehicles. *The Region of Peel installed three Protected Left Turns in 2018.*



Speed Limit Review

Speed limit reviews are conducted to ensure the posted speed limit aligns with the surrounding land uses. It is a traffic calming technique to lower operating speeds on our roadways.

The Region of Peel lowered the speed limit along seven different corridors.



Traffic Calming Speed Cushions

Traffic calming speed cushions are installed to help control vehicle speeds. They are designed with a gap to minimize the impact to fire trucks.





EDUCATION AND OUTREACH PROGRAMS



Education and Outreach countermeasures aim to increase awareness of road safety, while empowering all road users to make safer choices. Empathy is a concept that requires one road user to put themselves in the position of another and is applied to all Region of Peel Education and Outreach initiatives.



EDUCATION

2018 Education and Outreach - Committees, Conferences and Awards

The Vision Zero goal is to empower all road users to make safer choices and adopt an empathic behavior change. To do so, Regional staff and Police services have attended various events and participated on several committees to promote road safety in 2018, while using various social media campaigns to raise public awareness.

General Committees, Conferences and Awards:

- Conference of the Transportation Association of Canada, Saskatoon, SK
- O.P.W.A Management Innovation Award
- The C.I.T.E Annual Conference, Edmonton
- Road Safety Committee of Ontario
- Mississauga Road Safety Committee
- Region of Peel Vision Zero Task Force





EDUCATION

2018 Education and Outreach - Pedestrians & Cyclists

Peel continues to expand walking and cycling infrastructure to support safer and healthier modes of travel.

Education and Outreach programs help to support this by providing pedestrian and cycling safety messages to all road users in Peel.

In 2018, 1,013 bicycle bells and 5,950 bicycle lights were distributed to schools across Peel to promote cyclist safety.

Programs and Committees:

- Brampton Book Bike Ride
- Walk and Roll Peel
- Brampton Cycling Advisory Committee
- Active Transportation Task Force
- Mississauga Cycling Advisory Committee
- Bike Brampton
- Pedestrian Safety Month





2018 Education and Outreach - Schools

The Region and police services encourages safe walking and cycling to, and from, school by working collaboratively with a variety of community partners to engage schools and youth in active transportation initiatives.

Programs and Committees:

- Secondary School Pilot Program
- Peel Children Water Festival
- Best Foot Forward Workshops
- Bike to School Event
- Bike Rack Program
- Caledon School Traffic Safety Committee
- Peel Safe and Active Routes to School Committee
- GTHA Active and Safe School Travel Hub
- Peel School Travel Planning





ENFORCEMENT AND EDUCATION CAMPAIGNS



Enforcement countermeasures include both police manned and automated enforcement. They emphasize better compliance with existing rules of the road and educating drivers on the consequences of their actions.



ENFORCEMENT AND EDUCATION CAMPAIGNS

2018 Police Services Education Awareness Programs

Peel Regional Police and Ontario Provincial Police - Caledon Detachment promote and deliver road safety education awareness programs to help reduce the number of fatal and injury collisions in the Region of Peel.

- Partnered with Town of Caledon Schools to participate in annual Walk to School Week Programming as well as Bike to School Week Programming
- Participated in School Travel Planning (STP)
- Partnered with Regional Municipalities to participate in annual Pedestrian Safety Month, Walk to School and Bike to School Week programs
- Participated in Bicycle Rodeo Community program at Children's Safety Village
- Participated in the National Teen Driver Safety Week
- Motorcycle Safety Awareness Month
- National Police Week
- Tow Truck Campaign
- Participated in Peel Safe and Active routes to School (PSARTS) committee work and school route planning activities
- Participated in Town of Caledon Active Transportation Task Force





ENFORCEMENT AND EDUCATION CAMPAIGNS

2018 Peel Region Police & Ontario Provincial Police - Caledon Detachment Enforcement

The objective of traffic enforcement is to make road users follow the rules of the road by complying with the traffic laws and regulations, and to facilitate safe movement of traffic, pedestrians and cyclists.

Peel Regional Police & Ontario Provincial Police - Caledon Detachment Road Safety Initiatives 2018

Road Safety Initiatives
Distracted Driving Campaign
Seat Belt Campaigns
Road Safety Week
ERASE (Eliminate Racing Activities on Streets Everywhere)
Victoria Day Long Weekend Road Safety Campaign
Operation Corridor
Canada Day Long Weekend Road Safety Campaigns
Operation Safe Trucking
Civic Day Long Weekend Road Safety Initiatives
Labour Day Long Weekend Road Safety Campaigns
Seat belt Campaign
Operation Impact (Improve Safe Driving Practices)
Festive Reduce Impaired Driving Everywhere (R.I.D.E) Campaigns
Impaired Driving Campaigns
Speed and Aggressive Driving Campaigns
Back to School Safety Blitz



ENFORCEMENT AND EDUCATION CAMPAIGNS

2018 Peel Regional Police & Ontario Provincial Police Enforcement

Traffic enforcement objective is to reduce vehicular collisions and injuries while promoting the safe and efficient movement of vehicle's, cyclist and pedestrian traffic through voluntary compliance with traffic regulations.



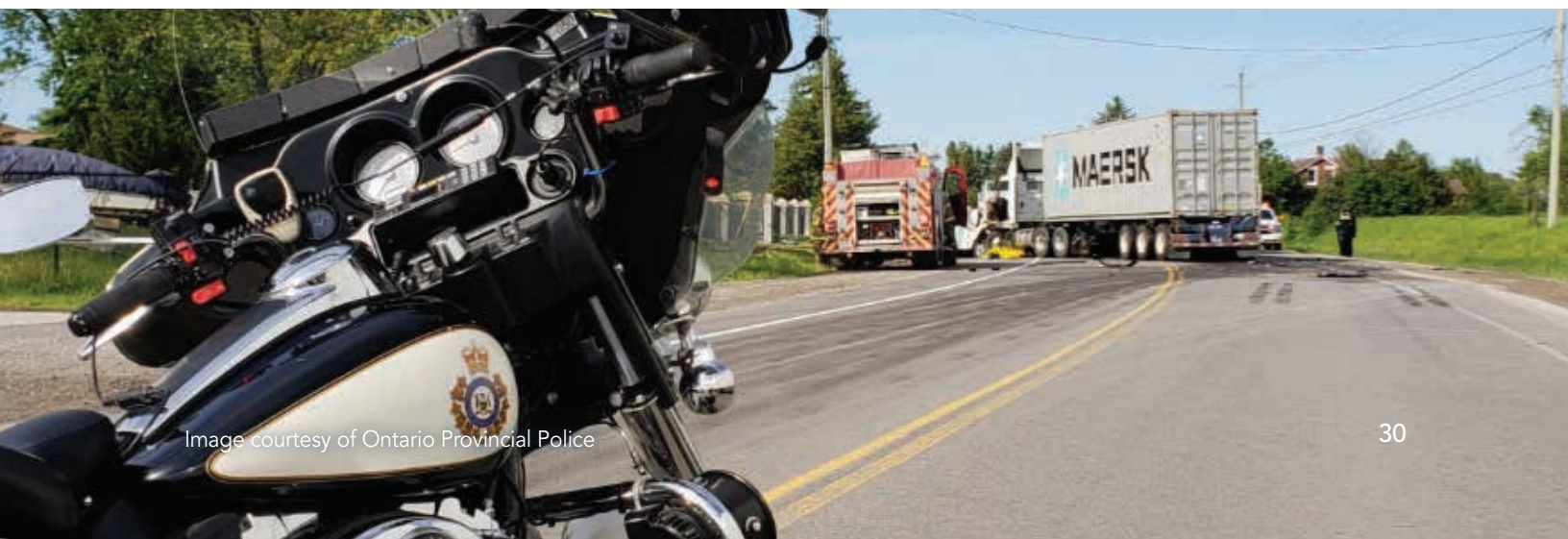
General Traffic Enforcement Activity 2018

- Reduce Impaired Driving Everywhere (R.I.D.E.) spot checks
- Traffic stops of motor vehicles
- Provincial offence notices (tickets) to vehicle drivers or passengers for failing to properly utilize a seatbelt
- Provincial offence notices (tickets) to vehicle drivers who were speeding
- Provincial offence notices (tickets) to vehicle drivers who were driving while distracted using hand held communication device
- Laid criminal code charges to drivers for impaired operation of a motor vehicle



Commercial Motor Vehicle Enforcement Activity 2018

- Traffic Stops of Commercial Motor Vehicles
- Unsafe Commercial Motor Vehicles Out of Service and removed from roadway





ROAD SAFETY CULTURE

Road Safety Culture

Public Works and Public Health are leading a 'road safety culture' organizational change to ensure safety is embedded as a core value in transportation decision-making throughout the Region of Peel.

The goal of this initiative is to change values and attitudes so that road safety is prioritized over other factors such as cost, speed, delay, level of service and convenience.

It will be targeted towards Regional employees, as well as Peel residents. The expected outcome is a positive change in attitudes, beliefs, knowledge and behaviours regarding road safety for everyone designing, maintaining and using the roads in the Region.

“At the core of all road safety programs is the need to cultivate a strong and consistent safety culture to promote safe behavior by all road users”



VISION ZERO PARTNERS

Vision Zero Task Force

Road safety must be integrated into decision making processes. As part of this plan, the Region created a Vision Zero Task Force. The Vision Zero Task Force consists of members from local municipalities, the Region, elected officials, police, and other stakeholders. The Task Force supports ongoing efforts to achieve

the Road Safety Strategic Plan's vision and goal by ensuring that all opportunities to improve road safety are identified, prioritized, supported, and implemented as appropriate. We would like to thank the following partners that continue to work with us to achieve our road safety vision and goals.



Region of Peel



Peel Regional Police



Ontario Provincial Police



Town of Caledon



City of Brampton



City of Mississauga



Regional Municipality of York



Peel Public Health



MiWay



Bike Brampton

BikeBrampton.ca
Biking in Brampton
Builds our Community



Brampton Cycling Awareness Committee



Mississauga Cycling Advisory Committee



Road Today



CAA



MADD



MTO

VISION ZERO COMMUNITY

How to be a Part of Vision Zero

Road safety is a shared responsibility among the users, designers, and decision makers. Together we can work towards a Region where there are no injuries and deaths resulting from a traffic collision.

The Region cannot achieve Vision Zero on its own. It will take a community to eliminate fatal and injury collisions on the roads. You can play a part in promoting safety by:

- Sharing the road and looking for pedestrians in the crosswalk before turning
- Learning the rules of the road and obeying traffic laws
- Sharing Traffic Safety Videos or tell your story
- Following us on Twitter (@regionofpeel) and retweeting our safety messages
- Sharing this safety Vision with friends, family and co-workers
- Encouraging your community groups like schools, clubs, places of worship etc. to be Vision Zero Partners

Promote Safety

Be the change you wish to see!

- Mahatma Gandhi



STAY CONNECTED



VISION ZERO TASK FORCE





Region of Peel

Region
of Peel
working with you

Subject: FW: Ontario Announces E-Scooter Pilot on Municipal Roads

From: AMO Communications <Communicate@amo.on.ca>
Sent: November 28, 2019 4:17 PM
To: Lockyer, Kathryn <kathryn.lockyer@peelregion.ca>
Subject: Ontario Announces E-Scooter Pilot on Municipal Roads

REFERRAL TO PUBLIC WORKS
RECOMMENDED _____
DIRECTION REQUIRED _____
RECEIPT RECOMMENDED _____

AMO Policy Update not displaying correctly? [View the online version](#) | [Send to a friend](#)
Add Communicate@amo.on.ca to your safe list



POLICY UPDATE

November 28, 2019

Ontario Announces E-Scooter Pilot on Municipal Roads

On November 27, 2019, the Government of Ontario [announced](#) that it would begin a pilot program to allow electric scooters on municipal roads in Ontario. The pilot will go live in January 1, 2020. Under the pilot, municipal governments are able to opt in through by-law to allow electric scooters on their roads, paths, and (in some cases) sidewalks; license electric scooter rental companies; regulate parking and the number of devices available in an area; impose data sharing and insurance requirements amongst other licensing criteria. Municipal governments, and their staff, are encouraged to think through all of these issues before opting to allow the devices in their communities.

E-scooters, as they are called, have been emerging in cities across North America and beyond, and have the potential to add “micro-mobility” solutions to help augment transportation such as connections between transit and individual destinations. As they are electric, they do not add exhaust emissions that decrease air quality (depending on how electricity is generated) or noise pollution.

However, E-scooters also have the potential to increase safety concerns for riders, pedestrians, vulnerable road users, and cyclists. The pilot imposes some conditions on the devices, which riders must wear helmets, and limits maximum speed to 24 km/h. Advocates for people with disabilities in particular have [pointed](#) to the challenges E-scooters may pose for that community. Some cities have experienced a profusion of E-scooters left on sidewalks that increase nuisance and hazards for pedestrians. However, municipal parking rules and company policies which continue

to charge users for rentals, if not parked in authorized areas, may help to reduce this practice.

Municipal governments interested in allowing their use need to work to balance these concerns with the desire for flexible, micro-mobility devices and ensure that they meet municipal transportation needs and other local policy goals. AMO members are especially encouraged to consult with their communities before joining the pilot and ensure plans are in place to discourage nuisance, reduce any residual municipal liability through adequate insurance requirements, address the needs of disabled and vulnerable road users, and reduce nuisance and conflicts between E-scooter riders, cyclists, pedestrians and motorists. Interested municipal governments should also consider how they would enforce their by-laws in this area and costs to do so as they develop rules and/or permitting for rental companies. Municipalities should also consider how they will collect incident data with local hospitals and health authorities as well as police reporting during the pilot.

The following resources may assist municipal officials in interested municipalities in considering issues they may encounter in by-laws and policies development that best meet their local needs:

Ontario Ministry of Transportation:

- [Regulation 389/19](#)
- [MTO E-Scooter Pilot Information](#)
- [MTO E-Scooter Best Practices](#)

Share The Road:

- [Preparing for E-Scooters](#)

AMO Contact: Craig Reid, Senior Advisor, creid@amo.on.ca, 416-971-9856 ext. 334.

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Allan Thompson
Mayor

December 19, 2019

Sent via E-mail and Regular Mail

Caroline Mulroney, Minister of Transportation
777 Bay Street 5th Floor
Toronto, ON M7A 1Z8

RECEIVED

December 23, 2019
REGION OF PEEL
OFFICE OF THE REGIONAL CLERK

Dear Minister Mulroney,

RE: STAFF REPORT 2019-0271 AUTOMATED SPEED ENFORCEMENT IMPLEMENTATION

I am writing to advise that at the Council meeting held on December 17, 2019 Council adopted a resolution regarding Automated Speed Enforcement Implementation.

The resolution reads as follows:

That the Automated Speed Enforcement implementation in Caledon, as outlined in Staff Report 2019-0271, be endorsed;

That the Town enter into a Memorandum of Understanding with the Region of Peel to govern the roles and responsibilities of each level of government in order to implement Automated Speed Enforcement in Caledon;

That a copy of this report be forwarded to the Ministry of Transportation (MTO), the Ministry of the Attorney General, Region of Peel and Ontario Provincial Police.

A copy of Staff Report 2019-0271 is enclosed for your information.

For more information regarding this resolution, please Arash Olia, Acting Manager, Transportation Engineering directly at 905-584-2272, ext. 4073.

Thank you for your attention to this matter.

Sincerely,

Allan Thompson
Mayor

REFERRAL TO _____
RECOMMENDED _____
DIRECTION REQUIRED _____
RECEIPT RECOMMENDED _____

cc: Arash Olia, Acting Manager, Transportation Engineering
The Honourable Doug Downey, Minister of Attorney General
Kathryn Lockyer, Regional Clerk, Region of Peel
Thomas Carrique, Commissioner, Ontario Provincial Police

THE CORPORATION OF THE TOWN OF CALEDON

6311 Old Church Road, Caledon East, Caledon, ON, Canada L7C 1J6
T. 905.584.2272 | 1.888.225.3366 | F. 905.584.1444 | www.caledon.ca | allan.thompson@caledon.ca | @Caledon_Mayor

Staff Report 2019-0271

Meeting Date: December 3, 2019
Subject: Automated Speed Enforcement Implementation
Submitted By: Arash Olia, Interim Manager, Transportation Engineering

RECOMMENDATION

That the Automated Speed Enforcement implementation in Caledon, as outlined in Staff Report 2019-0271, be endorsed;

That the Town enter into a Memorandum of Understanding with the Region of Peel to govern the roles and responsibilities of each level of government in order to implement Automated Speed Enforcement in Caledon;

That a copy of this report be forwarded to the Ministry of Transportation (MTO), the Ministry of the Attorney General, Region of Peel and Ontario Provincial Police.

REPORT HIGHLIGHTS

- The legislation that allows municipalities to use Automated Speed Enforcement (ASE) was passed on May 20, 2017, to use ASE's only in School Zones, and in Community Safety Zones.
- The Region of Peel has proposed that a portable ASE be installed at Community Safety Zones/School Zones along the Regional Roads within the Town of Caledon. The timing on this is based on Region's agreement with the Vendor, Toronto Joint Processing Centre, and the Province, and has been earmarked for 2020.
- The number of ASE tickets are estimated to be 31 per hour per ASE site (7,500 per year).

DISCUSSION

Background and Purpose

On May 30, 2017, Bill 65, *the Safer School Zone Act*, was passed by the Province of Ontario. This legislation permits municipalities to use Automated Speed Enforcement (ASE), commonly referred to as "photo radar", to enforce speed limits on roadways in Community Safety Zones and School Zones where posted speed limits are less than 80 km/h.

To assist in the consistent implementation of ASE's across the province, the Ontario Traffic Council (OTC) organized an ASE Working Group that includes representatives from different government organizations across Ontario. The OTC's ASE Working Group



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has been working together for over a year the technical details related to ASE implementation, including development of technical standards, agreement on a common set of technology/equipment to be used across the province, and input into the development of provincial government regulations under which the ASE program will operate (see Schedule A). Being a priority for the Town, staff from the Town's Traffic Engineering division have been participating in the OTC ASE Working Group from the beginning.

On September 24, 2019, Council provided the following staff direction:

That the Province of Ontario/Ministry of Transportation of Ontario be requested to list the Town of Caledon in the Provincial regulation related to Automated Speed Enforcement; and

That Town staff continue to work in collaboration with Peel Region, the Ontario Provincial Police, the Ministry of Transportation of Ontario, the Ministry of the Attorney General, other municipalities in Ontario, and Ontario Traffic Council to further investigate how the Automated Speed Enforcement (ASE) program can be implemented and report back to Council.

The purpose of this report is to provide an update with the Council regarding staff investigation on the implementation and implications of the deployment of ASE to reduce operating speeds and improve safety within designated Community Safety Zones/School Zones in the Town of Caledon.

Automated Speed Enforcement Operations

ASE's are installed roadside with camera technology and speed measurement devices that can automatically detect the speed of a vehicle, compare that speed to a posted speed limit, and if necessary take photographs of the license plates of vehicles that are travelling in excess of the posted speed limit. ASE's can be either fixed or mobile deployment. The benefit of mobile ASE's is that they can be moved regularly between sites to reduce the operating speed across the network.

Similar to red light camera images, it is proposed that all ASE images/photos will be delivered to the Toronto Joint Processing Centre (JPC). Provincial Offences Officers at the JPC review the photos and determine if an offence occurred. Based on the review, an offence notice/ticket is mailed directly to the owner of the vehicle, and a copy is sent to the municipality where they are filed with the Court Office by a designated Provincial Offences Officer.

To allow for the operation of the ASE Program, the Region of Peel has been working on operational agreements with the City of Toronto to manage the processing centre as well

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as with the Ministry of Transportation of Ontario to provide the vehicle licence plate information and the vendor for leasing a portable camera.

Automated Speed Enforcement Site Selection

Recently, the Region of Peel has proposed that a portable ASE be installed within the Community Safety Zones/School Zones within Caledon. The timing on this is subject to completion of an agreement between the Region and JPC, the Province and Vendor and has been earmarked for 2020.

For the purpose of the initial deployment, a mobile ASE device will be rotated through selected Community Safety Zones subject to detailed design review and assessment of each site by staff with the approved vendor.

To allow for the implementation of ASE in Caledon, Town staff recommend that the Town negotiate and enter into a Memorandum of Understanding with the Region of Peel to govern the roles and responsibilities of each level of government in order to implement ASE within Community Safety Zones/School Zones along Regional Roads in Caledon.

The *Safer School Zones Act* specified ASE could only be used by municipalities in School Zones and Community Safety Zones with posted speed limits less than 80 km/h. The OTC has recently issued a Guidelines for the use of ASE in Ontario to ensure that automated speed enforcement is used as a road safety tool to promote compliance with posted speed limits in school and community safety zones with a resulting improvement in collisions and other outcomes. The Guidelines provides guidance on the evaluation, site selection, signage, speed limit, devices, transition zones, charging process.

The site selection process is based on the traffic volume, travel speed, length, time of service, collision records, zone environment, and school population. Prior to finalizing the locations, a site audit should be conducted to ensure there are no physical impediments that may prevent or restrict the full functionality of the ASE equipment, including power supply. The following criteria will be reviewed at all proposed sites:

- All necessary regulatory signs are in place;
- There are no obstructions to the ASE equipment including on-street parking;
- There is no road work planned. ASE should not be used if there is road work or construction in the school or community safety zone;
- If the location involves a change in the posted speed limit, the ability to accommodate a sufficient buffer;
- There is adequate boulevard space to accommodate the ASE equipment;
- There are no sharp curves in the road or extreme grading that may affect the operation of the ASE system;
- No speed limit reductions are planned or recently implemented.

Impact on Legal Services

Legal Services staff have been working with Transportation Engineering staff on this initiative to provide support for the proposed program. The volume of speeding offences is expected to be significant (particularly in the initial few months of operation) and therefore, there is concern regarding available court resources to manage the expected demand.

Based on the existing traffic data, Transportation staff estimate that the number of ASE tickets could be 31 per hour (7,500 per year) per ASE site. The Region of Peel is responsible for the installation, operation, maintenance, repair and removal of the ASE and the Town is responsible for the prosecution after an ASE ticket is issued. For the Town, this includes operating and administering the Provincial Offences Court and collection of fines from the infraction tickets. The estimated cost to run an ASE site is \$300,000 per year and is paid for by the Region of Peel; this is based on the deployment of a mobile site generating 5,000 offences annually.

Transportation Engineering staff and Legal Services staff are working together to ensure the volume of charges can be managed and will monitor to ensure that the resources are made available so that the program will not be put in jeopardy.

FINANCIAL IMPLICATIONS

Based on the estimation of ASE deployment, the current Caledon POA courthouse could handle the estimated 7,500 tickets. Currently, the average charge volume for Caledon is approximately 28,000 matters per year, of which approximately 14,000 are scheduled matters (for either trial or early resolution), and on average, 480 are appealed to a higher court per year. The impact on the prosecution team will have to be assessed and will be monitored as ASE is deployed. As stated, Peel Region is expected to be responsible for installation, operation, maintenance, repair and removal of the ASE system on Regional Roads in Caledon. The Town of Caledon will be responsible for the operation and administration of the Provincial Offences Court, including handling the prosecution of ASE-related infractions and collection of fines.

Fines for speeding in Ontario are pro-rated for each kilometer over the posted speed limit, as prescribed in section 128(14) of the *Highway Traffic Act*. As such, the total fine revenue is subject to the number of infractions as well as the degree to which speeding infractions are over the legal limit.

At this time, staff are planning to monitor the volume of work, whether there will be an overall net cost projected for the Town related to the ASE deployment and the accuracy of the projected number of tickets. The monitoring will include the Town costs related to ASE (including fine payment processing, courier costs from Toronto to Town Hall for the certificate of offences, court scheduling, prosecution and adjudication time/costs,

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collections) along with the associated fine revenue to determine the 2021 and future budget impacts. Staff will also work with the Region to obtain information on the effectiveness of the ASE program in Caledon when the data is available.

On November 19, 2019 Council directed Staff to investigate using the Caledon Policing Reserves, held at the Region of Peel, to fund costs associated with ASE and Red-Light Cameras. Staff discussed the matter with the Caledon OPP as to whether this could be considered a Policing matter. As the programs are joint Town and Region initiatives, which do not involve or require oversight by the police, the Caledon OPP's response was that these are not considered a police matters. Town staff also consulted with Regional Staff as it relates to the use of the Caledon Policing Reserves. Based on the description and the purpose for which the capital reserve and rate stabilization were approved (as "OPP"), Regional Staff provided an opinion that was in line with the OPP response, e.g. that this is not a police matter, therefore the use of the "OPP" reserves would not be appropriate.

COUNCIL WORK PLAN

This work aligns with the Sustainable Growth pillar in the Council Work Plan 2018-2022, to continue implementation of the Transportation Master Plan including transit, infrastructure, cycling, traffic management, traffic calming, liveable and walkable communities.

ATTACHMENTS

Schedule A: OTC Response to the Ministry of Transportation regarding ASE



Ontario Traffic Council
www.otc.org

10.2-7
Ontario Traffic Council

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E-mail: info@otc.org

September 30, 2019

Ministry of Transportation
Road Safety Policy Office
Safety Policy and Education Branch
87 Sir William Hearst Avenue
Building "A", Room 212
Toronto ON M3M 0B4

Board of Directors
2019-2020

President
Nelson Cadete
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Adam Bell
TMIG

Director of Transportation Planning & Sustainability
Manoj Dilwaria
City of Thorold

Past President
Jeffrey Smart
Tacel Ltd.

Executive Director
Geoff Wilkinson

Re: Regulation Proposal: 19-MTO027

The Ontario Traffic Council (OTC) would like to thank the Ontario Government for allowing us the opportunity to provide our feedback and support of the Regulation Proposals for Enhancing Municipal Road Safety through Automated Speed Enforcement (ASE), Proposal Number 19-MTO027.

In anticipation of the proclamation of the Safer School Zones Act 2017, the Ontario Traffic Council (OTC) formed an Automated Speed Enforcement Working Group. This Group consists of 28 municipalities interested in working alongside the MTO on developing a consistent and sustainable ASE program. Our collective goal is to increase safety in school community safety zones, through improved speed compliance.

Participating municipalities include Niagara Region, Peel Region, York Region, Waterloo Region, Durham Region, Toronto, Mississauga, Brampton, London, Ottawa, Kingston, Ajax, Caledon, Hamilton, Greater Sudbury, Vaughan, Oakville, Oxford County, Burlington, Markham, Oshawa, Milton, Guelph, Cambridge, Whitby, Peterborough, Niagara Falls, Greater Sudbury. In addition to municipalities, MTO and MAG staff have also participated in the ASE Working Group meetings.

The OTC and our ASE Working Group are fully supportive of the ASE Regulations as outlined in the Regulatory Postings as posted on the Province's website. The OTC, participating municipalities and the MTO have worked very diligently over the past two years to address and overcome issues and challenges that may have inhibited the implementation of the ASE Program in Ontario.

While there may be opportunities to enhance the ASE Program after the Regulations are in place, the OTC is confident the ASE Program as developed today will act as a useful and effective tool for municipalities to use across Ontario to help protect our vulnerable road users in school zones. We have been and remain committed to the mutual MTO and Municipalities goal of implementing ASE beginning December 1, 2019.

Yours truly,

Geoff Wilkinson,

c.c. OTC ASE Working Group

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**ITEMS RELATED TO
HEALTH**

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DATE: December 16, 2019

REPORT TITLE: **THE REGION OF PEEL'S RESPONSE TO THE PROVINCIAL PUBLIC HEALTH TRANSFORMATION CONSULTATION**

FROM: Cathy Granger, Acting Commissioner of Health Services
Jessica Hopkins, MD MHScc CCFP FRCPC, Medical Officer of Health

RECOMMENDATION

That the report from the Acting Commissioner of Health Services and Medical Officer of Health, titled "The Region of Peel's Response to the Provincial Public Health Transformation Consultation", be endorsed;

And further, that the submission, incorporating Regional Council as the Board of Health input as directed, be sent to the Assistant Deputy Minister and Executive Lead for Public Health and Paramedic Transformation, the Special Advisor, Public Health and Paramedic Modernization, and the Chief Medical Officer of Health, as the Region of Peel's official response to the Provincial consultation regarding the public health transformation in Ontario.

REPORT HIGHLIGHTS

- This report recommends endorsement of Regional Council's, as the Board of Health, response to the Provincial consultations on Ontario's public health sector transformation.
- Appendix I, summarizing highlights of the recommendations, was shared with members of Council participating in a consultation meeting held on January 8, 2020.
- Eight recommendations, as detailed in Appendices I and II, include:
 - Capacity:
 1. Peel Public Health becomes one of the regional public health entities in Ontario given the Region of Peel's geographic size and population.
 2. Ensure sufficient public health funding to meet community needs.
 - Alignment of Health, Social and Other Services:
 3. Leverage existing integration with local and regional services to maximize opportunities for collaboration.
 - Clarity and Alignment of Roles and Responsibilities:
 4. Maintain the mandate and core functions of local public health as described in the Ontario Public Health Standards.
 5. Ensure public health remains responsive to local community needs.
 6. Improve Provincial coordination, program direction and technical support to increase alignment and capacity across public health entities in Ontario.
 - Governance, Leadership and Priority Setting:
 7. Maintain Region of Peel Council as the Board of Health for Peel.
 8. Preserve the role of the local Medical Officer of Health as currently

RESPONSE TO THE PROVINCIAL PUBLIC HEALTH TRANSFORMATION CONSULTATION

described in the *Health Protection and Promotion Act*, with no degradation of independence, leadership or authority.

- The Region of Peel’s consultation responses, as endorsed, will be sent to the Province on behalf of Regional Council in its capacity as the Board of Health. A Council reference summary has also been prepared to support Council members in their advocacy efforts.

DISCUSSION

1. Background

Regional Council in its capacity as the Board of Health was informed about upcoming Provincial consultation on the Ontario public health sector transformation in the December 12, 2019, report to Council titled “Peel Public Health Transformation Consultation”. The report also summarized Council endorsed positions to inform the response, described in the consultation document, and identified February 10, 2020, as the deadline for survey and email response submissions.

Further, following an invitation by the Regional Chair, the Province hosted a consultation meeting in Peel on January 8, 2020. Appendix I, summarizing highlights of the recommendations based on previously endorsed Council positions, was shared with members of Council participating in the consultation meeting. The document was also available for members of Regional Council attending a Provincial consultation session at the Rural Ontario Municipal Association (ROMA) conference, in Toronto, from January 19 to 21, 2020.

The consultation response, included in Appendix II, is based on a comprehensive process that included: 1) several reports thorough 2019 to Regional Council in its capacity as the Board of Health, seeking approval for recommended positions; 2) a review of research literature on public health performance;¹ 3) review of lessons from past historical reports on public health capacity in Ontario; 4) collaboration with Ontario public health organizations and partners; and 5) preliminary Region of Peel transition planning as described in the October 10, 2019, report to Council, titled “Public Health Transformation Update” (Resolution 2019-922).

2. Findings

Appendices I and II contain a guidance response document for Regional Council and the detailed response to the consultation survey questions. The document specifies questions to address the following identified public health challenges across Ontario: insufficient capacity, misalignment between health and social services, duplication of effort, and inconsistent priority setting.

Highlights of recommended positions according to categories in the Provincial consultation document include:

¹ Peel Public Health. Structure of public health: A literature review. Mississauga, ON: Region of Peel – Public Health; 2019. Available from: <https://www.peelregion.ca/health/library/pdf/structure-public-health.pdf>

RESPONSE TO THE PROVINCIAL PUBLIC HEALTH TRANSFORMATION CONSULTATION

a) Capacity:

i) Peel Public Health becomes one of the regional public health entities in Ontario given the Region of Peel's geographic size and population.

- **Evidence:** Public health organizations perform better when their jurisdictional size is large enough to provide essential services, but further benefits are not clear beyond 500,000 residents.²
- **System Implications:** Peel Public Health already has a large population and size to ensure capacity, as it currently serves a population of 1.4 million residents with expected growth to 1.8 million by 2031.

ii) Ensure sufficient public health funding to meet community needs.

- **Evidence:** Research shows that every dollar invested in public health programming saves eight dollars of avoided health and social care costs.³ Sufficient per capita funding and public health expenditures are also important for public health performance.²
- **System Implications:** Historical Provincial underfunding of Peel Public Health limited its capacity to adapt to growth. Additional provincial funding will be required for transition costs if Peel Public Health is separated from Region of Peel.

b) Alignment of Health, Social and Other Services:

i) Leverage existing integration with local and regional services to maximize opportunities for collaboration.

- **Evidence:** Public health performance research shows better outcomes with strong relationships with municipalities that hold policy levers to improve population health.²
- **System Implications:** As illustrated by Peel Public Health's example, alignment of jurisdictional boundaries and partners (e.g., local municipalities, school boards, health system partners, and community organizations) enables effective and timely collaboration. The integration of Peel Public Health with Region of Peel has brought multiple benefits for Peel residents, such as stronger collaboration with municipalities, coordination of policies and services, community engagement and representation, availability of support services for better programs and shared accountability.

² Peel Public Health. Structure of public health: A literature review. Mississauga, ON: Region of Peel – Public Health; 2019. Available from: <https://www.peelregion.ca/health/library/pdf/structure-public-health.pdf>

³ Masters R, Anwar E, Collins B, Cookson R, Capewell S. Return on investment of public interventions: A systematic review. BMJ. 2017; 71:827-34.

RESPONSE TO THE PROVINCIAL PUBLIC HEALTH TRANSFORMATION CONSULTATION

c) Clarity and Alignment of Roles and Responsibilities:

i) Maintain the mandate and core functions of local public health as described in the Ontario Public Health Standards.

- **Evidence:** After the Walkerton E. coli contamination in 2000 and the SARS outbreak in 2003, a number of reports^{4,5} pointed to the importance of maintaining public health as a distinct sector with a focus on health promotion, disease prevention and emergency response.
- **System implications:** Public health is the only sector that has a distinct population health mandate, as reflected under the *Ontario Health Promotion and Protection Act* and the Ontario Public Health Standards.

ii) Ensure public health remains responsive to local community needs.

- **Evidence:** The identification of local priorities requires local data and consultation with local stakeholders and decision makers, as illustrated through the development of the 2020-2029 Peel Public Health Strategic Priorities.⁶
- **System Implications:** Local information is needed to identify community health issues that may not be visible at a Provincial level. Public health capacity is needed to engage community members in assessing, planning, implementing, and evaluating solutions to local health issues.

iii) Improve Provincial coordination, program direction and technical support to increase alignment and capacity across public health entities in Ontario.

- **Evidence:** The need for improved provincial coordination, direction and guidelines has been documented in historical lessons; including the recent 2017 Ontario Auditor General audit of chronic disease prevention.⁷
- **System Implications:** Opportunities for improved provincial coordination include providing technical guidelines with documented best practices; coordinating and planning of cross-jurisdictional public health hazards; procuring of innovative technology solutions; and supporting technical communities of practice and coordinating planning tables.

⁴ Campbell A. The SARS Commission Interim Report – SARS and Public Health in Ontario. Toronto, ON: Queen's Printer. 2004.

⁵ O'Connor D. Report of the Walkerton Inquiry: The Events of May 2000 and Related Issues. Ontario Ministry of the Attorney General; 2002

⁶ Peel Public Health. 2020-2029 Strategic Priorities for the Future. 2019. Available from: <https://www.peelregion.ca/health/health-status-report/strategic-plan/strategic-priorities-plan.pdf>

⁷ Office of the Auditor General of Ontario. Chapter 3. Section 3.10 Public Health: Chronic Disease Prevention. 2017 Annual Report. Toronto: Queen's Printer for Ontario; 2017. p. 527-69.

RESPONSE TO THE PROVINCIAL PUBLIC HEALTH TRANSFORMATION CONSULTATION

d) Governance, Leadership and Priority Setting:

i) Maintain Region of Peel Council as the Board of Health for Peel.

- **Evidence:** Historical lessons from the 2003 SARS crisis recommended that those appointed to Boards of Health possess a demonstrated experience or interest in the goals of public health, Provincial representation and that they be broadly representative of their community.⁴

For example The Region of Peel Council's endorsement of the Peel Outdoor Smoking and Vaping By-law has enabled us to become a leader in smoke free policy supporting the health in our communities.

- **System implications:** There need not be a "one-size fits all" model for governance across the province. Peel Public Health has traditionally benefited from Regional Council as the Board of Health for Peel, which provides leadership, local governance of public health services and accountability to residents. To ensure inclusivity, diversity and more direct representation of citizen voice, Regional Council could consider other inputs, such as a citizen advisory panel or paid Indigenous knowledge keeper positions, as part of their decision making as the Board of Health.

i) Preserve the role of the local Medical Officer of Health as currently described in the *Health Protection and Promotion Act*, with no degradation of independence, leadership or authority.

- **Evidence:** The Walkerton and SARS crises demonstrated the importance for public health to have the ability to act on crises to prevent deaths and disease, ensuring that efforts are outside political debate or influence.^{4,5}
- **System implications:** The capacity of the Medical Officer of Health to report directly to the Board of Health and be responsible for the effective operation of public health entities should be maintained as mandated under the *Health Protection and Promotion Act*.

3. Next Steps

- The response to the public health transformation consultation, as endorsed, will be sent to the Province on behalf of Regional Council in its capacity as the Board of Health.
- Consultations are expected to conclude by Spring 2020, with a report to the Minister of Health.
- Additional details about the Provincial plans or consultations will be shared with Regional Council in a timely manner.



Cathy Granger, Acting Commissioner of Health Services

RESPONSE TO THE PROVINCIAL PUBLIC HEALTH TRANSFORMATION CONSULTATION



Jessica Hopkins, MD MHSc CCFP FRCPC, Medical Officer of Health

Approved for Submission:



Nancy Polsinelli, Interim Chief Administrative Officer

APPENDICES

Appendix I - Council Reference Summary Response to Provincial Consultation on Public Health Transformation

Appendix II - Region of Peel's Detailed Response to Provincial Consultation on Public Health Transformation

For further information regarding this report, please contact Dr. Jessica Hopkins, Medical Officer of Health, Jessica.hopkins@peelregion.ca

Authored By: Fabio Cabarcas, ext. 8363 and Simone Kaptein, ext.2016

Ontario Public Health Transformation Consultation Highlights of Peel Public Health's Response

On November 18, 2019, the Ontario Ministry of Health released a discussion paper and details on its consultations regarding the modernization of the Ontario Public Health sector. This is an opportunity to provide input into how to strengthen the public health system in Ontario and Peel.

This document summarizes the Region of Peel's response to the consultation, organized by key challenges mentioned in the Provincial discussion paper.

Capacity

The Provincial Government has identified challenges in the consistency of public health services across Ontario, retention and recruitment of a highly skilled public health workforce and ability to respond to emerging public health threats and emergencies. Inequities in these areas have been noted for smaller and more remote public health units.

Region of Peel Board of Health (BOH) recommendations:

- Peel Public Health become one of the regional public health entities in Ontario given the Region of Peel's geographic size and population.
- Ensure sufficient public health funding to meet community needs.

Key success factors:

Critical mass to meet surge capacity

- o **Evidence:** Synthesized research evidence on public health capacity¹ indicates that public health organizations perform better when their jurisdictional size is large enough to provide essential services, but further benefits are not clear beyond 500,000 residents.
- o **System implications:** Peel Public Health is a high-performing public health unit with the critical mass to enable surge capacity for health emergencies, and the right mix of staff to effectively deliver programs and services. Increasing Peel's population size could result in decreased public health performance. Consideration to increasing jurisdiction size of smaller health units to obtain at least 100,000 population should be considered based on the literature.

Public health expertise spans several health disciplines including nutritionists, nurses, health promoters, inspectors, dental hygienists, epidemiologists, analysts and many more. Local public health must have the capacity and capabilities to understand local needs and context to inform local public health priorities and to ensure public health interventions are appropriate for the local population.

Workforce capacity and ability to make evidence-informed decisions

- o **Evidence:** An evidence review indicated that public health entities with a high proportion of staff relative to the size of the population serviced, with a mix of disciplines, training and experience, are positively associated with public health performance.¹
- o **System implications:** To maximize the use of stretched resources, Peel Public Health has developed a deliberate, phased approach to promote workforce capacity and institutional evidence-based decision making. This process has been clearly documented, published in the peer reviewed literature, and could be scaled-up across the province.

Peel Public Health identified workforce development and evidence-based practice as priorities in its 2009-2019 Strategic Plan. An organization-wide strategic workforce development program was instituted based on theory, evidence and data. Workforce development combines three approaches: workforce planning, human resources management, and capacity development.

Sufficient public health funding to meet community needs

- o **Evidence:** A recent review of research found that every dollar invested in public health programming saves eight dollars of avoided health and social care costs.² Sufficient per capita funding and public health expenditures were also identified as important for public health performance in the research.¹
- o **System implications:** In order to deliver on provincial and local priorities and meet community needs, the Province should consider fully and sufficiently funding public health entities. Region of Peel has historically contributed more than the required 25 per cent of public health costs to offset the underfunding from the Province and meet community needs. Additionally, the Province should fully fund any costs associated with public health system transformation to minimize the fiscal impact on municipalities. Upstream investment in public health will strengthen the entire system and contribute to decreasing hallway medicine.

Suggestions for strengthening capacity:

- Developing a long-term public health system provincial funding strategy to ensure stable and sufficient public health funding that incorporates population growth projections and community needs.
- Developing a Provincial Public Health Human Resource Strategy, with professional development initiatives, and recruitment and retention supports, as identified by the Capacity Review Committee as early as 2006.³

Alignment of Health, Social and Other Services

The Provincial Government has identified challenges that make it harder to improve population health, including barriers to collaborating effectively with local health, social and other services.

