

Request for Decision City Council





Type of Decision									
Meeting Date	December 12, 2002				Report Date	December 4, 2002			
Decision Requested	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Priority	<input checked="" type="checkbox"/>	High	<input type="checkbox"/>	Low
	Direction Only				Type of	<input checked="" type="checkbox"/>	Open	<input type="checkbox"/>	Closed

Report Title
Right Turn Restrictions-Intersection of Elm Street at Lorne/College Street

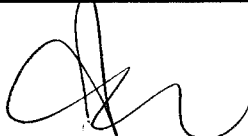
Policy Implication + Budget Impact	
n/a	This report and recommendation(s) have been reviewed by the Finance Division and the funding source has been identified.
<input checked="" type="checkbox"/>	Background Attached

Recommendation
<p>-THAT the following right turn movements at the intersection of Elm Street and Lorne/College Street be permitted at any time.</p> <ul style="list-style-type: none"> (1) Eastbound traffic on Elm Street (2) Westbound traffic on Elm Street (3) Southbound traffic on College Street <p>-THAT required By-law be passed by Council to amend the City of Greater Sudbury's Traffic and Parking By-law 2002-1 to implement the recommended changes.</p>
Recommendation Continued

Recommended by the General Manager
 Don Bélisle General Manager of Public Works


Recommended by the C.A.O.
 Mark Mieto Chief Administrative Officer

Report Prepared By



Soutsay Boualavong
Traffic Analyst

Division Review



Ronald W. Norton
Acting Director of Engineering Services

Background

The Traffic and Transportation Section has received requests from local businesses in the Elm Street and College Street intersection area to review the "No Turn" restrictions at the intersection of Elm Street and Lorne Street / College Street (see Exhibit "A").

The existing turn restrictions were implemented many years ago (early 1970s) to reduce delay for through traffic and improve pedestrian safety at the intersection.

These delays were caused by vehicles waiting on right turn movements for pedestrians to cross the intersection.

Analysis

In our review of the need to maintain restricted right turn movements, we have evaluated the following parameters:

- Intersection Information
- Capacity Analysis
- Seven hour Turning Movement Count
- On-site investigation

1. Intersection Information

The subject intersection is located in the Central Business District (CBD) of the City of Greater Sudbury (see Exhibit "B"). The intersection is currently controlled with traffic signals. Elm Street is designated as a primary arterial roadway which has an Average Daily Traffic (ADDT) volume of 17,500 vehicles on the east approach of the intersection and 11,000 vehicles on the west approach.

At this intersection, Elm Street is constructed with two lanes in each direction. The westbound approach has an exclusive left turn lane and an exclusive through lane. The eastbound approach has a combination through/left lane and a through lane. Parking is permitted along the north side of Elm Street from 26 metres east of Alder Street to Lorne Street and on the south side from 26 metres east of Alder Street to 122 metres west of Lorne Street. The speed limit is 50 km/h.

Currently, the eastbound right turn movement from Elm Street to Lorne Street is prohibited from 7:00 A.M. to 7:00 P.M., Monday to Friday inclusive. The westbound right turn movement onto College Street from Elm Street is always prohibited (see Exhibit "C").

1. Intersection Information continued

Lorne Street is designated as a primary arterial roadway and has an AADT of 14,000 vehicles. College Street, is designated as a collector roadway and has an AADT of 7,000 vehicles.

Currently, the northbound left turn from Lorne Street to Elm Street and southbound right and left turns from College Street to Elm Street are always prohibited (See Exhibit "C"). The speed limit along Lorne Street and College Street is 50 km/h.

2. Capacity Analysis

A capacity analysis was conducted during the afternoon peak period using two different scenarios:

- (a) Existing conditions
- (b) Conditions with the removal of the "No Right Turn" By-law restrictions at the intersection

Both of these analysis were conducted based on the existing signal phases, lane configuration, signal timing, and traffic volumes. Since right turns are currently prohibited, there is no data available to project what the existing demand might be for the right turn movements. For this analysis, 25% of the through traffic volume was assumed as right turns which is commonly observed at nearby intersections in the CBD. The results of the analysis are summarized on Table 1.

3. Seven Hour Turning Movement Data

The seven (7) hour turning movement data collected during the afternoon peak period, indicated that there were 42 pedestrians crossing College Street per hour, 41 at Lorne Street and 26 at Elm Street. These volumes are considerably less than half of the volumes at similar CBD intersections. The seven hour turning movement data also indicated that there was an average of three (3) vehicles per hour (veh/hr) making an illegal right turn from Elm Street to College Street, four (4) veh/hr from Elm Street to Lorne Street and five (5) veh/hr from College Street to Elm Street. This high number of illegal turns indicates that there is a heavy demand of right turns at the intersection.

4. Onsite Observation

Onsite observation also indicated that drivers are cutting through private properties to gain access to College Street and Elm Street.

Summary

Based on the findings from the capacity analysis and on site investigation, it is our opinion that the right turn movements could be reinstated without creating excessive delays for through traffic or making it unsafe for pedestrians at the intersection.

To implement the recommended changes, alterations will be required to the traffic signal plant. The estimated cost to upgrade the signals is \$9,500.

Summary continued

It is recommended that right turns at the subject intersection be permitted for a trial period of one year.

During this period, the Traffic and Transportation Section will monitor the operation of the intersection including turning movement data, pedestrian safety and intersection capacity.

At the end of the trial period, should there be problems with the operation of the intersection, the matter will be revisited.

Table 1. Capacity Analysis - Afternoon Peak Period

Scenario	Direction	Approach	
		Stop Delay (sec)	LOS (Level of Service)
(a) Existing Conditions	Elm Street, Eastbound	21.8	C
	Elm Street, Westbound	26	D
	Lorne Street, Northbound	19.4	C
	College Street, Southbound	23.8	C
	Intersection	22.7	C
(b) Removed "No Right Turn" By-law Restrictions	Elm Street, Eastbound	23.3	C
	Elm Street, Westbound	36.5	D
	Lorne Street, Northbound	19.4	C
	College Street, Southbound	24.9	C
	Intersection	26	D

Source: Highway Capacity Manual, Special Report 209, Table 9-1, Level of Service (LOS) Criteria for Signalized Intersections

LOS A - Describes operations with a very low delay, i.e. less than 5 seconds per vehicle

LOS B - Describes operations with a delay in the range of 5.1 to 15 seconds per vehicle

LOS C - Describes operations with a delay in the range of 15.1 to 25 seconds per vehicle

LOS D - Describes operations with a delay in the range of 25.1 to 40 seconds per vehicle

LOS E - Describes operations with a delay in the range of 40.1 to 60 seconds per vehicle

LOS F - Describes operations with a delay in excess of 60 seconds per vehicle

The results of the analysis revealed that the level of service at the intersection slightly decreased (from C to D) but the overall delay (approximately three (3) seconds) is not significant.

DALRON  LEASING

April 12, 2002

Regional Business Center
200 Brady Street
Sudbury, Ontario
P3E 5K3

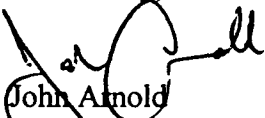
Attention: Helen Mulc

Dear Helen,

It comes to my attention that you will be approaching the City's Traffic department regarding the "no turning" by-laws at a couple of intersections in downtown Sudbury.

Our office is located on the Northeast corner of Elm Street and Lorne Street. At those lights there is a no right turn as you head West on Elm Street and a no right turn as you head south on Lorne. On a daily basis cars are turning onto our property to cut the corner, and they do the same at Roy's Furniture across the street. This is a very dangerous and annoying occurrence. Making these intersections more driver friendly would be greatly appreciated.

Yours truly,



John Arnold
Dalron Leasing Limited
Property Manager/Commercial Leasing



Interoffice Correspondence

MEMO TO: Dave Kivi, Acting Co-ordinator of Traffic & Transportation Services

FROM: Helen Mulc, Manager, Business Development

SUBJECT: "No Turning" By-Law at corner of Elm and Lorne Streets

DATE: April 17, 2002

As per our discussion, I have been contacted by tenants and more recently by the landlord of the former Mike Doyle building at the corner of Elm and Lorne Street regarding the by-law prohibiting right hand turns at that intersection. The owner of that property is Dalron Construction which houses their operations and that of other tenants. As you know, parking spots for tenants are available at the rear of that building but access to that lot is limited due to the current by-law which prohibits right hand turns onto College Street.

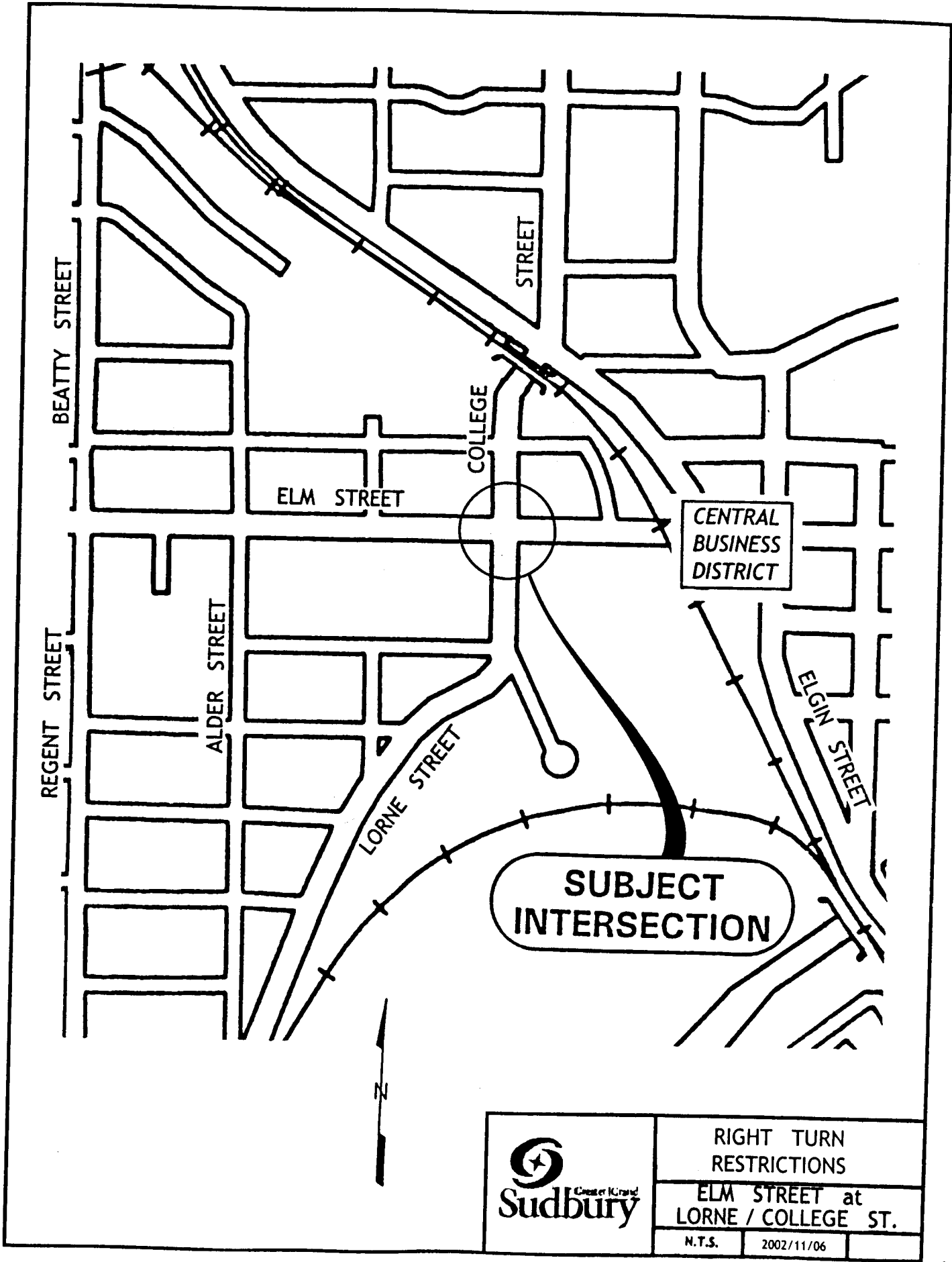
If you recall, when the property was the former Mike Doyle car dealership, there was a "drive through" spot in front of the building to allow for customers to drop off their vehicle for servicing. According to the letter received from Mr. Arnold, that "drive through" is now being used by general public as an access to College/Lorne Street. As you know, cars are also using the Roy's Furniture Plus parking lot to make the right hand turn from College onto Elm Street. According to Mr. Arnold, this has created a potentially dangerous situation on the property and I attached is a letter indicating his support to change the existing by-law.

