



THE REGIONAL MUNICIPALITY OF NIAGARA
CORPORATE SERVICES COMMITTEE
FINAL AGENDA

CSC 10-2020

Monday, November 9, 2020

9:30 a.m.

Council Chamber

Niagara Region Headquarters, Campbell West

1815 Sir Isaac Brock Way, Thorold, ON

Due to efforts to contain the spread of COVID-19 and to protect all individuals, the Council Chamber at Regional Headquarters will not be open to the public to attend Committee meetings until further notice. To view live stream meeting proceedings, visit:
niagararegion.ca/government/council

	Pages
1. <u>CALL TO ORDER</u>	
2. <u>DISCLOSURES OF PECUNIARY INTEREST</u>	
3. <u>PRESENTATIONS</u>	
3.1. <u>Hospice Niagara</u> Carol Nagy, Executive Director	3 - 20
4. <u>DELEGATIONS</u>	
4.1. <u>Niagara Regional Hospital Funding Policy (Report CSD 73-2020 (Agenda Item 5.2))</u> Funding Request to Support Construction of a New West Lincoln Memorial Hospital	21 - 29
5. <u>ITEMS FOR CONSIDERATION</u>	
5.1. <u>CSD 70-2020</u> Amendment to By-Law 2019-79 Budget Planning	30 - 34

5.2. CSD 73-2020

35 - 105

Niagara Regional Hospital Funding Policy

A presentation will precede consideration of this item.

6. CONSENT ITEMS FOR INFORMATION

6.1. CSC-C 22-2020

106 - 119

COVID-19 Response and Business Continuity in Corporate Services

7. OTHER BUSINESS

8. CLOSED SESSION

8.1. Confidential CSD 60-2020

A Matter of Advice that is Subject to Solicitor Client Privilege and Respecting Litigation – Summary of Civil Lawsuits Commenced Against The Regional Municipality of Niagara (Niagara Region), Niagara Regional Police Service (NRPS) and Niagara Regional Housing (NRH)

8.2. Confidential CSD 71-2020

A Matter Respecting a Proposed Acquisition of Land by the Municipality – Gateway Initiative Project

9. BUSINESS ARISING FROM CLOSED SESSION ITEMS

9.1. Confidential CSD 60-2020

A Matter of Advice that is Subject to Solicitor Client Privilege and Respecting Litigation – Summary of Civil Lawsuits Commenced Against The Regional Municipality of Niagara (Niagara Region), Niagara Regional Police Service (NRPS) and Niagara Regional Housing (NRH)

9.2. Confidential CSD 71-2020

A Matter Respecting a Proposed Acquisition of Land by the Municipality – Gateway Initiative Project

10. NEXT MEETING

The next meeting will be held on Wednesday, December 9, 2020, at 9:30 a.m. in the Council Chamber, Regional Headquarters.

11. ADJOURNMENT

If you require any accommodations for a disability in order to attend or participate in meetings or events, please contact the Accessibility Advisor at 905-980-6000 ext. 3252 (office), 289-929-8376 (cellphone) or accessibility@niagararegion.ca (email).

Corporate Service Committee

Date: November 9, 2020

Presented by: Carol Nagy, Executive Director, Hospice Niagara



The Project:

In Niagara, the pressure to fund new hospice beds builds has never been more real – and provided such an opportunity.

The redevelopment of two not-for-profit Long-term Care Homes (LTC) in Niagara presents a unique opportunity to co-locate and integrate hospice residences alongside homes making this important care a more sustainable option.

Project will:

- Provide 20 new hospice residence beds in Niagara
- Bring 50-60 new health care jobs, many being professionals to Niagara
- \$14M of capital investment in Niagara's health care system
- Translate into \$500,000 annual local spending to each community
- Help more than 10,000 people across the region each year

The Problem:

Providing equitable, safe access to health services for everyone in Niagara is a compelling social obligation that includes developing accessible hospice palliative care programs across the Region.

Dying is not just a medical event. It is a physical, social, spiritual, psychological life event affecting the patient and their family members.



HOSPICE PALLIATIVE CARE PLAYS AN IMPORTANT ROLE IN ENDING HALLWAY MEDICINE.

In Niagara, health care pressure will continue to mount:

- Niagara has a high percentage of seniors living with chronic illness. Predicted 72% increase in chronic condition prevalence rates by 2036.
- 4th largest average of hallway bed conditions in Ontario
- 2nd highest hospital cost in 1997: Acute Palliative Care at \$118M
- Niagara's hospice bed count - 3 beds/100,000 vs. Auditor General recommended 7-10 beds/ per 100,000
- Four designated end-of-life beds in Fort Erie are closing in 2026
- Future of South Niagara hospitals and service transitions uncertain
- No increase planned for other hospital end-of-life units
- Niagara has a high percentage of seniors living with chronic illness.

The Time to Act is Now


The Solution:

- Increase community hospice care capacity with the addition of 20 hospice beds to improve access to exceptional, compassionate care
 - 3 Hospice Palliative Care Centers of Excellence
 - North Niagara into Central and South Niagara
- Increase in-home and caregiver services across Region
- Investment of \$14M in capital construction – co-located and coordinated with 2 new LTCH builds
- Successful community fundraising campaign – endorsed by HN Board and launched in 2020
- Opening of 20, much needed, new hospice beds in Niagara by 2023

Hospice Care

Planning for increased hospice beds will ensure that:

- Care is closer to more communities across the Region
- 900+ people will receive hospice care each year
- Including this much needed support for their family members during the last weeks of their loved-one's life



Current State

Up to 250 people
die in hospice /yr
\$1.3M saving
on hospital acute care

Hospice at Home

Current State



Up to 1,800 people receive
in home palliative care /yr

73% of these people die
at home

\$7.2M savings in hospital
acute care /yr

Planning for increased home hospice care will help
an additional

- 2,400 people receive care at home
- while their caregiver's receive additional support
as they provide care to their loved-one
- 500 more bereavement group opportunities will
be available for all ages

Hospice Palliative Care



Community-based hospice palliative care happens in people's homes and in hospice residences at a fraction of the cost of hospitals.

HOSPITAL END-OF-LIFE CARE = \$1,100 PER DAY

Hospice Residences



Hospice residences are for people who need more care than home can provide but do not require the high cost of hospital care, and for those who choose to die at hospice.

HOSPICE CARE = \$465/DAY HOSPICE CARE

Hospice at Home



Hospice at Home is coordinated care by a team of trained staff and volunteers who provide practical help and support the success of home care for people living and dying with chronic illnesses.

HOSPICE AT HOME = \$100/DAY

Hospice Niagara Client and Caregiver Feedback

- 98%** Ranked the care of their loved-one as excellent
- 94%** Felt overall, all physical pain was addressed
- 100%** Felt they received respect and dignity
- 100%** Felt they were included in care planning and decisions
- 100%** Feel volunteers and staff met their needs

- ✓ By partnering with LTC, we will be able to provide more hospice care, for people in both English and French
- ✓ Integration with LTC and with other health partner(s) provides a model for future builds in smaller communities.
- ✓ Hospice expansion will maintain existing hospital end-of-life services at risk of closing and help manage increasing need for this care in Niagara
- ✓ Integration opportunities allow for sustainable growth
- ✓ The Ministry of Health has endorsed this plan moving forward by committing operational funding commitment. They have yet to endorse the \$4M provincial hospice capital grant policy.

HOSPICE'S
proven record in
PARTNERSHIPS and
exceptional care will
provide vital health care
COST SAVINGS



Increasing capacity in hospice palliative care throughout our region moves Niagara toward a truly modern, connected health care system that nurtures close partnerships between Long-term Care, community, hospitals, home and hospice, and ensures that every person receives the high quality of care they expect and deserve.

In Conclusion:

We all experience dying, death and bereavement. It touches each and every person multiple times. Supporting people to live well until last breath is a measure of our humanity and our society.



Together, we are in a unique position to develop a new economical expansion model for Hospice Palliative Care in Ontario that better addresses the needs within our community.

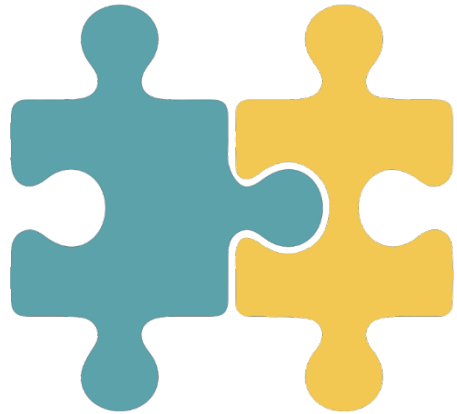
This forward-thinking solution that maintains globally recognized palliative standards of care, while leveraging strategic growth opportunities to create positive social impacts, will significantly reduce hospital costs and contribute to ending hallway medicine.

Hospice Palliative Care is the most cost effective way to ease health care costs in our congested hospitals. Helping families stay well through bereavement is compassionate and keeps our society functioning well.



The Ministry of Health has endorsed this plan moving forward by committing operational funding commitment
They have yet to endorse the \$4M provincial hospice capital grant policy

Request:



Regional Council consider a capital contribution to Hospice Niagara up to \$4M in the 2021 Budget process to help leverage provincial funding in support of 20 new hospice beds to better serve residents across Niagara.

From: [PF-Mailbox-01](#)
To: [Norio, Ann-Marie](#); [Trennum, Matthew](#)
Subject: FW: Online Form - Request to Speak at a Standing Committee
Date: Tuesday, October 20, 2020 7:03:38 PM
Attachments: [Expansion Brief Regional Council.pdf](#)

From: Niagara Region Website
Sent: Tuesday, 20 October 2020 19:03:29 (UTC-05:00) Eastern Time (US & Canada)
To: Clerks
Subject: Online Form - Request to Speak at a Standing Committee

Request to Speak at a Standing Committee

To reply, copy the email address from below and put into 'To'. (if resident entered their email address)

Name

Carol Nagy

Address

403 Ontario Street, Unit 2

City

St. Catharines

Postal

L2N 1L5

Phone

905 984 8766 Ext. 225

Email

cnagy@hospiceniagara.ca

Organization

Hospice Niagara

standing committee

Regional Council

Presentation Topic

Hospice Niagara Expansion Brief to Regional Council

Presentation includes slides

No

Previously presented topic

No

Presentation Details

Region is being asked, on a one-time basis, to contribute \$4,000,000, (to be distributed over a number of specified years), toward this expansion that would bring 20 additional hospice beds and expanded community palliative care services throughout the Niagara Region.

Video Consent

Yes

Support_File_1

Expansion Brief Regional Council.pdf





Briefing Note: Hospice Palliative Care Expansion in Niagara Region

Hospice Niagara is currently in the planning phase with the Ministry of Health for expansion of hospice care, with 20 new hospice residence beds and community programming, to be located in Fort Erie and Welland. Both new hospices will expand service availability to Niagara residents and provide the same level of exceptional end-of-life care that Hospice Niagara delivers at the St. Catharines (Linhaven) site, along with expanding bereavement care, wellness programs and volunteer support opportunities across the region. This expansion will provide Niagara with three Centres of Excellence in Hospice Palliative Care, providing care, services and specialized health care education throughout the Region.

Hospice Niagara Statistics

- Requests for Hospice Niagara programs and services increase 45% annually. Last year over 23,000 people were served cumulatively across all of our programs and services.
- Currently only one quarter of requests for a hospice bed can be accommodated.
- Last year, close to 50,000 service interactions, provided by staff and volunteers, helped people and families across Niagara. These services supported people to stay well at home through participation in our community and/or in-home programs. In any given year approximately:
 - 719 people living in Long-term Care had consultation to support improved pain and symptom management
 - 301 people were cared for in hospice at end of life
 - 18,139 people visited someone in hospice
 - 4,934 people participated in bereavement groups and individual sessions
 - 4,508 Professionals participated in 648 pain and symptom management consultations
 - 495 professionals participated 75 Palliative Care courses
 - 182 public awareness events were held to spread education and the Hospice - Live Well message

Why it's important for Niagara Region to Invest Now in Hospice Palliative Care

This expansion is timely for Niagara Region. Our local hospitals and health care system are addressing current and future investments to ensure we have capacity to focus on acute care (Niagara Health) and rehabilitation services (Hotel Dieu Shaver Hospital). As the new South Niagara hospital (Niagara Falls site) develops, Hospice Niagara's expansion will provide the necessary hospice beds to provide end-of-life care that South Niagara residents will rely on. This is vital given that these communities have the higher proportion of the region's aging population (in all age categories over 65 years old), with complex health issues (i.e. underserved communities). Going forward, Hotel Dieu Shaver Hospital will specialize in rehabilitation, with no Ministry approval to expand end-of-life care. This decision will result in a shortage of 17 regional end-of-life beds for hospital-hospital transfers over the next five years. Hospice Niagara's much-needed expansion will help to address the shortage that will impact hundreds of Niagara residents, from every part of the region where the current demand outpaces the current 10 -beds in St. Catharines.

Hospice Niagara's expansion will provide certainty and security of hospice resources that provide expert care, exactly when it is needed and preferred for people and families in this region. With uncertainty of how existing

palliative care services and beds will be impacted by health system and facility transformations (from Port Colborne, Welland and Fort Erie to the South Niagara site), our expansion plans become even more essential for providing palliative and end of life care.

As stated above, requests for hospice care have outpaced the St. Catharines site capacity. Currently, the hospice residence bed count in Niagara is three beds per 100,000 residents. The Auditor General has recommended 7-10 beds per 100,000. Hospice Niagara's expansion will bring Niagara into the necessary range of beds to serve our community needs and provide geographically distributed hospice options to serve over 60% of clients/families who live outside of St. Catharines and Niagara-on-the-Lake. Capacity has also been maximized at the McNally House Hospice (6-bed facility) in Grimsby, serving communities in West Niagara and West Lincoln Hospital.

The Ministry of Health agrees that the first step to addressing the issue of hallway medicine is to build effective community solutions, rather than locate more beds within hospitals. As such, the ministry has approved operational funding for 20 additional Hospice Residence beds; 10 in Fort Erie and 10 in Welland. Hospice Niagara's expansion will improve hospice capacity, and equally exciting, it is being viewed as *Proof of Concept* for future hospice builds that integrate not-for-profit health care partners to better manage both build and infrastructure costs.

Hospice Niagara continues its discussions with the Ministry of Health, advocating for the capital grant portion eligible to approved hospice builds, representing \$200,000/bed. The leveraging of a potential Regional/Municipal contribution to this project would significantly support advocacy efforts by demonstrating local support and importance of community investment in this project.

Business Case

Affordable Care

Hospice care is delivered at a fraction of the cost of hospital care. The average cost of a hospice bed is \$465 per day. This compares to a hospital bed costs over \$1,100 per day. Diverting people from hospital to hospice care saves our health care system millions of dollars each year and frees beds for acute care needs. In fact, expanding access to quality palliative care across Ontario will have a projected savings of approximately \$247 million - \$2.1 billion by 2036. Locally, we estimate that providing hospice care to 250 people (the capacity of one 10-bed hospice) saves \$1.3 million in hospital acute care costs, and supporting 1,800 at home death saves \$7.2 million. While dying in hospital may be some people's preference, or due to necessity, hospices provide people and their families with specialized individual care, input into all care decisions and maintains dignity at end-of-life.

Sustainable Growth

Hospice Niagara plans to manage increased operating costs of these two new facilities by potentially integrating and/or contracting most of its infrastructure and back-end operating costs through its Long-term care partners. In this way, the organization is ensuring that the services it provides today are financially sustainable and will be available to future generations.

Integration planning between Hospice Niagara and Long-term Care operators will provide:

- Opportunity for shared use amenities and services (where possible);
- Potential for shared services (laundry, housekeeping, grounds keeping, parking, utilities, building

- maintenance, etc.);
- Opportunity for back-end integration of administrative functions, such as Information Technology (IT), maintenance, payroll, communications, etc.

Growing Healthcare Resources and Local Economies

The two new Centres of Excellence will:

- Offer hospice, community and/or in-home services to over 70,000 more people
- Provide close to 700 volunteer opportunities
- New job opportunities for 55-60 specially trained health care and other professionals
- Infuse over \$3.3 million into the economy in staff salaries, that are above living wage and an additional \$560,000 annually in building/operational maintenance/upkeep for local suppliers and contractors

Capital Campaign Contributions

Hospice Niagara's capital campaign launched late September 2020, with a target of raising \$14M toward the capital building costs of both sites. Local support is essential to bring this to reality and early support continues to grow.

We are also actively advocating with the Ministry of Health to provide the total \$4M hospice capital grant toward this expansion project. A Regional matching contribution of up to \$4M, paid over a number of years, would help in our advocacy efforts. This, along with broad-based municipal commitments will send a very strong message to the province and our community that hospice palliative care is a basic healthcare necessity.

Early financial commitments and approvals would allow Hospice Niagara to open both sites as early as 2023.

Hospice Niagara's Background

Hospice Niagara began as a vision of three forward-thinking nurses from the Niagara region, who recognized the growing need to specialized end-of-life care for individuals diagnosed with a terminal illness and their families. They also recognized the need to close the gap in the service delivery system when curative treatment was no longer recommended or desired at end-of-life.

In 1993, Hospice Niagara became incorporated as a non-profit, charitable organization. A Board of Directors was established. The Board's primary vision of developing a community outreach program was established. The Visiting Volunteer and Bereavement Programs were put in place, enabling Hospice Niagara to provide compassionate, supportive care in clients' homes and hospital.

In 2007, Niagara's first 10-bed hospice residence opened near the site of Linhaven Long-term Care Home in St. Catharines. This provided an opportunity to shift the care paradigm; offering expert whole-person care at the end of life in a hospice residence, instead of hospital, while growing the in-home and community programs and services.