Region of Peel Board of Health (BOH) recommendations:

- Leverage existing integration with local and regional services to maximize opportunities for collaboration.

Key success factors:

Interorganizational relationships, shared projects and strong local partnerships

- o **Evidence:** A literature review found that strong relationships with municipalities who hold policy levers to improve population health improve public health performance.¹
- o **System implications:** Alignment of jurisdictional boundaries for public health entities and partners (e.g., local municipalities, school boards, health system partners, and community organizations) enables effective and timely collaboration.

Healthy Communities Initiative, Brampton and Mississauga Diabetes Strategy.

Between 2013 and 2024, there could be over 100,000 new cases of diabetes in Peel, resulting in close to \$700M in health care costs.⁴ Peel Public Health works proactively with municipalities, schools, day cares, faith centres and multiple local partners to promote communities and settings that make it easier to eat healthy and be physically active which are preventive factors for diabetes. These strategies could serve as a template which could be scaled up in non-Indigenous communities where diabetes is of concern.

Dental screening and preventive oral health services.

Peel Public Health collaborates with settlement and social services providers (e.g., Polycultural Immigrant Services, Children's Aid Society, subsidized housing providers, and others) to link vulnerable Peel residents to oral health services. This helps to reduce disparities related to access and improve oral health.

Suggestions for strengthening alignment:

- Sharing similar boundaries and catchment areas to other health and social service organizations.
- Having formal relationships with local services, including specific mandates to work with public health.
- Collaborating at the Provincial level on complex health issues that intersect multiple ministries (i.e., Health in All policies).

Clarity and Alignment of Roles and Responsibilities

The Provincial government has identified duplication, unnecessary redundancies, inconsistencies and lack of coordination across the public health system. It is also seeking suggestions for the role of Public Health Ontario.

Region of Peel BOH recommendations:

- Maintain the mandate and core functions of local public health, as described in the Ontario Public Health Standards, 2018, which complement the health care system.
- Ensure public health remains responsive to local community needs.
- Improve Provincial coordination, program direction and technical support to increase alignment and capacity across public health entities in Ontario.

Key success factors:

Clear mandate and core functions of local public health

- o **Evidence:** After the Walkerton E. coli contamination in 2000 and the SARS outbreak in 2003, a number of reports^{5,6} pointed to the importance of maintaining public health as a distinct sector with a focus on health promotion, disease prevention and emergency response.
- o **System implications:** Public health is the only entity that has a distinct, upstream mandate to focus on the health of whole populations, as reflected under the Ontario *Health Promotion and Protection Act* and the Ontario Public Health Standards. Maintaining the unique role of public health is complementary to the health care system and ensures continuity from upstream prevention to downstream treatment in hospitals.

Ability to respond to local community needs

- o **Evidence:** People live in unique communities. The identification of local priorities requires consultation with local stakeholders. For instance, to identify priorities and opportunities for action, the development of the 2020-2029 Peel Public Health Strategic Plan included consultations with all local municipalities, local hospitals and health care agencies, school boards, local community health centres, other Region of Peel departments (Human Services, Public Works, and Corporate Services), police services, and public health clients, among others.
- o **System implications:** Peel Public Health has a clearly documented strategic planning process which included development of a comprehensive health status report to inform local need and subsequent consultations to determine priorities. This model could be scaled-up and strengthened with models from other public health entities across Ontario. Local information is needed to identify community

Peel Public Health's opioid surveillance continues to be focused on how Peel differs, both in trends and characteristics, from the rest of Ontario on this issue which has allowed for development of a local Opioid Strategy.

health issues that may not be visible at a Provincial level. Most provincial analyses look at overall rates without sufficient information to identify local disparities and understand local contexts.

Methods used in the examples above could be applied in other jurisdictions lacking the capacity to develop local approaches to population health assessment.

Suggestions for strengthening roles:

- Improving Provincial coordination, program direction and technical guidelines and support to increase alignment and capacity across public health entities in Ontario.
- Coordinating resources and strategies for innovative technology solutions needed locally (e.g., service scheduling, electronic record management, social media tools, and data management).
- Supporting cross-jurisdictional public health communities of practice.

Governance, Leadership and Priority Setting

The Province notes that varying governance and leadership models across Ontario lead to differences in decision making and accountability between health units. This presents challenges to priority setting and collaboration between public health units and other sectors.

Region of Peel BOH recommendations:

- Maintain Region of Peel Council as the Board of Health for Peel.
- Preserve the role of the local Medical Officer of Health as currently described in the *Health Protection and Promotion Act*, with no degradation of independence, leadership or authority.

Key success factors:

Strong Boards of Health accountable to residents served

- **Evidence:** Historical lessons from the 2003 SARS crisis recommended that those appointed to Boards of Health possess a demonstrated experience or interest in the goals of public health, Provincial representation and that they be broadly representative of their community.⁵
- **System implications:** Governance need not be a "one-size fits all" model. Key principles could be developed that would strengthen governance without disrupting municipal/regional organizational structures. Key principles for Boards of Health could be developed and could include: appropriate and proportional representation for the population/community; skills-based membership; inclusion of Indigenous perspectives and knowledge; and others.

Public health entity leadership

- o **Evidence:** The Walkerton and SARS crises demonstrated the importance for public health to have the ability to act on crises to prevent deaths and disease, ensuring that efforts are outside political debate or influence.^{5,6}
- o **System implications:** The legislated role and authority of the Board of Health and Medical Officer of Health as described in the current *Health Protection and Promotion Act* should be maintained to allow for effective and timely actions for public health and safety.

Suggestions for strengthening governance and leadership models:

- Avoiding a “one-size-fits-all” public health model; local flexibility is essential.
- Maintaining or strengthening formal links between local municipalities and boards of health.
- Retaining the Board of Health and Medical Officer of Health legislated authority and responsibility in the *Health Protection and Promotion Act* to act appropriately for public health and safety.

Any changes to public health must strengthen the system's capacity to improve the population health in all of Ontario's communities. In addition, Provincial supports (financial, legal, administrative) must be provided to assist existing local public health agencies in their transition to any new state without interruption to front-line services.

References

- ¹ Peel Public Health. Structure of public health: A literature review. Mississauga, ON: Region of Peel – Public Health; 2019.
- ² Masters R, Anwar E, Collins B, Cookson R, Capewell S. Return on investment of public interventions: a systematic review. *British Medical Journal*. 2017; 71:827-34.
- ³ Capacity Review Committee. Revitalizing Ontario's Public Health Capacity: The Final Report of the Capacity Review Committee [Internet]. 2006 [cited 2019 Dec 6]. Available from: [http://neltoolkit.rnao.ca/sites/default/files/1._Capacity_Review_Committee_Full_Report_2006%20\(1\).pdf](http://neltoolkit.rnao.ca/sites/default/files/1._Capacity_Review_Committee_Full_Report_2006%20(1).pdf)
- ⁴ Diabetes Population Risk Tool (DPoRT), 2013/2014. Prepared by the Population Health Assessment Team (Office of the Medical Officer of Health, Region of Peel), in collaboration with Dr. Laura Rosella and Public Health Ontario.
- ⁵ Campbell A. The SARS Commission Interim Report – SARS and Public Health in Ontario. Toronto, ON: Queen's Printer. 2004.
- ⁶ O'Connor D. Report of the Walkerton Inquiry: The Events of May 2000 and Related Issues. Ontario Ministry of the Attorney General; 2002

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This document outlines the Region of Peel's recommendations in response to the Ministry's consultation on public health modernization. Region of Peel and Peel Public Health welcome the opportunity to contribute to the consultation as an avenue to support the achievement of the public health system outcomes identified by the Province:

- Better consistency and equity of service delivery across the province;
- Improved clarity and alignment of roles and responsibilities between the Province, Public Health Ontario and local public health;
- Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and disease prevention; and
- Improved public health delivery and the sustainability of the system.

Eight recommendations in response to the consultation questions around the current challenges in the public health system have been made. These were developed through reviews of the evidence and the practice experiences of senior public health leaders and Board of Health members:

- **Capacity:**
 1. Peel Public Health become one of the regional public health entities in Ontario given the Region of Peel's geographic size and population.
 2. Ensure sufficient public health funding to meet community needs.
- **Alignment of Health, Social and Other Services:**
 3. Leverage existing integration with local and regional services to maximize opportunities for collaboration.
- **Clarity and Alignment of Roles and Responsibilities:**
 4. Maintain the mandate and core functions of local public health as described in the Ontario Public Health Standards.
 5. Ensure public health remains responsive to local community needs.
 6. Improve Provincial coordination, program direction and technical support to increase alignment and capacity across public health entities in Ontario.
- **Governance, Leadership and Priority Setting:**
 7. Maintain Peel Regional Council as the Board of Health for Peel.
 8. Preserve the role of the local Medical Officer of Health as described in the current *Health Protection and Promotion Act*, with no degradation of independence, leadership or authority.

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THEME 1: INSUFFICIENT CAPACITY

The Board of Health and Medical Officer of Health agree that sufficient capacity, including resources and staff skill sets, are key to a strong public health sector that will improve the health of the population and decrease health disparities.

Regional Council resolutions related to this theme include:

(1) Peel Public Health become one of the regional public health entities in Ontario given the Region of Peel's geographic size and population (June 27, 2019- REPORT: Public Health Restructuring in Peel; and RESOLUTION 2019-646).

(2) Ensure predictable and sufficient funding for all public health entities (May 9, 2019- REPORT: Modernization of Ontario Public Health Units in the 2019 Ontario Budget).

1. What is currently working well in the public health sector?

Key messages:

- Considering increasing jurisdiction size of smaller health units to obtain at least 100,000, while maintaining capacity in entities such as Peel Public Health, already with the critical mass to ensure performance and surge capacity.
- Developing a Provincial public health human resources strategy to enable a skilled and competent public health workforce.

Supporting information:

Some key success factors can be identified in the current public health sector, including having a critical mass to meet surge capacity and workforce capacity and ability to make evidence-informed decisions:

- **Public health units need to have a critical mass to meet surge capacity.** Peel Public Health is a high-performing public health unit, with a critical mass to enable surge capacity for health emergencies, and the right mix of staff to effectively deliver programs and policies. Peel Public Health currently serves a population of 1.4 million residents, with expected growth to 1.8 million by 2031. Synthesized evidence on public health capacity¹ indicates that public health organizations perform better when (1) their jurisdictional size is large enough to provide essential services (usually populations greater than 100,000), with no clear benefits beyond 500,000 residents; and (2) they have more staff and a diverse skilled workforce resulting in better public health performance.

While Peel Public Health has benefited from its size and population, as identified in the literature, there are also risks if a larger public health entity is created. For instance, if the size of a public health entity is too large, risks include: 1) not being able to understand and meet local public health needs; 2) loss of local capacity and local public health visibility; 3) reduced responsiveness to emerging local health issues and local public health emergencies; and 4) erosion of strong local partnerships. The size, diversity and growth rate

¹ Peel Public Health. Structure of Public Health: A Literature Review. Mississauga, ON: Region of Peel – Public Health; 2019. Available from: <https://www.peelregion.ca/health/library/pdf/structure-public-health.pdf>

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of Peel's population requires a planning and delivery lens that could be threatened in a larger regional entity.

- **Workforce capacity and ability to make evidence-informed decisions.** Peel Public Health has developed a deliberate, phased approach to promote workforce capacity and institutional ability to use evidence-based decision making that maximizes the use of stretched resources and is responsive to the needs of a rapidly growing and diverse population. In 2009, Peel Public Health identified workforce development and evidence-based practice as priorities in its 2009-2019 Strategic Plan. An organization-wide strategic workforce development program was instituted based on theory, evidence and data. Workforce development combines three approaches:
 - i. Workforce planning (e.g. identification of recruitment and student placement priorities, team needs for new skills and knowledge, and development of succession planning initiatives).
 - ii. Human resources management (e.g. adequate job descriptions and new staff orientation).
 - iii. Capacity development (e.g. intensive training and staff support for evidence-based practices). Evidence-based practices incorporate clear prompts and protocols for decisions that need to be informed by evidence.

Peel Public Health has strategically hired and trained staff who have the analytical capacity to support decision-making at the local level; particularly the ability to analyze health status data (e.g., health analysts and epidemiologists) and the ability to develop and evaluate interventions (evaluation specialists, research and policy analysts, health promoters). Staff who support these functions are key to responding to Peel's local health priorities.

Further details on Peel Public Health's workforce development process were published in 2017 in the Canadian Journal of Public Health.² The identification of Effective Public Health Practice as a priority in the 2020-2029 Peel Public Health Strategic Plan ensures continuity and continued improvement in this process.

2. What are some changes that could be considered to address the variability in capacity in the current public health sector?

Key messages:

- Considering differential approaches to public health entity size based on the literature (i.e., large health units, such as Peel could see performance decreases with an increase in jurisdictional size, while some smaller health units could see increased performance).
- Sufficiently funding public health entities to ensure the ability to deliver on mandated programs and services to meet community needs.
- Developing a provincial public health human resources strategy to enable a skilled and competent public health workforce.

Supporting information:

² Bryant B, Ward M. A strategic approach to workforce development for local public health. C J Public Health. 2017;108(4):e403+.

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Peel Public Health conducted a 2019 review of research literature¹ to identify components of public health organization or structure contribute to public health performance. Key findings include:

- **Jurisdictional size predicts public health performance.** As identified above, when public health organizations serve a larger population, they have increased capacity to provide essential services. However, one study that assessed optimal size identified public health performance could decline beyond a population size larger than 500,000 people. Measurement of performance, quality improvement initiatives and evaluation will be essential following any changes to the public health system.
- **Per capita funding and public health expenditures predict public health performance.** Both expenditures per capita and expenditures per staff full-time equivalents are associated with improved public health performance.
- **Workforce size and composition are associated with public health performance.** Specifically, a public health workforce with a high proportion of staff relative to the size of the population served is associated with better performance for most essential services. A workforce with a mix of disciplines and diverse experience and training is also positively associated with performance.
- **A skilled and competent workforce is essential to the performance of public health organizations.** Providing staff with opportunities for professional development and access to technical assistance are considered high priorities. The importance of a skilled and competent workforce has also been highlighted in a number of reports, including the 2006 Final Report of the Capacity Review Committee, which recommended the development of a Provincial public health human resources strategy.³
- **Organizational culture can support public health performance.** Organizational culture was identified as a high priority element of structural capacity that can influence public health performance. In the local context, this is very important to ensure that Peel Public Health's evidence-based and high-performing culture is maintained.
- **Interorganizational relationships can support public health performance.** Involving outside organizations in the planning and provision of public health services is associated with improved public health performance. This includes municipalities, schools, hospitals, social services, community organizations, businesses, law enforcement and academic organizations.

3. What changes to the structure and organization of public health should be considered to address these challenges?

Key messages:

- Considering differential approaches to public health entity size based on the literature (i.e., large health units, such as Peel could see performance decreases with an increase in jurisdictional size, while some smaller health units could see increased performance).
- Sufficiently funding public health entities to ensure the ability to deliver on mandated programs and services to meet community needs

³ Capacity Review Committee. Revitalizing Ontario's Public Health Capacity: The Final Report of the Capacity Review Committee [Internet]. 2006 [cited 2019 Dec 6]. Available from: [http://neltoolkit.rnao.ca/sites/default/files/1._Capacity_Review_Committee_Full_Report_2006%20\(1\).pdf](http://neltoolkit.rnao.ca/sites/default/files/1._Capacity_Review_Committee_Full_Report_2006%20(1).pdf)

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- Developing a provincial public health human resources strategy to enable a skilled and competent public health workforce.

Supporting information:

Two suggested approaches to address these capacity challenges:

- **Ensure sufficient funding to enhance the capacity of the public health system.** Sufficient funding needs to be ensured to guarantee public health entities have enough capacity to answer to Provincial and local priorities. A recent review of research shows that every dollar invested in public health programming saves eight dollars of avoided health and social care costs.⁴ Overall funding for local public health should be adequate to achieve the mandate and enable communities to thrive. Cost-sharing between the Province and municipalities should be achieved in a way that meets community needs and minimizes the burden on the local taxpayer. In Peel, Region of Peel has historically paid more than 25 per cent of public health costs to offset the underfunding from the Province and meet community needs. Additional Provincial funding will be required for transition costs if Peel Public Health is required to separate from its current Regional base.
- **Develop a Provincial Public Health Human Resource Strategy.** As early as 2006, the Capacity Review Committee recommended the development of complementary Provincial and local human resources strategy for public health.³ While the Ontario Public Health Standards, 2018, already mandate local public health to have a human resource strategy, there is more than could be done at the Provincial level. Areas in which the Province can support local public health include: marketing, professional development initiatives, centralized workforce database, recruitment and retention supports, and adoption of Canadian Public Health Competencies.³ This strategy should be interdisciplinary as increasingly local public health benefits from a mixture of disciplines and professions to tackle the complexity of public health issues.

Theme 3 (Duplication), question 4, provides some specific recommendations in terms of other areas that would benefit from increased Provincial coordination, such as a repository for evidence and best practices, and coordination for emergency planning on large-scale outbreaks or natural disasters.

⁴ Masters R, Anwar E, Collins B, Cookson R, Capewell S. Return on Investment of Public Interventions: A Systematic Review. *BMJ*. 2017; 71:827-34.

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THEME 2: MISALIGNMENT OF HEALTH, SOCIAL AND OTHER SERVICES

The Board of Health and Medical Officer of Health agree that improved alignment in areas of shared mandate with health, social and other services provide opportunities to strengthen the public health system. At the same time, the unique role of the public health system in terms of mandate, and upstream approach which addresses structural and individual determinants of health must be maintained through work with partners in the health care, social services and other sectors.

Regional Council resolutions related to this theme include:

- (1) **That the Province ensure that public health remains responsive to local community needs and is enabled to work collaboratively with local municipalities and community organizations** (May 9, 2019- REPORT: Modernization of Ontario Public Health Units in the 2019 Ontario Budget);
- (2) **That the Province maintain the mandate and core functions of local public health, as described in the Ontario Public Health Standards, 2018** (May 9, 2019- REPORT: Modernization of Ontario Public Health Units In The 2019 Ontario Budget).

1. What has been successful in the current system to foster collaboration among public health, the health sector and social services?

Key messages:

- Maintaining public health's unique role, including mandate, and upstream approach which addresses structural and individual determinants of health through a variety of approaches and partnerships.
- Involving stakeholders, including municipalities, schools, hospitals, social services, community organizations, businesses, law enforcement and academic organizations.
- Sharing similar boundaries and catchment areas (e.g., school boards, municipalities).
- Collaborating on health and social issues (e.g., Peel Opioid Strategy; tobacco and vaping by-law development; age-friendly built environments).

Supporting information:

Inter-organizational relationships, collaboration, and partnerships are all essential components of a strong and effective public health system. Strong collaboration with local municipalities, schools and school boards, health system partners, and community organizations helps improve the residents' population health. Below are the factors that have fostered successful collaborations in Peel.

- **Involving stakeholders** — such as schools, hospitals, social services, community organizations, businesses, law enforcement and academic organizations — in the planning and provision of public health services is associated with improved public health performance, as shown in the literature.^{5,6} Peel Public Health examples include input into

⁵ Brownson RC, Allen P, Duggan K, Stamatakis KA, Erwin PC. Fostering more effective public health by identifying administrative evidence-based practices. *Am Prev Med.* 2012; 43(3):309-319.

⁶ Hyde JK, Shortell SM. The structure and organization of local state public health agencies in the U.S. *Am J Prev Med.* 2012; 42(5S1): S29-S41.

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partners' strategic plans; Peel Opioid strategy; Healthy Development Assessment for planning proposals in municipalities; healthy eating and physical literacy for early childhood education students and in EarlyON centres.

- **Sharing similar boundaries and catchment areas** to other health and social service organizations making it is easier to:
 - Maintain strong collaborations with local municipalities, three public school boards and over 400 schools and three school boards, health system partners, and innumerable community organizations—all of whom are working together to improve the health outcomes of Peel residents.
 - Remain responsive to local public health priorities (e.g., Peel's large immigrant population, higher risk of diabetes⁷ and travel-related diseases, and high tuberculosis rate⁸) through targeted and tailored programs and services (e.g., Healthy Communities Initiative to reduce diabetes risk factors).
- Maintaining the **Ontario Public Health Standards' mandate**, which allows and encourages public health units to work with the community partners necessary to promote health and prevent disease. Local public health has a unique mandate not fulfilled by any other organization at the local level. Only public health focuses on upstream population-level approaches to prevent injuries and illnesses before they occur.

2. How could a modernized public health system become more connected to the healthcare system or social services?

Key messages:

- Engaging in Ontario Health Teams and other shared tables.
- Mandating other provincially funded partners to work with public health (e.g., school boards).
- Adopting Health in All Policies at Provincial ministries and collaborating to improve population health through policy decisions.

Supporting information:

Public Health is connected to the health care system through common projects, mandates, and service delivery to improve population health outcomes. For example, the Region of Peel has been involved in the planning and application for the new Brampton/Etobicoke and Area and Mississauga Ontario Health teams. The public health role in Ontario Health Teams could include population health assessment and surveillance, addressing health inequities, health emergency planning, and over the longer term increased integration of clinical services (e.g., sexual health clinics, breastfeeding). Strong relationships between Ontario Health Teams and the public health sector will help to ensure health equity and the population health perspective remain a key component in health system planning.

⁷ Diabetes Population Risk Tool (DPoRT), 2013/2014. Prepared by the Population Health Assessment Team (Office of the Medical Officer of Health, Region of Peel), in collaboration with Dr. Laura Rosella and Public Health Ontario.

⁸ Integrated Public Health Information System (iPHIS) data, 2007-2017, Ontario Ministry of Health, extracted by Peel Public Health.

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Stronger collaborations could be facilitated if other health, education and social sector organizations were also mandated to work with public health (e.g., school boards). The Ontario Public Health Standards provides public health with the mandate to work with community partners to promote health and prevent disease, but community partners are not similarly mandated which can cause barriers to collaboration.

Similarly, a modernized public health system should facilitate inter-ministerial collaboration on complex health issues (e.g., those that intersect health, education, housing, and other community and social services). Often these ministries work in silos and have projects that would benefit from public health expertise, partnership and collaboration. Consideration should be given to adopting a Health in All Policies approach at the Provincial level to facilitate inter-ministerial collaboration and support the public health sector. Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.

3. What are some examples of effective collaborations among public health, health services and social services?

Examples of effective collaboration between our public health unit and organizations in the health and social service sector include:

- **Project Now (Mississauga).** Goal is zero suicides in children and youth in 10 years. Last year, mental health challenges led more than 1,100 children and youth to the emergency department at just one of Peel's local hospitals. Peel Public Health collaborated with the Government of Ontario, Dufferin-Peel Catholic District School Board, Peel Children's Centre, Peel District School Board, and Trillium Health Partners to create Project Now, which fosters hope and resiliency; works with children, youth and families to create a coordinated system of support that meets their needs; and builds community connections to make transitions seamless for children, youth, families, and support networks. This initiative is planned to scale-up to all of Peel in future years.
- **Healthy Community Initiative (HCI) (Brampton).** This initiative was co-led by the Region of Peel-Public Health, Central West Local Health Integration Network and the William Osler Health Centre (hospital). HCI brings together community partners from across sectors (i.e., key community leaders, elected officials, hospitals) in various settings (i.e., schools, faith communities, workplaces, recreation and built environment) to create supportive environments and policies that foster positive health behaviours aimed at reducing the burden of diabetes in Brampton. A new governance structure for this project is being developed as the LHINs are being amalgamated into Ontario Health. A similar initiative is currently under development in Mississauga.
- **Peel Food Charter.** The Peel Food Security Task Force aims to create a just, sustainable and secure food system in Peel. The working group is comprised of representatives from the Region of Peel (Health Services, Human Services, and Integrated Planning), external health agencies, social service agencies, environmental organizations, agricultural sector and the charitable food sector. Peel Public Health staff along with these partners serve as advisors and participants of the Peel Food Action Council.
- **Vision Zero.** To prevent injury and deaths related to road accidents, Peel Public Health and Region of Peel-Public Works developed a Road Safety Strategic Plan in consultation with

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local municipalities, Peel Regional Police, the Caledon detachment of the Ontario Provincial Police, and other road safety stakeholders. Vision Zero's 5-year goal is a 10 per cent reduction in fatal and injury motor vehicle collisions on Regional roads by 2022.

- **Public Health and Transportation Collective.** Public Health collaborates with the Region of Peel-Public Works department including transportation planning, development services and integrated planning and growth management on initiatives related to health and the built environment. A formal collaborative was formed to identify shared outcomes and advance the partnership across four themes: Staff Culture and Workforce Enablement; Measuring and Reporting; Human Behaviour, and Mobility and the Built Environment. In addition to project-based partnerships, a formal group of planning directors and managers meet monthly to discuss Regional planning matters and serves as a forum to share information, identify areas of collaboration and network.
- **Regional Quality Table.** Peel Public Health collaborated with the Regional Quality Table at the then Central West Local Health Integration Network to provide a public health lens to Health Quality Ontario's Quality Standard on Chronic Obstructive Pulmonary Disease, as an example of how population health approaches can enhance both clinical care and population health. As a clinical guideline, the Quality Standard was lacking a population health approach, as it focused mainly on interventions that had an individual impact. We revised existing statements within the Quality Standard and added new statements in order to shift the focus from the individual level to the population level. The Health Impact Pyramid⁹ was used to frame this work so our health sector partners would understand that interventions with the greatest potential impact include those at the population health level rather than individual clinical interventions.
- **Sheridan College and EarlyON centres.** Peel Public Health continues to collaborate with Sheridan College's early childhood educator program and EarlyON centres to develop healthy menus and build capacity for physical literacy in childcare settings.
- **Air quality and climate change.** Peel Public Health works with the Region of Peel Office of Energy Management and Climate Change, Environment Canada, and academics to develop air quality modelling and update the climate risk assessment. This work advances improving air quality and mitigating and preparing for climate change in the region.
- **Universal influenza immunization program.** Peel Public Health worked with school boards, Trillium Health Partners, and "For Jude For Everyone" (community-based organization) to increase shared messaging and reach promoting the seasonal influenza immunization program.

⁹ Frieden. T.R. A framework for public health action: The Health Impact Pyramid. Am J Public Health [Internet]. 2010 [cited 2019 Dec 8]; 100: 590-595. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/>

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THEME 3: DUPLICATION OF EFFORTS

The Board of Health and Medical Officer of Health agree that duplication of efforts should be avoided. Importantly, the unique role of public health should be maintained (e.g., health promotion in public health differs from health promotion in primary care). Additionally, it should be recognized that communities may have unique needs that a single approach cannot meet (e.g., Peel has 52% immigrants and cultural competency in program and service delivery is essential).

Regional Council resolutions related to this theme include:

(1) Maintain the mandate and core functions of local public health, as described in the Ontario Public Health Standards, 2018, which complement the health care system (May 9, 2019- REPORT: Modernization of Ontario Public Health Units In The 2019 Ontario Budget).

(2) Ensure public health remains responsive to local community needs (May 9, 2019- REPORT: Modernization of Ontario Public Health Units in the 2019 Ontario Budget).

1. What functions of public health should be local and why?

Key messages:

- Continuing local presence for programs and services to meet community needs and work with local partners (includes program planning, program and service delivery). Understanding of local context, ability to respond in a timely fashion, and local relationships are key to success in all of these areas.
 - Population health assessment and surveillance to ensure programs and services are informed by local data and responsive to local need.
 - Health protection (case management, inspections and enforcement, health hazards and communicable disease/outbreak investigations, vaccine records and immunization services)
 - Health promotion (sexual health, infant feeding, screening programs, settings-based programs (schools, workplaces, faith centres, communities)
 - Health emergency planning
- The Province or Public Health Ontario taking leadership in some areas to support capacity, reduce duplication and improve consistency across programs and public health units.
 - Vaccine and sexually transmitted infection medication distribution (i.e., Toronto model through OGPMSS).
 - Provincial-level data analytics that local health units often use for comparator purposes; standardization of methods would need to be developed to ensure comparability (Public Health Ontario).
 - Public health research ethics (Public Health Ontario already supports some ethics review functions).
 - Public health human resources strategy, including standardized competencies for common positions for job descriptions.
 - Some library services (e.g., centralized holdings of databases, creation of provincial electronic archive of local documents to better enable sharing of best practices and evidence) (Public Health Ontario).

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Supporting information:

Local public health has a unique mandate not fulfilled by any other organization at the local level. Only public health focuses on upstream population-level approaches to prevent injuries and illnesses before they occur. Lessons from history show that when the public health system is weakened, serious consequences arise. After the Walkerton E. coli contamination in 2000 and SARS outbreak in 2003, many expert reports highlighted the need for a strong and independent public health sector.^{10, 11}

Local public health has a unique mandate not fulfilled by any other organization at the local level. It keeps people healthy and out of overcrowded hospitals. It has multiple invisible benefits, including a great return on investment. And it has a special role in helping everyone have a fair chance to live a healthy life.

Communities have unique sets of health issues that require tailored local responses and coordination.

In Peel there are unique factors that exemplify a need to understand and tailor interventions at the local level:

1. In Peel, 52 per cent of the population are immigrants which is almost double the provincial proportion.¹² Some are at higher risk of diabetes¹³ and travel-related diseases.⁸
2. Peel has the second highest tuberculosis (TB) rate in the province.⁸ Active TB costs \$47,000 to treat but, if the infection is detected early, disease can be prevented for only \$1,000.¹⁴
3. Peel's rate of type 2 diabetes is higher than Ontario and continues to rise.⁸ Between 2013/2014 and 2023/2024, there will be over 100,000 new cases of diabetes in Peel, resulting in close to \$700M in health care costs over that decade.⁷ This disease costs \$80,000 per person over a lifetime.^{15, 16} With 63 per cent of our adult population being overweight or obese and 74 per cent considered physically inactive,¹⁷ rates of diabetes and other chronic diseases are expected to remain high or rise.

¹⁰ Campbell A. The SARS Commission Interim Report – SARS and Public Health in Ontario. Toronto, ON: Queen's Printer; 2004.

¹¹ O'Connor D. Report of the Walkerton Inquiry: The Events of May 2000 and Related Issues. Ontario Ministry of the Attorney General; 2002.

¹² Statistics Canada, 2016 Census of Population:

<http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3901>

¹³ Institute for Clinical Evaluative Sciences, Diabetes Data, 1996-2015.

¹⁴ Public Health Agency of Canada. Tuberculosis Prevention and Control in Canada. Ottawa (ON): Health Canada; 2014. 14p. Report no.: HP40-89/2013E-PDF

¹⁵ Bilandzic A, Rosella L. The cost of diabetes in Canada over 10 years: Applying attributable health care costs to a diabetes incidence prediction model. Health Promot Chron. 2017; 37(2).

¹⁶ Rosella LC, Lebenbaum M, Fitzpatrick T, O'Reilly D, Wang J, Booth GL, Stukel TA, Wodchis, WP. Impact of diabetes on healthcare costs in a population-based cohort: a cost analysis. Diabetic Med. 2016; 33(3), 395–403.

¹⁷ Canadian Community Health Survey Share File, Statistics Canada. Ontario Ministry of Health and Long-Term Care.

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An important component of being responsive to local community needs is local public health capacity to engage community members in assessing, planning, implementing, and evaluating solutions to health issues that affect them. Local public health plays a key role in ensuring there are avenues and opportunities for community engagement to better understand the unique needs of priority populations and root causes of health disparities.

Strong local collaborative engagement and partnerships are essential to respond to public health emergencies and address complex public health issues. Public health emergencies, such as SARS and pandemic influenza H1N1, demonstrate that local investments are needed to ensure clear coordination among hospitals, health care providers, and government.^{4, 18} Beyond emergencies, strong collaboration is essential to tackle complex health issues, such as diabetes.

Given that much of our health is determined by social factors such as housing, income, education, and employment, local public health plays a key role in linking and collaborating across sectors to promote health and prevent disease and develop healthy public policy at the municipal and community level. Public health makes the health connection to communities vulnerable to poverty and hazards in the environment. For example, public health's air quality modelling program is used to proactively influence local land use and transportation decisions. Local public health is also playing a key leadership and cross-sector coordination role in ensuring effective local responses to the current opioid overdoes crisis.

Ensure capacity at the local level and corresponding Provincial supports to fulfill these functions.

Local public health must have the capacity and capabilities to understand local needs and context to inform local public health priorities and to ensure public health interventions are appropriate for the local population. A fulsome understanding of local needs adds value and helps inform provincial priority setting, decision making, and healthy public policy. Local public health must also have the capacity and flexibility to modify interventions as needed to meet local needs. "Moving the needle" on complex health issues requires keen local insight, solid knowledge of health behaviour and illness prevention, combined with strong local partnerships.

2. What population health assessments, data and analytics are helpful to drive local improvements?

Key message:

- Understanding of the local context assists with interpretation of data and subsequent action. Local analyses help identify health issues that might not be identified at a provincial level.

Supporting information:

Data analysis at the provincial and local level are both helpful. However, local analyses help identify health issues that might not be identified at a provincial level. Analyses at the provincial

¹⁸ National Advisory Committee on SARS and Public Health. Learning from SARS: Renewal of Public Health in Canada.

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level assess overall rates often without the sub-group analyses required to identify local disparities. Epidemiologists and analysts that are employed and situated locally are better able to contextualize and disseminate data and information in an actionable way.¹⁹

Examples of population health assessments, data and analytics that have identified local health issues include:

- The identification of high rates of imported communicable diseases through international travel and migration (e.g., tuberculosis, typhoid fever, carbapenemase-producing Enterobacteriaceae).
- The analysis of the Ontario Student Drug Use and Health Survey to identify priority areas for both Peel Public Health and Peel school boards.
- The regular monitoring of communicable and infectious disease data to identify temporal and/or geographic clusters or outbreaks.
- The development of a Tobacco Health Status Report to identify areas of focus for an organizational strategic priority.

Data also inform the effective delivery of Provincially-mandated programs within a local context. Examples of this type of analytical work include:

- The analysis of vaccine distribution and return data to inform vaccine wastage-reduction strategies at the provider level.
- The analysis of Healthy Babies, Healthy Children program screening data to identify risk and protective factors most associated with enrollment in the program following in-depth assessment. This led to local program changes that increased the efficiency of the screening process.
- The use of data to enhance service provision and decision-making with the broader health sector (e.g., acute care surge planning for local hospitals, population health planning with the former Local Health Integration Networks).

3. What changes should the government consider to strengthen research capacity, knowledge exchange and shared priority setting for public health in the province?

Key messages:

- Improving Provincial coordination, program direction and technical support to increase alignment and capacity across public health entities in Ontario (e.g., central repository for research and database of evidence-based public health interventions).
- Enabling effective collaborations between researchers and the public health sector (e.g., develop standardized data-sharing agreements for public health units and major academic institutions, centralized and efficient research ethics review, provision of grants for public health research meaningful to the province and local public health entities).

¹⁹ Association of Public Health Epidemiologists in Ontario. Communication to Minister of Health re: 2019 Ontario Budget – Modernization of Public Health Units. Chatham: APHEO; 2019 [cited 2019 Dec 04]. Available from: https://cdn.ymaws.com/www.alphaweb.org/resource/resmgr/APHEO_PHR_170419.pdf

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- Developing continuing professional education for public health professionals aligned with the public health core competencies and sustain learnings through communities of practice.
- Developing a provincial public health human resources strategy which includes a diverse skill set to address the scope of professions needed to improve population health.

Supporting information:

Strengthened research and knowledge translation capacity within the public health sector can be achieved with effective collaborations; enhanced training opportunities; diversification of the Public Health workforce; and sustainable province-wide infrastructure:

Effective collaborations between researchers and the public health sector. Universities and colleges need to be incentivized to conduct research that is directly applicable to public health at the provincial and local level. Examples of government actions in this area may include: provision of grants for researchers who demonstrate meaningful engagement with public health partners; provision of end-of-grant funding for knowledge translation activities to public health audiences; specific funding opportunities for post-graduate students who conduct their research studies within the public health sector.

Adequate Provincial funding is needed to allow practitioners to attend topic-specific scientific conferences to engage with researchers and learn about emerging areas of research and practice. Development of continuing professional education for public health professionals aligned with the public health core competencies would also sustain public health's highly skilled workforce.

A province-wide network of community-based researchers available to collaborate with public health would facilitate research that addresses local needs/context. This network should include those in research organizations outside universities and colleges.

At the local level, the government should support an effective community of practice between public health units and Public Health Ontario related to local research. These groups would provide a mechanism to share high quality resources, build capacity through shared training opportunities and facilitate discussions related to research priorities. The government should ensure that there is an appropriate allocation of human resources to administer the community of practice to ensure that it is sustainable over time and doesn't burden public health units with additional administration duties.

Enhanced training opportunities for public health practitioners across their careers. To build research and knowledge translation capacity, the government should ensure that research methods and knowledge translation training is enhanced within post-secondary Public Health program curriculum (e.g., MPH programs).

To support the application of research into evidence-based public health programs and services, the government should support the creation of a practitioner-researcher mentoring

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programs (e.g., similar to the Canadian Foundation for Healthcare Improvement's Executive Training – EXTRA program²⁰).

For those practitioners within the workforce, the government should work with knowledge translation experts (such as those at SickKids and St. Michael's Hospital) to develop specialized knowledge translation certificate programs that have a non-clinical, public health focus.

Diversification of the Public Health workforce. To improve the health status of the population, public health needs to draw on the knowledge, skills and research base from many disciplines. The government should encourage the diversification of the public health workforce in terms of academic background and perspective (e.g., quantitative and qualitative methods, other fields of study such as computer science, engineering, planning).

At the local level, the government should provide funding for specific research and knowledge translation positions within public health units, similar to the Chief Nursing Officer or SDOH nurse roles that currently exist.

Sustainable province-wide infrastructure. All public health units require access to high quality, published evidence to design and implement effective, evidence-based programs and services. This requires increased access to published literature through expanded library services, including access to relevant databases and a wide range of academic journals.

The government should expand the role of Public Health Ontario to include support for effective public health practice methods development at local level (similar to the current Ethics Services).

To reduce duplication of effort across the province, the government should leverage technology to create a centralized repository of evidence products (e.g., research reviews, local research projects, knowledge products). In addition, the government should ensure that there is adequate, sustained support for other existing repositories that provide access to public health relevant research (e.g., Health Evidence's repository of pre-appraised evidence).

More fulsome suggestions to improve shared priority setting can be found in Theme Four. Shared priority setting for public health would be strengthened with:

- Strong Provincial mandate to identify priorities based on evidence (including health status data, community needs, research, political preferences);
- Transparent and accountable processes for prioritization, including clear role delineation between planning partners;
- Inclusion of perspective of relevant partners and stakeholders including the local community;
- Adequate human resources to ensure timely identification of priorities;
- Appropriate timelines for action on priority areas; and
- Flexibility to ensure local priorities are addressed.

²⁰ Canadian Foundation for Health Care Improvement. CFHI - EXTRA: Executive Training Program [Internet]. [cited 2019 Dec 16]. Available from: <https://www.cfhi-fcass.ca/WhatWeDo/extra>

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4. What are public health functions, programs or services that could be strengthened if coordinated or provided at the provincial level? Or by Public Health Ontario?

Key messages:

- Developing Provincial Leadership on surveillance and population health assessment, technical direction, emergency management, healthy policy development and chronic disease prevention coordination.

Supporting information:

Suggested areas that could be strengthened if coordinated at the provincial level, either by the Ministry or by Public Health Ontario, include:

Leadership on Surveillance and Population Health Assessment. The Province would be best positioned to provide leadership and coordination on data standards and best practices for digital solutions with local input. Additionally, a Provincial lead on socio-demographic data collection standards (as the Ontario Anti-Racism Directorate does for other sectors) would provide valuable information for local decision-making. Most analyses should remain local but some surveillance planning (e.g., acquiring data, setting up data sharing agreements) could be done centrally. Local analytics support is always strongest when it is well embedded within programs areas and the work and priorities are well understood.

A Provincial system for coordinated collection of risk factor information at the local level funded by the Province (e.g., Ontario Student Drug Use and Health Survey) and support for national surveys being capable of providing valid regional estimates (e.g., Canadian Community Health Survey) would be beneficial to local health units.

Currently, Public Health Ontario provides data for some indicators at the local level, which should continue. To further enhance local work, it would be beneficial to have a full repository of key health indicators at the provincial level.

Local public health continues to provide in-kind support for the continued development and creation of Association of Public Health Epidemiologists in Ontario (APHEO) Core Indicators. It would be helpful to have this led by the Province or at least supported by the Province as all public health units benefit from this work.

Centralized Repository of Research. Several rapid reviews conducted by Peel are relevant to other health units, however, centralizing the whole function would create a bottleneck since topics that aren't universally relevant across health units (but may be high local priorities) would drop to the bottom of the list. We suggest a centralized searchable repository of research reviews conducted (or in progress) by the Province/health units. A process for health units to include relevant research review topics for the Province to do on the Provincial workplan should support this repository. Peel has one such example for Peel Public Health products that could contribute to a provincial model.

Emergency Management. There is an opportunity for a greater degree of Provincial coordination and direction for emergency management. There are common issues/hazards where Provincial resources could be allocated to planning, e.g., natural disasters, large-scale

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outbreaks. The current Provincial pandemic plan, Ontario Health Plan for an Influenza Pandemic, provides guidance that is utilized by all health units and could be the model for further centrally developed planned.

The existence of centrally created high-level guidance and resources that in the midst of a response, health units can quickly access and use, e.g., forest fire evacuation in summer 2019, would support more consistent, rapid responses to large scale events impacting multiple areas.

