

Date: June 12, 2025
Time: 5:30 pm
Location: Committee Room 3-City Hall
66 Charlotte Street, Port Colborne, Ontario, L3K 3C8

Pages

1.	Call to Order		
2.	Adoption of the Agenda		
3.	Disclosures of Interest		
4.	Procedural Business		
4.1	Roundtable Introduction		
4.2	Appointment of Chair		
4.3	Appointment of Vice Chair		
4.4	Adoption of Meeting Schedule		
4.5	Review of Procedural Documents		
	a.	Procedural By-law	1
	b.	Healthcare Advisory Committee Terms of Reference (TORs)	25
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6.	Adjournment		

The Corporation of the City of Port Colborne

By-law No. 6979/17/22

Being a By-law to Govern the Proceedings of Council
and Committee Meetings, and to repeal by-law 6250/76/15
and amendments thereto

Whereas section 238(2), of the *Municipal Act, S.O. 2001, c. 25* requires that every municipality and local board shall pass a procedure by-law for governing the calling, place and proceedings of meetings; and

Whereas at its meeting of March 8, 2022, the Council of The Corporation of the City of Port Colborne (Council) approved the recommendations of the Development and Legislative Services Department, Report No. 2022-57, Subject: Procedural By-law Update; and

Whereas the Council of the City of Port Colborne deems it expedient to repeal and replace By-law 6250/76/15 including amendments;

Now therefore the Council of The Corporation of the City of Port Colborne enacts as follows:

Definitions

In this by-law:

- 1.1 "Abstain" means a Member who is lawfully entitled to vote but chooses not to exercise their right to vote on a matter. When a Member abstains from a vote without declaring a pecuniary interest they will be counted as opposed to the motion.
- 1.2 "Act" means the *Municipal Act, S.O. 2001, c. 25. as amended*.
- 1.3 "CAO" means the Chief Administrative Officer of the City and/or designate.
- 1.4 "Chair" means the person presiding over a meeting of a Committee or Council.
- 1.5 "City" means The Corporation of the City of Port Colborne.
- 1.6 "Clerk" means the City Clerk of the City and/or designate(s).
- 1.7 "Closed Session" means a meeting or part of a meeting that is not open to the public.
- 1.8 "Committee" means a Committee of Council. This may be a standing committee or an advisory committee.
- 1.9 "Council" means the Council of The Corporation of the City of Port Colborne. The term Council also refers to Committees when no alternate rules are stated.
- 1.10 "Deputy Mayor" means that Member of Council who has been appointed to act for a designated period of time in the absence of the Mayor.

- 1.11 "Electronic Participation" means a Council Member who participates in a Committee of the Whole or Council meeting remotely via electronic means in accordance with the provisions of the *Municipal Act, 2001* as amended.
- 1.12 "Emergency" means a serious, unexpected and potentially dangerous event or situation requiring immediate action.
- 1.13 "Inaugural Meeting" means the first meeting of a new Council after a regular election.
- 1.14 "Majority" means more than half of the votes cast by Members entitled to vote and present at time of voting.
- 1.15 "Member" means a Member of Council or Committee.
- 1.16 "Meeting" means any regular, special, public, or other meeting of Council, or Committee; where
- a) a Quorum of Members is present, and
 - b) Members discuss or otherwise deal with any matter in a way that materially advances the business or decision-making of the Council or Committee.
- 1.17 "Pecuniary Interest" means a direct or indirect financial impact of a Member as defined under the *Municipal Conflict of Interest Act, R.S.O.1990, c.M. 50*.
- 1.18 "Point of Order" means a matter that a Member considers to be a departure from or contravention of the rules, procedures and/or generally accepted practices of Council.
- 1.19 "Point of Privilege" means a matter that a Member considers to question their integrity and/or the integrity of the Council.
- 1.20 "Public Meeting" means a meeting of Council required pursuant to the Planning Act or other statute.
- 1.21 "Quorum" means a majority of the voting Members of Council or Committee.
- 1.22 "Regular Meeting" means a scheduled meeting held in accordance with the approved calendar/schedule of meetings.
- 1.23 "Rules of Procedure" means the rules and regulations contained in this by-law.
- 1.24 "Special Meeting" means a meeting not scheduled in accordance with the approved calendar/schedule of meetings.
- 1.25 "Seniority" means in the first instance, the total years of service as a Councillor/Mayor with the City of Port Colborne, and in the second instance, to break a tie in a ward, by majority of votes in that year.

General Provisions

2. Rules

- 2.1 This by-law shall be known as the "Procedural By-law" of the City of Port Colborne.
- 2.2 The rules and regulations contained in this by-law shall be the rules and regulations for the order and dispatch of business in meetings of Council and Committee. All boards and citizen committees of the City are expected to adopt procedures regarding the calling and conduct of meetings, and in the absence of such procedures, these rules shall apply.
- 2.3 Any rules or regulations contained in this by-law may be temporarily suspended, except for those rules or regulations that are set out by legislation, with the consent of at least two-thirds of the Council Members present.
- 2.4 The Clerk will be responsible to interpret the rules of procedure under this by-law.
- 2.5 All points of order or procedure for which rules have not been provided in this by-law will be decided by the Chair in accordance, as far as is reasonably practicable, with the rules of parliamentary law as contained in Robert's Rules of Order.
- 2.6 All groups, agencies, firms or corporations that receive funding from Council and/or the City of Port Colborne will adopt provisions related to access of public meetings similar to this by-law.

Roles and Duties

3. Chair

- 3.1 The Chair will act as presiding officer over the conduct of the meeting, including the preservation of good order and decorum, ruling on points of order and deciding on all questions relating to the orderly procedure of the meetings, subject to an appeal by any Member to the Committee or Council of any ruling of the Chair.
- 3.2 If the Chair desires to leave the Chair for the purpose of taking part in the debate or otherwise, they will call on the Vice-Chair, or in the absence of the Vice-Chair, on another Member, to fill their place until resuming the Chair.

4. Mayor

- 4.1 It is the role of the head of Council to:
 - a) carry out the responsibilities of their roles as described in sections 225 and 226.1 of the Municipal Act, S.O. 2001;
 - b) represent and support the Council and its decisions in all matters;
 - c) represent the municipality at official functions;
 - d) represent Council with respect to all levels of government, their agencies, and private organizations.
 - e) preside as Chair over all Council and Standing Committee meetings, unless unavailable, in which case the Deputy Mayor will act as the presiding officer.

5. Deputy Mayor

- 5.1 The role of Deputy Mayor shall be assumed by each Member of Council on an equitable rotating basis, who in the absence of the Mayor shall act in the

Mayor's place and shall preside at Council and Standing Committee meetings with all powers and obligations of the Mayor.

5.2 The role of Deputy Mayor will be filled on a six-month basis and rotated amongst each elected Councillor during each new Council term. Rotation will be by Ward One through Ward Four and by seniority in each ward.

5.3 In the absence of the Mayor, or if his office is vacant or if they refuse to act, and in the absence of the Deputy Mayor, the Clerk shall call the Council to order and, if a quorum be present, the Members thereof shall choose a presiding officer from amongst the Members present and such presiding officer, during such absence or vacancy or refusal to act, has all the powers of the Mayor.

6. Members of Council

6.1 It is the role of the Members of Council to:

- a) carry out the responsibilities of their roles as described in section 224 of the *Municipal Act, S.O. 2001*;
- b) uphold the by-laws and policies of the Corporation of the City of Port Colborne;
- c) deliberate on the business submitted to Committee and Council;
- d) vote on all motions before Council;
- e) respect the rules of procedure at all meetings.

7. Clerk

7.1 It is the role of the Clerk to:

- a) carry out the responsibilities of their roles as described in section 228 of the *Municipal Act, S.O. 2001*;
- b) provide procedural advice to the Chair and to Members on agenda business and on preparing motions;
- c) ensure notice of meetings is provided as set out in this by-law;
- d) make minor deletions, additions or other administrative changes to any by-law, motion, and/or minutes to ensure the correct and complete implementation of the actions of Council;
- e) authenticate by signature when necessary, all resolutions, by-laws and minutes of meetings and certify copies of such documents when required;
- f) perform such other duties as prescribed by law, or by direction of Council.

7.2 The Clerk will be present at all meetings of Committee and Council.

Committees of Council

8. Standing Committees of Council

8.1 Council has one regular standing Committee called the Committee of the Whole that will be scheduled by the Clerk as needed when larger discussion or public input is required. Items for consideration at Committee of the Whole include, but are not limited to, budget, workshops, and training.

8.2 All Councillors are Members of the Standing Committees and the Mayor acts as presiding officer.

- 8.3 Recorded votes are not permitted at a Standing Committee.
- 8.4 Motions passed in Standing Committee will be brought forward to a Regular Council Meeting for ratification.
- 9. Advisory Committees**
- 9.1 Council may, at any time, establish a committee to advise Council on matters within their jurisdiction.
- 9.2 Members of the Committees will be appointed by Council at the recommendation of the Clerk.
- 9.3 Up to two Members of Council will be appointed to each board and/or Advisory Committee to act as a liaison to the committee. The Mayor is an ex-officio non-voting member of every Committee.
- 9.4 Members of Council are not eligible to act as Chair or Vice-Chair and are non-voting Members.
- 9.5 Advisory Committees will be reviewed at the beginning of each term of Council.
- 9.6 All Advisory Committees will follow the rules of Standing Committees unless otherwise stated in their terms of reference approved by Council.
- 9.7 If a quorum for an Advisory Committee meeting is not present within fifteen (15) minutes of the time fixed for the commencement of the meeting, the Committee may proceed without a quorum, provided that at least three Members are present. The Clerk is not required to be present and no motions will be passed or minutes prepared.

Council and Committees of Council

10. General

- 10.1 Meetings are held in the Council Chambers of City Hall unless otherwise decided by the Clerk, in consultation with the Mayor and/or CAO.
- 10.2 Meetings are held on the second and fourth Tuesday of each month at 6:30 p.m., except when Tuesday is a public holiday or a day when City Hall is closed, in which case the meeting is held at the same hour on the next day that City Hall is open.
- 10.3 Only the first regular meeting of Council in August and December shall be held.
- 10.4 In a municipal election year only the first regular meeting of Council shall be held in September and October.
- 10.5 If changes to the meeting calendar are necessary the Clerk may bring a report to a meeting of Council and the annual schedule may be changed with a majority vote of the Members.
- 10.6 Where circumstances warrant, the Clerk may, in consultation with the Mayor and/or CAO, cancel a meeting. Where possible notice of cancellation will be given to the Members and staff by e-mail or telephone. Public notice of the cancellation will be provided by way of the City's website and/or posting a written notice at City Hall. The business of the cancelled meeting shall be considered at the next regularly scheduled meeting, or at a special meeting

called in accordance with this by-law.

- 10.7 Consumption of beverages other than water, and the consumption of food, shall not be permitted in the Council Chambers during a meeting.

11. Meetings Open to the Public

- 11.1 Except as provided in this by-law, all meetings will be open to the public.
- 11.2 The chair may expel or exclude from any meeting any person who has engaged in improper conduct at the meeting.
- 11.3 Except for the Members and staff, no person is allowed to proceed beyond the area in the Council Chambers which has been set aside for the public and the media, unless permitted to do so by the Mayor, CAO, or Clerk. In no case shall such person be allowed to take a seat among or occupy the seat of a Member.

12 Inaugural Meeting of Council

- 12.1 The first meeting of a newly elected Council will be held in Council Chambers at the date and time of the first regularly scheduled Council meeting following the commencement of the new term.

13 Special Meetings

- 13.1 The Mayor may at any time call a special meeting of Council or Committee.
- 13.2 The Mayor shall call a special meeting upon direction of a majority vote of the Members at a regular Council meeting.
- 13.3 The Clerk shall call a special meeting whenever requested by written petition of a majority of the Members of Council so to do, for the purpose and at the time mentioned in the petition.
- 13.4 Special Meetings should only be called when business cannot wait until the next regularly scheduled meeting in order to promote transparency.
- 13.5 The determination of meeting type (Council or Committee of the Whole), shall be made by the Clerk, in consultation with the Mayor and/or CAO, and shall take into consideration the nature of the business to be considered.
- 13.6 Notice will be provided by the Clerk in accordance with section 17 of this by-law.
- 13.7 No business may be considered at a special meeting of Council or of a Committee other than that specified in the notice, or agenda.

14 Statutory Public Meetings

- 14.1 Matters requiring a Public Meeting by Council under the *Planning Act* or other statute shall be presented to Council as follows:
- a) at a regular meeting of Council to be held at 6:30 p.m. on the third Tuesday of the month, up to 6 times a year. These meetings will be scheduled by the Clerk by December 31 of the prior year and included in the annual schedule of Council meetings.

- b) as a separate item of business on the agenda of a regular Council or Committee meeting, whichever is deemed most expedient by the Clerk in consultation with the CAO.

15 Closed Session

- 15.1 No meeting or part of a meeting may be closed to the public unless the subject matter meets the legislated criteria for a closed meeting. The decision to close a meeting is discretionary.
- 15.2 In accordance with sections 239(2), 239(3), and 239(3.1) of the *Municipal Act, S.O. 2001, c. 25*, a meeting, or part of a meeting may be closed to the public if the subject matter being considered is:
 - a) the security of the property of the municipality or local board;
 - b) personal matters about an identifiable individual, including municipal or local board employees;
 - c) a proposed or pending acquisition or disposition of land by the municipality or local board;
 - d) labour relations or employee negotiations;
 - e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
 - f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
 - g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
 - h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
 - i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
 - j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value;
 - k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board;
 - l) a request under the *Municipal Freedom of Information and Protection of Privacy Act*, if the council, board, commission or other body is the head of an institution for the purposes of that Act;
 - m) an ongoing investigation respecting the municipality, a local board or a municipally-controlled corporation by the Ombudsman appointed under the Ombudsman Act, an Ombudsman referred to in subsection 223.13 (1) of the *Municipal Act*, or the investigator referred to in subsection 239.2 (1) of the *Municipal Act*;
 - n) educational or training of the members where at the meeting, no member discusses or otherwise deals with any matter in a way that materially advances the business or decision-making of the council, local board or committee.

- 15.3 Prior to moving into a closed session for one of the reasons listed in section 15.2, Council will pass a motion stating:
- a) the fact that Council is convening into closed session;
 - b) the specific provision under the *Municipal Act* that permits the item to be considered in a closed session; and
 - c) the general nature of the matter to be considered.
- 15.4 Attendance in closed sessions will be limited to the Members of Council, Clerk, CAO, and those specifically invited to remain by the CAO.
- 15.5 Members are prohibited from discussing any additional matters during a closed session other than those identified by the motion passed under section 15.3.
- 15.6 When in closed session a vote will not be taken unless the vote is for a procedural matter, or for giving direction to staff or other individuals under section 239(6) of the *Municipal Act*.
- 15.7 On reconvening in public session, the Chair will accept a motion regarding the matters discussed in closed session, or alternatively advise that direction had been given to staff during the closed session in accordance with the *Municipal Act*.
- 15.8 The Clerk is responsible for maintaining a confidential copy of all original documentation distributed and confidential minutes of all closed sessions.
- 15.9 All information, documentation or deliberations received, reviewed or taken in closed session is confidential.
- a) Members shall hold in strict confidence all information concerning matters dealt with in closed session. No Member shall release, make public, or in any way divulge any such confidential information or any aspect of closed session deliberations, unless expressly authorized by Council or required by law.
 - b) Any member who contravenes these provisions shall be deemed not to be acting in the interest of, on behalf of, or with the authority of the Council of The Corporation of the City of Port Colborne.
- 15.10 Any person may file a complaint as to whether the City has complied with the open meeting legislation by filing a complaint with the Ontario Ombudsman.

16 Electronic Participation

- 16.1 Electronic participation will be permitted by Members of Council and Committees only in circumstances deemed extraordinary by the Clerk.
- 16.2 A Member of Council shall be present in person at the meeting in order to Chair the meeting. If all Members are participating electronically then the Chair would be appointed as prescribed in this by-law.
- 16.3 The Member of Council who wishes to participate in a meeting electronically shall provide the Clerk a minimum of 24 hours' notice in advance.
- 16.4 Members participating electronically will count towards quorum in accordance with Section 238 (3.3) of the *Municipal Act*.

17. Notice of Meeting

- 17.1 The Clerk will provide notice to the public of all meetings of Council, agendas, cancellations and re-scheduling by:
- a) posting the annual schedule of meetings on the City's website and by distributing copies upon request;
 - b) updating the City's website calendar within twenty-four hours of any changes made to the schedule;
- 17.2 The agenda for each regular Council, Public, or Committee meeting will be posted to the City's website not less than seventy-two hours before the hour appointed for the holding of the meeting.
- 17.3 Items or matters will not be added to the agenda after distribution to Council or Committee unless they are of an urgent nature and require a decision prior to the next Council or Committee meeting. In these cases, an Addendum will be prepared, distributed and posted to the City's website calendar.
- 17.4 The agenda for each Special Meeting of Council or Committee will be posted on the City's website not less than forty-eight hours before the time set for such special meeting.
- 17.5 A Special Meeting of Council may be held, without notice, to deal with an emergency situation as defined under the Emergency Management and Civil Protection Act provided that an attempt has been made to reach the members by telephone and/or e-mail. No business except business dealing directly with the emergency situation will be transacted at that meeting.
- 17.6 Lack of receipt of the notice will not affect the validity of holding the meeting nor any action taken at the meeting.
- 17.7 The Chair may, if it appears that an emergency weather event will prevent the Members from attending a meeting, postpone that meeting by advising the Clerk and as many Members as they are able to reach. Postponement will not be for any longer than the next regularly scheduled meeting of that Committee or Council.

18 Call to Order and Quorum

- 18.1 The Chair will call the meeting to order as soon after the hour of meeting as a quorum is present. Quorum is achieved when a majority of the Members are present.
- 18.2 If the Mayor is not present within fifteen (15) minutes of the time appointed for the meeting, the Deputy Mayor shall call the meeting to order and shall preside during the meeting or until the arrival of the Mayor.
- 18.3 If a quorum for a Council, or Committee meeting is not present within fifteen (15) minutes of the time fixed for the commencement of the meeting, the Clerk will indicate that no quorum is present and the meeting will stand adjourned until the next meeting of Council.
- 18.4 Where the number of Members who are unable to participate in a meeting by reason of the provisions in the *Municipal Conflict of Interest Act, R.S.O.1990, c.M. 50*, such that at that meeting the remaining Members are insufficient to constitute quorum, the remaining Members will be deemed to constitute a quorum, provided such number is not less than two.

- 18.5 If during the course of a Council meeting, a quorum is lost, the Chair will declare that the meeting will stand recessed temporarily or be adjourned until the date of the next regular meeting.

19 Meeting Recess

- 19.1 Council may, after ninety minutes of consecutive deliberation, recess for a period deemed appropriate by the Chair.

20 Adjournment Hour

- 20.1 All meetings will adjourn when Council, or Committee have completed all business listed on the agenda, or at 11 p.m., whichever is earlier.
- 20.2 Where the business before Council or Committee has not been completed by the adjournment hour, a motion may be passed by two-thirds vote of the members present to proceed beyond the hour of 11 p.m. to continue any unfinished business.
- 20.3 Notwithstanding section 20.2 above, no meeting will proceed beyond the hour of 12 a.m.
- 20.4 Unless decided otherwise prior to the adjournment of the meeting, any unfinished business will be discussed at the next scheduled Council meeting.

21 Recording of Meetings

- 21.1 Anyone may use a device(s) to transmit and/or record proceedings of open meetings of Committee and Council, unless doing so causes a disruption, interferes with the conduct of the meeting or jeopardizes safety, as determined by the Mayor.
- 21.2 All regular Committee Council and Committee meetings taking place in open session in the Council Chambers may be recorded for public broadcast and may be available online for public viewing.
- 21.3 Closed Session meetings may be recorded electronically and retained by the City. The Clerk shall be responsible for the care and retention of the recording. A recording of a Closed Session meeting shall only be accessed or disclosed for the purposes of a closed meeting investigation described under the Act, or otherwise required by law.
- 21.4 No Member or staff, except the Clerk, shall record the proceedings of a Closed Session meeting.

Council and Committee Agendas and Minutes

22 General

- 22.1 Prior to each regular meeting, the Clerk in consultation with the CAO, shall prepare an agenda of all the business to be brought before Council and Committee.

- 22.2 The agenda shall include the date, time and location of the meeting, and shall accurately reflect the matters intended to be considered at the meeting.
- 22.3 Agendas, along with supporting materials, shall be delivered to the Members and the public on the Thursday prior to a regular meeting.
- 22.4 All information and communications intended to be presented to Council shall be submitted to the Clerk in writing and prepared by staff using the City's standard report template or in the form of a memorandum.
- 22.5 All documents intended to be submitted to Council shall be delivered to the Clerk no later than 12 p.m. on the Tuesday prior to the meeting.
- 22.6 Addendums to the agenda will be avoided for all but urgent matters in order to provide transparency in decision-making. Matters will not be added to the agenda after distribution to Council or Committee unless they are of an urgent nature and require a decision prior to the next Council or Committee meeting.
- 22.7 All business will be taken up in the order as listed on the agenda unless otherwise decided by a vote of the majority of Members present.

23 Council Agenda

- 23.1 Council agendas shall be generally formatted as follows but modifications to the matters to be included or to the order of business may be made by the Clerk without requiring amendment to this by-law:
- a) Call to Order
 - b) National Anthem
 - c) Land Acknowledgment
 - d) Proclamations
 - e) Adoption of Agenda
 - f) Disclosures of Interest
 - g) Approval of Minutes
 - h) Statutory Public Meetings
 - i) Staff Reports
 - j) Correspondence Items
 - k) Presentations
 - l) Delegations
 - m) Mayor's Report
 - n) Regional Councillor's Report
 - o) Staff Remarks
 - p) Councillors' Remarks
 - q) Consideration of Items Requiring Separate Discussion
 - r) Motions
 - s) Notices of Motions
 - t) Minutes of Boards & Committees
 - u) By-laws
 - v) Confidential Items
 - w) Procedural Motions
 - x) Information items
 - y) Adjournment

24 Standing Committee Agenda

24.1 Standing Committee agendas shall be generally formatted as follows but modifications to the matters to be included or to the order of business may be made by the Clerk without requiring amendment to this by-law:

- a) Call to Order
- b) Adoption of Agenda
- c) Disclosures of Interest
- d) Public Meetings
- e) Staff Reports
- f) Correspondence Items
- g) Presentations
- h) Delegations
- i) Consideration of Items Requiring Separate Discussion
- j) Procedural Motions
- k) Information items
- l) Adjournment

25 Consent agenda

25.1 All staff reports and correspondence items will be considered as a consent agenda. The Chair will allow Members to remove items from the section of the agenda before voting on the remainder of the items.

25.2 All items listed in the consent agenda are subject to a single motion that is neither debatable, nor amendable. A Member may make a brief comment regarding a consent item prior to the consideration of the motion, however, if an item requires further discussion, debate, or an amendment it must be removed from the consent agenda and placed on the regular agenda for discussion.

26 Notice of Motion

26.1 A Notice of Motion is a statement of intention to introduce a motion at a future meeting. A Notice of Motion is not debatable.

26.2 A Notice of Motion may be given by any Member during the appropriate part of a meeting of Council. The item will be added to the agenda of the next regularly scheduled Council meeting.

26.3 Where it is deemed necessary to not delay the consideration, a notice of motion may be considered by Council immediately upon its introduction by a successful two-thirds vote of the Members present.

26.4 After having provided a Notice of Motion, the Member shall prepare and submit a memorandum including information on the item and the proposed motion to the Clerk by Tuesday at 12 p.m. the week before the Council meeting so that it can be included in the agenda.

26.5 Memorandums submitted to the Clerk by the prescribed time will be permitted on the agenda even if notice was not provided at the previous meeting. The memorandum will act as notice and the item will be discussed at the regular meeting of Council.

27 By-laws

27.1 All by-laws being considered will be listed and included in the Council agenda.

- 27.2 Subject to the provisions of any statute or regulation which requires otherwise, by-laws shall require only one reading prior to being passed by Council.
- 27.3 Unless separated at the request of a Member, all by-laws proposed for adoption will be passed collectively by a single motion.
- 27.4 Every by-law passed by Council will be sealed with the seal of the Corporation, signed by the Mayor, or Chair of the meeting at which the by-law was passed, and by the Clerk present at the meeting, and deposited with the Clerk to become part of the official record.
- 27.5 A by-law will be passed for each regular or special Council meeting to confirm the proceedings thereof.
- 27.6 The Clerk is authorized to make minor corrections to any by-law resulting from technical or typographical errors prior to the by-law being signed.

28 Minutes

- 28.1 Minutes shall record:
- a) the place, date and time of meeting;
 - b) the name of the Chair and the record of the attendance of the Members;
 - c) declarations of pecuniary interest;
 - d) the motions considered and votes taken by Council, or Committee; and
 - e) except as provided elsewhere in this by-law, all the other decisions or authorized actions without note or comment
- 28.2 The minutes of each Council and Committee meeting shall be presented to Council at the next regular meeting for confirmation.