Today – Hospice Niagara Centre of Excellence offers diverse programs and services

Hospice Niagara's staff and volunteers help people and their families to live well, from diagnosis, through to end of life, and in bereavement. All programs and services are free of cost to our clients and they support people in their homes, in the community and in the hospice residence. Hospice Niagara provides its service primarily through fundraising and the generosity of our community, with only a portion of operational funding from the province.

In-Home Hospice Care: Working with primary care providers, medical, emotional and social supports help

people live well for as long as possible in their own home. As well, specially trained volunteers provide instrumental non-medical support.

Community Hospice Residence Care: Located in St. Catharines, this hospice residence provided a 10-bed home-like setting where compassion care and dignity is provided 24/7 for people at end of life and their families.

Day Hospice: This program provides a day away for caring companionship for people living at home with a terminal illness, while their caregivers have a day of respite. Currently it is provided in St. Catharines and Welland.

Bereavement Support: Provides children, teenagers and adults the opportunity to explore feelings of grief and loss at their own pace, in a safe and supportive space. Participation is not dependent on their loved one having been a Hospice Niagara client.

Education and Consultation: In association with the provincial Palliative Pain and Symptom Management Consultation Program, we educate and provide consultation to health care service providers in delivering best and leading practices in palliative care for their patients across Niagara

Improved Care

Niagara's much needed Hospice expansion is important for our region. The expansion model creates a template for other communities in Niagara to plan alongside Hospice Niagara for other future hospice resource expansions.

Most importantly, expansion means:

- Increased access to hospice wellness programs, caregiver and bereavement support;
- Influx of palliative care professionals working throughout the region;
- Two new Centre of Excellence in Hospice Palliative Care with hospice and in-home services, expert volunteer support and educational resources reaching across the region;
- The expansion of francophone programs and services;
- Onsite expert consultations to help people living in Long-term Care homes avoid hospital admissions due to pain crisis and complex end-of-life care and;
- Better planning, transitions and improved quality of life for patients and families, who will have increased access to vital hospice and community palliative care services.

These projects are community and provincial investments that will maintain Hospice Niagara's proven record in providing exceptional care according to best practice standards, while ensuring sustainable expansion through partnerships and integration.



Partnership Funding Request to Support a New West Lincoln Memorial Hospital



Ontario



West Lincoln
Memorial Hospital
Foundation

Niagara



Region



TOWN OF
GRIMSBY



Town of
Lincoln

West Lincoln
Your Future Naturally

Partnering Together - Funding a Significant Regional Asset



New Hospital Overview



How WLMH Helps the Niagara Region



CT Scans and other diagnostics: Wait times reduced

20,000 patients in emergency: Alleviate system & Reduce off-load times

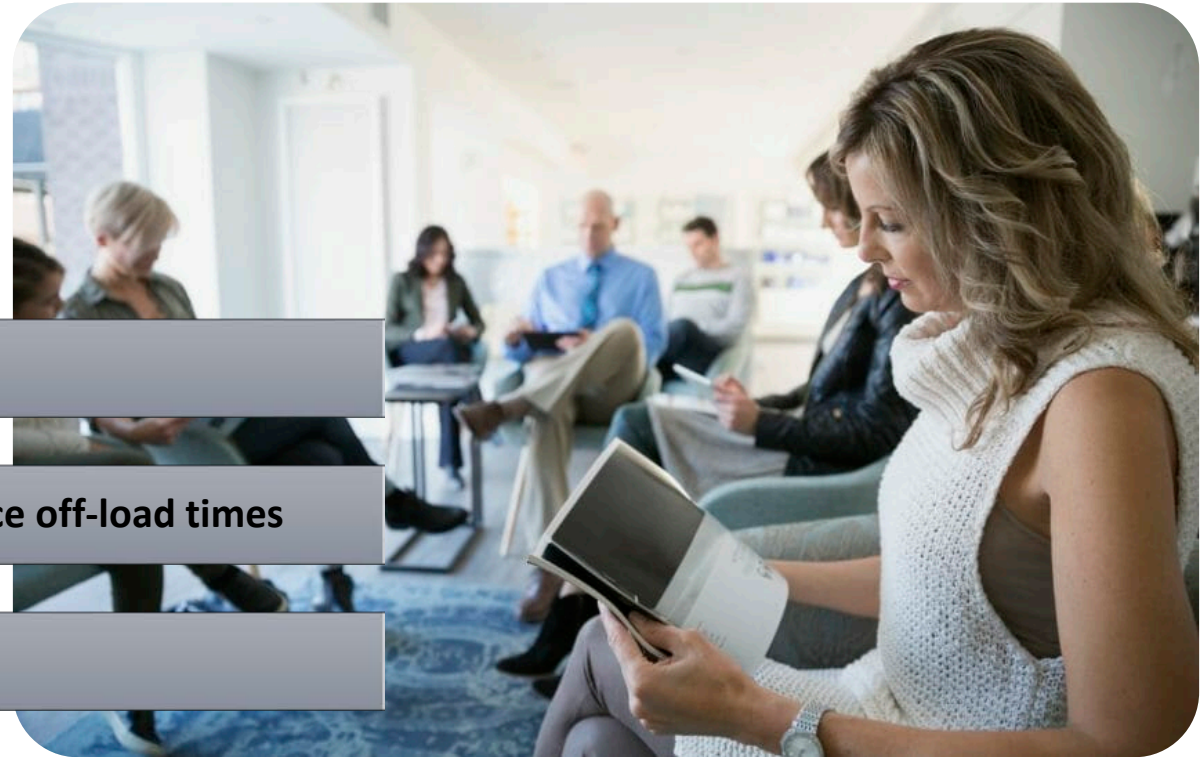
6,500 surgeries: Reduced wait times

Treatments & procedures: More care and less wait time

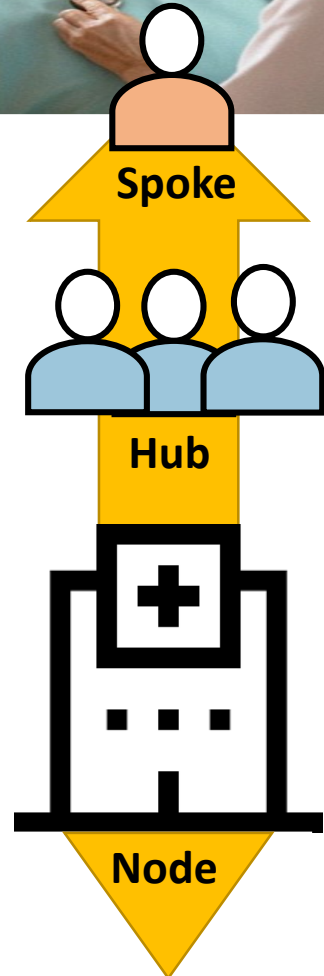
Mental health treatments: Supports overall healthcare

Palliative care: Increase needs close to home & physicians training

Geriatric clinic: Reduction in emergency visits



Regional Reliance on Healthcare



Regular family doctor visit

Mammogram completed at WLMH

Biopsy performed at WLMH

Oncologist at Niagara Health recommends surgery -
mastectomy

Surgery is performed at Juravinski Cancer Centre and initial
recovery care

Jane returns to WLMH for care close to home. Recovery is
followed by family doctor and specialists

Chemotherapy treatment is recommended and held at Niagara
Health

Follow up care is provided through clinical services at WLMH



“

Niagara Health is supportive of WLMH's new build and its mission to provide the best care for Niagara residents and its role in supporting healthcare providers across the Region.”

Dr. Thomas Stewart, CEO, Niagara Health and Lynn Guerriero, President, Niagara Health

“The rebuilding of WLMH stands as a tangible example of the government of Ontario's investment in a vision of integrated, high quality, healthcare available close to home....WLMH is a critical gateway for Niagara residents requiring specialized medical care offered at tertiary hospitals.”

Partnering Together...to fund WLMH



Located in Niagara



Serves Niagara residents –
bringing care close to home



Supports the hospitals and
healthcare needs of Niagara



Invest:
\$14,000,000

THANK YOU!

QUESTIONS?

Subject: Amendment to By-Law 2019-79 Budget Planning

Report to: Corporate Services Committee

Report date: Monday, November 9, 2020

Recommendations

1. That By-law 2019-79 Budget Planning By-law **BE AMENDED** to include section 1.7. “Establish social determinants of health as a consideration in program and budget decisions”; and
2. That the necessary by-law **BE PREPARED** and **PRESENTED** to Council for consideration.

Key Facts

- The purpose of this report is to address Council’s motion to include health equity impacts as a factor and principle in program and budget decisions.
- Item 11.1 in the minutes of Council meeting CL 9-2020 held June 25th, 2020 a motion was made to consider social determinants of health in future program and budget decisions and requests.
- The Budget Planning By-law was approved by Regional Council October 17th, 2019 with the purpose of formalizing best practices and principles used in the preparation of annual budgets and the proposed amendments are included in Appendix 1.

Financial Considerations

There are no financial impacts on 2020. Future financial impacts will be considered as part of the annual budget. The annual budget provides the financial resources for services offered by the Niagara Region for the upcoming year. Regional councillors review the draft budget as presented by staff including business cases for new programs and services and approve in-year budget amendments and adjustments. Any impacts on services to address health equity could affect the budget, potentially impacting the net levy and requisitions of future budget years.

Analysis

Staff has been implementing the strategic priorities included in the Council Strategic Implementation plan. One such priority is Healthy and Vibrant Community, focusing on fostering high quality of life through inclusive and affordable human services. By-law 2019-79 was approved to formalize best practices and principles for the preparation of the annual budgets. On June 25th at Council, councillors discussed health equity, as a result the following motion was approved:

That Niagara Region **COMMIT** to considering social determinants of health, including income, education, employment, early childhood development, food insecurity, housing, social exclusion and social safety network, health services, aboriginal status, gender, race, and disability, in all future program and budget decisions including revising the Region Budget By-Law Principles to include healthy communities;

This coincides with the Health Equity Informed Planning project that has been started by the Public Health department. Health Equity-Informed Planning will incorporate the use of Health Impact Assessments (HIAs) into program and project planning processes across the corporation to support Niagara to become one of the top 25 healthiest communities in Canada. The work of this project will result in changes to decision-making processes and support the implementation of other programs and projects across the corporation to enhance health and reduce health disparities between groups of people. By including social determinants of health as an objective in the by-law, the Health Impact Assessments can be considered in budget decisions.

In alignment with Council's motion, an update was made to PRINCIPLES, GOALS, AND OBJECTIVES to add section 1.7. "Establish social determinants of health as a consideration in program and budget decisions."

Alternatives Reviewed

Not Applicable.

Relationship to Council Strategic Priorities

The update to the by-law included in the recommendation will progress the Healthy and Vibrant Community priority.

Other Pertinent Reports

CSD 65-2019 Budget Planning By-law

Prepared by:

Margaret Murphy, CPA, CMA
Associate Director Budget Planning and
Strategy
Corporate Services

Recommended by:

Todd Harrison, CPA, CMA
Commissioner Corporate Services,
Treasurer
Corporate Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Tyler Potts, Senior Budget Analyst, and Cassandra Ogunniyi, Program Manager Diversity Equity and Inclusion, and reviewed by Helen Chamberlain, Director Financial Management and Planning.

Appendices

Appendix 1 Amended Budget Planning By-Law

THE REGIONAL MUNICIPALITY OF NIAGARA

BY-LAW NO. <>

A BY-LAW TO AMEND BY-LAW 2019-79 BEING A BY-LAW
TO DEFINE BUDGET PLANNING REQUIREMENTS FOR
THE REGIONAL MUNICIPALITY OF NIAGARA

WHEREAS Section 224(d) of the Municipal Act, 2001, S.O. 2001, c. 25, as amended, states that it is the role of council to ensure that administrative policies, practices and procedures and controllership policies, practices and procedures are in place to implement the decisions of council;

WHEREAS Section 289(1) of the Municipal Act, 2001, S.O. 2001, c. 25, as amended, requires that for each year, The Regional Municipality of Niagara, in the year or the immediately preceding year, prepare and adopt a Budget including estimates of all sums required during the year;

WHEREAS By-law 2019-79 being a by-law to define budget planning requirements for The Regional Municipality of Niagara was passed on October 17, 2019, to set out policies with respect to the development of the Budgets; and

WHEREAS the Council of The Regional Municipality of Niagara wishes to amend By-law 2019-79 to include the consideration of social determinants of health in program and budget decisions.

NOW THEREFORE the Council of The Regional Municipality of Niagara enacts as follows:

1. That the following wording be added to By-law 2019-79 in Section 1 - Purposes, Goals and Objectives:
 - 1.7 Establish social determinants of health as a consideration in program and budget decisions.
2. That the following wording be added to By-law 2019-79 in Section 2 – Definitions:

“Social Determinants of Health” means the economic, social and environmental conditions that influence individual and group differences in health status, including income, education, employment, early childhood development, food insecurity, housing, social exclusion and social safety network, health services, aboriginal status, gender, sexuality, race, and disability.

2. That this by-law shall come into force and effect on the day upon which it is passed.

THE REGIONAL MUNICIPALITY OF NIAGARA

James Bradley, Regional Chair

Ann-Marie Norio, Regional Clerk

Passed: <date>

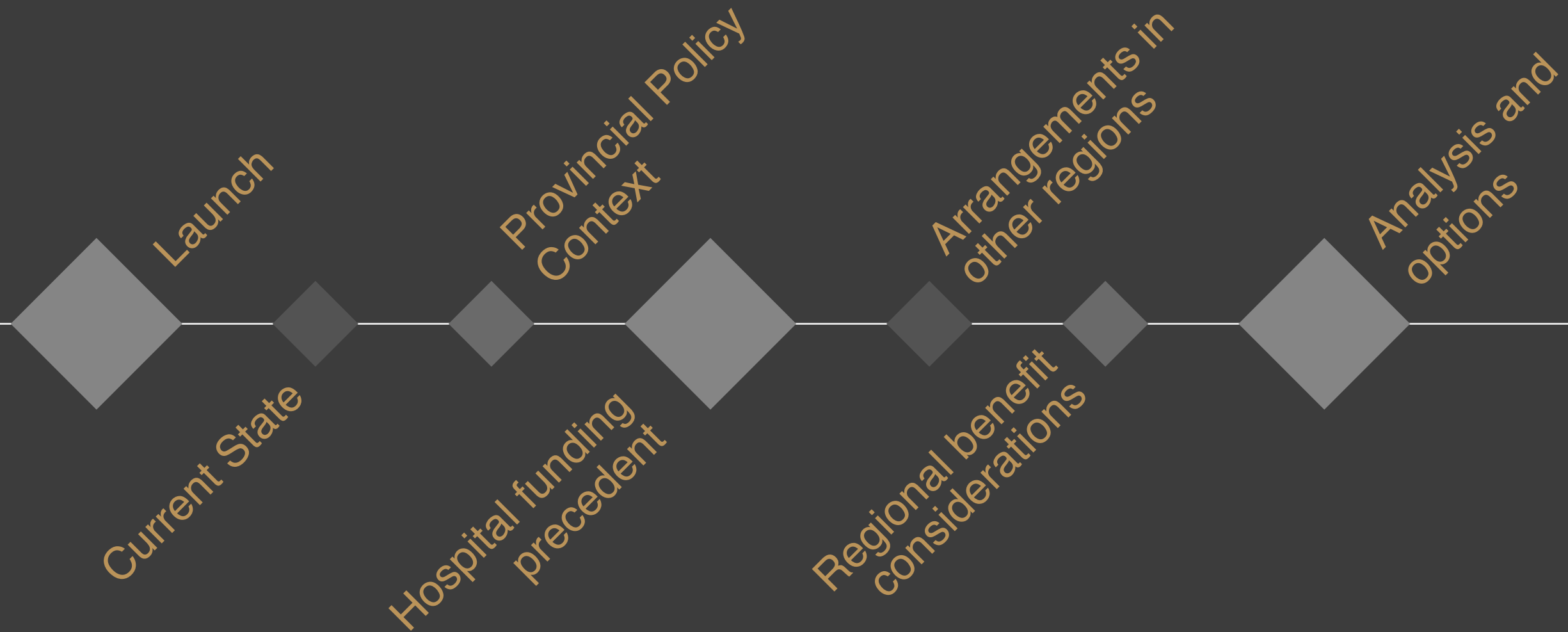
Niagara Region Hospital Funding Report

November 9, 2020



Corporate Services
Committee
Resolution
CSC-C 17-2020
(September 9)

1. Policy and set of principles consistent with previous funding commitments
2. Include potential combination of formulaic, fairness and governance approaches for regional contributions
3. Present for review at the November Corporate Services Committee meeting



Methodology

The above process was used to develop analysis and options for consideration by Niagara Region.