Better Provincial coordination, program direction and technical guidelines. Public health's function could be strengthened by having either the Provincial government or Public Health Ontario (1) facilitate collaboration through a centralized repository of best practices and evidence-based interventions and (2) provide leadership across public health entities on strategic initiatives.

Local public health would benefit from a coordinated resource sharing process of best practices and effective public health. Similar to a central repository for research, an evidence-based public health intervention database would offer all public health units an easily accessible resource to support learning, sharing, and scale up, where appropriate. Examples of multiple areas of action that could benefit from better Provincial coordination and direction are health promotion, mental health, health equity, substance use, built environments, and health communities, among others.

Provincially led, large scale, coordinated interventions would reduce duplication across health units. For instance, in public communications campaigns, Ontario residents would benefit from consistent messaging that local health units can tailor as needed. Central coordination of campaigns on common health issues or emerging issues (e.g., opioids, vaping, healthy eating) would ensure consistent messaging. Local health units would still have a vital role in developing messaging targeted at priority populations.

Healthy Public Policy Development. Public policies are an important lever in supporting and promoting population health. Currently, local public health plays a key role in leading and supporting the development of healthy public policies at the municipal and community level. Local public health also completes analyses of the impact and implementation considerations of Provincial public policies and often supports evaluation of policy outcomes. Policy development could be strengthened by ensuring there is a clear and deliberate process for local public health entities and involvement in the development of Provincial public health policies. A fulsome understanding of local needs and context adds value and helps inform Provincial priority setting, decision making, and healthy public policy. Also, a "health in all policies" approach to policy development would help facilitate coordinated action across government ministries and departments and over time across sectors to ensure public policies protect and promote health.

Develop a Provincial Chronic Disease Prevention Strategy. Ontario needs an overarching chronic disease prevention strategy to guide overall program planning and development, as identified in the 2017 Ontario Auditor General report.²¹ The 2019 Ontario Auditor General report

²¹ Office of the Auditor General of Ontario. Chapter 3. Section 3.10 Public Health: Chronic Disease Prevention. 2017 Annual Report. Toronto: Queen's Printer for Ontario; 2017. p. 527-69.

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identifies that the Ministry is working towards a strategy to be released in 2020.²² This is positive as a Provincial strategy should include setting measurable goals on population health, along with timelines, defined actions and parties involved to achieve these goals. For example, The Smoke-free Ontario Strategy is a comprehensive tobacco control program with a broad coalition of partners, funded by the Province, that has resulted in a common vision, with policies and interventions implemented across the Province to successfully prevent and reduce tobacco use.

5. Beyond what currently exists, are there other technology solutions that can help to improve public health programs and services and strengthen the public health system?

Key messages:

- Sharing provincial leadership on procurement, data standards, and interoperability for digital solutions among the Province, Public Health Ontario and local public health.

Supporting information:

Shared Provincial leadership on procurement, data standards, and interoperability among the Province, Public Health Ontario and local public health through groups such as the COMOH Digital Health committee would avoid duplication of efforts and establish pathways for data sharing.

Interoperability is a major concern for public health agencies. Local public health agencies have been slowly adopting electronic medical record (EMR) solutions in the sector and finding ways to coordinate towards a fewer number of digital solutions. However, coordinated procurement without Provincial leadership and resources has proven extremely challenging, given the independent procurement processes and funding options. Provincial resources and guidance for procurement is essential to support greater alignment and to rationalize costs.

Technology solutions may help overcome some interoperability barriers presented by the variety of EMR systems and Provincial repositories. Provincial IT integration work could reduce duplicate documentation and reporting in both local EMRs and Provincial repositories.

Provincial leadership is essential to advance data standards and common best practices needed for interoperability. For example, there is a need for the integration of Provincial IT assets, such as the Provincial client registry, Provincial provider registry and Ontario Laboratory Information System (OLIS) with mandated public health information systems. This integration would support data quality in provincial reporting as well as information-sharing between different local public health agencies.

Interoperability and data standards for information exchange with health care stakeholders should also be considered. A central agency such as the Digital Services unit of Ontario Health (formerly eHealth Ontario) would help accelerate the appropriate inclusion of public health information, such as immunizations or clinic visit outcomes, into a clients' provincial electronic health record. ConnectingOntario may be an avenue to explore. Further, public health agencies

²² Office of the Auditor General of Ontario. Chapter 1. Follow-Up Section 1.10. 2019 Annual Report. Toronto: Queen's Printer for Ontario; 2019. p. 148.

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would have a platform to receive information from primary care and the broader health care system.

Innovative technology solutions for emerging applications such as communication with clients and their circle of care (through texting, social media, self-scheduling, private lab results, etc.) requires forums for consideration of common tools, standards for data, and use and options for spread and scale. These forums for discussion and decisions would need to consider dedicated resources to ensure subject matter expertise and time is accounted for.

Update the Personal Health Information Protection Act to enable public health entities to better communicate with clients and service delivery partners, and clearly allow the use of the Ontario Health Card Number as a unique identifier for client records (single client, single record) when it is not required for OHIP-billed services. This will decrease the risk of error (e.g., medication or immunization errors in clinical settings) and allow for provincial data linkage in administrative databases.

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THEME 4: INCONSISTENT PRIORITY SETTING

The Board of Health and Medical Officer of Health support development of priorities that are clearly aligned and responsive to local community needs. Provincial priorities are important to consider but cannot account for local unique needs and context. For example, chronic disease prevention might be a general provincial priority, but addressing healthy active living would be more important than tobacco for Peel.

Regional Council resolutions related to this theme include:

(1) Maintain the mandate and core functions of local public health as described in the Ontario Public Health Standards, 2018 (May 9, 2019- REPORT: Modernization of Ontario Public Health Units In The 2019 Ontario Budget).

(2) Ensure strong municipal representation on the Board of Health is proportional and accountable to the residents served (June 27, 2019- REPORT: Public Health Restructuring in Peel; and RESOLUTION 2019-646).

1. **What processes and structures are currently in place that promote shared priority setting across public health units?**

Key messages:

- Fostering structured relationships, collaboration on mutual projects, and effective communication mechanisms, which will help develop strong linkages between all health system partners to promote shared priority setting (e.g., aPHa, TCANs).
- Enabling accountability mechanisms that are meaningful and support collaboration (e.g., current Annual Service Plan templates could be made more flexible to better describe shared priority setting across public health units; updating language in the OPHS to prioritize cross-health unit collaboration in priority areas for the Province).

Supporting information:

The Ministry should give consideration to strengthening current processes already in place that **support consistent accountability across public health sector**. Examples include: Board of Health training and orientation, legislation, and Ontario Public Health Standards and Accountability Frameworks.

- Board of Health is oriented to Public Health's requirements and its accountability frameworks through training by health units, as well as training and resources from other municipal and public health organizations such as AMO and aPHa. Standardized guidance documents and training approaches would enable consistency across Boards.
- The *Health Protection and Promotion Act* allows the Ministry to publish standards and guidelines for provision of mandatory health programs and enables consistency across public health units. In some areas, better guidance documents, particularly related to accountability, would support consistency across health units.
- The Ministry's Accountability Framework as outlined in the Ontario Public Health Standards, 2018, clearly outlines the work of Public Health, Public Health accountability and organizational requirements, program outcomes and contributions to population health outcomes, as well as disclosure and reporting requirements. The Accountability Framework is supported by several documents, including an annual performance report, annual service plan and budget submission, and a strategic plan. The development of

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better performance measures in consultation with local public health entities is an opportunity to improve accountability.

- Strong provincial mandate to identify priorities based on evidence (including health status data, community needs, research, political preferences). Some health units may not have workforce capacity and institutional ability to use evidence-based decision making. Mandate and resources would support consistency across health units and support timely identification of priorities.
- All public health units are mandated to have a strategic plan. Being able to share planning documents, along with other evidence, through a centralized repository will support the identification of common challenges across Ontario communities that would benefit from public health expertise and collaboration.

Structured relationships, collaboration on mutual projects, and effective communication mechanisms will help develop strong linkages between all health system partners to promote shared priority setting. Strong working relationships, effective communication mechanisms, and undertaking shared projects and activities between health units and municipalities, other health organizations, and the Province/Public Health Ontario has also been recommended to support shared priority setting.²³ The Expert Panel report indicated that structured relationships will be necessary between all health system partners to develop strong linkages between disease prevention, health promotion and care, maximizing system efficiencies and supporting a fully integrated health system.

Structured relationships and system partners already in place supporting shared priority setting locally and across health units include:

- Tobacco Control Area Networks (TCANs). The Province has provided funding for coordinating tables such as the TCANS. TCANS are regional groupings of public health units that have a mandate to provide leadership, coordination and collaborative opportunities related to all components of the Smoke Free Ontario Strategy. One of the more important roles the TCANs play is to plan and execute large regional projects and coordinate regional media activities.
- The Council of Ontario Medical Officers of Canada (COMOH). COMOH members meet regularly to identify priority areas in public health and public health systems. The Digital Health Committee for example, has objectives related to identifying priority areas for collaboration and information sharing for public health information systems (e.g., emergency medical records, Ontario's digital assets, data-sharing infrastructure). Work groups meet regularly with MOHTLC and Public Health Ontario representatives, along with other MOHs and public health staff across the province to achieve their objectives.
- Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association are two membership-based organizations that advise, support and lend expertise to members on the governance, administration and management of health units. These organizations coordinate multidisciplinary networks and planning tables for

²³ Ministry of Health and Long-Term Care. Public Health within an Integrated Health System Report of the Minister's Expert Panel on Public Health. June 9, 2017. Accessed from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/public_health_panel_17/expert_panel_report.pdf

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areas as diverse as alcohol, built environment, disease prevention, environmental health, and health equity.

These organizations and structured partnerships provide opportunities to do collective decision-making and priority setting across the different sectors who share common goals.

2. What should the role of Public Health Ontario be in informing and coordinating Provincial priorities?

Key messages:

- Developing evidence-based Provincial health promotion and disease prevention strategies in provincial priority areas that leverage multiple levels of action for specific health issues.
- Developing and sharing resources, guidance documents and best practices for effective public health.
- Supporting professional coordinating tables for risk factors across public health entities.
- Working with public health entities to provide epidemiological analyses or assistance to all public health units in a way that supports local population health assessments.

Supporting information:

In Theme Three (Duplication of Effort), Question 4 already provides some recommendations for areas that would benefit from Provincial level coordination. Public Health Ontario can support these areas, with particular attention to:

- **Developing Provincial health promotion and disease prevention strategies that leverage multiple levels of action for specific health issues.** In the case of chronic disease prevention, the the Auditor General's 2017 report on chronic disease prevention in Ontario identified the lack of an overarching strategy as one of the main challenges.²¹ For chronic disease prevention, work seems to be underway to develop such a strategy.²² However, there are multiple public health issues that could benefit from better Provincial coordination (e.g. mental health, healthy environments, health equity, among others). As noted in the Provincial response to the 2017 Auditor General report, the existence of Strategies such as the Smoke-Free Ontario tobacco strategy has enabled significant gains in reducing tobacco use and lowering health risks over the past decade. However, the Auditor General report also noted the extent to which existing strategies could be better integrated and articulated with clear goals and responsibilities at multiple levels. Public Health Ontario has a role in supporting the development overarching health promotion and disease prevention strategies.
- **Developing and sharing resources, guidance documents and best practices for effective public health.** That Public Health Ontario supports the development of a central approach to update, co-ordinate and share research and best practices was among the Auditor General's 2017 recommendations to improve chronic disease prevention in Ontario.²¹ Sharing resources, guidance documents and best practices can benefit multiple areas of public health action, such as communicable diseases, injury and substance use, healthy communities, early growth and development and school health. At the time, the Province was planning a central repository for best practices, tools and data. However, this work is not fully developed and there are many gaps that still require attention.

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- **Supporting professional coordinating tables for risk factors across public health entities.** Currently, professional organizations such as the Ontario Public Health Association host a number of tables that public health practitioners have initiated to exchange best practices and coordinate their efforts. However, the majority of these tables don't have funding or technical support to maximize their impact. Public Health Ontario has already started to join some tables on an informal basis. However, a more formal role for capacity build and technical support can help ensure that these scenarios help maximize opportunities for coordination across public health entities in Ontario.
- **Working with public health entities to provide epidemiological analyses or assistance to all public health units in a way that supports local population health assessments.** As noted under Theme Three (Duplication of Effort), Question Three, currently Public Health Ontario provides data for some indicators at the local level. This should continue and it would be helpful to have a full repository of key health indicators at the provincial level.

3. What models of leadership and governance can promote consistent priority setting?

Key messages:

- The leadership role of the local Medical Officer of Health as currently defined in the *Health Protection and Promotion Act* must be preserved with no degradation of independence, leadership or authority.

Supporting information:

The leadership role of the local Medical Officer of Health as currently defined in the *Health Protection and Promotion Act* must be preserved with no degradation of independence, leadership or authority. Currently under the *Health Protection and Promotion Act*, the Medical Officer of Health reports to the Board of Health and is fully accountable for fulfilling all legislative and regulatory requirements under the Act. This allows the Medical Officer of Health to report on population health status and recommended priority areas directly to the Board of Health, enabling appropriate resourcing and actions. The Walkerton and SARS crises demonstrated the importance for public health to have the ability to act on crises to prevent deaths and disease – efforts that are outside political debate or influence.^{10,11}

Public health units are complex organizations and the Medical Officer of Health fulfils several administrative roles and responsibilities to ensure effective operation of the health unit and provision of programs and services. The Expert Panel report²³ indicated that leadership structure, quality and competence of public health leaders is needed for an effective public health sector. Ensuring that senior management teams encompass strong organizational and management skills; relationship management, strategic planning and performance management skills; and extensive public health experience are recommended to successfully lead a public health unit and have a positive impact on population health outcomes.²³

Historical lessons from the 2004 SARS crisis recommended that those appointed to Boards of Health (Board) possess a demonstrated experience or interest in the goals of public health – to prevent the spread of disease and protect the health of the people of Ontario – and that they be broadly representative of the community to be served. Provincial representation was also recommended.¹⁰ Peel Public Health and Peel residents have benefited from having a Board with elected representatives who are accountable to their residents and identify local priorities.

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Weakening the roles of the Medical Officer of Health and Board of Health can compromise key parts of the public health sector and negatively impact the community.

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THEME 5: INDIGENOUS AND FIRST NATIONS COMMUNITIES AND FRANCOPHONE POPULATIONS

The Board of Health and Medical Officer of Health support meaningful engagement with Indigenous people, organizations and communities, and culturally competent programs and services for the diverse cultural and linguistic groups in Peel, including Francophone populations.

1. What has been successful in the current system to foster collaboration among public health and Indigenous communities and organizations?

Key message:

- Maintaining the Ontario Public Health Standards language as it pertains to health equity and relationships with Indigenous communities.
- Fostering Provincial level supports such as Indigenous cultural safety training, the Ontario Indigenous Cultural Safety program and communities of practice.

Supporting information:

Peel Public Health is in the early stages of its engagement process with Indigenous communities in the Region of Peel. Several resources have been helpful as a starting point into meaningful relationship building with Indigenous peoples living in our community.

- **The Ontario Public Health Standards.** The Health Equity standard provides a mandate and accountability for this work. The Relationships with Indigenous Communities Guideline provides a starting point for health units to begin a complex process with crucial considerations for engagement and an understanding of the importance of this work to reduce health inequities facing Indigenous populations across Ontario.
- **Indigenous Cultural Safety training.** Indigenous ways of knowing are often dismissed or ignored which has historically led to racism in the health system, where Indigenous patients and clients are disadvantaged, and consequently may experience poorer health outcomes. Meaningful relationship building is not possible without an understanding of Indigenous culture and racism (e.g., distribution of power in organization and how it advantages some and not others). Currently Peel Public Health requires all of its senior leadership to take Indigenous Cultural Safety training and is exploring opportunities to expand this training to all staff.
- **The Ontario Indigenous Cultural Safety program.** This Provincial program is administered by the Southwest Ontario Aboriginal Health Access Centre and facilitates training, approaches and strategies for working with Indigenous communities. Peel Public Health has worked alongside this Ontario program on many occasions and has greatly benefited from their work. However, this program is not currently funded to provide training to public health units.
- Public Health Ontario facilitates a **Community of Practice** with members from different public health units and this has been a helpful resource.

Other factors that have supported Peel in relationship building with the Indigenous community include:

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- **Working with Indigenous elders/knowledge keepers in our community** has been incredibly helpful in growing our understanding of Indigenous culture and learning how to engage with the Indigenous community in Peel.
- **Working with local partners to promote collaboration and pool resources.** In October of 2018, Peel's Public Health Management Team and senior leaders from the Mississauga-Halton and Central-West Local Health Integration Networks (LHINs) convened to discuss the shared mandate of public health units and LHINs to embed Indigenous Cultural Safety in our organizations and across the health system. Follow-up discussions were also opened to neighbouring public health units, namely Toronto Public Health, Wellington Dufferin Guelph and Halton to promote collaboration, coordination and pool resources.
- **Working with public health colleagues in other jurisdictions.** Public health colleagues in other jurisdictions and organizations who have more expertise and experience has been helpful to move this work forward in a meaningful way.

2. Are there opportunities to strengthen Indigenous representation and decision-making within *the public health sector*?

Key messages:

- Mandating and resourcing Indigenous cultural safety training (e.g., Ontario Indigenous Cultural Safety Training Program).
- Providing funded positions for Indigenous knowledge keepers and elders.
- Developing a provincial public health human resources strategy that incorporates an Indigenous cultural safety lens to planning and practices.
- Leading a Provincial coordinated public health response to the Truth and Reconciliation Commission's Calls to Action.
- Using the Organizational Indigenous Cultural Safety framework.
- Creating formalized relationships between Indigenous communities and public health organizations.
- Leveraging Indigenous council work done in other organizations.
- Supporting culturally appropriate data collection methods for Indigenous populations.

Supporting information:

Peel Public Health is being mindful about creating a more culturally safe organization as a starting point to support strengthened Indigenous representation. We hired a dedicated staff person to initiate a strategy and we continue to work collaboratively with organizations to consider important elements such as shared strategic focus, training, policies and organizational relationships.

These elements can also create opportunities to strengthen Indigenous roles in decision-making within the public health sector, for example:

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- **Provincial leadership** on a coordinated public health response²⁴ to the Calls to Action by the Truth and Reconciliation Commission.
- **Use the Organizational Indigenous Cultural Safety framework²⁵** to inform an organization-wide Indigenous Cultural Safety strategy. This framework outlines six domains of organizational change that are required to achieve Indigenous Cultural Safety in health organizations. Building on collaboration with community and Indigenous organizations would also be a critical component in this process.
- **Create formalized relationships between Indigenous communities and public health organizations.** For example, Peterborough public health unit has a formal agreement regarding public health service delivery that is negotiated between First Nations communities and the Board of Health. This supports collaboration, priority setting and shared decision-making.
- **Leverage Indigenous council work done in other organizations.** Some public health units have councils of Indigenous knowledge keepers that they work with to inform program and service delivery. These are remunerated positions.
- **Support culturally appropriate data collection methods for Indigenous populations.** There currently is a lack of reliable data to inform policy-making and program delivery for Indigenous populations. Research indicates that Census and National Household Survey data routinely underestimate population data and social determinants of health data for Indigenous populations.²⁶ However, data must be collected in culturally appropriate ways; this is an area that would benefit from support through Public Health Ontario or the Province.

3. What has been successful in the current system in considering the needs of Francophone populations in planning, delivery and evaluation of public health programs and services?

Key messages:

- Providing culturally- and linguistically-specific programs and services in multiple languages, including French, as illustrated in Peel's approach to its very diverse community and
- Ensuring availability of on-demand interpretation and translation services.
- Making multi-lingual staff available.
- Fostering partnerships with the French school boards.

Supporting information:

Within Peel, Brampton and Mississauga are designated communities under the French Language Services Act. Further, there is a large proportion of the Peel population who speak

²⁴ Richardson L, Murphy T. Bringing reconciliation to healthcare in Canada. HealthCareCan; 2018. [cited 2019 Dec 8]. Available from: https://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/Reports/2018/HCC/EN/TRCC_EN.pdf

²⁵ Anderson B, Ward C. Operationalizing Quality: Creating an Organizational Cultural Safety Framework. Health Quality Forum: Best of Both Worlds, Vancouver, BC. 2017.

²⁶ Smylie J. Urban Aboriginal Health Database Research Project. Community Report: First Nations Adults and Children. City of Hamilton; 2011. [cited 2019 Dec 8]. Available from: <http://www.ourhealthcounts.ca/>

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other (non-official) languages at home. Top languages reported in Peel from the 2016 census include Panjabi (Punjabi), Urdu, Mandarin, Arabic, Polish, Spanish, Tamil, Gujarati, Cantonese.²⁷

Peel Public Health serves the Francophone population and its diverse linguistic communities in the following ways:

- On-demand interpretation supports from an external agency, Multilingual Community Interpreter Services (MCIS), which provides language translation in 378 languages, including French, when required. This supports our clinic services, home visits (Healthy Babies, Healthy Children) and call centres. Interpretation will be considered as part of the implementation of an electronic medical record solution.
- French school boards are considered as a stakeholder in local public health planning and health promotion with school boards.
- Multilingual staff are scheduled when possible to enable linguistic support within programs, such as oral health screening in schools.

Other continuous quality improvement processes to ensure we are supporting our communities' linguistic needs include:

1. Region of Peel-Corporate Services provides a quality assurance mechanism through a corporate resolutions process in place and made available on our external and internal websites; and,
2. Corporate client surveys include questions to determine awareness of our clients' language preference and whether we are meeting their needs (French Language and other).

4. What improvements could be made to public health service delivery in French to Francophone communities?

Key messages:

- Providing Provincial equity, diversity and inclusion training to address issues of systematic bias, racism, colonialism, and promote culture and diversity.
- Strengthening Provincial leadership on socio-demographic data standards and collection.
- Developing Provincial guidelines, which could highlight linguistic and cultural competencies as an asset and be incorporated into a provincial public health human resources strategy.
- Supporting consistent access to interpretation and translation services across Ontario municipalities.

²⁷ Language [Internet]. Mississauga (ON): Peel Public Health, Population Health Assessment; [updated 2019 Feb 28; cited 2019 Dec 05]. Available from: <http://www.peelregion.ca/health/statusdata/SocioDemographics/language.asp>

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Supporting information:

Public health service delivery in French and other languages depends on the people and supports available and actively offered. The following recommendations can support improvements.

- **Providing Provincial equity, diversity and inclusion training.** Francophone and other cultural/linguistic communities may be viewed as minority concerns or issues rather than community assets and supports. Equity, diversity and inclusion training may support a shift in this paradigm towards improved engagement that is inclusive, rather than seen as a 'barrier'. The Province may consider providing equity, inclusion and diversity training to improve services along many intersections of cultural differences.
- **Provincial leadership on socio-demographic data standards and collection** would help to understand the ethno-cultural profile and language preferences of clients receiving direct services from public health units and which populations may require further outreach.
- **Provincial guidelines could highlight linguistic and cultural competencies as an asset** for hiring and/or community roles towards more equitable public health service delivery. Further, equity, diversity and inclusion training, strategies and audits extended to human resources functions may help identify biases and other implicit exclusionary criteria and approaches.
- **Support consistent access to interpretation and translation services across Ontario municipalities.** A centralized Provincial number for translation and interpretation services would increase access to public health services in diverse communities across Ontario.

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THEME 6: PAST LESSONS

The Board of Health and Medical Officer of Health agree that learning from past reports to improve public health capacity and service delivery is important. Strengthening formal links between local municipalities and boards of health, while maintaining a flexible approach to the structure and organization of public health should be considered to address the challenges outlined in these past reports. Additionally, the costs associated with the transition to an autonomous public health structure should be cost-neutral for municipalities and not impact the residential tax base.

Regional Council resolutions related to this theme:

(1) Ensure strong municipal representation on the Board of Health is proportional and accountable to the residents served (June 27, 2019- REPORT: Public Health Restructuring in Peel; and RESOLUTION 2019-646).

(2) Preserve the leadership role of the local Medical Officer of Health, with no degradation of independence, leadership or authority (Keeping Peel Healthy, Safe & Connected: Essential components for a strong local public health sector through modernization Prepared by Peel Public Health May 6, 2019, and endorsed by Regional Council on May 9, 2019).

(3) The Province should fully fund any transition costs (May 9, 2019- REPORT: Modernization of Ontario Public Health Units In The 2019 Ontario Budget).

1. What improvements to the structure and organization of public health should be considered to address these challenges?

Key messages:

- Avoiding a “one-size-fits-all” public health model; local flexibility is essential.
- Maintaining or strengthening formal links between local municipalities and boards of health.

Supporting information:

There isn't a “one-size-fits-all” public health model and allowing for flexibility among new regional entities to form a structure that meet these needs will enhance public health practice. This is an opportunity to better understand local contexts as a key factor in identifying the best model for each circumstance. This is particularly important because in reviewing the literature, public health governance functions and structures vary and the relationship between governance and public health performance is inconclusive.

Consider strengthening formal links between local municipalities and boards of health. Evidence from research suggests that a governing board of health with a policy making role is positively associated with performance of essential public health services, particularly for larger jurisdictions with a population $\geq 100,000$ people.

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2. What about the current public health system should be retained as the sector is modernized?

Key message:

- To ensure Public health and safety, retaining the Board of Health and Medical Officer of Health legislated authority and responsibility in the *Health Protection and Promotion Act* to act appropriately for public health and safety.

Supporting information:

Weakening the roles of the Medical Officer of Health and Board of Health can compromise key functions in the public health sector and negatively impact the community.²⁸

- **Public health and safety.** The Medical Officer of Health and Board of Health must act quickly and effectively during public health crises. The Walkerton and SARS crises demonstrated the importance for public health to have the ability to act on crises to prevent deaths and disease – efforts that are outside political debate or influence.^{10,11} This includes the ability to rapidly deploy a skilled team of public health professionals to work with municipalities, health care, and others, and have the continuing legal authority to put the public's health first.
- **Public trust.** All residents have the right to know about the health of the community and what can be done to improve it. As the doctor for the community, the Medical Officer of Health should never be prevented from being honest and transparent about the community's health. Additionally, the Board of Health should have the ability to act on the independent advice provided by the Medical Officer of Health to ensure public health and safety.

In addition to maintaining the *Health Protection and Promotion Act* and Medical Officer of Health independence, earlier sections of this paper also indicated that the following functions and processes should be retained:

- Maintaining public health's unique upstream population health and disease prevention mandate;
- Ensuring public health's funding and human resources are sufficient to fulfill its unique mandate; and
- Keeping public health at the community level to best serve residents and lead strategic community partnerships.

3. What else should be considered as the public health sector is modernized?

Key message:

(3) Funding Provincially any transition costs.

²⁸ Peel Public Health. Keeping Peel safe, healthy and connected. Essential components for a strong local public health sector through modernization. May 6, 2019. Available from: https://cdn.ymaws.com/www.alphaweb.org/resource/collection/FC71365C-BA3A-4DD5-B6B2-D62E23DBAB26/Peel__PH_Sector_Components_Paper_090519.pdf

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Supporting information:

Transition Costs and Process. The costs associated with the transition to an autonomous public health structure should be cost-neutral for municipalities and not impact the residential tax base. The Province should fully fund any costs associated with a transition to a regional public health entity to ensure that service delivery is maintained.

The cost of transition could be higher for public health units currently integrated with municipal or regional governments. This is due to the process of disentanglement of systems currently integrated within existing municipalities. In the case of Peel Public Health, the magnitude of services as the second largest public health unit in Ontario is also likely to increase the cost. Preliminary transition planning will require the management of space and facilities, human resource implications, technology and infrastructure, service delivery and financial liabilities. At a high level, these include:

- **Management of space and facilities:** this includes the negotiation of current leases, negotiating the use existing space in municipal offices and any potential new location.
- **Management of service contracts:** this includes legal agreements for service contracts, as well as contractual obligations for other services (e.g., janitorial services, fleet services).
- **Human resource and policy implications:** this includes contract negotiations and provision of support for staff whose positions change during the transition and any other policy changes or updates.
- **Management of technology:** negotiation and transformation of computer hardware assets and other technology infrastructure components that would need to be part of the transition.
- **Financial liabilities:** this includes WSIB, short term disability, long term disability, and post-retirement benefits.

Vulnerable and special populations. In addition to Indigenous and Francophone populations, the public health needs of other vulnerable and special populations should be considered through the modernization process.

- **Improve data availability and use.** Improving data to understand need, assets, and risks to inform program planning and service delivery. Currently little is known about the LGBTQ2S+ and those with disabilities. Increased knowledge of these populations will assist with providing programs and services to decrease health inequities.

DATE: January 16, 2020

REPORT TITLE: **THE REGION OF PEEL'S RESPONSE TO THE PROVINCIAL EMERGENCY HEALTH SERVICES MODERNIZATION CONSULTATION**

FROM: Cathy Granger, Acting Commissioner of Health Services

RECOMMENDATION

That the Region of Peel's submission to the Ministry of Health's consultations on Emergency Health Services Modernization, outlined in the report of the Commissioner of Health Services, titled "The Region of Peel's Response to the Provincial Emergency Health Services Modernization Consultation", be endorsed;

And further, that a copy of the subject report be submitted to the Assistant Deputy Minister and Executive Lead for Public Health and Emergency Health Services Transformation, the Special Advisor, Public Health and Emergency Health Services Modernization, and, to broader sector partners including the Ontario Association of Paramedic Chiefs, the Association of Municipalities of Ontario, and the Rural Ontario Municipal Association.

REPORT HIGHLIGHTS

- Ontario Ministry of Health (the Ministry) consultations regarding the modernization of emergency health services in Ontario provide a unique opportunity for the Region of Peel (Region) to share its positions regarding system reforms that will benefit paramedic service delivery and Peel residents.
- The Ministry consultations will examine the following opportunities for modernization:
 - Outdated dispatch technologies;
 - Lengthy ambulance offload times and delays in transporting medically stable patients;
 - Lack of coordination among emergency health services partners;
 - Need for innovative models that improve care; and
 - Health equity regarding access to services across regions and communities (i.e. rural, Francophone, and Indigenous communities)
- As part of these consultations, staff are preparing a submission that reflects current and new positions regarding reforms to the emergency health services system, including enhanced dispatch technology, expanding new models of care, and reducing offload delay.
- The Region's submission also calls for Provincial commitment to maintain current funding through the 50:50 cost-sharing model with the Ministry and ensure a more responsive funding mechanism which addresses the current funding lag as well as existing system

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pressures related to inflation and service growth.

- This report highlights the Region's submission to the Ministry, as attached in Appendix I.
- The Province's direction to modernize emergency health services will allow the Region to highlight local needs and innovations of Peel Paramedics in support of building a sustainable and high-quality system for Peel residents.

DISCUSSION

1. Background

On December 12, 2019, Council received the report 'Emergency Health Services Modernization Consultation and Implications for Peel Regional Paramedic Services' detailing Ministry of Health (Ministry) consultations regarding future modernization of Ontario's emergency health services system, which includes paramedic services. The report included a copy of the Ministry's Discussion Paper used as a guide for consultations.

Ministry consultations present a crucial opportunity for Peel to provide meaningful input into modernization of emergency health services and staff are committed to sharing the Region's submission with Regional Council.

a. Consultation Overview

As previously reported to Council, Ministry consultations surrounding the modernization of emergency health services have a broad scope to examine the following:

- Outdated dispatch technologies;
- Lengthy ambulance offload times and delays in transporting medically stable patients;
- Lack of coordination among emergency health services partners;
- Need for innovative models that improve care; and,
- Health equity regarding access to services across regions and communities (i.e. rural, Francophone and Indigenous communities)

Overall, these priorities indicate that the Ministry understands the importance of investing in system improvements to enhance system sustainability and recognizes an evolving role for paramedic services to respond to pressures within the broader emergency health services system. The priorities identified by the Ministry align with the 'Quadruple Aim' to improve the patient journey with a focus on the patient experience, improving population health, reducing cost, and improving provider experience, including the mental well-being of paramedics.

The Peel Regional Paramedic Services perspective is important, given that Peel is one of the largest paramedic services in Ontario, and continues to be challenged by rapid call volume growth due to a growing and aging population among other factors.

2. Regional Response to Ministry Discussion Paper

Recognizing that the Ministry's consultations present a unique opportunity to shape the future of emergency health services in Ontario, the Region of Peel submission reinforces existing advocacy and new areas of opportunity to enhance service modernization.

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The Region's submission highlights the need to maintain the existing municipal roles and responsibilities regarding Paramedic Services. Regional delivery and Ministry 50:50 cost-sharing has ensured that service delivery is locally informed through integrated planning with other municipal services and community partners, and is sustainable and integrated as part of the provincial emergency health services system. To strengthen this arrangement, the Ministry needs to create a more responsive funding mechanism that addresses the current funding lag and that accounts for ongoing system pressures related to inflation and service growth.

In addition, this report highlights the Region's response across five areas identified in the Ministry's Discussion Paper which align with key priorities for Peel including implementing dispatch reforms and continued partnership with the Ministry to reduce offload delay. The main points of interest that guide the Region's submission to Ministry consultations are detailed in Appendix I under the following themes.

a. Enhancing Dispatch

Ministry-operated Central Ambulance Communications Centre (CACCs, or dispatch centres) serve a critical role as the entry point for 911 callers into the health care system. The Mississauga CACC dispatched over 136,800 calls to Peel Paramedic Services in 2018 and continues to experience ongoing performance issues which place added demands and costs on Peel Paramedic Services. Given these long-standing challenges, Peel advocacy has called on the Ministry to implement new patient triaging technology and prioritize the Mississauga CACC for implementation.

Ministry commitment to implement dispatch technologies such as the Advanced Medical Priority Dispatch System (AMPDS) and Computer-Aided Dispatch are encouraging. New technologies such as AMPDS will help realize system efficiencies through development of deployment protocols for common types of calls, accurate triaging of calls to improve the performance and reliability of dispatch handling, and will enable implementation of new models of care to respond to 911 calls in the future.

The Region's submission will continue to underscore the need to implement improvements to dispatch technology to ensure that residents seeking medical attention through the 911 system are provided with an appropriate level of care and enable the Mississauga CACC to deploy Peel Paramedics' resources more effectively without over-triaging ambulance calls for an elevated response.

b. Addressing Offload Delay

The Region of Peel has worked at both the provincial and local level to successfully reduce the number of paramedic hours lost to offload delay. Existing Regional advocacy has called on the Ministry to continue funding for dedicated offload nurses through its Hospital Nursing Program. Service improvements to reduce offload delay continue to be a priority for Peel and the Ministry.

The Region's submission will reinforce the importance of Peel's partnerships with the Ministry and with area hospitals to reduce hours lost to offload delay, and for the Ministry to continue to support practical measures to reduce offload delay as part of its goal to eliminate hallway health care and to improve system efficiency.

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c. Improving Coordination Between Emergency Health Services Partners

Coordination between dispatch and operations is important to paramedic response. As a result, the Region's submission addresses the ongoing performance problems at the Mississauga CACC which are integral to addressing existing challenges with coordination between emergency health service providers. Mississauga CACC performance issues have impacted the operations for Peel Regional Paramedic Services, including lack of compliance with Peel Regional Paramedic Services' deployment plan.

While the Region welcomes the Ministry's progress to implement technology enhancements at CACCs, the Region's submission will advance new advocacy positions calling for stronger CACC governance structures and accountability frameworks that may enhance integration with paramedic services (e.g. performance-based contracts and CACC accreditation).

The Region's submission also leverages findings from a review completed by staff of dispatch models in other jurisdictions. At the February 28, 2019 meeting of Regional Council, staff committed to explore alternative dispatch delivery models in partnership with Halton Region to determine a model that would best address local needs and contribute to local health system efficiency and effectiveness (Resolution 2019-201).

Staff explored several ambulance dispatch models across Canada and the United States and was able to identify key elements of a high-functioning dispatch model in the areas of service integration and alignment, accountability and performance, and effectiveness and efficiency. A copy of the executive summary of the final report from this review is included in Appendix II. This appendix also highlights key reports that detail performance challenges at Ministry CACCs.

d. Implementing Innovative Models That Improve Care

The Ministry's Discussion Paper explores innovative models of care with the potential to reduce demands on the emergency health services system, including models of care to manage select lower acuity calls (i.e. 'treat and release', 'treat and refer' and transport to alternate destinations) and community paramedicine programming to help specific types of patients who experience barriers to care.

The Region's submission supports the exploration and implementation of new models of care to address local health system pressures and service gaps and highlights Peel Regional Paramedic Services' continued commitment to innovation and service efficiency. For example, Peel Regional Paramedic Services has partnered with Local Health Integration Networks, McMaster University and community organizations to pilot new community paramedicine programs.

The Region continues to advocate to the Ministry to prioritize enhancements to ambulance dispatch and ensure that design and implementation of the new models of care reflect the capacity of local health systems and the needs of vulnerable populations.

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e. Ensuring Health Equity and Access to Services Across Communities

Improving support for social determinants of health for health care and social service providers is a priority for both the Region and the Ministry. Broader strategies related to poverty reduction, food security (culturally appropriate lens), housing and access to education are best planned with partners across health and social service systems. Further, the pursuit of socially inclusive and culturally sensitivity care should be considered.

The Region's submission also focuses on insights regarding service gaps and inequities in accessing health services for some populations, and the role that Paramedic Services should have in local health service and system planning.

3. Key Considerations and Next Steps

Staff will continue to monitor and report on the progress of consultations with Ministry Advisor, Jim Pine, as he progresses through his consultations with municipalities, the public health and emergency health services sectors, and other stakeholders.

The Region hosted an in-person consultation with Mr. Pine on January 8, 2020. Staff provided a detailed submission on the opportunities raised in this report in a way that aligns with the broader sector including the Association of Municipalities of Ontario, the Rural Ontario Municipal Association, and the Ontario Association of Paramedic Chiefs. The Region's submission and participation in the January 8th in-person meeting also provided an opportunity to highlight existing policy positions that are important to the residents of Peel but not specifically referenced in the Ministry's Discussion Paper. These positions include the continued municipal responsibility for land ambulance service delivery as it is currently configured and maintaining 50:50 cost-sharing with the Ministry at funding levels that reflect call volume growth and inflationary costs.

CONCLUSION

The Region of Peel is pleased to work in partnership with the Ministry to inform modernization of the Province's emergency health services system. Provincial consultations on emergency health services modernization provides an opportunity to advance the Region's existing advocacy positions and provide the Ministry with input on key areas of opportunity to build a sustainable and high-quality system for Peel residents.



Cathy Granger, Acting Commissioner of Health Services

THE REGION OF PEEL'S RESPONSE TO THE PROVINCIAL EMERGENCY HEALTH SERVICES MODERNIZATION CONSULTATION

Approved for Submission:



Nancy Polsinelli, Interim Chief Administrative Officer

APPENDICES

Appendix I - Region of Peel's Submission to the Provincial Emergency Health Services Modernization Consultation

Appendix II - Exploring Alternate Paramedic Dispatch Models: Executive Summary

For further information regarding this report, please contact Peter Dundas, Chief and Director of Paramedic Services, peter.dundas@peelregion.ca .

Authored By: Cullen Perry & Niyati Salker, Strategic Policy & Performance, Health Services

Region of Peel Submission:

Provincial Emergency Health Services Modernization Consultation

OVERVIEW

The following submission provides details on key areas of focus for the Region of Peel, in response to the Ministry of Health discussion paper on emergency health services modernization to build a high-quality and sustainable system for the residents of Peel. The prepared submission to the Ministry of Health includes priorities of the Region of Peel along with additional opportunities to provide further direction and advice focused on the following central themes:

1. Enhancing dispatch operations
2. Addressing offload delay
3. Improving coordination between emergency health services partners
4. Implementing innovative models that improve care
5. Ensuring health equity and access to services across communities

Improving the patient experience and journey is central to the Region's submission.

Recommendations within this submission consider how best to meet the needs of residents and maintain seamless delivery of paramedic services.

MUNICIPAL PERSPECTIVE

Demand on Paramedic Services in Peel is growing. Between 2015 and 2018, Peel Paramedics experienced a 30 per cent increase in calls (an annual growth of approximately five percent) and will manage a forecasted 148,000 callers in Peel in 2020. Furthermore, in 2019, over 39% of calls were received from seniors 65 years and older.

Through this period of substantial population growth, the Region of Peel has remained a progressive leader and partner in local paramedic service delivery through integrated planning with other municipal services and community partners. The Region fully supports Ministry modernization efforts, with an emphasis on the following areas:

- Improving coordination and integration to ensure a seamless patient journey from transport to hospital or navigation to alternate health services;
- Enabling emergency health services personnel and paramedics to identify and diagnose problems more effectively will ensure patients are referred to the right care at the right time and reduce unnecessary transport or admission to emergency departments;
- Ensuring that the modernization of emergency health services preserve what is working well and make reforms that are based on proven solutions found in systems both locally and in other jurisdictions;
- Maintaining current funding through the 50:50 cost-sharing model with the Ministry. The Ministry needs to create a more responsive funding mechanism by addressing the current funding lag to help account for ongoing system pressures related to inflation and service growth; and

- Ensuring that modernization advances the mental health and well-being of the emergency health services system workforce by providing the right supports and access to care.

The Region looks forward to supporting the Ministry with planning and implementing ongoing emergency health services system reforms in order to provide input in the following priority areas for system reform.