29 Mayor, Regional Councillor Reports, and Councillors' Remarks

- 29.1 The Mayor will have the opportunity at every Regular Council meeting to report on the activities of the Mayor's Office.
- 29.2 The Regional Councillor for the City of Port Colborne will have the opportunity at every Regular Council meeting to report on the activities of the Region.
- 29.3 Councillors will have the opportunity at every regular Committee meeting to report on constituency activities.
- 29.4 Any motion arising from the Mayor's Report, Regional Councillors' Report or Councillors' Remarks that will affect City policies or procedures, or that will require the allocation of financial or other City resources, shall be referred to staff for the preparation of a report to Council.

Public Participation

30 Public Conduct at Meetings

- 30.1 Only Members and authorized City staff will be allowed to proceed beyond the speaker's podium without permission of the Chair or Clerk.
- 30.2 Public attendees must maintain order and will not display signs or placards,

applaud, heckle, engage in telephone or other conversation, or demonstrate any behaviour that may be considered disruptive. No person will use indecent, offensive, or insulting language or speak disrespectfully to anyone in Council Chambers.

- 30.3 All electronic devices must be turned off or switched to silent during Council and Committee meetings. Photography and video should be kept to a minimum during a meeting and will only be permitted so long as it does not interfere with the meeting in any way. At any time during the meeting, at the discretion of the Clerk, use of electronic devices may also be prohibited if it is believed that the use is interfering with any audio or video broadcast of the meeting.
- 30.4 Any person who contravenes any provision of this section may be expelled from the meeting by the Chair.

31 Presentations

- 31.1 Presentations addressing matters relevant to the City and seeking to provide information, or receive input from Council, or Committee will be permitted from any local board or similar authority including relevant agencies, boards, commissions as well as other levels of government and City staff.
- 31.2 Presentations also include those appearing before Council to accept an award or receive recognition from the City.
- 31.3 Those wishing to make a presentation must provide a written submission to the Clerk by 12 p.m. on the Tuesday prior to the meeting, outlining the name(s), title(s), etc of those making the presentation and clearly stating the subject matter of the presentation.
- 31.4 Presentations will be limited to a maximum of ten minutes unless the representative has requested and been granted extra time from the Clerk before the agenda is published.
- 31.5 Council may limit or extend the time allowed for a presentation by a majority vote.

32 Delegations

- 32.1 Requests to delegate regarding an item on the Council or Committee agenda must be submitted in writing to the Clerk by 12 p.m. on the day of the meeting.
- 32.2 Any person, group of persons, or organization may request to speak to an item listed on the agenda provided that the subject matter of the delegation directly relates to the item on the agenda. All requests to delegate must be made in writing to the Clerk, outlining the nature of their request, and include any additional material (i.e. PowerPoint) by the deadline stated in section 32.1.
- 32.3 If a delegate requests to speak regarding a matter not listed on the agenda they must provide the Clerk with a written submission outlining their request by 12 p.m. the Tuesday before the Council meeting. It will be at the discretion of the Clerk in consultation with the CAO if the item is an appropriate matter to be considered by Council.
- 32.4 Where a delegate has spoken previously at Committee or Council on an item a further delegation request by the delegate, or a related party, will not be permitted on the Council agenda unless the delegation is bringing forward new information. Only the new information will be heard.
- 32.5 The Clerk will provide the Chair with all requests to delegate submitted after the deadlines stated in section 32.1 and 32.3, for Council consideration. A majority vote is required to permit the delegate to speak.

- 32.6 A combined limit of three presentations and delegations will be permitted on the agenda of a Council meeting. There will be no limit on the number of delegations that the Clerk registers regarding items on the agenda.
- 32.7 Delegations will be permitted without prior registration during any public meeting as required by section 14.1 of the *Planning Act, R.S.O. 1990, c. P.13* or the *Drainage Act*. Delegations are strongly encouraged to register before the standard delegation registration deadline and will be asked to fill in an attendance form to fulfill legislative notice requirements.
- 32.8 Delegations will not be permitted:
- a) when the subject matter is beyond the jurisdiction of the municipality;
 - b) for the purpose of advertising, publicizing or promoting any business or commercial enterprise or related event;
 - c) on any matter that is subject to a future meeting of Council or Committee;
 - d) on matters relating to litigation or potential litigation, including those matters which are before and under the jurisdiction of any court or administrative tribunal, unless such matter is referred to Council by the said court or administrative tribunal; or
 - e) on any Closed meeting agenda items
- 32.9 A person wishing to register as a delegation regarding an operational or administrative matter may be directed to the CAO first to discuss the issue.
- 32.10 Delegations will be permitted to speak for a maximum of ten minutes. The allotted time includes any audio or video presentations but does not include answering questions from Members. If there are numerous delegates taking the same position on a matter, the Clerk will encourage them to select one spokesperson to present their views within the time allocation.
- 32.11 The speaking time for a delegation may only be extended by majority vote of the Members present.
- 32.12 Delegations must abide by the rules of procedure and public conduct at meetings. They will accept any decisions of the Chair and not enter into cross debate with Members, other delegations, or staff. Any discourse between Members and the delegation will be limited to Members asking questions for clarification and obtaining additional, relevant information only.
- 32.13 Where the CAO or the Clerk determines that a person requesting to delegate is likely to engage in unreasonable or offensive conduct, make unreasonable or offensive statements or demands, repeatedly speak on a subject matter that is not within the City's jurisdiction, or otherwise misuse the privilege of addressing Committee or Council, the person will not be permitted to appear as a delegate at the meeting.
- 32.14 At the discretion of the Chair, CAO, or City Clerk, written delegation material may be requested in advance of the meeting prior to confirming registration as a delegation. Upon review of that material by the Chair, CAO, or City Clerk, if it is deemed not applicable to the business of Council or Committee, the delegation will not be registered to speak at the meeting.
- 32.15 If a request to delegate has been denied in accordance with section 32.13 or 32.14 the CAO or the Clerk will:
- a) Notify the requester that they will not be permitted to appear as a delegate and provide reasons for the decision; and
 - b) Inform the Members of the decision to deny the request.

33 Communications and Petitions

- 33.1 Every communication, including a petition, intended to be presented to Council and Committee shall be electronic or legibly written and shall be signed by at least one person giving their printed name and address.
- 33.2 Communications or petitions containing obscene or defamatory language shall not be accepted or presented to Council or Committee.
- 33.3 Petitions shall be presented to the Clerk and must include a written statement or position of those that signed the petition, the legible printed names and addresses of the petitioners, and original signatures of each. The individual or group initiating the petition, or submitting the petition to the Clerk, must also provide their name(s) and contact information to the Clerk.
- 33.4 Every communication addressed to Council and submitted to the Clerk shall be directed to the agenda of the next regularly scheduled Council and Committee meeting.
- 33.5 Communications and petitions that relate to an item listed on the agenda must be submitted in accordance with the timelines specified in section 32.1 for inclusion in the agenda.
- 33.6 All communications addressed to Council, included on an agenda or otherwise considered in open session by Council or Committee or during a public hearing, is deemed to be a communication in the public domain. Such information shall form part of the public record, unless the author expressly requests the removal of particular information. This includes names, addresses and other personal information contained therein. Such information shall be made available to the general public and published in agendas and/or minutes. Any person with questions regarding the public disclosure of this information should contact the Clerk.

Rules of Conduct and Debate

34 Conduct of Members

- 34.1 Members of Council and Committees will:
- a) act in accordance with their Declaration of Office under the *Municipal Act, 2001*;
 - b) discharge with integrity all responsibilities to Council, the City of Port Colborne, and the public, in keeping with approved corporate policies;
 - c) treat the Chair, other Members, staff, and delegates from the public with courtesy, respect and good faith;
 - d) hold in strict confidence all information concerning matters dealt with in closed session. The Member will not release, make public or in any way divulge any such confidential information or any aspect of the closed session deliberations, unless expressly authorized or required by law;
 - e) be encouraged to ask any relevant questions of staff prior to any meeting where an issue may be introduced or debated so that staff may be able to have appropriate information at such meeting if necessary;
 - f) not leave their seat or make any noise or disturbance while a vote is being taken and until the result is declared;

- g) not criticize any decision of the Council except for the purpose of introducing a motion for reconsideration;
- h) not disobey the rules of the Council or a decision of the Chair or Council on a question of order, practice or interpretation of the rules of the Council;
- i) turn off, or silence, all electronic devices except those in use to facilitate the meeting; and
- j) adhere to the City's Code of Conduct

34.2 Where a Member has been called to order by the Chair for disregarding the rules of procedure and the Member persists in such conduct, the Chair may order the Member to vacate the meeting place. If the Member apologizes, the Chair may permit the Member to retake their seat.

34.3 If the Member called out of order does not apologize and will not leave their seat, the Chair will recess the meeting and request that the Clerk contact security.

35 Disclosure of Pecuniary Interest

35.1 It is the responsibility of each member to identify and disclose a pecuniary interest on any item or matter before Council, or Committee in accordance with the *Municipal Conflict of Interest Act*, R.S.O.1990, c.M. 50.

35.2 Where a Member has any pecuniary interest, direct or indirect, in any matter and is present at a meeting of the Council or Committee at which the matter is the subject of consideration, the Member will, in accordance with *Municipal Conflict of Interest Act*, R.S.O.1990, c.M. 50 (5):

- a) file a written statement of the interest and its general nature with the Clerk prior to the meeting;
- b) not take part in the discussion of, or vote on any question with respect to the matter;
- c) not attempt in any way before, during and/or after the meeting to influence the vote on the matter.

35.3 Where a meeting is not open to the public, in addition to complying with the requirements under the *Municipal Conflict of Interest Act*, the Member will forthwith leave the meeting for the part during which the matter is under consideration.

35.4 The Clerk will record the particulars of any disclosure of pecuniary interest made by Members of Council or Committees in the minutes of that meeting and update the Pecuniary Interest Registry. The Registry will be available for public inspection.

36 Questions/Speaking

36.1 Members will be permitted to ask each delegation two questions at a time directly relating to the matter under consideration.

36.2 Prior to accepting a motion, the Chair will permit two questions at a time from each Member directly relating to the matter under consideration.

36.3 A Member may ask a question only for the purpose of obtaining facts relevant to the matter under discussion and necessary for a clear understanding. All questions will be stated succinctly and will not be used as a means of making statements, or assertions.

36.4 All Members will address their questions and comments through the Chair.

- 36.5 When all questions have been addressed a Member may move a motion. The Chair will allow the mover to address Council first.
- 36.6 To address Council, a Member will request to speak by raising their hand and wait to be recognized by the Chair.
- 36.7 The Chair will recognize the Members who wish to speak in the order that they come to the Chair's attention. When a Member has been recognized by the Chair as having the floor, the Member will direct their comment to the Chair and speak only to the matter under consideration.
- 36.8 When a Member is speaking, no other Member will interrupt, except to raise a Point of Privilege or Point of Order.
- 36.9 Any Member may require the motion under discussion to be read at any time during the debate so long as they do not interrupt a Member while speaking.
- 36.10 No Member will be permitted to speak a second time on an item of business until every Member who desires to speak has spoken.
- 36.11 Each Member will have a limit of five minutes to speak on a motion and will be given the option of an additional five minutes after every Member has been allowed to speak. An additional five minutes will only be provided to Members through the passing of a two-thirds vote.
- 36.12 The Chair may ask questions, or comment in a general manner without leaving their position. If the Chair wishes to make a motion, or speak to a motion taking a definite position then they must first leave the Chair position by calling on the Vice-Chair to fill their place until their comments are finished.

37 Motions

- 37.1 In Council, the following motions may be introduced verbally, without notice and without leave, except as otherwise provided by this by-law:
- a) a point of order or privilege;
 - b) to suspend the rules of procedure;
 - c) to postpone definitely (deferral motion with a specified date/meeting);
 - d) to refer;
 - e) to amend;
 - f) to postpone indefinitely (deferral motion without specifying a date/meeting);
 - g) to close debate;
 - h) to adjourn;
 - i) any other procedural motion.
- 37.2 A motion must be seconded before being debated or put to a vote.
- 37.3 A negative motion is not permitted.
- 37.4 The Mayor may not move or second any motion.
- 37.5 The mover and seconder may withdraw a motion or a notice of motion at any time prior to it being opened for discussion by the Chair. If withdrawn prior to discussion, the motion is not included in the minutes of the meeting.
- 37.6 After a motion has been opened for discussion by the Chair, it will be deemed to be in the possession of Council, but may be withdrawn by the mover at any time before a decision or amendment, provided Council does not object.
- 37.7 When a motion is under consideration, no new main motion will be accepted. Non-main motions are acceptable including procedural motions, and motions to refer, defer, and amend.

- 37.8 A Member may request the Mayor to “call the question,” which, if granted by the Mayor, closes debate and puts the motion to a vote. Unless a Member immediately appeals the decision, the decision of the Mayor is final.
- 37.9 After a motion has been put to vote by the Chair, no Member may speak to the motion nor will any other motion be made until after the vote is taken and the result has been declared.
- 37.10 A motion regarding a matter that is beyond the jurisdiction of Council will not be in order except a matter that, in the opinion of the majority of Council, has to do with the welfare of the citizens generally. The question of the opinion is to be decided without debate.
- 37.11 Schedule A of this by-law describes the form and standard descriptive characteristics of motions commonly used in Committee and Council.

38 Voting

- 38.1 Voting will be conducted in the following order:
- a) amendment to any amending motion;
 - b) upon determination of a) above, any subsequent amendment to the amending motion;
 - c) the amending motion;
 - d) the main motion (as amended or as originally presented).
- 38.2 A motion shall be put to a vote by the Mayor immediately after all the Members who wished to speak on the motion have spoken.
- 38.3 After a Motion is put to a vote by the Chair, no Member shall speak on that Motion nor shall any other Motion be made until after the result of the vote is announced by the Chair.
- 38.4 When the motion under consideration contains distinct recommendations, a Member may request that the vote be taken separately on each recommendation and no vote will be required to be taken on the matter as a whole.
- 38.5 When a vote is called by the Chair, each Member, unless they have declared a pecuniary interest, will vote by a clear show of hands. The Chair will first ask those in favour to raise their hands, followed by those opposed and will then declare the result of the vote. A vote will never be taken by secret vote, or ballot.
- 38.6 Every Member present at a meeting will vote on every motion, unless prohibited by legislation. Failure to vote for any reason will be deemed to be a negative vote.
- 38.7 The Mayor shall vote on a motion but shall not have a second or casting vote in the event of an equality of votes on any question.
- 38.8 The Mayor shall announce the result of every vote taken as either “carried” or “lost”.
- 38.9 Except as provided elsewhere in this by-law, a motion will be considered carried when a majority of the Members present and voting have voted in favour of the motion. When there is a tie vote the motion is lost.
- 38.10 If a Member disagrees with the result as announced by the Mayor, the Member may, immediately after the declaration of the result, object to the declaration and require the Mayor to call for another vote on the matter.
- 38.11 Recorded votes are only permitted in Council meetings and only on main

motions.

- 38.12 When a Member requests, immediately prior to the taking of the vote, that the vote be recorded, the Clerk shall call the names of all the Members present in alphabetical order to vote, unless a Member has declared a pecuniary interest, and except that the Mayor shall vote last. Each Member shall answer "yes" or "no" to the motion. The result of the recorded vote shall be announced by the Clerk and the name of each Member who voted and the manner in which they voted shall be recorded in the minutes.

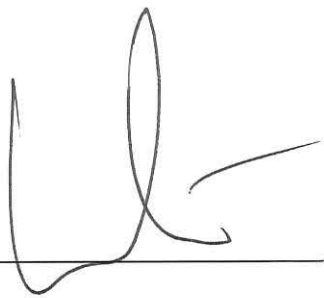
39 Reconsideration

- 39.1 Any proposal to reconsider, amend or rescind a previous decision of Council made within its current term shall require a motion of reconsideration.
- 39.2 A motion to reconsider a previous decision of Council made earlier in a meeting:
- a) may be presented at any time prior to the meeting's adjournment by any Member who voted in the majority when the decision was made;
 - b) may not be applied to a decision to postpone indefinitely; and
 - c) requires an affirmative vote of the majority of the Members present.
- 39.3 A motion to reconsider a previous decision of Council at a subsequent meeting:
- a) may only be introduced by a Member who was present at the meeting and voted in the majority when the decision was made or who was not present at the meeting when the decision was made;
 - b) will be introduced as a notice of motion in accordance with section 26 for consideration; and
 - c) requires an affirmative vote of two-thirds of the Members present.
- 39.4 Debate on a motion for reconsideration will be confined to reasons for or against reconsideration.
- 39.5 Discussion of the previous decision will not be in order until the motion to reconsider has been adopted.
- 39.6 Where the motion to reconsider is approved, reconsideration will become the next order of business. Debate on the original motion shall proceed as though it had never previously been voted on.
- 39.7 A decision of Council can only be reconsidered once during a term of Council. A motion to reconsider a previous reconsideration will never be in order.
- 39.8 Actions of the Council that cannot be reversed or suspended cannot be reconsidered.
- 39.9 The effect of a Notice of Motion to Reconsider a decided matter is the suspension of all action that depends on the result of the matter to be reconsidered.


By-law 6250/76/15 is hereby repealed;

Schedule A as affixed hereto forms part of this by-law; and

Enacted and passed this 8th day of March, 2022.

A handwritten signature in black ink, consisting of a stylized 'W' followed by a 'C' and a 'S', with a horizontal line extending to the right.

William C. Steele
Mayor

A handwritten signature in black ink, appearing to read 'N. Rubli', with a horizontal line extending to the right.

Nicole Rubli
Acting City Clerk

Schedule A to By-law 6979/17/22 – Common Motions

1. Motion to Adjourn

- 1.1 A Motion to adjourn:
- a) is always in order except as provided by this by-law;
 - b) is not debatable;
 - c) is not amendable;
 - d) is not in order when a Member is speaking or during the verification of the vote.
 - e) is not in order immediately following the affirmative resolution of a motion to close debate; and
 - f) when resulting in the negative, cannot be made again until after some proceedings have been completed by Council.
- 1.2 A motion to adjourn without qualification, if carried, brings a meeting or a session of Council to an end.
- 1.3 A motion to adjourn to a specific time, or to reconvene upon the happening of a specified event, suspends a meeting of Council to continue at such time.

2. Point Of Privilege

- 2.1 A Member may at any time raise a point of privilege directing attention to a matter that affects the integrity, character or reputation of an individual, individuals or the entire Council, or the ability of an individual to participate.
- 2.2 A point of privilege will take precedence over any other matter and a Member will not be permitted to enter into any debate or introduce any motion not related to the point of privilege.
- 2.3 The Chair will decide upon the point of privilege and advise the Members of the decision.
- 2.4 Where the Chair recognizes that a breach of privilege has taken place the Chair shall demand that the offending Member or individual apologize and failing such apology shall require said Member or individual to vacate the Council Chambers for the duration of the meeting.
- 2.5 The Chair's decision is final unless a Member immediately appeals the decision.
- 2.6 If the decision of the Chair is appealed, the Chair will immediately call a vote on the decision. The vote will occur without debate and the results will be final, based on a two-thirds vote.

3. Motion to Close Debate (Previous Question)

- 3.1 A motion to close debate:
- a) is not debatable;
 - b) is not amendable;
 - c) cannot be moved with respect to the main motion when there is an amendment under consideration;
 - d) should be moved by a Member who has not already debated the question.
 - e) requires a two-thirds majority vote of members present for passage; and
 - f) when resolved in the affirmative, the question is to be put forward without debate or amendment.

4. Motion to Defer (Motion to Postpone Definitely)

- 4.1 A motion to defer:

- a) will state a fixed time, or date;
- b) is debatable, but only as to whether the matter should be postponed and to what time;
- c) is amendable as to time and/or date;
- d) requires a majority vote of Members present to pass; and
- e) will have precedence over the motions to refer, to amend, and to postpone indefinitely.

5. Motion to Refer (To Committee or Staff)

- 5.1 A motion to refer:
- a) will state the committee, or staff Member where the motion is to be referred to and the reason for referral;
 - b) is debatable;
 - c) is amendable; and
 - d) will take precedence over all amendments of the main question and any motion to postpone indefinitely.

6. Motion to Amend

- 6.1 A motion to amend:
- a) is debatable;
 - b) is amendable;
 - c) will be relevant and not contrary to the principle of the motion under consideration;
 - d) may propose a separate and distinct disposition of a question provided that such altered disposition continues to relate to the same issue which was the subject matter of the question and
 - e) will be decided (or withdrawn) before the main motion is put to a vote.
- 6.2 Only one motion to amend an amendment to the original motion will be allowed at one time. Further amendments will be considered after a vote on the amendment to the proposed amendment.

7. Motion to Postpone Indefinitely

- 7.1 A motion to postpone indefinitely:
- a) stops a motion and avoids a direct vote on the question;
 - b) is debatable;
 - c) is not amendable; and
 - d) requires a majority vote.

8. Point of Order

- 8.1 A Member may raise a point of order when they consider a matter to be a departure from or contravention of the rules, procedures and/or generally accepted practices of Council.
- 8.2 A Member will raise the point of order by requesting the floor, and after being granted the floor by the Chair, they will state the point of order to the Chair. The Chair will make a timely decision on the point of order. Thereafter, the Member will only address the Chair for the purpose of appealing the decision to Council.
- 8.3 If the Member does not appeal, the decision of the Chair will be final. If the Member appeals, the Chair will immediately call a vote on the decision. The vote will occur without debate and the results will be final, based on a two-thirds vote.

9. Motion to Suspend the Rules (Waive the Rules)

- 9.1 A motion to suspend the rules:
- a) is not debatable;

- b) is not amendable;
- c) requires a two-thirds majority vote to carry; and
- d) takes precedence over any motion if it is for a purpose connected with that motion.

Committee: Healthcare Advisory Committee

Date Approved: March 25, 2025

Date Revised: N/A

Approval: Council

Committee Resource: Deputy Clerk

1. Purpose

The Healthcare Advisory Committee ("the Committee") is an Advisory Committee of Council established to ensure residents have adequate access to, and knowledge of, healthcare services in the City of Port Colborne.

2. Mandate

The Healthcare Advisory Committee shall:

- 2.1 Work to ensure the residents of Port Colborne have access to healthcare and associated community and healthcare services that are required within the community.
- 2.2 Develop and recommend to Council:
 - 2.2.1 a comprehensive, evidence-based, and attainable healthcare service strategy that includes core key performance indicators to measure success;
 - 2.2.2 an assessment of the alignment of healthcare service proposals, initiatives and opportunities and their alignment with a Council approved healthcare service strategy;
 - 2.2.3 a comprehensive upper level of government relations strategy to support the achievement of a Council approved healthcare service strategy; and
 - 2.2.4 public engagement to support the work of the Committee in fulfilling its mandate.



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- 2.3 Obtain information, as required, to support evidence-based decision making.
- 2.4 Monitor, assess, and recommend to Council progress towards achieving a Council approved healthcare service strategy, including key performance indicators.
- 2.5 Provide periodic updates to Council, as required.

3. Membership Composition

The Healthcare Advisory Committee shall consist of the following voting and non-voting members:

- 3.1 Five (5) voting members appointed from the public at large, with diverse perspectives, by resolution of Council.
- 3.2 Two (2) non-voting members of Council will be appointed to act as liaison. The Mayor is ex-officio non-voting member of every Committee.
- 3.3 Supporting the Committee will be the CAO, City staff as required, and healthcare professionals as invited.

4. Membership Eligibility Criteria

To facilitate the nomination and appointment of new members to the Committee, the following criteria will be considered. The aim is to achieve a diverse Committee with a combination of technical experts and community representatives.

- 4.1 Residency – Applicants must be at least 18 years of age and a tenant or owner of land in the City of Port Colborne, or the spouse/partner of such owner or tenant.
- 4.2 Availability – It is imperative that an applicant be able to attend as many Committee meetings as possible and undertake work outside of the regular meetings.
- 4.3 Community Representatives – Consideration shall be given to the individual's level of participation and knowledge of healthcare matters and



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services within the community. The relevance of their interests to the mandate of the Committee will be an important factor.

5. Membership Recruitment

- 5.1 Membership recruitment will be conducted in accordance with the City's Appointments to Boards and Committees Policy.
- 5.2 The membership on the Committee shall consist of appointments by Resolution of Council.

6. Term

The Committee appointments shall follow a four-year term and will extend until June 30, 2029. Each member of the Committee shall hold membership until his/her successor is appointed. In the case of a vacancy for any cause other than expiration of term, the member appointed to fill the vacancy shall hold office for the balance of the term of the member whose place is vacant.

7. Resignation

A voting member of the Committee shall cease to be a member of the Committee upon submission of a letter of resignation to the City Clerk or if he/she absents himself/herself from three successive scheduled meetings of the Committee without being authorized to do so by a resolution of the Committee entered into the minutes.

8. Appointment of Chair and Vice-Chair

At the first meeting of the new term of the Committee, the members shall appoint, from among their number, a Chair and Vice-Chair. Non-voting members are not eligible to act as Chair or Vice-Chair.