Proposed Guiding Principles

1. Fairness and equity across the twelve local municipalities in Niagara
2. Financial certainty and predictability for annual and long-term capital and operating budgets at Niagara Region
3. Demonstrated benefit for all Niagara residents
4. Alignment with Regional goals and priorities
5. Regional contribution as part of a community-wide effort

6 OPTIONS

For Consideration by Niagara Region

Option #1

Proportionate Share Model

- Consistent with the financial contribution from Niagara Region for the Niagara Health System (NHS) in 2007
- Funding would be a percentage of the total local share
- Past precedent suggests a range between 18 and 21 per cent

Option #2

Durham Model

- Based on Durham Region's Community Fund Investment Policy (2019)
- Consideration for funding requests that do not exceed 25 per cent of local share or 7.5 per cent of total project costs
- Project must have provincial approval and a minimum 70 per cent provincial funding commitment
- Specific policy parameters and clear expectations for applicants
- Annual allocations to a special contributions reserve of 0.4 to 0.6 of the annual levy

Option #3

Hospital MOU Model

- Based on the 2009 Memorandum of Understanding (MOU) between York Region and York hospitals
- Direct negotiation with hospital systems on total regional allocation (indexed annually) and distribution among hospitals
- Funding contributions tied to targets for Paramedic Services off-load delays

Option #4

Regional Benefit Model

- Two categories of regional benefit: broad economic and social benefits; and specific healthcare services and facilities
- Regional contributions scaled based on the benefits demonstrated by the requestor
- Example based on past funding allocation: up to 10 per cent of local share allocated for each of the two categories

Option #5

Limited Regional Participation Model

- Regional contributions limited to infrastructure and servicing costs
- No direct participation in funding the local share
- Note: this option is inconsistent with past funding precedent and relies on strong local fundraising capacity

Option #6

Hybrid Model

Combines features from previous options, including:

- Total available Regional funding contributions consistent with past precedent (between 18 and 21 per cent of local share)
- Regional contributions scaled according to evidence of regional benefit
- Policy sets allocations for hospital projects as part of the annual budgeting process
- Clear parameters for funding requests and clear expectations for requestors*



Thank You

Erin O'Hoski, Principal

erin@boulevardstrategy.com

www.boulevardstrategy.com

[linkedin.com/in/eohoski](https://www.linkedin.com/in/eohoski)

Subject: Proposed Funding Policy for Hospital Development in the Niagara Region

Report to: Corporate Services Committee

Report date: Monday, November 9, 2020

Recommendations

1. That staff **BE DIRECTED** to develop a formal policy based on the hybrid option in Boulevard Strategy Group's "The Niagara Region Hospital Funding Report".

Key Facts

- This report has two objectives. Firstly, the West Lincoln Memorial Hospital (WLMH) Foundation Board has requested that the Region of Niagara contribute to the redevelopment of the hospital. The second objective is to respond to committees' request that staff develop a policy framework to guide the council's decision making.
- Hospitals in Ontario are the responsibility of the Province of Ontario. Construction of new sites require local contributions of 10% for construction costs and full cost of new medical equipment.
- Local contributions include contributions from municipalities and community fundraising led by the hospital foundation.
- The Region of Niagara contributed \$21M to Niagara Health System (NHS) – New Healthcare Complex – St. Catharines site. The WLMH request is the first request of this nature since that investment.
- The Region of Niagara did not have a formal funding policy in place when the decision to fund the St. Catharines Hospital site was made.
- The Province of Ontario has indicated that other hospital investments are planned for Niagara, specifically the new build at the South Niagara site scheduled for construction by 2022.
- To assist the Region in developing a policy framework, staff engaged Boulevard Strategy Group, to develop a hospital funding policy based on evidential research of municipal practices in Ontario for the last decade.
- The consultant's report "The Niagara Region Hospital Funding Report" provides the foundational work required to develop a policy. This work has developed guiding principles, developed and evaluated options and has provided an outline of the processes required to action a policy.

- Staff are recommending that the consultant's recommendations be used to finalize the policy in time to evaluate the WLMH request for consideration in the 2021 Budget.
- Staff suggest, if Committee agrees, based on staff's initial review of the request, that a funding commitment in the range between \$5M - \$10.8M will be considered by BCOTW.

Financial Considerations

- WLMH Foundation have committed to raise \$60M towards the hospital development. This amount includes 10% of total construction cost of \$200M plus hospital equipment. This funding commitment is consistent with the NHS New Healthcare Complex in St. Catharines.
- The WLMH proposal includes \$26M in municipal contributions from the Town of Grimsby, the Town of Lincoln and the Town of West Lincoln as well as local fundraising led by the Foundation. The request of the Region's contribution falls into this category of funding. This model is consistent with the precedent set with the development in St. Catharines.
- While the WLMH Foundation has requested that the Region contribute \$14M towards the required \$60M, staff indicate that this is greater proportionally than the \$21M contributed for the NHS St. Catharines site. The Region's contribution to St. Catharines was 18% of the total local contribution. Staff recommend that an upset limit of \$10.8M be established, pending final adoption of a policy and evaluation of the request's submission.
- Regional staff are finalizing the 2021 Budgets and any commitment toward WLMH should be referred to that process.
- The proposed hospital funding policy should be considered in conjunction with the Budget Planning By-law to ensure that there is a permanent funding mechanism in place to fund future requests without impacting other Regional responsibilities.
- It should be noted that the only funding source available for this initiative is through the levy budget, as the use of regional development charges as a source is specifically disallowed in provincial legislation.

Analysis

As indicated in the key facts, this report addresses two objectives. At this juncture, staff will consider Council's request to develop a policy framework that will guide their decision making process for this request and future hospital funding requests. Staff

engaged Boulevard Strategy Group to develop the policy framework and their report is attached (see Appendix 1).

The report “Niagara Region Hospital Funding Report” provides a fulsome response to Council’s request. The motion of Regional Council is included in this report. The highlights of the report are as follows:

- A historical perspective of the practices of other two tier governments in respect to hospital funding in their communities.
- A historical account of the Niagara Region’s decision to contribute to the St. Catharines site.
- The development of guiding principles for the establishment of a Regional funding policy. These principles are:
 - Fairness and equity across the twelve local municipalities in Niagara;
 - Financial certainty and predictability for annual and long-term capital and operating budgets at Niagara Region;
 - Demonstrated benefit for all Niagara residents;
 - Alignment with Niagara Regional goals and priorities; and
 - Regional contribution as a component of a larger community-wide effort.
- Different funding options for council to consider. These are identified as:
 - Proportionate Share Model;
 - Durham Model;
 - Hospital MOU Model;
 - Regional Benefit Model;
 - Limited Regional Participation Model; and
 - Hybrid Model
- Lastly, the report provides a fulsome list of criteria that should be evaluated for each business case with each request.

The attached report provides a thorough explanation of these foundational components. In addition, the consultant has included an evaluation of the different funding options compared to the core policy principles. The hybrid model ranks highest. The rankings of each option have been summarized in Table 1 below.

Table 1: Assessment of Options against Proposed Guiding Principles

Guiding Principles	Options:					
	1	2	3	4	5	6
Fairness and equity across the twelve local municipalities	X			X		X
Financial certainty and predictability for Regional budgets		X	X		X	X
Demonstrated benefit for all Niagara residents		X	X	X		X
Alignment with Regional goals and priorities		X	X	X		X
Regional contribution part of a community-wide effort	X	X				X

The foundational work provide by Boulevard is the initial step in developing a policy. Staff agree with the assessment of options in Table 1 and recommend this option be used to formulate the final Council policy.

Once the policy framework is adopted by Committee, staff can finalize the specifics in the proposal. Specifically, the evaluation scoring metric needs to be finalized. This action item is critical to ensure that each application is evaluated consistently and aligns with Regional Council's priorities established in the principles above.

Analysis of WLMH Request:

The funding request by the WLMH is an urgent consideration for Council as the requesters need a commitment from Regional Council to comply with the Province of Ontario's timetable.

Table 2: Niagara Health System – New Healthcare Complex

Source of Contribution	\$ in M	% of Total Local Contributions
Niagara Region	\$21	18.0%
St. Catharines	\$31.2	26.7%
Thorold	\$4.3	3.7%
Niagara-on-the-Lake	\$3.5	3.0%
Total Contribution Municipal Levy	\$60.0	51.4%
Other Local Fundraising	\$56.9	48.6%
Total Local Contribution	\$116.9	100.0%

Table 2 provides a summary of the funding contributed to the NHS – St. Catharines site. As this shows, 51.4% or \$60M was contributed by municipalities through their tax levies, while 48.6% was contributed by other local fundraising led by NHS Foundation. St. Catharines property owners contributed the highest proportional share at 26.7%, while regional property owners contributed \$21M or 18%. Thorold and Niagara-on-the-Lake contributed lower amounts. This model is consistent with the concept that the direct benefit to local residents is made by the LAM's, with the Region contributing a portion reflective of its property tax base.

Since the NHS St. Catharines site established a funding precedent, in the absence of any policy support, this formula can be used to establish the maximum or upset limit of Regional contribution towards the WLMH request. Table 3 sets the Regional contribution at 18% and shows the other partners' contributions.

Table 3: WLMH – Based on Regional Maximum of 18% of Local Contribution

Source of Contribution	\$ in M	% of Total Local Contributions
Niagara Region	\$10.8	18.0%
Total LAM Contribution: Grimsby, Lincoln, West Lincoln	\$26	43.3%
Total Contribution Municipal Levy	\$36.8	61.3%
Other Local Fundraising	\$23.2	38.7%
Total Local Contribution	\$60.0	100.0%

It should be noted that the WLMH request to the Region is to contribute \$14M, however, using the precedent set with the St. Catharines site of 18%, the Region's contribution would be set at an upset limit of \$10.8M. Since the total contribution of all local partners is \$60M, the difference of \$3.2M would shift to the local fundraising led by the Foundation.

A comparison between projects of the funding contributions can now be provided, and are summarized in Table 4.

Table 4: Contribution Comparisons Between Projects

Contributor	NHS	WLMH
Region	18.0%	18.0%
LAM's	33.4%	43.3%
Other Fundraising	48.6%	38.7%
Total	100.0%	100.0%

Finally, the WLMH Foundation have submitted a business case to staff highlighting the benefits of the investment at this site. This information is provided in Appendix 2. As

indicated, the adoption of Boulevard's report and of the evaluation metrics will provide the framework that staff would need to evaluate the proposal and determine the funding amount. While the maximum Regional funding is established by the St. Catharines funding precedent, a lower amount could be possible depending on the evaluations.

For the purposes of this report, staff have identified that a minimum Regional contribution based on this submission is \$5M. As stated, a final evaluation and report will be provided to the BCOTW meeting related to the 2021 Levy Budget.

Alternatives Reviewed

1. Utilize one of the other funding options identified in the report in Appendix 1.

Relationship to Council Strategic Priorities

This report will assist Council in achieving its strategic priorities in each of these areas:

- Supporting Businesses and Economic Growth
- Healthy and Vibrant Community
- Responsible Growth and Infrastructure Planning
- Sustainable and Engaging Government

Other Pertinent Reports

Not applicable.

Prepared and Recommended by:

Todd Harrison, CPA, CMA
Commissioner/Treasurer
Corporate Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

Appendices

Appendix 1 Niagara Region Hospital Funding Report

Appendix 2 Niagara Region Corporate Services Committee Case for Support

Niagara Region Hospital Funding Research and Policy Report

October 2020



Contents

Introduction	3
Current State	4
Provincial Policy Context	6
Niagara Region Hospital Funding Precedent	8
Hospital Funding Arrangements in Two-Tier Municipal Structures	11
Regional Benefit Considerations	16
Analysis and Options	19
Conclusion	24
Appendix 1: September 2020 Corporate Services Committee Resolution	25
Appendix 2: May 2007 Council Resolution	27

Introduction

To ensure fairness and equity across Niagara's municipalities and provide financial certainty in municipal budgeting, Niagara Region requires policy direction to govern its future contributions to healthcare facilities.

Municipal governments in Ontario are generally expected to contribute to the construction of provincial healthcare facilities within their boundaries. Between capital construction costs and equipment needs, the local share for Ontario projects has typically been in the range of 30 per cent.

In two-tier municipal structures, there is no pre-established formula at a provincial level for dividing the local share of hospital contributions between local area municipalities and regional governments. While Niagara Region has set a precedent for contribution with the recently completed Niagara Health System (NHS) site in St. Catharines, there is no set policy to govern future regional contributions. Further consideration is required to accommodate current and future funding requests in a manner that is fair and equitable across Niagara's municipalities.

This report provides information, analysis and options to assist Niagara Region in developing a policy and funding approach for local hospitals that will clarify the Region's expectations surrounding hospital funding requests and provide certainty and predictability in the preparation of long-term regional budgets. It was prepared using information from publicly available documents and government websites.

Current State

In August 2020, Niagara Region received a \$14 million funding request for the redevelopment of West Lincoln Memorial Hospital in Grimsby.

Since 1997, the West Niagara municipalities of the Town of Lincoln, Town of Grimsby, and Township of West Lincoln, together with their communities, have been actively advocating for the redevelopment of West Lincoln Memorial Hospital. The current West Lincoln Memorial facility is over 80 years old and at the end of its lifecycle. Unless a new building is constructed, it is unlikely this hospital will continue to serve West Niagara.

On November 28, 2018, the provincial government announced its intention to rebuild the site and the provincial commitment was reaffirmed by the Premier in 2020. The estimated construction cost of the new facility is \$200 million.¹ At 30 percent, the local share of the project is estimated at \$60 million.

The new facility, to be located in Grimsby, will be 119,705 square feet and is expected to include 56 inpatient beds, eight nursery bassinets, and five labour birthing and recovery suites. It will offer acute inpatient services, emergency department, ambulatory services, complex continuing care, maternal and newborn services, and day surgical services and endoscopy.

On August 25, 2020, the Chief Administrative Officers from the Town of Lincoln, Town of Grimsby, and Township of West Lincoln submitted a joint memo to Niagara Region, officially requesting financial support from the Region to assist in funding the local share of the project. The municipalities of the Town of Lincoln, Town of Grimsby and Township of West Lincoln have collectively committed \$26 million to the \$60 million local requirement and fundraising through the West Lincoln Memorial foundation is expected to cover \$20 million of these costs. Niagara Region has been requested to commit to funding the balance of the local share at \$14 million. This figure represents 7 per cent of the total construction costs of \$200 million, 23 per cent of the local share of \$60 million, and 35 per cent of the tax levy supported contribution of \$40 million.

While financial contributions are not required until 2024, a firm commitment from Niagara Region is required by the province on or before November 15, 2020.

¹ \$200 million was the anticipated total project cost at the time of the funding request. In September 2020, the provincial government updated the funding envelope to allow for project costs of up to \$499 million.

With continuing growth in Niagara, it is expected that Niagara Region will continue to receive funding requests for provincial healthcare facilities. In the medium-term, momentum is building for a new South Niagara Hospital, the expansion at Hotel Dieu Shaver Health and Rehabilitation Centre in St. Catharines.

Regional Council has mandated a holistic examination of potential hospital funding options and directed staff to recommend a policy and set of principles that incorporate formulaic, fairness and governance considerations in Niagara Region's approach to healthcare facility contributions. This direction was passed by Niagara Region's Corporate Services Committee on September 9, 2020 (CSC-C 17-2020) and approved by Council on September 17, 2020. A copy of the resolution is included here in Appendix 1.

Provincial Policy Context

In Ontario, capital construction costs for hospital facilities are funded through a provincial share of 90 per cent and a local share² of 10 per cent. In addition to 10 per cent of capital construction costs, the local community is also routinely expected to contribute to furnishing and equipment costs. When these investments are considered together, the local contribution to hospital facilities has typically amounted to 30 per cent of total project costs.³

While municipalities are not explicitly required by the province to fund hospital projects, in Ontario it has come to be widely understood that municipalities will play a role in funding the local share of hospital costs and are usually approached by hospital foundations or local health systems for support. In many cases, hospital boards look to municipal governments to fund ongoing capital contributions.⁴

Municipal governments in Ontario have questioned the appropriateness of the property tax base as a financing tool for hospital construction, and whether this is a fair practice given that healthcare and hospital services are clearly an area of provincial jurisdiction. According to the Association of Municipalities of Ontario (AMO) 2019 policy paper, “Partners for a Healthy Ontario,” property taxes are not a sustainable source of funding for healthcare costs:

“Municipal governments often raise the issue of whether it is appropriate for them to pay for health services from the property tax base, especially since they have little say on how these dollars are spent. Already stretched, the property tax base barely covers core-mandated responsibilities within the current fiscal environment, let alone the provincial responsibility for health services. Municipal governments do their best to meet resident needs using only nine cents of every household tax dollar. Funding more health costs is not an option.”⁵

² The terms “local share” and “community share” are used interchangeably to refer to non-provincial contributions to hospital projects.

³ Gillespie, Leigh-Anne, PhD Candidate – Health Policy. Hospital Redevelopment Research Paper. McMaster University, 2017, p3.

⁴ A Compendium of Municipal Health Activities and Recommendations. Association of Municipalities of Ontario. January 18, 2019, p18. <https://www.amo.on.ca/AMO-PDFs/Reports/2019/AMO-Compendium-of-Municipal-Health-Activities-and.aspx>

⁵ Partners for a Healthy Ontario: A Check-up on the Municipal Role for Health. Association of Municipalities of Ontario. January 18, 2019, p8. <https://www.amo.on.ca/AMO-PDFs/Reports/2019/AMO-Partners-for-a-Healthy-Ontario-2019-01-18.aspx>

The AMO Board of Directors' position states that, with the exception of public health services, "healthcare is a provincial area of responsibility under the Canadian Constitution, costs should not be borne by the property tax base."⁶

Notwithstanding concerns from Ontario municipal governments regarding the need for local contributions to the capital costs of provincial healthcare facilities, this practice continues in Ontario. For many projects, there are fears that if municipal tax dollars are not allocated to support healthcare facilities, provincial priorities will be redirected.

There is much work to be done to reverse this trend in Ontario. While AMO's policy positions express concern regarding the need for municipal capital contributions, their recommendations to the current provincial government emphasize increased municipal engagement ("local say for local pay") rather than decreased expectations for municipal financial commitments.

While it is important for municipalities to continue to advance concerns regarding capital healthcare contributions from the property tax base, it is unlikely that this issue will be resolved in the near future. As such, it remains important for Niagara Region to develop a funding policy solution for short and medium term healthcare facilities planned in Niagara.

⁶ Ibid., p9.

Niagara Region Hospital Funding Precedent: Niagara Health System (NHS) St. Catharines Site

Past regional funding commitments to local hospital projects provide a useful reference in decisions regarding future contributions. For Niagara, the Niagara Health System (NHS) St. Catharines site provides a past precedent for Council's consideration.