1. ENHANCING DISPATCH OPERATIONS

Recommendation:

The Region of Peel recommends that the Ministry prioritize appropriate call triaging tools and implementation of dispatch technologies before other system reforms in order to ensure consistent and effective paramedic services that can meet the demand of growing call volume and the diverse needs of Peel residents. Improvements to dispatch technologies (in addition to AMPDS and CAD-5) will set a foundation for optimized patient navigation and interoperability with other health system partners.

Key Factors for Success:

a. Improving Dispatch Technologies

The Mississauga Central Ambulance Communications Centre (CACC) has experienced persistent performance issues that place additional demands on Peel Paramedic resources. Despite indications of progress with the implementation of new dispatch technologies, the Region of Peel continues to focus on broader reforms relevant to dispatch centres that address:

- Patient triaging technology that consistently over-prioritizes calls for ambulance;
- Antiquated technology that relies on manual processes;
- Lack of direct management oversight and accountability mechanisms
- Human resources management and high staff turnover; and
- Inconsistent quality assurance

The Region is encouraged by the Ministry's commitment to implement dispatch technologies such as the Advanced Medical Priority Dispatch System (AMPDS) and Computer Aided Dispatch (CAD-5). Both of these technologies will ensure that residents seeking medical attention through the 911 system are provided with an appropriate level of care.

Dispatch communication centres are the entry point of the patient journey through the health care system. The Mississauga CACC experienced a 60 per cent increase in call volume over the period 2007-2016, the highest growth rate of all CACCs in Ontario. Peel Paramedics (dispatched by the Mississauga CACC) experienced a 30 per cent increase in calls from 2015 to 2018, and will manage a forecasted 148,000 callers in Peel in 2020.

Implementing AMPDS and CAD-5 will help realize system efficiencies through development of deployment protocols for similar and common types of calls over time and will enable the implementation of new models of care to respond to 911 calls in the future.

Opportunities for action to advance dispatch reform

- Build dispatch technology capabilities to ensure effective deployment of paramedic resources that consider validating caller location, notifying closest paramedic resources, monitoring deployment in real-time, reporting on local road conditions and strategically position paramedic resources to remain responsive to local demands.
- Ensure CACC compliance with deployment plans to mitigate system performance challenges, as part of a broader effort to increase CACC accountability, service integration, and system alignment.
- Opportunity to consider municipal governments providing a role in oversight of communication centres

Optimizing Patient Navigation

There is growing recognition concerning clinically appropriate patient navigation within the system of pre-hospital care given the pressure points created by hospital overcrowding. In addition to the Ministry commitment to implement appropriate call triaging tools and dispatch technologies, there is growing commitment within the broader EHS sector to match patients' health care needs with appropriate resources or health care alternatives in the community. This would mean that 911 callers could be directed to more appropriate types of care and thereby reduce demands on ambulance transportation services as well as avoidable emergency room visits and wait times.

Opportunities for action to address patient navigation and pre-hospital care

- Equip CACCs with the capability to support patient navigation to care pathways such as transport to other preferred facilities or referral to appropriate services (i.e. existing services or supports offered by Telehealth Ontario, ConnexOntario, etc.)
- Consider implementation of innovative models of care that provide alternative referral options for patients with non-life-threatening, non-emergency and low-acuity codes. Such a system could be supported by specialized health professionals that can medically assess non-emergency situations by interpreting symptoms of callers and navigate callers to appropriate and alternate care.

b. Integrating Communication between Paramedic Services and Other Health Services

The EHS system requires improvements to the access and coordination of patient information as paramount to improve the overall patient experience and ensure a seamless patient journey from transport to hospital admission or navigation to alternate health services. Enabling EHS personnel and paramedics to identify and diagnose problems more effectively will ensure patients are referred to the right care at the right time and reduce unnecessary transport or admission to emergency departments.

Opportunities for action to improve communication

- Identify mechanisms for hospitals to partner with EHS and paramedic services to achieve interoperability of computer systems or software that make the exchange and use of patient information easier and partner more effectively to (1) share information, (2) identify appropriate patient interventions, and (3) facilitate effective patient flow to ensure efficient and effective decision making to realize optimal patient outcomes.

- Build interoperability across health providers (including EHS and paramedic services) so that all providers have ready and easy access to patient's health records, including the ability to analyze trends, assess medications and patient protocols to predict appropriate response to patient needs.

2. ADDRESSING OFFLOAD DELAY

Recommendation:

In keeping with previous Regional advocacy efforts, the Region of Peel recommends that the Ministry continue to provide sustainable and sufficient funding to support local area hospitals maintain the Hospital Nursing program and invest in service improvements, to help reduce offload delay. The Ministry needs to enforce offload delay targets with hospitals, and should ensure that hospital staff are supported with the right tools and change management processes to achieve compliance with offload delay requirements.

Key Factors for Success:

a. Standardizing process improvements to ensure efficiency

Peel has taken an active role in finding solutions to paramedic offload delay, both locally and provincially. This work began with leadership contributions to the Hospital Emergency Department and Ambulance Effectiveness Working Group and its final report "Improving Access to Emergency Services: A System Commitment (2005).

Locally, Peel has partnered with hospital leadership and front-line staff in successful efforts to reduce offload delays, despite rapid growth in ambulance call volume and emergency department traffic generally. Peel Paramedic Services have implemented LEAN process improvements with Peel area hospitals to improve transfer of care protocols and reduce offload delay, and has partnered with the Ministry on its Hospital Nursing program to provide dedicated offload nurses in emergency departments. Together these service innovations saved a total of 18,300 paramedic hours in Peel (2018).

Service improvements to reduce offload delay continue to be a priority in Peel and underscores opportunities to ensure that service innovations and process improvements remain a focus of the Ministry.

The discussion paper calls for input into standards for stretcher transport services that provide transport for medically-stable patients. This type of service does not draw on Peel Regional Paramedic Services resource availability to the extent that it may in rural and remote communities. However, Regional Council has advocated to the Ministry regarding improving safety and regulatory oversight of these private sector stretcher transport services. In 2011, the Region began to advocate for provincial-wide standards for non-emergency inter-facility patient transportation services to ensure the safe transport of medically-stable patients. In 2017, the Ontario Ministry of Transportation obtained regulatory powers over stretcher transport services regarding vehicle safety and standards. Patients and the hospitals that contract with stretcher transport service providers need to have confidence in this sector. Patient safety is paramount, and as such the Ministry of Health needs to advance efforts to regulate this sector.

Opportunities for action to address offload delay

- Expand transfer of care protocols that ensure paramedics can clear the emergency department more efficiently.
- Sustainable Ministry funding for the Hospital Nursing Program is important, but more needs to be done to enforce offload delay time standards at hospitals.
- Reduce avoidable transportation to emergency departments where possible through new and innovative models of care (i.e. alternate referrals, treat and release, treat and refer, or transport to alternate destinations and discussed in Section 4).
- The Ministry needs to advance efforts to regulate stretcher transport services to ensure patient safety.

3. IMPROVING COORDINATION BETWEEN EMERGENCY HEALTH SERVICES PARTNERS

Recommendation:

The Region of Peel strongly recommends that the Ministry enhance CACC performance accountability through a single or shared governance structure. The Ministry should engage with municipal stakeholders to explore suitable governance structures that will ensure effective integration of dispatch and paramedic services.

Key Factors for Success:

a. Improving service integration and system alignment

Operational integration of dispatch services with paramedic services is a critical component of high-performing emergency health services. For example, dispatch models with service integration between dispatch and paramedic services reported increased capacity to tailor paramedic deployment and meet diverse patient needs including the ability to better manage low and high acuity calls and frequent callers. These models contrast with the current dispatch model in the Mississauga CACC which does not provide operational integration with paramedic services.

In Ontario, the dispatch delivery models in Niagara and Ottawa demonstrate there is added capacity and cost-efficiency resulting from being part of a single corporate department with direct oversight and accountability by public (municipal) structures. Selected Joint Power Authority models in the United States operate separate dispatch centres from paramedic response but have shared board oversight for dispatch delivery, supported by accountability agreements. Additional benefits to integrated dispatch models reported enhanced opportunities for innovative service delivery and improvements to effectiveness and efficiency (i.e. greater economies of scale, as well as more standardized service delivery and management control).

Opportunities for action to improve integration

- Ensure appropriate integration frameworks for paramedic services and broader EHS with local area Ontario Health Teams and other networks of local health service providers in the community.
- Explore integrated technologies and practices between dispatch centres, paramedic services and other health service providers (i.e. interoperability).
- Consider ongoing joint operating frameworks between each CACC and the paramedic services they dispatch to work together on quality improvements to local operations.

- Consider the municipal role in oversight and governance of CACCs, including the potential benefit of having CACCs operated by municipalities (where appropriate), while ensuring 100 per cent Ministry funding.

b. Addressing joint accountability and performance

Many jurisdictions have some level of shared oversight across both dispatch and paramedic services. These jurisdictions feature governance and oversight models that include integrated reporting to the same management team. This contrasts with the Mississauga CACC and other provincially operated centres where there is no formal accountability to municipal paramedic services, only accountability to the provincial Ministry of Health. Shared oversight can be achieved either directly through a corporate reporting structure, as seen in jurisdictions like Ottawa, Niagara, and British Columbia, or indirectly managed through a board comprised of representatives of system partners and the establishment of accountability agreements (as seen within Joint Power Authorities in jurisdictions such as Washington and Nevada).

Opportunities for action to ensure accountability

- Consider mechanisms to establish service expectations and performance-based contracts, supported by an appropriate governance structure that ensures performance standards are met.
- Implement the recommendations from the Provincial Municipal Land Ambulance Dispatch Working Group (2015) report, with a specific focus to:
 - Include paramedic services in change initiatives that address CACC accountability and integration with paramedic services.
 - Ensure that the Ministry creates joint operating frameworks that include paramedic services for ongoing improvements at CACCs.

c. Utilizing accreditation to achieve effectiveness and efficiency within dispatch

Most dispatch models utilize third-party accreditation to support achieving a higher level of effectiveness, quality and overall performance at the dispatch centre. In addition, the utilization of advanced technology including the Advanced Medical Priority Dispatch System (AMPDS) also serves as a best practice within these models to achieve higher efficiencies and enhanced performance and reporting across dispatch services. This finding contrasts with the Mississauga CACC where there is currently no accreditation or the use of enhanced triaging technology.

Opportunities for action to achieve efficiency

- Review opportunities to implement benchmarks for clinical and service delivery targets, advanced management reporting systems and dedicated decision support/business analysis teams, as well as standardized policies and procedures, advanced human resource management practices and accreditation.

4. IMPLEMENTING INNOVATIVE MODELS THAT IMPROVE CARE

Recommendation:

The Region of Peel recommends that enhancements to dispatch technologies, performance improvement and quality assurance measures (i.e. accreditation) at CACCs be prioritized before expanding new models of care to ensure that they can be effectively scaled across the province.

Key Factors for Success:

a. Expanding on new models of care

Innovative models offer the potential to reduce barriers to care, including new models of care ('treat and release', 'treat and refer' and transport to alternate destinations) and community paramedicine programming by providing more appropriate care options. The Region provided input to Ministry consultations regarding the new models of care earlier in 2019 that highlighted concerns regarding municipal and paramedic liability, as well as the capacity of other health system partners to accept patients and provide appropriate medical oversight.

While new models of care present opportunities for paramedics to provide more appropriate patient care while working more efficiently and in a more integrated way with the broader health system, enhancements to ambulance dispatch must be prioritized as these changes are foundational to successfully introducing and scaling new models of care, such as treat and release, treat and refer and alternate destinations.

The availability of appropriate non-hospital destinations, the readiness of alternative destinations, and the impact paramedic call volume may have upon them is critical to the development of these models.

Consideration will also need to be given to some of the potential impacts of these changes from a liability and risk lens as well as the need for proper tools to be in place to assist paramedics in delivering this level of care, such as established protocols or care pathways determined by Ontario Health Teams with Paramedic Services.

Opportunities for action for new models of care

- Implementing new models of care must be managed in a way that reflects the needs and capacity of local health systems and planning, and that protects patients, paramedics and municipalities.
- Ensure investment in innovative care models such as community paramedicine may provide opportunities to provide targeted care to vulnerable populations while diverting avoidable admissions to emergency departments.
- Innovative care models need to consider the provision of necessary information tools (e.g. data) that connect paramedics to other health service providers through patient records that can help them provide better patient care (e.g. interoperability across health sector).

b. Innovative process improvements within paramedic services delivery

Given rapid growth in ambulance call volume and pressure on the acute care system, Peel Paramedics aim to address service level gaps through initiatives that support patient groups with unmet needs or assist in health system navigation. Peel Regional Paramedic Services has responded to local system pressures through initiatives that increase service efficiency such as the Divisional Model, process improvements with area hospital emergency departments, patient assessment and referral to home and community care, and internal process improvements

related to staffing models, scheduling, logistics and facilities, and piloting automated external defibrillators by drone.

Opportunities for action for process improvements

- Explore opportunities to build focused process improvements targeting groups that have been a priority, including seniors, residents needing access to mental health and addictions crisis and recovery services, or access to home and community care, and residents who are generally vulnerable due to unmet health and social needs (i.e. poverty, poor housing).

5. ENSURING HEALTH EQUITY AND ACCESS TO SERVICES ACROSS COMMUNITIES

Recommendation:

The Region of Peel recommends that in addition to ensuring equitable access for French-language, First Nations, Metis and Inuit, and rural and remote communities, the Ministry ensure culturally sensitive care that broadly meets the needs of diverse populations. It is important to work closely with paramedic services to ensure culturally appropriate services are delivered and support inclusive care.

Key Factors for Success:

Providing culturally responsive care that respects the diversity of Peel's residents is an imperative to ensuring health equity and access to care. Peel is a diverse population given over half (52%) of Peel's population are immigrants compared to 26% in Ontario and a variety of languages are spoken. Almost all residents report knowing English or French, and 55,040 Peel residents do not speak either official language.

In addition, improving awareness of social determinants of health for health care and social service providers; including engaging paramedic services and related health service partners around broader strategies related to poverty reduction, food security (culturally appropriate lens), housing and access to education; as well as working inter-sectorally to promote and ensure social inclusion in service planning and delivery remains a priority for Peel Regional Paramedic Services.

Opportunities for action to address healthy equity and issues of access

- Consider opportunities for paramedic services to provide culturally sensitive care to diverse populations, including implementing relevant and specific performance measures to report on efforts to achieve inclusive care.
- Identify opportunity for data sharing strategies to identify priority populations and communities in order to ensure equity focused decision-making and planning for service delivery (e.g. translation services or other measures to respond to diversity of needs).
- Paramedic services need to be recognized as system navigators for vulnerable populations entering the health system – not simply emergency responders.

CONCLUSION

The Region is pleased to work in partnership with the Ministry to inform modernization of the Ontario's emergency health services system and looks forward to continued opportunities to provide input and review final recommendations.

Exploring Alternate Paramedic Dispatch Models

BACKGROUND

In early 2019 both councils for the Regional Municipalities of Halton and Peel directed staff to explore alternate dispatch models for opportunities to achieve greater efficiency and effectiveness in paramedic dispatch to meet the paramedic needs of local residents and to reduce existing system pressures. This review was requested after several years of reporting to Halton and Peel Councils regarding the ongoing issues resulting from the standard operations of the Mississauga Central Ambulance Communication Centre.

A high-level jurisdictional review of four distinct dispatch models was completed. The purpose of the review was to identify key elements of effective and high-performing ambulance dispatch models that would be the most appropriate for Halton and Peel. The models and jurisdictions that were reviewed included:

- Municipal partnership model ('Joint Powers Authorities'): Washington State, State of Nevada.
 - Non-profit organizations operate the dispatch, subject to municipal oversight.
- Third-party commercial or non-profit contractor model: Nova Scotia
 - Commercial contractor owns and operates the dispatch, subject to a performance accountability agreement and ministry funding.
- Municipal delivery model: Niagara and Ottawa, Calgary
 - Municipally-operated dispatch with ministry performance standards and funding.
- Provincial (Ministry) model: British Columbia
 - Ministry owned and operated dispatch centres.

The research findings build on earlier reports which have identified a need to modernize Ontario's ambulance dispatch system. This includes evidence from the *GTA Ambulance Communications and Dispatch Review* completed by Pomax Consulting in 2009, recommendations in the Ontario Auditor General's 2013 and 2015 Annual Reports, the 2015 recommendations of the Provincial Municipal Land Ambulance Dispatch Working Group (Dispatch Working Group) and the *Review of the Ontario Ambulance Communications Delivery Model* conducted by Deloitte in 2017.

The Dispatch Working Group Report, 2015, provided a number of recommendations to the Minister of Health and Long-Term Care on how to improve the land ambulance dispatch system in Ontario by leveraging business process improvements and technology innovations in the dispatch communications centres. Specific recommendations included:

- Improved triaging of ambulance calls through implementation of the Medical Priority Dispatch System in all Central Ambulance Communications Centres.
- Enabled paramedic service decision making and operational efficiencies by expanding access to ambulance dispatch information through streamlined business processes and investments in technology, including automated tools that assist with ambulance selection and system monitoring.
- Established performance agreements between Central Ambulance

Communications Centres and paramedic services to work together to improve local operations.

- Driving strategic system enhancements by creating a new joint implementation group comprised of the MOHLTC and Ontario Association of Paramedic Chiefs representatives.

The Deloitte Report, 2017, outlined a review of current emergency medical services and communication dispatch models across Ontario including a jurisdictional scan evaluating various service delivery models and best practices for land and air ambulance systems outside of Ontario. Recommendations to transform the existing dispatch model included a number of opportunities under the following priority areas:

- Comprehensive performance management to enhance relevant benchmarks for clinical and service performance targets to drive system performance;
- Clear service expectations and accountability through enhancing accountability frameworks, service expectations and performance-based contracts and identifying appropriate governance structures;
- Integrated technology and information management practices including standardization of triage methodologies and reporting and seamless integration between dispatch, paramedics and inter-facility transportation.;
- Focus on human resource management and standardization across dispatch sites including standardizing policies and procedures and achieving formal accreditation; and
- Collaboration with partner organizations and existing structures to enhance emergency health services.

MISSISSAUGA CENTRAL AMBULANCE COMMUNICATION CENTRE (CACC) PERFORMANCE CHALLENGES

For over the past decade, Halton and Peel have advocated to, and worked with, the Ministry of Health (Ministry) and Mississauga CACC partners to address various operational and technological challenges facing the CACC, including:

- Patient triaging technology that consistently over-prioritizes calls for ambulance;
- Antiquated technology that relies on manual processes;
- Lack of direct management oversight and accountability mechanisms (failure of CACC staff to comply with Ministry policies and procedures which have resulted in delayed responses and failure to dispatch the closest ambulance);
- Human resources management barriers including a low complement of supervisors and full-time staff and high staff turnover; and
- Inconsistent quality assurance.

Concerns continue to be related to paramedics being sent to the wrong location, the closest paramedic resource not being sent to calls, and failure to comply with Halton and Peel's approved deployment plans and with Ministry policies and procedures.

Halton and Peel are both high growth regions, and as a result, continue to experience increased call volumes. Ambulance call volume in Peel for 2019 is forecast to reach 146,000 with annual growth of approximately five percent. In Halton, call volume is 53,094 (2018) and grows at an annual rate of 3.3 per cent (a 78 per cent increase from 2009-2018). Increasing growth and community demands has exacerbated the performance challenges currently experienced at the Mississauga CACC.

Increasing growth and community demands has exacerbated the performance challenges currently experienced at the Mississauga CACC which have been continually highlighted in

numerous reports to council from both regions since 2002 including the most recent report from Halton, "Central Ambulance Communications Centre Update" which was endorsed by Halton Regional Council on March 27, 2019 and a recent Peel report, "Update on Provincial Dispatch Reform endorsed by Peel Regional Council on February 28, 2019.

OPPORTUNITIES TO IMPROVE DISPATCH SERVICES

Halton and Peel's jurisdictional scan of dispatch delivery models resulted in important insights we would like to bring to your attention. The key elements of high-functioning dispatch models, if implemented, could help address the long-standing challenges at the Mississauga CACC.

1. Paramedic - Dispatch Service Integration and System Alignment:

Integration of dispatch services with paramedic services, as part of the same corporate structure (municipal, provincial), was a critical component of successful paramedic services. Dispatch models with service integration reported increased capacity to tailor paramedic deployment and meet diverse patient needs including the ability to better manage low and high acuity calls and frequent callers. These models contrast with the current dispatch model in the Mississauga CACC which does not provide operational integration with paramedic services.

In Ontario, the dispatch delivery models in Niagara and Ottawa demonstrate there is added capacity and cost-efficiency resulting from being part of a single corporate department with direct oversight and accountability by public (municipal) structures. Selected Joint Power Authority models in the United States operate separate dispatch from paramedic response but have shared board oversight for dispatch delivery, supported by accountability agreements. Additional benefits to integrated dispatch models include enhanced opportunity for innovative service delivery and increases in effectiveness and efficiency.

Both the Deloitte Review and the report from the Dispatch Working Group emphasized the need for integrated technologies and practices between dispatch centres and paramedic services and did not make any recommendations regarding service integration of dispatch and paramedic services within the same organizational structure (i.e. municipal or ministry). The Dispatch Working Group also recommended the Ministry establish ongoing joint operating frameworks between each ambulance communication centre and the paramedic services they dispatch to work together on quality improvements to local operations.

2. Joint Accountability and Performance:

The review showed that dispatch models reviewed employ either direct or indirect mechanisms for accountability (i.e. some level of shared oversight) across both dispatch and paramedic services. This contrasts with the Mississauga CACC and other provincially operated centres where there is no formal accountability to municipal paramedic services, only accountability to the provincial Ministry of Health and Long-Term Care.

A successful operations model of governance and oversight included integrated reporting to the same management team (directly through a corporate reporting structure as seen in Ottawa, Niagara, and British Columbia), or indirect management through a board comprised of representatives of system partners and the establishment of accountability agreements (as seen within Joint Powers Authorities in the jurisdictions within Washington and Nevada).

Regarding accountability, the Deloitte Review recommended that dispatch delivery establish service expectations and performance-based contracts, supported by a single governance structure.

3. Dispatch Effectiveness and Efficiency:

An additional finding of the review highlighted that high-functioning dispatch models utilize third-party accreditation which serves as a proxy for achieving a higher level of effectiveness, quality and overall performance at the dispatch centre. In addition, the utilization of advanced technology including the Advanced Medical Priority Dispatch System (AMPDS) also serves as a best practice within these models to achieve higher efficiencies and enhanced performance and reporting across dispatch services. This finding contrasts with the Mississauga CACC where there is no accreditation or the use of enhanced triaging technology.

In terms of efficiency, the Deloitte Review noted larger dispatch centres have the capacity to achieve greater economies of scale (cost-effectiveness), as well as more standardized service delivery and management control. The Deloitte report recommended that dispatch set benchmarks for clinical and service delivery targets, advanced management reporting systems and dedicated decision support/business analysis teams, as well as standardized policies and procedures, advanced human resource management practices and accreditation.

CONSIDERATIONS FOR MODERNIZATION – PRIORITIES FOR HALTON AND PEEL

Halton and Peel are encouraged by the Ministry's efforts and progress to implement technology enhancements to dispatch which were announced in January 2018, including the Advanced Medical Priority Dispatch System (AMPDS) patient triaging technology, and computer-aided dispatch both expected in 2020. As the CACC with among the highest ambulance call volumes in Ontario facing ongoing growth pressures, it is essential that:

- the dispatch reforms at the Mississauga CACC be prioritized to address the long-standing concerns of Halton and Peel to address the critical needs for enhanced technology, accountability, quality assurance and performance which continue to impact Halton and Peel's ability to provide high-quality paramedic services, and
- the scope for upcoming provincial consultations on Public Health and Emergency Health Services, address the outstanding dispatch needs outlined in this report to ensure all residents of Ontario receive the essential paramedic services they require.

Halton and Peel Paramedic Services welcome the Ministry's objective to strengthen and modernize Public Health and Emergency Health Services through the appointment of the Special Advisor to lead consultations with municipalities.

Halton and Peel look forward to participating in the consultation process as modernization of the ambulance dispatch system will lead to efficiencies for the Provincial Government, provincial dispatch centres and for municipal paramedic services. Research has shown that the much-needed reforms to ambulance dispatch will improve patient outcomes, reduce pressures on hospitals and better position municipalities to deal with increasing call volumes, as a result of growth, to ensure the delivery of high-quality paramedic services for Ontario residents.

References

Pomax Public Safety, Greater Toronto Area EMS Ambulance Communications and Dispatch Review, 2009.

2013 Annual Report of the Office of the Auditor General of Ontario, Chapter 3 Land Ambulance Services: Auditor General of Ontario:121-151).

2015 Annual Report of the Office of the Auditor General of Ontario, Chapter 4 Follow-up to VFM: 613-624.

Recommendations from the Provincial Municipal Land Ambulance Dispatch Working Group: Ministry of Health and Long-Term Care, 2015.

Deloitte, Review of the Ontario Ambulance Communications Delivery Model, June 2017.

MO-03-19 - Central Ambulance Communications Centre Update, Report to Regional Chair and Members of Regional Council, Halton Region, March 27, 2019.

DATE: January 15, 2020

REPORT TITLE: **UPDATE ON THE ONTARIO SENIORS DENTAL CARE PROGRAM
CAPITAL FUNDING REQUESTS**

FROM: Cathy Granger, Acting Commissioner of Health Services
Jessica Hopkins, MD MSc CCFP FRCPC, Medical Officer of Health

RECOMMENDATION

That the Regional Chair, on behalf of Regional Council, advocate to the Minister of Health regarding the Ontario Seniors Dental Care Program, for sufficient funding to adequately meet the oral health needs of low-income seniors in Peel.

REPORT HIGHLIGHTS

- On November 20, 2019, the new Ontario Seniors Dental Care Program ('Provincial program') for low income seniors was launched.
- In the summer of 2019, Peel Public Health applied to the province for \$5,577,000 to fund seven capital projects across Peel.
- On December 9, 2019, Peel Public Health received approval for up to \$1,143,000 in one-time funding to support two requested capital projects for the Provincial program.
- The Ministry of Health will provide Peel Public Health with 100 per cent funding to purchase one mobile dental clinic (\$885,000) and expand one existing dental clinic by adding two operatories at WellFort Community Health Services Health n' Smiles Dental Clinic in Brampton (\$258,000).
- To address the growing and continued demand for service, it is recommended to request the province to provide the capital funding in full.

DISCUSSION

1. Background

a) Launch of the New Ontario Seniors Dental Care Program

This report provides an update on the Ontario Seniors Dental Care Program ('Provincial program') capital funding requests that was presented to Council in October 2019. On November 20, 2019, the provincial government launched the first stage of the new Ontario Seniors Dental Care Program. Stage 1 offers ongoing dental care to eligible low income seniors living in Ontario through existing dental infrastructure.

In the Region of Peel, dental care services are provided to eligible seniors at three Community Health Centres during this first stage of implementation: Health n' Smiles

UPDATE ON THE ONTARIO SENIORS DENTAL CARE PROGRAM CAPITAL FUNDING REQUESTS

Dental Clinic in Brampton (WellFort Community Health Services), Four Corners Health Centre in Malton (WellFort Community Health Services) and East Mississauga Community Health Centre. Base funding from the Ministry of Health ('Ministry') has been provided by Public Health to Community Health Centres to ensure services delivery readiness at program launch. The Four Corners Health Centre dental clinic in Malton was completed using operational funds.

b) Capital Funding Requests

Stage 2 implementation includes program expansion into underserved areas. In the summer of 2019, the Ministry provided public health units with an opportunity to apply for one-time capital funding to increase dental services to meet anticipated demand. A total of \$25 million was available across the province.

On August 7, 2019, Peel Public Health applied for \$5,577,000 to fund seven capital projects across Peel. The requested capital projects include two main groups: 1) creating new infrastructure, and 2) expansion of existing infrastructure. Refer to the October 24, 2019 Council report titled "Ontario Seniors Dental Care Program: Capital Funding Requests" for the proposed capital projects submitted to the Ministry.

2. Approved Capital Funding Projects

On December 9, 2019, the Board of Health for Peel Public Health was approved for up to \$1,143,000 in one-time funding to support two of the seven requested capital projects. This funding is approved until March 31, 2020. Public Health will request an extension to March 31, 2021 to allow necessary time to complete these projects.

The following two capital projects will receive funding:

a) Mobile Dental Clinic (\$885,000)

A mobile dental clinic provides a large geographic service range within Peel and across neighbouring communities. In Peel, the mobile dental clinic with two operatory rooms can be used to address some access issues in the north and west areas of the region. Funding for this mobile dental clinic is conditional on efforts to provide dental services to enrolled clients from adjacent public health units, as needed.

b) Expansion of the Dental Clinic at WellFort Community Health Services (\$258,000)

The facility is well-established and has become a dental home for many Peel residents who have accessed services through the Healthy Smiles Ontario program and the Region of Peel Seniors' Dental Program. Upgrading the existing clinic space from six to eight operatory rooms will allow the clinic to increase its service capacity.

UPDATE ON THE ONTARIO SENIORS DENTAL CARE PROGRAM CAPITAL FUNDING REQUESTS

3. Implications

Peel Public Health's analysis identified the required dental infrastructure to meet Peel's community needs currently and in the future. As only two of the seven capital projects are approved, there will be additional pressure on available services. The reasons being:

- Much of the existing Community Health Centres' dental infrastructure are being utilized near capacity to provide dental care for the Healthy Smiles Ontario program to children and youth in Peel, as well as other public programs (e.g., Ontario Works, Ontario Disability Support Program);
- It is estimated that 16,391 seniors in Peel could attempt to access dental services through the Provincial program annually, which is greater than the Ministry provided estimate of 6,938 eligible seniors;
- It is anticipated there will be influx of seniors accessing care in Peel from outside the region as surrounding areas west and north of Peel have little to no existing service capacity for the Provincial program; and,
- Peel's population continues to age and grow within identified underserved areas across the region that even with a new mobile dental clinic, there will not be sufficient capacity to address the service demand.

4. Provincial Advocacy to Increase Funding to Meet Growing Service Demand

As a result of these implications, staff recommend advocating to the Ministry, such as writing a letter for sufficient funding to adequately meet the oral health needs of low-income seniors in Peel.

FINANCIAL IMPLICATIONS

Peel Public Health will receive up to \$1,143,000 in one-time funding from the Ministry for two capital projects (\$885,000 to purchase a new mobile dental clinic and \$258,000 to upgrade the dental clinic at WellFort Community Health Services) until March 31, 2020. Staff will undertake a procurement process to purchase a mobile dental clinic and work with WellFort Community Health Services to implement their capital project.

Given the anticipated need for the Provincial program the approved capital funding from the Ministry will not meet service capacity requirements. Increased funds are required to adequately meet the dental health needs of low-income seniors in Peel.

CONCLUSION

The Provincial program was launched on November 20, 2019. The Ministry of Health will provide Peel Public Health with 100 per cent funding for purchasing one mobile dental clinic (\$885,000) and upgrading the Health n' Smiles Dental Clinic by adding two operatories at WellFort Community Health Services in Brampton (\$258,000). With significant demand expected in Peel and surrounding area, additional publicly-funded infrastructure funding is needed to improve access and service delivery for low income seniors.

UPDATE ON THE ONTARIO SENIORS DENTAL CARE PROGRAM CAPITAL FUNDING REQUESTS



Cathy Granger, Acting Commissioner of Health Services



Jessica Hopkins, MD MHScc CCFP FRCPC, Medical Officer of Health

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

For further information regarding this report, please contact Paul Sharma, Director, Chronic Disease and Injury Prevention, ext. 2013.

Authored By: Stephanie Tea, Health Promoter, Chronic Disease and Injury Prevention

Reviewed in workflow by: Financial Support Unit

12.1-1

On Tue, Jan 7, 2020 at 11:29 AM Christine Massey [REDACTED] wrote:
Dear Clerk,

I request that the email below be included in Council's next agenda.

Thanks and best wishes,
Christine

RECEIVED
January 7, 2020
REGION OF PEEL
OFFICE OF THE REGIONAL CLERK

----- Forwarded message -----

From: **Christine Massey** [REDACTED] >

Date: Tue, Nov 26, 2019 at 2:40 PM

Subject: New study: Fluoridation lowers IQ of formula-fed babies

To: Evan Woolley <Evan.woolley@calgary.ca>, Diane Colley-Urquhart <diane.colley-urquhart@calgary.ca>, Druh Farrell <Druh.Farrell@calgary.ca>, George Chalal <george.chahal@calgary.ca>, Gian-carlo Carra <gian-carlo.carra@calgary.ca>, Jeff Davison <jeff.davison@calgary.ca>, Joe Magliocca <joe.magliocca@calgary.ca>, Jyoti Gondek <jyoti.gondek@calgary.ca>, Naheed Nenshi <themayor@calgary.ca>, Peter Demong <Peter.demong@calgary.ca>, Ray Jones <ray.jones@calgary.ca>, Sean Chu <sean.chu@calgary.ca>, Shane Keating <Shane.keating@calgary.ca>, Ward Sutherland <ward.sutherland@calgary.ca>, jeromy.farkas@calgary.ca <jeromy.farkas@calgary.ca>, City Of Calgary Clerk <cityclerk@calgary.ca>, <Nando.iannicca@peelregion.ca>, <annette.groves@caledon.ca>, Crombie, Bonnie <bonnie.crombie@mississauga.ca>, Carolyn Parrish <carolyn.parrish@mississauga.ca>, Chris Fonseca <chris.fonseca@mississauga.ca>, <dipika.damerla@mississauga.ca>, George Carlson <george.carlson@mississauga.ca>, <gurpreet.dhillon@brampton.ca>, [REDACTED] Jennifer Innis <Jennifer.Innis@caledon.ca>, Johanna Downey <johanna.downey@caledon.ca>, John Kovac <John.Kovac@mississauga.ca>, Karen Ras <karen.ras@mississauga.ca>, Medeiros, Martin - Councillor <martin.medeiros@brampton.ca>, Matt Mahoney <Matt.Mahoney@mississauga.ca>, Palleschi, Michael - Councillor <michael.palleschi@brampton.ca>, Iannicca, Nando <nando.iannicca@mississauga.ca>, Saito, Pat <pat.saito@mississauga.ca>, Pat Fortini Councillor <pat.fortini@brampton.ca>, <Patrick.Brown@brampton.ca>, <paul.vicente@brampton.ca>, Starr, Ron <ron.starr@mississauga.ca>, <rowena.santos@brampton.ca>, <stephen.dasko@mississauga.ca>, McFadden, Sue <sue.mcfadden@mississauga.ca>, Mayor Allan Thompson <mayor@caledon.ca>, <mayor_tory@toronto.ca>, <jbachetti@tecumseh.ca>, [REDACTED] <rtonial@tecumseh.ca>, <baltenhof@tecumseh.ca>, <bhouston@tecumseh.ca>, [REDACTED] Laura Moy <lmoy@tecumseh.ca>, <mayor@town.lasalle.on.ca>, <mbondy@town.lasalle.on.ca>, <makpata@town.lasalle.on.ca>, <tburns@town.lasalle.on.ca>, <sdesjarlais@town.lasalle.on.ca>, <cmeloche@town.lasalle.on.ca>, <jrenaud@town.lasalle.on.ca>, cc: ZZG-RegionalClerk <ZZG-Regionalclerk@peelregion.ca>, Szwarc, David <David.Szwarc@peelregion.ca>, <andrew.farr@peelregion.ca>, <ocwa@ocwa.com>, <alane@ocwa.com>, Aimee Hennessy <ahennessy@ocwa.com>, <nbaker@ocwa.com>, <tsmider@ocwa.com>, <jmuller@ocwa.com>, Canadian Waterman <jkingsbury@ocwa.com>, <MPontone@ocwa.com>, <sbudden@ocwa.com>, ControlChem Info <info@controlchem.com>, Premier of Ontario | Première ministre de l'Ontario <premier@ontario.ca>, <dr.david.williams@ontario.ca>, Health Minister Jaczek Ontario <ccu.moh@ontario.ca>, <mcssinfo.css@ontario.ca>, Prime Minister/Premier ministre <pm@pm.gc.ca>, <kathy.lofy@doh.wa.gov>, <gchiiod@uw.edu>, <pramsey@u.washington.edu>, <ondean@uw.edu>, <Sdsull@uw.edu>, <hgodwin@uw.edu>, <sswdean@uw.edu>, Gandhi, Priya <Priya.Gandhi@brampton.ca>, Carter, Candace <Candace.Carter@brampton.ca>,

REFERRAL TO _____
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RECEIPT RECOMMENDED _____

12.1-2

<ffrancis@citywindsor.ca>, <fcostante@citywindsor.ca>, <rbortolin@citywindsor.ca>, <cholt@citywindsor.ca>, <esleiman@citywindsor.ca>, <joagnac@citywindsor.ca>, Kusmierczyk, Irek <irek@citywindsor.ca>, <gkaschak@citywindsor.ca>, <kmckenzie@citywindsor.ca>, <jmorrison@citywindsor.ca>, Drew Dilkens <mayoro@citywindsor.ca>, Nancy Polsinelli <nancy.polsinelli@peelregion.ca>, Granger, Cathy <Cathy.Granger@peelregion.ca>
Cc: Maria Castro [REDACTED], Robert C Dickson [REDACTED], Robert C Dickson [REDACTED]

Dear Councillors, Mayors, Ministers, Premier, Prime Minister, etc.,

Be advised of the following:

News provided by [Fluoride Action Network](#) Nov 21, 2019

NEW YORK, Nov. 21, 2019 /PRNewswire/ -- A [study](#) published this week found a large decrease in the IQ of children who had been fed infant formula reconstituted with fluoridated tap water compared to formula-fed children living in unfluoridated areas. The study by a research team based at York University, Toronto, followed a large cohort of Canadian mother-child pairs through age 3-4 years and found an average drop of over 4 IQ points for children in fluoridated areas, reports [Fluoride Action Network](#) (FAN).

This is the [fifth recent study](#) finding neurotoxic harm from early life exposure to fluoride from two research groups funded with \$4 million from the US National Institute of Environmental Health Sciences.

This study comes on the heels of a comprehensive [review](#) of human and animal studies of fluoride neurotoxicity. The review, by the National Toxicology Program (NTP), identified 149 human studies and 339 animal studies, but did not include the two most recent studies from the York University group ([Till 2019](#); [Riddell 2019](#)).

Based on the large number, quality, and consistency of the studies, NTP concluded fluoride was a "presumed" neurotoxin. The draft review is equivocal about effects at low exposures, but these newest high-quality mother-child studies support a conclusion that artificially fluoridated water causes substantial IQ reductions. The size of the effect has been [likened to that from lead](#) by experts in the field.

The authors of the newest paper note that fluoride's dental benefits come almost exclusively from topical contact once teeth have erupted into the mouth. They conclude:

"In the absence of any benefit from fluoride consumption in the first six months, it is prudent to limit fluoride exposure by using non-fluoridated water or water with lower fluoride content as a formula diluent."

12.1-3

Paul Connett, PhD, FAN Director added, "Fluoride levels in mothers' milk are very low (less than 0.01 ppm). Thus, breastfeeding protects the infant from fluoride. This study shows formula made with fluoridated water at 0.7 ppm removes that protection with harmful consequences to infants' developing brains. Research consistently shows that fluoride is a threat to both the fetal and infant brain. Unfortunately, low-income mothers cannot always afford non-fluoridated water. These children are also least able to afford IQ loss. The practical and ethical solution is to stop adding fluoridation chemicals to drinking water."

SOURCE Fluoride Action Network

Related Links

fluorideaction.net

Best wishes,
Christine Massey, M.Sc.