9. Role of the Chair

The role of the Chair is to:

- 9.1 Preside at the meetings of the Committee in accordance with the City's Procedural By-law and keep discussion on topic.



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- 9.2 Provide leadership to the Committee to encourage that its activities remain focused on its mandate as an Advisory Committee of Council.
- 9.3 Review agenda items with the Staff Liaison.
- 9.4 Recognize each Member's contribution to the Committee's work.
- 9.5 Serve as an ex-officio member of subcommittees and attend subcommittee meetings when necessary.
- 9.6 Liaise with other Committee members.
- 9.7 Make deputations/delegations, presentations, etc. before Council.
- 9.8 Prepare a report with recommendations for Council in coordination with Staff Liaisons on the prescribed template.

10. Role of the Vice-Chair

In the absence of the Chair, the Vice-Chair will chair meetings and assume all functions of the Chair as necessary.

11. Role of Committee Members

The role of Committee Members is to:

- 11.1 Work collaboratively with City staff to develop an annual Work Plan and prepare a timetable for Council which will outline milestones that will result in a healthcare strategy for Council's consideration.
 - 11.1.1 Work Plans will ensure workload is manageable and appropriately shared between Committee members and staff.
 - 11.1.2 The timetable will include a mandatory quarterly report to Council to provide regular updates until the final strategy is complete.
- 11.2 Ensure the mandate of the Committee is being fulfilled.
- 11.3 Consult with other Advisory Committees on mandated items where there may be a common interest.



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- 11.4 Conduct research to help inform of any programs, outreach campaigns, by-laws, etc.
- 11.5 Provide the Chair with solid, information regarding agenda items.
- 11.6 Notify the Staff Liaison if unable to attend Committee meetings to ensure that quorum will be available for all meetings.
- 11.7 Review projects as requested by Council and City staff related to mandated items.
- 11.8 Fairly represent the field of expertise, interest and involvement of the Committee.

12. Role of Staff Liaison

The Staff Liaison will provide administrative and procedural support to the Committee. The Staff Liaison will co-ordinate all requests for advice from the Committee, through meeting agendas. The Committee's responses to such requests shall be co-ordinated by the Staff Liaison to the Clerk's Division.

13. Meetings

- 13.1 All meetings shall be open, and no person shall be excluded therefrom except for improper conduct or for matters identified in section 239(2) of the *Municipal Act*, 2001, S.O. 2001, c. 25.
- 13.2 All matters pertaining to a closed meeting must first be approved by the Clerk to ensure it is appropriately being dealt with in closed session.
- 13.3 The Committee shall hold a minimum of four (4) meetings in each calendar year. At the first regular meeting of the new term, a meeting schedule will be adopted by the Committee.
- 13.4 The Chair shall cause notice of the meetings, including the agenda for the meetings in accordance with the City's Procedural By-law.
- 13.5 Meetings will be held on a set day and time as may be determined by the Committee or at the call of the Chair. The Committee will establish a



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meeting schedule, considering the business needs and the schedule of Council.

13.6 The location of the meetings will be set by the Committee at a City facility.

14. Minutes

The minutes of all the Committee meetings shall be recorded and distributed to the Committee Members and to the City Clerk for safekeeping and inclusion on the regular Council agenda.

The minutes shall be open to inspection in accordance with the *Municipal Act, 2001*, S.O. 2001, c. 25., as amended and such minutes will be posted on the City's website.

15. Quorum

A quorum of the Committee shall consist of a majority of sitting, voting members; vacant seats shall count as seats for the purpose of calculating a quorum.

If quorum for a meeting is not present within fifteen (15) minutes of the time fixed for the commencement of the meeting, the Committee may proceed without a quorum, provided that at least three Members are present. The Clerk is not required to be present, and no motions will be passed, or minutes prepared.

16. Conflict of Interest

It is the responsibility of each member to identify and disclose a pecuniary interest on any item or matter before Council, or Committee in accordance with the *Municipal Conflict of Interest Act*, R.S.O.1990, c.M. 50.

Where a member has any pecuniary interest, direct or indirect, in any matter and is present at a meeting of the Committee at which the matter is the subject of consideration, the Member will, in accordance with *Municipal Conflict of Interest Act*, R.S.O.1990, c.M. 50 (5):

- file a written statement of the interest and its general nature with the Clerk prior to the meeting;
- not take part in the discussion of, or vote on any question with respect to the matter;
- not attempt in any way before, during and/or after the meeting to influence the vote on the matter.



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Where a meeting is not open to the public, in addition to complying with the requirements under the *Municipal Conflict of Interest Act*, the Member will forthwith leave the meeting for the part during which the matter is under consideration.

The Clerk will record the particulars of any disclosure of pecuniary interest made by Members of Committees in the minutes of that meeting and update the Pecuniary Interest Registry. The Registry will be available for public inspection.

17. Procedures

Procedures for the proceedings of meetings shall be governed by the City's Procedural By-law as well as Robert's Rules of Order.

18. Remuneration

All members of the Committee shall serve without remuneration.

19. Annual Workplan

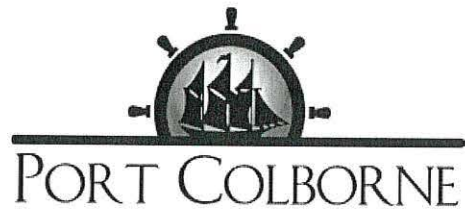
An annual workplan with an estimate of the resources necessary for the coming year shall be prepared by the Committee.

20. Terms of Reference

Any responsibilities not clearly identified within these Terms of Reference shall be the responsibility of the City of Port Colborne staff. Council may, at its discretion, change the Terms of Reference for this Committee at any time. Any changes proposed to these Terms of Reference by the Committee shall be recommended to Council via the City Clerk through a report. At the discretion or upon the mandate of the Committee being fulfilled, the Committee may be dissolved by resolution of Council.

21. Resources

- 21.1 Procedural By-Law
- 21.2 *Municipal Act*
- 21.3 Code of Conduct
- 21.4 Appointment to Boards/Committees Policy
- 21.5 *Conflict of Interest Act*
- 21.6 Robert's Rules of Order
- 21.7 *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*



CODE OF CONDUCT

**CITY COUNCILLORS
and
Members of Boards,
Commissions and Committees**

May, 2012.

CONFIDENTIAL INFORMATION

Confidential information includes information in the possession of, or received in confidence by the City that the City is either prohibited from disclosing, or is required to refuse to disclose, under the *Municipal Freedom of Information and Protection of Privacy Act* (often referred to as "MFIPPA"), or other legislation. Generally, the *Municipal Freedom of Information and Protection of Privacy Act* restricts or prohibits disclosure of information received in confidence from third parties of a corporate, commercial, scientific or technical nature, information that is personal, and information that is subject to solicitor-client privilege.

The provisions of Section 239 of the Municipal Act, 2001 says

"Meetings open to public

239. (1) *Except as provided in this section, all meetings shall be open to the public. 2001, c. 25, s. 239 (1).*

Exceptions

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

(a) the security of the property of the municipality or local board;

(b) personal matters about an identifiable individual, including municipal or local board employees;

(c) a proposed or pending acquisition or disposition of land by the municipality or local board;

(d) labour relations or employee negotiations;

(e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;

(f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;

(g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act. 2001, c. 25, s. 239 (2).

Other criteria

(3) *A meeting shall be closed to the public if the subject matter relates to the consideration of a request under the Municipal Freedom of Information and Protection of Privacy Act if the council, board, commission or other body is the head of an institution for the purposes of that Act. 2001, c. 25, s. 239 (3)."*

Where information that is made available, during an in camera meeting in accordance with Section 239 (2), of a confidential nature and concerns personnel, labour relations, litigation, property acquisitions, the security of the property of the City or a local board, and matters authorized in other legislation, such confidential information shall not be released by any member and shall remain confidential until so released to the public by the Council.

For the purposes of the *Code of Conduct*, and in addition to the foregoing, “confidential information” also means that no member shall disclose or release by any means to any member of the public, any confidential information acquired by virtue of his or her office, in either oral or written form, except when required by law or authorized by Council to do so. Members shall not use confidential information for personal or private gain, or for the gain of relatives or any person or corporation. As one example, no member should directly or indirectly benefit, or aid others to benefit, from knowledge respecting bidding on the sale of City property or assets.

Under the Procedure By-law, a matter that has been discussed at an in-camera (closed) meeting remains confidential. No member shall disclose the content of any such matter, or the substance of deliberations of the in-camera meeting until the Council or committee discusses the information at a meeting that is open to the public or otherwise releases the information to the public.

The following are examples of the types of information that a member must keep confidential:

- items under litigation, negotiation, or personnel matters;
- information that infringes on the rights of others (e.g. sources of complaints where the identity of a complainant is given in confidence);
- price schedules in contract tender or Request For Proposal submissions if so specified;
- information deemed to be “personal information” under the *Municipal Freedom of Information and Protection of Privacy Act*; and
- statistical data required by law not to be released (e.g. certain census or assessment data).

Members shall not access or attempt to gain access to confidential information in the custody of the City unless it is necessary for the performance of their duties and not prohibited by Council policy. Council shall be informed of the release of any confidential information to any individual member.

USE OF CITY PROPERTY, SERVICES AND OTHER RESOURCES

No member shall use, or permit the use of City land, facilities, equipment, supplies, services, staff or other resources (for example, City-owned materials, websites, Council transportation delivery services and member of Council expense budgets) for activities other than the business of the Corporation; nor should any member obtain personal financial gain from the use or sale of City-developed intellectual property (for example, inventions, creative writings and drawings), computer programs, technical innovations, or other items capable of being patented, since all such property remains exclusively owned by the City.

ELECTION CAMPAIGN WORK (Elected Officials)

Members of Council are required to follow the provisions of the *Municipal Elections Act*. No member shall use the facilities, equipment, supplies, services or other resources of the City (including Councillor newsletters and websites linked through the City's website) for any election campaign or campaign-related activities. No member shall undertake campaign-related activities on City property during regular working hours unless permitted by City policy (e.g., all candidates meetings). No member shall use the services of persons for election-related purposes during hours in which those persons receive any compensation from the City. The Clerk will provide all candidates with a detailed policy in respect of election campaign work.

IMPROPER USE OF INFLUENCE

No member shall use the influence of her or his office for any purpose other than for the exercise of her or his official duties. Examples of prohibited conduct are the use of one's status as a member of Council to improperly influence the decision of another person to the private advantage of oneself, or one's parents, children or spouse, staff members, friends, or associates, business or otherwise. This would include attempts to secure preferential treatment beyond activities in which members normally engage on behalf of their constituents as part of their official duties. Also prohibited is the holding out of the prospect or promise of future advantage through a member's supposed influence within Council, board or committee in return for present actions or inaction.

For the purposes of this provision, "private advantage" does not include a matter:

- that is of general application;
- that affects a member, his or her parents, children or spouse, staff members, friends, or associates, business or otherwise as one of a broad class of persons; or
- that concerns the remuneration or benefits of a member.

BUSINESS RELATIONS

No member shall act as a paid agent before Council, its committees, or an agency, board or commission of the City except in compliance with the terms of the *Municipal Conflict of Interest Act*.

A member shall not refer a third party to a person, partnership, or corporation in exchange for payment or other personal benefit.

CONDUCT REGARDING CURRENT& PROSPECTIVE EMPLOYMENT

No member shall allow the prospect of his or her future employment, any person or entity to detrimentally affect the performance of his or her duties to the City.

CONDUCT AT COUNCIL AND COMMITTEE MEETINGS

Members shall conduct themselves with decorum at Council and committee meetings in accordance with the provisions of By-law 4314/150/02 as amended, being a By-law to govern the proceedings of the Council and Committee meetings.

CONDUCT RESPECTING STAFF

Only Council as a whole has the authority to approve budget, policy, Committee processes and other such matters. Accordingly, members shall direct requests outside of Council-approved budget, process or policy, to the appropriate Standing Committee or Council. Under the direction of the Chief Administrative Officer, staff serves the Council as a whole, and the combined interests of all members as evidenced through the decisions of Council. Members shall be respectful of the role of staff to provide advice based on political neutrality and objectivity and without undue influence from any individual member or faction of the Council. Accordingly, no member shall maliciously or falsely injure the professional or ethical reputation, or the prospects or practice of staff, and all members shall show respect for the professional capacities of staff.

No member shall compel staff to engage in partisan political activities or be subjected to threats or discrimination for refusing to engage in such activities. Nor shall any member use, or attempt to use, their authority or influence for the purpose of intimidating, threatening, coercing, commanding, or influencing any staff member with the intent of interfering with that person's duties, including the duty to disclose improper activity. In practical terms, there are distinct and specialized roles carried out by Council as a whole and by members when performing their other roles. The key requirements of these roles include dealing with constituents and the general public, participating as Standing Committee members, participating as Chairs of Standing Committees, and participating as Council representatives on agencies, boards, commissions and other bodies. Similarly, there are distinct and specialized roles expected of City staff in both the carrying out of their responsibilities and in dealing with the Council.

DISCREDITABLE CONDUCT

All members of Council have a duty to treat members of the public, one another, and staff appropriately and without abuse, bullying or intimidation, and to ensure that their work environment is free from discrimination and harassment. All applicable Federal and Provincial law such as the *Ontario Human Rights Code*, the *Occupational Health and Safety Act* for example, and the City's policies on *Human Rights and Anti-harassment Policy* or *5C Service Policy* to name a few applies if applicable.

FAILURE TO ADHERE TO COUNCIL POLICIES AND PROCEDURES

A number of the provisions of this *Code of Conduct* incorporate policies and procedures adopted by Council. More generally, members are required to observe the terms of all policies and procedures established by City Council.

This provision does not prevent a member from requesting that Council grant an exemption from a policy.

REPRISALS AND OBSTRUCTION

Members should respect the integrity of the *Code of Conduct* and investigations conducted under it. Any reprisal or threat of reprisal against a complainant or anyone for providing relevant information to the Integrity Commissioner² is therefore prohibited. It is also a violation of the *Code of Conduct* to obstruct the Integrity Commissioner in the carrying out of her or his responsibilities, as, for example, by the destruction of documents, the erasing of electronic communications etc.

ACTING ON ADVICE OF THE CITY'S INTEGRITY COMMISSIONER

Any written advice given by the Integrity Commissioner to a member binds the Integrity Commissioner in any subsequent consideration of the conduct of the member in the same matter as long as all the relevant facts known to the member were disclosed to the Integrity Commissioner.

COMPLIANCE WITH THE CODE OF CONDUCT

Members of Council are accountable to the public through the four-year election process and members of boards, commissions and committees to the Council. Between elections they may, for example, become disqualified and lose their seat if convicted of an offence under the *Criminal Code* of Canada or for failing to declare a conflict of personal interest under the *Municipal Conflict of Interest Act* or should their seat be declared vacant by a Court.

In addition, subsection 223.4(5) of the *Municipal Act, 2001*, authorizes Council to impose either of two penalties on a member of Council following a report by the Integrity Commissioner that, in her or his opinion, there has been a violation of the *Code of Conduct*

- A reprimand; or

² The *Municipal Act, 2001*, S.O. 2001, c. 25, section 223.3, Council may appoint an Integrity Commissioner whose duties are outlined in section 223.3.



CITY OF PORT COLBORNE CODE OF CONDUCT

- Suspension of the remuneration paid to the member in respect of his or her services as a member of Council or a local board, as the case may be, for a period of up to 90 days.

Other Actions

The Integrity Commissioner may also recommend that Council or a local board take one or more of the following actions as penalty to one or more of its members:

- Removal from membership of a Committee or local board.
- Removal as Chair of a Committee or local board.
- Require the member to repay or reimburse monies received.
- Require the member to return property or reimburse its equivalent value.
- Require the member to make public apology to Council, the complainant, or both.

ACKNOWLEDGE RECEIPT OF CODE OF CONDUCT

Every member of Council and every appointed member to a City Board or Commission or Committee shall be provided with a copy and shall acknowledge that they have reviewed, understand and agree to abide by this Code and acknowledge receipt thereof by signing in their respective capacity.



PORT COLBORNE

Healthcare Advisory Committee Meeting Information Package

TABLE OF CONTENTS:

1. Special Council Meeting, December 3, 2024-Niagara Health Presentation and Council Report
2. Council Meeting, January 28, 2025-Council Presentation and Report: Community Engagement on the Future of Healthcare in Port Colborne
3. Council Meeting, March 25, 2025-Council Presentation, Report and Appendix A: Future of Healthcare in Port Colborne Public Engagement Results (Draft)

**City of Port Colborne
Special Meeting of Council Agenda**

Date: Tuesday, December 3, 2024
Time: 6:30 pm
Location: Council Chambers, 3rd Floor, City Hall
66 Charlotte Street, Port Colborne

Pages

1. Call to Order
2. Adoption of Agenda
3. Disclosures of Interest
4. Presentations
 - 4.1 Partnering for the Future of Healthcare in South Niagara 1

Presenters will be:

 - Lynn Guerriero, President and CEO, Niagara Health
 - Harpreet Bassi, Executive Vice-President, Strategy and Communications; Executive Lead, Research and Niagara Health Knowledge Institute; Interim Executive Vice-President, Capital Planning and Redevelopment
 - Dr. Matthew Vandenberg, Family Physician
5. Staff Reports
 - 5.1 Port Colborne Hospital Update, 2024-225 21
6. Procedural Motions
7. Closed Session
8. Back to Open Session
9. By-laws

10. Adjournment



Partnering for the future of healthcare in South Niagara

December 3, 2024



niagarahealth
Extraordinary Caring. Every Person. Every Time.

Indigenous Land Acknowledgment

As part of our continued commitment to diversity, equity and inclusion, we would like to share our updated organizational Indigenous Land Acknowledgment that was developed in partnership with local Indigenous partners:

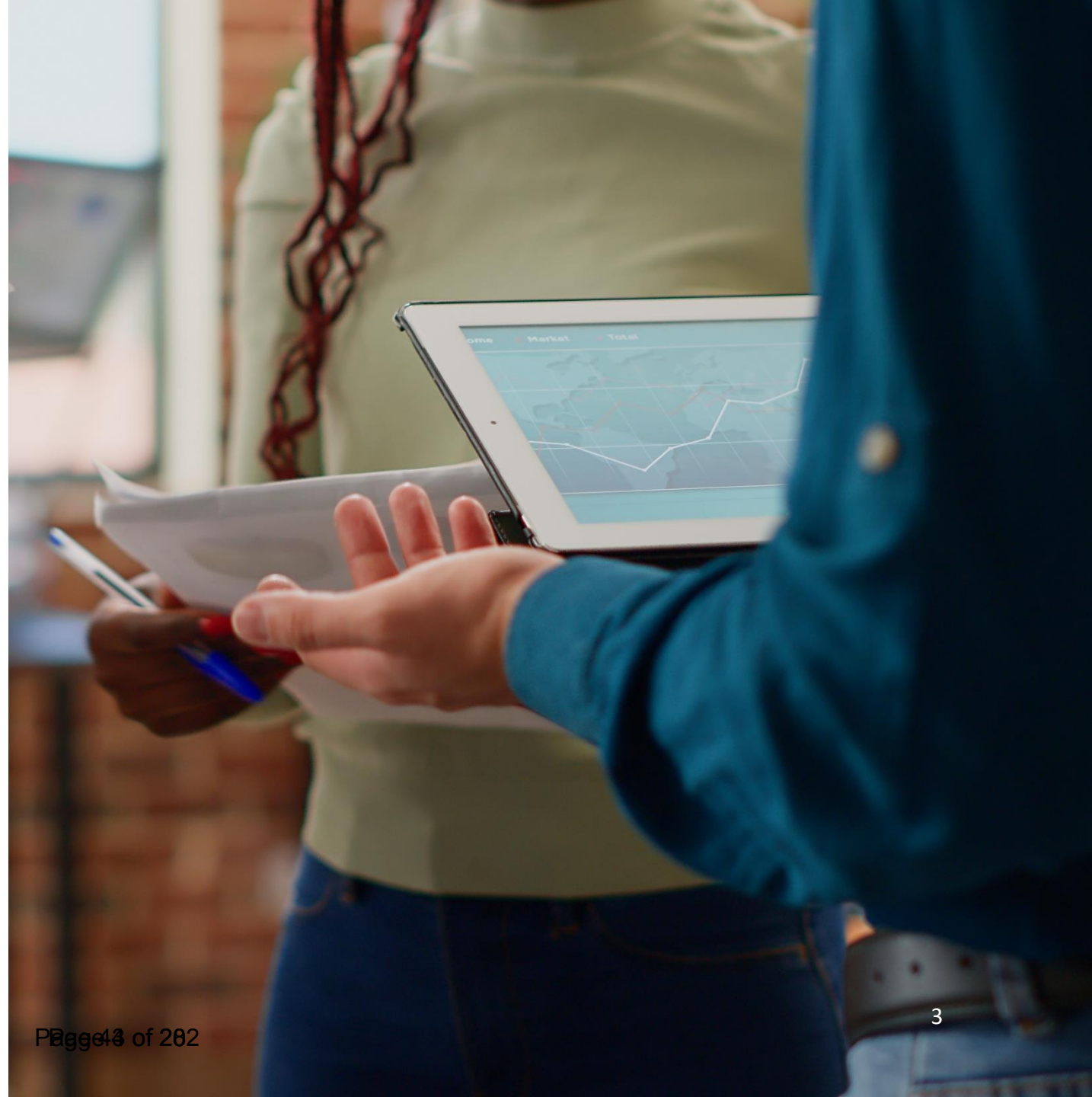


Niagara Health is honoured to provide care on lands where Indigenous Peoples have lived for thousands of years with their own unique cultures, identities, traditions and languages. These lands are steeped in the rich history of the First Nations such as the Hatiwendaronk, the Haudenosaunee, the Anishinaabe and the Mississaugas of the Credit First Nation. There are many First Nations, Métis, and Inuit peoples from across Turtle Island who live and work in Niagara today.

We are committed to listening and learning more about the history and current experiences of Indigenous Peoples and acknowledge our responsibility to take meaningful action towards reconciliation in the healthcare system.

Purpose

1. To request support on a unique and innovative partnership between Niagara Health, the City of Port Colborne and Port Colborne primary care physicians, which will work to ensure enhanced primary care services in Port Colborne.
2. To present Niagara Health's request for a local share commitment for the South Niagara Hospital from the City of Port Colborne.



Importance of Primary Care



Niagara has a **shortage** of **106 family doctors (primary care)** resulting in **140,000+ unattached patients**



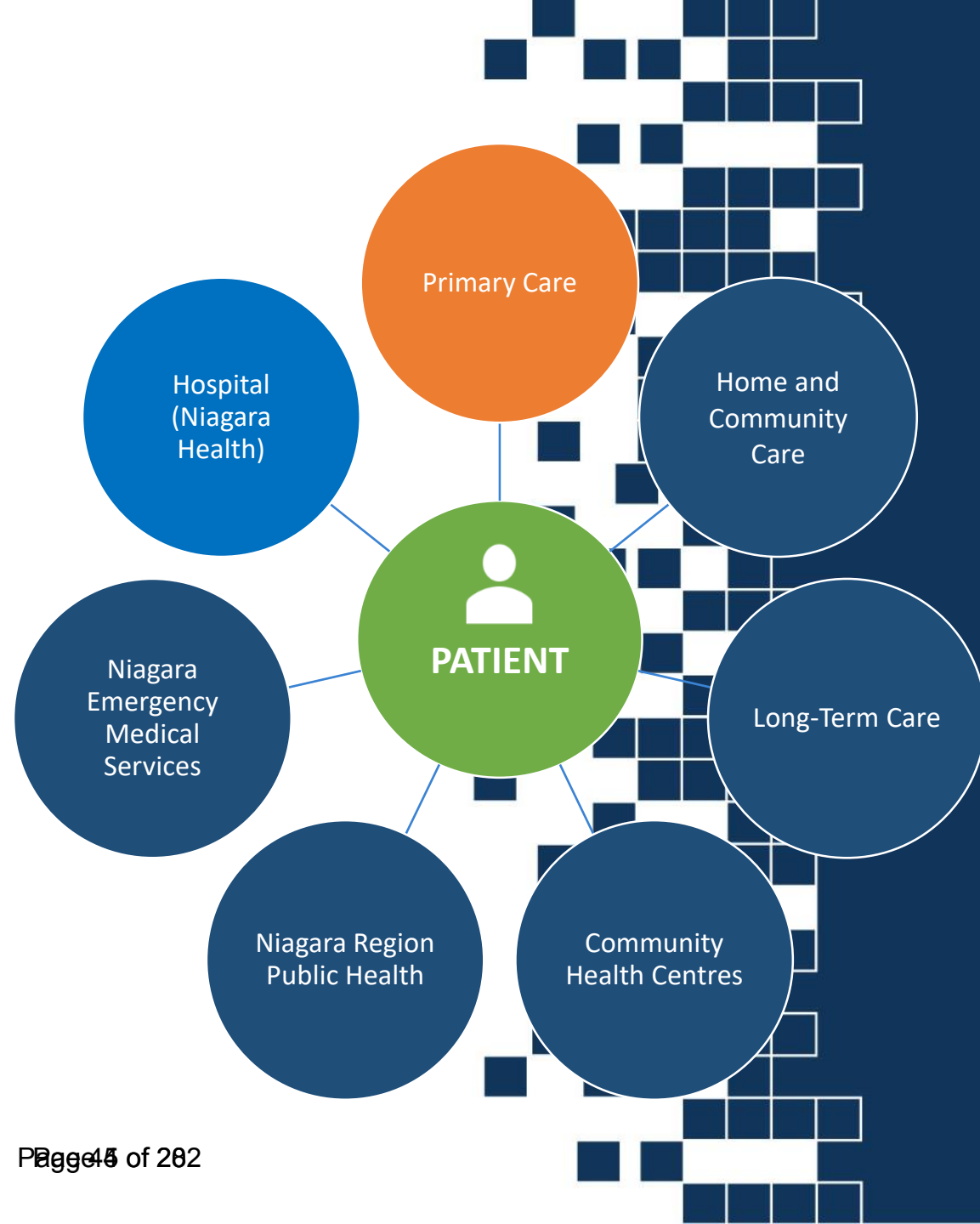
Port Colborne requires **5 additional family doctors** for its population size



The **top five conditions** seen by our UCCs are conditions that should be treated at a **doctor's office** or can now be treated by a **pharmacist** with their expanded scope.