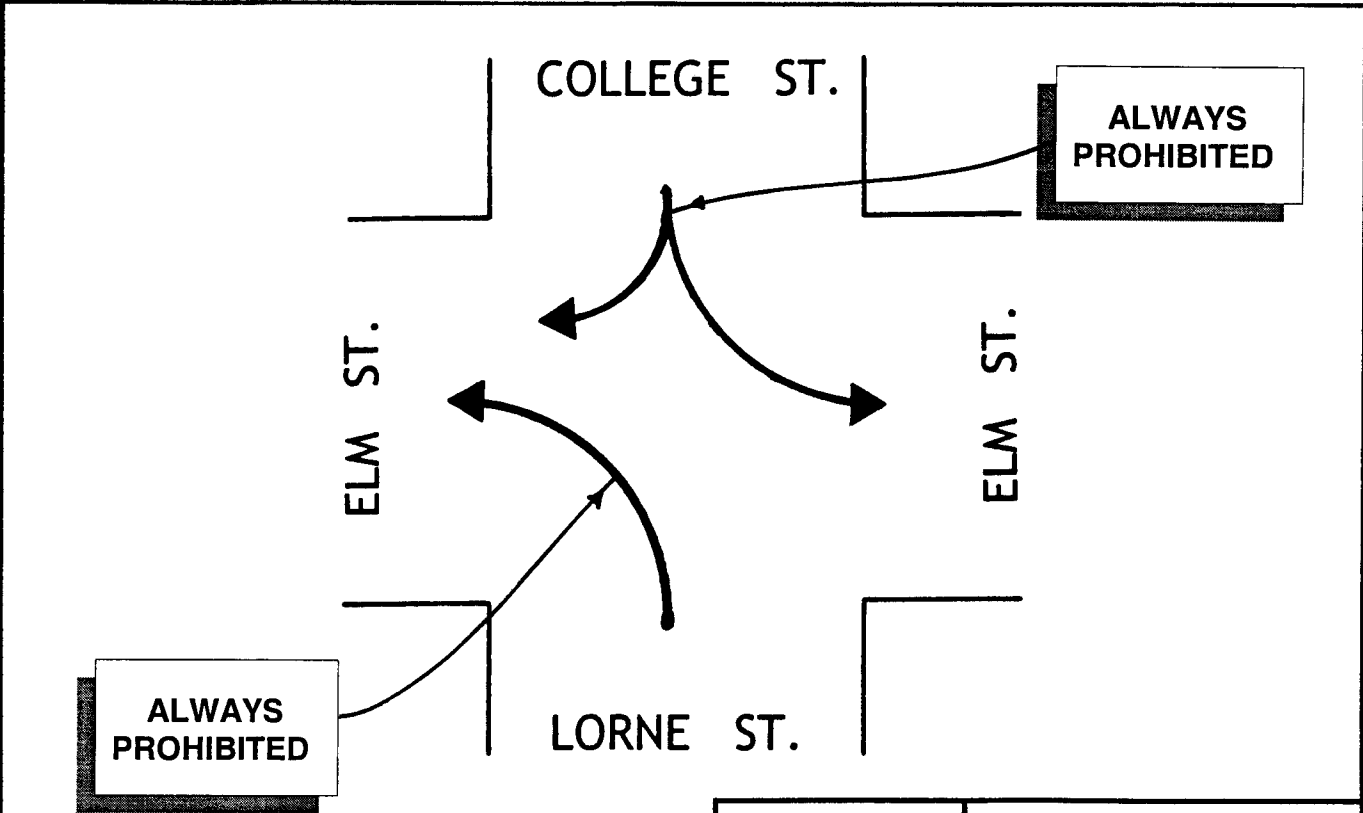
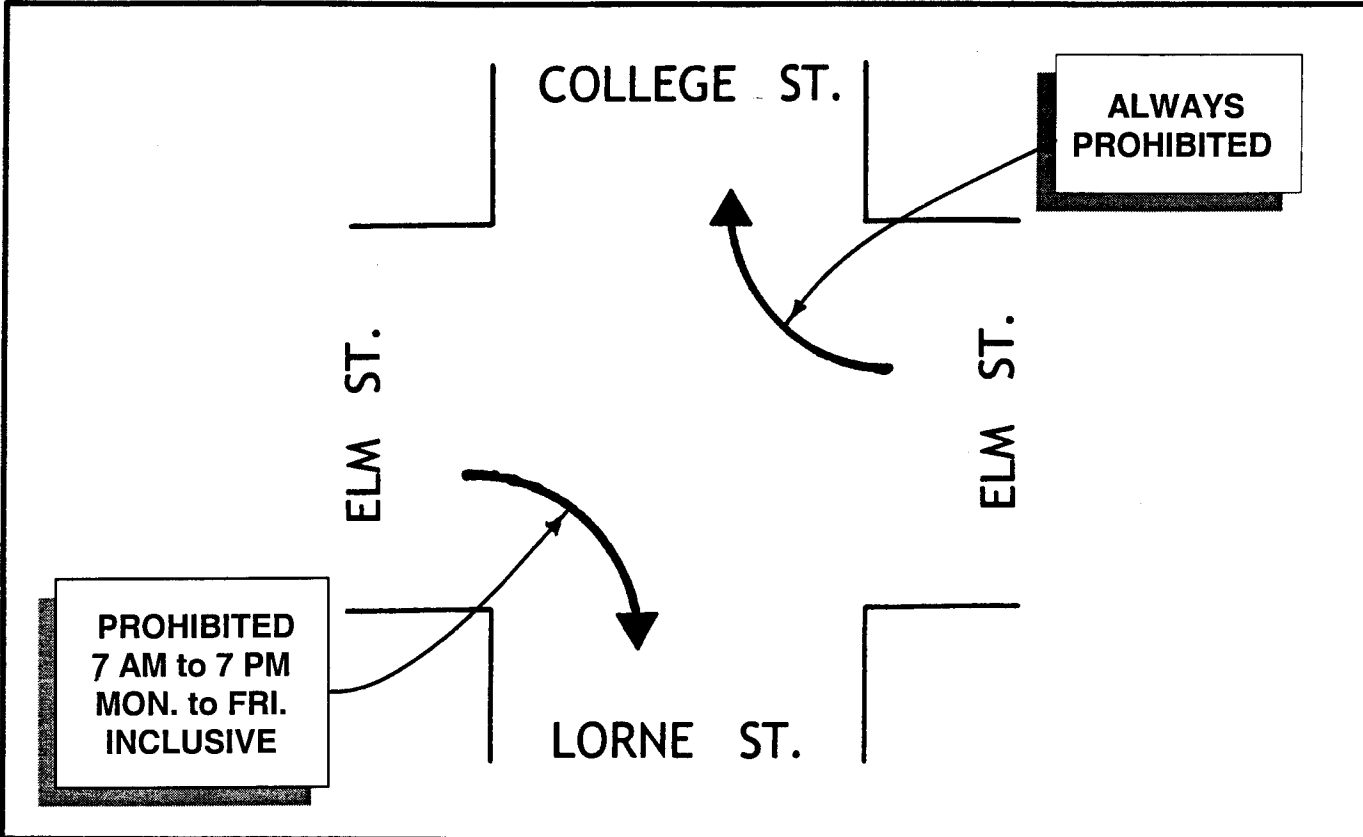
Dalron Construction would like to offer their tenants, staff and clients ease of access to this property and to their parking facilities and therefore is supporting the request to change the existing by-law to allow for vehicles to turn right from Elm onto College Street. I trust that once the Traffic & Transportation Services department considers this request, this will provide the opportunity to review the other "turn" opportunities at that intersection.


I thank you in advance for your consideration and prompt response to this matter. Please do not hesitate to contact me for any further discussions pertaining to this matter. I would appreciate being kept informed on progress being made regarding this request.

c.c. Doug Nadorozny, General Manager, Economic Development & Planning Services
Greg Clausen, Director, Engineering Services

Helen Mulc
RECEIVED
APR 17 2002





	RIGHT TURN RESTRICTIONS		
	ELM STREET at LORNE / COLLEGE ST.		
	N.T.S.	2002/11/06	

Request for Decision City Council



Type of Decision

Meeting Date	December 12, 2002				Report Date	December 2, 2002			
Decision Requested	<input checked="" type="checkbox"/>	Yes		No	Priority	<input checked="" type="checkbox"/>	High		Low
	Direction Only				Type of	<input checked="" type="checkbox"/>	Open		Closed

Report Title

TAX EXTENSION AGREEMENT - Roll # 160.015.304.03.0000
Marc and Monique Paquette

Policy Implication + Budget Impact

This report and recommendation(s) have been reviewed by the Finance Division and the funding source has been identified.

N/A


☒ Background Attached

Recommendation

That the appropriate by-law be enacted.

Recommendation Continued

Recommended by the General Manager


D. Wukosinic
General Manager of Corporate Services and
Acting General Manager of Emergency Services

Recommended by the C.A.O.


M. Mieto
Chief Administrative Officer

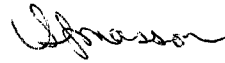
1/b

Report Prepared By



T. Derro
Supervisor of Tax/Chief Tax Collector

Division Review



S. Jonasson
Director of Finance/City Treasurer

Marc and Monique Paquette have requested a Tax Extension Agreement with respect to the property located at Whitewater Lake in the City of Greater Sudbury. A Tax Extension Agreement is a standard Agreement. This Agreement provides that if the owner fails to honour the provisions of the agreement, the agreement shall become null and void and the owner shall be placed in the position that he/she was in prior to the entering into of the agreement, which may include the sale of the property by public tender.