[Fluoride Free Peel](#)

From: **Christine Massey** [REDACTED]

Date: Tue, Jan 7, 2020 at 12:11 PM

Subject: Fluoride's Harm to the Developing Brain: Recent Science

To: Evan Woolley <Evan.woolley@calgary.ca>, Diane Colley-Urquhart <diane.colley-urquhart@calgary.ca>, Druh Farrell <Druh.Farrell@calgary.ca>, George Chalal <george.chahal@calgary.ca>, Gian-carlo Carra <gian-carlo.carra@calgary.ca>, Jeff Davison <jeff.davison@calgary.ca>, Joe Magliocca <joe.magliocca@calgary.ca>, Jyoti Gondek <jyoti.gondek@calgary.ca>, Naheed Nenshi <themayor@calgary.ca>, Peter Demong <Peter.demong@calgary.ca>, Ray Jones <ray.jones@calgary.ca>, Sean Chu <sean.chu@calgary.ca>, Shane Keating <Shane.keating@calgary.ca>, Ward Sutherland <ward.sutherland@calgary.ca>, jeromy.farkas@calgary.ca <jeromy.farkas@calgary.ca>, City Of Calgary Clerk <cityclerk@calgary.ca>, <Nando.Iannicca@peelregion.ca>, <annette.groves@caledon.ca>, Crombie, Bonnie <bonnie.crombie@mississauga.ca>, Carolyn Parrish <carolyn.parrish@mississauga.ca>, Chris Fonseca <chris.fonseca@mississauga.ca>, <dipika.damerla@mississauga.ca>, George Carlson <george.carlson@mississauga.ca>, <gurpreet.dhillon@brampton.ca>, [REDACTED] Jennifer Innis <Jennifer.Innis@caledon.ca>, Johanna Downey <johanna.downey@caledon.ca>, John Kovac <John.Kovac@mississauga.ca>, Karen Ras <karen.ras@mississauga.ca>, Medeiros, Martin - Councillor <martin.medeiros@brampton.ca>, Matt Mahoney <Matt.Mahoney@mississauga.ca>, Palleschi, Michael - Councillor <michael.palleschi@brampton.ca>, Iannicca, Nando <nando.iannicca@mississauga.ca>, Saito, Pat <pat.saito@mississauga.ca>, Pat Fortini Councillor <pat.fortini@brampton.ca>, <Patrick.Brown@brampton.ca>, <paul.vicente@brampton.ca>, Starr, Ron <ron.starr@mississauga.ca>, <rowena.santos@brampton.ca>, <stephen.dasko@mississauga.ca>, McFadden, Sue <sue.mcfadden@mississauga.ca>, Mayor Allan Thompson <mayor@caledon.ca>, <mayor_tory@toronto.ca>, <jbachetti@tecumseh.ca>, [REDACTED] <rtonial@tecumseh.ca>, <baltenhof@tecumseh.ca>, <bhouston@tecumseh.ca>, [REDACTED] >, Laura Moy <lmoy@tecumseh.ca>, <mayor@town.lasalle.on.ca>, <mbondy@town.lasalle.on.ca>, <makpata@town.lasalle.on.ca>, <tburns@town.lasalle.on.ca>, <sdesjarlais@town.lasalle.on.ca>, <cmeloche@town.lasalle.on.ca>, <jrenaud@town.lasalle.on.ca>, cc: ZZG-RegionalClerk <ZZG-Regionalclerk@peelregion.ca>, Szwarc, David <David.Szwarc@peelregion.ca>, <andrew.farr@peelregion.ca>, <ocwa@ocwa.com>, <alane@ocwa.com>, Aimee Hennessy <ahennessy@ocwa.com>, <nbaker@ocwa.com>, <tsmider@ocwa.com>, <jmuller@ocwa.com>, Canadian Waterman <jkingsbury@ocwa.com>, <MPontone@ocwa.com>, <sbudden@ocwa.com>, ControlChem Info <info@controlchem.com>, Premier of Ontario | Première ministre de l'Ontario <premier@ontario.ca>, <dr.david.williams@ontario.ca>, Health Minister Jaczek Ontario <ccu.moh@ontario.ca>, <mcssinfo.css@ontario.ca>, Prime Minister/Premier ministre <pm@pm.gc.ca>, <kathy.lofy@doh.wa.gov>, <gchiod@uw.edu>, <pramsey@u.washington.edu>, <ondean@uw.edu>, <Sdsull@uw.edu>, <hgodwin@uw.edu>, <sswdean@uw.edu>, Gandhi, Priya <Priya.Gandhi@brampton.ca>, Carter, Candace <Candace.Carter@brampton.ca>, <ffrancis@citywindsor.ca>, <fcostante@citywindsor.ca>, <rbortolin@citywindsor.ca>, <cholt@citywindsor.ca>, <esleiman@citywindsor.ca>, <joagnac@citywindsor.ca>, Kusmierczyk, Irek <irek@citywindsor.ca>, <gkaschak@citywindsor.ca>, <kmckenzie@citywindsor.ca>, <jmorrison@citywindsor.ca>, Drew Dilkens <mayoro@citywindsor.ca>, Nancy Polsinelli <nancy.polsinelli@peelregion.ca>, Granger, Cathy <Cathy.Granger@peelregion.ca>

Dear Decision-Makers and Public Officials,

REFERRAL TO _____
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Be advised:

Fluoride's Harm to the Developing Brain: Recent Science

https://fluoridealert.org/content/bulletin_12-21-19/



(Chris Neurath in front of the National Academy of Sciences)

“Several experts equated the harm found from fluoride to that from childhood lead poisoning.”

This past year

The past year has seen unprecedented new science from Canada and the USA showing fluoride harms the developing brain from exposures due primarily to artificial water fluoridation.

Two of the published studies found clear associations between water fluoridation and substantial loss of IQ, both from prenatal and infant exposures. Equally worrisome is a third study that found children in fluoridated areas have a 284% higher risk of ADHD compared to those in non-fluoridated areas. Finally, a fourth study found harm in adolescence as well, with altered sleep patterns. Three of these high-quality studies were funded by the US National Institute of Environmental Health Sciences.

The wave began in 2017

This wave of new studies actually started in 2017 with two mother-child cohort studies of IQ loss in Mexico [[Valdez-Jimenez 2017](#) and [Bashash 2017](#)]. These two high-quality studies confirmed the evidence of fluoride's neurotoxicity that had been accumulating over 30 years in China, India, and elsewhere consisting of 60 human studies

The high quality fluoride-IQ studies in 2017 were followed in 2018 with a study showing an association between fluoride and ADHD [[Bashash 2018](#)] and another showing an association between fluoride and reduced thyroid function (hypothyroidism) which was exacerbated by iodine deficiency [[Malin 2018](#)]. Hypothyroidism in pregnant women is a known cause of lowered IQ in their children.

The four studies published in 2019 are the strongest ever and are undeniably relevant to the levels of fluoridation in the USA. I will discuss these in turn.

1) [Green 2019](#): in JAMA Pediatrics. Substantial IQ loss in Canadian children from prenatal exposure to fluoride from water fluoridation.

This year's first major study was from a research group based in Canada and published in the prestigious journal *JAMA Pediatrics* [[Green 2109](#)]. It received widespread media coverage, with articles in The Washington Post, CNN, NPR, Time Magazine, etc. The editors of JAMA Pediatrics even went so far as to say that the study reversed their previous (mis)conception that fluoridation was perfectly safe and only crazy people claimed it could be neurotoxic. The editor-in-chief said if his wife were pregnant he would advise her to avoid fluoridated water [[JAMA Pediatrics Christakis podcast](#)]. Several experts equated the harm found from fluoride to that from childhood lead poisoning.

2) [Riddell 2019](#): found almost 3 times higher risk of ADHD for those living in fluoridated areas in national sample of Canadian children.

This study, also from Canada, found a strong association between home water fluoride concentration and much higher risk of ADHD diagnoses in children [[Riddell 2019](#)]. The data came from a government sponsored nationwide survey of health and nutrition (Canadian Health Measures Survey). The study found that children living in areas with fluoridated water had a 284% higher risk of having a diagnosis of ADHD as those who lived in non-fluoridated areas. This study confirmed two previous studies linking fluoride to ADHD from Mexico and the USA [[Bashash 2018](#), [Malin 2015](#)].

3) [Till 2020](#): (published ahead of print in Nov 2019) Children who were formula-fed and lived in fluoridated areas as babies have dramatically lower IQ compared to those who lived in non-fluoridated areas.

This study is arguably the most worrisome finding yet. Till and co-workers found that formula-fed infants in

fluoridated areas had much lower IQ than formula-fed infants in non-fluoridated areas.

Formula-fed babies (with most of the powdered formula reconstituted with tap water) in fluoridated areas averaged 4 IQ points lower compared to formula-fed babies in non-fluoridated areas. Tests of non-verbal IQ showed even more dramatic effects, with an average loss of 9 points in the non-verbal component of IQ tests. When translated to typical water fluoridation levels in the USA of 0.7 mg/L the Till 2020 findings suggest a loss of non-verbal IQ of 13 points for infants in fluoridated areas compared to those with low levels of fluoride in the water. This study was in a carefully monitored cohort followed from before birth through age 4 years. The study authors controlled for many factors. When they also adjusted for mothers' fluoride exposure during the pregnancy, that only accounted for a small part of the IQ loss. Thus, infancy may be at least as susceptible a period for neurotoxic harm as the prenatal period and exposure during both developmental periods may produce additive harm. Not just pregnant women should be advised to avoid fluoridated water, their children should as well.

These three studies were all within Canada, where the average water fluoridation level is 0.6 mg/L, while the current average in the USA is 0.7 mg/L (and in some communities still up to 1.2 mg/L). These studies are also relevant to the USA because socio-economic and other factors in Canada are arguably as similar to the USA as can be found anywhere.

A fourth study, published just last week, bursts any remaining quibbles about relevance to the USA because it studied children in the USA [[Malin 2019](#)].

4) [Malin 2019](#): Altered sleep patterns in adolescents linked to levels of fluoride in the drinking water in the USA.

This study used data from the rigorous, nationally representative, NHANES health and nutrition surveys conducted by the CDC. The authors found that in adolescents age 16-19 years with fluoridated water, there was a doubling of symptoms indicative of sleep apnea, compared to those with low fluoride water. There were also significantly later bed times and waking times in the adolescents with higher water fluoride levels. The link between fluoride and sleep disturbances may be through fluoride's effect on the pineal gland. This gland, situated in the brain, regulates sleep-wake cycles through the hormone melatonin. The pineal gland accumulates high levels of fluoride, and previous studies in animals suggested fluoride may alter melatonin levels [[Luke 1997](#)]. Alteration of sleep patterns may be a neurotoxic effect of fluoride separate from the loss of IQ and increased risk of ADHD due to earlier life exposures.

It bears repeating that all four of these 2019 studies were performed in Canada or the USA where the majority

of fluoride exposure comes from artificially fluoridated water. In other words, harm was found in children with average intakes of fluoride.

The oft-repeated claim of fluoridation proponents, that studies finding neurotoxic harm are only from areas with “irrelevant” high fluoride levels, can now be roundly dismissed.

Just one study!

Another criticism from fluoridation proponents that the JAMA pediatrics study was “just one study” has been false for at least 30 years, since the first of now over 60 fluoride-IQ studies was published in China in the 1980s [[FAN 64 IQ studies webpage](#)]. Almost 15 years ago the US National Research Council’s comprehensive review noted several human neurotoxicity studies and many animal studies as clear evidence that fluoride could harm the brain [[NRC 2006](#)].

Conclusion

The scientific evidence can now be considered overwhelming. This may be a big surprise to those were never aware of the many studies because they simply accepted the claim that fluoridation was “safe and effective”. It may be a shock to fluoridation promoters who have tried to ignore or deny each accumulating piece of evidence. But the science is now undeniable. We don’t know how long it will take for this truth to sink in to mainstream science, medicine, and public health. It will likely take more hard work on the part of scientists conducting even more studies, and by individuals and groups like FAN reaching ordinary people and government officials.

An analogy to the history of “low-level” lead neurotoxicity can offer insights. Several experts have said that it now looks like fluoride poses a similar risk for the developing brain as lead poisoning. In fact, back when leading researchers first started voicing concern that “low-level” lead was causing neurobehavioral harm in children, about 30 years ago, the existing scientific evidence to support that concern was weaker than what is now available for fluoride [[Needleman 1990](#)]. It took more than two decades for the CDC to finally respond to the evidence on “low-level” lead and reduce the “level of concern” to the 5 ug/dL blood lead level it currently stands at. That delay might sound discouraging, but the CDC’s decision to reduce the “level of concern” followed just months after a 2012 NTP report that concluded levels below 5 ug/dL posed a risk. With fluoride, we now have a draft NTP report, backed by evidence as strong as available when alarms were first being raised for “low level” lead.

Please help FAN lead the way in fighting to protect the vulnerable developing brains of children from a toxin that may be as serious as lead. Please donate generously.

Thank you,

Chris Neurath
Research Director
Fluoride Action Network

Christine Massey
[Fluoride Free Peel](#)



On Tue, Jan 7, 2020 at 11:30 AM Christine Massey [REDACTED] wrote:
Dear Clerk,

I request that the email below be included in Council's next agenda.

Thanks and best wishes,
Christine

RECEIVED
January 7, 2020
REGION OF PEEL
OFFICE OF THE REGIONAL CLERK

----- Forwarded message -----

From: **Christine Massey** [REDACTED]
Date: Wed, Nov 13, 2019 at 9:59 AM
Subject: even Colgate acknowledges fluoride allergies & that kids under 2 should avoid F
To: Evan Woolley <Evan.woolley@calgary.ca>, Diane Colley-Urquhart <diane.colley-urquhart@calgary.ca>, Druh Farrell <Druh.Farrell@calgary.ca>, George Chalal <george.chahal@calgary.ca>, Gian-carlo Carra <gian-carlo.carra@calgary.ca>, Jeff Davison <jeff.davison@calgary.ca>, Joe Magliocca <joe.magliocca@calgary.ca>, Jyoti Gondek <jyoti.gondek@calgary.ca>, Naheed Nenshi <themayor@calgary.ca>, Peter Demong <Peter.demong@calgary.ca>, Ray Jones <ray.jones@calgary.ca>, Sean Chu <sean.chu@calgary.ca>, Shane Keating <Shane.keating@calgary.ca>, Ward Sutherland <ward.sutherland@calgary.ca>, jeromy.farkas@calgary.ca <jeromy.farkas@calgary.ca>, City Of Calgary Clerk <cityclerk@calgary.ca>, <Nando.iannicca@peelregion.ca>, <annette.groves@caledon.ca>, Crombie, Bonnie <bonnie.crombie@mississauga.ca>, Carolyn Parrish <carolyn.parrish@mississauga.ca>, Chris Fonseca <chris.fonseca@mississauga.ca>, <dipika.damerla@mississauga.ca>, George Carlson <george.carlson@mississauga.ca>, <gurpreet.dhillon@brampton.ca>, <sinclaircaledon@gmail.com>, Jennifer Innis <Jennifer.Innis@caledon.ca>, Johanna Downey <johanna.downey@caledon.ca>, John Kovac <John.Kovac@mississauga.ca>, Karen Ras <karen.ras@mississauga.ca>, Medeiros, Martin - Councillor <martin.medeiros@brampton.ca>, Matt Mahoney <Matt.Mahoney@mississauga.ca>, Palleschi, Michael - Councillor <michael.palleschi@brampton.ca>, Iannicca, Nando <nando.iannicca@mississauga.ca>, Saito, Pat <pat.saito@mississauga.ca>, Pat Fortini Councillor <pat.fortini@brampton.ca>, <Patrick.Brown@brampton.ca>, <paul.vicente@brampton.ca>, Starr, Ron <ron.starr@mississauga.ca>, <rowena.santos@brampton.ca>, <stephen.dasko@mississauga.ca>, McFadden, Sue <sue.mcfadden@mississauga.ca>, Mayor Allan Thompson <mayor@caledon.ca>, <mayor_tory@toronto.ca>, <jbachetti@tecumseh.ca>, <andrew@andrewdowie.ca>, <rtonial@tecumseh.ca>, <baltenhof@tecumseh.ca>, <bhouston@tecumseh.ca>, [REDACTED] Laura Moy <lmoy@tecumseh.ca>, <mayor@town.lasalle.on.ca>, <mbondy@town.lasalle.on.ca>, <makpata@town.lasalle.on.ca>, <tburns@town.lasalle.on.ca>, <sdesjarlais@town.lasalle.on.ca>, <cmeloche@town.lasalle.on.ca>, <jrenaud@town.lasalle.on.ca>, cc: ZZG-RegionalClerk <ZZG-Regionalclerk@peelregion.ca>, Szwarc, David <David.Szwarc@peelregion.ca>, <andrew.farr@peelregion.ca>, <ocwa@ocwa.com>, <alane@ocwa.com>, Aimee Hennessy <ahennessy@ocwa.com>, <nbaker@ocwa.com>, <tsmider@ocwa.com>, <jmuller@ocwa.com>, Canadian Waterman <jkingsbury@ocwa.com>, <MPontone@ocwa.com>, <sbudden@ocwa.com>, ControlChem Info <info@controlchem.com>, Premier of Ontario | Première ministre de l'Ontario <premier@ontario.ca>, <dr.david.williams@ontario.ca>, Health Minister Jaczek Ontario <ccu.moh@ontario.ca>, <mcssinfo.css@ontario.ca>, Prime Minister/Premier ministre <pm@pm.gc.ca>, <kathy.lofy@doh.wa.gov>, <gchiiod@uw.edu>, <pramsey@u.washington.edu>, <ondean@uw.edu>, <Sdsull@uw.edu>, <hgodwin@uw.edu>, <sswdean@uw.edu>, Gandhi, Priya <Priya.Gandhi@brampton.ca>, Carter, Candace <Candace.Carter@brampton.ca>,

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RECEIPT RECOMMENDED _____

12.3-2

<fFrancis@citywindsor.ca>, <fcostante@citywindsor.ca>, <rbortolin@citywindsor.ca>, <cholt@citywindsor.ca>, <esleiman@citywindsor.ca>, <joagnac@citywindsor.ca>, Kusmierczyk, Irek <irek@citywindsor.ca>, <gkaschak@citywindsor.ca>, <kmckenzie@citywindsor.ca>, <jmorrison@citywindsor.ca>, Drew Dilkens <mayoro@citywindsor.ca>, Nancy Polsinelli <nancy.polsinelli@peelregion.ca>, Granger, Cathy <Cathy.Granger@peelregion.ca>
Cc: Maria Castro <safewatercalgary@gmail.com>, Robert C Dickson <drbob_is@me.com>, Robert C Dickson <drbobdickson@shaw.ca>

Dear Council,

Colgate:

"Opt for a toothpaste without fluoride if you're allergic to fluoride. You may also want to choose a different toothpaste if you have certain medical conditions.."

"If you have a child under the age of two, the child should definitely be using a fluoride-free toothpaste..."

<https://www.colgate.com/en-us/oral-health/basics/fluoride/why-use-a-fluoride-free-toothpaste-0414>

Meanwhile, grade school multiplication shows that every 350 ml glass of 'optimally' fluoridated water contains the same dose of fluoride that everyone agrees young children must spit out (or avoid entirely) when brushing their teeth ([Health Canada](#), [FDA](#), [CDC](#), [CDA](#), [ADA](#)).

0.7 ppm fluoride concentration means there is 0.7 mg fluoride in each litre (each 1000 grams) of water (<https://cfpub.epa.gov/ncer/abstracts/index.cfm/fuseaction/display.files/fileid/14285>).

0.35 L x 0.7 mg / L = **0.245 mg** fluoride In every 350 ml glass of water.

A typical pea-sized bit of fluoridated toothpaste contains **0.25 mg fluoride**.

The amount of fluoride recommended by Health Canada before 6 months of age, or before teeth erupt: 0 mg.

References:

CDC February 1, 2019, Use of Toothpaste and Toothbrushing Patterns Among Children and Adolescents — United States, 2013–2016: <https://www.cdc.gov/mmwr/volumes/68/wr/mm6804a3.htm>

CDC August 17, 2001, Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm>

- "each gram of fluoride toothpaste, as formulated in the United States, contains approximately 1.0 mg of fluoride"
- "a pea-sized amount (approximately 0.25 g) of fluoride toothpaste"

Health Canada 2013-05-08, Pediatric and Adolescent Care - Chapter 7 - Nutrition:

<https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/health-care-services/nursing/clinical-practice-guidelines-nurses-primary-care/pediatric-adolescent-care/chapter-7-nutrition.html>

Supplemental Information:

The typical concentration of sodium fluoride, NaF, in fluoride toothpaste is 0.243% (NRC 2006: <https://www.nap.edu/read/11571/chapter/4#41>).

The ratio of F to NaF is 19/42.

The typical concentration of fluoride in fluoride toothpaste is thus $19/42 \times 0.243\% = 0.11\%$, approximately 1 part in 1000, aka 1,000 ppm. In other words there is approximately 1 mg fluoride in 1 gram of fluoride toothpaste, as stated by the CDC, above.

Further reading

Does this make sense to you?

The infographic consists of two grey rectangular boxes connected by an equals sign (=). The left box features an image of a blue toothbrush with a pea-sized dab of toothpaste on its bristles. Below the image, the text reads: "Pea-sized dab of toothpaste", "0.25mg of fluoride", "Monitor children!", "Make sure they SPIT IT OUT!". The right box features an image of a glass of water being poured from a faucet. Below the image, the text reads: "One glass of 0.7ppm water", "0.25mg of fluoride", "No Risk.", "SWALLOW REPEATEDLY!".

Best wishes,
Christine Massey, M.Sc.


[Fluoride Free Peel](#)

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**ITEMS RELATED TO
PLANNING AND GROWTH
MANAGEMENT**

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For Information

DATE: January 15, 2020

REPORT TITLE: **PEEL 2041 OFFICIAL PLAN REVIEW - PROCESS UPDATE BASED ON PROVINCIAL DIRECTION AND POTENTIAL WORK PLAN REVISIONS**

FROM: Andrew Farr, Acting Commissioner of Public Works

OBJECTIVE

To provide an update on the Peel 2041 Official Plan Review (“Peel 2041”) process as a result of new Provincial direction allowing phasing of a Municipal Comprehensive Review, including opportunities to advance strategic policy amendments.

REPORT HIGHLIGHTS

- The Peel 2041: Official Plan and Municipal Comprehensive Review (MCR) has been underway with original timelines extended as a result of Provincial planning policy changes.
- On November 12, 2019, the Minister of Municipal Affairs and Housing confirmed that municipalities may choose to take a phased approach to their MCR through multiple official plan amendments. Previous Provincial direction had required that municipalities complete an MCR under the Growth Plan, 2019, through one single amendment, with conformity required by July 1, 2022.
- Regional Council advocated for a phased approach to an MCR, with flexibility to advance planning policies in a phased manner, instead of through a single amendment.
- A phased approach would enable Regional Council to proceed with adoption of policies that are significantly advanced, including supporting strategic community building initiatives, Ninth Line Lands and Mayfield West Phase 2 Stage 2 ahead of the overall 2022 timeline.
- Additionally, the Provincial letter states that there is no limit on how many settlement boundary expansions of up to 40 hectares municipalities can undertake outside of an MCR.
- This Report outlines new opportunities for advancing Regional Official Plan Amendments where work is sufficiently advanced and to address strategically significant priorities that support community building.

PEEL 2041 OFFICIAL PLAN REVIEW - PROCESS UPDATE BASED ON PROVINCIAL DIRECTION AND POTENTIAL WORK PLAN REVISIONS

DISCUSSION

1. Background

The Peel 2041 Official Plan Review and Municipal Comprehensive Review (MCR) process is being undertaken to ensure the Region's Official Plan is consistent with and conforms to Provincial plans and policies under Section 26 requirements of the *Planning Act*. Since this process began in 2013, the Province introduced multiple new plans, policies, guidance and regulations that have impacted the progress of the work plan and introduced new timelines, including the requirement to comply with the Provincial Growth Plan, to achieve conformity by July 1, 2022.

On September 26, 2019, Regional Council received a report on the implications of changes in Provincial direction impacting the Peel 2041 process (Resolution 2019-820). At that time the changes to the *Growth Plan, 2019*, required Regionally initiated MCRs to be completed through a single Regional Official Plan Amendment. As a result of this direction, all planning matters were required to be brought forward for adoption at the same time in Q4 2021. This meant that earlier completed work would have to wait for the completion of all other MCR policies.

On November 12, 2019, a letter was received from the Minister of Municipal Affairs and Housing announcing a new direction: to achieve conformity, municipalities now have the choice of phasing their MCR through multiple amendments or a single amendment (for a new official plan or plan amendments) (see Appendix I). Additionally, the letter stated that there is no limit on how many settlement boundary expansions of up to 40 hectares municipalities can undertake outside of an MCR. This letter was provided at the November 14, 2019 Regional Council meeting (Resolution 2019-1067). A phased approach allows for policies that are significantly advanced to proceed ahead of other elements of an MCR that require more time.

2. Impacts and Opportunities from the November 12, 2019 Letter

The opportunity to phase MCR implementation is in line with what the Region had requested from the Province when commenting in relation to the Provincial Growth Plan (Resolutions 2019-206 and 2019-605). This recent information is positive as it allows for flexibility of work, supporting work in advanced stages of completion and important community building objectives to continue proceeding as planned without being required to wait for other elements of the MCR to be completed.

Given the above, staff will monitor and consider opportunities for advancing Regional Official Plan Amendments where work is sufficiently advanced and to address strategically significant priorities that support community building. Specifically, areas for potential advancement through an early Regional Official Plan Amendment could include policies on:

- Environment, Agricultural and Rural System
- Housing
- Transportation
- Growth Management (including growth allocations)
- Employment
- Major Transit Station Areas
- Greenlands System

PEEL 2041 OFFICIAL PLAN REVIEW - PROCESS UPDATE BASED ON PROVINCIAL DIRECTION AND POTENTIAL WORK PLAN REVISIONS

However, it should be noted that there are various items of strategic importance still awaiting Provincial confirmation which may impact the ability to phase the above policies. These items include:

- Guidance materials such as an updated land needs assessment methodology;
- Potentially new population and employment growth forecasts;
- Implementation of Provincially Significant Employment Zones; and,
- An updated Provincial Policy Statement.

The Province has indicated that direction and information on these items is targeted for early to mid-2020. If sufficient direction is confirmed by that time, there should be an opportunity to advance an official plan amendment dealing with the strategic policies noted above, ahead of other longer-term policy work within Peel 2041.

Based on the current work plan (see Appendix II), it is anticipated an amendment could be brought forward by late 2020 for Council authorization to proceed with statutory public consultations on any strategic opportunities, such as those policy areas listed above. Proceeding with a separate amendment earlier than the rest of Peel 2041 on key strategic items would allow for clearer direction to flow to other local processes.

Further, this new confirmation also provides the opportunity for Ninth Line Lands and Mayfield West Phase 2 Stage 2 settlement area boundary expansions to proceed as amendments ahead of other official plan policy review processes. The Official Plan Amendment process, in accordance with the *Planning Act*, has now resumed for both boundary expansions. The statutory public meeting for the Ninth Line Lands was held on October 26, 2017. A statutory public meeting for Mayfield West Phase 2 Stage 2 was held on December 12, 2019. Future reports with recommended directions on both settlement area boundary expansions are anticipated to go to Regional Council in early 2020.

The Peel 2041 work plan will continue to be implemented as planned to complete policy work for the remaining focus areas. Staff will continue to monitor Provincial changes and provide updates as necessary.

CONCLUSION

The letter received from the Minister in November is positive in providing flexibility to the Region to bring forward key items of significant strategic importance ahead of other elements of the Peel 2041 work plan. The Peel 2041 work plan is proceeding as planned and reported on at the September 26, 2019 Regional Council meeting. The work plan will continue to be monitored and consider opportunities to adapt for a potential strategic amendment by the end of 2020 for statutory public consultations.



Andrew Farr, Acting Commissioner of Public Works

**PEEL 2041 OFFICIAL PLAN REVIEW - PROCESS UPDATE BASED ON PROVINCIAL
DIRECTION AND POTENTIAL WORK PLAN REVISIONS**

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

APPENDICES

Appendix I - Letter from the Minister of Municipal Affairs and Housing, dated November 12,
2019

Appendix II - Peel 2041 Official Plan Review Process Update Based on Provincial Direction and
Potential Work Plan Revisions

*For further information regarding this report, please contact Adrian Smith, Acting Chief Planner
& Director, Regional Planning and Growth Management, Extension 4625,
Adrian.Smith@peelregion.ca*

Authored By: Kathryn Dewar, Principal Planner and Virpal Kataure, Principal Planner

**Ministry of
Municipal Affairs
and Housing**

Office of the Minister

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Affaires municipales
et du Logement**

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777, rue Bay, 17^e étage
Toronto ON M5G 2E5
Tél. : 416 585-7000
Télééc. : 416 585-8470

19-004273

November 12, 2019

Dear Head of Council:

Earlier this year, our government introduced *A Place to Grow: Growth Plan for the Greater Golden Horseshoe* as part of the **More Homes, More Choice: Ontario's Housing Supply Action Plan** to increase housing supply, create more jobs, attract business investments and better align our infrastructure. Today, I am writing to provide further clarity on two specific provisions in *A Place to Grow* as your municipality undertakes its work to meet conformity with the growth plan by July 1, 2022. This clarity is with respect to the government's position on the municipal comprehensive review process and the policy permitting settlement area boundary expansions of up to 40-hectares outside of the municipal comprehensive review.

As you will recall, *A Place to Grow* provides municipalities with greater flexibility in local planning decision-making. Notably, *A Place to Grow* helps ensure intensification and density targets better reflect growth rates, local realities and market conditions; allows municipalities to make changes to their settlement area boundaries more quickly and easily, while continuing to provide protection for employment and agricultural lands as well as natural areas; and provides policies that direct intensification around transit to increase the supply of housing and jobs near transit hubs.

To ensure that we continue to meet our commitment to build more homes faster, our government has taken the position that municipalities may choose to take a phased approach to their municipal comprehensive review through *multiple* official plan amendments. We recognize that one size does not fit all and that the current and

potential changes in provincial and regional planning frameworks can make it challenging to do planning in a timely, efficient, and effective manner. As such, providing municipalities with the choice of phasing their municipal comprehensive review or achieving conformity as part of one single new official plan or plan amendment is responsive to the needs of local communities.

In addition to the flexibility provided in the approach to the municipal comprehensive review, our government has also taken the position that, so long as they meet applicable policies in *A Place to Grow*, there is no limit to how often a municipality can undertake the settlement boundary expansions of up to 40-hectares that take place outside of the municipal comprehensive review. The up to 40-hectare expansion, which can either be municipally or privately initiated, supports our government's growth management objectives of allowing communities to develop in ways that expand housing and economic opportunities while maintaining protections for our environmentally sensitive areas, including the Greenbelt, cultural heritage assets, and key employment and agricultural lands.

While there are several other requirements in *A Place to Grow* that support our increased housing supply objectives, I wanted to bring clarity to these two specific planning provisions given their immediate impact on getting supply online faster. These policies, along with policies that allow for employment area conversions that facilitate the introduction of residential uses, provide opportunities for local decision makers to put forward plans that address housing supply goals in a timely manner. By ensuring that municipalities do not have to wait until the next municipal comprehensive review to implement planning changes, our government aims to get shovels in the ground quicker and to have development happen sooner.

It is anticipated that additional information on the implementation of *A Place to Grow* will be forthcoming. In the interim, if you have any questions and/or concerns, please feel free to contact Cordelia Clarke Julien, Assistant Deputy Minister, Ontario Growth Secretariat at cordelia.clarkejulien@ontario.ca. Thank you for your time.

Sincerely,



Steve Clark

Minister

c: Stephen Hamilton, Senior Policy Advisor, Office of the Honourable Steve Clark,
Ministry of Municipal Affairs and Housing

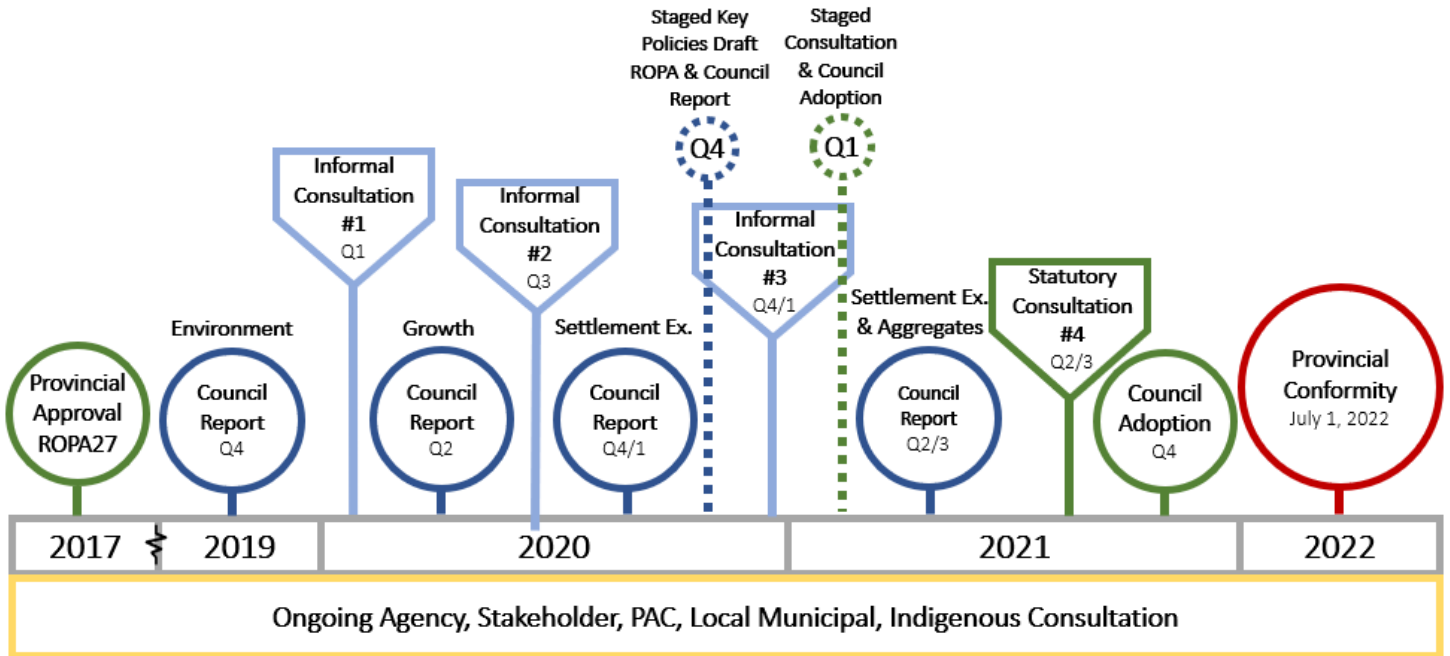
Cordelia Clarke Julien, Assistant Deputy Minister, Ontario Growth Secretariat,
Ministry of Municipal Affairs and Housing

Marcia Wallace, Assistant Deputy Minister, Municipal Services Division,
Ministry of Municipal Affairs and Housing

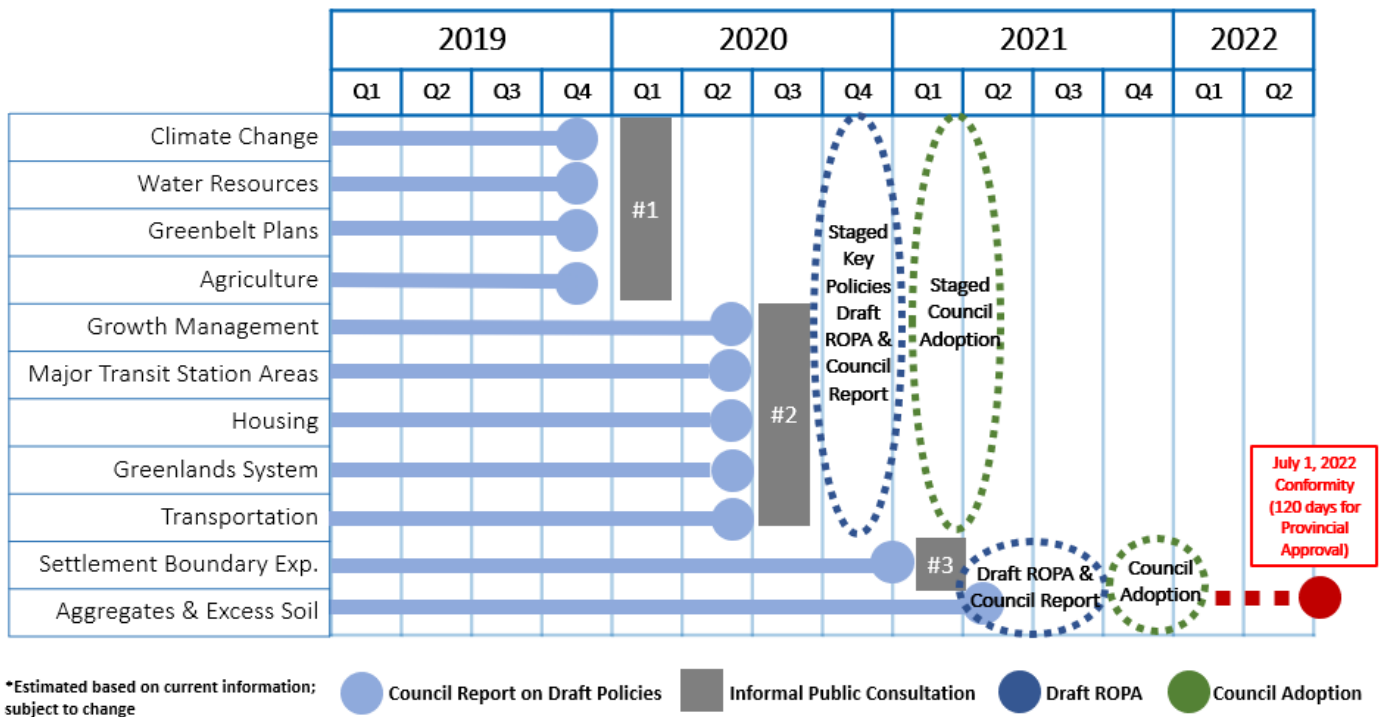
APPENDIX II - PEEL 2041 OFFICIAL PLAN REVIEW PROCESS UPDATE BASED ON PROVINCIAL DIRECTION AND POTENTIAL WORK PLAN REVISIONS

POTENTIAL PEEL 2041 WORK PLAN

Peel 2041: Consultation Process



Peel 2041 Work Plan: MCR Timing*



Note: Based on correspondence from the Minister dated November 12, 2019, opportunities to begin formal statutory consultations sooner will be considered that would allow for a phased conformity approach.

**ITEMS RELATED TO
ENTERPRISE PROGRAMS
AND SERVICES**

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DATE: January 13, 2020

REPORT TITLE: **AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

FROM: Kathryn Lockyer, Acting Commissioner of Corporate Services

RECOMMENDATION

That the proposed revisions to Schedule 1 of the Document Execution By-law 32-2017, as outlined in Appendix I to the report of the Commissioner of Corporate Services, titled "Amendments to Document Execution By-law 32-2017", be approved;

And further, that the necessary by-law to amend Schedule 1 of the Document Execution By-law 32-2017 be presented for enactment;

And further, that the effective date of the amendments to the subject by-law be April 1, 2020.

REPORT HIGHLIGHTS

- On June 8, 2017, Regional Council enacted By-law 32-2017 (the By-law) being a by-law governing the execution of documents on behalf of The Regional Municipality of Peel.
- Schedule 1 of the By-law establishes Authorized Documents that may be executed by the Designated Signing Authorities listed for each type of Authorized Document.
- Amendments to Schedule 1 of the By-law are being proposed to clarify the description for some of the Authorized Documents, to add some documents to the Authorized Documents list, and to expand or alter the Designated Signing Authorities for certain documents.
- The proposed amendments do not change the overall form or structure of the By-law and the Schedule. The purpose of the proposed amendments is to increase efficiency and improve customer services in circumstances where Council has other means of oversight and approval and where delegation of signing authority is appropriate. The amendments more accurately reflect current practices and some simply provide greater clarification and/or are strictly of a housekeeping nature.

AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017

DISCUSSION

1. Background

On June 8, 2017 Regional Council enacted By-law 32-2017 (the By-law) being a by-law governing the execution of documents on behalf of The Regional Municipality of Peel. The By-law designates the signing officers of the Regional Corporation. It also provides that the signing officers are authorized to execute documents only when authorized to do so under by-law. Schedule 1 of the By-law sets out the types of Authorized Documents that may be executed by the Designated Signing Authorities listed for each type of Authorized Document.

2. Document Execution By-law Amendments

Since 2017, some additional circumstances have been identified where signing authority can be appropriately delegated to achieve increased program efficiency and greater customer service and where greater clarification in the description of Authorized Documents would be of assistance to users. As a result, amendments to Schedule 1 of the By-law are currently being proposed to clarify the description for some of the Authorized Documents, to add some documents to the Authorized Documents list, and to expand or alter the Designated Signing Authorities for certain documents.

The proposed amendments do not change the overall form or structure of the By-law and the Schedule. The purpose of the proposed amendments is to increase efficiency and improve customer services in circumstances where Council has other means of oversight and approval and where delegation of signing authority is appropriate. Some of the amendments more accurately reflect current practices and some simply provide greater clarification and/or are strictly of a housekeeping nature. The amendments pertain to the execution of documents and do not have any impact on the delegated authorities for procurements.

Details of the proposed amendments to Schedule 1 are identified in Appendix I of this report.

Regional staff recommends that the effective date for these amendments be April 1, 2020 to provide sufficient time to communicate the changes to staff and implement process changes required.

RISK CONSIDERATIONS

The proposed By-law amendments will provide greater clarity in the interpretation of the By-law, thereby reducing the risk of misinterpretation or misapplication of the By-law and enhancing efficiency. The proposed amendments do not change the structure or form of the By-law. The proposed amendments reflect an appropriate delegation of signing authority to staff, consistent with levels and types of delegation already contained in the existing By-law, thereby minimizing any added risk to the corporation.

AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017

CONCLUSION

The amendments proposed do not change the overall form and structure of the Document Execution By-law. The purpose of the proposed amendments is to provide greater clarity, increase efficiency and improve customer service in circumstances where Council has other means of oversight and approval of activities and where the delegation of signing authority is appropriate.



Kathryn Lockyer, Acting Commissioner of Corporate Services

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

APPENDICES

Appendix I – Proposed Amendments to Schedule 1 of By-law 32-2017

For further information regarding this report, please contact Ava Macintyre, Deputy Regional Clerk, ext. 4462, email ava.macintyre@peelregion.ca.

Authored By: Carrie Foerster, Legal Counsel and Stephanie Jurrius, Legislative Specialist

Reviewed in workflow by:
Legal Services

**APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

Schedule "1" to By-law Number 32-2017

Authorized Documents

In addition to the Signing Officers designated by this By-law, the Authorized Documents listed in Column 1 may also be Executed by the officers or employees of the Regional Corporation holding the office or position shown opposite in Column 2 and being Designated Signing Authorities for the purposes of this By-law.

In this Schedule "1":

- the term ~~"The"~~ the "Regional Solicitor" includes Legal Counsel employed by the Regional Corporation and "Medical Officer of Health" includes Associate Medical Officers of Health;
- the term "Procurement By-law" means the currently enacted Region of Peel Procurement By-law;
- In this Schedule "1", the term "Ref. # and Record?" in Column 3 means "Execution Reference Number and Document Execution Record Required? Yes / No"; and
- headings under Column 1 are for organizational purposes, and not intended to limit the Designated Signing Authority under Column 2.