In 2007, Niagara Regional Council approved a \$21 million funding commitment for a new NHS site in St. Catharines.⁷ The commitment was in response to a presentation from NHS as part of its "It's Our Time" fundraising campaign on May 3, 2007. At the time on the presentation, the local share of the project was estimated at \$100 million⁸ which included 10 per cent in construction costs, 100 per cent of equipment costs, 100 per cent of parking amenities and 100 per cent of retail space.

The NHS plan to fund the \$100 million local share included: \$25 million in fundraising, \$15 million in retail and revenue generating strategies, and \$60 million in tax levies and grants through the support of municipal governments.

The local area municipalities of the City of St. Catharines, City of Thorold and the Town of Niagara-on-the-Lake also made a levy-supported contribution to the local share of the project, with each municipality contributing as follows:

- City of St. Catharines: \$31.2 million
- City of Thorold: \$4.3 million
- Town of Niagara-on-the-Lake: \$3.5 million
- Niagara Region: \$21 million

At the time of the presentation, NHS communicated that Niagara Region's contribution to the project was intended to fund regional services that will benefit all Niagara residents, including: new cancer treatments and radiation; cardiac catheterization; tertiary mental health; level 3 intensive care and the existing chemotherapy; inpatient oncology; vascular and thoracic surgery; diabetes education and tertiary nephrology.

On May 24, 2007, Regional Council approved a motion committing \$21 million (net present value), subject to final project costs, be made by way of annual payments, commencing in 2008, and not to exceed 30 years, to support the components of the new complex that provide regional health services. The Region's contribution was

⁷ Council's May 2007 resolution approved a \$21 to \$25 million contribution. The final contribution from Niagara Region was \$21.3 million.

⁸ Upon project completion, the final local share has been reported at \$116.9 million.

subject to verification of costs, allocation of regional components, Ministry funding, and documentation to support the net regional cost components. The full resolution is included as Appendix 2.

Table 1 below provides a summary of how the local share was funded for the NHS St. Catharines Site.

Table 1: Funding for Local Share of NHS St. Catharines Site

Contributor	% of Tax Levy ⁹	% of Local Share ¹⁰
City of St. Catharines	52 per cent	31.2 per cent
City of Thorold	7 per cent	4.3 per cent
Town of Niagara-on-the-Lake	6 per cent	3.5 per cent
Niagara Region ¹¹	35 per cent	21 per cent ¹²
Fundraising	N/A	25 per cent
Retail/ Revenue Generation	N/A	15 per cent

The funding request for West Lincoln Memorial Hospital cites Regional funding for the NHS site in St. Catharines as a past precedent. Table 2 below compares key features of the NHS request and the request received from West Niagara municipalities in August 2020.

Table 2: Comparison of Features, NHS Request and WLMH Request

Features	NHS Precedent	WLMH Request
Year of Request	2007	2020
Requestor	Niagara Health System	West Niagara municipalities
Anticipated Total Project Cost	\$759 million ¹³	\$200 million ¹⁴
Anticipated Local Share	\$100 million	\$60 million
Amount Requested from Niagara Region	\$21 million ¹⁵	\$14 million

⁹ The total tax levy contribution for the project was \$60 million.

¹⁰ Assumes a local share of \$100 million.

¹¹ Assumes a Regional contribution of \$21 million.

¹² This percentage share is based on the anticipated local share of \$100 million. The final local share has been reported as \$116.9 million, resulting in an end contribution of 18 per cent.

¹³ \$759 million is the contract price listed by Infrastructure Ontario.

¹⁴ \$200 million was the anticipated total project cost at the time of the funding request. In September 2020 the provincial government updated the funding envelope to allow for project costs of up to \$499 million.

¹⁵ NHS's request also included a 20 per cent upper limit and, as a result, the approved funding contribution was in the range of \$21 to \$25 million.

Features	NHS Precedent	WLMH Request
Niagara Region portion of total project costs	2.7 per cent	7 per cent ¹⁶
Niagara Region portion of local share	21 per cent ¹⁷	23 per cent
Niagara Region portion of tax levy contribution	35 per cent	35 per cent
Nature of request for Niagara Region contribution	Health care services that are regional in nature	Stimulus funding during COVID-19 Social and economic benefits Health and wellbeing of Niagara residents Consistency with hospital funding past precedents

¹⁶ Should the contract price reach an upper limit of \$499 million, a \$14 million contribution from Niagara Region would equate to 2.8 per cent of total project costs.

¹⁷ This percentage share is based on the anticipated local share of \$100 million. The final local share has been reported as \$116.9 million, resulting in an end contribution of 18 per cent.

Hospital Funding Arrangements in Other Two-Tier Municipal Structures

Niagara is one of five two-tier regional government structures in Ontario. To further inform Niagara Regional Council's decisions regarding regional hospital contributions, the practices by each of the other four Ontario regional governments are described below.

DURHAM REGION

In 2019, the Council of the Regional Municipality of Durham approved a new Community Investment Grant policy that governs the allocation of regional government funding to hospital projects and post-secondary institutions. The new policy addressed a long standing "No Grants policy" from 1977 and provided flexibility to allocate regional funding to needed community infrastructure that supports Regional strategic goals.

Under the policy, applicants are required to submit a business case that:

- Demonstrates alignment with Regional strategic priorities
- Clearly defines desired project outcomes, including Region-wide benefits
- Analyzes alternative options capable of generating desired outcomes
- Includes sound technical, economic, financial, and cost-benefit assumptions
- Reviews available financing and long-term financial implications; and
- Assesses potential risks

In order to be eligible, requests must:

- Demonstrate Provincial project approval
- Commit at least 70 per cent Provincial funding of total project costs at the time of request (this relates to all capital projects, excluding capital equipment)
- Include donations raised from the community
- Adhere to a Regional contribution representing 25 per cent of the community component or a maximum of 7.5 per cent of the total project cost
- Recognize funds will only be provided for long-term capital assets; and
- Provide proof of project benefits to residents of the entire Region

To support potential requests under the policy, Durham Region includes a "Special Contributions" line item for hospital funding in Regional Business Plans and Budgets. Contributions represent approximately \$3.5 - \$4.5 million per year (or 0.4-0.6 per cent of the annual levy).

Recent Case Study: Bowmanville Hospital Expansion

In 2018, the provincial government announced the expansion of Bowmanville Hospital. The facility is located in the Municipality of Clarington in Durham Region. The redevelopment plan includes the construction of a new hospital wing, which will replace the existing north wing to better meet the growing healthcare needs of those living in East Durham. The new wing includes a new emergency department, new surgical services, critical care unit and inpatient units, and diagnostic imaging. The redevelopment and expansion of the Bowmanville hospital is expected to cost approximately \$100 million (2018). The provincial government confirmed its commitment to the project in 2019. Construction has not yet begun.

The Municipality of Clarington donated \$5 million to the project. To date, Durham Region has approved \$750,000 for the site.

YORK REGION

York Region has a long history of regional contributions to area hospital projects. Prior to 2009, the municipality contributed approximately \$113.4 million to hospitals for expansions and capital projects. In 2009, York Region formalized long-term funding arrangements through an MOU with York Region hospitals to govern the allocation of funding from the regional municipality for eligible hospital projects. Since the establishment of the MOU, annual capital contributions to the Region's Hospital Financing Reserve have been \$12 million.

Parties to the MOU include York Region, Markham Stouffville Hospital, Southlake Regional Hospital and Mackenzie Health. To help manage the costs of Paramedic Services, the Region tied contribution levels to progress on reducing processing time for emergency patients. The MOU provides that, in the event the 30 minute Paramedic Services off-load delay targets are not achieved, York Region may, at the discretion of Council, reduce hospital funding based on the additional operating costs incurred by Paramedic Services for the time above the targets.

When the MOU was signed in 2009, Regional Council approved annual contributions for capital funding until 2031. Recently, Regional Council determined it would maintain funding for existing hospital commitments only and discontinue additional funding through the MOU. The regional municipality exercised its right to terminate the MOU by providing one year's notice in 2019.

Recent Case Study: Cortellucci Vaughan Hospital

The Cortellucci Vaughan Hospital (formerly known as Mackenzie Vaughan), operated by Mackenzie Health, is a 12-million-square-foot, 11-floor hospital integrating digital technology systems intended to enhance patient care by delivering the right information to the right location at the right time. Between 80 and 90% of the rooms will be single-occupancy for acute-care patients, for infection prevention and control purposes. It will open with 350 beds, with room to expand to 550. It is being constructed using a Design-Build-Finance-Maintain (DBFM) procurement model with an estimate cost ranging between \$1.3 billion and \$1.6 billion. The facility is expected to open in 2021.

York Region's estimated contribution to the project is \$154.4 million (2020). The City of Vaughan is a key partner in the project through the initial purchase of an 82 acre parcel of land in the community (approximately \$80 million in 2009). In 2019, the City entered into an MOU with York University, Mackenzie Health and ventureLAB to maximize the use of surrounding lands.

The project includes an ambitious community fundraising target of \$250 million and secured large donations including \$40 million from the Cortellucci family and \$10 million from Magma International.

PEEL REGION

While the research did not uncover recent regional contributions to the capital hospital project by Peel Region, historical contributions are outlined in an October 2015 staff report. From the period 1996 to 2008, Peel Region collected funds from new development for hospital construction in the amount of \$91.2 million. These investments included: \$33.9 million for Credit Valley Hospital; \$16.7 million for Trillium-Mississauga; \$4 million for Peel Memorial Hospital; \$33.6 million to Brampton Civic Hospital; and \$3 million to Headwaters. Due to provincial changes to the *Development Charges Act*, Peel Region and municipalities across Ontario are no longer able to collect development charges for the purpose of funding local hospitals.

Recent Case Study: Peel Memorial Hospital Redevelopment

Peel Memorial Hospital, located in Brampton, Ontario, is undergoing redevelopment. Phase 1 of the redevelopment had a contract value of \$491 million¹⁸ and was completed in 2017. The new facility is open from 8:00 am to 9:00 pm daily and

¹⁸ Source: Infrastructure Ontario

provides outpatient care, surgeries that do not require overnight care, and high tech diagnostics.

The City of Brampton has committed \$60 million to the redevelopment of Peel Memorial, with \$40 million allocated to Phase 1 and \$20 million allocated to Phase 2. The research did not uncover any direct contributions from Peel Region for the local capital share of this project.¹⁹

HALTON REGION

In Halton, the local share for hospital projects is normally funded through local fundraising, foundations and local area municipalities. For new or expanded project sites, the Region may contribute in the form of in-kind and servicing costs.

Recent Case Study: Oakville Trafalgar Memorial Hospital

The Oakville Trafalgar Memorial Hospital is located in Oakville, Ontario and opened in 2015. The project cost was approximately \$2.7 billion²⁰ and was constructed through a Design-Build-Finance-Maintain procurement model.

At 1.6 million square feet, the new facility is three times the size of the hospital it replaced. The new complex includes:

- 457 inpatient beds
- A full range of health services, including maternal and childcare, critical care, emergency care, surgery, complex continuing care, rehabilitation, diagnostics, ambulatory care, and a variety of support services
- Inpatient and outpatient mental health services for adults, adolescents and children
- Enhanced patient privacy and infection-prevention measures, including 80 percent single-patient rooms
- Patient-centred enhancements such as oversized windows, patient-controlled lighting and temperature, room service food delivery, and patient rooms with a pull-out couch so a family member can stay overnight with a loved one
- Calm, quiet indoor and outdoor spaces

¹⁹ It should be noted that prior to the change in legislation for development charges, Peel Region was the primary contributor to the tax levy portion of the local share for hospitals. For example, Peel Region contributed \$33.6 million to Brampton Civic Hospital prior to 2009 and a contribution from local area municipalities was not required at that time.

²⁰ Source: Infrastructure Ontario

The Town of Oakville contributed \$130 million to the project, funded through debt debenture financing (\$90 million) and transfers from the local hydro reserve (\$40 million). While no direct contribution was provided specifically to the local share portion of hospital funding, Halton Region contributed \$23 million in water and wastewater servicing costs and \$71 million in new road construction.

Recent Case Study: Milton District Hospital Expansion

The Milton District Hospital is located in Milton, Ontario, and includes a recent expansion that opened in 2017. The project added 330,000 square feet of space to the existing 125,000-square-foot hospital, with services that include:

- Expansion of emergency, surgical services, medical/surgical inpatient units, critical care, maternal newborn and diagnostic imaging and support services
- Overall capacity increase from 63 to 129 inpatient beds
- 80 per cent single-patient rooms for improved infection prevention and control and to provide increased patient privacy and a quieter healing environment
- Addition of the hospital's first Magnetic Resonance Imaging (MRI) machine
- A Level 2A Special Care Nursery with capacity for eight bassinets in the Maternal Newborn Unit

According to Infrastructure Ontario, the contract price for the project was approximately \$512 million.²¹ The Town of Milton contribution was \$35 million. No direct funding contribution was identified from Halton Region.

²¹ Source: Infrastructure Ontario.

Regional Benefit Considerations

Regional benefit was a primary factor in Niagara Regional Council's past decisions to contribute to local hospital projects. Potential considerations for assessing regional benefit are described below.

POTENTIAL REGIONAL BENEFITS OF NEW HOSPITAL PROJECTS

It is anticipated the prospective benefits of a new hospital in Niagara could fall under two categories: broad economic and social benefits, and healthcare services and facilities that are regional in nature.

Broad economic and social benefits

It is generally understood that new hospital construction, expansion, and redevelopment anywhere in Niagara's boundaries would deliver broad economic and social benefits to Niagara as a region. For example, the 2020 funding request for West Lincoln Memorial speaks to benefits including economic activity, creating 200 construction jobs, sustaining 300 full time jobs and the ability to continue to attract talent and investment to the Region. The redevelopment also maintains community access to a local hospital and related healthcare services.

These kinds of broad economic and social benefits align with Regional Council's strategic priorities related to business and economic growth, and healthy and vibrant communities, and are part of delivering benefits to residents across Niagara.

Healthcare facilities and services that are regional in nature

Depending on the project, hospital redevelopments and expansions could include specific services and facilities that are intended to serve a regional population. For example, the 2007 funding request from NHS for the St. Catharines site requested a regional contribution that was commensurate with services that would be accessed by all Niagara residents including: new cancer treatments and radiation; cardiac catheterization; tertiary mental health; level 3 intensive care and the existing chemotherapy; inpatient oncology; vascular and thoracic surgery; diabetes education and tertiary nephrology.

The 2020 funding request for West Lincoln Memorial indicates that the current emergency department is regional in nature as 10 percent of visits are from Niagara residents outside the municipalities of Grimsby, Lincoln, and West Lincoln.

To ensure consistency across funding requests under consideration by Niagara Region, it is recommended that assessment of the regional health services provided in a hospital be described and quantified by the Health System delivering the service.

INVOLVEMENT OF LOCAL HEALTH SYSTEMS

In order to ensure accountability for public funds, it is important for Niagara Region to understand commitments from the organizations directly accountable for the delivery of hospital projects. Niagara Region's decision to contribute to the NHS St. Catharines site was the result of a funding request from NHS in 2007.

In 2014, West Lincoln Memorial Hospital became part of the family of hospitals under the administration of Hamilton Health Sciences (HHS). In 2016, HHS submitted *Our Healthy Future*, a plan for the redevelopment of hospitals including West Lincoln Memorial which was approved by Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) in 2017. HHS recognizes West Lincoln Memorial Hospital Foundation as the agency that works with the community to help raise funds for equipment, upgrading of facilities, and special projects for Hamilton Health Sciences' West Lincoln Memorial Hospital site.

While West Lincoln Memorial Hospital Foundation and West Niagara's municipalities are important stakeholders in the success of the redevelopment, it is ultimately Hamilton Health Sciences who is responsible for the successful completion of the project as well as ongoing operation. Prior to any final decision by Regional Council, it is recommended that Niagara Region receive confirmation from HHS regarding its commitment to the hospital and use of the local share as part of its funding plan.

EXPLORING OTHER POTENTIAL FUNDING PARTNERS

Where new, expanded, or redeveloped hospitals have the potential to benefit residents outside of Niagara, it may be appropriate for additional municipal partners to contribute to the local share.

Given close adjacency to the West Lincoln Memorial Hospital site, the City of Hamilton may also have an interest in the redevelopment project. The site location in Grimsby is easy to access by residents in growing areas of Hamilton, such as Winona, Stoney

Creek and Binbrook. It would be appropriate for Niagara Region to inquire if Hamilton Health Sciences has approached the City of Hamilton for support and request any available information on historical usage by Hamilton residents, and potential future usage based on recent and projected community growth.

Analysis and Options

The September 9 Corporate Services Committee Resolution (included in Appendix 1) directed staff to recommend a policy and set of principles that incorporate formulaic, fairness and governance considerations in Niagara Region's approach to healthcare facility contributions. In order to satisfy the direction, the following analysis is provided in this section:

1. Proposed guiding principles for regional funding contributions to local hospital projects for Regional Council's consideration.
2. Six potential options for future funding commitments that include formulaic, fairness and governance considerations:
 - i. Proportionate Share Model
 - ii. Durham Model
 - iii. Hospital MOU Model
 - iv. Regional Benefit Model
 - v. Limited Regional Participation Model, and
 - vi. Hybrid Model
3. Proposed criteria for Niagara Region funding contributions.

This analysis leverages the research described in the previous sections to inform potential approaches for Regional Council's consideration.

PROPOSED GUIDING PRINCIPLES

The following principles are recommended to guide current and future decisions regarding regional financial contributions to hospital projects:

1. Fairness and equity across the twelve local municipalities in Niagara.
2. Financial certainty and predictability for annual and long-term capital and operating budgets at Niagara Region.
3. Demonstrated benefit for all Niagara residents.
4. Alignment with Niagara Regional goals and priorities.
5. Regional contribution as a component of a larger community-wide effort.

OPTIONS FOR CONSIDERATION

After researching the current provincial policy context, past Niagara Region hospital funding precedent, practices in other two-tier regional structures, and potential measures of regional benefit, the following six options are provided to assist Regional Council in determining an evidence-based approach to hospital funding.