A tax certificate was registered against these lands on December 10, 2001 and the owners have one year from that date to redeem the property by paying all outstanding taxes, penalty, interest charges and costs in full in one lump sum.

However, Section 8 of the *Municipal Tax Sales Act*, R.S.O., Chapter M.60, allows a municipality to enter into a Tax Extension Agreement with the owners of the property which simply provides an extension of time for payment of the arrears by way of a down payment and monthly payments.

The owners are agreeable to making payment of the arrears on the following Schedule. It is recommended that a standard form Extension Agreement be authorized.

CALCULATION OF PAYMENTS REQUIRED UNDER EXTENSION AGREEMENT

TS FILE NO 01-101		AMOUNT
		\$
(1)	Outstanding taxes, penalty and interest charges on TAX ARREARS CERTIFICATE	1,781.19
(2)	Additional taxes levied subsequent to tax sale proceedings 2002	248.79
	2003	260.00
(3)	Estimated additional penalty and interest charge subsequent to tax sale proceedings	492.40
(4)	Administration Charges - Estimated	<u>1,650.00</u>
TOTAL AMOUNT TO BE PAID UNDER EXTENSION AGREEMENT		<u>4,432.38</u>
TO BE PAID AS FOLLOWS:		
(1)	Down payment on signing	1,500.00
(2)	14 Payments of \$200.00 each, starting January 1, 2003	2,800.00
(3)	1 Final Payment of \$132.38 on March 1, 2004	<u>132.38</u>
		<u>4,432.38</u>

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Request for Decision City Council

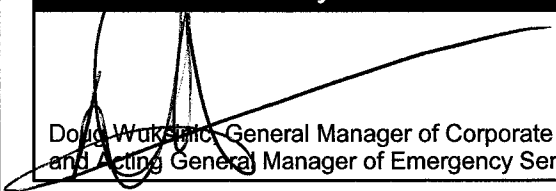


Type of Decision									
Meeting Date	December 12, 2002				Report Date	December 5, 2002			
Decision Requested	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Priority	<input checked="" type="checkbox"/>	High	<input type="checkbox"/>	Low
	Direction Only				Type of	<input type="checkbox"/>	Open	<input type="checkbox"/>	Closed

Report Title
SUDBURY METRO CENTRE

Policy Implication + Budget Impact	
<input type="checkbox"/>	This report and recommendation(s) have been reviewed by the Finance Division and the funding source has been identified.
<input checked="" type="checkbox"/>	Background Attached

Recommendation	
<p>That Council pass By-law 2002-334 increasing the size of the Board of Directors of Sudbury Metro Centre from 7 to 9 effective following the next election.</p>	
<input type="checkbox"/>	Recommendation Continued

Recommended by the General Manager
 Doug Wukitch - General Manager of Corporate Services and Acting General Manager of Emergency Services

Recommended by the C.A.O.
 Mark Mieto Chief Administrative Officer

Report Prepared By



Ron Swiddle
Director of Legal Services/City Solicitor

Division Review



Ron Swiddle
Director of Legal Services/City Solicitor

BACKGROUND:

The former City of Sudbury established a board of management for the Central Business District Improvement Area, to be known as the Sudbury Metro Centre. The Board was assigned the responsibility for the "improvement, beautification and maintenance of municipally-owned lands, buildings and structures in the area beyond such improvement, beautification and maintenance as provided at the expense of the municipality at large and the promotion of the area as a business or shopping area."

The Board has nine members appointed by Council: two of the members are Councillors and the remaining seven are not. The seven members who are non-councillors must be:

- "(a) assessed with respect to rateable property in the area that is in a prescribed business property class and be on the last returned assessment roll; or
- (b) a tenant of property in the area who is, under a lease, required to pay all or part of the taxes on the property; or
- (c) nominated by those persons referred to in paragraphs (a) or (b) above."

By letter dated November 21st, a copy of which is attached, Sudbury Metro Centre, through its Executive Director has advised that the General Membership of the Central Business District Improvement Area has requested that the size of the Board of Directors for Sudbury Metro Centre be increased from 9 to 11 members, with the number of Council members on the Board remaining at 2 and the number of non-Council members increasing from 7 to 9. The change is proposed to take effect only after the next municipal election.

A By-law has been prepared to make this change if Council feel this is appropriate.



November 21, 2002

City of Greater Sudbury
PO Box 5000, Stn
200 Brady Street
Sudbury, Ontario
P3A 5P3

RECEIVED

NOV 22 2002

CITY OF GREATER SUDBURY

ATTENTION: THOM MOWRY
City Clerk

Dear Thom:

RE: BOARD OF DIRECTORS

The General Membership of Sudbury Metro Centre have supported the need to increase the number of Directors on the Board. It is felt that, not only has the Board's activities and level of work changed and expanded since the BIA was established, but so has the make-up and needs of the Membership.

The following resolution was supported by the Membership:

AGM-02-04

THAT the General Membership supports the recommendation that the Board of Directors of Sudbury Metro Centre be increased by two (2), for a total of 11 Directors ... nine (9) Downtown Property/Building Owners or Retail Business/Professional Service providers, paying their portion of the property tax - and - two (2) City Council Representatives.

CARRIED UNANIMOUSLY

I would, therefore, request an amendment to our By-Law to adjust our Directors from 9 to 11.

The next election of Directors will be following the fall 2003 Municipal Election. Do you require anything additional from my office to facilitate this amendment to our By-Law?

Thank you for your assistance with this.

Yours truly,

Maureen M. Luoma
Executive Director

cc Directors - Sudbury Metro Centre

Request for Decision City Council



Type of Decision

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	Direction Only				Type of	<input checked="" type="checkbox"/>	Open		Closed

Report Title

Debenture Issue for the Purchase of an Office Tower

Policy Implication + Budget Impact

☒ This report and recommendation(s) have been reviewed by the Finance Division and the funding source has been identified.

☒ Background Attached

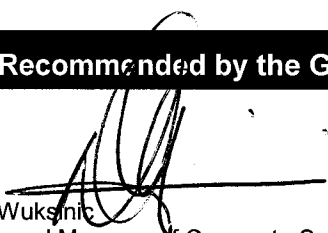
Recommendation

That Council authorize the Treasurer to finalize and execute an agreement with RBC - Dominion Securities to debenture the purchase of the office tower located at 199 Larch Street, Sudbury, Ontario, and that the appropriate by-law be passed.

And that KPMG be contracted to ensure all relevant GST rebates on this purchase are secured.

Recommendation Continued

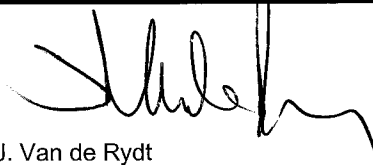
Recommended by the General Manager


D. Wukosnik
General Manager of Corporate Services, and
Acting General Manager of Emergency Services

Recommended by the C.A.O.

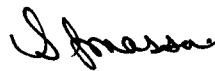

M. Mieto
Chief Administrative Officer

Report Prepared By



J. Van de Rydt
Co-Ordinator of Capital Budget & Risk Management

Division Review



S. Jonasson
Director of Finance / City Treasurer

In August, Council passed Resolution No. 2002-458 to purchase the office tower, more commonly referred to as "the Provincial Building". This fall, based upon ongoing negotiations with the Ontario Realty Corporation (Province of Ontario), it was determined that approximately \$19.0 million was required to complete the transaction. The City requested proposal submissions from qualified financial institutions to provide the capital financing for the purchase of the office tower adjacent to Tom Davies Square, and proposed to debenture the amount over a twenty-year term.

The City had requested submissions for a 20-year fully amortizing financial instrument repayable in blended monthly instalments of principal and interest. This structure was chosen to match the repayment schedule to the debt service capacity determined in our cash flow projections for the property.

The City received a number of proposals from several financial institutions, as shown on the attached schedule. Several proposals were not considered because the submission mismatched the term and the amortization period requested, quoted variable interest rates or exceeded debt servicing capacity.

The proposal submitted by the RBC - Dominion Securities best suits our purposes. The quoted rate of 6.032% is based on 85 basis points over the March 2012 Government of Canada Bond Yield. Their long-term financing rate proposal was the lowest submitted, meets the cashflow debt servicing projections, and involves no refinancing risk. As well, their breadth of expertise in the capital markets will best ensure the success of a debt issue by the City. Very little change is anticipated in the market over the next month, and the rate on closing is expected to be close to the 6.032%.

The current market environment is very favourable for municipalities seeking long-term fixed rate financing. The City of Greater Sudbury can issue debt at very attractive rates, given that current yields on the Government of Canada Benchmark Bonds are near 30-year lows. With interest rates at or near all-time record lows, and investors continuing to retreat from equity markets in favour of safe, secure government bonds, the market timing has never been better.

With regard to the GST issue, the rules are very complicated. Portions of the building are commercial (cafeteria), portions of the building may be exempt (Provincial), and property lines rule the treatment of the parking areas. To ensure all rebates are received, thus minimizing expenses, it is recommended that KPMG be contracted to provide this service.

Proponent	Interest Rate	Notes	Term	Amortization	Monthly Repayment	Security	Costs	Comments
CONSIDERED PROPOSALS								
RBC Dominion Securities	6.032%	85 basis points over the GOC yield to average life using 10.25% due March 2012	20 years	20 years	\$136,472.89	Amortizing Debenture	\$5,000 Legal Opinion CDS set-up and annual administration fees \$250	
CIBC World Markets	6.22%	indicative rate only	20 years	20 years	varied	Serial Debenture		Repayment schedule structured to roughly match cash flow insofar that principal repayments increase as interest payments decline
CIBC World Markets	6.32%	indicative rate only	20 years	20 years	\$138,765.64	Amortizing Debenture		
Scotia Capital	6.35%	111 basis points over GOC yield to average life using 5.25% Bonds due June 2012 and 8.0% due June 2023	20 years	20 years	\$139,818.61	Amortizing Debenture	Placement fee \$95K	
TD Commercial Banking	6.39%	indicative rate only	20 years	20 years	\$140,420.96	Amortizing Debenture		
REJECTED PROPOSALS								
Canada Life Mortgage Services	6.99%	141 basis points over yield of 8% GOC Bonds maturing June, 2023	20 years	20 years	n/a	Amortizing Debenture Mortgage Charge Lease assignment	If CGS agrees to pay \$250K towards costs and fees, then the basis point interest spread would be reduced to 124bp	Not listed under Schedule I or Schedule II of the Canada Bank Act

All rates quoted are indicative rates only and are subject to change based on bond market conditions at the time of execution of the transaction..