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
1.0 Funding and Similar Types of Payments			
1.1	Applications to any government, agency or fund for compensation, funding or any form of subsidy related to any Regional programs, operations or capital projects, and subsequent submissions, declarations or representations required for processing the application or the receipt of funds or any Agreements required for the receipt of the funds.	The Commissioner or the Director or the Medical Officer of Health (MOH) responsible for the program, operation or capital project to which the compensation, funding or subsidy relates.	Yes
1.2	Applications to any government, agency or fund for compensation, funding or any form of subsidy related to any Regional programs, operations or capital projects, and subsequent submissions, declarations or representations required for processing the application or the receipt of funds or any Agreements required for the receipt of	The Commissioner or the Director or the Manager or the Medical Officer of Health (MOH) responsible for the program, operation or capital project to which the compensation,	No

**APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
	the funds where the value of the funds does not exceed \$10,000.	funding or subsidy relates.	
1.3	Where Regional Council has by by-law or resolution approved (or by by-law or resolution delegated to an officer or employee the authority to approve) the allocation, payment or transfer of compensation, subsidy or any form of grant in a specified amount, to a specified party, which is within the approved Regional Council budget, any Documents required to complete the allocation, payment or transfer of such funds.	The Commissioner or the Director <u>or the Medical Officer of Health</u> responsible for the program or operation to which the allocation, payment or transfer relates or (where applicable) the officer or employee to whom Regional Council has delegated authority to approve the allocation, payment or transfer of the compensation, subsidy or grant.	Yes
2.0 Purchase of Goods and Services			
2.1	<p>Where the purchase of goods or services has been authorized in accordance with the Purchasing-Procurement By-law and provided that all the requirements of the Purchasing-Procurement By-law apply, and have been met, all Documents <u>approved by an authorized employee of Procurement</u> forming part of a purchase contract including any form of agreement or contract or other terms and conditions, but not including <u>Documents issued by Procurement a Purchase Order</u> as described in section 2.2 below.</p> <p>(Note: purchases which are identified in the Purchasing-Procurement By-law as being exempt from the requirements of the ProcurementPurchasing By-law (currently listed under Schedule A – Exceptions, ProcurementPurchasing By-law 113-2013) are not governed by this section 2.1, but are governed by section 2.34 below).</p>	<p>Any officer or employee designated as a Purchasing Authority and authorized by the Purchasing By-law to authorize the purchase in question (currently Schedule B— Purchasing Authorities, Purchasing By-law 113-2013)</p> <p><u>The Commissioner or Director or the Medical Officer of Health who is responsible for the program or the division requiring the procurement provided that the employee in Procurement who is acting as the agent for the corporation</u></p>	Yes

APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
		<u>responsible for the procurement has signed the Document Execution Record form and, where applicable, has identified the final approved Procurement Award Report related to the procurement on the Document Execution Record form.</u>	
2.2	<p>Where the purchase of goods or services has been authorized in accordance with the Purchasing-Procurement By-law and provided that all the requirements of the Purchasing-Procurement By-law apply and have been met, <u>any Bid Solicitation Document and any Purchase Order or vendor contract in the prescribed form</u> to be issued to the Vendor indicating the acceptance or awarding of the contract or as part of the documentation forming the contract of purchase <u>and other Documents issued by Procurement in accordance with the Procurement By-law including but not limited to any addendum, clarification, award and extension.</u></p> <p>(Note: purchases which are identified in the Purchasing-Procurement By-law as being exempt from the requirements of the Purchasing-Procurement By-law (<u>currently listed under Schedule A – Exceptions, Procurement By-law</u>) are not governed by this section 2.2, but are governed by section 2.34 below).</p>	Any employee authorized by the Purchasing By-law to execute such Purchase Order Any authorized employee of Procurement authorized in accordance with an approved delegation of authority under the Procurement By-law to execute such Documents.	Yes <u>No</u>
<u>2.3</u>	<u>Where the purchase of goods or services has been authorized in accordance with the Procurement By-law and provided that all the</u>	<u>Employees who are not employed with Procurement but are authorized by the Director of Procurement</u>	<u>No</u>

**APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
	<p><u>requirements of the Procurement By-law apply and have been met, any Express Purchase Order to be issued to the Vendor indicating the acceptance or awarding of the contract or as part of the documentation forming the contract of purchase and</u></p> <p><u>a) for procurements having a price or value of \$10,000-\$25,000 (exclusive of applicable taxes), a Request for Quotation Document; and</u></p> <p><u>b) for procurements having a price or value of \$1,000 - \$10,000 (exclusive of applicable taxes), an email quotation</u></p> <p><u>provided that the procurement is limited to goods and services not requiring any separate agreement beyond the standard terms and conditions forming part of the quotation document.</u></p> <p><u>(Note: purchases which require additional Documents to form part of the purchase contract including any form of agreement or contract or other terms and conditions are not governed by this section 2.3 but are governed by sections 2.1 and 2.2 above).</u></p> <p><u>(Note: purchases which are identified in the Procurement By-law as being exempt from the requirements of the Procurement By-law (currently listed under Schedule A – Exceptions, Procurement By-law) are not governed by this section 2.2, but are governed by section 2.4 below).</u></p>	<p><u>in accordance with the Procurement By-law (currently section 4.2) to act as agents for the purchase of goods and services having a price or value not to exceed the designated amount (currently up to \$25,000 (exclusive of applicable taxes) as indicated in Schedule B to Procurement By-law).</u></p>	
2. 43	Where the purchase of goods or services is exempt from the requirements of the	The Director of Purchasing <u>Procurement</u> .	Yes

APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
	Purchasing-Procurement By-law (currently Schedule A – Exceptions, <u>Procurement</u> By-law 113-2013), all Documents forming part of a purchase contract including any form of agreement or contract, purchase order, or other terms and conditions.		
2.4	A purchase order in the form prescribed by purchasing procedures established under the Purchasing By-law.	The Commissioner or Director or Manager of Purchasing or an employee in purchasing authorized by the Manager of Purchasing or any person authorized by the Manager of Purchasing in accordance with an approved delegation of authority under the Purchasing By-law.	No
3.0 Program Delivery			
3.1	<p>Documents reasonably required for the effective delivery of an activity, project, program or service which:</p> <p>a) has been authorized by Regional Council by by-law or resolution; or</p> <p>b) is mandated by statute or within the Region's exclusive sphere of jurisdiction;</p> <p>provided that:</p> <p>1) the Document does not relate to the Region's purchase of a good or service (Note: purchases are governed by sections 2.1 to 2.4 of this Schedule); and</p> <p>2) the Document does not relate to the Region's allocation, payment or transfer of compensation,</p>	<p>The Commissioner or <u>the Medical Officer of Health responsible for the activity, project, program or service;</u> or <u>where the total consideration to be paid to, by or on behalf of the Regional Corporation or the reasonable estimate of the cost of the obligations to be incurred by the Regional Corporation does not exceed \$100,000 the Director responsible for the activity, project, program or service;</u> or <u>where the total consideration to be paid to, by or on behalf of the</u></p>	Yes

**APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
	<p>subsidy or any form of grant (Note: funding and similar types of payments are governed by sections 1.1 to 1.3 of this Schedule);</p> <p>3) the Execution of the Document is not governed by any other section of this Schedule; and</p> <p>4) <u>any financial obligation to be incurred by the Regional Corporation pursuant to the Document is within the approved Regional Council budget for the activity, project, program or service</u> no sum of monies greater than \$10,000 is being paid to, by or on behalf of the Regional Corporation in relation thereto.</p>	<p><u>Regional Corporation or the reasonable estimate of the cost of the obligations to be incurred by the Regional Corporation does not exceed \$10,000</u> the Manager responsible for the activity, project, program or service.</p>	
3.2	Documents for a specific activity, project, program or service mandated by statute where the other party is the provincial government, the federal government or an agency thereof.	The Commissioner or Director <u>or the Medical Officer of Health</u> or Manager responsible for the activity, project, program or service.	Yes
4.0 Public Works			
4.1	Documents providing for the control of access, ingress and egress to and from Regional roads.	The Commissioner of Public Works or Director responsible for Regional roads.	Yes
4.2	Agreements, including Cost Sharing Agreements with Peel area municipalities, regarding road construction and/or road maintenance pursuant to projects or programs approved by Regional Council.	The Commissioner of Public Works or Director responsible for Regional roads.	Yes
4.3	Agreements and other Documents permitting <u>underground Regional infrastructure or improvements to</u>	The Commissioner or Director responsible for the program.	Yes

**APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
	encroach or cross third-party lands or interest in lands, including but not limited to: signage; pipe crossings of lands used for gas lines or railway purposes, limited access highways, or hydro corridors, provided that the total consideration to be paid or a reasonable estimate of the cost of the obligations to be incurred by the Regional Corporation, excluding applicable taxes, legal fees and fees of an administrative nature, does not exceed \$100,000.		
4.4	Documents for the installation of fibre optics telecommunications lines associated with the Public Sector Network, either over or under provincial highways or railways in Ontario.	The Commissioner or Director responsible for the program.	Yes
4.5	Agreements imposed or required in satisfaction of any condition of approval under the <i>Planning Act</i> in connection with the development of land including those made in anticipation of or as part of, without limitation, subdivisions, site plans and rezonings where the Regional Corporation is not the applicant and Releases and Acknowledgments of Compliance pursuant to any such Agreements.	The Commissioner or Director responsible for the program.	Yes
4.6	Documents related to the safe disposal of hazardous, liquid or electronic waste at the Region's community recycling centres.	The Commissioner or Director responsible for the program.	Yes
5.0 Real Property			
5.1	Undertakings, certificates, statements, declarations, notices of election under the Expropriations Act, and such other d Documents required for the completion of any transaction involving the acquisition, purchase, sale, <u>disposition</u> or exchange of any interest in land, and waivers of	The Commissioner or Director responsible for the program or the *The Regional Solicitor or Law Clerk authorized by the *The Regional Solicitor.	No

**APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
	conditions contained within agreements of purchase of sale; <u>including but not limited to: undertakings, certificates, statements, declarations, notices of election under the Expropriations Act.</u> , but not including agreements of purchase and sale, deeds and transfers, leases and agreements to lease except to effect registration where the transaction is otherwise authorized.		
5.2	Forms under the Land Registration Reform Act for the registration of any Documents that have already been Executed on behalf of the Regional Corporation.	*The *Regional Solicitor or Law Clerk authorized by the *Regional Solicitor.	No
5.3	Any of the following Documents in subsections 5.3(1) to 5.3(45) inclusive provided that the total consideration to be paid or a reasonable estimate of the cost of the obligations to be incurred by the Regional Corporation, excluding applicable taxes, legal fees and fees of an administrative nature, does not exceed \$250,000 or where a leasehold or land use license is involved, \$100,000 per annum.		Yes
5.3(1)	Agreements of purchase and sale and all deeds, transfers and other Documents required, for the acquisition, purchase, sale or exchange of any interest in land including, without limitation, easements, rights of first refusal, option agreements and re-purchase agreements.	The Commissioner or Director responsible for Real Estate, or the *Regional Solicitor, or where the total consideration to be paid or reasonable estimate of the cost of the obligations to be incurred by the Regional Corporation does not exceed \$100,000 the Manager of Real Estate.	Yes

**APPENDIX I
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	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
5.3(2)	Documents permitting the Regional Corporation or its contractors or agents to enter upon land for any of the purposes of the Regional Corporation or agreements and other Documents permitting others or their contractors or agents to enter upon lands of the Regional Corporation.	The Commissioner or Director requiring the Document, responsible for the program or facility, or where the total consideration to be paid or reasonable estimate of the cost of the obligations to be incurred by the Regional Corporation does not exceed \$100,000 or the Manager of Real Estate.	Yes
5.3(3)	Documents permitting encroachment on easements and other lands vested in the Regional Corporation which are not part of a public highway, including encroachment agreements and the assignment, release or termination of encroachment agreements, and the release and abandonment of easements.	The Commissioner or Director responsible for Real Estate, or *T the *Regional Solicitor, or where the total consideration to be paid or reasonable estimate of the cost of the obligations to be incurred by the Regional Corporation does not exceed \$50,000 the Manager of Real Estate.	Yes
5.3(4)	Documents or Agreements to lease or license, and leases or licenses of premises required for Regional purposes; and agreements to lease or license and leases or licenses of Regional lands or premises; to be temporarily disposed and any notice of lease.	The Commissioner or Director responsible for Real Estate or the Manager of Real Estate or *T the *Regional Solicitor.	Yes
<u>5.3(5)</u>	<u>Documents required for the release and abandonment of easements in favour of the Regional Corporation.</u>	<u>The Commissioner or Director responsible for the program or facility, or the *Regional</u>	<u>Yes</u>

**APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
		<u>Solicitor, or the Manager of Real Estate.</u>	
5.4	Acknowledgments of the status, term and conditions of any lease <u>or license</u> under which the Regional Corporation is a tenant <u>or licensee</u> , and Notices pursuant to the <i>Tenant Protection Act</i> or the <i>Residential Tenancies Act</i> , as amended or replaced from time to time, where the Regional Corporation is the landlord.	The Commissioner or Director responsible for Real Estate, <u>or the Manager of Real Estate.</u>	No
5.5	Consents and Waivers of Notice relating to an application for registration under the <i>Land Titles Act</i> .	The <u>*Regional Solicitor.</u>	No
5.6	Applications on behalf of the Regional Corporation for entry or removal of a notice or caution of any kind, an inhibiting order, reference plan or similar registration of any kind in the Land Registry Office.	The <u>*Regional Solicitor.</u>	No
<u>5.7</u>	<u>Documents required to remove security instruments or leases from title to third-party lands, including but not limited to: applications, discharges; releases; determinations and surrenders; and deletions.</u>	<u>The *Regional Solicitor.</u>	<u>No</u>
6.0 Facilities			
6.1	Documents imposed or required in satisfaction of any condition of approval under the <i>Planning Act</i> or the <i>Building Code Act</i> or regulations thereto in connection with the development or redevelopment of Regional lands or buildings where the Regional Corporation is the applicant, provided the project has been approved by Regional Council and the terms and conditions have been approved by the the <u>*Regional Solicitor.</u>	The Commissioner or Director financially responsible for the development or redevelopment.	Yes

**APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
6.2	Facility licence or rental agreements Documents for occupancy of space on a short-term basis for the purposes of the Regional Corporation, such as- including but not limited to facility use or rental agreements, staff meetings, public meetings, public clinics, and open houses.	The Commissioner or Director or the Medical Officer of Health responsible for the event.	Yes
6.3	Facility licence or rental agreements for Documents for the occupancy of Regional lands or premises on a short-term basis by others, including but not limited to facility use or rental agreements for such as the use of meeting rooms, the council chambers, motion picture and television locations.	The Commissioner or Director or the Medical Officer of Health responsible for the facility.	Yes
7.0 Health Services			
7.1	Agreements relating to the admission of persons to Long Term Care Facilities operated by the Regional Corporation, including both permanent and temporary admissions (respite).	The Commissioner or Director responsible for the program, or The Director of Long Term Care or the Administrator of the Long Term Care Facility to which the person is being admitted.	No
7.2	Special Event Contracts and Paid Duty Agreements for the provision of Paramedic Services.	The Commissioner or Director responsible for Paramedic Services.	Yes
7.3	Compliance Declarations required by LHIN funding agreements.	The Regional Chair and the Director of Long Term Care.	Yes
7.4	Reports required to fulfill the Region's reporting obligations to the LHINs under LHIN funding agreements.	The Director of Long Term Care.	Yes

**APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
7.5	Documents required in connection with the ongoing routine exercise of the powers, rights and duties of a board of health.	The Commissioner of Health <u>or the Medical Officer of Health</u>	Yes
8.0 Human Services			
8.1	Agreements for the payment of Community Investment Program funds provided that: <ul style="list-style-type: none"> a) the program eligibility criteria for the funding have been met, and b) the combined expenditures do not exceed the maximum approved Regional Council budget for the Community Investment Program. 	The Commissioner or Director responsible for the Community Investment Program.	Yes
8.2	Receipts, releases, minutes of settlement, consents and other documents required for the settlement or compromise of any claim, action, application or other proceeding brought or made by or against the Regional Corporation when acting as Delivery Agent under the Ontario Works Act, in relation to support for a recipient of Ontario Works and/or support arrears owed to the Regional Corporation as support assignee.	The Commissioner or Director or staff designated by the Director of Ontario Works as Family Support Workers under the <i>Ontario Works Act</i> or the <i>*Regional Solicitor</i> or external legal counsel retained by the Regional Corporation for this purpose.	No
8.3	Agreements between the Regional Corporation acting as Delivery Agent under the Ontario Works Act, and a person who has a legal obligation to provide financial support to a recipient of Ontario Works, regarding the recovery of income assistance paid for the benefit of the Ontario Works recipient from that person.	The Commissioner or Director or the Staff designated by the Director of Ontario Works as Family Support Workers under the <i>Ontario Works Act</i> .	No
8.4	Occupancy Agreements with occupants of transitional housing units owned or leased by the Regional Corporation.	The Commissioner or Director or Manager or Supervisor responsible	No

**APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
		for transitional housing programs.	
9.0 Human Resources			
9.1	Contracts of employment (whether by letter or other formal document) but not including: a) collective agreements and amendments thereto; and b) contracts of employment for the position of Chief Administrative Officer.	The CAO, Commissioner or Director <u>or the Medical Officer of Health</u> or Manager, or supervisor to whom the new employee will report.	No
9.2	Student placement agreements, secondment agreements and related documents in respect of persons being placed with the Regional Corporation or employees of the Regional Corporation being placed with other organizations, including educational institutions, government or other agencies.	The Commissioner or Director <u>or the Medical Officer of Health</u> or *Regional Solicitor or Manager or employee of the Regional Corporation to whom the person or employee being placed will report.	Yes
9.3	Agreements with volunteers being placed with the Regional Corporation.	The Commissioner or Director <u>or the Medical Officer of Health</u> or *Regional Solicitor or Manager or employee of the Regional Corporation to whom the person or employee being placed will report.	No
9.4	Agreements arising from the interpretation, application, administration or alleged violation of collective agreements, but not including minutes of settlement for matters referred to arbitration or letters of understanding.	The Commissioner of Corporate Services or Director of Human Resources or Manager designated by the Director of Human Resources.	No
10.0 Financial Administration			
10.1	Cheques, bank drafts, money orders, electronic funds transfers, and any similar	The Treasurer <u>or the Chief Financial Officer or</u>	No

**APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
	financial instruments.	<u>the Director, Treasury Services or an employee authorized by the Treasurer.</u>	
10.2	Debentures authorized by Council and any similar financial instruments.	The Treasurer.	No
10.3	Documents (including, but not limited to purchase and sale confirmations) required by the terms of any Agreement between the Regional Corporation and an Energy Commodity Supplier that are necessary to perform such Agreement or carry out the obligations of the Regional Corporation under such Agreement. <u>Agreements and documents for the supply of energy commodity and related energy services with energy suppliers, including but not limited to energy supply agreements, Housing Services Corporation natural gas supply, energy market intelligence and energy billing services.</u>	The Treasurer or the Chief Financial Officer or the Commissioner or Director responsible for the program.	No <u>Yes</u>
10.4	<u>Documents for the transportation, distribution and delivery of energy, including but not limited to documents required for submission to Local Distribution Companies (LDC) or government agencies to comply with legislations and regulations related to energy billings and participation in government energy rate relief programs. Documents required by the terms of any energy supply agreements such as but not limited to transaction confirmations and enrollment or de-enrollment of sites.</u>	The Treasurer or the Chief Financial Officer or the Commissioner or Director responsible for the program.	No
10.5	Agreements with Documents required by banking and financial institutions for banking related services requested by the Region that are necessary and incidental	The Chief Financial Officer or <u>the</u> Treasurer or <u>the Director of</u>	No <u>Yes</u>

APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
	to Agreements.	<u>Treasury Services.</u>	
10.6	Agreements and other Documents Documents required for ancillary treasury services provided by Financial Institutions for the operation of investment portfolios <u>Treasury activities.</u>	The Chief Financial Officer or the Treasurer <u>or the Director of Treasury Services.</u>	No <u>Yes</u>
<u>10.7</u>	<u>Documents required for ancillary treasury services, being the execution of any transactions (including buying/selling an investment product) made pursuant to the Region of Peel's Investment Policy or Debt Management Policy.</u>	<u>The Chief Financial Officer or The Treasurer or Director, Treasury Services or an employee authorized by the Director, Treasury Services.</u>	<u>No</u>
10.7	Documents ancillary to sponsorships of Regional activities, projects, programs or services.	The Commissioner or Director financially responsible for the activity, project, program or service.	<u>Yes</u>
11.0 General			
11.1	Documents required for the use or acquisition of intellectual property from third parties required for the delivery of activities, projects, programs or services approved by Regional Council.	The Commissioner or Director <u>or the Medical Officer of Health</u> financially responsible for the activity, project, program or service.	Yes
<u>11.2</u>	Research Documents or Documents for the acquisition, sale, exchange, release, <u>confidentiality</u> or non-disclosure of information or data provided that the requirements of the <i>Municipal Freedom of Information and Protection of Privacy Act</i> , the <i>Personal Health Information Protection Act</i> and the <u>Purchasing-Procurement</u> By-law have been complied with.	*The <u>*Regional Solicitor</u> or the Commissioner or Director or the Medical Officer of Health responsible for the program, operation or project to which the agreement relates.	Yes
11.23	Agreements, releases and acknowledgments and any other	The Commissioner or Director <u>or the Medical</u>	Yes

**APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
	Documents necessary to receive endowment funds or bequests or gifts or money or the transfer, to the Regional Corporation, of artistic works, records or other items having significance to Peel's heritage, permanently or on loan, where there is nominal or no financial consideration paid by the Regional Corporation for the transfer and any necessary insurance provisions have been approved by the Manager of Risk Management <u>Loss Management and Insurance Services</u> .	<u>Officer of Health</u> responsible for the program.	
11. 34	Proofs of Loss (interim and final) submitted to the insurer of the Regional Corporation.	The Chief Financial Officer or Treasurer or the Commissioner or Director <u>or the Medical Officer of Health</u> responsible for the department in respect of which the claim arose.	No
11. 45	Receipts, releases, indemnities, minutes of settlement and other Documents required for the settlement or compromise of any existing or anticipated claim, demand, action or other proceeding brought or made by or against the Regional Corporation, or those local boards or other persons for whom the Regional Corporation is responsible, where the value of the proceeds of settlement or of the Regional Corporation's contribution to the settlement does not exceed \$100,000 and the Documents have been approved by the <u>the</u> Regional Solicitor.	The Commissioner or Director <u>or the Medical Officer of Health</u> responsible for the program in respect of which the claim, demand, action or other proceeding arose or the <u>the</u> Regional Solicitor <u>or the Manager, Loss Management and Insurance Services</u> .	No
11. 56	Receipts, releases, indemnities, minutes of settlement and other Documents required for the settlement or compromise of any existing or anticipated claim,	The Commissioner or Director <u>or the Medical Officer of Health</u> responsible for the	No

**APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
	demand, action or other proceeding brought or made against the Regional Corporation, or those local boards or other persons for whom the Regional Corporation is responsible, where the matter or cause of action is covered by an insurance policy that indemnifies the Regional Corporation, its officers, employees, agents, contractors or volunteers, the value of the Regional Corporation's contribution to the settlement is not greater than the deductible amount set out in the subject policy, and the Documents have been approved by T the Regional Solicitor.	program or the Manager of <u>Risk-Loss Management and Insurance Services</u> or T the Regional Solicitor.	
11.7	Documentation required to exercise a right available to the Region in any agreement which may include the right to <u>amend a portion of the agreement or to</u> extend the agreement for any additional, optional periods or any other type of option or right, provided that, in the opinion of the Commissioner or Director responsible for the program, the exercise of the option provides good value to the Region. <u>This section 11.7 only applies to real property Documents where the Execution of the Document is not governed by any other section under Heading 5 (Real Property) of this Schedule.</u>	The Commissioner or Director <u>or the Medical Officer of Health</u> responsible for the program.	Yes
11.8	Consents to contract assignments and to changes in control or ownership, and related Documents, resulting from a sale of business or shares or from a corporate restructuring of a vendor with whom the Region has an agreement for the provision of goods or services, provided that, in the opinion of the Commissioner or Director responsible for the program, the assignment or change in control or ownership will have no negative impact on	The Commissioner or Director <u>or the Medical Officer of Health</u> responsible for the program.	Yes

**APPENDIX I
AMENDMENTS TO DOCUMENT EXECUTION BY-LAW 32-2017**

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
	the performance of the agreement.		
<u>11.9</u>	<u>Documents required to obtain discounted rates for goods, services, membership fees etc. for Regional employees, provided that no sum of money is being paid by, to or on behalf of the Regional Corporation in relation thereto.</u>	<u>The Commissioner or Director or the Medical Officer of Health responsible for the program.</u>	<u>Yes</u>
<u>11.10</u>	<u>Documents ancillary to sponsorships of Regional activities, projects, programs or services.</u>	<u>The Commissioner or Director or the Medical Officer of Health financially responsible for the activity, project, program or service.</u>	<u>Yes</u>

DATE: January 21, 2020

REPORT TITLE: **TERMS OF REFERENCE FOR THE PREPARATION OF A REPORT ON POLICE FUNDING ALLOCATIONS**

FROM: Kathryn Lockyer, Acting Commissioner of Corporate Services

RECOMMENDATION

That the Terms of Reference set out in the report of the Acting Commissioner of Corporate Services, titled “Terms of Reference for the Preparation of a Report on Police Funding Allocations”, be approved;

And further, that a request for information from the Ministry of the Solicitor-General, Ontario Provincial Police, Peel Regional Police, Peel Police Services Board and other law enforcement agencies, as required, have the support and endorsement of Regional Council.

REPORT HIGHLIGHTS

- Staff were directed to report to Regional Council with terms of reference for a report on the allocation of police costs.
- This report proposes that staff report to Regional Council with the findings of an environmental scan of police funding models and present a property tax analysis for each model to a future meeting.
- The ability to provide the reports is dependent on the availability and willingness of police agencies to provide information on their proprietary models.
- Staff will report to Regional Council in April with the findings of an environmental scan of police funding models and will present an analysis of the models in June.

DISCUSSION

1. Background

At the December 19, 2019 Regional Council, a motion regarding the implementation of a new formula to be applied to the Peel Regional Police levy allocations for the Cities of Brampton and Mississauga for 2021, was referred to staff (Appendix I - Resolution 2019-1139). Staff was directed to report to Regional Council on the Terms of Reference for a report not only on the terms of the motion, but generally on the matter of regional allocation of costs.

TERMS OF REFERENCE FOR POLICE ALLOCATION REPORT

2. Proposed Direction

Environmental Scan

Staff will prepare a report that provides summarized findings of an environmental scan of the different models used to allocate police costs. The report will include the legislative authorities and processes to be considered for each model.

Staff will seek existing independent third party research on tax policies and allocation of costs.

The findings of the environmental scan will be reported to Regional Council in April 2020.

Analysis

Staff will assess the impact of each model on property taxpayers and analyze the implications that would arise from the application of each model.

The results of the analysis will be reported to Regional Council in June 2020 along with a presentation on the different models.

3. Scope

In conducting the environmental scan, staff will consult with users and developers of the allocation models to obtain information on the methodologies, assumptions, SWOT (strengths, weaknesses, opportunities, and threats) analysis, issues and trends for each model.

Information will be requested from the Ministry of the Solicitor-General, Ontario Provincial Police, Peel Regional Police, Peel Police Services Board and other law enforcement agencies, as required.

The scan will be limited to jurisdictions that have a similar tax structure to that of the Region of Peel.

In preparing an analysis of the impact of each model on property taxpayers, property tax policies research from independent parties for allocation will be reviewed.

Regional Council may direct staff regarding other services and allocations for review subsequent to reporting with the results of the analysis in June 2020.

RISK CONSIDERATIONS

The ability to conduct a comprehensive environmental scan and analysis of police allocation models is dependent on the availability and willingness of law enforcement agencies to provide information on their proprietary models.

Staff will report to Regional Council should the timelines or deliverables be at risk.

TERMS OF REFERENCE FOR POLICE ALLOCATION REPORT

FINANCIAL IMPLICATIONS

Staff anticipates that the environmental scan and property tax analysis can be completed in-house. If additional external resources or expertise is required, it will be funded through existing budgets.

CONCLUSION

This report provides a statement of work related to the preparation of a report requested by Regional Council regarding the Regional allocation of police costs.



Kathryn Lockyer, Acting Commissioner of Corporate Services

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

APPENDICES

Appendix I – Resolution 2019-1139

For further information regarding this report, please contact Kathryn Lockyer, Acting Commissioner of Corporate Services at ext. 4325 or kathryn.lockyer@peelregion.ca.

Authored By: Christine Thomson, Legislative Specialist and Marisa Fantin, Project Manager

APPROVED AT REGIONAL COUNCIL

December 19, 2019

19. NOTICE OF MOTION/MOTION

19.1 **Motion Regarding Implementation of a New Formula to be Applied to the Peel Regional Police Levy Allocations for Mississauga and Brampton for 2021**

Moved by Councillor Ras,
Seconded by Councillor Crombie;

That the motion be referred to staff with direction that in reporting back, staff not be constrained to report only on the terms of the motion, but be directed to report generally on the matter of regional allocation of costs;

And further, that staff report back on the terms of reference for the pending report.

Carried 2019-1139

Moved By: Councillor Parrish	Date: December 19, 2019
Seconded By: Councillor Saito	Item Number 19.1

Whereas 323 municipalities in Ontario, including Caledon, are policed by the Ontario Provincial Police (O.P.P.);

And whereas, the O.P.P. funding model developed in 2014 assigns costs roughly based on number of households (50%) and number and type of calls (50%), with adjustments for any specialized or enhanced services contracted by the municipality;

And whereas, the O.P.P. budget for Caledon in 2019 proposed 56.2% based on number of households and contracted extra services, and 43.8% on service calls weighted by officers' allocated time;

And whereas, the budget allocations for Peel Regional Police (P.R.P.) are based solely on assessment, with Brampton paying 37.3% and Mississauga 62.7% in 2019;

And whereas, the Mayor of Brampton recognized the shortcomings of this formula in the Brampton Guardian: *"the per capita formula does not speak to demand which isn't always based on population or tax base"* November 28, 2019;

And whereas, the 'Regional Apportionment Plan' allows flexibility to allocate various regional costs on a basis other than assessment, in fact allowing Caledon to be served by the O.P.P. with costs being assigned only to Caledon, and P.R.P. serving Brampton and Mississauga with those costs only assigned to Brampton and Mississauga;

And whereas, an independent financial analysis was recently conducted by Ernst & Young (E&Y) - overseen by a Steering Committee comprised of the Chief Administrative Officers and Chief Financial Officers of the Region of Peel, the cities of Mississauga and Brampton and the Town of Caledon - resulting in the conclusion that P.R.P. costs shared by Mississauga and Brampton would be more equitable if assigned using the O.P.P. formula;

And whereas, as Brampton and Mississauga grow and mature, the O.P.P. formula applied to P.R.P. costs would evolve and change depending on the dynamics of both cities;

Therefore be it resolved, that the 'Regional Apportionment Plan' allowing regions to allocate various costs on a basis other than assessment, be utilized for a change in Peel Regional Police cost allocation;

And further, that the formula used by the O.P.P. in 323 Ontario municipalities be applied to Peel Regional Police cost sharing for the cities of Brampton and Mississauga;

And further, that the new formula be applied to the Peel Regional Police Budget allocations for Mississauga and Brampton for Budget 2021;

And further, that the Regional Municipality of Peel enact a by-law in accordance with the *Municipal Act 2001, as amended* to apportion the upper tier levies for police services for the year 2021 to Mississauga and Brampton using the OPP funding model.

Region of Peel

APPROVED AT REGIONAL COUNCIL
Thursday, January 9, 2020

ENTERPRISE PROGRAMS AND SERVICES

15.4 Options to Maintain Mississauga's Vote During a Member's Absence

Deferred to the January 23, 2020 Regional Council Meeting

Carried

2020-24

For Information

DATE: January 7, 2020

REPORT TITLE: **OPTIONS TO MAINTAIN MISSISSAUGA'S VOTE DURING A MEMBER'S ABSENCE**

FROM: Kathryn Lockyer, Acting Commissioner of Corporate Services
Patrick O'Connor, Regional Solicitor

OBJECTIVE

To provide Regional Council with information regarding: options to maintain Mississauga's total number of votes during the absence of one of its members; legal process requirements to change Council composition (i.e. to provide an altered voting method); and, advice on the consequences of initiating a governance change contrary to legislative requirements that such changes not come into effect until the next term of Council, in an attempt to make the changes effective during this term of Council.

REPORT HIGHLIGHTS

- Brampton and Caledon have the ability to maintain their voting weight on Regional Council when one of their members is absent, by naming an alternate from their respective councils under the authority of Section 268 (1) of the *Municipal Act, 2001*, as amended.
- Mississauga does not have the ability to maintain its voting weight because an alternate must be a member of its council and all Mississauga Councillors already sit on Regional Council.
- On December 19, 2019 Council approved the Designated Enhanced Voting Member solution (to provide one extra vote to one member elected from Mississauga, to be designated by members elected from Mississauga).
- On December 19, 2019 Council also requested that options, such as weighted voting, be explored.
- Both the Designated Enhanced Voting Member and weighted voting methods must be enacted in accordance with provincial legislation.
- Section 218 in Part V of the *Municipal Act, 2001*, as amended, deals with municipal reorganization and is generally intended to enable an upper-tier municipality to change the composition of its Council, which may include changing the number of votes given to any member provided that each member shall have at least one vote.
- In order for the Region to make these types of changes, there are significant process requirements including: the giving of public notice, holding of a public meeting, and the adoption a by-law which is subject to the "triple majority" requirement and cannot come into effect prior to the next municipal election.
- Staff advise against attempting to introduce a Designated Enhanced Voting Member model during the current term of Council in contravention of the requirements of the

OPTIONS TO MAINTAIN MISSISSAUGA'S VOTE DURING A MEMBER'S ABSENCE

Municipal Act, 2001, and recommend that Council's current direction to pursue legislative change to authorize early introduction of such a change be maintained. This advice is based on the risk which failure to observe the requirements of the Act would pose to the legal validity of Council decision making.

DISCUSSION**1. Background**

Section 268 (1) of the *Municipal Act, 2001*, as amended, (the *Act*) allows a local municipality to appoint one of its members as an alternate member of the upper-tier council to act in place of a member who is unable to attend a meeting of the upper-tier council for any reason. Because the alternate member appointed under Section 268 (1) must be a member of the council of the local municipality, this provision is effectively unavailable to the City of Mississauga all of whose Council members are also members of the Regional Council.

On December 19, 2019, staff were requested to report to the January 9, 2020 meeting of Regional Council with options to maintain Mississauga's total number of votes during the absence of one of its members from Regional Council.

On December 19, 2019, Council also approved a recommendation from the Regional Council Policies and Procedures Committee (Resolution 2019-1153):

That the Region of Peel initiate the option to use Council's authority under Section 218(3) of the *Act* to provide an additional vote to one of Mississauga's Regional Council members when another is absent; subject to procedural requirements of:

- a) Notice,
- b) A public meeting, and
- c) A "triple majority" support

And further, that the Province of Ontario be requested to enact such legislation as would be required to authorize that a by-law enacted by the Council of the Regional Municipality of Peel pursuant to s. 218(3) of the *Act*, granting the City of Mississauga an enhanced voting member, take effect during the current term of Council, notwithstanding s. 219 of the *Act*;

And further, that staff report back regarding the possibility of permitting more than one member being appointed as the designated enhanced voting member for the term of Council; and the possibility of weighted voting as an alternative option.

Council accordingly supports the method described in its adopted Resolution 2019-1153 (the Designated Enhanced Voting Member) and prefers it to be effective prior to the next term of Council. Staff will initiate the process and will contact the Province to request that legislation be enacted to enable the change to be effective this term of Council.

2. Options to Maintain Mississauga's Total Number of Votes During a Member's Absence

- a) Designated Enhanced Voting Member

OPTIONS TO MAINTAIN MISSISSAUGA'S VOTE DURING A MEMBER'S ABSENCE

In a report dated August 13, 2019 titled "Designated Enhanced Voting Member", the Commissioner of Corporate Services reported to the Regional Council Policies and Procedures Committee on the Designated Enhanced Voting Member model as an innovative measure to address Mississauga's inability to appoint an alternate member. More specifically, that option is to use the authority of Section 218 (3) of the *Municipal Act, 2001*, as amended (the *Act*) to increase by one the number of votes given to a designated enhanced voting member when one of the City of Mississauga members is going to be absent from a Regional Council meeting. The designated enhanced voting member would on such occasions have two votes with the result that in the absence of a member from Mississauga and upon appropriate notice, Mississauga members would collectively maintain their voting weight in a manner comparable to the Section 268 (1) mechanism for the appointment of alternate members which is available to Brampton and Caledon.

Council supported the Designated Enhanced Voting Member solution by Resolution 2019-1153.

Possibility of More than One Member Appointed as the Designated Enhanced Voting Member

The purpose of the proposed enhanced voting method is to provide Mississauga with an option to remedy the unavailability to Mississauga of appointing an alternate member. Resolution 2019-1153 approved the option to provide an additional vote to one of Mississauga's Regional Council members when another is absent in order to provide consistency with the process of appointing one alternate to each of Brampton and Caledon.

Section 268 (2) of the *Act* (regarding alternate members) provides the constraint that Brampton and Caledon may appoint only one alternate member for the term of Council. The proposed (and now Council supported) solution provides a change to the Council composition (i.e. an altered voting method). This would be enacted under s. 218 of the *Act*, not s. 268. The jurisdiction of s. 218 is not constrained in the way that s. 268 constrains the appointment of an alternate member to a single appointment for the duration of the term of Council. Therefore, the possibility for Mississauga to designate more than one councillor as the designated enhanced voting member is available under the *Act*. A change to the proposed voting method would require that Council reconsider the previously approved resolution 2019-1153 before the process to enact the by-law is begun.

b) Weighted Voting

Weighted voting provides an opportunity to assign a different weighted vote to each Councillor. The usual purpose of weighted voting is to address concerns associated with unbalanced representation by population.

Council requested that weighted voting be explored as an option to provide Mississauga with an additional vote during a member's absence to address the problem of the unavailability to Mississauga of the section 268 Alternative Member provision. The weighted voting method could be used to change the weight of the attending Mississauga Councillor votes to provide one additional vote where one or more Mississauga member is anticipated to be absent. Effectively, this is a variation on the Designated Enhanced Voting Member solution. Under this variation the one additional "enhanced vote" is divided among the

17.3-5

OPTIONS TO MAINTAIN MISSISSAUGA'S VOTE DURING A MEMBER'S ABSENCE

Mississauga members in attendance rather than placed with one appointed member. Both variations are subject to the same procedural requirements (public meeting, by-law, triple majority and effective only for next term of Council).

The distributed weighted voting approach would call for the Mississauga members in attendance to have $1+1/X$ votes, where X is the number of Mississauga members in attendance. In other words, X would vary from meeting to meeting where one or more Mississauga member is absent. A list of the required weighting factors is provided in Table 1 below.

Table 1 – Weighted Vote for 1 Absent Member

Mississauga Councillors in Attendance	Weight factor	Total No. of Votes
11	1.091	12
10	1.100	11
9	1.112	10
8	1.125	9
7	1.143	8
6	1.167	7
5	1.200	6
4	1.250	5
3	1.334	4
2	1.500	3
1	2	2

The weight factor would change for each absence scenario. It is noted that this method could lead to votes decided by less than 1 full determinative vote in favour or opposed (i.e. potentially a scenario with a vote separated by only .091 of a vote). The definition of majority vote and 2/3 vote would require review.

Due to the complexity and variability of this process, weighted voting is not recommended to address Mississauga's inability to appoint an alternate member. It is recommended that the process to provide a Designated Enhanced Voting Member continue to be preferred, as previously approved by Council.

3. Legal Process Requirements

The identified options would rely upon authority provided under Section 218 of the *Municipal Act, 2001*, as amended (the *Act*). Section 218 is contained in Part V of the *Act* dealing with municipal reorganization and is generally intended to enable an upper-tier municipality to change the composition of its Council, including changing the number of votes given to any member provided that each member shall have at least one vote.

Given its nature as an authority to make fundamental changes to the governance structure in an upper-tier municipality, this authority is subject to significant process requirements. These are that before passing the by-law to change the number of votes given to a member, the Region has to give public notice of its intention to do so and to hold at least one public meeting to consider the matter. Upon giving public notice and holding the public meeting,

OPTIONS TO MAINTAIN MISSISSAUGA'S VOTE DURING A MEMBER'S ABSENCE

the adoption of such a by-law is subject to the so called “triple majority” requirement, meaning that it must enjoy the support of:

- a) A majority of all votes on Regional Council (i.e. 13 or more votes);
- b) A majority of the local Councils, expressed by their adoption of resolutions consenting to the by-law (i.e. two out of the three local municipalities in Peel); and
- c) The total number of electors in the local municipalities having consented must form a majority of all electors in the Region (i.e. Mississauga and one of Brampton or Caledon would have to consent).

Finally, the by-law could not come into effect until the new Council is organized following the next regular election. A by-law passed prior to 2022 could come into effect following the regular election of 2022. Should the by-law not be passed until 2022 it would not come into effect until following the regular election of 2026.