Option #1 – Proportionate Share Model

Given that Niagara Region has set a past precedent of contributing to hospital projects with the NHS St. Catharines site, Council may wish to use this precedent to develop a policy for supporting future hospital projects.

Niagara Region's support for the NHS St. Catharines site was 21 per cent of the anticipated local share, 18 per cent of the final local share²² and 35 per cent of the tax levy portion. Given that one of the proposed guiding principles is to encourage a larger community-wide effort, it is recommended that Niagara Region allocate potential funding commitments proportionate to total local share as opposed to the tax levy portion, to encourage greater use of community fundraising and revenue generation in financing the local share.

Option #2 – Durham Model

Durham Region's Community Investment Fund Policy, established in 2019 and described on page 11, offers guidance as a comprehensive regional government approach to supporting local hospital projects.

In Durham, the regional government will consider funding requests for hospital projects as long as the request does not exceed 25 per cent of the community share or 7.5 per cent of the total project costs. The project must be approved by the provincial government, with at least a 70 per cent provincial funding contribution. Durham Region proactively plans for potential funding requests by setting aside \$3.5 - \$4.5 million (between 0.4 per cent and 0.6% per cent of the annual levy).

Durham Region's policy sets specific parameters, providing clear expectations to requestors and a greater degree of financial certainty for the Region.

²² This percentage share is based on the anticipated local share of \$100 million. The final local share has been reported as \$116.9 million, resulting in an end contribution of 18 per cent.

Option #3 – Hospital MOU Model

York Region's 2009 MOU with area hospitals of York Region, Markham Stouffville Hospital, Southlake Regional Hospital and Mackenzie Health provides another potential option for Niagara Region's consideration. In this model, York Region negotiated directly with York hospitals on regional contributions between the period of 2009 and 2031.

The MOU established a total funding envelope, indexed annually, and percentage shares allocated to each hospital. Working directly with hospitals allowed York Region to influence health outcomes for the community and reduce budget impacts for its paramedic operations. The MOU provides that, in the event the 30 minute Paramedic Services off-load delay targets are not achieved, York Region may, at the discretion of Council, reduce hospital funding based on the additional operating costs incurred by Paramedic Services for the time above the targets.

Though the MOU was terminated early by York Region, it provides a model that predetermined hospital funding allocations over a long-term time horizon and provided a high degree of financial certainty for regional budgeting.

Option #4 – Regional Benefit Model

Option 4 allocates funding based on the benefits the project will provide to Niagara residents on a region-wide basis. As described on page 16, there are two potential categories that Niagara Region may use in considering regional benefits: broad economic and social benefits and specific healthcare facilities and services that are regional in nature.

Broad economic and social benefits align with Regional goals of business and economic growth and vibrant, healthy communities, and consider metrics such as jobs created, jobs sustained, economic spin-off benefits through adjacent development, talent attraction and retention, and access to healthcare facilities. Specific regional healthcare services and facilities would consider the types of services and equipment being provided in the hospital and anticipated usage by residents across Niagara.

Under this option, Niagara Region would scale its contribution based on regional benefits as demonstrated by the requestor. For example, using a past precedent of 21

per cent Regional contribution to the local share, Niagara Region may wish to allocate between 5 and 10 per cent of its contribution based on evidence of broad economic and social benefits, and between 5 and 10 per cent of its contribution based on evidence of healthcare services and facilities that are regional in nature.

Option #5 – Limited Regional Participation Model

Niagara Region may decide that it has no role in contributing directly to the local share and limit its involvement in providing infrastructure and services required to enable hospital projects. This is the model in Halton Region, where the regional government involvement to the recently completed Oakville Trafalgar Memorial Hospital included \$23 million in water and wastewater servicing costs and \$71 million in new road construction.

Since Niagara has set a past precedent of contributing to hospital projects, this option is not recommended. Also, Niagara Region contains municipalities with small populations where local tax bases and community fundraising capacity are limited compared to communities over 100,000 in population.

Option #6 – Hybrid Model

The hybrid model combines best practices from each of the above models and considers Niagara's unique circumstances. This option consists of the following features:

- Total Regional contributions available for each hospital funding request are consistent with past precedents of between 18 and 21 per cent²³ of the local share (as in Option #1).
- The Regional contributions are scaled according to demonstrated evidence of regional benefit (as in Option #4).
- To support current and future funding requests, there is a policy that sets annual allocations for hospital projects as part of the annual budgeting process (as in Option #2 and Option #3).²⁴
- A policy is established to set parameters for funding requests and provide clear expectations to requestors (as in Option #2).

²³ A 21 per cent share is based on the anticipated local share of \$100 million. The final local share has been reported as \$116.9 million, resulting in an end contribution of 18 per cent.

²⁴ Annual hospital allocations are generally treated as a separate line item during municipal budgeting processes, to provide clarity on use of funds and protect hospital funding for current and future requests.

Table 3, below, presents how each of the six options advances the proposed guiding principles outlined on page 19.

Table 3: Assessment of Options Against Proposed Guiding Principles

	Options:					
Guiding Principles:	1	2	3	4	5	6
Fairness and equity across the twelve local municipalities	X			X		X
Financial certainty and predictability for Regional budgets		X	X		X	X
Demonstrated benefit for all Niagara residents		X	X	X		X
Alignment with Regional goals and priorities		X	X	X		X
Regional contribution part of a community-wide effort	X	X				X

PROPOSED FUNDING CRITERIA

Any funding provided by Niagara Region should include criteria to ensure funds are used in the best interest of Niagara residents. Consistent with the best practices identified through the research, the following funding criteria are suggested as pre-requisites for Regional contributions to hospital projects:

1. The request must come from the organization directly responsible for project delivery.
2. The requestor must provide evidence of regional benefit.
3. The requestor must explain how the project advances Niagara Region's goals and priorities.
4. The requestor must provide a detailed review of available financing and long-term financial implications, assessment of potential risks and analysis of potential funding alternatives.
5. The project must be approved by the Provincial government and supported with a minimum 70 per cent provincial funding commitment.
6. Community fundraising and revenue generation must exceed Niagara Region's contribution as part of the funding plan.
7. The project must be located within the municipal boundaries of Niagara Region.
8. The requestor and funding partners must agree to recognize regional contributions in all communications related to the project.

Conclusion

This report provides information, analysis, and options to assist Niagara Region in developing a policy and funding approach for local hospitals that will clarify the Region's expectations surrounding hospital funding requests and provide certainty and predictability in the preparation of long-term regional budgets.

The report is intended to contribute to a long-term, sustainable approach to contributing to local hospital projects. While it is also intended to assist Niagara Region in its current decision regarding contribution to West Lincoln Memorial Hospital, it should be noted that some of the suggested criteria and policies outlined in this report would not have been known to requestors at the time of their submission, and cannot be applied retroactively given the upcoming provincial deadline of November 15, 2020. Some degree of flexibility will be required in addressing the current request while planning for requests over a long-time horizon.

Appendix 1

Corporate Services Committee Resolution, September 9, 2020 (CSC-C 17-2020)

Niagara Region Funding for Future Hospitals in Niagara

Moved by Councillor Foster

Seconded by Councillor Ip

Given that the local share of financing is a provincial requirement for the building of every new hospital project in the Province of Ontario;

And further, this requirement is estimated to be 30% of the overall project costs;

And further, with population growth and increasing requirements being seen within Niagara with regards to healthcare needs;

And further, with at least 3 new hospital projects slated to be developed in the Region of Niagara (West Lincoln Memorial Hospital, the South Niagara Hospital, and The Shaver Rehab Centre);

And further, that these healthcare projects will require funds to be raised within our communities to meet the provincial requirements;

And further, that the local share has been a combination of fundraising in the community and through local municipal governments;

And further, that the Region has previously demonstrated its commitment to healthcare in Niagara with local share financial contributions, most recently providing funding to the St. Catharines General Hospital during that recent building campaign;

And further, given there is no current agreed upon policy or set of principles when it comes to hospital projects and financial support from the Region of Niagara to help finance these important institutions;

NOW THEREFORE BE IT RESOLVED:

1. That the Region of Niagara DEVELOP a policy and a set of principles when it comes to the local share funding of future hospital projects in Niagara;

2. That this policy and set of principles INCLUDE a potential combination of a formulaic, fairness and governance approach when it comes to such regional contributions; and

3. That given that there are some time constraints with financial commitments required for at least one hospital project late this fall, that this policy and set of procedures BE DEVELOPED and PRESENTED for review to the October Corporate Services Committee meeting.

The following friendly amendment was accepted by the Committee Chair, and the mover and seconder of the motion, so that clause 3 reads as follows:

3. That given that there are some time constraints with financial commitments required for at least one hospital project late this fall, that this policy and set of procedures BE DEVELOPED and PRESENTED for review to the November Corporate Services Committee meeting.

Moved by Councillor Heit

Seconded by Councillor Rigby

That clause 1 BE AMENDED to read as follows:

1. That the Region of Niagara DEVELOP a policy and a set of principles when it comes to the local share funding of future hospital projects in Niagara consistent with previous funding commitments;

Recorded Vote:

Yes: (10) Bradley, Diodati, Easton, Edgar, Fertich, Foster, Gale, Heit, Rigby, Whalen.

No: (3) Butters, Ip, Redekop.

Carried

The Committee Chair called the vote on the motion as amended, as follows:

1. That the Region of Niagara DEVELOP a policy and a set of principles when it comes to the local share funding of future hospital projects in Niagara consistent with previous funding commitments;
2. That this policy and set of principles INCLUDE a potential combination of a formulaic, fairness and governance approach when it comes to such regional contributions; and
3. That given that there are some time constraints with financial commitments required for at least one hospital project late this fall, that this policy and set of procedures BE DEVELOPED and PRESENTED for review to the November Corporate Services Committee meeting.

Recorded Vote:

Yes: (13) Bradley, Butters, Diodati, Easton, Edgar, Fertich, Foster, Gale, Heit, Ip, Redekop, Rigby, Whalen.

No: (0).

Carried

Appendix 2

Niagara Regional Council Resolution

May 24, 2007

Support for the Niagara Health System – New Healthcare Complex

Moved by Councillor Goulbourne

Seconded by Councillor McMullan

WHEREAS the Niagara Health System is planning the new Healthcare Complex in St. Catharines that will replace 2 existing hospital sites with a state-of-the-art facility; WHEREAS this complex includes a community hospital component that serves northern Niagara (estimated at approx. 65% of the facility) and a regional component that will provide cancer treatment, cardiac catheterization, tertiary mental health and existing regional services provided at the St. Catharines hospital sites (representing the remaining approx. 35%);

WHEREAS the Ministry of Health & Long Term Care has committed to an investment of 90% of the capital costs of the new facility, conditional upon a local share investment of 10%, including equipment costs (primarily 100% locally funded), representing the local share of approx. \$90-\$110M;

WHEREAS a successful commitment for the overall local share will allow plans to proceed with a target completion date of 2011; and

WHEREAS the Regional Council confirms to the Niagara Health System that the proposed Healthcare Complex will continue to remain exempt from Regional Development Charges under the Region's proposed new Development Charges by-law (as per the recommendations outlined in Report CSD 84-2007), save and except any commercial space located within the hospital complex pursuant to provisions within the Region's Development Charges by-law.

THEREFORE, BE IT RESOLVED: That the Regional Municipality of Niagara supports the Niagara Health System – new Healthcare Complex in St. Catharines (per recommendations outlined in Report CSD 85-2007) with a commitment of \$21-\$25 million (net present value), subject to final project costs, be made by way of annual payments, commencing in 2008, and not to exceed 30 years, to support the components of the new complex that provide regional health services; and That the Region's contribution be subject to verification of costs, allocation of regional components, and Ministry funding, and that documentation to support the net regional cost components be provided prior to Phase 2 funding commitment (Spring 2008), and

That staff be directed to enter into discussions with the Niagara Health System for the potential transfer of buildings and property currently leased/occupied by the Regional Municipality of Niagara.

Carried.



CASE FOR SUPPORT

To



PARTNERING FOR EXEMPLARY HEALTHCARE IN NIAGARA

TABLE OF CONTENTS

Executive Summary.....	3
Appendix A – Letters of Support.....	8
Appendix B – Case for Support	14
History.....	14
Today.....	14
Community of Healthcare.....	14
Demographic Impact.....	14
New Hospital Overview.....	15
Diagnostic Services Centre.....	15
Important Statistics & Projections for Diagnostic Services Centre	16
Emergency Services	16
Important Statistics & Projections for Emergency Services.....	17
Surgical Services.....	17
Important Statistics & Projections for Surgical Services.....	17
Inpatient Services.....	18
Important Statistics & Projections for Inpatient Services.....	18
Ambulatory Care Centre (Outpatient services)	18
Important Statistics & Projections for Ambulatory Care Centre	20
Education Services	20
Important Statistics & Projections for Education Services	21
Maternal Newborn Services	21
Important Statistics & Projections for Maternal Newborn Unit.....	21
WLMH and the Integration of Health Care in the Niagara Region	22
Request for Support.....	22

EXECUTIVE SUMMARY

In the year of 2024, we will be celebrating the opening of doors to one of the Niagara Region's newest, state of the art, community hospitals known as West Lincoln Memorial Hospital. We are requesting that the Region be a partner in the local financial contribution towards a significant regional asset with a construction value of \$200 million. The following chart demonstrates how the funding of this asset can be shared:

WLMH Hospital Project		
Funding Partner		Portion Amount
Ontario - Provincial		\$ 140,000,000
Municipal (Grimsby, Lincoln and West Lincoln)		\$ 26,000,000
WLMH Foundation		\$ 20,000,000
Niagara Region		\$ 14,000,000
Total Project Budget		\$ 200,000,000

By 2024 this exemplary hospital will be one of six sites serving the residents and visitors of the Niagara Region. Healthcare in Niagara is shifting; geographic boundaries are being removed so that opportunities for care can be centered around patients, families and caregivers, in an effort to provide care close to home.

Niagara Health is supportive of WLMH new build and its mission to provide the best care for Niagara residents and its role in supporting healthcare providers across the Region.

Dr. Thomas Stewart, CEO, Niagara Health
Lynn Guerriero, President, Niagara Health

WLMH is a vital resource for the health care system and for achieving healthy communities from birth to end of life. The new build is critical for offering integrated, safe hospital services, close to home for the 674,000 residents of the Niagara Region needing care in WLMH – the projected population by 2051. On average, 85 % of patients utilizing inpatient services by WLMH are Niagara Region residents, with a projected growth of 14.6 % into 2024/25.

Residents of Niagara, that have less complex health care needs, have the benefit of accessing services offered at WLMH, thereby alleviating and allowing the Niagara Health System to focus on more complex and specialty care. In general, WLMH greatly reduces wait times and supports the flow of patients from the Niagara Health System.

West Lincoln Memorial Hospital Foundation, along with the supporting municipalities of Grimsby, Lincoln, and West Lincoln respectfully request the support of its regional government, the Niagara Region, to assist in funding the local share of \$60 million for West Lincoln Memorial Hospital's new build.

You will find attached as Appendix “A” letters of support from a number of medical and healthcare professionals from the Niagara Region. Appendix “B” provides a more in depth account of WLMH’s impact on healthcare in the Niagara Region.

Many of the services provided at WLMH are integral to both the fabric and reputation of regional health care in Niagara, and without them, it would overwhelmingly impact other health care providers, and the residents of the Niagara Region in the following ways:

- **Diagnostics**

- **CT Care at WLMH:** Computed Tomography otherwise known as CT scanning is more commonplace for the purpose of diagnosing a patient’s condition. By 2021, WLMH will be conducting onsite CT scans.
- **Impact on Niagara Region:** The annual volumes of over 1,100 scans would need to be absorbed elsewhere. CT scans volumes will only increase because it will be more readily available onsite. If WLMH did not have this service, the need for CT scans would have to be absorbed elsewhere resulting in a substantial increase of wait times for the population; which for non-urgent scans can range from 10 to 97 days.
- **Mammography care at WLMH:** WLMH mammography services are part of the Ontario Breast Screening Program and total annual volumes range between 2,500 to 3,000
- **Impact on Niagara Region:** Over 12,000 mammograms were performed at WLMH in the past five years for Niagara Residents. Wait times for this service would increase substantially in Niagara if WLMH no longer provided this care.

- **Emergency Services**

- **Care at WLMH:** Emergency services at WLMH are provided to patients arriving by ambulance or walk-in. Services at WLMH are expected to grow over the next five years and particularly from those aged 60 plus.
- **Impact on Niagara Region:**
 - Without the Emergency Services at WLMH over 20,000 residents annually would require care elsewhere
 - Niagara EMS services experience high patient off load delays at the St. Catharines hospital site. Without WLMH those off load wait times would substantially increase and hinder healthcare for others in need of 911 emergency service calls.

- **Surgical Services**

- **Care at WLMH:** WLMH will be doubling its capacity for surgeries and procedures for Niagara residents.
- **Impact on Niagara Region:** Over 6,500 surgeries are projected for 2024/25, without WLMH wait times for these services and procedures would increase significantly.