REJECTED PROPOSALS continued								
TD Commercial Banking	6.35%	indicative rate only	15 years	20 years	\$139,975.94	Amortizing Debenture		Mismatched term and amortization
TD Commercial Banking	6.10%	indicative rate only	10 years	20 years	\$137,210.79	Amortizing Debenture		Mismatched term and amortization
Scotiabank	6.03%	indicative rate only	10 years	20 years	\$136,450.94	Term Loan		Mismatched term and amortization
Pacific & Western Bank	5.99%	86 basis points over yield of 5.25% GOC Bonds maturing June, 2012	10 years	20 years	\$135,209.21	Amortizing Debenture	Legal & other reasonable expenses (CDS)	Mismatched term and amortization
RBC Dominion Securities	5.83%	varied rates	20 years	20 years	varied	Serial Debenture	Legal Opinion CDS set-up and annual administration fees	Fixed principal repayment even as interest repayments decline exceeds cash flow debt servicing
RBC Dominion Securities	5.81%	indicative rate only	10 years	20 years	\$132,930.00	Banker's Acceptance	Legal Opinion CDS set-up and annual administration fees	Mismatched term and amortization
National Bank Financial	5.775%	varied rates	10 years	20 years	varied	Serial Debenture		Mismatched term and amortization
TD Commercial Banking	3.12%	30-day floating rate; will change every 30 days for the next 20 years	20 years	20 years	n/a	Banker's Acceptance		Variable rates based on 30-day floating rate

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Report Title

Private Mausoleum Development

Policy Implication + Budget Impact

This report and recommendation(s) have been reviewed by the Finance Division and the funding source has been identified.

Background Attached

Recommendation

That the necessary By-law be passed.

Recommendation Continued

Recommended by the General Manager


Caroline Hallsworth
General Manager, Citizen and Leisure Services

Recommended by the C.A.O.


Mark Mieto
Chief Administrative Officer

Report Prepared By	Division Review
<p>Caroline Hallsworth General Manager, Citizen and Leisure Services</p>	

On August 22nd, 2002 Council approved By-Law 2002-244 which designated the following lots at the Lasalle Cemetery as Private Mausoleum Lots in Section 5 on Miscellaneous Plans 873 and 864: Lots 101 - 116 inclusive; Row 2, Lots 11 and 12; Row 4, Lots 16 and 17; Row 5, Lots 16, 17 and 19, Row 6, Lots 16, 17 and 19; Row 7, Lots 16, 17 and 19; Row 8, Lots 16, 17 and 19; Row 9, Lots 16, 17 and 19; Row 10, Lots 16, 17, 19 and 20; and Row 11, Lots 16 and 17;

Unfortunately, Lot 17, Row 1 on Miscellaneous Plan 873 and 864, was not included on the list. This lot is also intended to be a private mausoleum lot and staff apologizes to Council for any inconvenience this omission may have caused.

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Report Title

Cemetery User Fees

Policy Implication + Budget Impact

☒ This report and recommendation(s) have been reviewed by the Finance Division and the funding source has been identified.


Background Attached

Recommendation

That Council approve the proposed Cemetery Fees as outlined in the report from the General Manager, Citizen and Leisure Services, dated December 4, 2002 and that the appropriate by-laws be passed.

Recommendation Continued

Recommended by the General Manager


Caroline Hallsworth
General Manager, Citizen and Leisure Services

Recommended by the C.A.O.


Mark Mieto
Chief Administrative Officer

Report Prepared By



Ron Henderson
Director, Citizen Services

Division Review

EXECUTIVE SUMMARY:

The Cemetery Services Section, with the assistance of the Cemetery Advisory Panel, has undertaken a review of the vastly different tariff of rates applied by the former seven area municipalities to the new City's 23 cemeteries. The objective of this review and the recommendations contained in this report is to both rationalize and harmonize fees so that operational and capital needs of Cemetery Services are not on the levy and are recovered in their entirety from user fees. In developing the new Cemetery Services Fee structure, the best practices of each of the former municipalities was considered and the new rates reflect the policies of all of our communities, from the proposed new Niche rates which are those adopted in Valley East to the proposed new Saturday burial fees which are those applied in Capreol and Onaping Falls. Unless otherwise noted, all Cemetery Services user fees are subject to the annual inflationary increases in accordance with Council Resolution 2002-18.

BACKGROUND:

There are two fundamental philosophies which have guided the development of these proposed fees, all of which have been unanimously endorsed by the Cemetery Advisory Panel. Firstly, it is recommended that we bring some consistency to our Cemetery fee structure that is reflective both of the relative values of lands and of the fact that labour costs are consistent across all 23 cemeteries. Secondly, it is recommended that the revenue stream in the new City's cemeteries creates the ability for the cemeteries, like most other municipal cemeteries in Ontario, to finance both the operating and capital costs of the cemetery system without burdening the taxpayer. City Council took the first step in this process by approving a staff recommendation in the 2002 budget to harmonize grave opening and closing fees for the entire cemetery system with the rationale that the cost of providing the service is the same and the level of service provided is the same regardless of the cemetery.

While the various groups of cemeteries in what is now the City of Greater Sudbury have been operated as one unit, the vastly different cemetery services fees charged in each of the former municipalities has a direct impact on the sustainability of each cemetery. It is important that Cemetery Services revenues are sufficient not only to fund the current operations of the cemeteries, but to maintain the cemeteries in perpetuity so that those cemeteries which are full and generating no new revenues can be maintained to the same high standards as active cemeteries.

2002 Projected Surplus/(Deficit)

City of Sudbury Cemeteries	\$218,000
Rayside Balfour Cemeteries	\$3,000
Nickel Centre Cemeteries	(\$8,000)
Valley East Cemeteries	(\$19,000)
Walden Cemeteries	(\$41,000)
Onaping Falls Cemeteries	(\$19,000)
Capreol Cemeteries	(\$15,000)

In 2002, the revenues generated for the Cemetery Reserve fund are estimated to be \$120,000. The Cemetery Reserve fund is used primarily to fund capital projects. It is estimated that over the course of the next ten years, approximately \$2.5 Million will be required for Cemetery Services capital projects including land development, niche units and the third phase development of the Civic Memorial Mausoleum.

Recommendation One: Lot Fees

A lot is defined as an area of land within a cemetery, containing or set aside to contain human remains and for the purposes of this report, includes both an adult lot and a cremation lot.

Civic Memorial Cemetery in Sudbury has the most expensive rates for both categories of lots with an adult lot selling at \$952 and a cremation lot at \$342. The rate for both categories of lots for the former area town cemeteries are much less, ranging from \$282 to \$462 for an adult lot and \$103 to \$308 for a cremation lot. The lower prices in the former area municipalities are primarily a reflection of the lower land costs in these areas of the community and for this reason a two-tier rate system for cemetery lots is recommended as described below:

Adult Lot

As detailed in the table below, adult lots range from \$282 in the former town of Walden to \$462 in Capreol. Three of the former municipalities (Rayside Balfour, Nickel Centre and Valley East) charge \$410 for an adult lot. It is recommended that the City of Greater Sudbury adopt the pricing strategy of the three former area municipalities and charge \$410 for an adult lot for all former area town cemeteries with the exception of Capreol. It is further recommended that the Capreol Cemetery rate remain at its current rate of \$462 and be excluded from annual inflationary increases until such time as the recommended area communities rate of \$410 for adult lots catches up to the Capreol rate through inflationary increases.

Lot Fees:	Current	Proposed
Adult Lot:		
Capreol Cemetery, Capreol	\$462.00	\$462.00
St. John's Cemetery, Garson	\$410.00	\$410.00
Maplecrest Cemetery 4'x10', Dowling	\$384.00	\$410.00
Maplecrest Cemetery 4'x8', Dowling	\$336.00	\$410.00
St. Joseph Cemetery, Chelmsford	\$410.00	\$410.00
Civic Memorial Cemetery, Sudbury	\$952.00	\$974.00
Valley East Cemetery, Hanmer	\$410.00	\$410.00
St. Stanislaus, Waters, Whitefish Catholic, Whitefish Public, Beaver Lake Cemeteries	\$282.00	\$410.00
Projected Revenue increase based on the same number of burials as 2002		\$6,000.00

The former Town of Walden cemeteries will experience the largest increase rising from its current rate of \$282 to \$410. Lot prices in the former Town of Walden have not increased since 1993 and the Walden cemeteries are running a deficit in excess of \$40,000.

Based on the number of burials in 2002, if the proposed new rates are adopted for 2003, this will increase cemetery adult lot revenues by approximately \$6,000.

Cremation Lot

Cremation lots vary in size and range in price from \$103 in the former Town of Walden to \$308 for larger cremation lots in Valley East and Chelmsford.

For a standard size 2'x2' cremation lot, the former towns of Capreol, Nickel Centre, Onaping Falls and Rayside Balfour charge \$144 and is the recommended pricing for the former Town of Walden cemeteries. The former City of Valley East rate will remain at \$205 and will be excluded from annual inflationary increases until such time as the recommended area communities rate of \$144 for creation lots catches up to the Valley East rate through inflationary increases.

Cremation Lot:	Current	Proposed
Capreol Cemetery, Capreol	\$144.00	\$144.00
St. John's Cemetery, Garson	\$144.00	\$144.00
Maplecrest 3'x5', Dowling	\$144.00	\$144.00
Maplecrest Cemetery 2'x4', Dowling	\$134.00	\$144.00
St. Joseph Cemetery 4'x5', Chelmsford	\$308.00	\$308.00
St. Joseph Cemetery 2'x2', Chelmsford	\$144.00	\$144.00
Civic Memorial Cemetery, Sudbury (Inflation Increase)	\$342.00	\$350.00
Valley East Cemetery, 4'x2' Hanmer	\$205.00	\$205.00
Valley East Cemetery, 8'x2' Hanmer	\$308.00	\$308.00
St. Stanislaus, Waters, Whitefish Catholic, Whitefish Public, Beaver Lake Cemeteries	\$103.00	\$144.00
Projected Revenue increase based on the same number of interments as 2002		\$1,000.00

Based on the number of ash interments in 2002, if the proposed new rates are adopted for 2003, this will increase cemetery cremation lot revenues by approximately \$1,000.

Recommendation Two: Exterior Niche Wall Units (Columbariums)

An exterior niche unit is defined as a compartment in a columbarium containing or designed to contain ashes of human remains. Exterior niche units exist at Civic Memorial Cemetery in Sudbury, St. John's Cemetery in Garson, St. Joseph's Cemetery in Chelmsford, St. Stanislaus Cemetery in Lively, Capreol Cemetery and Valley East Cemetery in Hanmer. Columbarium's typically have four rows of niche units with pricing either done by individual row pricing (With the top row at eye level being the most expensive) or one price regardless of the row. As detailed in the chart below, the Sudbury, Capreol and Lively niche units not priced by the value of the row while the Valley East, Chelmsford and Garson cemeteries vary their price by individual row.

It is recommended that the existing pricing continue until each individual columbarium is full. As new units are brought in, it is further recommended that the new City adopt the pricing schedule as set out by the former City of Valley East. This recommended pricing has niche unit rows priced by individual row with the most expensive row being the eye level top row with a rate of \$1,057 per unit to the least expensive bottom row with a rate of \$698. This pricing strategy gives families a range of pricing to choose from, minimizes the price impact compared to existing niche units and will increase cemetery revenues annually by approximately \$10,000 once remaining inventory is sold.