Niagara has the **third-highest older adult** population in Canada. Niagara residents have higher rates of **chronic conditions** than the provincial average



Importance of Primary Care

TYPES OF CARE

Primary Care (family doctor + team)	Urgent Care Centre	Emergency Department
<ul style="list-style-type: none">• Diagnosis and treatment for common illnesses and injuries• Referrals to healthcare specialists• Management of chronic conditions (such as diabetes or high blood pressure)• Prescriptions for medication• Regular check-ups including physicals and routine screening tests (e.g., for cancer)• Home to your full health record	<ul style="list-style-type: none">• Diagnosis and treatment for common illnesses and injuries:• Sprains, strains or sports injuries• Ear, nose, throat and eye problems• Minor cuts that may need stitches• Care is episodic, your full health record is not available	<ul style="list-style-type: none">• Treatment of severe illnesses and life-threatening injuries 24 hours a day, 365 days a year• Urgent medical attention for serious conditions and injuries• Access to a wide range of healthcare specialists and diagnostic equipment

Partnership with Local Primary Care Physicians

A **dedicated team of family physicians serving the local Port Colborne community** is prepared to expand their practice and attract allied health services with the City's full support.

Niagara Health can provide vacant space on the main floor of the west wing of the Port Colborne Site to accommodate their spacing needs, and can make it available for occupancy as soon possible.



Niagara has a shortage of 106 family doctors (primary care) resulting in **140,000+ unattached patients**

Partnership with Primary Care Physician Group

This will help support:

- The retention and recruitment of physicians and allied health professionals to Port Colborne
- Increase access to family physicians for patients in Port Colborne and South Niagara
- Provide more space for the physician group to expand their roster as well as offer after-hours walk-in services for patients with and without family physicians

Future of the Port Colborne Site

In 2028, when the new South Niagara Hospital opens, programs and services will transition to South Niagara and Welland hospitals.

The City of Port Colborne will be offered first rights to purchase the Port Colborne Site for a nominal cost.



Transforming Care: Welland Hospital Redevelopment Update

Relocation of the New Port Residential Addictions Treatment Facility

- The sale and transfer of the Port Colborne Site to the City of Port Colborne is contingent upon approval from the Ministry of Health for a new standalone residential addictions treatment building to be constructed on the Welland Hospital Site to replace the current Port Colborne facility.

Renovations to accommodate additional Continuing Complex Care beds at the Welland Hospital

Future Welland Hospital Redevelopment

- Many opportunities for input and engagement to come.



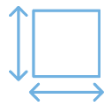
Regional Three-Site Hospital System (2028)

MAROTTA FAMILY HOSPITAL

24/7 Emergency Services
Critical Care
General Surgery
Outpatient Clinics & Surgical Services
Diagnostic Imaging & Laboratory
Children's Health
Kidney Care
Administration

CENTRES OF EXCELLENCE

Women & Babies
Cancer
Cardiac
Mental Health & Addictions



1 million
square feet



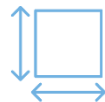
428
Beds

SOUTH NIAGARA HOSPITAL

24/7 Emergency Services
Critical Care
General Surgery
Outpatient Clinics & Surgical Services
Mental Health & Addictions
Diagnostic Imaging & Laboratory
Kidney Care
Joint Care
Indigenous Healing
Administration

CENTRES OF EXCELLENCE

Complex Care
Stroke
Wellness in Aging



1.3 million
square feet



469
Beds

WELLAND HOSPITAL

24/7 Emergency Services with 8-10 Observation Beds
90+ Complex Care Beds
Outpatient Clinics (Orthopedics/Fracture, Plastics, Chronic Disease Management, Geriatric)
Mental Health & Addictions
Diagnostic Imaging & Laboratory (X-ray, Ultrasound, CT, ECG, Echocardiography, Ontario Breast Screening)
Kidney Care
Administration Hub
Long-Term Care

CENTRE OF EXCELLENCE

Eye Care

Proposed programs and services for Welland are based on approved plans for the South Niagara Hospital. Further staff and community engagement is required to submit a proposal to the Ministry of Health for the Welland hospital site redevelopment.



Putting People First



Delivering Safe and Quality Care



Transforming How we Work

Transforming Care: South Niagara Hospital

- **With 469 single patient rooms**, the South Niagara Hospital adds 156 beds to the region.
- **The new state-of-the-art hospital** will help us retain and recruit staff and physicians as well as keep pace with advancements in care and technology.
- **Regional centres of excellence** in Stroke Care, Wellness in Aging, and Complex Care.
- **Full scope of acute care services** - Emergency Department, Intensive Care Unit, outpatient mental health and addiction services, surgery, kidney care, diagnostics and much more.
- **Emergency Department will be 3x the size** of the Emergency Department at the current Niagara Falls hospital.



South Niagara Hospital Local Share Commitment

Hospitals are responsible for:

10%

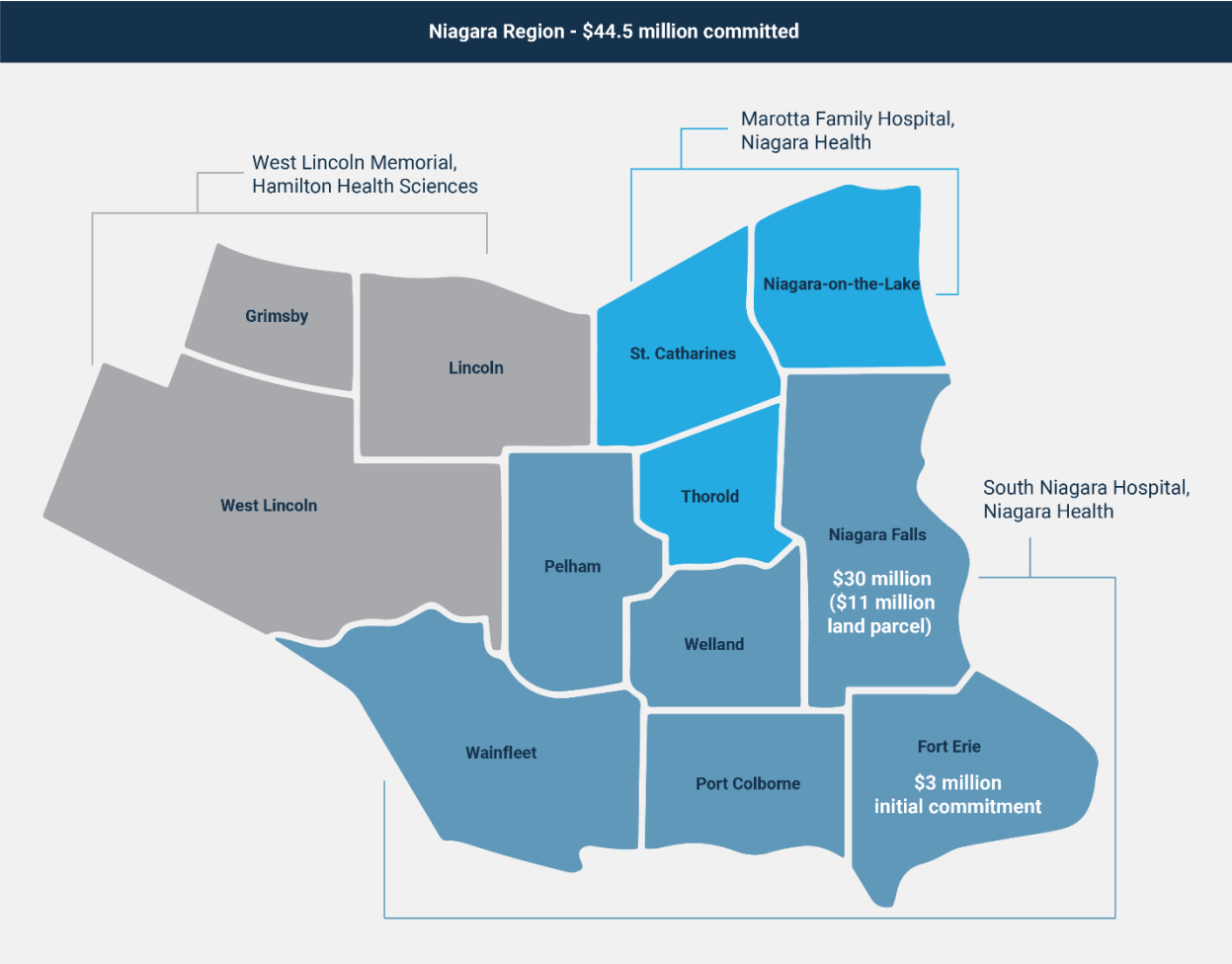
of the eligible construction costs and associated ancillary costs of new hospital builds.

100%

of the costs associated with the purchase of new and replacement furniture, fixtures and equipment.



Municipal Local Share Commitments and Forthcoming Requests



*Pelham, Fort Erie, Welland and Wainfleet Local Share commitments are to be determined.



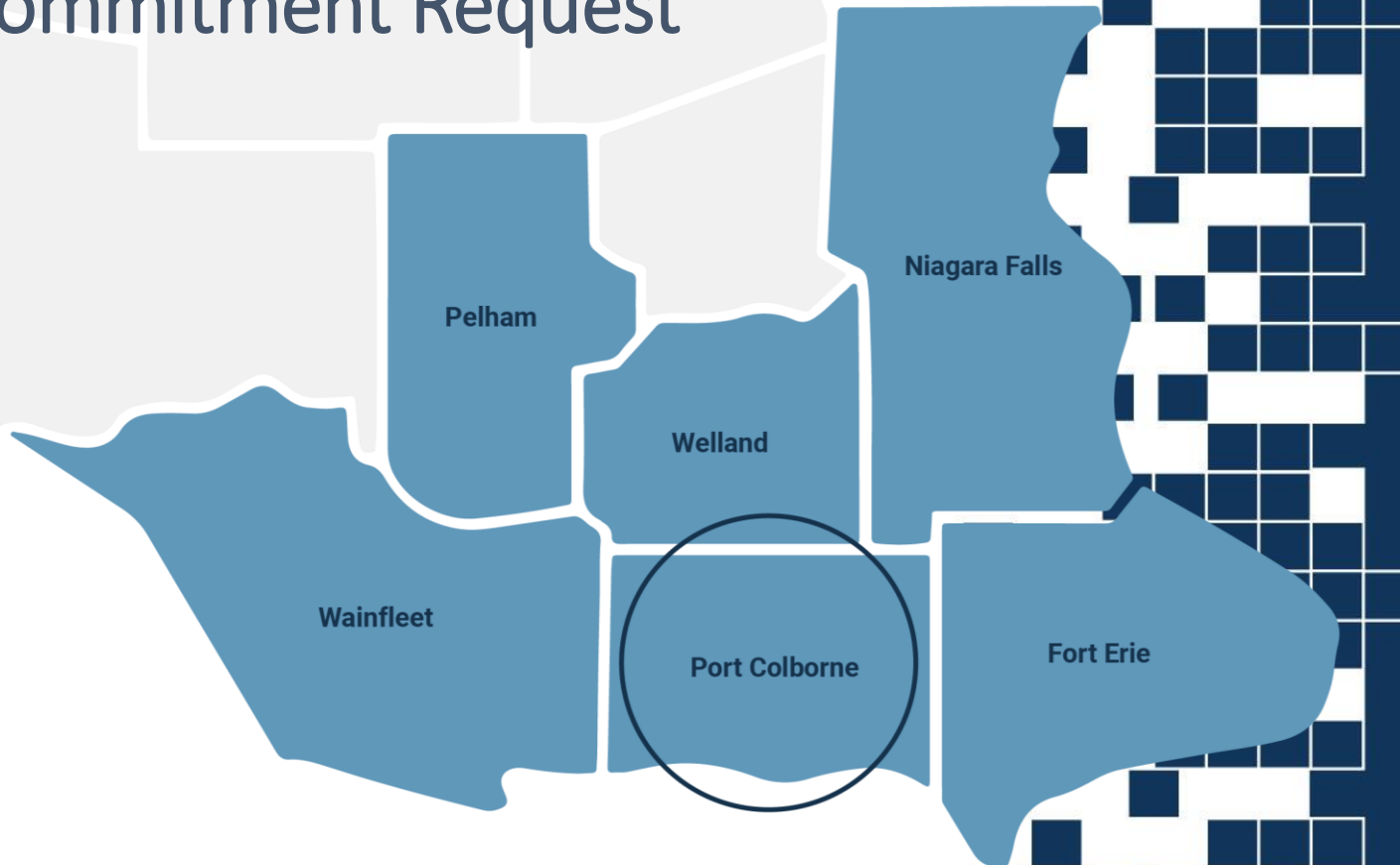
South Niagara Hospital: Local Share Breakdown



*The cost of financing and Private-Public-Partnership (P3) costs are excluded from the calculation of the local share



Local Share Commitment Request



Request

\$6.2 million

local share contribution for the
South Niagara Hospital

\$340.63

per capita (based on 2016 census)

Summary of Proposed Partnership

- **Cost neutral lease agreement** to enable vacant space in the main floor west wing within the Port Colborne Site to be used by primary care physicians as clinical space - providing a seamless transition of day- and after-hours care to the residents of Port Colborne
- **First rights to purchase the Port Colborne Site** for a nominal cost (\$2) when the programs and services are transferred to the Welland Hospital and when the South Niagara Hospital opens in 2028
- **Support for a South Niagara Hospital local share commitment** of \$6.2 million

YOUR PART

in the future of healthcare

Ensure the Port Colborne Site is used to **benefit the community** once the South Niagara Hospital is opened in 2028.

Transition the Port Colborne Urgent Care Centre (UCC) to an Interprofessional Care Team to ensure a **seamless transition** for the community once the UCC is closed.



Thank you

Questions?



Putting People First



Delivering Safe and Quality Care



Transforming How we Work



niagarahealth

APPENDIX



Putting People First



Delivering Safe and Quality Care



Transforming How we Work

Niagara Health
Property Limits

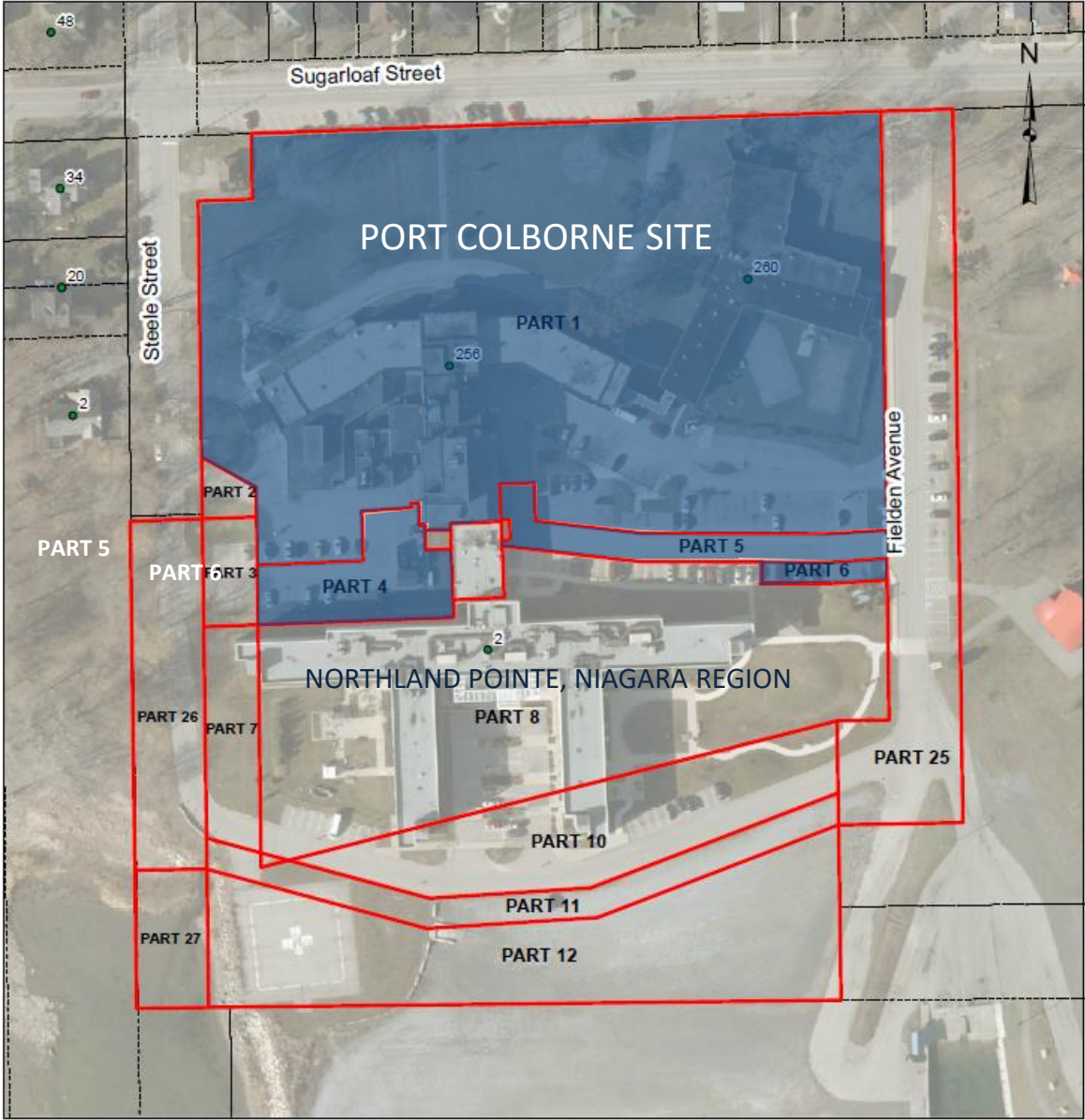
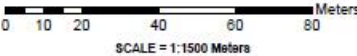


ILLUSTRATION SHOWING APPROXIMATE LIMITS OF THE DRAFT REFERENCE PLAN

LEGEND:

- DENOTES TERANET MAPPING
- DENOTES APPROXIMATE LIMITS OF THE DRAFT REFERENCE PLAN



DISCLAIMER
This map was compiled from various sources and is current as of 2014.
The Region of Niagara makes no representations or warranties whatsoever, either expressed or implied,
as to the accuracy, completeness, reliability, and currency or otherwise of the information shown on this map.
© 2014 Niagara Region and its suppliers. Projection is UTM, NAD 83, Zone 17. Airphoto (Spring 2010)



Subject: Port Colborne Hospital Update

To: Council

From: Office of the Chief Administrative Officer

Report Number: 2024-225

Meeting Date: December 3, 2024

Recommendation:

That Chief Administrative Officer Report 2024-225 be received; and

That Council approve option three, which entails the development of the Port Colborne hospital site to facilitate expanded primary care services, and the \$6.2 million local share contribution to the South Niagara Hospital.

That the Chief Administrative Officer and Director of Corporate Services be directed to negotiate and execute:

- An agreement with Niagara Health to transfer the ownership of the Port Colborne Hospital site to the City for \$2;
 - An agreement with Niagara Health to temporarily lease space within the current Port Colborne Hospital site, beginning as soon as possible, until Niagara Health vacates the site; and
 - An agreement with a primary care team to sublease the space within the current Port Colborne Hospital site to facilitate an expansion of primary care within the community.
-

Purpose:

This report seeks Council's support of Niagara Health's request for \$6.2 million to fund the City of Port Colborne's local share of the new South Niagara Hospital. The report considers options that address the request. The recommended option provides for the redevelopment of the existing Port Colborne hospital site as a way to secure expanded primary care services in the community.

Background:

Niagara Health is working towards having a three-hospital system that includes St. Catharines, Niagara Falls, and Welland. At the time of writing this report, a new Niagara Falls hospital referenced by Niagara Health as the South Niagara Hospital (SNH) is currently under construction.

When building a new hospital, there is a component of the funding referred to as local share. The local share funds 10% of eligible construction costs and 100% of the costs associated with the purchase of new and replacement furniture, fixtures, and equipment.

Niagara Health's \$6.2 million local share request of the City is based on a per capita allocation using the 2016 census. It is assessed as follows:

Niagara Region	\$44.5 million
Niagara Health Foundation (Donations) and Hospital own Funds	\$130 million - \$140 million
Municipal (Niagara Falls, Fort Erie, Welland, Pelham, Wainfleet and Port Colborne)	\$45 million - \$50 million
Total	\$230 million

Once the SNH opens in 2028, Niagara Health will begin a process to vacate the Port Colborne hospital site. This process is expected to be completed in 2029.

Until that time, Niagara Health will continue to operate the Urgent Care Centre (UCC) at the Port Colborne hospital site.

To prepare for this, the City, community partners, and Niagara Health have been working closely on a proposal to secure a future for enhanced primary care and support Port Colborne's growth, while ensuring expanded primary care options for residents.

In 2023, Mayor Steele formed a Health Services Working Group to discuss options to improve access to primary health care, attract more physicians, and ensure that Port Colborne residents have a local option for when the UCC closes. The Health Services Working Group is comprised of active and retired health care professionals, business and community representatives, City staff, and Mayor Steele. The Health Services Working Group has partnered with local physician Dr. Matt Vandenberg who has proposed that current vacant space in the west wing of the hospital be renovated and repurposed for primary care prior to Niagara Health closing the Port Colborne hospital site.

To facilitate this, staff propose pursuing an agreement between the City and Niagara Health that would allow the City to lease and sublease space within the Port Colborne hospital to Dr. Vandenberg and his team. The group would be responsible for all costs associated with the lease, unless Provincial or Federal funding became available.

Mayor Steele, City staff, and Dr. Vandenberg, with the support of the Health Services Working Group, have been actively lobbying the provincial government for funding to assist with renovations and upgrades. Niagara Health has been working with the Niagara Ontario Health Team and the Niagara Practitioners' Health Care Alliance to support expansion and leverage the City's designation for funding in the Ontario government's Interprofessional Primary Care Teams initiative for Niagara.

The primary care model proposed is designed to address Niagara Health's observation that Port Colborne needs an additional five family physicians to service its population.

Discussion:

To address the Niagara Health local share request of \$6.2 million from the City, staff have identified the following options.

Option 1

Turn down the local share request. Potential impacts may include but are not limited to:

- A negative impact on the SNH furniture, fixtures and equipment as 100% of that budget comes from local share;
- Our ability to live to our City's value of responsibility – we make tomorrow better. Having another state-of-the-art hospital in Niagara would make tomorrow better;
- Our ability to live to our City's value of collaboration – we are better together. The cities closest to the Marotta Family Hospital in St. Catharines contributed to that hospital. Once built, residents of Port Colborne will use SHN. A lack of support may be seen as a lack of community.

Option 2

Enter into a local share agreement with Niagara Health with a 15-year payment term. As the funds are needed by the SNH in 2028, Niagara Health would borrow the \$6.2 million. The borrowing would result in principal and interest payments. If we assume interest at 5% over 15-years the tax impact on the average residential property would be \$51.50. As the local share is not required until 2028 it would be possible to either wait until 2028 to include this local share contribution in the property tax levy or it could be phased in over a period of time. For example, \$17.15 in 2026, \$17.15 in 2027, and \$17.20 in 2028. This is a common model used by municipalities to make local share contributions.

Option 3

Niagara Health has agreed to transfer ownership of the Port Colborne hospital site to the City for \$2. It is expected that this transfer will occur after the site is vacated in 2029. The current Port Colborne hospital site consists of 5.9 developable acres when including the New Port Clinic (formerly the nurses' residence).

To facilitate funding the local share, a public process could be created with the goal of entering into an agreement with a developer that could:

- Build new multi-residential units on the current site (5.9 acres);
- Build a new medical clinic to ensure the primary care initiatives of the Health Services Working Group continue and grow after Niagara Health vacates the site;
- Build a shared use fitness centre for medical clinic users, multi-residential unit residents and the community;
- Make the \$6.2 million local share payment on behalf of the City;

A development would produce new growth-related property tax, water, wastewater and storm sewer rate payers. In the case of the new medical clinic and fitness centre, funding would come from lease payments, multi-residential unit residents with respect to the fitness centre, Development Charges, Community Benefit Charges fund (in the early stages of development) and growth-related property taxes, if required.