- **Outpatient Services**
 - **Impact on Niagara Region:**
 - Treatments via intravenous therapy, procedures, injections and transfusions would need to take place elsewhere if WLMH did not provide this care.
 - Colposcopy screen tests and procedures for abnormal screen tests would need to take place elsewhere if WLMH did not have a clinic.
 - Wait times would increase for residents of Niagara should these services not exist at WLMH
- **Mental Health Services**
 - **Care at WLMH:** The Community Health Clinic sees patients referred to the clinic from the Niagara community seeking mental health care by a clinician.
 - **Impact on Niagara Region:**
 - Projections indicate that close to 10,000 patients receive care through WLMH. This care would need to take place elsewhere without WLMH.
 - Referrals from Gillian's Place, Oak Centre Club, Grimsby Benevolent Fund Services, and Community Addiction Services of Niagara would have to go elsewhere.
- **Geriatrics**
 - **Care at WLMH:** Older adults in the Niagara Region will receive care in the Geriatric Assessment Clinic. They provide one on one home assessment and consultations. Typically, patients are over the age of 65 and are experiencing confusion, memory concerns, dementia, complex medical issues, functional decline and frailty, mobility challenges, or have had multiple emergency room visits.
 - **Impact on Niagara Region:** Having this type of clinic to serve our aging population in the Niagara Region will alleviate the NHS and WLMH emergency departments from multiple calls as well as demands on the Emergency Medical Services.
- **Palliative Care**
 - **Care at WLMH:** Palliative care is the care given to patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering. Specialized care is given to a patient to provide pain relief and comfort for the threatening illness they face. Palliative care at WLMH is a population-based model serving all citizens regardless of their location (home, hospice, long term care, hospital, congregant setting) which is a best practice model. The Niagara Region has reason to be proud of this model of community based, hospital supported, and population-centred care. The palliative care team has built and maintained connections to providers and clinicians all across Niagara.
 - **Impact on Niagara Region:** The impact of this care is two-fold:
 - Many family physicians are trained to provide palliative care for their patients, thereby alleviating the care needed by specialists and other providers.

- Our growing population in the Niagara Region and the increase of palliative care services by 24 % at WLMH would have to be absorbed elsewhere if this service did not exist.

The Region of Niagara's investment in the new West Lincoln Memorial Hospital not only ensures that this critical Palliative Care Team and model of palliative care flourishes but in fact can grow to the next level here in Niagara.

Dr. Denise Marshall, CCFP, FCPP

Medical Director, Niagara West Palliative Care Team and McNally Hospice

- **Investment in Medical Profession – Recruitment and Retention**

- At WLMH: WLMH is one of the teaching sites for the Niagara Regional Campus of McMaster University's Michael G. DeGroote School of Medicine, supporting the medical training of undergraduate MD students and postgraduate resident physicians. WLMH also supports the training of nursing students from both Brock University and Niagara College.
- Impact on Niagara Region:
 - The investment in medical education in Niagara has been a highly effective and cost-efficient opportunity to increase the availability of high-quality primary care and specialist care to the citizens of Niagara.
 - The training that medical learners receive through WLMH has been pivotal to the successful recruitment and retention of high-quality family physicians for Niagara.

Financial support from the Region towards the new WLMH build is an investment in the future in the current and future health of Niagara.

Dr. Amanda Bell

Regional Assistant Dean, Niagara Regional Campus, Michael D. Groote School of Medicine

- **Maternal and Newborn**

- Care at WLMH: WLMH will be a place to receive low risk obstetrical care for women in the Niagara Region. The new hospital will provide an important and well-regarded birthing experience for families.
- Impact on Niagara Region: Growth projections indicate that over 1,600 patients from Niagara will receive care at WLMH. Without WLMH maternal care would need to be provided elsewhere.

- **General Impact on Niagara Region:**

- **Population**
 - Increased population density is especially forecasted for West Lincoln; therefore resulting in increased pressures on health care. WLMH hospital offers a solution for population increase.

- **Transportation**
 - Without WLMH additional transportation costs would be incurred as a result of additional volumes on our current transportation systems because of more patient traffic to other hospital and healthcare facilities.
- **Economics**
 - The hospital construction will provide 200 temporary jobs and we will retain 300 medical professionals, most of who are existing tax payers of the Niagara Region.
- **Healthcare**
 - Over 36,000 residents of the Niagara Region receive healthcare from hospitals in Hamilton-Wentworth annually for inpatient, emergency department and same day surgery services. Conversely, approximately 4,000 residents of Hamilton-Wentworth receive healthcare from hospitals in the Niagara Region for the same services.
 - On average, 1,400 patients from the Niagara Region receive tertiary (specialist) health care from the hospitals of Hamilton Health Sciences annually.

We are part of Niagara Public Health, Niagara EMS, and the Niagara Regional Campus of McMaster University. To me these relationships are intuitive and they support a broader vision of providing care in our Region. Dr. Matthew Noble Wohlgemut, CCFP, FCFP

APPENDIX A – LETTERS OF SUPPORT



Extraordinary Caring. Every Person. Every Time.

Office of the President
1200 Fourth Avenue
St. Catharines, ON L2S 0A9
www.niagarahealth.on.ca

October 26, 2020

To Whom It May Concern,

Healthcare partners in our province are increasingly working together to better connect care for the residents of Ontario. We are seeing a shift in Niagara in which we are removing geographic boundaries to create new opportunities to deliver services that are centered around patients, families and caregivers no matter where they live in our region. To provide high-quality care across Niagara, local community based services play a key role in ensuring residents of each community are supported and receive the best care close to home.

Niagara Health and West Lincoln Memorial Hospital (WLMH) have a strong partnership with each other and other providers across Niagara to enhance access to healthcare services. We are currently working closely with WLMH on our COVID-19 pandemic response. We are also providing care to its obstetrical patients while infrastructure updates and renovations take place in the current WLMH building, among other long-standing collaborations on patient flow, repatriation and transfer between the two hospital organizations.

Residents of Niagara that have less complex healthcare needs, have the benefit of accessing services offered at WLMH, allowing Niagara Health to focus on complex care and specialty care, such as cancer and surgical services. Services offered at WLMH assist in alleviating wait times, support patient flow, and support the work of Niagara Health through their:

- Emergency Department;
- Diagnostics, planned CT Scan for late 2021;
- Palliative Care services;
- Mental Health services and;
- MD education through the Michael G. DeGroote School of Medicine at McMaster.

Niagara Health and St. Joseph's Health System are also in a unique position to combine our expertise, through a renewed Collaboration Agreement, to enhance healthcare across our communities and advance our mutual commitment to innovation and excellence.

These are just a sampling of the many impressive ways healthcare providers are working together to improve the health of Niagara residents through patient-centred, innovative and sustainable healthcare models.

Niagara Health is supportive of the WLMH new build and its mission to provide the best care for Niagara residents and its role in supporting healthcare providers across the region. We are very fortunate ourselves to be in the planning stages for the new South Niagara Hospital, set to open



Compassion in Action



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Achieving Ambitious Results

in 2026/2027. Both projects bring a significant and much-needed investment to Niagara, and both are integral pieces of creating a connected healthcare system that will improve the patient, family and caregiver experience and provide opportunities to enhance programs and services.

We are excited about the future of healthcare and the impact of our collective efforts towards a transformed, more integrated health system that makes accessing and navigating services easier and better for patients and families.



Lynn Guerriero
President
Niagara Health



Dr. Thomas Stewart
CEO
Niagara Health



A Healthier Niagara |  Compassion in Action  Driven by Optimism  Achieving Ambitious Results



**Department of Family Medicine
Division of Palliative Care**

Mailing Address:
1280 Main Street West
DBHSC, 2nd Floor
Hamilton, Ontario
Canada L8S 4K1

Physical location:
David Braley Health Sciences Centre
100 Main Street West, 2nd Floor
Hamilton, Ontario
Canada L8P 1H6

Phone 905.525.9140 Ext. 20494
Fax 905.667.8704
www.fhs.mcmaster.ca/palliativecare

Council Members

October 27, 2020

Niagara Regional Council

Dear Council Members;

I am writing today to inform you of one of the key programs led by West Lincoln Memorial Hospital, that has become integral to both the fabric and reputation of regional health care in Niagara. The Niagara West Palliative Care Team (NWPCT) was established in 1997, as an 'inreach' and an outreach program of West Lincoln Hospital. At that time, it was the strong vision of the board and management of WLMH that a community hospital should invest in supporting excellent palliative care for consumers living in all areas of the community, in hopes that early, upstream palliative care support in the community would assist citizens in meeting their expressed goals of spending as much time as possible at home as they neared the end of life, while also ensuring nimble and specialized expertise in palliative care across all parts of the hospital itself.

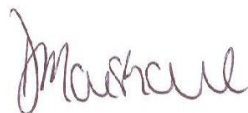
From inception, WLMH established this palliative care team to be a '*population based model*' meaning serving all citizens regardless of their location (home, hospital, LTC, hospice, congregant setting) which despite literature evidence for efficiency and effectiveness of this as a best practice model, remains surprisingly rare across Ontario and Canada. The NWPCT, 23 years later, remains the only such model of its kind in Niagara and this part of Ontario. WLMH partnered effectively with the homecare program (now HNHB LHIN) and subsequently with McNally House hospice, to ensure truly cross sectoral care for our consumers while also capitalizing on sharing resources, funding and assets. In 2002, the Ontario Ministry of Health provided \$980,000 in funding to the team to demonstrate health outcomes and study the key features of the model and then publish. One such feature is the teams '*shared care*' support for family physicians- the specialists on the team support the role of the family doctor as the key and primary provider for their patients and by doing so, have helped build capacity for what we now call '*primary level palliative care*'- now a national quest. 98% of family physicians in our area now provide palliative care for their own patients in all these care settings, including housecalls, knowing as they do that this team provides them with 24/7 specialist support but does not 'take' care away from them. The team works in WLMH seeing patients there, including ER, works at McNally House hospice and works with every family doctor in the area. The result has been that the team has helped create an upskilled family practice work force, decreased hospital visits to ER, decreased hospital deaths, decreased hospital return admission and a high degree of patient and provider satisfaction for patients needing palliative care. Several scholars have delved into difference aspects of the team and its models' success and have published extensively as a result. In 2009, the Niagara West Palliative Care team model was selected as a national model of choice for palliative care in Canada and honoured at national meetings in Montreal. Clinicians and healthcare learners come from across the province and further afield across Canada, to learn about this teams' model and it has been adapted and replicated successfully in many communities. The Niagara West Palliative Care team achieved a 'steady state' position almost a decade ago meaning the investment in knowledge translating to others (students, residents, family doctors) ensures that specialist costs remain stable. It ensures that our population is not needing to be dependant on a specialist team alone to get good palliative care.

The Region of Niagara has reason to be proud of this successful model of community based, hospital supported, population- oriented care. The team has built and maintained connections to providers and clinicians all across Niagara,

ensuring that patient care is truly one of 'the left hand knowing what the right hand is doing' - regional integration of care. The Region of Niagaras 'investment in the new West Lincoln Memorial hospital not only ensures that this critical team and model of palliative care flourishes but in fact can grow to the next level here in Niagara. Plans for the new hospital include ensuring that the NWPCT will be connected with a new range of specialty outpatient clinics that will be enhanced in the new hospital. The team has been in an important coaching and mentoring role with colleagues at both the Walker Family Cancer clinic palliative care in recent years, and also with the emerging inpatient palliative care program at NHS. The team has helped establish enduring connections between Niagaras hospices- McNally House and Hospice Niagara. Perhaps most compellingly, the NWPCT team is the *only* teaching site for McMaster University (not just Niagara campus- the entire McMaster Medical network) for this model of care! The Region of Niagara will be supporting a regional, provincial and national best practice model of palliative care for its citizens by investing in the new West Lincoln Memorial Hospital and this innovative palliative care program.

I am always pleased to share our story, literature, publications, history, and our future with our regional friends and would be pleased to provide more information at any time. Please know that your decision to support a renewed West Lincoln Memorial Hospital, is an investment in the very wellbeing of Niagaras most vulnerable citizens as they near end of life. Please help us grow, replicate and ensure that access to this kind of care become the standard and infact the right of every Niagara resident.

With respect,



Denise Marshall, MD, CCFP, FCFP

Medical Director, Niagara West Palliative Care Team and McNally Hospice,

Professor of Palliative Medicine, Faculty of Health Sciences,

McMaster University marshald@mcmaster.ca



October 6, 2020

To Members of Niagara Regional Council,

This letter is in strong support of the important role that the West Lincoln Memorial Hospital plays in the health of the community, particularly with respect to medical education and physician recruitment and retention in Niagara. West Lincoln Memorial Hospital (WLMH) is one of the teaching sites for the Niagara Regional Campus of McMaster University's Michael G. DeGroote School of Medicine. WLMH participates actively in the medical training of undergraduate MD students and postgraduate resident physicians. Over the last 5 years they have consistently provided over 1,000 days of teaching annually in West Lincoln. Additionally, West Lincoln Hospital is clinical home to a number of active and engaged McMaster University faculty members including several senior campus leaders. The Niagara Regional Campus, whose learners are trained at hospital sites across Niagara, has recruited 18% of their undergraduate trainees and over 50% of its postgraduate trainees to return to or remain in Niagara for their clinical practice. Learners who return to or stay in the region to practice speak of the very positive experience they have learning within the community and the ease of transition to practice when they are already familiar with the hospital systems, the medical community and the resources available locally. Additionally, the majority of learners who choose to practice in the region become faculty members and thus inspire the future medical practitioners through their teaching and their example.

The investment in medical education in Niagara has been a highly effective and cost-efficient opportunity to increase the availability of high-quality primary care and specialist care to citizens of Niagara. The new WLMH build will allow for improved and updated academic opportunities within Niagara and increase the capacity of the hospital to host learners in engaging rotations that inspire them to continue their careers locally. The academic presence of a distributed medical campus within Niagara has proven to be a strong influence in the decision of many physicians, particularly specialist physicians, to locate within the region and their mix of community-practice and academic work in teaching and research, has enriched the opportunities for exceptional health care in Niagara. The training that medical learners receive through the WLMH has been pivotal to the successful recruiting and retention of high-quality family physicians in north Niagara and this training site remains in high demand for residents year after year.

Financial support from the Region towards the new WLMH build is an investment in the current and future health of Niagara. The academic activity and the outstanding educational opportunities for learners in West Lincoln is a strength of the Niagara Regional Campus and an asset to community. We are grateful for the contributions from local physician faculty members and hospital leadership who encourage the growth of WLMH as an active teaching site. This has proven a successful combination with all evidence pointing towards continued opportunities to enrich the health care of Niagara.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Amanda Bell".

Dr. Amanda Bell
Regional Assistant Dean
Niagara Regional Campus
Michael G. DeGroote School of Medicine
McMaster University

Michael G. DeGroote School of Medicine
McMaster University
Niagara Regional Campus

1812 Sir Isaac Brock Way
Cairns Complex 224B
St. Catharines, ON L2S 3A1

905-378-5717 ext 6414
Fax 905 984-4855

Smithville Medical Centre

Family Health Team

230 Canborough St., Box 218
SMITHVILLE, ON L0R 2A0

October 28, 2020

To Whom It May Concern:

I am writing on behalf of West Lincoln Memorial Hospital, in order to reflect on the regional nature of our hospital program and the role it plays in our area. I am a family physician with hospital privileges, and my work includes care of hospital inpatients, ER shifts, and OR assists, in addition to my community- based family practice.

In the ER, the regional aspect of the care we provide at WLMH is evident on a regular basis. There is a steady stream of patients from Vineland, Jordan, and St. Catharines, and it's not rare to also see patients from Welland and Niagara Falls. Sometimes they are drawn by shorter wait times, and often they tell me they are at WLMH for the personalized care they associate with our hospital. In addition, when the NHS hospitals are on EMS offload delays, we accept lower acuity ambulances when they are unable to be seen in St. Catharines. This has been happening with more regularity over the last 5 years.

Our inpatient and OR capacity also acts as a buffer and support to the region. As an OR assist, I often see St. Catharines addresses on the day sheet to get general surgery and gynecology procedures. I would expect this segment to grow proportionally with plans for significantly expanded day procedure capacity in our new build. For inpatients, our family physicians provide care to any patient who is admitted through our ER, and we also regularly repatriate patients from NHS who are in our catchment area. This allows patients needing specialized inpatient services to receive it in Niagara Falls or St. Catharines, but then can be returned to WLMH for lower acuity and convalescent care. This frees up beds across NHS and promotes appropriate patient flow and resource utilization.

The diagnostic imaging program at WLMH also plays a supportive and integrated role in the region. The outpatient capacity for ultrasound, xray, and especially the Ontario Breast Screening Program all support patients beyond the West Lincoln geographic boundary. I expect that with the addition of a new CT scanner in 2021 that it will reduce the burden and wait times for CT across the region.

Although WLMH is part of Hamilton Health Sciences, our patients, our physicians, and our programs are regionally based. We are part of Niagara Public Health, Niagara EMS, and the Niagara Regional Campus of McMaster University. To me, these relationships are intuitive, and they support a broader vision of providing care in our region.

Sincerely,



Dr. Matthew Noble Wohlgemut, CCFP, FCFP

APPENDIX B – CASE FOR SUPPORT

HISTORY

West Lincoln Memorial Hospital (WLMH) opened its first doors in 1946, with 18 beds, treating 46 patients in its first month. The community of caring that existed then, has continued throughout the many milestones of its history and also continues to this day. Since 2001, the plans for redevelopment have been underway; including the WLMH Foundation successfully receiving \$10 million for the purposes of building a new hospital.

TODAY

This is a pivotal time in the planning and development of the new hospital, as we set forth to raise \$60 million, a goal that represents the local share for the new hospital build. When a new hospital is built in Ontario, the provincial government agrees to pay the majority of the new hospital construction costs, but not the entire cost. In general, the communities served by the hospital are responsible for a local share which is estimated to be 30% of the project cost. Across Ontario, municipal and regional governments play an essential role in providing the local share of financing new hospitals. Fundraising is also essential for achieving the local share. At this time WLMH Foundation is implementing a new campaign for the purposes of achieving the funds needed to build an exemplary new hospital - a community of care.

COMMUNITY OF HEALTHCARE

West Lincoln Memorial Hospital is situated on Main St, in Grimsby. From a geographic perspective, the three municipalities known as Grimsby, Lincoln, and West Lincoln, are known as West Niagara within the Niagara Region. They also form the Niagara North West sub-region of the Hamilton Niagara Haldimand Brant Local Health Integration Network.