Exterior Niche Wall Units:	Current	Proposed
Civic Memorial, Sudbury Capreol Cemetery St. Stanislaus Cemetery	Row D \$ 784 Row C \$ 784 Row B \$ 784 Row A \$ 784	Row D \$1,057 Row C \$ 954 Row B \$ 852 Row A \$ 698
St. John's Cemetery Garson	Row D \$ 810 Row C \$ 810 Row B \$ 714 Row A \$ 714	Row D \$1,057 Row C \$ 954 Row B \$ 852 Row A \$ 698
St. Joseph's Cemetery Chelmsford	Row D \$ 944 Row C \$ 770 Row B \$ 667 Row A \$ 564	Row D \$1,057 Row C \$ 954 Row B \$ 852 Row A \$ 698
Valley East Cemetery Hanmer	Row D \$1,057 Row C \$ 954 Row B \$ 852 Row A \$ 698	Row D \$1,057 Row C \$ 954 Row B \$ 852 Row A \$ 698

Recommendation Three: Saturday Fees

Saturday burial fees are common in municipal cemetery operations as a result of increased labour costs, including overtime, required to perform a Saturday burial. Saturday burials are an optional service which some families select for their convenience. Prior to municipal amalgamation, all former area town cemeteries charged a Saturday burial fee with the exception of the City of Sudbury and the Town of Walden. Other municipalities such as Barrie, Hamilton, Ottawa, Timmins and Espanola all charge an additional fee of \$200 for Saturday service.

The current rate for Saturday service from those former area municipalities who had this charge are as follows:

Saturday Fees:	Casket		Ash	
	Current	Proposed	Current	Proposed
Capreol	\$200	\$200	\$100	\$100
Nickel Centre	\$70		\$ 70	
Onaping Falls	\$200		\$100	
Rayside Balfour	\$226		\$ 70	
Valley East	\$175		\$150	

It is recommended that the City of Greater Sudbury adopt the Saturday fees of the former Town of Capreol and the former Town of Onaping Falls which had an additional Saturday burial fee of \$200 for caskets and \$100 for ash burials. This fee will add approximately \$25,000 annually to cemetery revenues.

Recommendation Four: Marker/Foundation Fees

A marker is defined as a permanent memorial set flush with the surface of the ground and used to mark the location of the grave. A foundation is a cement pad set flush with the surface of the ground designed as a base for an upright monument. The purpose of the marker and the foundation fees are to recover the costs of the staff time required to install the marker or foundation.

Prior to municipal amalgamation, there were four former municipalities that charged for the installation of foundations or markers at municipal cemeteries, those being Sudbury, Nickel Centre, Rayside-Balfour, and Valley East. The remaining cemeteries allowed monument dealers to install their own markers or did not recover the costs of this service.

As detailed in the table below, it is recommended that the marker installation fee be the flat rate charged by the former City of Sudbury, that being \$60.00 for a small marker 260 square inches or less and \$120 for a marker over 260 square inches. It is further recommended that the installation fee for a foundation be .37 per square inch which is the rate charged by the former City of Sudbury.

The rationale for using the City of Sudbury rate is that the cost of providing the service is the same and the level of service provided is the same regardless of the cemetery and the City of Sudbury rate not only covers labour and material costs but also produces a small revenue. If implemented, this recommendation will increase cemetery revenues by approximately \$30,000 annually based on approximately 400 marker/foundation installations annually.

Flat Marker Installation Fees:	Current	Proposed
Capreol Cemetery, Capreol Former Walden Cemeteries Former Onaping Falls Cemeteries	N/A	\$60.00 small marker up to 260 sq.in. \$120.00 larger marker over 260 sq.in.
St. John's Cemetery, Garson	\$47.00	\$60.00 small marker up to 260 sq.in. \$120.00 larger marker over 260 sq.in.
St. Joseph Cemetery, Chelmsford	\$61.00	\$60.00 small marker up to 260 sq.in. \$120.00 larger marker over 260 sq.in.
Civic Memorial Cemetery, Sudbury	\$60.00 small marker up to 260 sq.in. \$120.00 larger marker over 260 sq.in.	\$60.00 small marker up to 260 sq.in. \$120.00 larger marker over 260 sq.in.
Monument Installation Fees:		

Valley East Cemetery, Hanmer	\$50.00	\$60.00 small marker up to 260 sq.in. \$120.00 larger marker over 260 sq.in.
Capreol Cemetery, Capreol Former Walden Cemeteries Former Onaping Falls Cemeteries	N/A	.37 per sq. in.
St. John's Cemetery, Garson	.28 per sq.in \$80.00 minimum	.37 per sq. in.
St. Joseph Cemetery, Chelmsford	\$160.00 up to 42" length base \$4.00 per additional inch in length	.37 per sq. in.
Civic Memorial Cemetery, Sudbury	.37 per sq. in.	.37 per sq. in.
Valley East Cemetery, Hanmer	\$45.00	.37 per sq. in.

Conclusion

The objectives of this report is to both rationalize and harmonize cemetery fees in the new City so as to create additional revenues and ensure that Cemetery Services are self sustaining, both now and in the future. If all the recommendations in the report are adopted, Cemetery Services will be adding \$72,000 to the Cemetery Reserve which will go a long way to ensuring that there are sufficient funds in place to maintain and beautify our cemeteries while developing new lands and services in response to the burial needs of the community.

Request for Decision City Council



Type of Decision

Meeting Date	December 12, 2002				Report Date	December 4, 2002			
Decision Requested	<input checked="" type="checkbox"/>	Yes		No	Priority	<input checked="" type="checkbox"/>	High		Low
	Direction Only				Type of	<input checked="" type="checkbox"/>	Open		Closed

Report Title

Application for Temporary Road Closure
Anderson Drive, Lively, Walden Winter Carnival

Policy Implication + Budget Impact

n/a	This report and recommendation(s) have been reviewed by the Finance Division and the funding source has been identified.
<input checked="" type="checkbox"/>	Background Attached

Recommendation

<p>-THAT Council pass a By-law approving the temporary closure of Anderson Drive between Municipal Road 24 and Turner Avenue for the following periods:</p> <p>Saturday, February 15, 2003 from 8:00 A.M. to 5:00 P.M.</p> <p>Sunday, February 16, 2003 from 8:00 A.M. to 4:00 P.M.</p>	
	Recommendation Continued

Recommended by the General Manager

Don Bélisle
General Manager of Public Works

Recommended by the C.A.O.

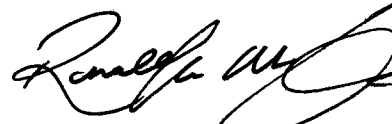
Mark Mieto
Chief Administrative Officer

Report Prepared By



Dave Kivi
Co-ordinator, Traffic & Transportation

Division Review



Ronald W. Norton
Acting Director of Engineering Services

The City's Leisure Services Department has requested Council's approval for the temporary closure of Anderson Drive for the Walden Winter Carnival (see Exhibit "A"). The closure is requested for Saturday, February 15, 2003, from 8:00 A.M. to 5:00 P.M. and on Sunday, February 16, 2003, from 8:00 A.M. to 4:00 P.M..

Anderson Drive is located in the community of Lively (see Exhibit "B"). The temporary closure is requested between Municipal Road 24 and Turner Avenue. Barricades will be provided at both ends of the closure which will be staffed to allow emergency access. Alternate access to properties west of the closure is available.

It is recommended that Council pass a By-law approving the temporary closure of Anderson Drive for this community event.

Exhibit 'A'

From: Karen Makela
To: Dave Kivi
Date: 11/21/02 1:08PM
Subject: Walden Winter Carnival - Road Closure

Hi Dave:

We require a road closure for the Walden Winter Carnival.

Anderson Drive from Regional Road # 24 to Turner Ave.

Saturday February 15, 2003 - 8:00 am - 5:00 pm

Sunday February 16, 2003 - 8:00 am - 4:00 pm.

During the Winter Carnival activities are held at both the Walden Arena and St. James School. Anderson Drive runs between these facilities.

During the event children are excited and do not always look when going between the two sites, to see if vehicles are coming on the road. The Carnival Committee wishes to ensure an accident free event and finds that this road closure enables safe passage back and forth.

Both ends of the road are barricaded and manned, allowing emergency vehicle entrance should it be required during the specific times. There is alternate access to Turner Ave.

This request is not new and has been approved for approximately the last 8 years or more.

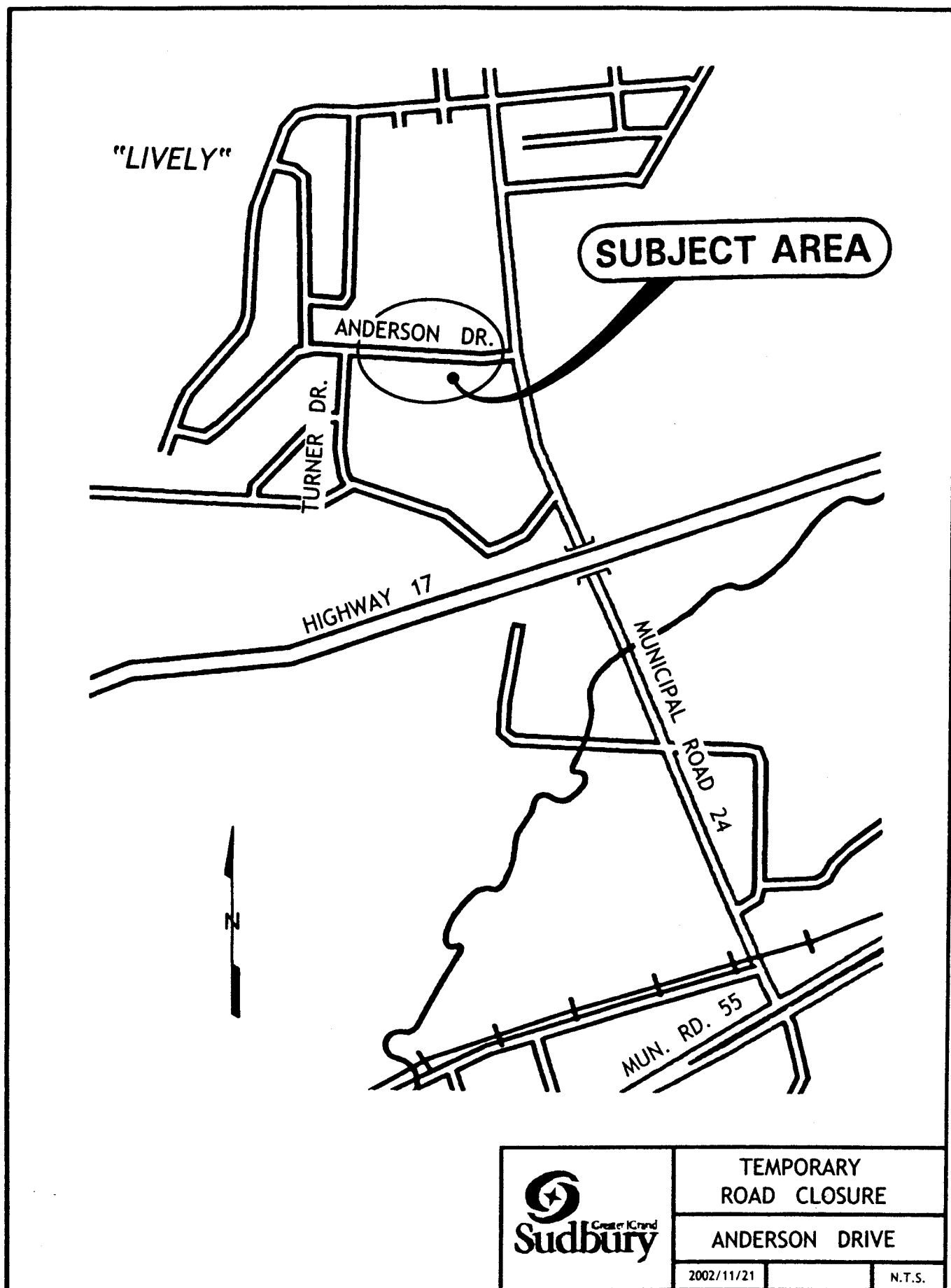
Your assistance with completing what is required to ensure a safe event, is appreciated.