Should this model be pursued, staff would look to start the process of seeking a developer in 2025 and develop a project plan so development could begin as soon as Niagara Health would allow.

Additionally, should this model be pursued, staff would aim to, as soon as possible, enter into an agreement with Niagara Health to temporarily lease space within the west wing of the hospital, until Niagara Health vacates the site in 2029. If that is successful, staff propose entering into a sublease with Dr. Vandenberg and his primary care team, to facilitate the expansion of primary care within the community prior to Niagara Health completely vacating the Port Colborne hospital site.

Internal Consultations:

City staff from Public Works, Economic Development, Corporate Communications, Corporate Services, and the Office of the Mayor and CAO have been working collaboratively with Niagara Health, the Health Services Working Group, and Dr. Vandenberg on ensuring the best possible primary care services can be made available to Port Colborne residents.

Financial Implications:

Turning down the request, identified as option 1, would have no immediate cost, although staff highlight other municipalities have contributed to the local share and the City's lack of contribution could impact other future projects and decision making.

As identified, a common model to facilitate a local share contribution is through a 15-year local share agreement. Option 2 identifies this local share contribution as \$51.50 on the average residential property. In 2024 that would represent almost a 2.4% increase to the City's portion of property taxes.

The last option, option 3, proposes a process to pursue redeveloping the property. The goal here would be to make the \$6.2 million local share contribution through the developer while improving primary care through a new medical clinic and providing the multi-residential unit residents and the community with a fitness centre. The new residents would further provide for new growth-related property taxes, water, wastewater and storm users to help spread the fixed costs of our rate operations over.

Public Engagement:

Since 2011, there has been considerable public information provided regarding hospital restructuring to a three-hospital system in Niagara. Community discussions and capital submissions to the Ministry of Health for a new hospital in South Niagara were initiated in 2018 and there has been active and ongoing public engagement. According to information on Niagara Health's website, the community planning and public engagement for the South Niagara Hospital includes the following: 196 Subject Matter Experts involved in user group planning meetings in 2020; 550 hours of group planning meetings with stakeholders in 2020; 5000+ residents provided online feedback; and hundreds more shared their thoughts in person, through emails, phone calls and at public events.

The above engagement included Port Colborne. Niagara Health leadership gave a community update and held an open house in Port Colborne on March 21, 2024. A Health Care Committee was formed in 2023 to create a strategy and action plan to ensure that Port Colborne has access to primary care when the UCC closes. There has been media coverage about the Committee's work and updates in public at Council meetings.

The City's Social Determinants of Health Committee have also been discussing the future of health care and physician recruitment in Port Colborne at their meetings. Their agenda and meeting minutes are public information and on the City's website. It has also been reported in the media that the Mayor, Councillors, and senior staff have had delegation meetings at provincial conferences to discuss enhanced primary care and

this innovative model. Meetings have also been held with the provincial and federal Ministers of Health.

Strategic Plan Alignment:

The initiative contained within this report supports the following pillar(s) of the strategic plan:

- Welcoming, Livable, Healthy Community
 - Economic Prosperity
 - Increased Housing Options
 - Sustainable and Resilient Infrastructure
-

Conclusion:

As part of Niagara Health's new three hospital system, current programs and services at the Port Colborne Hospital site will transition to the South Niagara Hospital in 2028.

The City of Port Colborne, along with a local Health Services Working Group, and Dr. Vandenberg, have proposed an innovative model to support and expand primary care in the City as soon as possible by leasing current hospital space.

Staff recommend Council consider option 3 which would result in the eventual redevelopment of the Port Colborne hospital site, fund the City's local share contribution, and produce a new medical clinic and fitness centre.

Respectfully submitted,

Bryan Boles, CPA, CA, MBA
Director of Corporate Services/Treasurer
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Gary Long
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Report Approval:

All reports reviewed and approved by the Department Director and also the City Treasurer when relevant. Final review and approval by the Chief Administrative Officer.

The Corporation of the City of Port Colborne

By-law No. _____

Being a by-law to Adopt, Ratify and Confirm the proceedings of
the Council of The Corporation of the City of Port Colborne at its Special Meeting
of December 3, 2024

Whereas Section 5(1) of the *Municipal Act, 2001*, provides that the powers of a municipality shall be exercised by its council; and

Whereas Section 5(3) of the *Municipal Act, 2001*, provides that a municipal power, including a municipality's capacity rights, powers and privileges under section 9, shall be exercised by by-law unless the municipality is specifically authorized to do otherwise; and

Whereas it is deemed expedient that the proceedings of the Council of The Corporation of the City of Port Colborne be confirmed and adopted by by-law;

Now therefore the Council of The Corporation of the City of Port Colborne enacts as follows:

1. Every action of the Council of The Corporation of the City of Port Colborne taken at its Special Meeting of December 3, 2024, upon which a vote was taken and passed whether a resolution, recommendations, adoption by reference, or other means, is hereby enacted as a by-law of the City to take effect upon the passing hereof.
2. That where no individual by-law has been or is passed with respect to the taking of any action authorized in or with respect to the exercise of any powers by the Council, then this by-law is deemed for all purposes to be the by-law required for such authorization or exercise of any powers.
3. That the Mayor and Clerk are authorized to execute any documents required on behalf of the City and affix the corporate seal of the City and the Mayor and Clerk, and such other persons as the action directs, are authorized and directed to take the necessary steps to implement the action.
4. That the Clerk is authorized to affect any minor modifications, corrections, or omissions, solely of an administrative, numerical, grammatical, semantical, or descriptive nature to this by-law or its schedules after the passage of this by-law.

Enacted and passed this 3rd, day of December, 2024.

William C. Steele
Mayor

Charlotte Madden
City Clerk

Community Engagement on the Future of Healthcare in Port Colborne

Council Meeting
January 28, 2025



PORT COLBORNE

Engagement Plan Goals & Objectives



Inform the community

Ensure the community has clear, transparent, and accessible information about the proposed partnership.



Gather feedback

Provide residents with a wide range of in-person and virtual channels so they can freely share their thoughts and ideas.



Promote inclusion

Actively involve diverse community voices to facilitate conversations and representation from often underrepresented groups.



Identify concerns and opportunities

Review feedback to highlight areas of alignment and identify potential improvements or alternatives to the proposal.



Ensure transparency

Provide the community with access to the feedback collected to demonstrate how this information informs Council's decision-making.



Proposed Engagement Plan Activities

SURVEYS

- Online, paper and in-person (pop-up engagement opportunities)
- Multiple-choice and open-ended questions

TOWN HALLS

- Virtual panel discussion and Q&A
- **ADD**: In-person option

STAKEHOLDER GROUP DISCUSSIONS

- Healthcare Services Working Group
- Youth Advisory Committee
- **ADD**: Seniors Advisory Committee
- **ADD**: Social Determinants of Health Committee

OPEN HOUSES

- In-person drop-in sessions
- Daytime and evening options

Communications

- Sharing information on the City's website
- Paper-survey/collection boxes delivered to City facilities, local healthcare facilities, other key locations in the community (i.e. community groups)
- Posting social media content/events on City channels
- Digital advertising opportunities
- Postcards promoting activities and QR code directing to survey delivered to each residential property
- Media outreach/promotion
- Hard-copy posters in key community locations/community special interest groups
- An article in the February edition of City Hall News
- ...and more.

Additional Community Input

Suggested Changes:

- Add in-person town hall
- Add Seniors Advisory Committee to small group engagement
- Add Social Determinants of Health Committee to small group engagement

Other Notable Concerns

- Three-week timeline too short
- Have any experts been consulted on the development of the survey?

If Needed: Proposal Overview

The proposed partnership is multi-phased and interconnected:

Part One:	Part Two:	Part Three:	Part Four:
<ul style="list-style-type: none">• City of Port Colborne would:<ul style="list-style-type: none">• Temporarily lease vacant space within the west wing of the Port Colborne site from Niagara Health• Sublease the space to Lockview Medical Group	<ul style="list-style-type: none">• Lockview Medical Group would:<ul style="list-style-type: none">• Complete a small renovation• Build out an expanded primary care clinic• Attract new family physicians• Offer expanded primary care services	<ul style="list-style-type: none">• Niagara Health would:<ul style="list-style-type: none">• Transition out of the Port Colborne site in 2028• Transfer ownership of the site to the City for a nominal fee of \$2, in return for the \$6.2-million local share request supporting the South Niagara Hospital	<ul style="list-style-type: none">• In order to fund the \$6.2-million local share, a developer would:<ul style="list-style-type: none">• Be sought through a public process• Develop on the land, which could include multi-residential units, an all-new expanded medical clinic, and/or additional health and wellness offerings



Subject: Community Engagement on the Future of Healthcare in Port Colborne

To: Council

From: Office of the Chief Administrative Officer

Report Number: 2025-19

Meeting Date: January 28, 2025

Recommendation:

That Chief Administrative Officer Report 2025-19 be received; and

That Council direct staff to implement the proposed comprehensive public engagement plan outlined in this report.

Purpose:

On December 3, 2024, Council considered Report 2024-255 regarding the Port Colborne hospital, including a request from Niagara Health for a \$6.2-million local share contribution to the South Niagara Hospital and a proposal to increase primary care services in Port Colborne.

Council requested that staff bring back a comprehensive public engagement plan to gather feedback from the community regarding the primary care proposal, the local share contribution, and the future of the Niagara Health site in Port Colborne.

Background:

Niagara Health is working toward a three-hospital system, which will ultimately include facilities in St. Catharines, Niagara Falls, and Welland. A new hospital, known as the South Niagara Hospital, is under construction in Niagara Falls and is expected to open in 2028.

The South Niagara Hospital will be a 469-bed facility offering a full scope of hospital services including emergency, critical care, diagnostics, therapeutic and surgical

services, as well as Centres of Excellence in Complex Care, Wellness in Aging and Stroke.

When the South Niagara Hospital opens, Niagara Health will vacate its site in Port Colborne and will stop delivering healthcare services at the Port Colborne Urgent Care Centre currently located within the facility – expected in 2028.

To prepare for this shift, on December 3, Council considered a proposal regarding an innovative partnership between the City of Port Colborne, Niagara Health and Lockview Medical Group that would strengthen access to primary care in Port Colborne, while also contributing a \$6.2-million local share to support the purchase of furniture, fixtures, and equipment at the South Niagara Hospital.

The proposed partnership is multi-phased and interconnected:

The first phase would see the City of Port Colborne temporarily lease vacant space within the west wing of the Port Colborne site from Niagara Health and then sub-lease it to the Lockview Medical Group.

The Lockview Medical Group would complete a small renovation and then build out a comprehensive primary care clinic, attracting new family physicians to Port Colborne, and offering expanded primary care services, as soon as this year.

Once Niagara Health transitions out of the Port Colborne site in 2028, Niagara Health has agreed to transfer ownership of the site to the City for a nominal fee of \$2, in return for the \$6.2-million local share request supporting the South Niagara Hospital (if the final phase can be achieved).

Finally, in order to fund the \$6.2-million local share without a heavy burden on Port Colborne taxpayers, staff proposed that a developer be sought through a public process to develop the Niagara Health site in Port Colborne. This could include new multi-residential units, an all-new expanded medical clinic, and/or additional health and wellness offerings for the community.

At the December 3, 2024 meeting, Council requested that staff bring back a comprehensive public engagement plan to gather feedback from the community regarding the proposal, the local share contribution, and the future of Niagara Health's Port Colborne site. The proposed public engagement plan is outlined below. Should Council decide to approve the proposed partnership with Niagara Health and the Lockview Medical Group, additional public consultation would occur, particularly related to the proposed development on the site, as the project progresses.

Also at the December 3 meeting, Council requested the leases for the initial primary care expansion within the west wing of the Port Colborne site, with both Niagara Health and Lockview Medical Group, be brought forward for consideration. At this time, these leases are still in progress and will come forward to a future Council meeting. One

challenge in finalizing a proposed lease is determining what happens once Niagara Health vacates the site, if the City does not take over the facility.

Discussion:

Staff are proposing a comprehensive public engagement plan that would gather feedback from the community regarding the proposed primary care expansion, the local share contribution to the South Niagara Hospital site, and the future of Niagara Health's Port Colborne site.

The engagement plan has several high-level objectives, including:

- **Inform the community:** Ensure the community has clear, transparent, and accessible information about the proposed partnership.
- **Gather feedback:** Provide residents with a wide range of in-person and virtual channels so they can freely share their thoughts and ideas.
- **Promote inclusion:** Actively involve diverse community voices to facilitate conversations and representation from often underrepresented groups.
- **Identify concerns and opportunities:** Review feedback to highlight areas of alignment and identify potential improvements or alternatives to the proposal.
- **Ensure transparency:** Provide the community with access to the feedback collected to demonstrate how this information informs Council's decision-making.

The proposed engagement plan includes a variety of channels and mediums to ensure all key audiences are aware of the opportunity to provide feedback and can do so in a way that works best for them. If approved, this plan would include:

1. Online survey / feedback form
2. Paper-based survey / feedback form
3. Pop-up engagements / in-person survey opportunities
4. In-person open houses / drop-in sessions
5. Virtual town hall / panel discussion with community Q&A
6. Stakeholder engagement through Mayor's Healthcare Services Working Group
7. Youth engagement through Mayor's Youth Advisory Committee

Each item is discussed further below:

1. Online survey / feedback form

An online survey would launch on January 29, 2025, and would ask multiple-choice and open-ended questions for community members to offer their thoughts on the proposed partnership and the future of Niagara Health's Port Colborne site. Multiple-choice questions are an efficient option to collect and analyze

feedback, while open-ended questions allow community members to provide qualitative insights in their own words. The survey would close on February 21, 2025.

2. Paper-based survey / feedback form

To accommodate community members without access to the online survey, an identical paper-version would be available at various city facilities (City Hall, Vale Health & Wellness Centre, Port Colborne Public Library), local healthcare facilities, and other key locations throughout the community. The surveys would be collected for analysis beginning February 21, 2025.

3. Pop-up engagements / in-person survey opportunities

A small team of City staff would spend two to three days visiting key locations to engage with residents in-person, using iPads to ask similar questions to the online survey and reporting back on interactions and feedback received. This information would be analyzed and incorporated into the results to be shared with the Council in late March.

4. In-person open houses / drop-in sessions

City staff would host a series of in-person drop-in style open houses on Wednesday, February 19 and Thursday, February 20. Daytime and evening sessions allow residents to attend when it suits their schedule and talk with City staff, representatives from Niagara Health, representatives from the Mayor's Healthcare Working Group, and more. Exact times and locations will follow.

5. Virtual town hall / panel discussion with community Q&A

This interactive virtual event would allow community members the opportunity to engage directly with key spokespeople in a live panel discussion. Residents would be able to submit questions in real-time via chat or a Q&A feature, with a host moderating the event to ensure panelists are able to respond with detailed explanations and provide additional insights. The session would be recorded and archived on the City's website for future reference. The virtual town hall would be a valuable opportunity for residents who may not be able to attend the in-person open houses, allowing them to actively participate and engage in real-time with those involved in the project. The virtual town hall would be scheduled for mid-to-late February.

6. Stakeholder engagement through Mayor's Healthcare Services Working Group

The Mayor's Healthcare Services Working Group was established in 2023. It is comprised of active and retired healthcare professionals, business and community representatives, City staff, and Mayor Steele. The working group will

be asked to offer insights and perspectives and will also be asked to share the other public engagement activities within their networks.

7. Youth engagement through the Mayor's Youth Advisory Committee

Ensuring younger members of the community have a voice in the project is a key component. The Mayor's Youth Advisory Committee will be asked to offer insights and perspectives from the youth demographic and will also be asked to share the other public engagement activities with their networks.

Successfully communicating about the engagement opportunities will be a vital part of gathering enough meaningful feedback to support Council's decision-making process. The Corporate Communications team would launch a comprehensive communications campaign to promote the engagement opportunities, which would include (but not be limited to):

- Sharing information on the City's website
- Posting social media content and events on City channels
- Digital advertising opportunities
- Postcards with a QR code delivered to each household
- Media outreach/promotion
- Hard-copy posters with QR codes directed to the online survey shared in key community locations and with community special interest groups
- An article in the February edition of City Hall News
- ...and more.

The engagement project would begin on Wednesday, January 29 and end on Friday, February 21. Once completed, results would be collected, analyzed, and provided to Council in a comprehensive summary report in late March 2025.

This engagement plan ensures residents have a meaningful role in shaping healthcare access and development in Port Colborne, fostering a collaborative approach to these important community decisions.

Internal Consultations:

City staff from Corporate Communications, Corporate Services, Development and Government Relations, and the Office of the Mayor and CAO have been working collaboratively with Niagara Health, the Health Services Working Group, and Dr. Vandenberg on ensuring the best possible primary care services can be made available to Port Colborne residents. These key audiences would also be involved in supporting the implementation of the public engagement plan.

Financial Implications:

This report is focused primarily on the public engagement activities related to expanding primary care in Port Colborne, the future of Niagara Health's Port Colborne site, and the local share contribution towards the new South Niagara Hospital. All costs related to the public engagement activities are captured in the 2025 operating budget.

Public Engagement:

Since 2011, there has been considerable public information provided regarding hospital restructuring to a three-hospital system in Niagara. Community discussions and capital submissions to the Ministry of Health for a new hospital in South Niagara were initiated in 2018 and there has been active and ongoing public engagement. According to information on Niagara Health's website, the community planning and public engagement for the South Niagara Hospital includes the following: 196 Subject Matter Experts involved in user group planning meetings in 2020; 550 hours of group planning meetings with stakeholders in 2020; 5000+ residents provided online feedback; and hundreds more shared their thoughts in person, through emails, phone calls and at public events.

Niagara Health leadership gave a community update and held an open house in Port Colborne on March 21, 2024. The Mayor's Healthcare Services Working Group was formed in 2023 to create a strategy and action plan to ensure that Port Colborne has access to primary care when the Urgent Care Centre closes. There has been media coverage about the Committee's work and updates in public at Council meetings.

The proposed public engagement plan outlined in this report would build on the work that has already been completed to engage further with residents to gather feedback regarding the proposed primary care expansion, the local share contribution to the South Niagara Hospital site, and the future of Niagara Health's Port Colborne site.

Strategic Plan Alignment:

The initiative contained within this report supports the following pillar(s) of the strategic plan:

- Welcoming, Livable, Healthy Community
- Economic Prosperity
- Increased Housing Options
- Sustainable and Resilient Infrastructure

Conclusion:

Niagara Health is working toward a three-hospital system, which will ultimately include facilities in St. Catharines, Niagara Falls, and Welland. A new hospital, the South Niagara Hospital, is under construction in Niagara Falls and is expected to open in 2028. When the South Niagara Hospital opens, Niagara Health will vacate its Port Colborne site and will stop delivering healthcare services at the Port Colborne Urgent Care Centre currently located within the facility – expected in 2028.

To prepare for this shift, on December 3, Council considered a proposal regarding an innovative partnership between the City of Port Colborne, Niagara Health and Lockview Medical Group that would strengthen access to primary care in Port Colborne, while also contributing a \$6.2-million local share to support the purchase of furniture, fixtures and equipment at the South Niagara Hospital.

This report presents a proposed public engagement plan that would gather feedback from the community regarding the proposed primary care expansion, the local share contribution to the South Niagara Hospital site, and the future of Niagara Health's Port Colborne site. The engagement plan includes digital, paper-based, virtual and in-person opportunities for residents to provide meaningful feedback that Council can use to support their decision-making going forward. It also provides a plan to engage key audiences through community service groups to ensure marginalized audiences are included and have a genuine opportunity to provide their feedback.

Results of the public engagement initiative and recommendations on next steps would be presented to Council in late March.

Respectfully submitted,
Bryan Boles, CPA, CA, MBA
Interim CAO, Director of Corporate Services/Treasurer
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Manager, Corporate Communications
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Report Approval:

All reports reviewed and approved by the Department Director and also the City Treasurer when relevant. Final review and approval by the Chief Administrative Officer.

Community Engagement on the Future of Healthcare in Port Colborne

Council Meeting
March 25, 2025



PORT COLBORNE

Background

Council: December 3, 2024

- Presentation from Niagara Health
- Request for \$6.2-million contribution to the South Niagara Hospital (furniture, fixtures)
- Proposed agreement between City, Niagara Health and Lockview Medical Group
- Council directed public engagement

Council: January 28, 2025

- Proposed engagement plan outlined
- Launched January 29, 2025
- Today is a mid-point check in
- Results and feedback gathered as of March 10, 2025

Reminder: Engagement Plan Goals & Objectives



Inform the community

Ensure the community has clear, transparent, and accessible information about the proposed partnership.



Gather feedback

Provide residents with a wide range of in-person and virtual channels so they can freely share their thoughts and ideas.



Promote inclusion

Actively involve diverse community voices to facilitate conversations and representation from often underrepresented groups.



Identify concerns and opportunities

Review feedback to highlight areas of alignment and identify potential improvements or alternatives to the proposal.



Ensure transparency

Provide the community with access to the feedback collected to demonstrate how this information informs Council's decision-making.

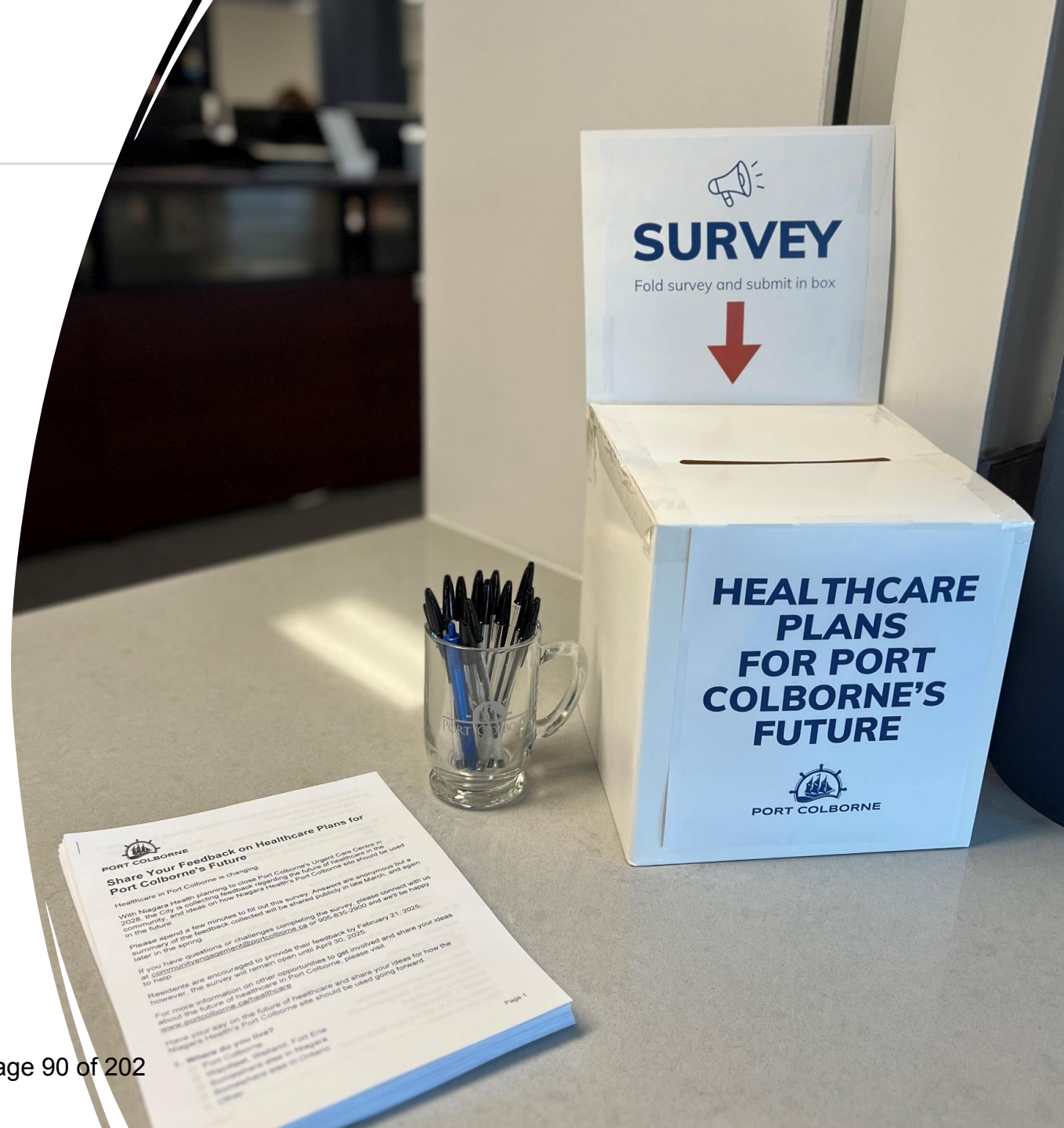


Community Engagement Activities

1. Online survey
2. Paper survey
3. In-person open houses
4. In-person town hall
5. Virtual town hall
6. Pop-up engagement opportunities
7. **Upcoming:** Meetings with various City committees and working groups

Survey Quick Stats

- Between January 29 – March 10
- **1,863** people completed the survey
 - **1,612** online surveys completed
 - **251** on paper surveys received
 - More continue to come in – April 30 deadline
- **11,271** open-field comments
- Average time to complete:
16 minutes (online survey)
- Estimated completion rate:
64% (online survey)



Open House Quick Stats

- February 19 from 2 p.m. to 6 p.m.
- February 20 from 3 p.m. to 7 p.m.
- Vale Health & Wellness Centre
- Total of 87 participants
- Information and interactive stations to gather feedback



Town Halls Quick Stats

- **In-Person Town Hall:**
 - February 24 at Lighthouse Theatre
 - Hosted by independent moderator
 - Panel Q&A
 - 58 attendees
 - 38 viewers on the livestream;
7,400+ livestream views since
March 10
- **Virtual Town Hall:**
 - February 21
 - Hosted by independent moderator
 - Panel Q&A
 - 22 attendees



Pop-up Engagements & Focused Meetings

- **Pop-Up Engagements**

- February 10-14
- Pharmacies and grocery stores
- Promoted the survey
- iPad for residents who wanted to complete the survey on-site

- **City Committees & Working Groups**

- In-depth engagement sessions
 - Seniors Advisory Committee
 - Mayor's Youth Advisory Committee
 - Social Determinants of Health Committee
- Meetings set for March and April
- Special focus on youth group

Recommendations & Next Steps

- That Council establish a **Healthcare Advisory Committee** to ensure residents have adequate access to, and knowledge of, healthcare services in the City of Port Colborne
- That Council approve the Healthcare Advisory Committee **Terms of Reference**
- That Council direct the Healthcare Advisory Committee to propose a draft **Healthcare Services Strategy** by the end of 2025
- That Council approve the motion regarding **Provincial Healthcare Advocacy** as outlined in the letter
- That Council direct staff to **forward the petition** regarding the Port Colborne Hospital and Urgent Care Centre received at the March 11, 2025 Council meeting to the Ontario Minister of Health.