WLMH is primarily used by residents of the Niagara Region. They also seek care from tertiary health care centres provided through Hamilton Health Sciences. From a financial perspective, residents of the Niagara Region support healthcare services through the regional portion of their property taxes. Niagara Region residents are not required to fund hospitals such as Juravinski and Hamilton General hospital sites which are multi-million projects planned for the future.

DEMOGRAPHIC IMPACT

West Niagara has been earmarked to have three of the four designated growth areas within the Niagara Region. Various areas throughout the Niagara Region are expected to see higher population increases than others. West Lincoln is one of the designated growth areas and as noted in the chart below it is expecting a 102 % population increase by 2041.

In general all of Niagara is growing as many people move from the GTA seeking more affordable housing or looking to retire. Convenient access to healthcare can be a significant attraction factor for individuals

and families looking to relocate to a community. The new WLMH hospital with expanded services will be appreciated by the growing community that it will serve in the coming years.

MCR Strategic Growth Option Forecast Total Population by Local Municipality, 2016 -2041											
Municipality	Total Population Including Net Undercoverage									2016 - 2041	
	2001	2006	2011	2016	2021	2026	2031	2036	2041	Net Change	Compound Annual Growth Rate
Fort Erie	29,120	30,960	30,760	31,030	32,310	34,720	37,780	41,220	43,940	12,910	1.40%
Grimsby	22,030	24,760	26,000	27,580	29,430	31,400	33,200	35,140	37,150	9,570	1.20%
Lincoln	21,320	22,460	23,080	23,950	24,990	26,230	28,060	30,030	31,590	7,640	1.11%
Niagara Falls	81,550	85,040	85,200	87,740	92,830	99,990	108,770	117,670	124,580	36,840	1.41%
Niagara-on-the-Lake	14,320	15,090	15,810	17,950	19,750	21,420	22,850	24,700	26,580	8,630	1.58%
Pelham	15,790	16,710	17,040	17,190	17,900	19,410	21,560	23,720	25,260	8,070	1.55%
Port Colborne	19,080	19,240	18,910	18,510	18,600	19,210	20,080	21,050	21,820	3,310	0.66%
St. Catharines	133,660	136,570	134,890	133,820	136,930	142,560	150,590	160,040	167,480	33,660	0.90%
Thorold	18,670	18,880	18,410	18,790	19,680	21,500	23,850	26,470	28,470	9,680	1.68%
Wainfleet	6,470	6,830	6,520	6,540	6,590	6,760	6,990	7,260	7,480	940	0.54%
Welland	50,080	52,080	51,980	52,550	54,130	56,540	59,600	63,160	66,180	13,630	0.93%
West Lincoln	12,690	13,620	14,200	14,670	16,170	18,930	22,630	26,530	29,460	14,790	2.83%
Niagara Region	424,780	442,240	442,800	450,320	469,310	498,670	535,960	576,990	609,990	159,670	1.22%

NEW HOSPITAL OVERVIEW

The new WLMH will be built on the current hospital site; on the north side of the property. It will be approximately 119,705 square feet in size; close to doubling its current size, with 56 inpatient beds, eight nursery bassinets, and five labour birthing and recovery suites. Programs of care will include acute inpatient services, an emergency department, ambulatory services (outpatient services), complex continuing care, maternal and newborn services, as well as day surgical services and endoscopy.

The following sections in this proposal provide greater detail regarding the future services to be provided in the hospital for inpatient and outpatient purposes. We have also included future projections and statistics to support the impact a future hospital will have on serving the Niagara Region.

DIAGNOSTIC SERVICES CENTRE

The Diagnostic Services Centre will provide for the needs of inpatients and outpatients for the Niagara Region and will include a full range of services as follows:

- X-ray and general radiology
- Mammography, diagnostic, and screening services
- Ultrasound
- Computed tomography (CT scanning)
- Electrocardiography (ECG)
- Echocardiography
- Pulmonary Function testing
- Spirometry testing
- Exercise stress testing

The addition of CT scan equipment to WLMH's diagnostic services and the Niagara Region's healthcare will alleviate growing wait times in the Niagara Health System.

IMPORTANT STATISTICS & PROJECTIONS FOR DIAGNOSTIC SERVICES CENTRE

Historical and Projected Workload					
Exams	2014/15	2017/18	2018/19	2024/25	2018 to 2025 Differential
CT Scanning	0	0	0	7,500	
Mammography	3,574	3,760	3,456	3,936	+13.8%
Radiography	24,477	22,838	22,729	25,436	+11.9%
Ultrasound	13,232	13,678	13,254	14,831	+11.8%
ECG	9,904	11,951	7,731	8,891	+15.0%
Echocardiography		1,268	1,776	2,043	+15.0%
Exercise Testing	738	684	608	698	+14.8%
Pulmonary Function		891	804	925	+15.0%

- ✓ Over 1100 CT scans were performed outside of WLMH in 2019/20. This number has risen by approximately 100 each year since 2014/15 and continues to rise. Without a CT scan operating in WLMH those numbers would need to be absorbed somewhere.
- ✓ Wait times across the Niagara and the surrounding areas of Ontario West region for adults range from 10 to 97 days for non-urgent CT scans.
- ✓ Mammography services are a part of the Ontario Breast Screening Program and the total yearly volume is between 2,500 and 3,000 residents from the Niagara Region. Wait times would be dramatically increased at other locations if WLMH did not provide this service.

EMERGENCY SERVICES

WLMH's new building will have emergency services that are designed to support the highest standard of care within a safe and efficient environment. Emergency services at WLMH are expected to grow over the next five years, particularly in the 60 plus age group.

Emergency Services at WLMH diagnose and treat patients presenting with urgent or emergent health issues without a scheduled appointment.

WLMH works with paramedics of the Niagara Emergency Medical Services who also support a broader network of Public Health Programs in the Niagara Region.

IMPORTANT STATISTICS & PROJECTIONS FOR EMERGENCY SERVICES

- ✓ On average, 83 % of patients served in Emergency Services at WLMH are residents of the Niagara Region.
- ✓ In 2018/19 there were 19,544 emergency visits.
- ✓ Niagara Region EMS (Emergency Medical Service) experience high patient off load delays at the St. Catharines hospital site and WLMH has lessened the impact with this challenge. An EMS paramedic cannot leave a patient until the patient is admitted; this is referred to as an off load delay. Ultimately, this can take many hours away from their service in the community and be costly to the healthcare system. Volumes of EMS service and off load delays would be available from the Niagara Region.

SURGICAL SERVICES

The new WLMH will enable an increase in the number of surgical and other procedures for Niagara residents. Three operating rooms and a procedure room will double the amount of care provided on site, offering more people with new surgical procedures. This includes general surgery, orthopedics, otolaryngology, dental, plastics, and gynecological surgery, including scheduled and emergency caesarean-sections. The procedure room will accommodate endoscopy procedures.

IMPORTANT STATISTICS & PROJECTIONS FOR SURGICAL SERVICES

Historical and Projected Workload					
Services	2014/15	2017/18	2018/19	2024/25	2018 to 2025 Differential
Inpatient	637	523	408	443	+8.5%
Outpatient (compared 2017/18 to 2025)	2,985	2,404	765	3,894	+61.9%
Endoscopy (compared 2017/18 to 2025)	2,210	1,632	166	2,200	+34.8%
Totals	5,832	4,559	1,339	6,537	+43.3%

INPATIENT SERVICES

WLMH provides inpatient services to the residents of the Niagara Region. Inpatient care units monitor and provide acute care to patients diagnosed with a range of medical conditions. The clinical team also provides inpatient post-operative care for gynecological surgery patients.

As part of these services, the Complex Continuing Care Unit delivers palliative care and low intensity rehabilitation to patients with organic physical and cognitive deterioration due to medical conditions or their age. The new building will create a caring environment that is senior friendly in design.

IMPORTANT STATISTICS & PROJECTIONS FOR INPATIENT SERVICES

Historical and Projected Workload					
Inpatient Discharges	2014/15	2017/18	2018/19	2024/25	2018 to 2025 Differential
Adult Medical	1,581	1,682	1,595	1,845	+15.6%
Adult Surgical	361	308	293	318	+8.5%
Complex Continuing Care	61	81	130	154	+18.4%
Newborn and Neonate	938	749	717	760	+5.9%
Obstetrics Total	981	790	753	833	+10.6%
Totals	3,922	3,610	3,488	3,910	+12.00%

- ✓ Projections indicate an increase of inpatient beds from 49 to 61 by 2024/25.
- ✓ On average, 85 % of patients utilizing inpatient services at WLMH are residents of the Niagara Region.
- ✓ On average, a 12 % growth projection is anticipated for inpatient services by 2024/25.

AMBULATORY CARE CENTRE (OUTPATIENT SERVICES)

WLMH will expand the provision of outpatient services for the Niagara Region within a flexible ambulatory care space. Expanded ambulatory care services will accommodate a wide variety of outpatient services including the following:

- Older adults in the Niagara Region will have access to increased care close to home in the hospital facility which will be designed to meet the specific needs of an aging population, and offering a wide variety of specialty clinics for access to consultations with medical experts, including General Internal Medicine and Geriatric Assessment Clinics.

- The Niagara West Palliative Care Team will provide consultation and support to local family physicians for hospitalized patients as well as patients in the community who are experience life limiting illnesses. This model of palliative care alleviates the overall health care system in the Region while supporting the individual's wishes for end of life care. This model of care also provides a training and educational avenue for family physicians. Everyone is trained to provide care at home and do their best to keep intervention needed through hospital services or other types of services.
- There will be a Colposcopy Clinic to provide consult examination services as well as diagnostic procedures for referred patients with an abnormal screen test or other observed abnormalities, following Cancer Care Ontario Guidelines.
- A Pre-Operative Clinic will complete pre-surgical assessments of WLMH surgical patients in advance of their upcoming scheduled surgery.
- The Medical Day Care Area will provide space for Intravenous therapies, pain management procedures, injections, and transfusions.
- As many Niagara residents travel for consults to other hospital sites, the Centre will be hosting visiting specialists to provide care closer to home. This patient population will be served on a weekly basis.
- The Community Mental Health Clinic typically sees patients referred to the clinic from the community seeking consultation and/or assessment by a clinician in conjunction with one of the psychiatrists. WLMH is a leading mental health care provider in Exposure and Response Prevention for Obsessive Compulsive Disorder which is the gold standard in treatment for this disorder. We understand WLMH to be the only provider in Niagara for this type of treatment. The West Niagara Mental Health Team at WLMH provides assessment, consultation, and treatment services for outpatients 14 years of age or older who are experiencing mental health problems. The new Centre will also be home to sub-specialized services including the Community Mental Health Addiction Services for youth and adults, Early Psychosis Intervention and Early Intervention for Transitional Age Youth.
- Partnerships and referrals for services occur within a variety of health care services including the following from the Niagara Region:
 - As it relates to medical/surgery services: Patient flow between the Niagara Health System and WLMH provides an avenue for patients to be supported closer to home.
 - As it relates to mental health services: Referrals and support occur between the Ministry of Children and Youth Services, Community Addiction Services of Niagara, Gillian's Place Women's Shelter, Grimsby Benevolent Fund Services, Oak Centre Club House and Public Health.

IMPORTANT STATISTICS & PROJECTIONS FOR AMBULATORY CARE CENTRE

Historical and Projected Workload					
Service	2014/15	2017/18	2018/19	2024/25	2018 to 2025 Differential
Palliative	10,218	10,866	13,581	15,736	+15.8%
Medical/Surgical	1,188	2,555	4,288	26,988	+629.38%
Mental Health	5,159	6,517	8,018	9,794	+22.1%

- ✓ The mental health services provided to the Niagara Region at WLMH have grown by approximately 23 % per year since 2014/15 with new investment in services supported by HNHB LHIN.
- ✓ Between 2017/18 and 2018/19 there was a 24 % increase in palliative care services at WLMH provided to patients in the Niagara Region.
- ✓ Greater detail regarding the tracking of mental health care is not available due to essential privacy protocols that are in place to prohibit the sharing of data.

EDUCATION SERVICES

WLMH is one of the teaching sites for the Niagara Regional Campus of McMaster University's Michael G. DeGroote School of Medicine, supporting the medical training of undergraduate MD students and postgraduate resident physicians. The medical teaching program embedded at WLMH enhances the opportunity to train, recruit, and retain physicians locally in the Niagara Region. Maintaining the investment in medical education in Niagara is a highly effective and cost-efficient opportunity to help assure the availability of high-quality primary care and specialist care physicians for the citizens of Niagara. This program enables a highly skilled and sustainable health service workforce for decades to come.

WLMH also partners with Brock University and Niagara College to provide their nursing programs with opportunities for training and experience.

The Centre will offer educational placements for ultrasound and CT students, residents/fellows, and diagnostic service technologists. At any one time, there may be two to three students/trainees in the Centre.

IMPORTANT STATISTICS & PROJECTIONS FOR EDUCATION SERVICES

- ✓ WLMH on average serves 80 plus on site hospital learners for the Niagara Region on an annual basis.
- ✓ 18 % of all undergraduate students who have completed their studies return to practice in the Niagara Region.
- ✓ 52 % of all family medicine residency graduates set up practice in the Niagara Region.
- ✓ 90 % of all family medicine graduates that practice in Niagara are also appointed faculty at the Niagara Regional Campus of McMaster University's Michael G. DeGroote School of Medicine.

MATERNAL NEWBORN SERVICES

WLMH Maternal Newborn Services will provide high quality low risk birthing and obstetrical care to the Niagara Region. The team providing care includes obstetricians, family physicians, midwives, and nursing staff who support patients through pregnancy, birth, and the initial post-partum period. The new hospital will continue the tradition of a well regarded birthing experience for families.

IMPORTANT STATISTICS & PROJECTIONS FOR MATERNAL NEWBORN UNIT

Historical and Projected Workload					
Cases	2014/15	2017/18	2018/19	2024/25	2018 to 2025 Differential
Adult Surgical	361	308	293	318	+8.5%
Newborn and Neonate	938	749	717	760	+5.9%
Obstetrics - Vaginal Birth	686	551	545	603	+10.6%
Obstetrics - C-Section	238	181	151	167	+10.5%
Obstetrics - Other	57	58	57	63	+10.5%
Totals	2,280	1,847	1,763	1,911	+8.3%

- ✓ The five year average of patient volume for obstetrical care at WLMH indicated that 40 % of patients are from outside of West Niagara, and live in the Niagara Region.
- ✓ Growth projections anticipate a total of over 1,600 patients (800 mothers and 800 infants) annually by 2024/25.

WLMH AND THE INTEGRATION OF HEALTH CARE IN THE NIAGARA REGION

WLMH plays an integral role in the Ontario Health West region which also includes the Niagara Health System. Quality patient outcomes depend on a well integrated regionalized system. Health care in Ontario does not work in a silo system and each hospital relies upon the other. The integration of health care in Niagara is evidenced in the following ways:

- Geographic boundaries are being removed to create new opportunities for care that are centered on patients, families, and care-givers, no matter where they live in the Region. Patients in the Region with less complex healthcare needs have the benefit of accessing services offered at WLMH, allowing Niagara Health Services to focus on complex, acute care and specialty care.
- On average, over 36,000 residents of the Niagara Region receive healthcare from hospitals in Hamilton-Wentworth annually for inpatient, emergency department and same day surgery services. Conversely, approximately 4,000 residents of Hamilton-Wentworth receive healthcare from hospitals in the Niagara Region for the same services.
- On average, 1,400 patients from the Niagara Region receive tertiary health care from the hospitals of Hamilton Health Sciences annually.
- Repatriation and transfers of patients between hospitals have been a long standing support practice, to bring patients to the hospital closest to home. Repatriation occurs when patients who were in need of higher acuity or specialized care in other hospitals are now at a level of care that does not require more intensive services; and so they are ready to return closer to home. These patients are usually in need of further rehabilitation and discharge planning, thus creating capacity at other hospitals for patients who require higher acuity services or other patients from their catchment area.

REQUEST FOR SUPPORT

West Lincoln Memorial Hospital Foundation, along with the supporting municipalities of Grimsby, Lincoln, and West Lincoln respectfully request the support of its regional government the Niagara Region to assist in funding with \$14 million towards the local share of \$60 million. This contribution will support regional health care in Niagara as demonstrated throughout this document.

We hope that as part of your consideration of funding the new hospital you will review the information within this proposal as well as consider the following factors:

- Current population density within West Niagara as compared to the rest of the Region
- Current and projected assessment base of West Niagara and the contribution made to the Region
- Future population density within West Niagara compared to the rest of the Region
- Required infrastructure for projects of this nature may already be existing and therefore not impact the Regional budget; including the maintenance of said infrastructure

- Deer Park Villa, a Niagara Region long term care facility located on the WLMH property, has benefited from a rent-free tenancy since the transfer of ownership in 2003 to the Niagara Region. Deer Park Villa sits on 6.42 acres or approximately 50 % of the hospital site lands.
- Property development impacts for the Regional budget including both residential and commercial

Overall, your support will enable us to be the best community of healthcare to the residents of Niagara and we thank you for your consideration in partnering with us.

Enclosures – see Appendix A

1. Letter from Lynn Guerriero, President and Dr. Thomas Stewart, CEO of Niagara Health
2. Letter from Dr. Denise Marshall, Medical Director, Niagara West Palliative Care Team and McNally Hospice, Professor of Palliative Medicine, Faculty of Health Sciences, McMaster University
3. Letter from Dr. Amanda Bell, Regional Assistant Dean of McMaster University, Michael G. DeGroote School of Medicine Niagara Regional Campus
4. Letter from Dr. Matthew Noble Wohlgemut, Family Physician

MEMORANDUM

CSC-C 22-2020

Subject: COVID-19 Response and Business Continuity in Corporate Services
Date: November 9, 2020
To: Corporate Services Committee
From: Todd Harrison, Commissioner of Corporate Services and Regional Treasurer

Corporate Services delivers efficient and innovative service excellence to external and internal customers in an integrated and timely manner.