Should you require further information please contact the undersigned at your convenience.

Thank you.

Karen Makela
Community Development Officer, (Walden / Sudbury West)
City of Greater Sudbury Leisure Services Department
25 Black Lake Road
Lively, Ontario
P3Y 1J3

Phone (705) 692 - 3187
Fax (705) 692 - 3225
E-Mail -
karen.makela@city.greatersudbury.on.ca



Request for Decision City Council




Type of Decision									
Meeting Date	December 12, 2002				Report Date	December 4, 2002			
Decision Requested		Yes	<input checked="" type="checkbox"/>	No	Priority		High	<input checked="" type="checkbox"/>	Low
	Direction Only				Type of	<input checked="" type="checkbox"/>	Open		Closed


Report Title
Summary of the Recommendations Proposed by Commissioner Roy J. Romanow <i>Building on Values: The Future of Health Care in Canada (November 2002)</i>

Policy Implication + Budget Impact	
<input type="checkbox"/>	This report and recommendation(s) have been reviewed by the Finance Division and the funding source has been identified.
For information purposes only.	
<input type="checkbox"/>	Background Attached

Recommendation
Recommendation Continued

Recommended by the General Manager
 Catherine Sandblom, Acting General Manager Health and Social Services

Recommended by the C.A.O.
 Mark Mieto, Chief Administrative Officer

Report Prepared By	Division Review
 Bernadette Walicki Program Coordinator - Community Initiatives	 Name and Title

On April 4 2001, Roy Romanow was appointed by Prime Minister Jean Chrétien to head the Commission on the Future of Health Care in Canada. Its mandate was to engage Canadians in a national dialogue on the future of health care and to make recommendations to preserve the long term sustainability of Canada's universally accessible, publicly funded health care system.

The Commission's Interim Report, *Shape the Future of Health Care* tabled in the House of Commons on February 6, 2002, provided a record of activity and clarified the Commission's plan of action leading to the final report.

On November 28, 2002 the Commission on the Future of Health Care in Canada delivered its Final Report to Canadians. Over the past 18 months, the Commission completed a rigorous research program and exhaustive consultations, involving tens of thousands of Canadians - health experts and ordinary citizens, Health Ministers and Premiers, researchers and health care workers.

The Commission's final report comprises of 47 detailed, costed recommendations that include implementation time frames. On December 6, 2002 meetings with the Federal, Provincial and Territorial Health ministers will commence. The Prime Minister is expected to meet with Premiers in early 2003 to discuss and reach a decision concerning the recommendations.

The Health and Social Services Department will closely follow the outcomes decided as a result of the recommendations, particularly with the requested funds allocated for a Rural and Remote Access Fund.

Please find below a list of the recommendations proposed by the Commission on the Future of Health Care in Canada.

RECOMMENDATION 1:

A new Canadian Health Covenant should be established as a common declaration of Canadians' and their governments' commitment to a universally accessible, publicly funded health care system.

RECOMMENDATION 2:

A Health Council of Canada, built on the existing infrastructure of the Canadian Institute for Health Information (CIHI) and the Canadian Coordinating Office for Health Technology Assessment (CCOHTA), should be established by the provincial, territorial and federal governments to facilitate co-operation and provide national leadership in achieving the best health outcomes in the world.

RECOMMENDATION 3:

On an initial basis, the Health Council of Canada should:

- Establish common indicators and measure the performance of the health care system;
- Establish benchmarks, collect information and report publicly on efforts to improve quality, access and outcomes

in the health care system;

- Coordinate existing activities in health technology assessment and conduct independent evaluations of technologies, including their impact on rural and remote delivery and the patterns of practice for various health care providers.

RECOMMENDATION 4:

In the longer term, the Health Council of Canada should provide ongoing advice and co-ordination in transforming primary health care, developing national strategies for Canada's health workforce, and resolving disputes under a modernized *Canada Health Act*.

RECOMMENDATION 5:

The *Canada Health Act* should be modernized and strengthened by:

- Confirming the principles of public administration, universality and accessibility, updating the principles of portability and comprehensiveness, and establishing a new principle of accountability;
- Expanding insured health services beyond hospital and physician services to immediately include targeted home care services followed by prescription drugs in the longer term;
- Clarifying coverage in terms of diagnostic services;
- Including an effective dispute resolution process;
- Establishing a dedicated health transfer directly connected to the principles and conditions of the *Canada Health Act*.

RECOMMENDATION 6:

To provide adequate funding, a new dedicated cash-only Canada Health Transfer should be established by the federal government. To provide long-term stability and predictability, the Transfer should include an escalator that is set in advance for five year periods.

RECOMMENDATION 7:

On a short-term basis, the federal government should provide targeted funding for the next two years to establish:

- a new Rural and Remote Access Fund
- a new Diagnostic Services Fund
- a Primary Health Care Transfer
- a Home Care Transfer
- a Catastrophic Drug Transfer

RECOMMENDATION 8:

A personal electronic health record for each Canadian that builds upon the work currently underway in provinces and territories.

RECOMMENDATION 9:

Canada Health Infoway should continue to take the lead on this initiative and be responsible for developing a pan-Canadian electronic health record framework built upon provincial systems, including ensuring the interoperability of current electronic health information systems and addressing issues such as security standards and harmonizing privacy policies.

RECOMMENDATION 10:

Individual Canadians should have ownership over their personal health information, ready access to their personal health records, clear protection of the privacy of their health records, and better access to comprehensive and credible information about health, health care and the health system.

RECOMMENDATION 11:

Amendments should be made to the *Criminal Code of Canada* to protect Canadians' privacy and to explicitly prevent the abuse or misuse of personal health information, with violations in this area considered a criminal offense.

RECOMMENDATION 12:

Canada Health Infoway should support health literacy by developing and maintaining an electronic health information base to link Canadians to health information that is properly researched, trustworthy and credible as well as support more widespread efforts to promote good health.

RECOMMENDATION 13:

The Health Council of Canada should take action to streamline technology assessment in Canada, increase the effectiveness, efficiency and scope of technology assessment, and enhance the use of this assessment in guiding decisions.

RECOMMENDATION 14:

Steps should be taken to bridge current knowledge gaps in applied policy areas, including rural and remote health, health human resources, health promotion, and pharmaceutical policy.

RECOMMENDATION 15:

A portion of the proposed Rural and Remote Access Fund, the Diagnostic Services Fund, the Primary Health Care Transfer, and the Home Care Transfer should be used to improve the supply and distribution of health care providers, encourage changes to their scopes and patterns of practice, and ensure that the best use is made of the mix of skills of different health care providers.

RECOMMENDATION 16:

The Health Council of Canada should systematically collect, analyze and regularly report on relevant and necessary information about the Canadian health workforce, including critical issues related to the recruitment, distribution, and remuneration of health care providers.

RECOMMENDATION 17:

The Health Council of Canada should review existing education and training programs and provide recommendations to the provinces and territories on more integrated education programs for preparing health care providers, particularly for primary health care settings.

RECOMMENDATION 18:

The Health Council of Canada should develop a comprehensive plan for addressing issues related to the supply, distribution, education and training, remuneration, skills and patterns of practice for Canada's health workforce.

RECOMMENDATION 19:

The proposed Primary Health Care Transfer should be used to "fast-track" primary health care implementation. Funding should be conditional on provinces and territories moving ahead with primary health care reflecting four essential building blocks – continuity of care, early detection and action, better information on needs and outcomes, and new and stronger incentives to achieve transformation.

RECOMMENDATION 20:

The Health Council of Canada should sponsor a National Summit on Primary Health Care within two years to mobilize concerted action across the country, assess early results, and identify actions that must be taken to remove obstacles to primary health care implementation.

RECOMMENDATION 21:

The Health Council of Canada should play a leadership role in following up on the outcomes of the Summit, measuring and tracking progress, sharing information and comparing Canada's results to leading countries around the world, and reporting to Canadians on the progress of implementing primary health care in Canada.

RECOMMENDATION 22:

Prevention of illness and injury, and promotion of good health should be strengthened with the initial objective of making Canada a world leader in reducing tobacco use and obesity.

RECOMMENDATION 23:

All governments should adopt and implement the strategy developed by the Federal, Provincial and Territorial Ministers Responsible for Sport, Recreation and Fitness to improve physical activity in Canada.

RECOMMENDATION 24:

A national immunization strategy should be developed to ensure that all children are immunized against serious illnesses and Canada is well prepared to address potential problems from new and emerging infectious diseases.

RECOMMENDATION 25:

Provincial and territorial governments should use the new Diagnostic Services Fund to improve access to medically necessary diagnostic services.

RECOMMENDATION 26:

Provincial and territorial governments should take immediate action to manage wait lists more effectively by implementing centralized approaches, setting standardized criteria, and providing clear information to patients on how long they can expect to wait.

RECOMMENDATION 27:

Working with the provinces and territories, the Health Council of Canada should establish a national framework for measuring and assessing the quality and safety of Canada's health care system, comparing the outcomes with other OECD countries, and reporting regularly to Canadians.

RECOMMENDATION 28:

Governments, regional health authorities, health care providers, hospitals and community organizations should work together to identify and respond to the needs of official language minority communities.

RECOMMENDATION 29:

Governments, regional health authorities, and health care providers should continue their efforts to develop programs and services that recognize the different health care needs of men and women, visible minorities, people with disabilities, and new Canadians.

RECOMMENDATION 30:

The Rural and Remote Access Fund should be used to attract and retain health care providers.

RECOMMENDATION 31:

A portion of the Rural and Remote Access Fund should be used to support innovative ways of expanding rural experiences for physicians, nurses and other health care providers as part of their education and training.

RECOMMENDATION 32:

The Rural and Remote Access Fund should be used to support the expansion of telehealth approaches.

RECOMMENDATION 33:

The Rural and Remote Access Fund should be used to support innovative ways of delivering health care services to smaller communities and to improve the health of people in those communities.

RECOMMENDATION 34:

The proposed new Home Care Transfer should be used to support expansion of the *Canada Health Act* to include medically necessary home care services in the following areas:

- Home mental health case management and intervention services should immediately be included in the scope of medically necessary services covered under the *Canada Health Act*.
- Home care services for post-acute patients, including coverage for medication management and rehabilitation services, should be included under the *Canada Health Act*.
- Palliative home care services to support people in their last six months of life should also be included under the *Canada Health Act*.