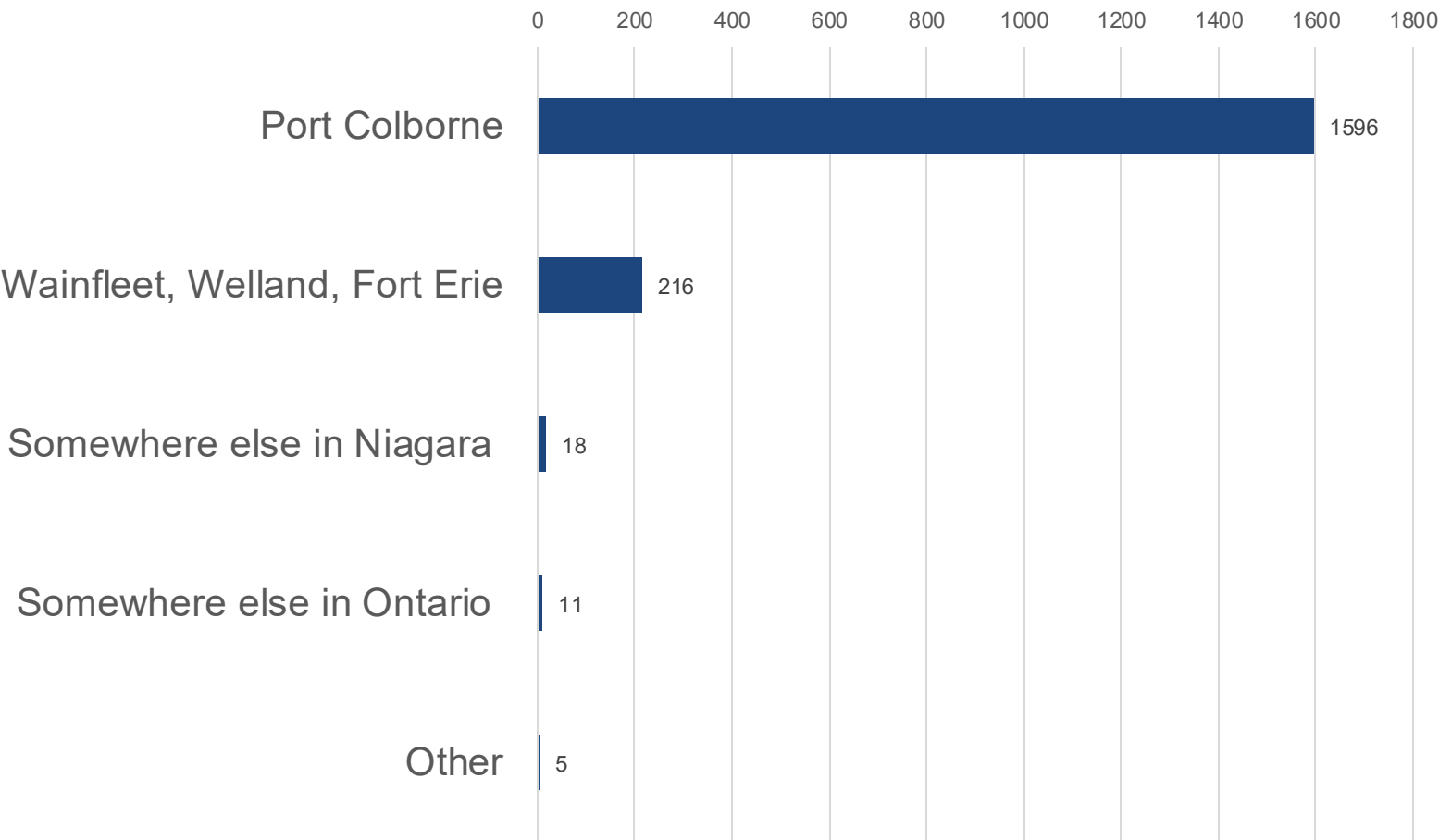
Summary of Engagement Results to Date

January 29 – March 10, 2025



Who We Heard From

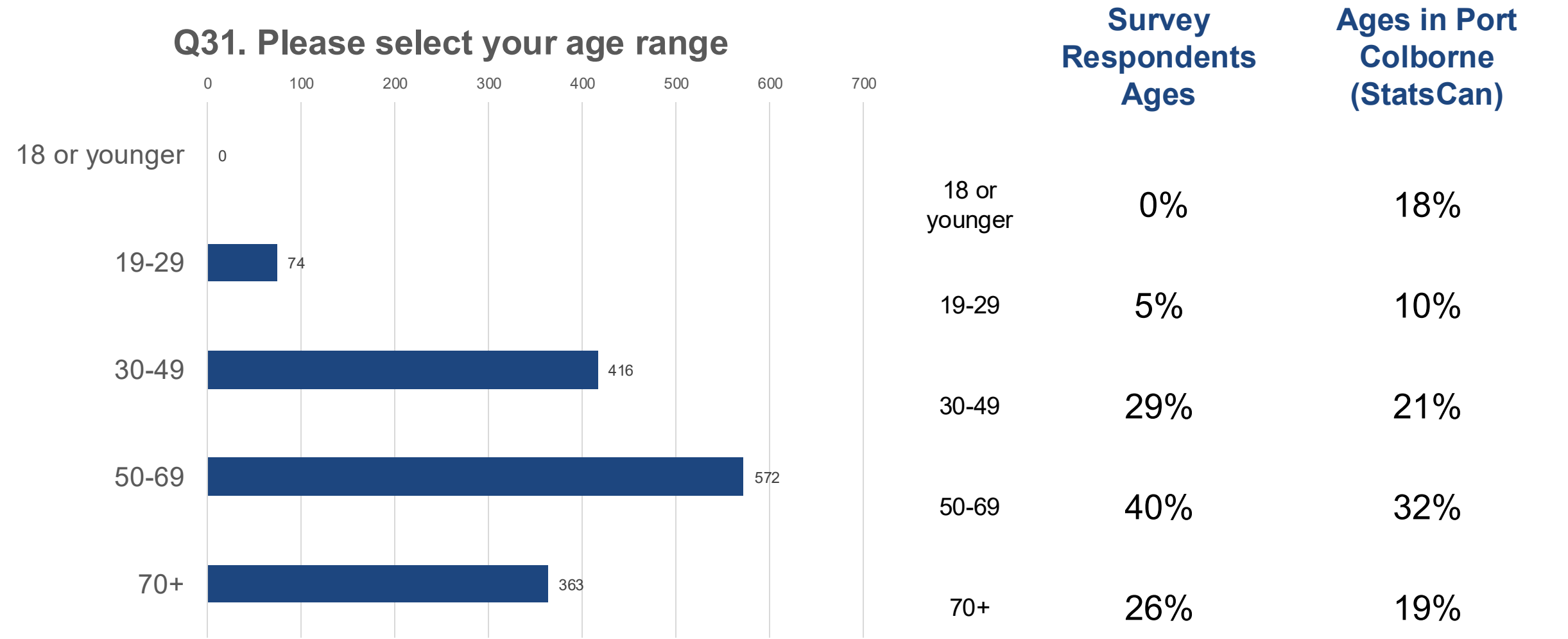
Q1. Where do you live?



86% of respondents reported they live in Port Colborne.

98% of respondents reported they live in either Port Colborne, Wainfleet, Welland or Fort Erie.

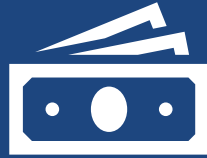
Who We Heard From



What We Heard: Themes & Notable Comments



**Closure of the
Port Colborne
Urgent Care
Centre**



**Local share
contribution
to Niagara
Health**



**Family
Doctors in
Port
Colborne**



**Healthcare
services in
Port
Colborne**



**Proposal from
Lockview
Medical
Group**



**Development
at the Niagara
Health Port
Colborne site**



**Primary care
development
in Port
Colborne**



**Establishing a
Healthcare
Advisory
Committee**

What We Heard: Themes & Notable Comments



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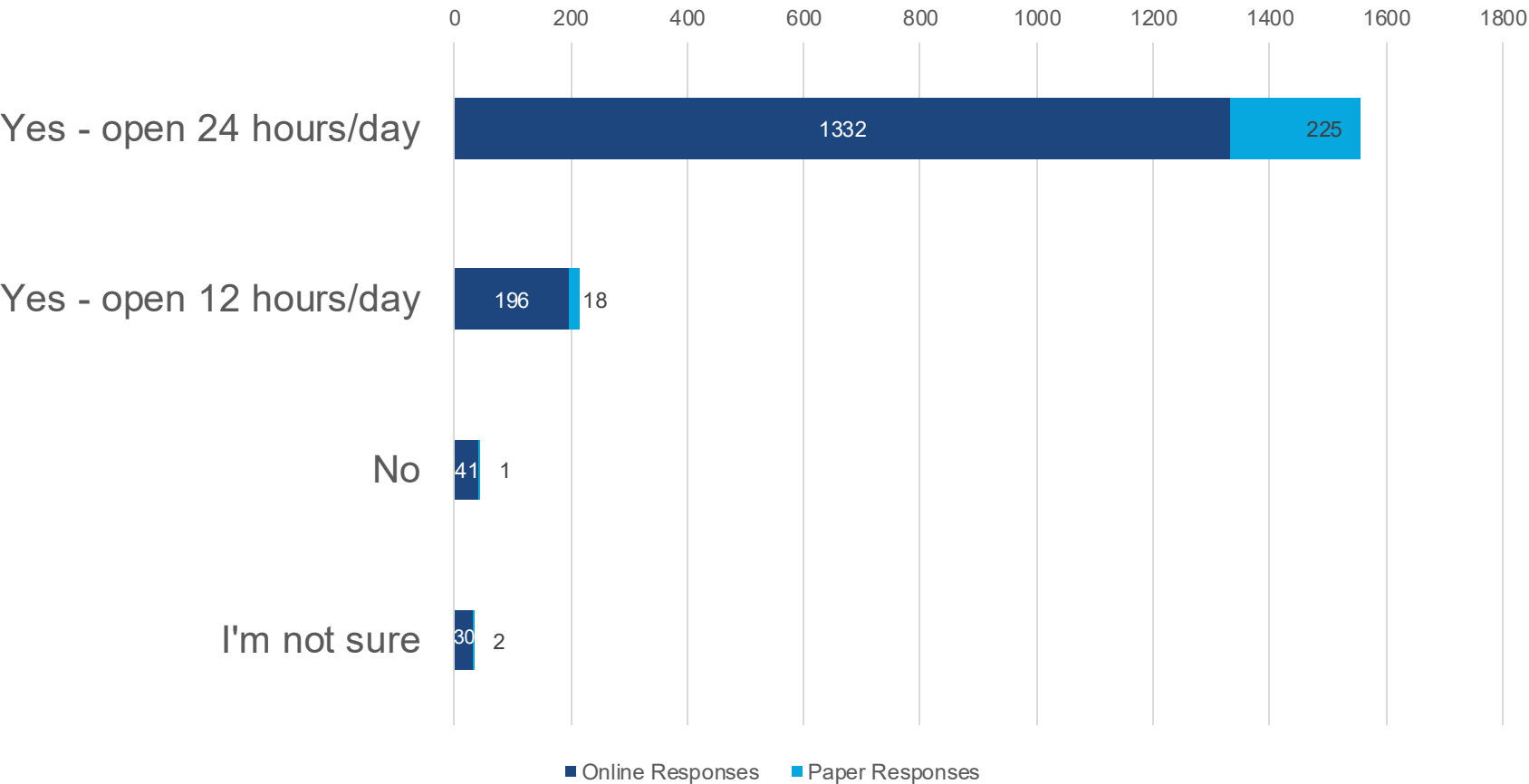
Primary care
development
in Port
Colborne



Establishing a
Healthcare
Advisory
Committee

Closure of the Port Colborne Urgent Care Centre

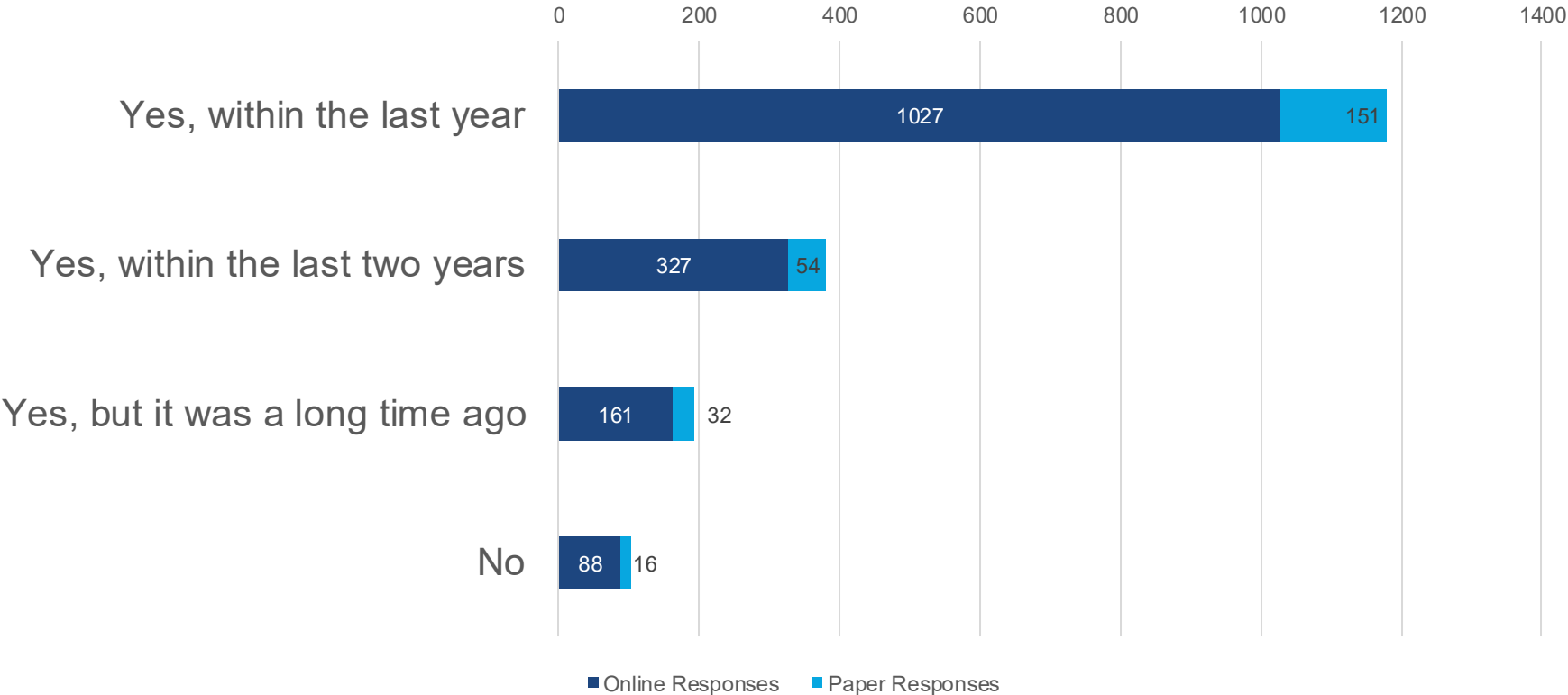
Q11. Do you think Port Colborne requires an Urgent Care Centre?



84% of respondents reported they thought Port Colborne requires an Urgent Care Centre open 24 hours per day.

Closure of the Port Colborne Urgent Care Centre

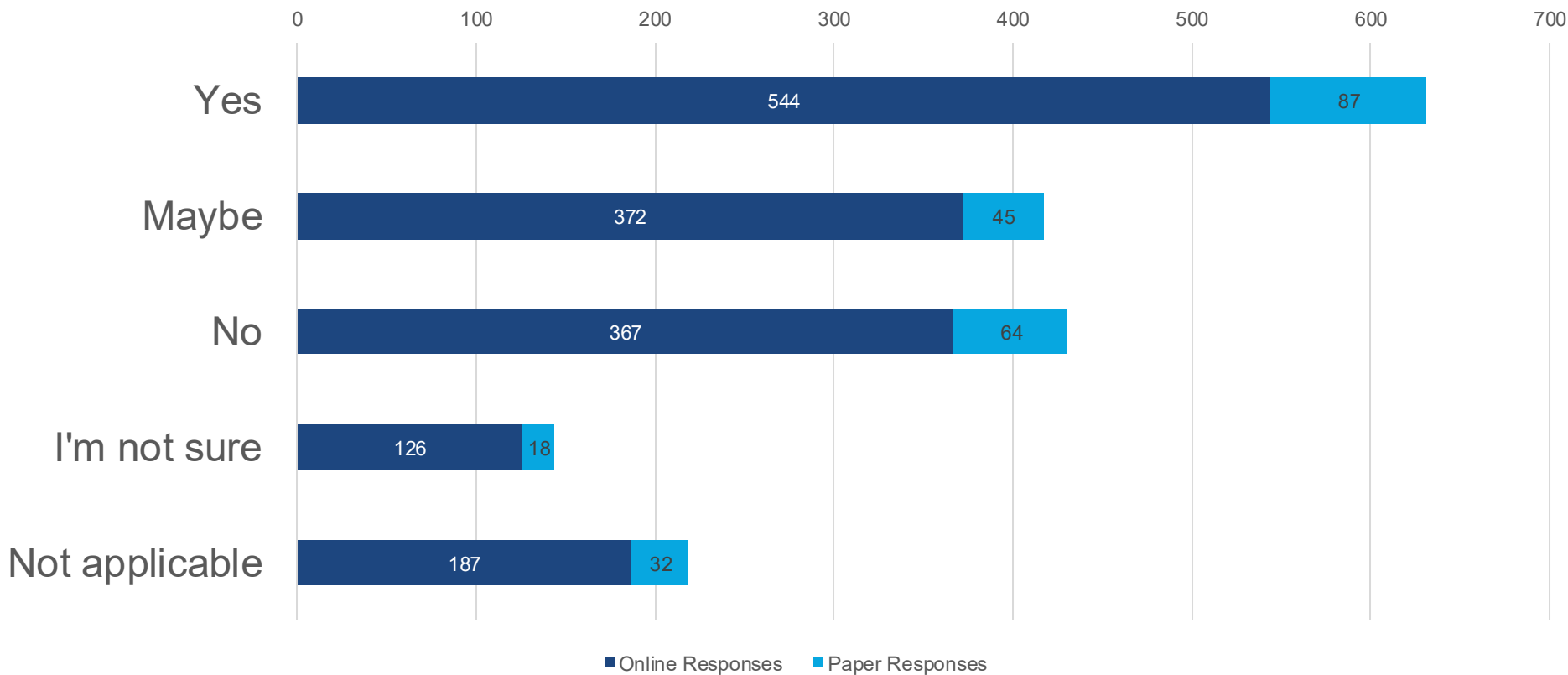
Q7. Have you ever used the health services at the Port Colborne Urgent Care Centre?



64% of respondents reported that they had used health services at the Port Colborne Urgent Care within the last year.

Closure of the Port Colborne Urgent Care Centre

Q13. As a Port Colborne tax payer, would you be willing to accept an increase to your property taxes to fund an Urgent Care Centre in Port Colborne?



34% of respondents reported they would support an increase to their property taxes to fund an Urgent Care Centre in Port Colborne.

23% reported they would maybe support a tax increase.

23% reported they would not support an increase.

8% reported they were not sure.

Closure of the Port Colborne Urgent Care Centre

Travel & Distance

Many respondents emphasized the importance of local access to healthcare, citing difficulty travelling to distant hospitals. This is especially concerning for seniors and other vulnerable populations.

Emergency Dept. Wait Times

Extended wait times in Emergency Departments are a concern, with some fearing that increased strain may lead to long delays or a decline in the quality of care.

Community Growth

Some respondents noted with Port Colborne experiencing / expecting population growth, the closure of the UCC does not make good sense.

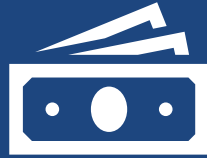
Emotional Impacts & Anxiety

The closure of the UCC would cause anxiety and fear among residents, particularly those with chronic health conditions or young children. The lack of local healthcare options is seen as a threat.

What We Heard: Themes & Notable Comments



Closure of the
Port Colborne
Urgent Care
Centre



**Local share
contribution
to Niagara
Health**



Family
Doctors in
Port
Colborne



Healthcare
services in
Port
Colborne



Proposal from
Lockview
Medical
Group



Development
at the Niagara
Health Port
Colborne site



Primary care
development
in Port
Colborne



Establishing a
Healthcare
Advisory
Committee

Local share contribution to Niagara Health

Financial Burden

Respondents expressed concerns about the financial burden this places on residents, especially seniors. They feel they are already taxed heavily and cannot afford additional contributions.

Geographical Concerns

Some respondents highlighted the distance to the hospital, noting it's not actually in South Niagara. Given the distance, the hospital will not adequately serve their needs.

Conditional Support

Some respondents are willing to support the request if certain conditions are met, such as ensuring that the urgent care centres in Port Colborne and Fort Erie remain open.

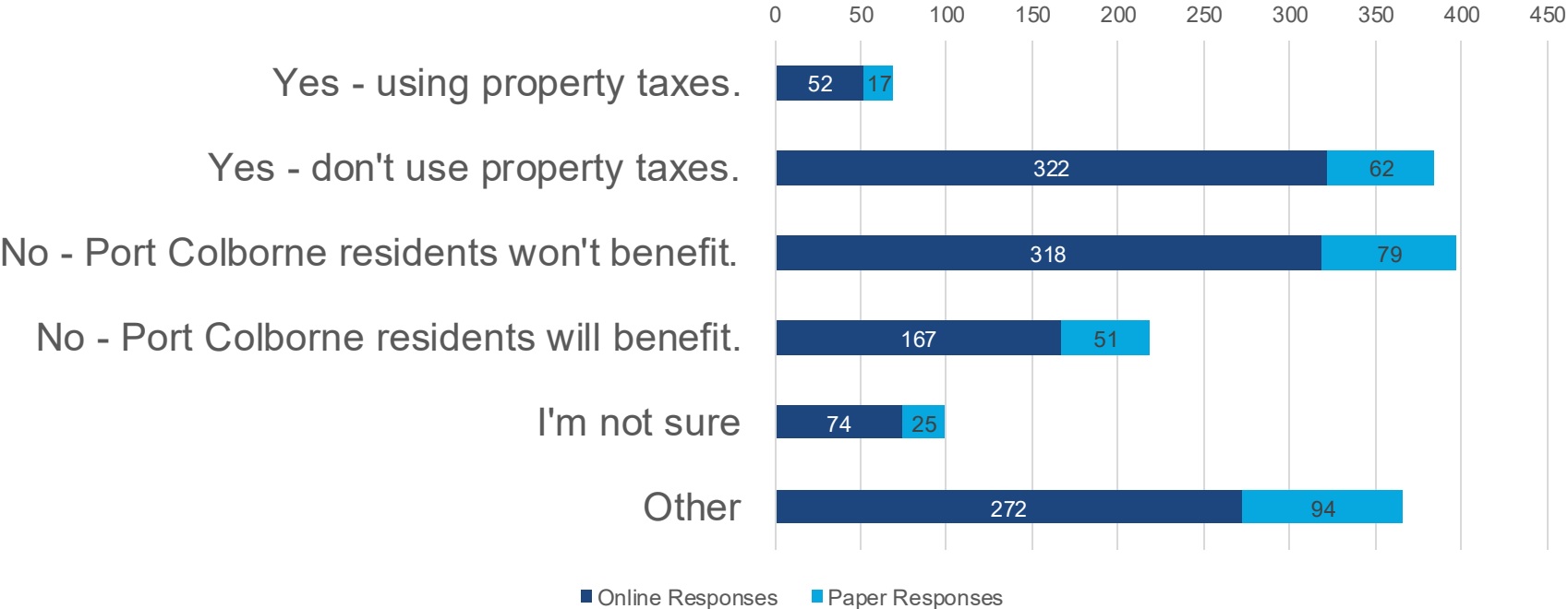
Equity and Fairness

Respondents noted the per-capita approach used by Niagara Health uses outdated data, placing an undue hardship on communities who have not seen as much growth since the last census.