During this pandemic, our staff have continued this support function for core businesses within our group and for operating departments. In addition, Corporate Services has provided critical support to the Emergency Operations Committee (EOC).

The following provides an overview of activity that has taken place and a projection of expected service delivery moving forward:

CONSTRUCTION, ENERGY AND FACILITIES MANAGEMENT (CE&FM)

The CE&FM group is divided into two main groups, Construction and Facilities Management. This team continues to be an essential component of the Region's EOC.

Some of the functions performed in this capacity are:

- Maintaining Vine Portal for EOC supply chain requests allowing for increased efficiencies and tracking of delivery;
- Coordinating the sourcing of essential supplies in collaboration with other departments;
- Continuing Operations and Maintenance of all opened facilities including enhanced cleaning protocols to ensure safe working environment for essential staff not working from home;

- Coordinating emergency procurements of PPE and other supplies that are critical to business continuity for essential services;
- Coordinating shipping/receiving and securement of critical supply needs;
- Providing dedicated and secured storage areas to assist LTC pandemic supply requirements;
- Upgrading facilities with social distancing barriers, protective screens;
- Responding to internal client needs for changes in normal operations, special moves and health & safety concerns;
- Providing enhanced security monitoring of sites with reduced and or no staff on site; and
- Redeployment of CE&FM staff to support REOC and facilities operations.

Operational Outlook

1/3/6 months

Construction:

- Continue to work with contractors on construction sites for work that resumed as of mid-May.
- For projects not in construction, staff is proceeding with procurement for projects deemed to be critical to proceed.
- Working with OH&S, determining what physical changes are required to re-open Regional office locations to the public.
- Completed installation of glass/plexi barriers at SAEO Niagara Falls, Welland, St. Catharines, Fort Erie, and Port Colborne public waiting areas.
- Working with communications, developed new Region floor decals and signage for physical distancing. Decals are installed at Welland POA Courts, SAEO offices at Niagara Falls, Welland and St. Catherines and partial installation at Niagara Region HQ based on operational need.
- Completed working with dental clinics to review air exchange requirements in order to resume in person appointments.

Cleaning:

- Staff has extended the current enhanced COVID cleaning requirements for facilities managed by CE&FM and EMS stations.
- Renegotiated cleaning contract to extend for another 6 months based on right sizing operations to meet PH guidelines.

- Procured additional cleaning and janitorial supplies to meet divisional and client needs.
- Addressed multiple emergency workplace disinfection requests following positive COVID findings in the workplace.

Supply Chain and Deliveries

- Dedicated staff for delivery and reception of all Region Headquarters deliveries to loading dock to limit personnel entry to Region Headquarters.
- Have met all client and division's support requests for procurement of PPE, hygiene and cleaning supplies.
- Sourced N95, cloth and surgical masks for use by region staff based on operational needs.
- Increasing inventory of critical PPE supplies for fall flu season (including anticipation of second wave).

Building Security

- Continue to monitor security and facility access control systems to meet program delivery needs.
- Continue to keep all Region sites functional, safe and secure for eventual return to normal operations.

Non-essential maintenance and repair work

With opening up of maintenance and repair work by the Province in early May, continue with critical maintenance repair work and services and any other work required for the efficient building operations.

FINANCIAL MANAGEMENT AND PLANNING (FMP)

Current Status of Operations

As indicated, all of the Corporate Services Departments continue to deliver core services while at the same time perform a significant number of duties to support the Regional EOC.

FMP staff have continued to support core business functions during the pandemic. Some highlights of these actions include:

- Complete the 2019 year end audit;
- Submission to the Province of the 2019 Financial Information Return;
- Publication of the 2019 Annual Report;
- Develop 2020 tax bylaws and provide required necessary report and bylaws;
- Work with Public Works to update financial implications of SNF water treatment plant for inclusion in the 2021 budget;
- Publication of the 2020 Budget Summary;
- 2021 budget planning and preparations;
- Successful sale of \$34 million in serial debentures (\$15.5 million Regional) on July 31 at all time historical low interest rate of 1.43% for 10 years;
- Preparation of 2021 Capital and Operating Budgets timetables and planning report for Council and establishing strategies for budget preparation;
- Reported to Council on the second quarter financial results and year end forecast;
- Completion of Service Sustainability Review project and reporting to Council; and
- Update of Standard and Poors credit rating, reaffirming the Region's AA stable credit rating.

Additionally, FMP has a main role in the Region's EOC as part of the Finance and Administration Unit. Highlights include:

- Development and implementation of procedures for cost reporting and tracking;
- Coordination and collaboration with municipal treasurers of assumptions and information for consolidated financial impact information for advocacy to provincial and federal governments;
- Review of Regional capital projects in light of provincial legislative essential construction business and Regional capacity to complete;

- Implementation of on-line/credit card payments for services such as business licenses, garbage bag tags including direct sales to residents, planning and transportation permits, long term accommodations, etc.;
- Support HR in development of cost tracking system to facilitate staff redeployment to essential services in pandemic including ongoing update of EOC costing assumptions;
- Support HR in establishing process to administer pandemic pay. Finance is leading completion of significant additional reporting requirements for various different Ministry;
- Extensive cash flow and collections analysis and planning in conjunction with local municipalities;
- Analysis and reporting related to Council motion to consider deferral of 2020 water/wastewater budget increases;
- Preparation of COVID-19 recovery planning documentation and consolidation of corporate plan; and
- Complying with reporting requirements for \$12.8 million in provincial Safe Restart funding and submission of application for funding of Phase 2 funding along with the completion of additional COVID-19 extraordinary cost claims and reports to various Ministry.

Operational Outlook

1/3/6 months

- Managing Local Area Municipality receivable and payables in accordance with CSD 31-2020.
- Improvements to Cash Flow model tools and processes to support ongoing operations and cash flow implications of municipal COVID concessions.
- Ongoing COVID financial analysis and weekly/monthly impact and cash flow reporting to Council with updates for items impacting 2021 budget to be added.
- Third quarter financial reporting to Council in accordance with policies.
- Ongoing financial reporting submissions for pandemic pay and COVID-19 extraordinary cost claims including Phase 2 of Safe Restart due November 6.
- Supporting the 2021 Capital and Operating Budgets preparation including establishing new processes to integrate Capital Asset Management Resource Allocation model integration with Capital Financing Strategy.

- Supporting GO implementation, Niagara Regional Transit Governance, Canada Summer Games, Airport Master Plan RFP, sponsorship revenue, Asset Management Planning.
- Securing HST advisory services to minimize HST impacts on Canada Summer Games construction costs.
- Creation of Development Charge Bylaws RFP and new Development Charge Policy regarding payment instalment options and related interest.
- Financial and implementation analysis for HRIS support and alternative models.
- Coordinating debenture issuances with infrastructure Ontario for Region and Area Municipalities.
- PeopleSoft configuration changes to report to Council on sole source procurements in excess of \$100,000.

PROCUREMENT AND STRATEGIC ACQUISITIONS (PSA)

Current Status of Operations

Similar to other departments within Corporate Services, PSA staff have delivered by supporting core business functions while taking on additional projects to support the Region's EOC.

Highlights of activity during the operational period includes:

- Facilitating new and ongoing procurements culminating in award;
- Realty related works for inflight projects, leases and licenses;
- PeopleSoft Change PO's, Supplier and PCard administration;
- Sourcing critical PPE and supplies needed for the EOC response to the pandemic; and
- Preparation of Covid-19 recovery planning documentation.

Operational Outlook

1/3/6 months

The Region's review of essential projects both capital and operational has resulted in a prioritization of formal procurements moving forward. This will continue throughout the pandemic and afterwards.

INFORMATION TECHNOLOGY SERVICES (ITS)

Current Status of Operations

Similar to other departments within Corporate Services, ITS staff have delivered by supporting core business functions while taking on additional established projects to support the Region's EOC.

Highlights of initiatives completed during the pandemic include the following:

- Support for onboarding the 2 new WM collection contractors - modifications and enhancements to various applications were required to support this initiative.
- Implemented a public facing website with automation of the application process for qualification of Specialized Transit services offered by Niagara Region.
- Modifications to EMS Tools to adhere to recently revised Ministry of Health regulations for Incident reporting.
- Modifications to HSMS (Hauled Sewage Management System) for WWW to enable GIS/mapping services connectivity, data capture for Source locations, enhance search capabilities, enhance filtering capabilities and usability.
- Modifications to various web applications to support the AODA 2021 compliance regulations.
- Security enhancements to ChildCare EReg to further safeguard sensitive data.
- FOI Application upgrade to stay current with security and functionality offered by the vendor.
- Produced a LAM specific visualized Power BI COVID report for public health resources to deliver weekly to each Mayor and CAO and other requested senior staff
- Assisted the City of Thorold by producing economic development maps to be used with prospective clients/developers for the City. Five different maps were produced in total.
- Produced a data solution for school outbreak COVID reporting in the EOC (both EOC's)
- Begun working towards implementing a long term data solution for public health COVID information and contact tracing.

Operational Outlook

1/3/6 months

- Continued support for COVID-19 initiatives while supporting and enabling staff to work from home. Prior to COVID-19 daily average for the number of remote connections was approximately 90 users, current daily average is 1270 users.
- Ongoing updates to the screening questions used by EMS in their tool 'EMS Tools'
- Ongoing COVID-19 data analytics including internal operations supports and external data visualizations - Launched enhanced stats on external website including municipal breakdown.
- Implemented technology and processes to accommodate electronic public participation in Council and Committee meetings.
- Went live with the "Homelessness Reporter" for Community Services that will allow staff to track and monitor homeless in Niagara.
- Automated Public Health EOC status report for daily briefing and Ministry submission.

LEGAL SERVICES

Current Status of Operations

As indicated, all of the Corporate Services Departments continue to deliver core services while at the same time perform a significant number of duties to support the Regional EOC.

The Legal team provides a key role in the Region's EOC. The team provides ongoing support and advice in particular related to the interpretation and implementation of new provincial legislation and Emergency Orders that have been issued throughout the pandemic. Highlights of advice provided in this regard:

- Advice and legal support related to the development and implementation of the Region's face covering by-law;
- Advice related to impact of emergency orders on construction to ensure the continuation of essential Regional capital projects and help minimize pandemic-related project costs and disruptions;

- Risk management advice on building screening and security issues; and
- Advice related to recovery planning/reopening of Regional facilities.

Operational Outlook

1/3/6 months

The Legal team continues to provide advice and support to operational departments on core business activities, including risk management and insurance advice and litigation support. The team also continues to provide additional support for REOC and COVID-19 related matters as required, with the majority of the team working remotely.

COURT SERVICES

Current Status of Operations

The Court Services team is overseen by the Region's legal department on behalf of the joint board of management, between the Region and area municipalities.

Highlights of operational changes to Court Services:

- Facility reopened to the public effective September 14, 2020 for counter service only. Remote service continues to be leveraged wherever possible.
- Direction from the Ministry of the Attorney General has been received indicating that all in-person matters have been adjourned to at least January 25, 2021.
- Since July 6, judicial pre-trial matters and early resolution guilty pleas have been conducted remotely where eligible, before a Justice of the Peace via audio conference.
- Commencing October 19, 2020 all non-trial remote matters will be conducted remotely where eligible, before a Justice of the Peace via audio conference.
- Amendments to the Provincial Offences Act made pursuant to Bill 197, the COVID-19 Economic Recovery Act, 2020, received Royal Assent came into effect July 21, 2020. These amendments will enable Court Services, in

consultation with the judiciary, to make greater use of technology to deliver justice services remotely. These updates include:

- Allowing defendants to request a trial, in early resolution courts and in first attendance municipalities that administer parking, by mail or other electronic method permitted by the court house;
 - Allowing defendants and prosecutors to conduct early resolution discussions remotely in all cases; and
 - Allowing any participant, including a clerk of the court, witness, judge, or justice of the peace, to attend any proceeding remotely by audio or video, unless the presiding judicial official orders otherwise.
- Court services is well equipped to deliver these services remotely, and has begun to do so, based on extensive preparation for remote matters in addition to the modern technology available onsite at the courthouse facility. Further guidance is pending from MAG regarding electronic protocols to enable further transition to remote proceedings.
 - Continued collaboration with Facilities and Corporate Health & Safety to prepare for resumption of in-person court matters, utilizing the Recovery Secretariat Guidelines which have been provided by the MAG.

Operational Outlook

1/3/6 months

Continue to provide customer service support remotely wherever possible, and in-person via counter service where required. Continue to conduct eligible remote court matters electronically while awaiting resumption of in-person court proceedings.

ASSET MANAGEMENT OFFICE

Current Status of Operations

AMO staff continue to support core business functions during the pandemic. Some highlights of these actions include:

- Planning and leading the development and submission to the Province of the 2021 Asset Management Plan in accordance with Reg 588.
- Initiated development of a corporate Asset Registry focusing on the asset hierarchy to support the 2021 AMP.
- Continuing development of the Region's Enterprise Risk Management Framework.

AMO has redeployed 2 of 5 staff to support the Regional response to Covid-19.

The recruitment process for 2 of the 5 staff vacancies has been completed.

Projects to improve the Region's Asset Management System (AMS) require participation and collaboration from staff across the organization. Given the impact of COVID-19 on divisional plans and resources, the ability of Region staff to focus time on the AMS projects is limited and will have further impact on the schedule of 2020 projects. A schedule assessment indicates the majority of planned 2020 projects are now delayed while some are on hold due to the previous staffing levels.

AMO staffing issues – vacancies and redeployment – have been resolved or will be soon. This will permit more of the planned improvement projects to start and completed. However, there will be an impact to the overall 5-year plan. This impact will be evaluated and addressed over the next two to four months.

Operational Outlook

1/3/6 months

The Asset Management System development projects that are underway (Priority 0) and those planned in the coming months (Priority 1) are tabled below. These projects are directly related to the requirements of the 2021 Asset Management Plan.

Table 1: Asset Management System development projects

Priority	Service availability by Phase	Current status	
		Project	
0	PNM	Delayed	Region AM delivery structure ID 112
0	PNM	Delayed	AM program foundations ID 430
0	PNM	Pilot completed	CAMRA - Risk Management Framework ID 248
0	M	Delayed	Develop data analytics capabilities- Microsoft BI ID 530
0	PNM	Delayed	Develop AM performance management KPIs ID 410
0	PNM	Inaugural meeting set 13 Nov	Niagara Region AM working group ID 512
0	PNM	Initiated	Process for preparing the AM Plan ID 210
1	PNM	Delayed	Capital planning process ID 262
1	PNM	Initiated	Enterprise Risk Management Framework ID 249
1	PNM	Initiated	Develop Asset Registry - hierarchy and relationships ID 242
1	C	On hold pending resource evaluation	Project Resource Estimating - cost model ID 310
1	PNM	Pending ID 210	2021 AMP ID 630

Notes: PNM: No changes but delivered differently - e.g. working remotely

C: Cancelled pending redeployed/ staff vacancies and resource evaluation

Other planned 2020 projects not tabled above, and that have only an indirect bearing on the 2021 Asset Management Plan, or are related to supporting Niagara's local municipalities are also on hold until staffing issues have been resolved.

BUSINESS LICENSING

Current Status of Operations

Similar to the other departments in Corporate Services, the Business Licensing unit has continued to operate with core service delivery as well as play a role in the Region's EOC. These activities are identified separately.

Business License

- Continuance of processing, and issuance of business licenses including fee payments and response to enforcement and inspection requirements.
- Developing office protocols for streamlined business licensing processes under COVID-19 restrictions.
- Investigating permanent eCommerce licensing sales and software database updates.

Provincial Order Enforcement

The provincial government requires continued enforcement of provincial orders by municipalities. Business Licensing staff maintain availability for active enforcement and inspection measures for the orders and provide support to local municipalities and Niagara Regional Police.

- 3 staff have been re-assigned to enforce the Provincial Orders and beginning October 18, 2020 are providing 7 day a week coverage from 10:30 am to 8:30 pm. Staff remain assigned to this until further notice or when the orders and state of emergency are lifted. Hours of operation and days of service are assessed weekly and will be adjusted to meet demands and pressures.
- Staff respond to Provincial Order and Regional Face Covering By-law complaints to assist the local response and also conduct random compliance inspections. Staff also continue to ensure Region licensed businesses are following order requirements and adherence to the Regional Licensing Bylaw.
- Provincial Order enforcement, including education, for the Re-opening Ontario Act.
- Regional Face Covering By-law enforcement including education.

Operational Outlook

1/3/6 months

The Regional Enforcement Manager will continue to work in cooperation with local municipalities, NRPS and other Regional departments in a coordinated approach to enforcement of Provincial Orders and Regional Face Covering Bylaw until the pandemic eases.

The business license bylaw review is ongoing and will come before Council in December of 2020.

INTERNAL AUDIT

Current Status of Operations

Internal Audit recently completed an RFP for audit consulting services to review all non-competitive purchasing activity. This should be completed in the Q4 with a report coming to Audit Committee in late 2020 or early 2021.

Internal Audit is working with client groups and consulting with several jurisdictions to scope out cyber security and IT related audits to commence in the new year. Internal Audit is also updating the Management Action Plan report to be presented at the December Audit Committee meeting.

Operational Outlook

1/3/6 months

As part of a more comprehensive operational strategy for the internal audit function a draft audit plan will be developed and presented to Audit Committee in the new year which will include a succinct risk assessment to identify and prioritize future audits for the next 2-3 years.

Internal Audit will present the results of the non-competitive procurement and commence work on the BioSolids value for money audit within the next 2-4 months.

Respectfully submitted and signed by

Todd Harrison, CPA, CMA
Commissioner of Corporate Services and
Regional Treasurer