RECOMMENDATION 35:

Human Resources Development Canada, in conjunction with Health Canada should be directed to develop proposals to provide direct support to informal caregivers to allow them to spend time away from work to provide necessary home care assistance at critical times.

RECOMMENDATION 36:

The proposed new Catastrophic Drug Transfer should be used to reduce disparities in coverage across the country by covering a portion of the rapidly growing costs of provincial and territorial drug plans.

RECOMMENDATION 37:

A new National Drug Agency should be established to evaluate and approve new prescription drugs, provide ongoing evaluation of existing drugs, negotiate and contain drug prices, and provide comprehensive, objective and accurate information to health care providers and to the public.

RECOMMENDATION 38:

Working collaboratively with the provinces and territories, the National Drug Agency should create a national prescription drug formulary based on a transparent and accountable evaluation and priority-setting process.

RECOMMENDATION 39:

A new program on medication management should be established to assist Canadians with chronic and some life-threatening illnesses. The program should be integrated with primary health care approaches across the country.

RECOMMENDATION 40:

The National Drug Agency should develop standards for the collection and dissemination of prescription drug data on drug utilization and outcomes.

RECOMMENDATION 41:

The federal government should immediately review the pharmaceutical industry practices related to patent protection, specifically, the practices of evergreening and the notice of compliance regulations. This review should ensure that there is an appropriate balance between the protection of intellectual property and the need to contain

costs and provide Canadians with improved access to non-patented prescription drugs.

RECOMMENDATION 42:

Current funding for Aboriginal health services provided by the federal, provincial and territorial governments and Aboriginal organizations should be pooled into single consolidated budgets in each province and territory to be used to integrate Aboriginal health care services, improve access, and provide adequate, stable and predictable funding.

RECOMMENDATION 43:

The consolidated budgets should be used to fund new Aboriginal Health Partnerships that would be responsible for developing policies, providing services and improving the health of Aboriginal peoples. These partnerships could take many forms and should reflect the needs, characteristics and circumstances of the population served.

RECOMMENDATION 44:

Federal and provincial governments should prevent potential challenges to Canada's health care system by:

- Ensuring that any future reforms they implement are protected under the definition of "public services" included in international law or trade agreements to which Canada is party;
- Reinforcing Canada's position that the right to regulate health care policy should not be subject to claims for compensation from foreign-based companies.

RECOMMENDATION 45:

The federal government should build alliances with other countries, especially with members of the World Trade Organization, to ensure that future international trade agreements, agreements on intellectual property, and labour standards make explicit allowance for both maintaining and expanding publicly insured, financed and delivered health care.

RECOMMENDATION 46:

The federal government should play a more active leadership role in international efforts to assist developing nations in strengthening their health care systems through foreign aid and development programs. Particular emphasis should be placed on training health care providers and on public health initiatives.

RECOMMENDATION 47:

Provincial, territorial and federal governments and health organizations should reduce their reliance on recruiting health care professionals from developing countries.

Attached is the timetable proposed by Roy J. Romanow for the implementation of the recommendations.

Timeline for Recommendation Implementation

Policy Area	Early 2003	2003/04	2004/05	2005/06	2010	2011 to 2020
Governance	First Ministers Meeting and the adoption of the Canadian Health Covenant	Modernized Canada Health Act (CHA) passed by Parliament; Health Council of Canada established	Health Council's reports on Infoway's progress; Canadian Institutes of Health Research establishes first Centres for Innovation	Canada Health Transfer with escalator takes effect	Federal-provincial-territorial re-negotiation of Canada Health Transfer escalator every five years	
		Privacy guarantees placed in <i>Criminal Code</i> ; Health Council begins work on performance indicators, data collection and technology assessment	Health Council's reports on Infoway's progress; Canadian Institutes of Health Research establishes first Centres for Innovation	Health Council develops user-friendly health information for Canadians; first fully functional electronic health records established	All provincial and territorial health records moved to electronic form with full interoperability	
Information and Research	Development of electronic health records continues	Streamline process for recognition of international medical graduates; new personnel and new incentives to meet distribution problems under Rural and Remote Access Fund and Diagnostic Services Fund	Health Council of Canada develops long-term plan for health human resources planning	Health Council makes recommendations on reforms to training of health professionals and to the reform of scopes of practice		
Health Care Providers				National Drug Agency launches national immunization strategy; Health Council reports to Canadians on progress on primary health care initiatives	Ongoing work by Health Council to facilitate development of primary health care	Full realization of integrated primary health care
Primary Health Care		\$1 billion in new federal funding for primary health initiatives	\$500 million in new federal funding for primary health care initiatives; National Summit on Primary Health Care			

Policy Area	Early 2003	2003/04	2004/05	2005/06	2010	2011 to 2020
Access and Quality	\$1.5 billion Diagnostic Services Fund created	Federal funding for new diagnostic equipment and personnel; centralized management of wait lists undertaken by provincial governments	Health Council of Canada releases comprehensive set of performance and quality indicators for health system	Health Council regularly reports to governments and Canadians on access, quality and safety, and provides recommendations for improvements to be undertaken by governments	Health Council of Canada regularly reports on the health of Canadians in rural and remote areas and makes recommendations for improvements to be undertaken by governments	
Rural and Remote	\$1.5 billion Rural and Remote Access Fund created	Federal funding for new initiatives on improving rural and remote access including supply, distribution and mix of health professionals and the expansion of telehealth	Expansion of telehealth and related initiatives through new Canada Health Transfer			
Home Care	New program to support informal caregivers	Priority home care services included in new CHA; \$1 billion in new federal funding for home care initiatives	Expansion of provincial home care programs through new federal funds		Further expansion of home care services to be included in the CHA	Full integration of home and continuing care services into the CHA
Prescription Drugs		Federal government review of drug patent legislation	Establishment of National Drug Agency; \$1 billion per year Catastrophic Drug Transfer takes effect	Development of National Drug Formulary	Establishment of Medication Management Drug Insurance Program linked to primary health care	Full integration of prescription drugs at all levels of care and coverage under the CHA
Aboriginal Health		Intergovernmental negotiations with Aboriginal organizations on the creation of consolidated funds	Establishment of consolidated funds available to fund new Aboriginal Health Partnerships	First Aboriginal Health Partnerships operating	Expansion of Aboriginal Health Partnerships across the country	Majority of Aboriginal health services delivered through Health Partnerships
Globalization	<p>Clear steps to protect health care system from challenge under trade agreements; review practice of recruitment of health professionals from developing countries</p> <p>Establishment of "health" as a foreign policy goal; alliance building with other nations to ensure that international trade agreements protect the sovereignty of nations to protect social policy priorities; expanded efforts to assist the development of health care systems in the developing world, including expanding public health initiatives and ensuring access to health care technology</p>					

Request for Decision City Council



Type of Decision

Meeting Date	December 12, 2002				Report Date	December 2, 2002			
Decision Requested		Yes	<input checked="" type="checkbox"/>	No	Priority	<input checked="" type="checkbox"/>	High		Low
	Direction Only				Type of	<input checked="" type="checkbox"/>	Open		Closed

Report Title

Update on Physician Recruitment and Retention Strategies

Policy Implication + Budget Impact

This report and recommendation(s) have been reviewed by the Finance Division and the funding source has been identified.

For Information Only

☒ Background Attached

Recommendation

N/A

Recommendation Continued

Recommended by the General Manager

C Sandblom

Catherine Sandblom
Acting General Manager of Health and Social Services

Recommended by the C.A.O.

M. Mieto

Mark Mieto
C.A.O.

Report Prepared By



Frances Caldarelli
Coordinator of Health Initiatives

Division Review

Background:

Because of the growing shortage of physicians and health care workers in Greater Sudbury, the Mayor and Council's Roundtable on Physician and Allied Health Care Recruitment and Retention was launched on January 23, 2001. It was the aim of the Roundtable to use community expertise to enhance the complement of medical personnel in our community and to work towards developing Sudbury as a city of choice where health professionals are able to balance their personal life and career. Since then, the Roundtable and its sub committee, the Physician Recruitment and Retention Working Group have continued to work diligently to recruit more physicians to our community.

Completed Roundtable Projects

Underserviced Area Program (UAP) Review Committee:

On May 23, 2002, Deputy Mayor Doug Craig made a presentation, on behalf of the City of Greater Sudbury, to the Underserviced Area Program Review Committee. This committee heard submissions from a number of municipalities with regard to the present UAP program and suggestions as to how the incentive program could be improved. The committee's report has not been issued yet but is expected early in the New Year. It is hoped that some positive results will be forthcoming.

Southern Ontario Underserviced Area Recruitment Tour

This UAP recruitment fair visits the five medical schools in Southern Ontario. The 2002 tour was very well attended with many medical students and residents visiting the Sudbury Regional Hospital's booth which was manned by both City and Hospital representatives. The NOMECH booth was extremely busy as well. A very successful dinner for medical students from Sudbury was held in Ottawa and hosted by Councillor Doug Craig.

Hiring of Youth Intern

Application was made to FedNor for a grant to hire a Youth Intern for one year to work exclusively on Physician Recruitment. This position was filled, and our Youth Intern, Tina St. Louis began working on Nov. 4, 2002.

Ongoing Projects

Turnkey Clinics

Work is progressing on the turnkey clinics planned for Nickel Centre, Rayside Balfour and Valley East. Quotes are being called for drafting of the plans for the Valley East clinic, and a meeting with those who responded to the call for Expressions of Interest for the Nickel Centre project is being arranged. A request for proposal for the Rayside Balfour clinic will be advertised in the New Year.

GP Recruitment Week-end

A recruitment week-end is planned for August of 2003. Physicians who might be interested in opening a general practice in our City will be invited to spend a week-end in Sudbury. During their time here, they will attend a Continuing Medical Education Session, tour the hospital, and visit with local physicians. As well, they will meet members of the community, be entertained, and will tour the City. Approximately 20 physicians are expected to attend.

Physicians Recruited in 2002

This year to date thirteen new physicians have been recruited to our City. They include general practitioners including GP emergency physicians, a urologist, a cardiologist, a vascular surgeon, and paediatricians. Our physician numbers are growing slowly but there is still a very great need for family physicians, especially in the outlying areas of the City. As of December 1st, 2002, the city is underserved by twenty-one general practitioners.

Future Endeavours

Physicians on Ice Tournament

The Physicians on Ice Hockey Tournament will be held in Sudbury from April 10th to 12th, 2003. A letter has been sent to all physicians registered for the tournament inviting them to stay over the Saturday night and Sunday morning of this week-end to experience Northern hospitality and see what our community is all about. We would like to host any interested physicians as part of our ongoing recruitment strategy.

International Medical Graduates

On Nov. 21, 2002, the Government of Ontario announced a new eight-point plan that they believe will add more than 650 new physicians, mainly International Medical Graduates (IMGs) to the health care system over the next five years. By removing barriers and providing more training opportunities, the government hopes to more than double the number of foreign-trained doctors practising in Ontario and significantly improve access to front-line health care. Next year alone, it is expected that the plan will enable up to 150 new International Medical Graduates to provide medical service in Ontario.