Local share contribution to Niagara Health

Q16. The amount of money each municipality is asked to contribute depends on its population. Port Colborne has been asked to contribute \$6.2 million. Do you think we should?

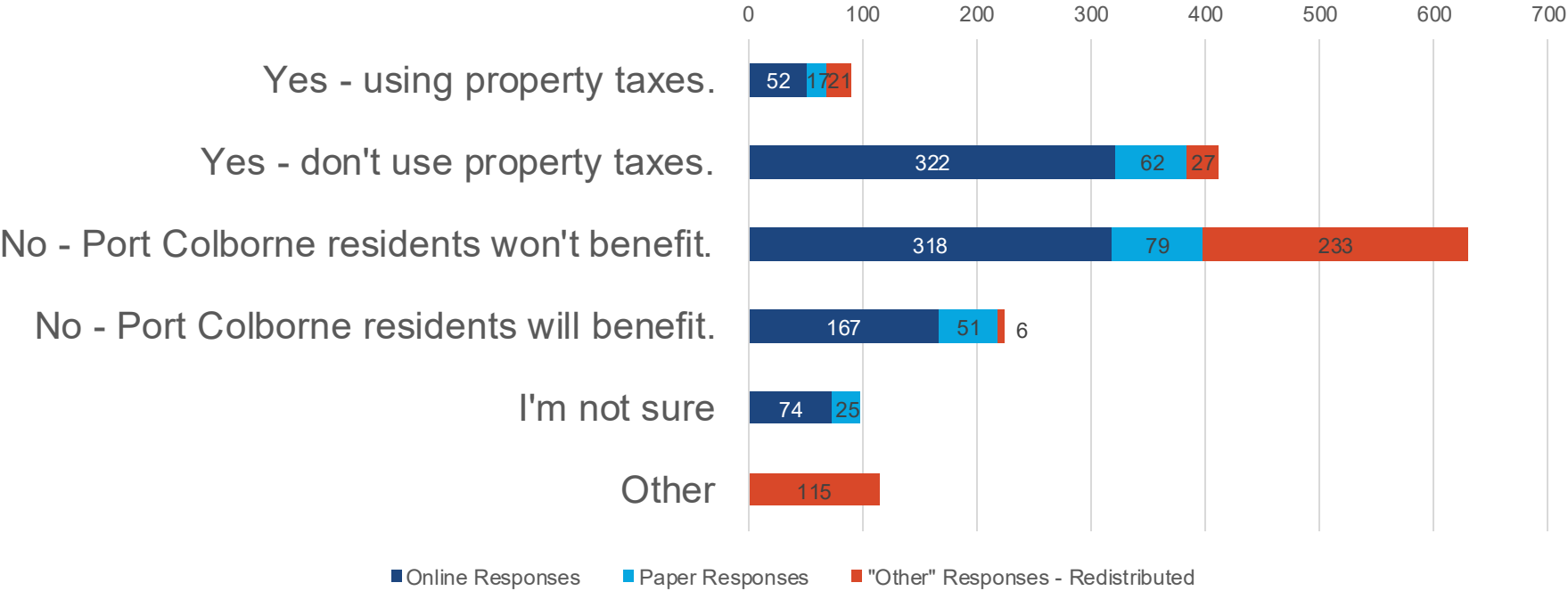


366 suggestions were provided in the “other” category.

287 of those supported one of the options available in the question.

Local share contribution to Niagara Health

Q16. The amount of money each municipality is asked to contribute depends on its population. Port Colborne has been asked to contribute \$6.2 million. Do you think we should?



With the redistribution of responses in the “other” category, the responses indicate opposition to the idea of Port Colborne contributing \$6.2 million to the new hospital.

What We Heard: Themes & Notable Comments



Closure of the
Port Colborne
Urgent Care
Centre



Local share
contribution
to Niagara
Health



**Family
Doctors in
Port
Colborne**



Healthcare
services in
Port
Colborne



Proposal from
Lockview
Medical
Group



Development
at the Niagara
Health Port
Colborne site



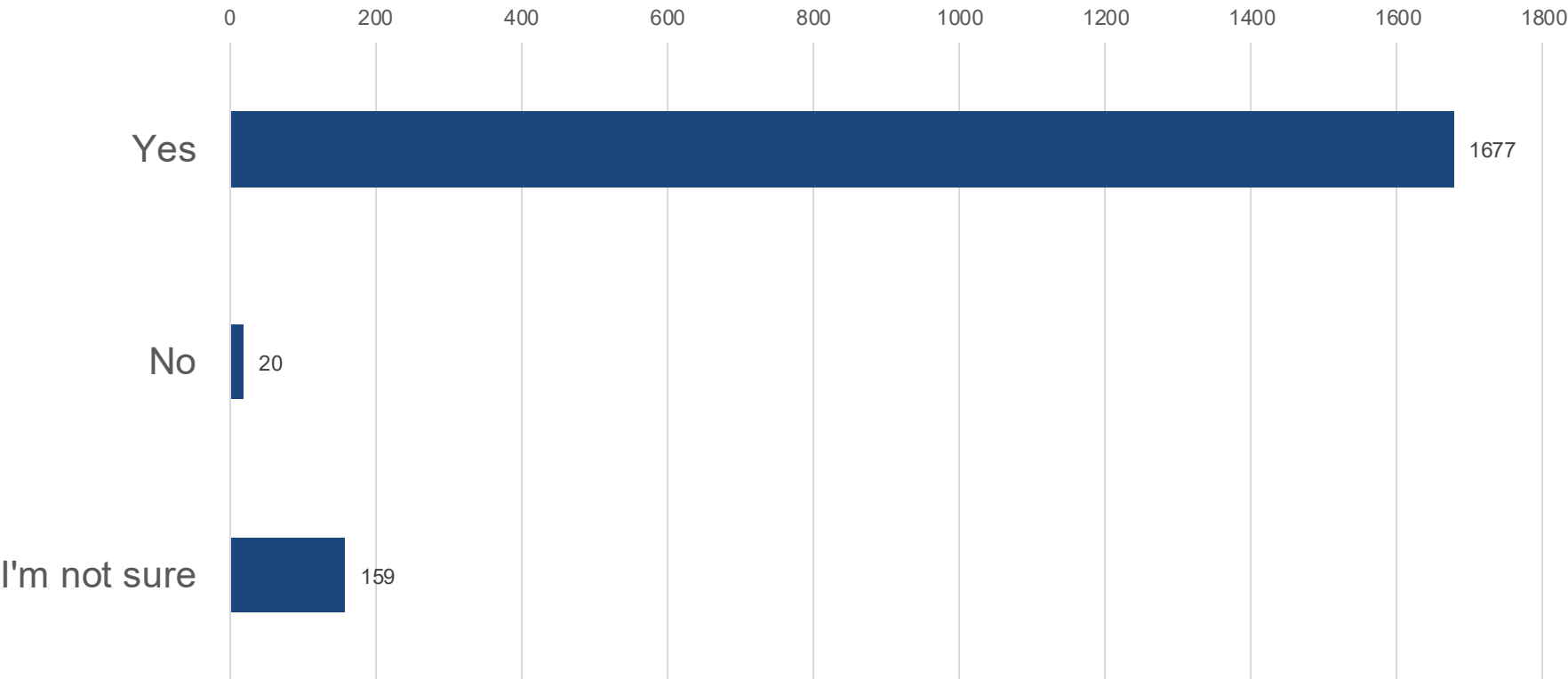
Primary care
development
in Port
Colborne



Establishing a
Healthcare
Advisory
Committee

Family doctors in Port Colborne

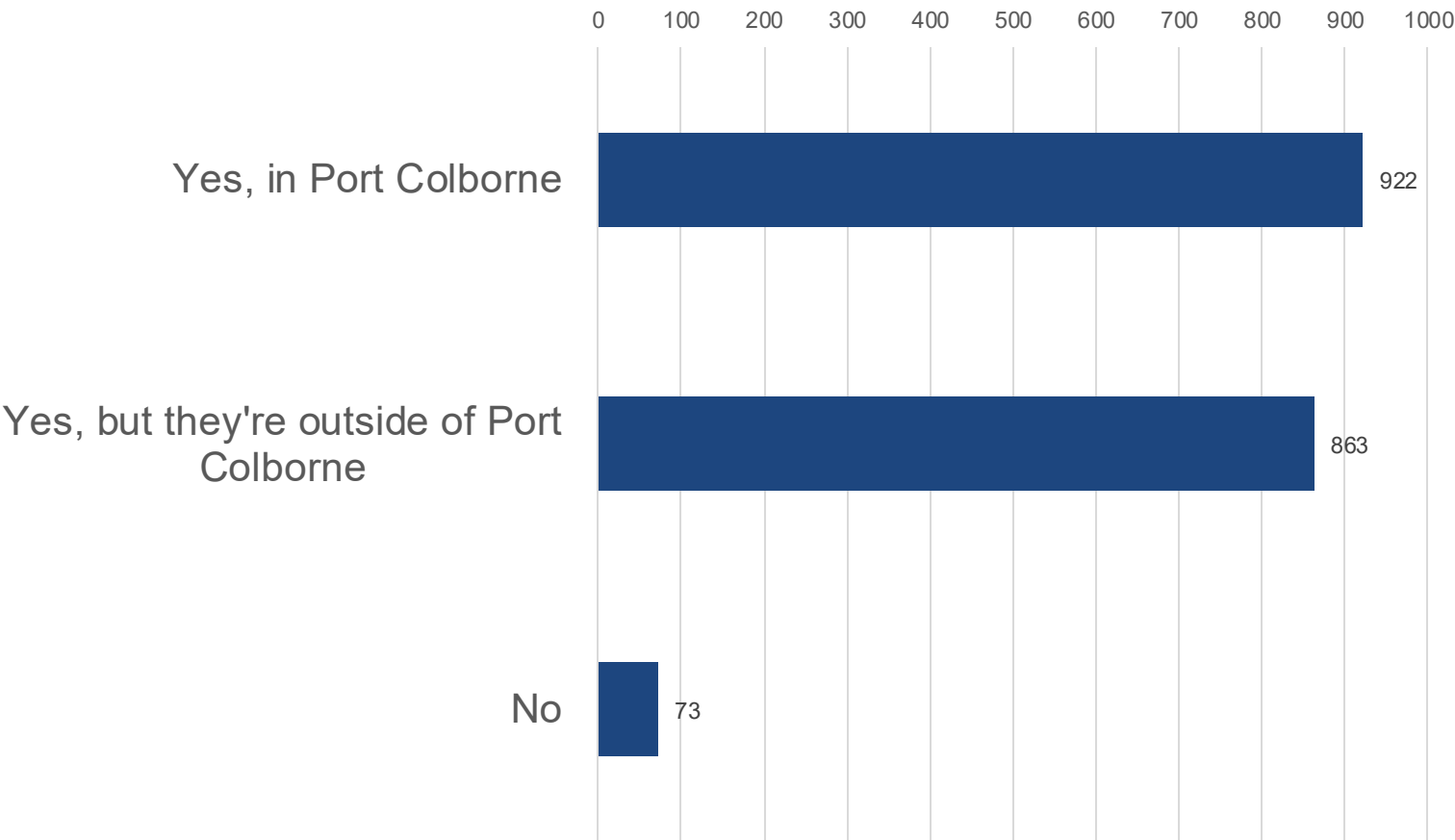
Q3. Do you think Port Colborne needs more family doctors?



90% of respondents reported they thought Port Colborne needed more family doctors.

Family doctors in Port Colborne

Q2: Do you have a family doctor?

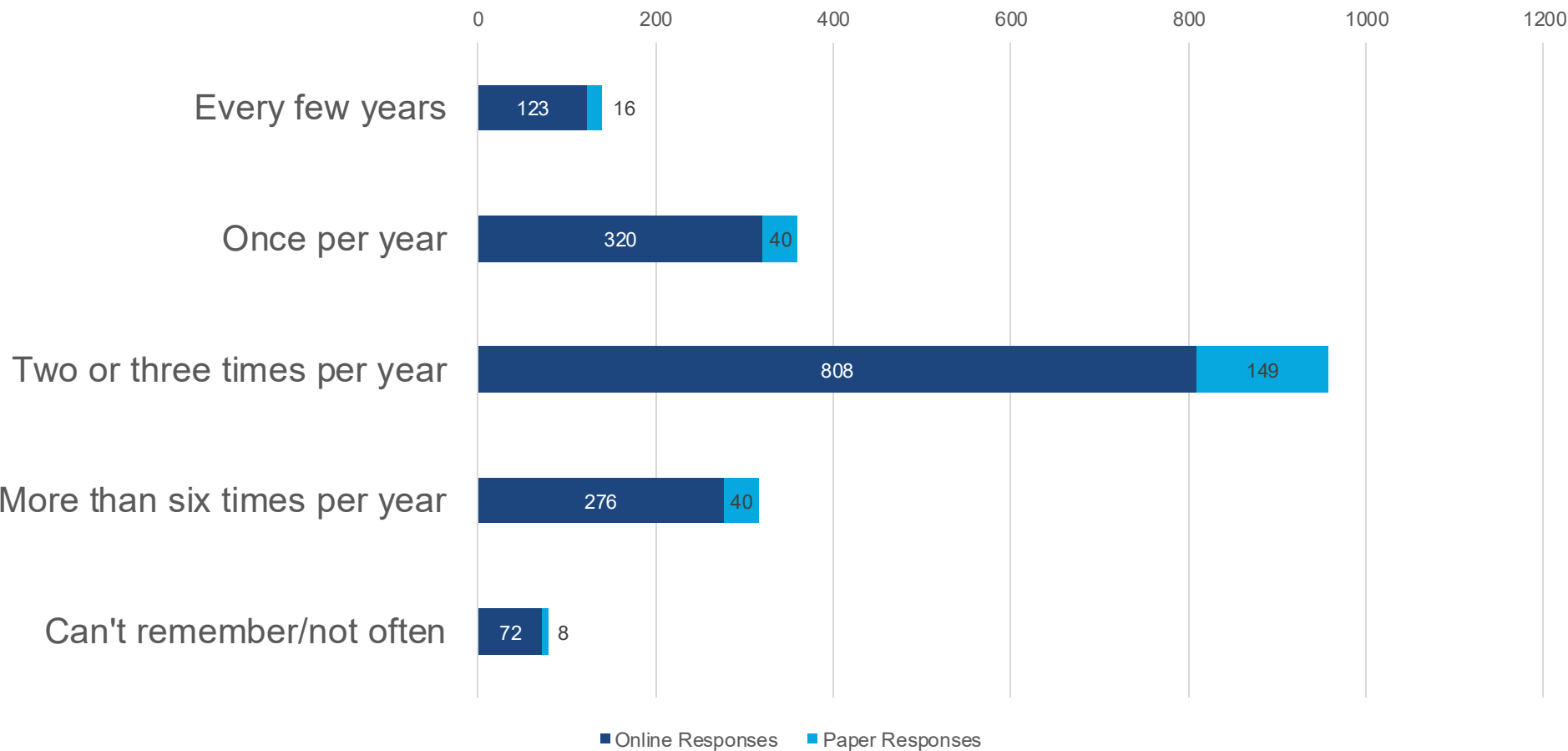


50% of respondents reported they had a family doctor in Port Colborne.

46% of respondents reported their family doctor was located outside Port Colborne.

Family doctors in Port Colborne

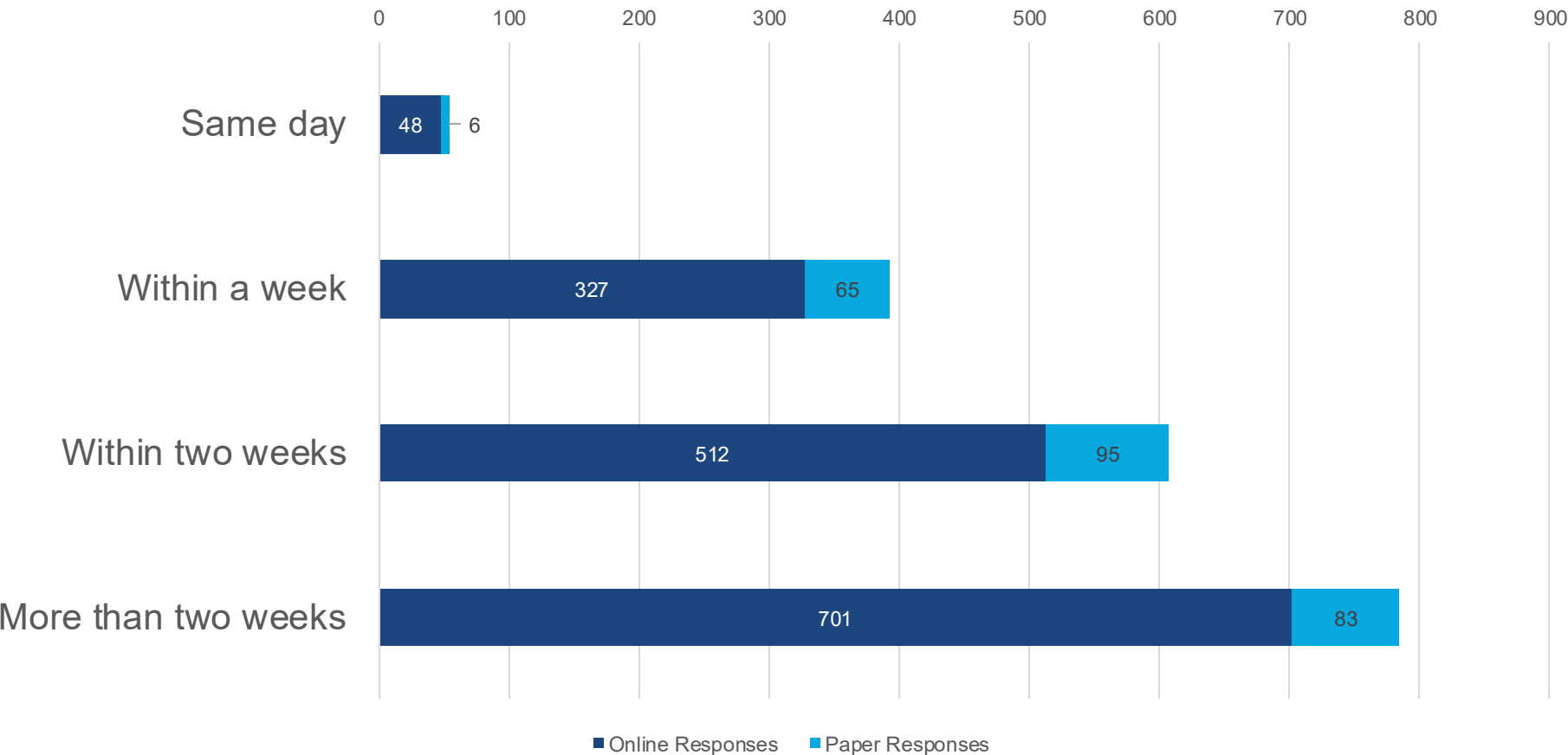
Q4. How often do you see your family doctor?



52% of respondents reported they see their family doctor two or three times per year.

Family doctors in Port Colborne

Q5: On average, how long does it take for you to get an appointment with your family doctor?



43% of respondents reported that it takes them more than two weeks to get an appointment with their family doctor.

What We Heard: Themes & Notable Comments



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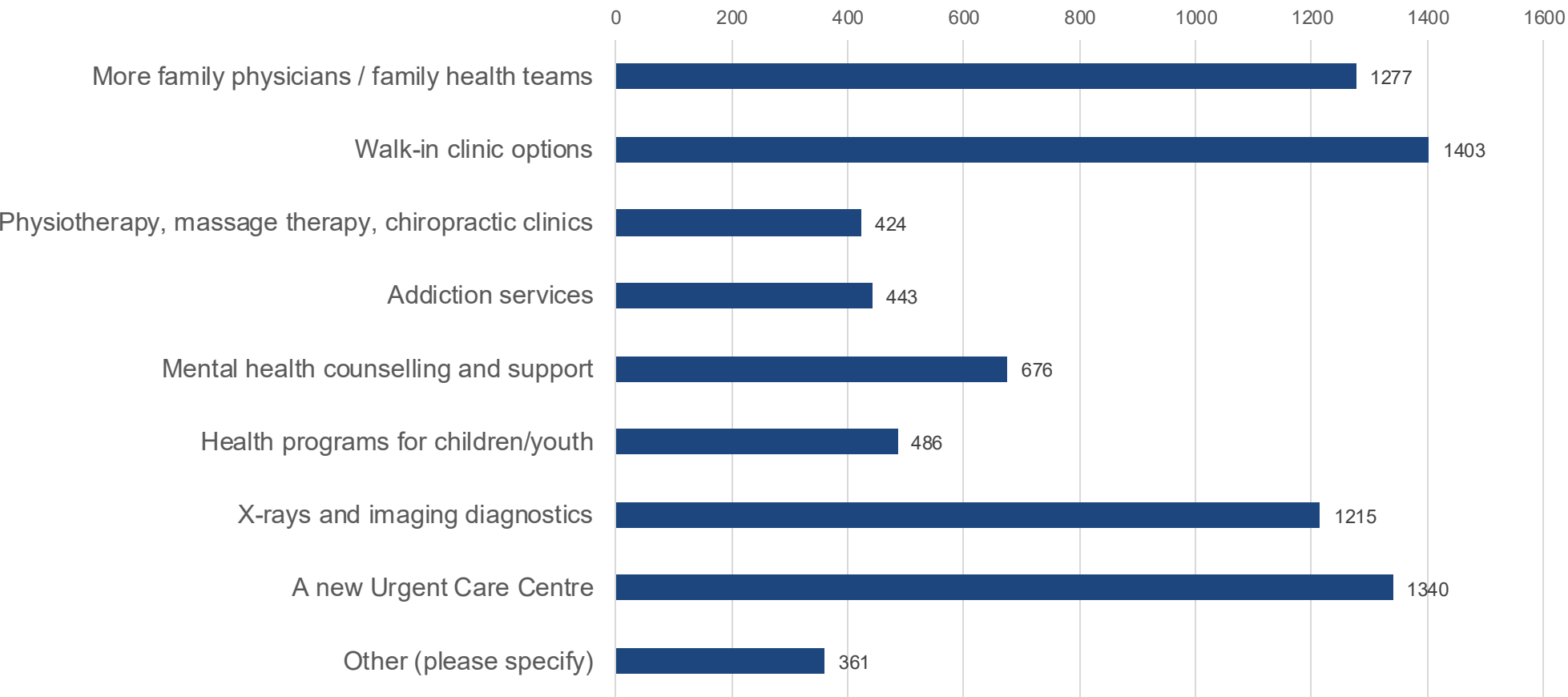
Primary care
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Colborne



Establishing a
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Advisory
Committee

Healthcare services in Port Colborne

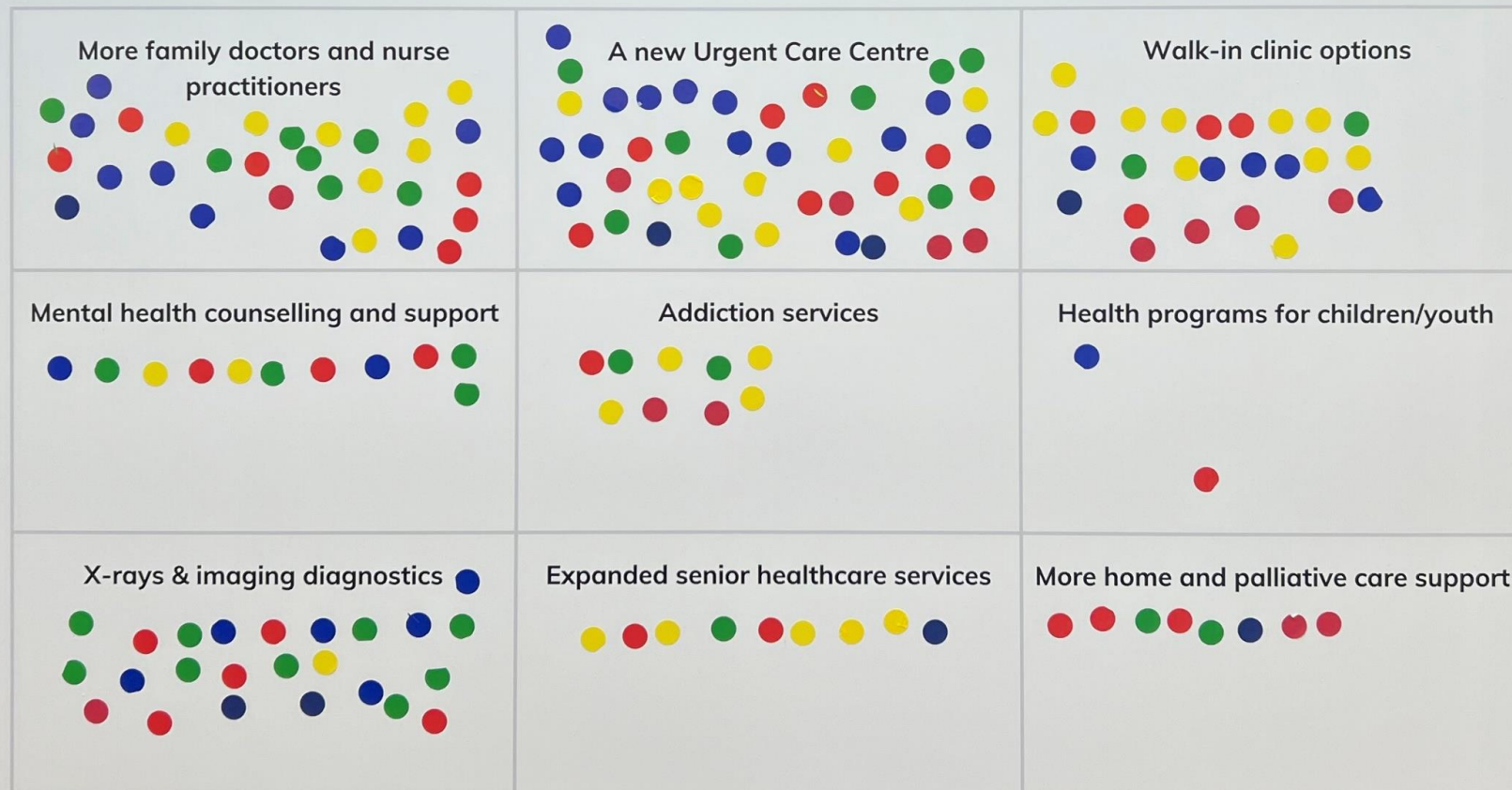
Q14. When the Port Colborne Urgent Care Centre closes, do you think Port Colborne requires more healthcare options? What options would be most beneficial to you and your family? Select all that apply.