These process requirements are imposed by Section 219 of the *Act*, which is generally applicable to any use by Regional Council of its authority to change its own composition.

The use of these options would therefore employ the authority of Regional Council to change its composition when a Mississauga member is to be absent. The authority to change the composition of Council is subject to procedural requirements as described in this report.

4. Consequences of Changing Council Composition Without Legislative Authority

The statute is clear on how to implement a change to Council composition and when the change can become legally effective, that being the next term of Council. Therefore, purporting to initiate any of the identified options in the current term of Council would carry risks:

- a designated enhanced voting member with a weighted vote would only matter when they make a difference;
- it is when they make a difference on a matter of importance that a legal challenge is to be anticipated; and
- in the face of a challenge, there is no assurance of the validity of a weighted vote or a designated enhanced vote knowingly taken contrary to the statutory scheme. In that respect, s.243 (i.e. “one member one vote except as otherwise provided”) is likely going to be relevant as the default rule.

When deliberating on Resolution 2019-1153, some members of Council expressed an interest in receiving advice concerning the legal implications of proceeding to put a Designated Enhanced Voting Member model into practice during the current term of Council without waiting for the Provincial Legislature to enact a legislative amendment to change the existing legal requirement that such a change not come into effect until after the next municipal election. In other words, some members asked what would be the implications of disregarding this requirement of the *Municipal Act, 2001*.

Failure by a municipal council to observe a mandatory statutory requirement applicable to an exercise of its jurisdiction to enact a by-law will call into question the legal validity of acts undertaken under the authority of that by-law. This principle would call into question the validity of any Council decision made during the current term using the Enhanced Voting

OPTIONS TO MAINTAIN MISSISSAUGA'S VOTE DURING A MEMBER'S ABSENCE

Member model or weighted voting and render such decisions subject to legal challenge. Such challenges would have a reasonable prospect of success.

It is possible that were such decisions to be adopted with such a plurality of votes that the use of the Enhanced Voting Member model or of weighted voting was not determinative, the decision could withstand legal challenge. In such a case the use of the model could be considered a procedural irregularity not affecting the outcome of the decision.

In a case where use of the Enhanced Voting Member model could be considered to have been determinative of a decision taken by Council, the risk of a successful legal challenge to such decision will be heightened.

Staff are of the view that the uncertainty that would be introduced into the legal validity of Council's decision making by commencing use of the Enhanced Voting Member model or of weighted voting during the current term of Council in clear contravention of the requirements of the *Municipal Act, 2001* would undermine the rationale for introducing the model, and would pose an acute risk to Council decision making.

CONCLUSION

The use of either the "Designated Enhanced Voting Model" or weighted voting would employ the authority of Regional Council to change its composition. The authority to change the composition of Council in this way is subject to legislative requirements as described in this report.

It is recommended that staff proceed in accordance with Council's previous direction concerning the "Designated Enhanced Voting Member" solution including a request to the Province for legislative change.



Patrick O'Connor, Regional Solicitor



Kathryn Lockyer, Acting Commissioner of Corporate Services

Approved for Submission:



N. Polsinelli, Interim Chief Administrative Officer

For further information regarding this report, please contact Patrick O'Connor, Regional Solicitor, Ext. 4319, patrick.oconnor@peelregion.ca.

Authored By: Patrick O'Connor, Regional Solicitor and Jill Jones, Legislative Specialist

Ministry of
Municipal Affairs
and Housing

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Ontario

RECEIVED

January 10, 2020

19-4806

REGION OF PEEL

OFFICE OF THE REGIONAL CLERK

JAN 09 2020

Nando Iannicca
Chair@peelregion.ca

Dear Regional Chair Nando Iannicca: *Nando*

You may recall that in February 2019, I wrote to you about pausing your regional council composition review as the Regional Government Review progressed. I am writing today to provide an update on this matter.

As I announced on October 25, 2019, we heard during the Regional Government Review that local communities should decide what is best for them in terms of governance, decision-making and service delivery. After careful consideration our government is committed to partnering with municipalities without pursuing a top-down approach.

As a result, I am writing to ask that – if applicable to your municipality – you continue the work to review your council composition with a goal to adjust or reaffirm the composition of your regional council.

As a reminder, the *Municipal Act* requires that certain regional municipalities achieve triple majority support for a decision to either change or reaffirm regional council composition two years after the day the regional council was organized following the 2018 municipal election. The legislation allows the Minister of Municipal Affairs and Housing to make a regulation changing that region's council composition. Regional municipalities that made a change to their council composition between the 2014 and 2018 municipal elections are not subject to the requirement to conduct a council composition review until after the 2026 municipal election.

If you have any questions about these provisions, you may wish to refer to the *Municipal Act*, or to the [Municipal Councillor's Guide](#) on my ministry's website. Your municipal staff can also contact Aly Alibhai, Regional Director, at our Central Municipal Services Office for more information at Aly.Alibhai@ontario.ca or 416-585-7264.

REFERRAL TO **Policies and Procedures Committee**

RECOMMENDED

DIRECTION REQUIRED _____

.../2

RECEIPT RECOMMENDED _____

Thank you for your ongoing commitment to delivering efficient, effective and modern services to the people of Ontario. I look forward to continuing to work together to help the people and businesses in communities across our province thrive.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Clark". The signature is fluid and cursive, with a large initial "S" and "C".

Steve Clark
Minister

c: Kathryn Lockyer, Clerk, Peel Region
Kate Manson-Smith, Deputy Minister, Ministry of Municipal Affairs and Housing



January 15, 2020

Government announces consultation on re-composition of OPP Detachment Boards

On January 15th, the Honourable Sylvia Jones, Ontario's Solicitor General, wrote to Heads of Council to announce province-wide consultations on the drafting of regulations needed to support the establishment of new OPP detachment boards. These discussions will include changes to the billing framework allocating costs between municipalities with a shared OPP detachment board. AMO strongly encourages the participation of local elected officials in these discussions.

For municipalities, the goal of this engagement is a regulatory framework that supports successful and effective governance and delivers strong local civilian oversight of policing by the OPP. This should include mechanisms for every municipal council to be represented on an OPP detachment board and the equitable distribution of costs between municipalities.

The need for new OPP governance regulations is as a result of the new *Community Safety and Policing Act, 2019*. Key governance-related changes include:

Structure of Boards and Local Say

- There shall be one OPP detachment board per detachment (with flexibility for unique circumstances/geography). A board's composition, terms of office, and remuneration will be provided for in regulations and has yet to be determined.
- In effect, these changes extend police governance to about 200 municipalities (which do not have a board, ie. Section 5.1) but will consolidate multiple existing boards within a detachment.

Activity of Boards

- Boards shall determine local objectives, priorities, and policies in consultation with the Detachment Commander, consistent with the Solicitor General's strategic plan for the OPP.
- Boards shall consult with the Commissioner of the OPP regarding the selection of the Detachment Commander.

REFERRAL TO _____
RECOMMENDED _____
DIRECTION REQUIRED _____
RECEIPT RECOMMENDED _____

18.2-2

- The Detachment Commander shall prepare and adopt a local action plan in consultation with the board.
- Training for board members will become mandatory (Ministry support and funding is needed).

Financial Considerations

- There will be no distinction between contract and non-contract in the future. Effectively all policing will become contract.
- The focus of the billing related regulations will be to address transition matters and to account for service differences between municipalities as well as existing contracts expiring at the end of 2020.
- It should be noted, billing model changes will not lower the overall cost of policing for the municipal sector.

OPP Governance Advisory Council (Provincial)

- The establishment of this Council is to provide advice to the Solicitor General with respect to the use of the Solicitor General's powers related to the OPP.
- More generally, this change will enhance civilian governance of the OPP.

AMO Advocacy

AMO has impressed upon the Ministry of the need for:

- open and transparent discussions;
- a recognition that policing is fundamentally local (ie. it is important to maintain the close proximity of a community to its board and the police);
- locally workable governance arrangements; and
- the representation of every municipal council.

Key Municipal Considerations

For local elected officials participating in the government's consultation, here are some key considerations:

1. For communities without existing police service or detachment boards: boards are an opportunity to expand the democratic oversight and governance of policing. In the words of Sir Robert Peel, the father of modern policing, "the police are the public and the public are the police." A detachment board helps to align policing objectives, priorities, and policies with community expectations.
2. For communities with existing OPP boards: the legislation aims to consolidate existing municipal board boundaries with OPP detachment board boundaries (thus potentially including multiple neighbouring municipalities in the same detachment). However, the legislation provides for flexibility to address unique

18.2-3

geographic circumstances. If you feel your area's needs are unique, help the Ministry understand that uniqueness in a province-wide context.

3. The size and composition of detachment boards have not been determined. This is your opportunity to inform the regulations which will determine board composition.
4. On the issue of policing costs, speak to your local circumstances. Highlight areas where your property taxpayers would benefit from greater transparency or illustrate steps that could be taken to improve the efficiency and effectiveness of policing in your community (ie. shift scheduling). This should include highlighting the need that all new policing regulations (governance and operations) should aim to improve the efficiency and effectiveness of policing and not drive policing costs even higher.
5. On the issue of OPP billing, note that billing changes alone will not lower the overall cost of policing by the OPP. The equitable distribution of costs across the detachment is a key goal of all municipalities.

The Solicitor General has advised that regional roundtable meetings will be taking place in Kenora, Thunder Bay, Sudbury, Timmins, London, Brockville, and Orillia. The Ministry will communicate the dates and times of these meetings shortly in separate correspondence.

In addition, the Ontario Association of Police Service Boards is convening an [OPP Governance Summit](#) on January 30, 2020 which will include a presentation by the Ministry.

AMO will continue to engage the Ministry in discussions related to OPP detachment boards and other regulations which affect policing (OPP and own-force) in all municipalities in the months ahead. Please feel free to relay any positions or concerns of sector-wide interest to AMO.

AMO Contact:

Matthew Wilson, Senior Advisor, mwilson@amo.on.ca, 416-971-9856 ext. 323.

*Disclaimer: The Association of Municipalities of Ontario (AMO) is unable to provide any warranty regarding the accuracy or completeness of third-party submissions. Distribution of these items does not imply an endorsement of the views, information or services mentioned.



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Resolution

Moved By: Councillor Santos	Date: January 23, 2020
Seconded By: Councillor	Item Number 20.1

Whereas the Province of Ontario has announced its intention to cut \$1 billion from the Ontario Works Program and the Ontario Disability Support Program;

And whereas, the Province of Ontario proposes to narrow the definition of what constitutes a disability under the Ontario Disability Support Program;

And whereas, such changes would cause significant financial hardship for individuals and families in receipt of such programs and further, would result in a need for a higher level of supports to be provided by municipalities and the community;

Therefore be it resolved, that the Regional Chair write, on behalf of Regional Council, to the Minister of Children, Community and Social Services, urging the Ministry to:

1. reverse its plan to cut \$1 billion from the Ontario Disability Support Program and Ontario Works program;
2. maintain the current definition of disability under the Ontario Disability Support Program; and
3. increase the social assistance rates in both subject programs to improve the quality of life for some of the most vulnerable members of our community.

CARRIED	LOST	REFERRED
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Chair

THE REGIONAL MUNICIPALITY OF PEEL

BY-LAW NUMBER 6-2020

A by-law to amend Schedule 1 to By-law 32-2017 to govern the execution of documents on behalf of The Regional Municipality of Peel.

WHEREAS the Council of the Regional Corporation enacted By-law 32-2017 on June 8, 2017, being a by-law to govern all document execution on behalf of The Regional Municipality of Peel;

AND WHEREAS, the Council of the Regional Corporation has by resolution passed on the 23rd day of January, 2020 authorized the enactment of the by-law herein to amend Schedule 1 to By-law 32-2017;

NOW THEREFORE, the Council of the Regional Corporation enacts as follows:

1. That Schedule "1" attached to By-law 32-2017 be deleted and replaced with the Schedule "1" attached hereto.
2. This by-law takes effect on April 1, 2020.

READ THREE TIMES AND PASSED IN OPEN COUNCIL this 23rd day of January, 2020.

Deputy Regional Clerk

Regional Chair

Schedule "1" to By-law Number 32-2017

Authorized Documents

In addition to the Signing Officers designated by this By-law, the Authorized Documents listed in Column 1 may also be Executed by the officers or employees of the Regional Corporation holding the office or position shown opposite in Column 2 and being Designated Signing Authorities for the purposes of this By-law.

In this Schedule "1":

- the term the "*Regional Solicitor" includes Legal Counsel employed by the Regional Corporation and "*Medical Officer of Health" includes Associate Medical Officers of Health;
- the term "Procurement By-law" means the currently enacted Region of Peel Procurement By-law;
- the term "Ref. # and Record?" in Column 3 means "Execution Reference Number and Document Execution Record Required? Yes / No"; and
- headings under Column 1 are for organizational purposes, and not intended to limit the Designated Signing Authority under Column 2.

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
1.0 Funding and Similar Types of Payments			
1.1	Applications to any government, agency or fund for compensation, funding or any form of subsidy related to any Regional programs, operations or capital projects, and subsequent submissions, declarations or representations required for processing the application or the receipt of funds or any Agreements required for the receipt of the funds.	The Commissioner or the Director or the Medical Officer of Health responsible for the program, operation or capital project to which the compensation, funding or subsidy relates.	Yes
1.2	Applications to any government, agency or fund for compensation, funding or any form of subsidy related to any Regional programs, operations or capital projects, and subsequent submissions, declarations or representations required for processing the application or the receipt of funds or any Agreements required for the receipt of the funds where the value of the funds does not exceed \$10,000.	The Commissioner or the Director or the Manager or the Medical Officer of Health responsible for the program, operation or capital project to which the compensation, funding or subsidy relates.	No

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
1.3	Where Regional Council has by by-law or resolution approved (or by by-law or resolution delegated to an officer or employee the authority to approve) the allocation, payment or transfer of compensation, subsidy or any form of grant in a specified amount, to a specified party, which is within the approved Regional Council budget, any Documents required to complete the allocation, payment or transfer of such funds.	The Commissioner or the Director or the Medical Officer of Health responsible for the program or operation to which the allocation, payment or transfer relates or (where applicable) the officer or employee to whom Regional Council has delegated authority to approve the allocation, payment or transfer of the compensation, subsidy or grant.	Yes
2.0 Purchase of Goods and Services			
2.1	Where the purchase of goods or services has been authorized in accordance with the Procurement By-law and provided that all the requirements of the Procurement By-law apply, and have been met, all Documents approved by an authorized employee of Procurement forming part of a purchase contract including any form of agreement or contract or other terms and conditions, but not including Documents issued by Procurement as described in section 2.2 below. (Note: purchases which are identified in the Procurement By-law as being exempt from the requirements of the Procurement By-law (currently listed under Schedule A – Exceptions, Procurement By-law) are not governed by this section 2.1, but are governed by section 2.4 below).	The Commissioner or Director or the Medical Officer of Health who is responsible for the program or the division requiring the procurement provided that the employee in Procurement who is acting as the agent for the corporation responsible for the procurement has signed the Document Execution Record form and, where applicable, has identified the final approved Procurement Award Report related to the procurement on the Document Execution Record form.	Yes

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
2.2	<p>Where the purchase of goods or services has been authorized in accordance with the Procurement By-law and provided that all the requirements of the Procurement By-law apply and have been met, any Bid Solicitation Document and any Purchase Order or vendor contract to be issued to the Vendor indicating the acceptance or awarding of the contract or as part of the documentation forming the contract of purchase and other Documents issued by Procurement in accordance with the Procurement By-law including but not limited to any addendum, clarification, award and extension.</p> <p>(Note: purchases which are identified in the Procurement By-law as being exempt from the requirements of the Procurement By-law (currently listed under Schedule A – Exceptions, Procurement By-law) are not governed by this section 2.2, but are governed by section 2.4 below).</p>	Any authorized employee of Procurement authorized in accordance with an approved delegation of authority under the Procurement By-law to execute such Documents.	No
2.3	<p>Where the purchase of goods or services has been authorized in accordance with the Procurement By-law and provided that all the requirements of the Procurement By-law apply and have been met, any Express Purchase Order to be issued to the Vendor indicating the acceptance or awarding of the contract or as part of the documentation forming the contract of purchase and</p> <p>a) for procurements having a price or value of \$10,000-\$25,000 (exclusive of applicable taxes), a Request for Quotation Document; and</p> <p>b) for procurements having a price or value of \$1,000 - \$10,000 (exclusive of applicable taxes), an email quotation</p>	Employees who are not employed with Procurement but are authorized by the Director of Procurement in accordance with the Procurement By-law (currently section 4.2) to act as agents for the purchase of goods and services having a price or value not to exceed the designated amount (currently up to \$25,000 (exclusive of applicable taxes) as indicated in Schedule B to Procurement By-law).	No

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
	<p>provided that the procurement is limited to goods and services not requiring any separate agreement beyond the standard terms and conditions forming part of the quotation document.</p> <p>(Note: purchases which require additional Documents to form part of the purchase contract including any form of agreement or contract or other terms and conditions are not governed by this section 2.3 but are governed by sections 2.1 and 2.2 above).</p> <p>(Note: purchases which are identified in the Procurement By-law as being exempt from the requirements of the Procurement By-law (currently listed under Schedule A – Exceptions, Procurement By-law) are not governed by this section 2.2, but are governed by section 2.4 below).</p>		
2.4	Where the purchase of goods or services is exempt from the requirements of the Procurement By-law (currently Schedule A – Exceptions, Procurement By-law), all Documents forming part of a purchase contract including any form of agreement or contract, purchase order, or other terms and conditions.	The Director of Procurement.	Yes
3.0 Program Delivery			
3.1	<p>Documents reasonably required for the effective delivery of an activity, project, program or service which:</p> <p>a) has been authorized by Regional Council by by-law or resolution; or</p> <p>b) is mandated by statute or within the Region's exclusive sphere of jurisdiction;</p>	The Commissioner or the Medical Officer of Health responsible for the activity, project, program or service; or where the total consideration to be paid to, by or on behalf of the Regional Corporation or the reasonable estimate of the cost of the obligations to be incurred by the Regional Corporation does not exceed \$100,000 the Director responsible for the	Yes

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
	<p>provided that:</p> <ol style="list-style-type: none"> 1) the Document does not relate to the Region's purchase of a good or service (Note: purchases are governed by sections 2.1 to 2.4 of this Schedule); and 2) the Document does not relate to the Region's allocation, payment or transfer of compensation, subsidy or any form of grant (Note: funding and similar types of payments are governed by sections 1.1 to 1.3 of this Schedule); 3) the Execution of the Document is not governed by any other section of this Schedule; and 4) any financial obligation to be incurred by the Regional Corporation pursuant to the Document is within the approved Regional Council budget for the activity, project, program or service. 	<p>activity, project, program or service; or where the total consideration to be paid to, by or on behalf of the Regional Corporation or the reasonable estimate of the cost of the obligations to be incurred by the Regional Corporation does not exceed \$10,000 the Manager responsible for the activity, project, program or service.</p>	
3.2	<p>Documents for a specific activity, project, program or service mandated by statute where the other party is the provincial government, the federal government or an agency thereof.</p>	<p>The Commissioner or Director or the Medical Officer of Health or Manager responsible for the activity, project, program or service.</p>	Yes
4.0 Public Works			
4.1	<p>Documents providing for the control of access, ingress and egress to and from Regional roads.</p>	<p>The Commissioner of Public Works or Director responsible for Regional roads.</p>	Yes
4.2	<p>Agreements, including Cost Sharing Agreements with Peel area municipalities, regarding road construction and/or road maintenance pursuant to projects or programs approved by Regional Council.</p>	<p>The Commissioner of Public Works or Director responsible for Regional roads.</p>	Yes

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
4.3	Agreements and Documents permitting Regional infrastructure or improvements to encroach or cross third-party lands or interest in lands, including but not limited to: signage; pipe crossings of lands used for gas lines or railway purposes, limited access highways, or hydro corridors; provided that the total consideration to be paid or a reasonable estimate of the cost of the obligations to be incurred by the Regional Corporation, excluding applicable taxes, legal fees and fees of an administrative nature, does not exceed \$100,000.	The Commissioner or Director responsible for the program.	Yes
4.4	Documents for the installation of fibre optics telecommunications lines associated with the Public Sector Network.	The Commissioner or Director responsible for the program.	Yes
4.5	Agreements imposed or required in satisfaction of any condition of approval under the <i>Planning Act</i> in connection with the development of land including those made in anticipation of or as part of, without limitation, subdivisions, site plans and rezonings where the Regional Corporation is not the applicant and Releases and Acknowledgments of Compliance pursuant to any such Agreements.	The Commissioner or Director responsible for the program.	Yes
4.6	Documents related to the safe disposal of hazardous, liquid or electronic waste at the Region's community recycling centres.	The Commissioner or Director responsible for the program.	Yes
5.0 Real Property			
5.1	Documents required for the completion of any transaction involving the: acquisition, purchase, sale, disposition or exchange of any interest in land, and waivers of conditions contained within agreements of purchase of sale; including but not limited to: undertakings, certificates, statements, declarations, notices of election under the <i>Expropriations Act</i> .	The Commissioner or Director responsible for the program or the *Regional Solicitor or Law Clerk authorized by the *Regional Solicitor.	No

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
5.2	Forms under the <i>Land Registration Reform Act</i> for the registration of any Documents that have already been Executed on behalf of the Regional Corporation.	The *Regional Solicitor or Law Clerk authorized by the *Regional Solicitor.	No
5.3	Any of the following Documents in subsections 5.3(1) to 5.3(5) inclusive provided that the total consideration to be paid or a reasonable estimate of the cost of the obligations to be incurred by the Regional Corporation, excluding applicable taxes, legal fees and fees of an administrative nature, does not exceed \$250,000 or where a leasehold or land use license is involved, \$100,000 per annum.		Yes
5.3(1)	Agreements of purchase and sale and all deeds, transfers and other Documents required, for the acquisition, purchase, sale or exchange of any interest in land including, without limitation, easements, rights of first refusal, option agreements and re-purchase agreements.	The Commissioner or Director responsible for Real Estate, or the *Regional Solicitor, or where the total consideration to be paid or reasonable estimate of the cost of the obligations to be incurred by the Regional Corporation does not exceed \$100,000 the Manager of Real Estate.	Yes
5.3(2)	Documents permitting the Regional Corporation or its contractors or agents to enter upon land for any of the purposes of the Regional Corporation or agreements and other Documents permitting others or their contractors or agents to enter upon lands of the Regional Corporation.	The Commissioner or Director responsible for the program or facility, or where the total consideration to be paid or reasonable estimate of the cost of the obligations to be incurred by the Regional Corporation does not exceed \$100,000 the Manager of Real Estate.	Yes

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
5.3(3)	Documents permitting encroachment on easements and other lands vested in the Regional Corporation which are not part of a public highway, including encroachment agreements and the assignment, release or termination of encroachment agreements.	The Commissioner or Director responsible for Real Estate, or the *Regional Solicitor, or the Manager of Real Estate.	Yes
5.3(4)	Documents or agreements to lease or license, required for Regional purposes; and leases or licenses of Regional lands or premises; and any notice of lease.	The Commissioner or Director responsible for Real Estate or the Manager of Real Estate or the *Regional Solicitor.	Yes
5.3(5)	Documents required for the release and abandonment of easements in favour of the Regional Corporation.	The Commissioner or Director responsible for the program or facility, or the *Regional Solicitor, or the Manager of Real Estate.	Yes
5.4	Acknowledgments of the status, term and conditions of any lease or license under which the Regional Corporation is a tenant or licensee, and Notices pursuant to the <i>Tenant Protection Act</i> or the <i>Residential Tenancies Act</i> , as amended or replaced from time to time, where the Regional Corporation is the landlord.	The Commissioner or Director responsible for Real Estate, or the Manager of Real Estate.	No
5.5	Consents and Waivers of Notice relating to an application for registration under the <i>Land Titles Act</i> .	The *Regional Solicitor.	No
5.6	Applications on behalf of the Regional Corporation for entry or removal of a notice or caution of any kind, an inhibiting order or similar registration of any kind in the Land Registry Office.	The *Regional Solicitor.	No
5.7	Documents required to remove security instruments or leases from title to third-party lands, including but not limited to: applications, discharges; releases; determinations and surrenders; and deletions.	The *Regional Solicitor.	No

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
6.0 Facilities			
6.1	Documents imposed or required in satisfaction of any condition of approval under the <i>Planning Act</i> or the <i>Building Code Act</i> or regulations thereto in connection with the development or redevelopment of Regional lands or buildings where the Regional Corporation is the applicant, provided the project has been approved by Regional Council and the terms and conditions have been approved by the *Regional Solicitor.	The Commissioner or Director financially responsible for the development or redevelopment.	Yes
6.2	Documents for occupancy of space on a short-term basis for the purposes of the Regional Corporation, including but not limited to facility use or rental agreements, staff meetings, public meetings, public clinics, and open houses.	The Commissioner or Director or the Medical Officer of Health responsible for the event.	Yes
6.3	Documents for the occupancy of Regional lands or premises on a short-term basis by others, including but not limited to facility use or rental agreements for the use of meeting rooms, the council chambers, motion picture and television locations.	The Commissioner or Director or the Medical Officer of Health responsible for the facility.	Yes
7.0 Health Services			
7.1	Agreements relating to the admission of persons to Long Term Care Facilities operated by the Regional Corporation, including both permanent and temporary admissions (respite).	The Commissioner or Director responsible for the program, or The Director of Long Term Care or the Administrator of the Long Term Care Facility to which the person is being admitted.	No
7.2	Special Event Contracts and Paid Duty Agreements for the provision of Paramedic Services.	The Commissioner or Director responsible for Paramedic Services.	Yes
7.3	Compliance Declarations required by LHIN funding agreements.	The Regional Chair and the Director of Long Term Care.	Yes

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
7.4	Reports required to fulfill the Region's reporting obligations to the LHINs under LHIN funding agreements.	The Director of Long Term Care.	Yes
7.5	Documents required in connection with the ongoing routine exercise of the powers, rights and duties of a board of health.	The Commissioner of Health or the Medical Officer of Health	Yes
8.0 Human Services			
8.1	Agreements for the payment of Community Investment Program funds provided that: <ul style="list-style-type: none"> a) the program eligibility criteria for the funding have been met, and b) the combined expenditures do not exceed the maximum approved Regional Council budget for the Community Investment Program. 	The Commissioner or Director responsible for the Community Investment Program.	Yes
8.2	Receipts, releases, minutes of settlement, consents and other documents required for the settlement or compromise of any claim, action, application or other proceeding brought or made by or against the Regional Corporation when acting as Delivery Agent under the <i>Ontario Works Act</i> , in relation to support for a recipient of Ontario Works and/or support arrears owed to the Regional Corporation as support assignee.	The Commissioner or Director or staff designated by the Director of Ontario Works as Family Support Workers under the <i>Ontario Works Act</i> or the *Regional Solicitor or external legal counsel retained by the Regional Corporation for this purpose.	No
8.3	Agreements between the Regional Corporation acting as Delivery Agent under the <i>Ontario Works Act</i> , and a person who has a legal obligation to provide financial support to a recipient of Ontario Works, regarding the recovery of income assistance paid for the benefit of the Ontario Works recipient from that person.	The Commissioner or Director or the Staff designated by the Director of Ontario Works as Family Support Workers under the <i>Ontario Works Act</i> .	No
8.4	Occupancy Agreements with occupants of transitional housing units owned or leased by the Regional Corporation.	The Commissioner or Director or Manager or Supervisor responsible for transitional housing programs.	No

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
9.0 Human Resources			
9.1	Contracts of employment (whether by letter or other formal document) but not including: a) collective agreements and amendments thereto; and b) contracts of employment for the position of Chief Administrative Officer.	The CAO, Commissioner or Director or the Medical Officer of Health or Manager, or supervisor to whom the new employee will report.	No
9.2	Student placement agreements, secondment agreements and related documents in respect of persons being placed with the Regional Corporation or employees of the Regional Corporation being placed with other organizations, including educational institutions, government or other agencies.	The Commissioner or Director or the Medical Officer of Health or *Regional Solicitor or Manager or employee of the Regional Corporation to whom the person or employee being placed will report.	Yes
9.3	Agreements with volunteers being placed with the Regional Corporation.	The Commissioner or Director or the Medical Officer of Health or *Regional Solicitor or Manager or employee of the Regional Corporation to whom the person or employee being placed will report.	No
9.4	Agreements arising from the interpretation, application, administration or alleged violation of collective agreements, but not including minutes of settlement for matters referred to arbitration or letters of understanding.	The Commissioner of Corporate Services or Director of Human Resources or Manager designated by the Director of Human Resources.	No
10.0 Financial Administration			
10.1	Cheques, bank drafts, money orders, electronic funds transfers, and any similar financial instruments.	The Treasurer or the Chief Financial Officer or the Director, Treasury Services or an employee authorized by the Treasurer.	No

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
10.2	Debentures authorized by Council and any similar financial instruments.	The Treasurer.	No
10.3	Agreements and documents for the supply of energy commodity and related energy services with energy suppliers, including but not limited to energy supply agreements, Housing Services Corporation natural gas supply, energy market intelligence and energy billing services.	The Treasurer or the Chief Financial Officer or the Commissioner or Director responsible for the program.	Yes
10.4	Documents for the transportation, distribution and delivery of energy, including but not limited to documents required for submission to Local Distribution Companies (LDC) or government agencies to comply with legislations and regulations related to energy billings and participation in government energy rate relief programs. Documents required by the terms of any energy supply agreements such as but not limited to transaction confirmations and enrollment or de-enrollment of sites.	The Treasurer or the Chief Financial Officer or the Commissioner or Director responsible for the program.	No
10.5	Documents required by banking and financial institutions for banking related services requested by the Region.	The Chief Financial Officer or the Treasurer or the Director of Treasury Services.	Yes
10.6	Documents required for the operation of Treasury activities.	The Chief Financial Officer or the Treasurer or the Director of Treasury Services.	Yes
10.7	Documents required for ancillary treasury services, being the execution of any transactions (including buying/selling an investment product) made pursuant to the Region of Peel's Investment Policy or Debt Management Policy.	The Chief Financial Officer or The Treasurer or Director, Treasury Services or an employee authorized by the Director, Treasury Services.	No

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
11.0 General			
11.1	Documents required for the use or acquisition of intellectual property from third parties required for the delivery of activities, projects, programs or services approved by Regional Council.	The Commissioner or Director or the Medical Officer of Health financially responsible for the activity, project, program or service.	Yes
11.2	Research Documents or Documents for the acquisition, sale, exchange, release, confidentiality or non-disclosure of information or data provided that the requirements of the <i>Municipal Freedom of Information and Protection of Privacy Act</i> , the <i>Personal Health Information Protection Act</i> and the Procurement By-law have been complied with.	The *Regional Solicitor or the Commissioner or Director or the Medical Officer of Health responsible for the program, operation or project to which the agreement relates.	Yes
11.3	Agreements, releases and acknowledgments and any other Documents necessary to receive endowment funds or bequests or gifts or money or the transfer, to the Regional Corporation, of artistic works, records or other items having significance to Peel's heritage, permanently or on loan, where there is nominal or no financial consideration paid by the Regional Corporation for the transfer and any necessary insurance provisions have been approved by the Manager of Loss Management and Insurance Services.	The Commissioner or Director or the Medical Officer of Health responsible for the program.	Yes
11.4	Proofs of Loss (interim and final) submitted to the insurer of the Regional Corporation.	The Chief Financial Officer or Treasurer or the Commissioner or Director or the Medical Officer of Health responsible for the department in respect of which the claim arose.	No

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
11.5	Receipts, releases, indemnities, minutes of settlement and other Documents required for the settlement or compromise of any existing or anticipated claim, demand, action or other proceeding brought or made by or against the Regional Corporation, or those local boards or other persons for whom the Regional Corporation is responsible, where the value of the proceeds of settlement or of the Regional Corporation's contribution to the settlement does not exceed \$100,000 and the Documents have been approved by the *Regional Solicitor.	The Commissioner or Director or the Medical Officer of Health responsible for the program in respect of which the claim, demand, action or other proceeding arose or the *Regional Solicitor or the Manager, Loss Management and Insurance Services.	No
11.6	Receipts, releases, indemnities, minutes of settlement and other Documents required for the settlement or compromise of any existing or anticipated claim, demand, action or other proceeding brought or made against the Regional Corporation, or those local boards or other persons for whom the Regional Corporation is responsible, where the matter or cause of action is covered by an insurance policy that indemnifies the Regional Corporation, its officers, employees, agents, contractors or volunteers, the value of the Regional Corporation's contribution to the settlement is not greater than the deductible amount set out in the subject policy, and the Documents have been approved by the *Regional Solicitor.	The Commissioner or Director or the Medical Officer of Health responsible for the program or the Manager of Loss Management and Insurance Services or the *Regional Solicitor.	No

	Column 1	Column 2	Column 3
	Document	Designated Signing Authority	Ref. # and Record?
11.7	Documentation required to exercise a right available to the Region in any agreement which may include the right to amend a portion of the agreement or to extend the agreement for any additional, optional periods or any other type of option or right, provided that, in the opinion of the Commissioner or Director responsible for the program, the exercise of the option provides good value to the Region. This section 11.7 only applies to real property Documents where the Execution of the Document is not governed by any other section under Heading 5 (Real Property) of this Schedule.	The Commissioner or Director or the Medical Officer of Health responsible for the program.	Yes
11.8	Consents to contract assignments and to changes in control or ownership, and related Documents, resulting from a sale of business or shares or from a corporate restructuring of a vendor with whom the Region has an agreement for the provision of goods or services, provided that, in the opinion of the Commissioner or Director responsible for the program, the assignment or change in control or ownership will have no negative impact on the performance of the agreement.	The Commissioner or Director or the Medical Officer of Health responsible for the program.	Yes
11.9	Documents required to obtain discounted rates for goods, services, membership fees etc. for Regional employees, provided that no sum of money is being paid by, to or on behalf of the Regional Corporation in relation thereto.	The Commissioner or Director or the Medical Officer of Health responsible for the program.	Yes
11.10	Documents ancillary to sponsorships of Regional activities, projects, programs or services.	The Commissioner or Director or the Medical Officer of Health financially responsible for the activity, project, program or service.	Yes

**ADDITIONAL MATERIALS
DISTRIBUTED AT MEETING**

Background on the Redefinition of Disability

In November, 2018, the Ontario Government announced its intention to change the definition of disability in the Ontario Disability Support Program (ODSP) to “align more closely with federal government guidelines”.

In the assessment of a wide range of organizations who work with people receiving ODSP, including legal clinics, community health centres, service providers and physicians, the change, if it goes through, threatens the health and well-being of many vulnerable people in Ontario.

To qualify for ODSP now, a person can have a disability that is continuous or recurrent as long as it is expected to last one year or more. To qualify under any of the federal definitions, a disability must essentially be permanent or terminal.

This change would affect people with episodic disabilities like MS, muscular dystrophy, epilepsy, arthritis, and a range of mental health issues. It would also affect people with time limited disabilities, like many forms of cancers, and conditions resulting from living with HIV or AIDS that limit their participation in the workforce but do not permanently eliminate their ability to work.

Losing disability status would mean these people would be treated like someone who is employable and healthy, despite the disability they must contend with. They would be taken off disability supports and moved to OW, despite not being employable at the time. They would receive 37% less income, and lose access to important disability-related health benefits available through ODSP.

This would push very low-income people with disabilities into even deeper poverty, and likely homelessness. The loss of income and health supports would also have a major impact on people's health - the evidence is clear that lower incomes are associated with higher rates of mortality from most health conditions, increased impacts from stress and decreased well-being.

These changes would also impose significant cost on the public sector.

Changing the ODSP system to accommodate a new definition would require a retooling of the provincial systems that administer it. Anyone familiar with provincial social assistance systems recalls how expensive the process of retooling that system was just a few years ago. Conservative estimates of that cost are in the tens of millions of dollars.

Municipalities should also anticipate new costs. Moving people off ODSP and onto OW will reduce their capacity to maintain tenancies, resulting in higher rates of homelessness and more pressures on municipal shelters.

Moving people off ODSP and onto OW would increase the volume of municipally-administered OW caseloads but also increase the complexity of those caseloads, adding to pressure on municipal staff teams.

The Federal Government has identified their current definitions of disability, which the Province is proposing to adopt, as problematic and the new Minister was specifically tasked with reviewing that definition in the Mandate Letter issued by the Prime Minister last year.

The Minister is still reviewing the proposed change and several municipalities across Ontario have encouraged the Minister to conclude that a new definition is not the best public policy.

**RECEIVED**

January 22, 2020
 REGION OF PEEL
 OFFICE OF THE REGIONAL CLERK

Principals

Michael Gagnon
 Lena Gagnon
 Andrew Walker
 Richard Domes

January 22, 2020

The Corporation of the Regional Municipality of Peel
 10 Peel Centre Drive, Suite A
 Brampton, Ontario
 L6T 4B9

REFERRAL TO _____
 RECOMMENDED _____
 DIRECTION REQUIRED _____
 RECEIPT RECOMMENDED _____

Attention: Regional Chair and Members of Council

Subject: 2041 Regional Urban Boundary and Municipal Comprehensive Review
January 23, 2020 Peel Region Council – Item 7.2
Public Input – Mayfield East Landowners Group
GWD File: P.N.17.2378.00 – Peel 2041

Dear Regional Chair and Members of Council:

Gagnon Walker Domes Ltd. (GWD) represents the Mayfield East Landowners Group, who collectively own and control approximately 504.78 hectares (1,247.34 acres) of land in south Caledon, generally bounded on the west by the eastern limit of the existing Mayfield West Rural Service Centre Boundary and the Campbells Cross Creek, on the east by Torbram Road and the unnamed tributary/natural heritage corridor, to the south by Mayfield Road, and to the north coinciding with the northern limit of the Province of Ontario GTA West Transportation Corridor Study Limit, located approximately three (3) lots north of Old School Road.

The Mayfield East Landowners Group consists of the following participating landowners, some of whom are local farmers, including: the Sheard's, Robbins', Clarke's, Jefferson's, Shields', Baring, Grewal and Torchia. Attachment # 1 is an air photograph of the subject lands and participating landowners.

We have reviewed the presentation materials included with the delegation request from Michael Melling on behalf of the Wildfield Landowners Group (identified as Item 7.2 on the January 23, 2020 Region of Peel Council Agenda) and wish to provide our comments and observations:

1. The lands identified on page 7.2-4 of the presentation as proposed for settlement urban boundary expansion include the majority of my client's (the Mayfield East Landowners Group) lands. The Mayfield East Landowners Group agree that the lands suggested for inclusion extending eastward to Torbram Road and the unnamed tributary/natural heritage corridor should be included; we take no issue

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www.gwdplanners.com • Toll Free: 1-855-771-7266

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with that. We recommend that the northern limit of the lands to be included be extended to the north, thereby coinciding with our proposed expansion area.

2. We did not authorize the Wildfield Landowners Group to include our lands within their proposal. The Mayfield East Landowners Group is a separate and distinct Landowners Group; they are not affiliated with Mr. Melling's clients. Members of the Mayfield East Landowners Group and the Wildfield group simply own lands in the same general geographic area which is being recommended for inclusion. Mr. Melling does not speak on behalf of the Mayfield East Landowners Group, nor does he represent any of the owners who are members thereof.
3. We do not agree with the designation of the lands generally bounded by the 410-northerly extension, Mayfield Road, Healy Road, and Airport Road (which includes the majority of the Mayfield East Landowners Group lands) 'exclusively' for employment. While similar to the Wildfield Group, the Mayfield East Landowners Group believe that the lands generally bounded on the west by the eastern limit of the existing Mayfield West Rural Service Centre Boundary and the Campbells Cross Creek , on the east by Torbram Road and the unnamed tributary/natural heritage corridor, to the south by Mayfield Road, and to the north coinciding with the northern limit of the Province of Ontario GTA West Transportation Corridor Study Limit is an ideal candidate for inclusion in an expanded Settlement boundary.

Our clients do not support the notion that all of these lands should be designated employment. Through the participation of the Mayfield East Landowners Group in the Town of Caledon and Region of Peel 2041 Official Plan Review processes, we expressed the merits of our client's lands for inclusion in the Settlement Boundary for the development of a 'complete' community, including a range of residential, commercial, employment, institutional and open space uses. Our Clients lands are well positioned to contribute to the logical expansion of the Mayfield West Rural Service Centre Boundary.

4. As noted above, the Mayfield East Landowners Group have been actively participating in the Town of Caledon and Region of Peel 2041 Official Plan Review process to-date, including formal submissions and meetings with Town and Regional Staff and Councillors. Toward this end, attached is a copy of GWD correspondence dated March 5, 2019 (attached as Attachment #2) being input to the Town of Caledon 2041 Official Plan Review (a copy of which was also provided to the Region of Peel as part of the Region of Peel Official Plan Review). Toward this end, the Mayfield East Landowners Group is appreciative of the opportunity to actively participate with the Town of Caledon and the Region of Peel in assessing and analyzing the various Focus Areas which are of importance in establishing a vision for development to the year 2041.
5. In order to avoid any future confusion and potential misrepresentation, we respectfully request that the Town of Caledon ask Mr. Melling to confirm on the public record who he is specifically representing within the limits of the area he is



recommending for inclusion as part of the settlement expansion, in a manner similar to what we have done on the schedule attached hereto.

Our Clients within the Mayfield East Expansion Area have formed a Landowners Group which is capable of providing effective and informed input into the Region of Peel Official Plan 2041 Review process. Collectively they are in agreement that their lands can contribute to accommodating a portion of both the anticipated Region of Peel population and employment growth within the Town of Caledon. In this regard, a portion of our client's lands are already identified and located within the Mayfield West Study Area, which would logically represent a potential first phase of the proposed settlement expansion due to their geographic proximity to the fully planned and serviced neighbourhoods within the Mayfield West community.