Conclusion

Physician Recruitment and Retention needs to be pursued vigorously as the physician shortage will likely continue for some time in the future. We need to develop a strategy for physician recruitment which will meet the needs of our community. When we compare the recruitment incentives available in our City to those of other Northern Ontario municipalities, we find that ours are considerably smaller. During discussions with medical students and residents they have suggested that what would be most helpful to them is if they could receive the \$40,000 of UAP incentives upfront. They have a large debt load upon graduation and need assistance to set up their practices. Other communities in the province are offering interest free loans plus a cash recruitment incentive, and some have incentive packages totalling close to \$40,000 per physician. Council may wish to consider revising or updating our physician recruitment strategy in the new year.

**PHYSICIANS RECRUITED
TO THE CITY OF GREATER SUDBURY
2002**

NAME	AREA OF PRACTICE	START DATE
Dr. Solieman Bilgasem,	Urology	August 2002
Dr. Elaine Blacklock	Paediatrician	April 2002
Dr. Harry Kochar	OB/GYN	January 2002
Dr. Popuri Krishna	Psychiatry	November 2002
Dr. James McAlister	Family Medicine	October 2002
Dr. Kieran Moore	GP/ Emergency	September 2002
Dr. Michelle Ponti	Paediatrician	September 2002
Dr. Jason Prpic	GP/Emergency	June 2002
Dr. Santosh Pudupakkam	Vascular Surgeon	August 2002
Dr. Padma Puranam	Internal Medicine	November 2002
Dr. Stephanie Sbrocchi	Family Medicine	September 2002
Dr. Gerard Shoemaker	Cardiologist	September 2002
Dr. Josee Theriault	Internal Medicine	December 2002

Physician Recruitment Incentives Presently Available to Physicians in the City of Greater Sudbury

Underserved Area Incentives (Family Physicians and Psychiatrists)

Incentives of up to \$40,000, paid over four years, may be available to General Practitioners and psychiatrists who locate in or relocate to northern communities which are designated as underserved.

Underserved Area Incentives for Specialists Excluding Psychiatrists

Incentives of up to \$20,000 paid over four years, may be available to specialists who locate in or relocate to designated northern communities. A second grant of \$20,000, again paid over four years, under the ***Northern Medical Specialist Incentive Program***, may be available to northern specialists who provide a minimum of 12 days of outreach services per year.

Locum Tenens Programs

The locum program assists specific designated underserved communities with temporary medical services to replace physicians on holidays, education leave etc.

Community Visit Program

Health care professionals and their spouses may be reimbursed for travel and accommodation expenses within Ontario to visit a designated underserved community to assess practice opportunities.

Free Tuition Program

The Free Tuition Program offers physician applicants up to \$40,000 (or \$10,000 per year) in exchange for a three or four year return-of-service commitment. The program has two components : the reimbursement of medical undergraduate tuition fees and a location incentive fund. The Free Tuition Program will compensate medical students and postgraduate trainees for actual medical tuition payments (to a maximum of \$10,000 annually), in exchange for a return-of-service commitment in a community designated as underserved or an undersupplied specialty. The location incentive fund may provide tuition grant candidates with additional financial incentives to locate to approved communities if tuition is less than \$10,000 per year.

Northern Physicians Retention Initiative

The Northern Physicians Retention Initiative (NPRI) enables eligible physicians (those who at the time of application, have completed a minimum of four years of continuous full-time practice in Northern Ontario) to receive a \$7,000 retention incentive, paid at the end of each year over a three-year period, as well as financial support through the OMA's Continuing Medical Education program for rural and isolated physicians.

City of Greater Sudbury Community Relocation or Set-Up Incentive

Presently, a total of \$4,500 is available to each new physician. This includes \$2,000 from the City of Greater Sudbury, and \$2,500 from the Sudbury Regional Hospital. As well, the Greater Sudbury Chamber of Commerce has received monies from a member which allowed them to contribute \$1,000 per physician to this incentive bringing the total to \$5,500 per doctor. It is not known at this time if the Chamber will receive funding to allow them to make this contribution to the incentive in 2003.

Request for Decision City Council




Type of Decision									
Meeting Date	December 12, 2002				Report Date	November 15, 2002			
Decision Requested		Yes	<input checked="" type="checkbox"/>	No	Priority	<input checked="" type="checkbox"/>	High		Low
	Direction Only				Type of	<input checked="" type="checkbox"/>	Open		Closed

Report Title
September 2002 Variance Report


Policy Implication + Budget Impact	
<input checked="" type="checkbox"/>	This report and recommendation(s) have been reviewed by the Finance Division and the funding source has been identified.
N/A	
<input checked="" type="checkbox"/>	Background Attached

Recommendation
N/A
Recommendation Continued

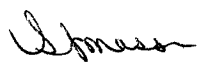
Recommended by the General Manager
 D. Wukosinic General Manager of Corporate Services / Acting General Manager of Emergency Services

Recommended by the C.A.O.
 M. Mieto Chief Administrative Officer

Report Authored By


E. Stankiewicz
Co-Ordinator of Current Budget

Division Review


S. Jonasson
Director of Finance / City Treasurer

The September Variance Report reflects a year-end projection based on nine months of expenditures and revenues. The Budget Section has met with all departments to refine their year-end projections. Based on this exercise, potential year-end variances have been identified with accompanying explanations.

The OMERS savings for the Corporation as a result of the extension of the contribution holiday is approximately \$800,000. In the July Variance Report, this figure was shown as a one line item in the attached charts. Since then, fringe benefit accounts in all departments have been modified to reflect this savings.

This forecast reflects virtually a balanced budget.

Potential year-end variances greater than \$100,000 have been identified and are detailed in the following:

1. General Revenues

As previously mentioned, payment in lieu of taxation revenue will exceed budget by approximately \$320,000. In addition, higher than expected interest rates and favourable cash flow will result in investment revenue exceeding budget by approximately \$670,000. Revenue from interest on tax arrears and slot revenue are expected to be significantly higher than budgeted by approximately \$700,000.

However, this area also includes provincial revenue in the form of the Community Reinvestment Fund (CRF) as a result of the Local Services Realignment (LSR) exercise. Underexpenditures in sole support caseloads in the Ontario Works Division as well as the Ontario Disability Support Program (ODSP) will affect the CRF. It appears that these two LSR programs will continue to be tied to the CRF. These two items will reflect reduced net expenditures of approximately \$660,000, therefore reducing the CRF accordingly. Another program that may be tied to the CRF is Land Ambulance, however this area is expected to be on budget by year-end. With regards to social housing which was previously tied to (CRF), the Province has indicated that they will not reconcile Social Housing expense. However, they will reconcile to a number that currently is not known. Full details regarding the CRF should be released by the Province in mid to late November.

When all variances are considered, the year-end surplus in the general revenue section is approximately \$1.5 million.

2. Corporate Services

Legal fees for Human Resources as a result of negotiations and arbitration will exceed budget by approximately \$150,000 and the cost of benefits paid out on behalf of pensioners is expected to be over budget by approximately \$250,000. Other expenditures in this division have been curtailed to offset the overexpenditures, leaving the division in a deficit position of approximately \$280,000.

Outside legal counsel in the Solicitor Division is anticipated to be over budget by approximately \$400,000. In addition, losses in licencing revenue of approximately \$150,000 are expected. Also, Provincial Offences net revenue is expected to be under budget by approximately \$350,000, leaving this division in a combined deficit position of approximately \$900,000.

The Information Technology division should reflect a year end surplus of approximately \$200,000. As per policy this surplus will be contributed to the reserve only if the Corporation is not in a deficit position at year-end. For the purpose of this report, the \$200,000 has been included in the Corporate position.

With all projections taken into account, this department should be in a deficit position of approximately \$1 million by year-end.

3. **Social Housing**

As a result of a delay in staffing the administration section and reduced spending in administrative functions, this section should realize a surplus of approximately \$220,000 by year end.

4. **Ontario Works**

Sole support caseloads continue to be below estimates, however, this item is tied to the CRF so any savings in this area will be offset by reductions in Community Reinvestment Fund. In addition, ODSP costs will be less than budgeted and will be treated in the same fashion as sole support. These two items account for \$660,000 in reduced net expenditures and this will result in a corresponding reduction in CRF.

In addition, there will be a surplus of approximately \$600,000 as a result of Ontario Works Employment Assistance Services Levels funding exceeding targets, and additional funding for the Consolidated Verification Process.

5. **Public Libraries/Citizen Services**

This division should reflect a year-end surplus of approximately \$200,000. In accordance with policy, this surplus will be contributed to a reserve for the libraries if the Corporation is in a surplus position at year-end. For the purpose of this report, the \$200,000 has been included in the Corporate position.

6. **Leisure Services**

As a result of the following, this division will be in a deficit position of approximately \$200,000:

- failure of mechanical equipment/aging recreational facilities,
- loss of Summer Career Grant,
- flood damage at Centennial Park,
- the operation of the Minnow Lake Community Centre,
- higher energy costs,
- loss of revenue as a result of the inability to remarket ice time.

All efforts are being made to find savings in discretionary spending to offset some of the overexpenditures.

7. **Roads/Fleet**

Public Works has revised its estimate on winter roads maintenance, to be over budget by approximately \$2.6 million, largely as a result of the extraordinary winter conditions experienced in the first part of 2002. This overexpenditure is net of fleet revenue as increased winter control meant increased use of our vehicles resulting in increased equipment revenue.

It was previously reported that there would be a \$850,000 savings in summer roads maintenance. However, severe summer storms lead to road washouts, increased potholes and cleanup exercises (removal of trees), and two major culvert collapses. As a result of responding to these safety issues, summer roads maintenance will be over budget by approximately \$100,000.

This area will reflect a deficit of \$2.7 million when netted against increased fleet revenues.

In accordance with Priorities Committee Recommendation 2002-18, as adopted by Council, the \$900,000 reallocated to the Roads program from the realization of the Northern Ontario Heritage Fund (NOHF) funding is to be used to offset any further overexpenditures in winter roads maintenance and to offset any corporate deficit, with the balance being contributed to a Winter Roads Maintenance Reserve Fund. This funding has not been reflected in the corporate position.

8. **Waste Management**

It was previously reported that this area would experience a deficit of approximately \$150,000 at year end. However, increased revenue estimates from tipping fees will eliminate any deficit.

9. **Fire Services**

As a result of staff vacancies throughout the year and fewer fire call outs requiring volunteers, the Fire Service should realize a year-end surplus of approximately \$360,000.

10. **Land Ambulance**

The issue of cross border service has still not been dealt with by the Province. A potential increase in cross border service would be offset by the \$650,000 in salary savings as a result of vacancies throughout the year. This service is tied to the CRF, and therefore there should be no negative impact on funding.

11. **Police Services**

Overexpenditures in salaries primarily in the area of overtime, increased cost of benefits paid on behalf of pensioners and the loss of revenue under the Firearm's Act will have this service experiencing a year end deficit. Additional revenue, operational savings in other areas and the OMERS contribution holiday offset this deficit somewhat. By year end, a \$320,000 deficit is anticipated.

Summary

Although the forecast currently reflects a deficit of \$350,000 the use of a portion of the \$900,000 reallocated to the Roads program from the realization of the NOHF funding will result in a balanced budget. Accounts will continue to be monitored closely for the remainder of the year.