By way of this correspondence, we are requesting to be notified of any and all future Open House and Statutory Public Meetings, as well as the tabling of Information and/or Recommendation Reports to Regional Council related to the Region of Peel Official Plan 2041 Review, including receiving all Notices of Decision in connection with the Region of Peel Official Plan 2041 Review.

Yours truly,

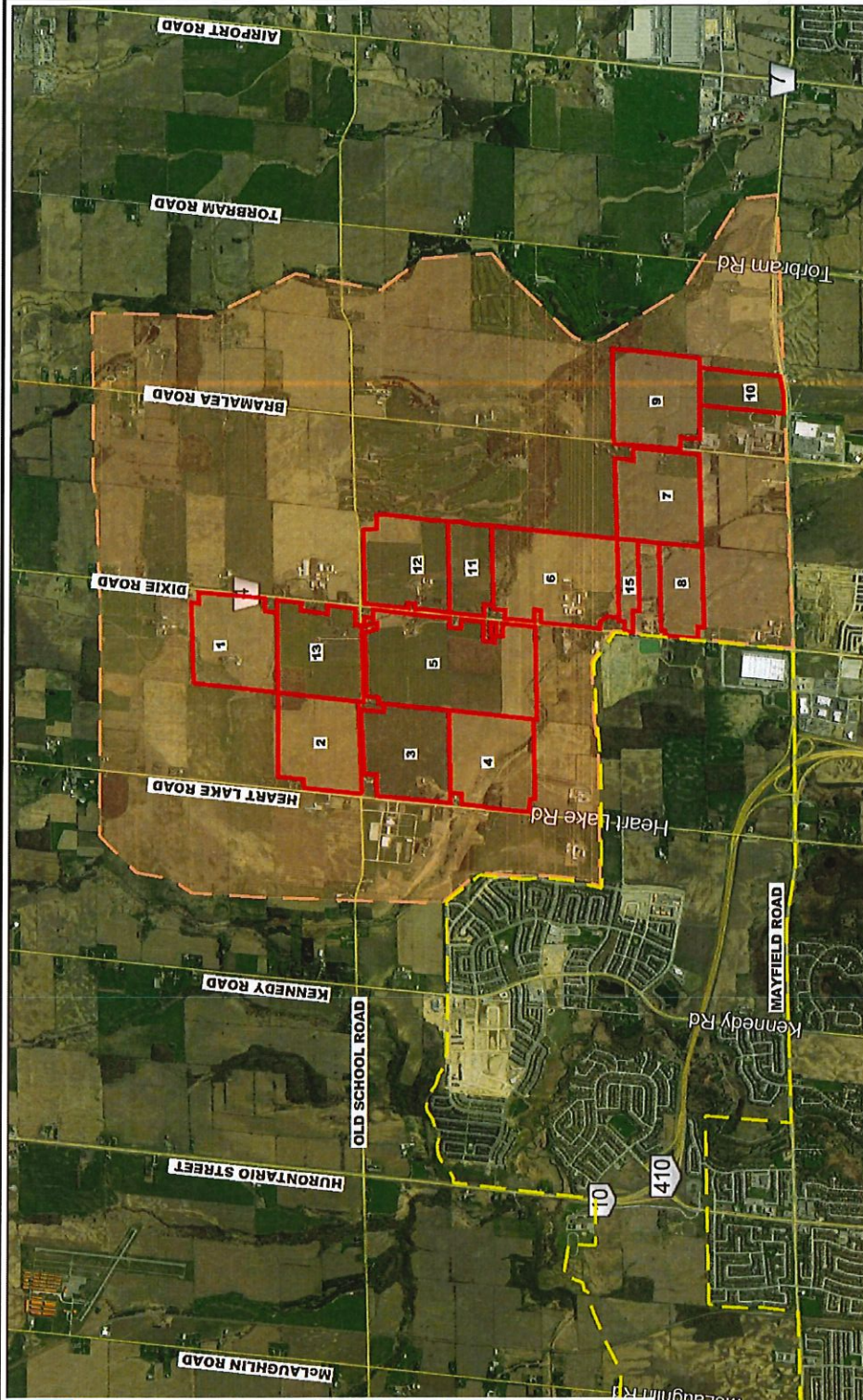
Andrew Walker, B.E.S., M.C.I.P., R.P.P.
Principal Planner

cc: **Mayfield East Landowners Group**
Adrian Smith, Region of Peel
Sylvia Kirkwood, Town of Caledon
Michael Gagnon, Gagnon Walker Domes Ltd.



MAYFIELD EAST LANDOWNERS GROUP

Parcel ID	Participating Landowner
1	Clarke
2	Sheard
3	Clarke/Robbins / Sheard
4	Clarke
5	Sheard
6	Sheard
7	Robbins
8	Sheard
9	Baring/Grewal
10	Torchia
11	Shields
12	Shields
13	Jefferson



**AIR PHOTO - CONTEXT PLAN and SUBJECT SITE
MAYFIELD EAST LAND OWNERS GROUP (MELG)
TOWN of CALEDON**

LEGEND

- SUBJECT SITE
- MAYFIELD WEST SETTLEMENT BOUNDARY
- MAYFIELD EAST PREFERRED EXPANSION AREA

Metadata:
 Date: March 4, 2019
 P.N.: 14.2051
 Scale: N.T.S.
 Drawn By: D.S.
 File No.: PN 2051_ Aerial_Images
 Revised:
 GWD
 21 Queen Street East
 Suite 100
 Uxbridge, ON
 L9R 5N1
 P (905) 756-5190
 www.gwdinc.com
 P (905) 477-6588

Principals

Michael Gagnon
Lena Gagnon
Andrew Walker
Richard Domes

March 5, 2019

The Corporation of the Town of Caledon
6311 Old Church Road
Caledon, Ontario
L7C 1J6

**Attention: Mayor and Members of Council
Legislative Services**

**Subject: Official Plan 2041 Review
Public Input – Mayfield East Landowners Group
GWD File: P.N.17.2378.00 – Caledon 2041**

Dear Mayor, Members of Council and Town Staff:

Gagnon Walker Domes Ltd. (GWD) represents the Mayfield East Landowners Group, who collectively own approximately 504.78 hectares (1,247.34 acres) of land in south Caledon, generally bounded on the west by the eastern limit of the existing Mayfield West Rural Service Centre Boundary and the Campbells Cross Creek, on the east by Torbram Road and an unnamed tributary/natural heritage corridor, to the south by Mayfield Road, and to the north coinciding with the northern limit of the Province of Ontario GTA West Transportation Corridor Study Limit (approximately three (3) lots north of Old School Road).

The Mayfield East Landowners Group consists of the following participating landowners, some of whom are local farmers, including: the Clarke's, Sheard's, Robbins', Jefferson's, Shields', Baring, Grewal and Torchia. Attachment # 1 is an air photograph of the subject lands and participating landowners. Please note that the aforementioned area identified on the air photograph includes approximately 1,918.08 hectares (4,739.70 acres) which is hereinafter referred to as the 'Mayfield East Preferred Expansion Area'.

Official Plan 2041 Review

GWD has been retained to provide general planning consulting services, including but not limited to participating with our Client's in the Town of Caledon's *Official Plan 2041 Review*. Town of Caledon Council and Staff received previous written submissions on our Client's behalf in 2017 as part of the Town of Caledon *Whitebelt Visioning Exercise*. We encourage the Town of Caledon to review and consider the previous written submissions during the *Official Plan 2041 Review*.

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We have reviewed the March 5, 2019 presentation and wish to applaud Town Staff for having clearly summarized previous Town of Caledon Official Plan Reviews, dating back to 1979. OPA 114, approved in 1997 established a framework and associated planning horizon to the year 2021, and OPA 226, approved in 2013 established a framework and associated planning horizon to the year 2031. In addition, over the past several decades, Town Staff have advanced various individual OPA's in accordance with provincial directives.

Planning Act

In accordance with Planning Act requirements, the Town of Caledon is embarking on the current Official Plan Review consistent with the PPS, and in conformity with various other Provincial Plans, as well as the Region of Peel Official Plan (which is also currently under review). Toward this end, the Mayfield East Landowners Group is appreciative of the opportunity to actively participate with the Town of Caledon and the Region of Peel in assessing and analyzing the various Focus Areas identified by Towns Staff as being important in establishing a vision for development year 2041.

Work Plan

The Town of Caledon Staff Work Plan was initiated in 2018 projects a robust public engagement and consultation process culminating with the approval of a comprehensive Official Plan in the year 2023. Our Client is looking forward to actively participating in an open and transparent process which will address a full complement of provincial, regional and local goals and objectives.

Population and Employment

Based on provincial population and employment projections as well as current trends, it is anticipated that Caledon will experience significant growth. The 2017 Town of Caledon *Whitebelt Visioning Exercise* anticipated population and employment growth of 33,000 and 30,000 respectively, between 2031 and 2041. Our Client's lands are well positioned to assist in accommodating a portion of the projected population and employment growth within an expanded Mayfield West Rural Service Centre Boundary.

Mayfield West Rural Service Centre Boundary

In regards to the expansion of the Mayfield West Rural Service Centre Boundary, the Region of Peel has identified within their Official Plan a 'Mayfield West Study Area', within which is located the 2021 Mayfield West Rural Service Centre Boundary (ROPA 17). The lands owned by three (3) of the participating landowners within the Mayfield East Landowners Group are located within the aforementioned *Mayfield West Study Area*, but outside of the 2021 Rural Service Centre Boundary. More specifically, the lands are located south of Old School Road, east of Heart Lake Road, west of Dixie Road approximately three (3) lots north of Mayfield Road (see Attachment # 2 – Region of Peel Official Plan). With this in mind, it is evident that these lands have previously been



seriously considered as candidate properties, appropriate for accommodating future projected Settlement Area expansion.

Mayfield East Landowners Group Merits and Objectives

According to the Staff Work Plan, key projects will include, but not be limited to investigations associated with transportation, servicing, the natural environment, the GTA West Transportation Corridor, commercial needs, as well as population and employment forecasts. We are confident that the detailed technical Reports, Plans and Studies will substantiate and highlight the merits of our Client's lands as an ideal candidate for inclusion within the expanded Mayfield West Rural Service Centre Boundary; including:

1. Existing and Proposed Transportation Infrastructure

- Frontage along Mayfield Road (an identified Region of Peel 'Strategic Goods Movement Corridor'), with excellent locational proximity to existing Highway 410 and the future proposed GTA West Transportation Corridor (including the north/south Highway 410 linkage which was identified by the Town of Caledon as following the general alignment of Heart Lake Road) (see Attachments # 3 and # 4 – GTA West Transportation Corridor Alignments and Town of Caledon Preferred Alignment);

2. Close Proximity to Employment Lands

- Strategically located close to existing and/or proposed employment areas; including the Tullamore Settlement Area which provides logical geographic, transportation and land use planning connections between Tullamore and the Mayfield West community; contributing to live/work synergistic opportunities.

3. Logical Progression of Growth

- Expansion of the Mayfield West Rural Service Centre Boundary in an easterly direction, including the previously identified 'Mayfield West Study Area' which is located immediately adjacent to an established settlement boundary of Mayfield West, represents a logical progression of growth toward other established residential and employment districts located immediately north and south of Mayfield Road (see Attachments # 5 and 6 – Town of Caledon Official Plan);

4. Readily Serviced Lands and Community Service Facilities

- The lands represent readily serviceable lands which can also take advantage of existing and/or planned servicing infrastructure and community facilities;

5. Creation of Complete Community

- A logical extension to the current built-up area, suitable for the designation of a variety of both residential and employment land uses, which together will contribute to the creation of a complete community which is compatible with adjacent existing land uses in both the Town of Caledon and the City of Brampton.



Our Client has proactively formed a robust and fully engaged Landowners Group within the Mayfield East Expansion Area which is capable of providing effective and informed input into the Town of Caledon *Official Plan 2041 Review* process. Collectively, all of the landowners we represent are in agreement that their lands can and should be considered as an excellent option in contributing to the accommodation of a significant portion of the anticipated Town of Caledon population and employment growth.

By way of this correspondence, we are requesting to be notified of any and all future Open House and Statutory Public Meetings, as well as the tabling of Information and/or Recommendation Reports to Planning Committee and Council related to the *Official Plan 2041 Review*, including receiving all Notices of Decision in connection with the Town of Caledon *Official Plan 2041 Review*.

Yours truly,

Michael Gagnon, B.E.S., M.C.I.P., R.P.P.
Managing Principal Planner

Andrew Walker, B.E.S., M.C.I.P., R.P.P.
Principal Planner

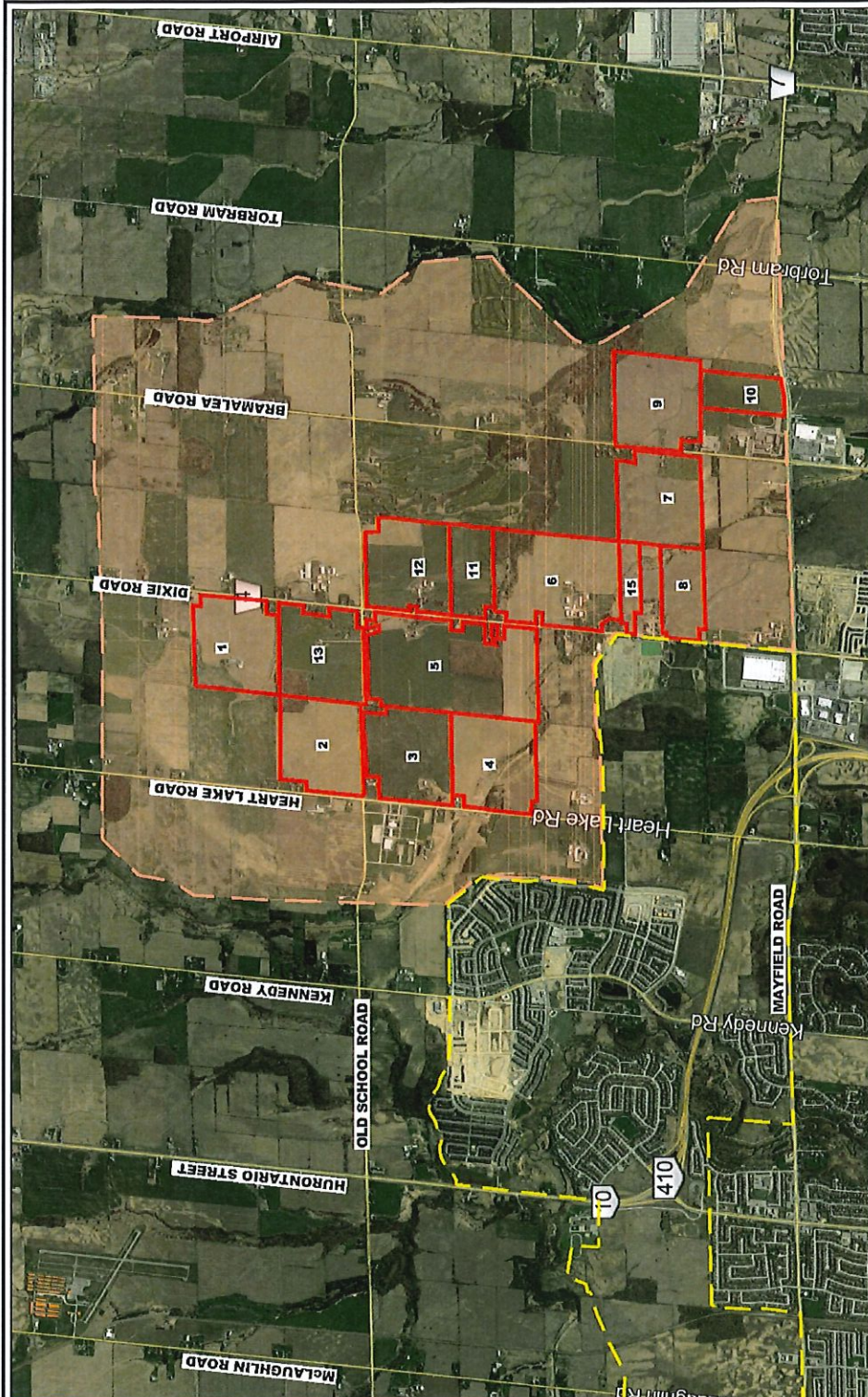
cc: **Sylvia Kirkwood, Town of Caledon**
Marissa Williams, Town of Caledon
Mayfield East Landowners Group



MAYFIELD EAST LANDOWNERS GROUP

ATTACHMENT # 1

Parcel ID	Participating Landowner
1	Clarke
2	Sheard
3	Clarke/Robbins / Sheard
4	Clarke
5	Sheard
6	Sheard
7	Robbins
8	Sheard
9	Baring/Grewal
10	Torchia
11	Shields
12	Shields
13	Jefferson



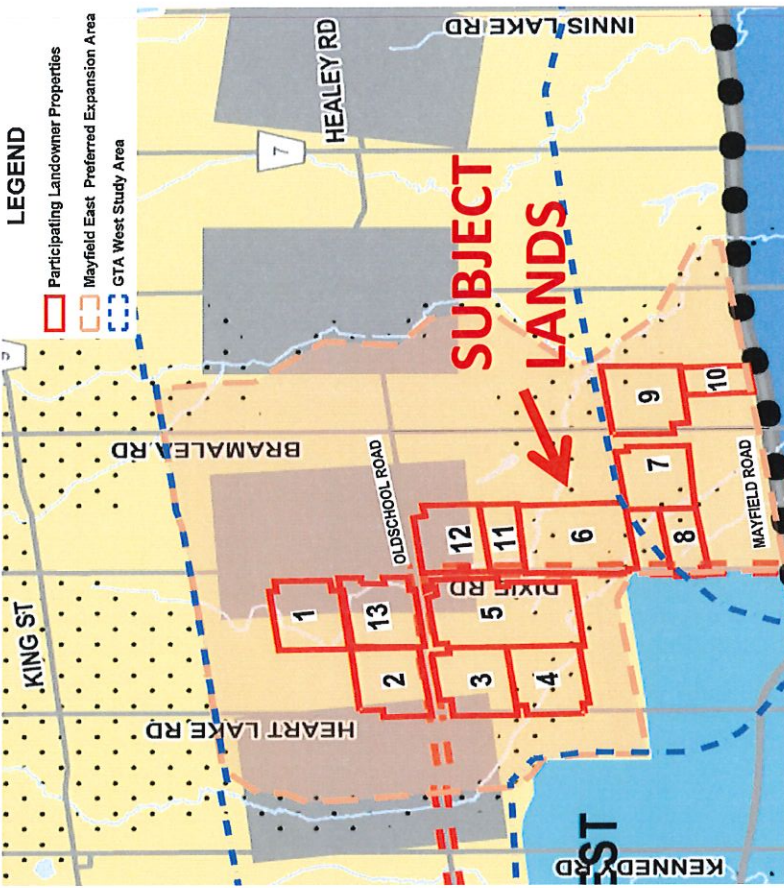
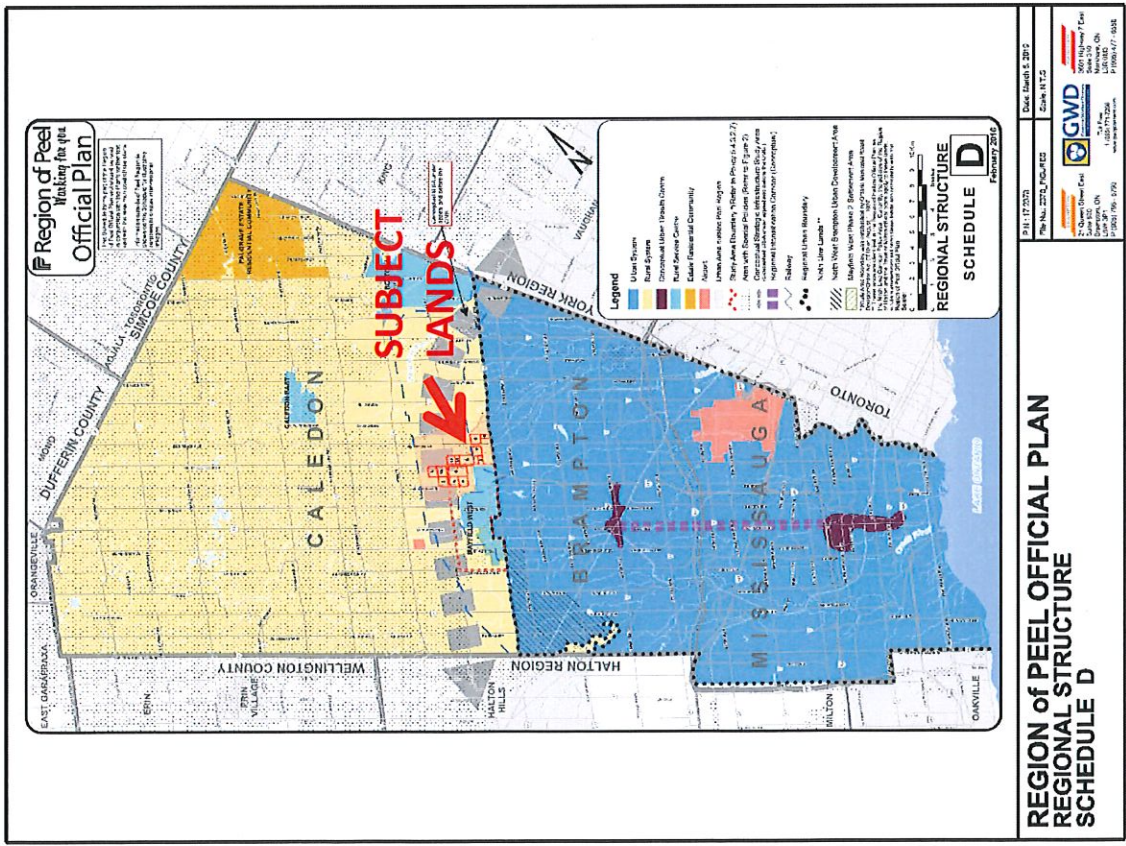
**AIR PHOTO - CONTEXT PLAN and SUBJECT SITE
MAYFIELD EAST LAND OWNERS GROUP (MELG)
TOWN of CALEDON**

LEGEND SUBJECT SITE MAYFIELD WEST SETTLEMENT BOUNDARY MAYFIELD EAST PREFERRED EXPANSION AREA		P.N.: 14.2051 Scale: N.T.S. Drawn By: D.S.	Date: March 4, 2019 Revised: File No.: PN 2051_Aerial_Images
		 21 Queen Street East Brampton, ON P (905) 796-5796 www.gwd.ca 2051 Highway 7 East Suite 310 Markham, ON P (905) 477-8585	



MAYFIELD EAST LANDOWNERS GROUP

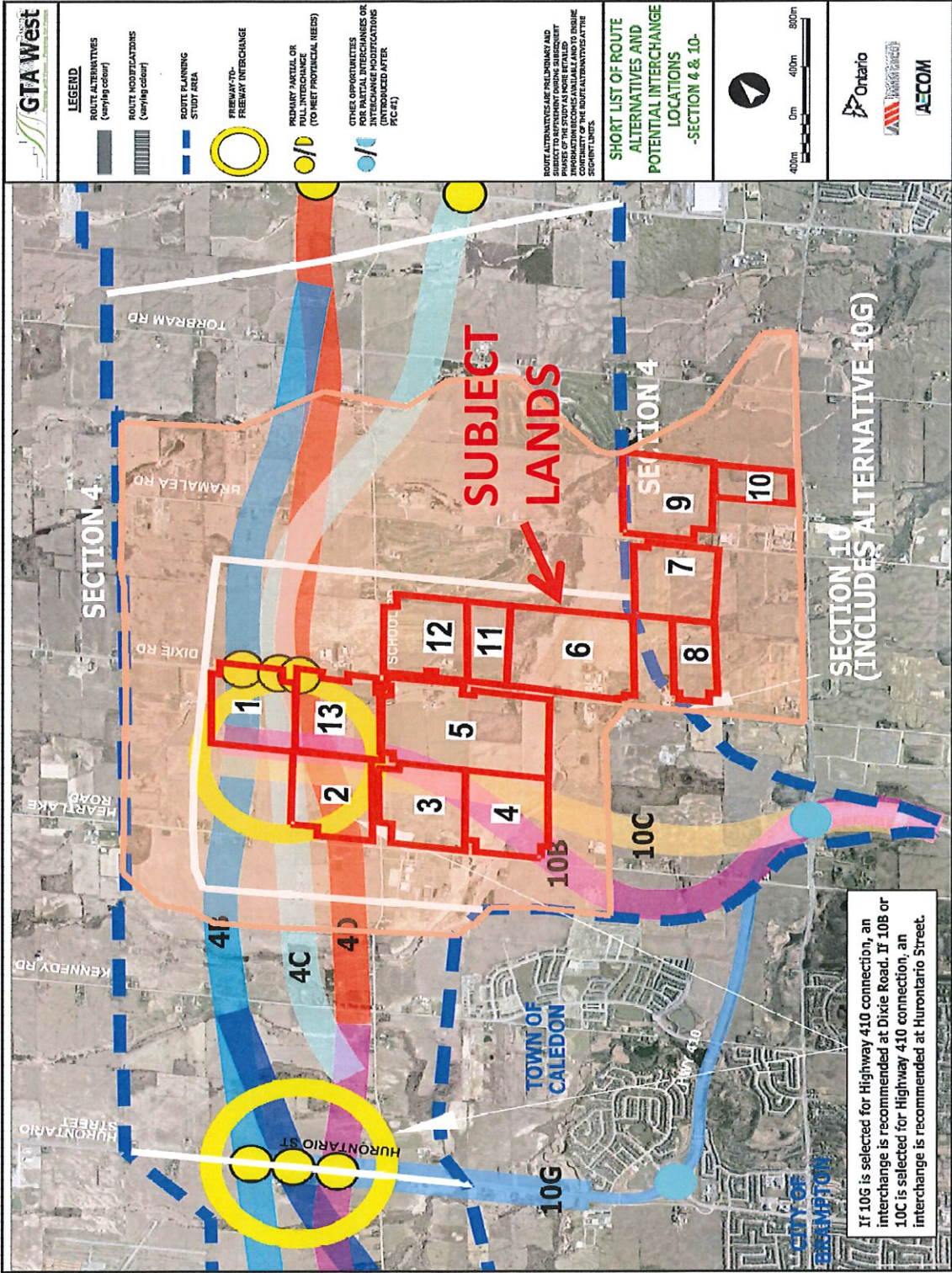
Attachment # 2 - Region of Peel Official Plan





MAYFIELD EAST LANDOWNERS GROUP

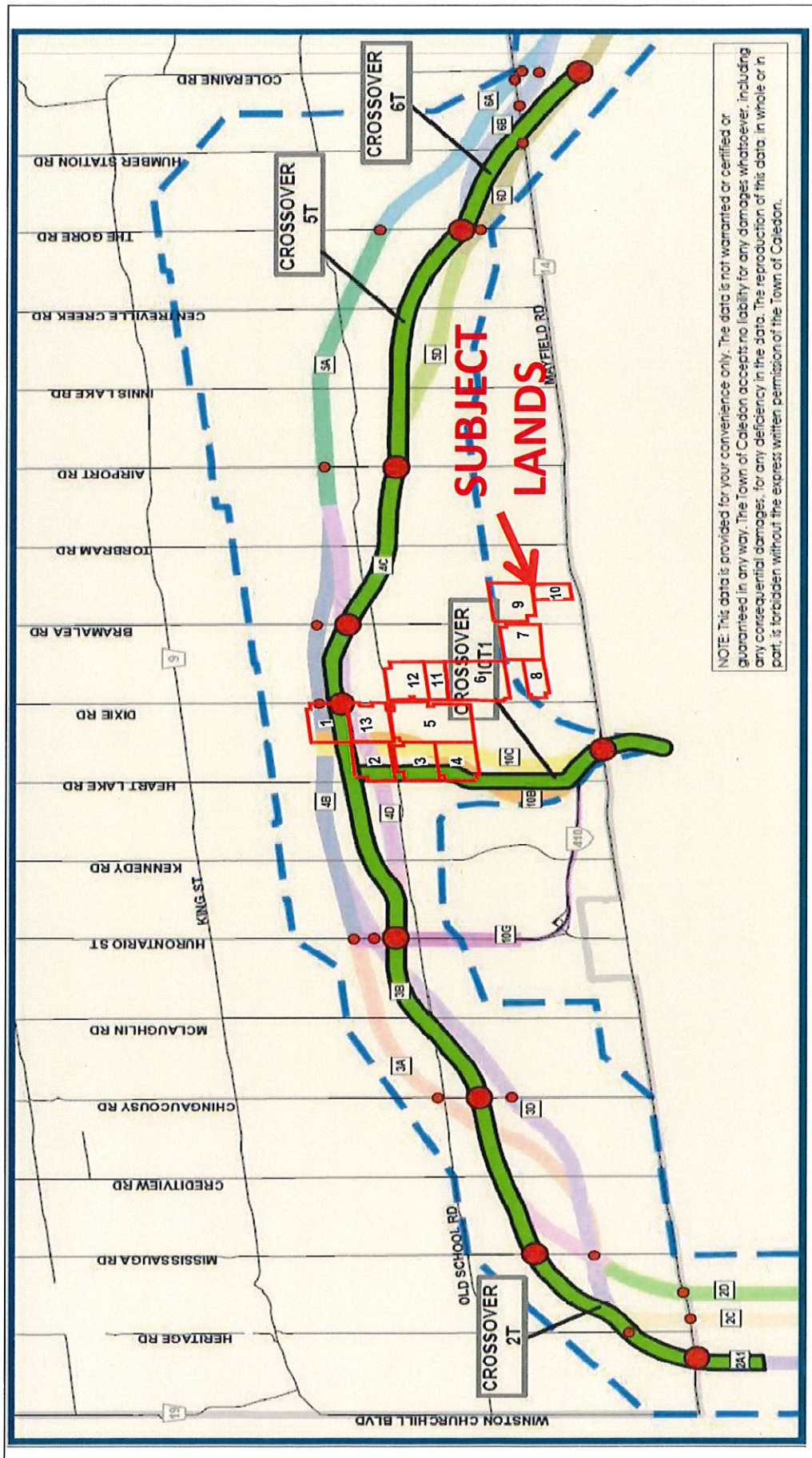
Attachment # 3 - GTA West Route Alternatives





MAYFIELD EAST LANDOWNERS GROUP

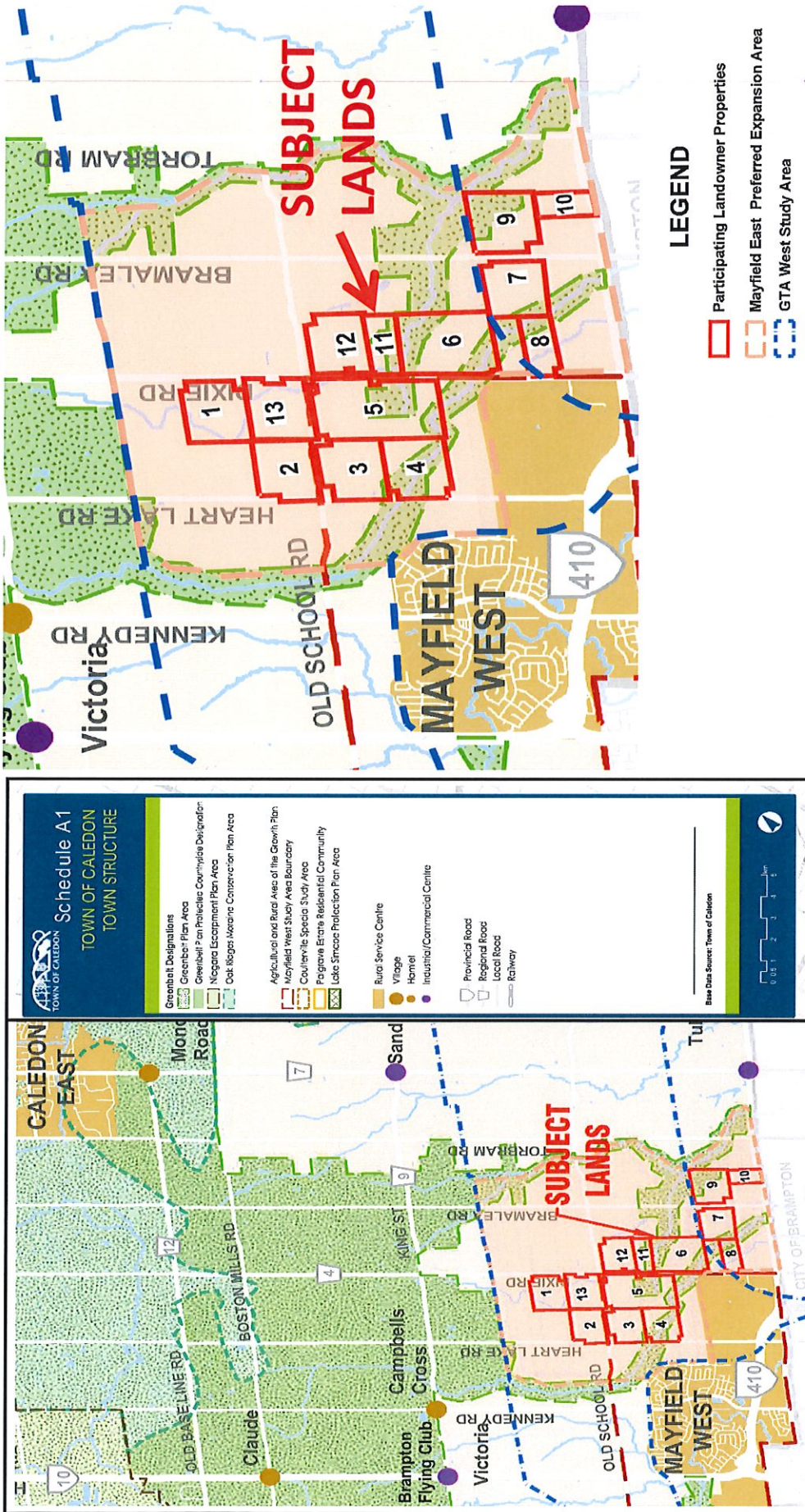
Attachment # 4 - Town of Caledon Preferred Alignment





MAYFIELD EAST LANDOWNERS GROUP

Attachment # 5 - Town of Caledon Official Plan



Schedule A1 TOWN OF CALEDON TOWN STRUCTURE

Greenbelt Designations

- Greenbelt Plan Area
- Greenbelt 2 on Provincial Communitia Designation
- Niagara Escarpment Plan Area
- Oak Ridges-McNicoll Conservation Plan Area

Agricultural and Rural Areas of the Growth Plan

- Mayfield West Study Area Boundary
- Courtesyville Special Study Area
- Progressive Era and Residential Community
- Lake Simcoe Protection Plan Area

Other Designations

- Rural Service Centre
- Village
- Home
- Industrial/Commercial Centre

Roads

- Provincial Road
- Regional Road
- Local Road
- Railway

Base Data Source: Town of Caledon

TOWN OF CALEDON OFFICIAL PLAN SCHEDULE A1 TOWN STRUCTURE

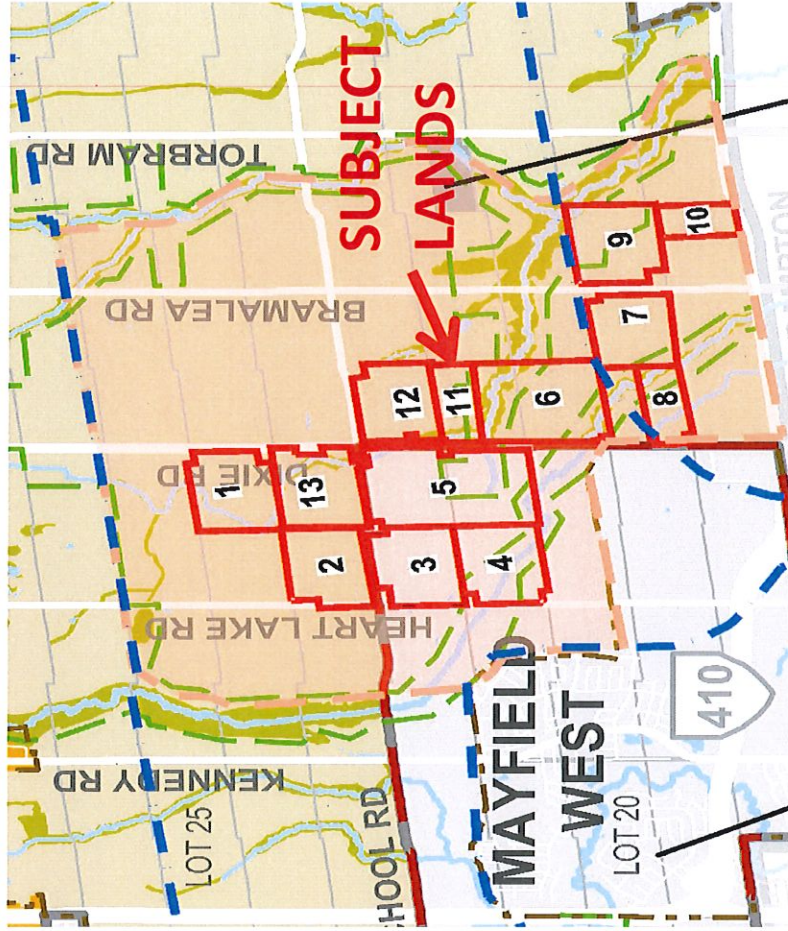
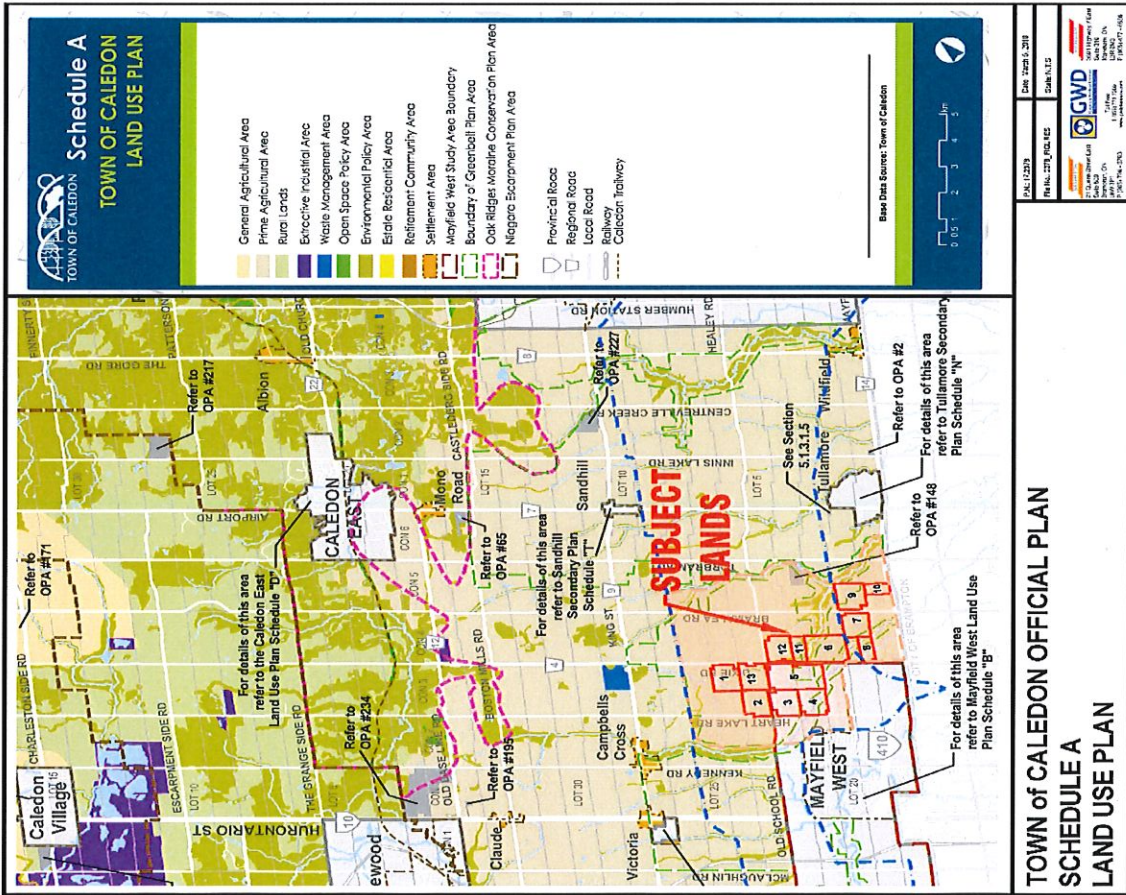
DATE: 2014-03-20
 APP. NO.: 2014-03-20-002
 DRAWING NO.: 16.1-13

GMD
 GROWTH MANAGEMENT DESIGN
 21 Queen Street East
 Brampton, ON
 N6Y 4K5
 Tel: 905.874.4444
 Fax: 905.874.4445



MAYFIELD EAST LANDOWNERS GROUP

Attachment # 6 - Town of Caledon Official Plan



- LEGEND**
- Participating Landowner Properties
 - Mayfield East Preferred Expansion Area
 - GTA West Study Area

TOWN OF CALEDON OFFICIAL PLAN
SCHEDULE A
LAND USE PLAN

Scale: 1:50,000
Date: 2015-05-20
Scale: 1:50,000
Date: 2015-05-20

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