Respondents supported a variety of healthcare options being available in Port Colborne, including more family physicians and family health teams, more walk-in clinics, more diagnostics, and a new Urgent Care Centre.

What healthcare services should be prioritized in Port Colborne?

select your top four priorities



Healthcare services in Port Colborne

Comprehensive Healthcare Services

Respondents highlighted the need for a variety of healthcare services, including walk-in clinics, diagnostic imaging (X-rays, MRIs, ultrasounds), and emergency care.

Support for Expanded Services

There was support for incorporating more nurse practitioners, social workers, and mental health services to provide comprehensive care.

Community Health Programs

Respondents expressed a desire for more community health programs, including seniors care, palliative care, hospice, and home care support.

Growing Population

Awareness of Port Colborne's growing population and future need for healthcare resources.

What We Heard: Themes & Notable Comments



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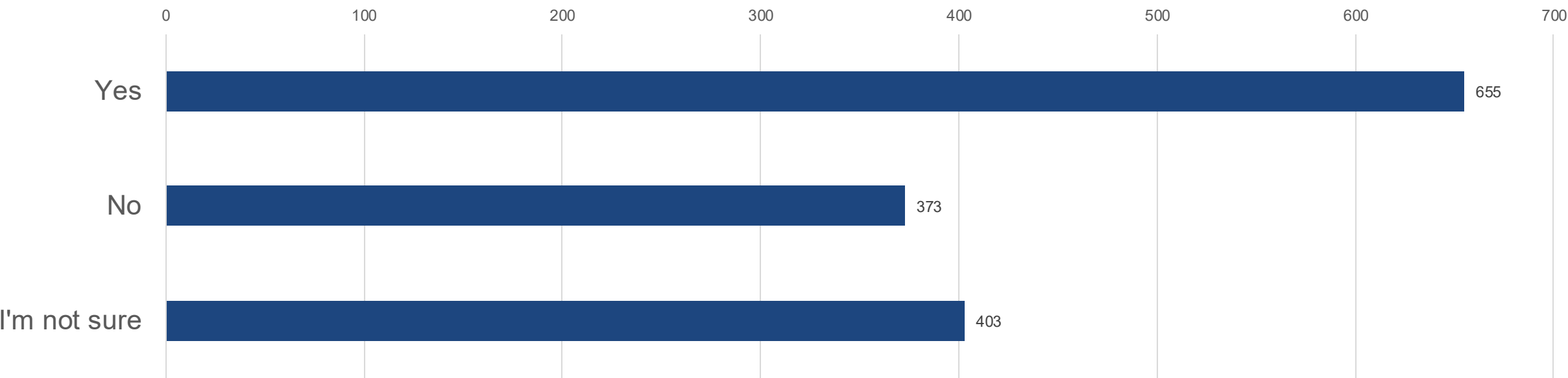
Primary care
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Establishing a
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Proposal from Lockview Medical Group

Q18: Do you think the proposal could benefit Port Colborne residents?



About 46% of question respondents thought the proposal from Lockview Medical Group could benefit Port Colborne residents.

About 28% of question respondents said they weren't sure if the proposal could benefit Port Colborne residents.

Proposal from Lockview Medical Group

Accessibility to Healthcare

Many respondents support the proposal because it would provide local healthcare services, reducing the need to travel out of town for medical appointments.

Economic Benefits

Some respondents believe that the proposal would create jobs and stimulate the local economy. The development of the medical centre is also seen as a way to minimize costs and avoid tax increases.

Improved Healthcare Services

Supporters mention that the proposal would bring enhanced healthcare services, such as diagnostic services and treatments.

Need for More Information

Several respondents feel that there is not enough tangible information being shared about the proposal. They request more details about the terms of the sale, the involvement of developers, and the specific benefits for the community.

What We Heard: Themes & Notable Comments



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**Development
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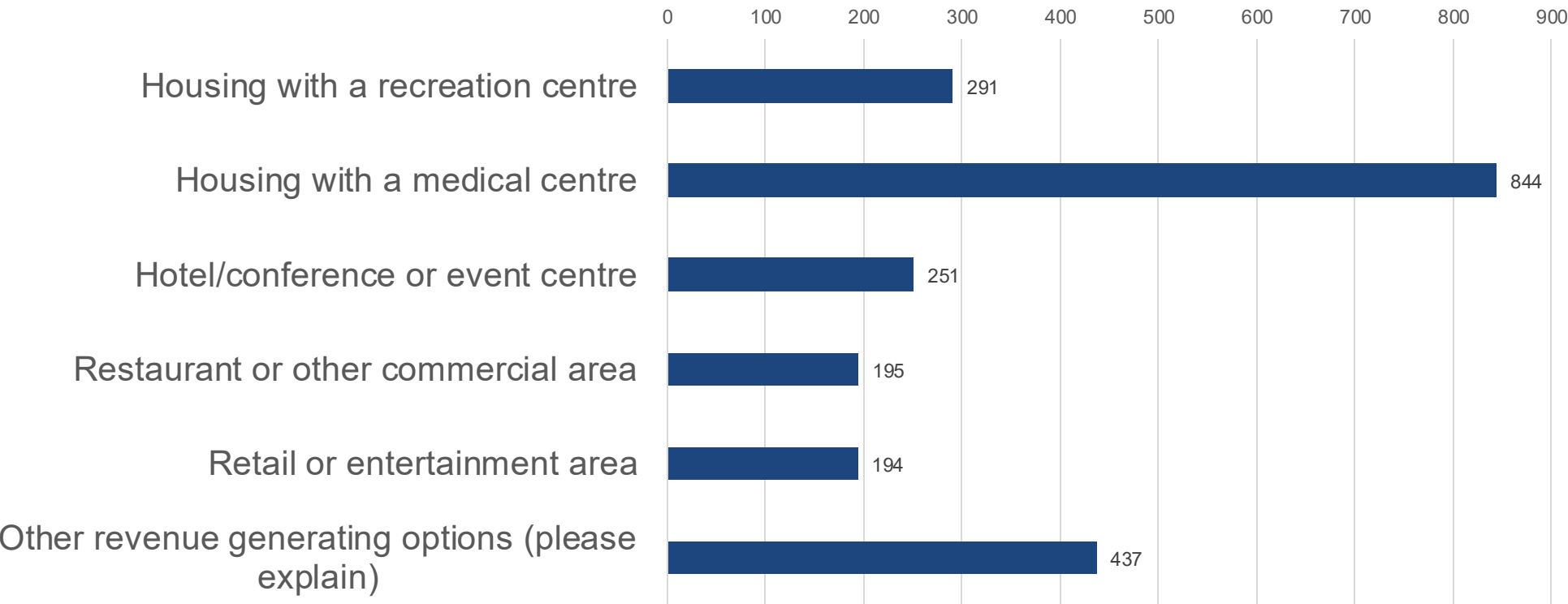
Primary care
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Development at the Niagara Health Port Colborne site

Q24: What uses of the property could help generate revenue to fund the contribution to Niagara Health and be appropriate for the future of the site on Sugarloaf Street? (select all that apply)



86% of question respondents supported pursuing a housing development with a medical centre.

47% of total survey respondents skipped this question.

Development at the Niagara Health Port Colborne site

General Support

Many respondents expressed support for the project, considering it a good or great idea. Some believe it could generate income for the City and wanted the property back under City ownership.

Concerns About Funding

Many respondents were worried about the financial implications, including the cost of the project and the potential for increased taxes.

Concerns About Infrastructure

Respondents questioned whether the City's current infrastructure could support the new development. Issues raised included the capacity of grocery stores, restaurants, parking, and other amenities.

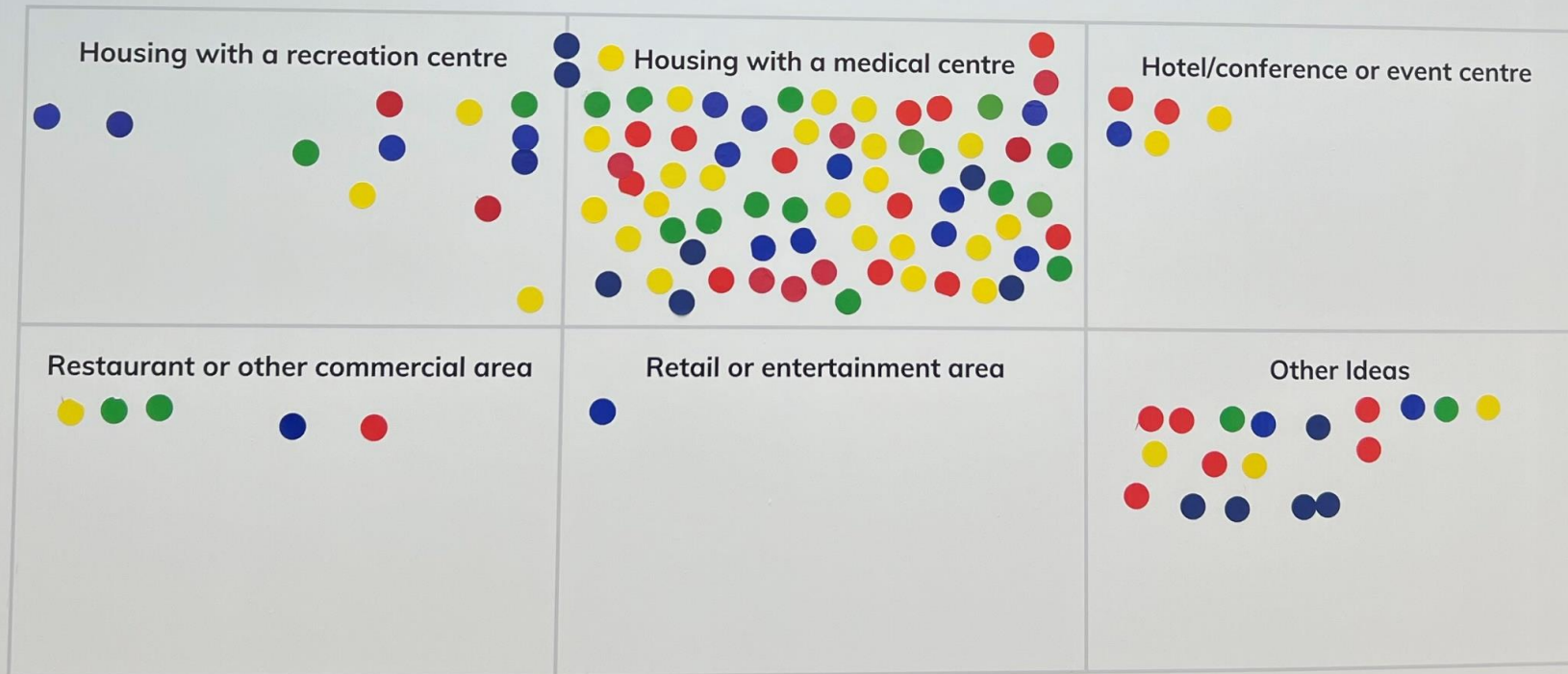
Concerns About Affordability

There were concerns about the affordability of the new housing, with some respondents emphasizing the need for affordable housing rather than luxury developments.



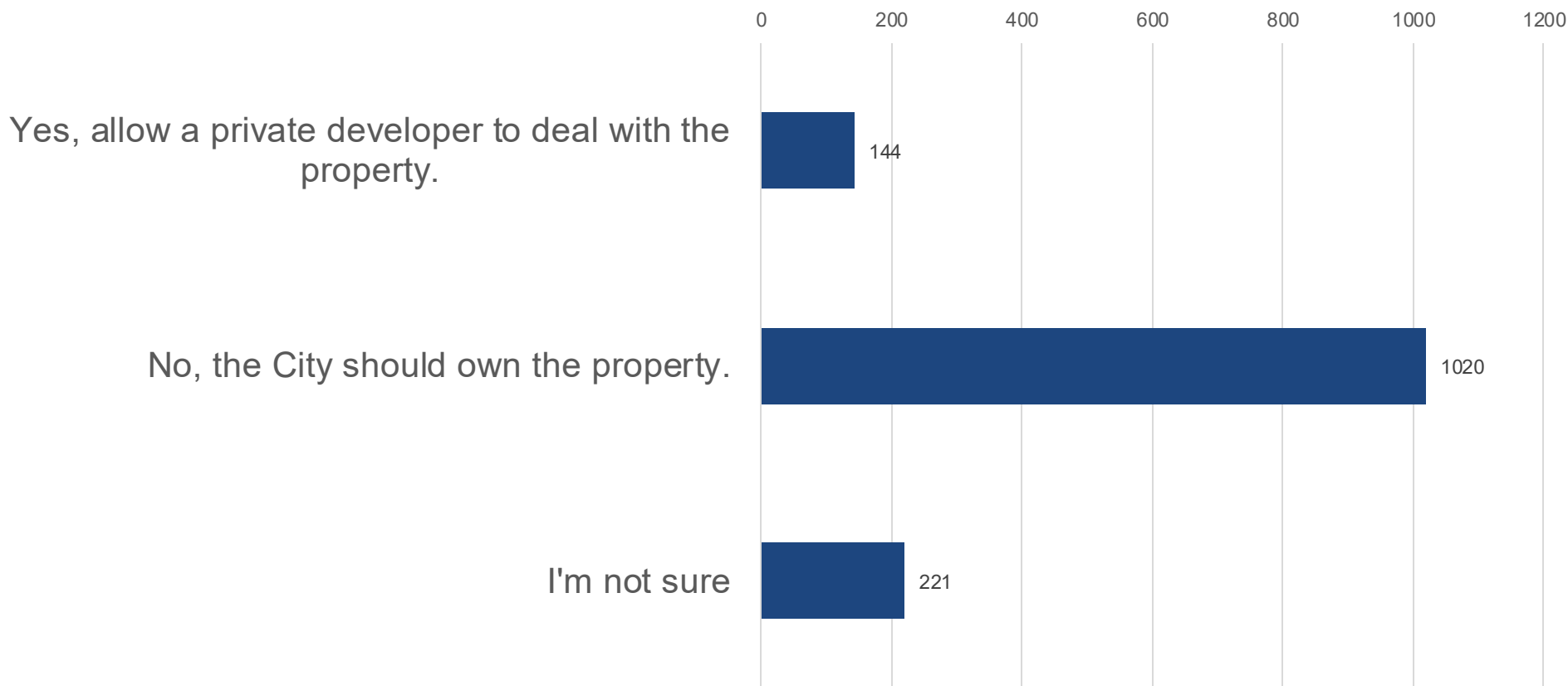
If the City purchased the hospital property from Niagara Health, how should it be used after 2028?

select your top four priorities



Development at the Niagara Health Port Colborne site

Q25: Would you support Niagara Health selling the site to a private developer?



74% of respondents thought the City should own the property, instead of selling it to a private developer.

What We Heard: Themes & Notable Comments



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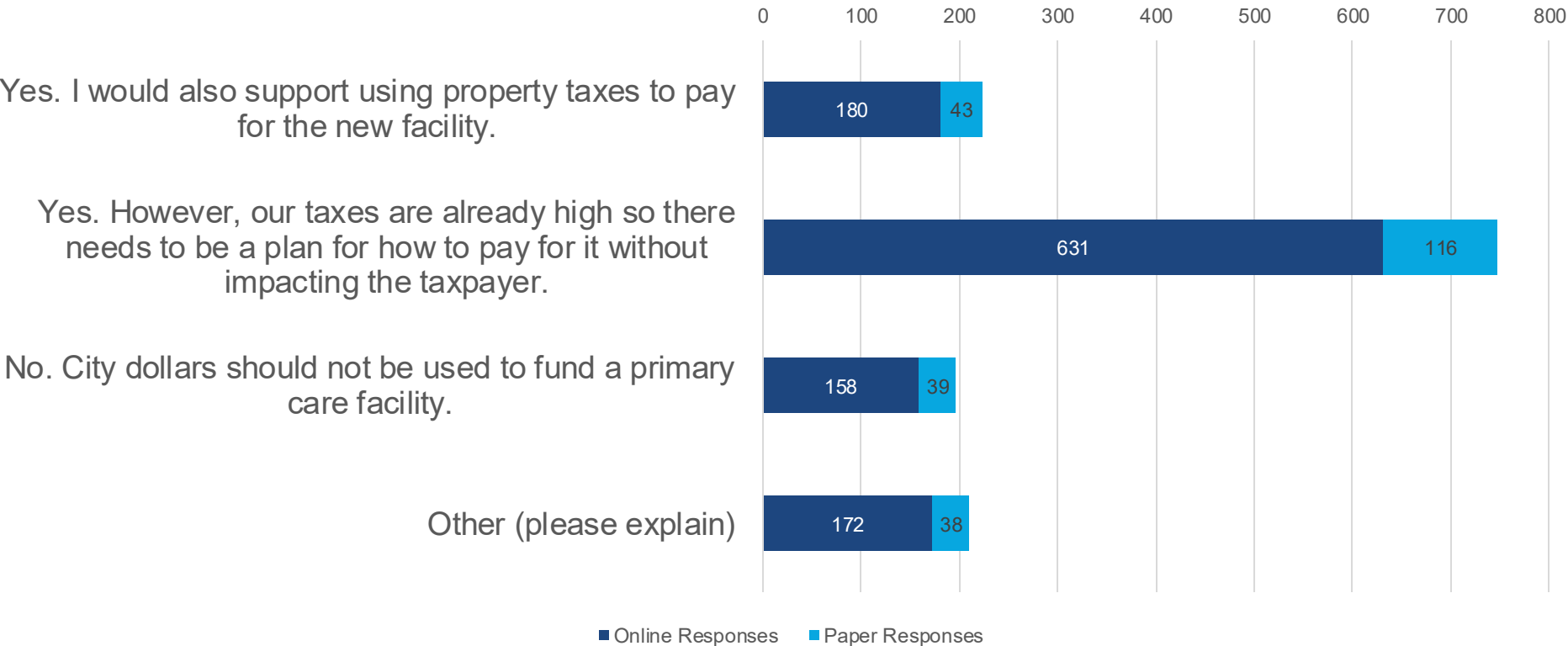
**Primary care
development
in Port
Colborne**



Establishing a
Healthcare
Advisory
Committee

Primary care development in Port Colborne

Q26: Would you support the City pursuing the construction of a new primary care facility somewhere else in Port Colborne?

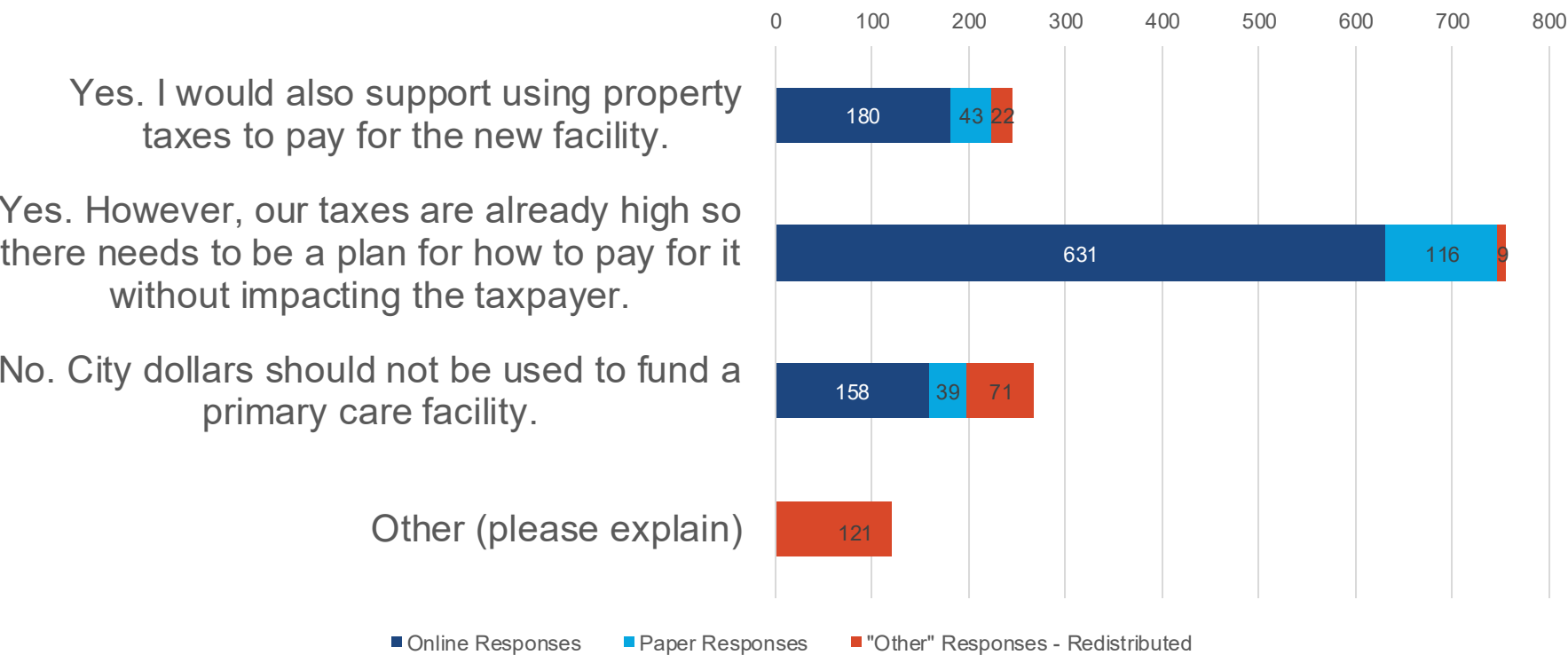


210 suggestions were provided in the “other” category.

102 of those supported one of the options available in the question.

Primary care development in Port Colborne

Q26: Would you support the City pursuing the construction of a new primary care facility somewhere else in Port Colborne?



56% of respondents supported the idea of the City pursuing the construction of a primary care facility somewhere else in Port Colborne, with a funding strategy that does not impact the taxpayer.

18% of respondents supported the idea of the City pursuing the construction of a primary care facility somewhere else in Port Colborne using funds from property taxes.

Primary care development in Port Colborne

Support for a New Facility

Respondents who supported a new facility in a different location often highlighted the need for better healthcare services and were willing to consider new construction if it meant improved access to care.

Opposition to New Facility

Primary concerns were related to the financial implications, preferring to see existing facilities upgraded rather than new ones built.

Conditional Support

Many respondents were open to the idea but wanted assurances about funding and the inclusion of essential services like urgent care.

Concerns About Funding

Funding was a major concern, with many respondents insisting that the province or federal government should bear the cost rather than local taxpayers.

What We Heard: Themes & Notable Comments



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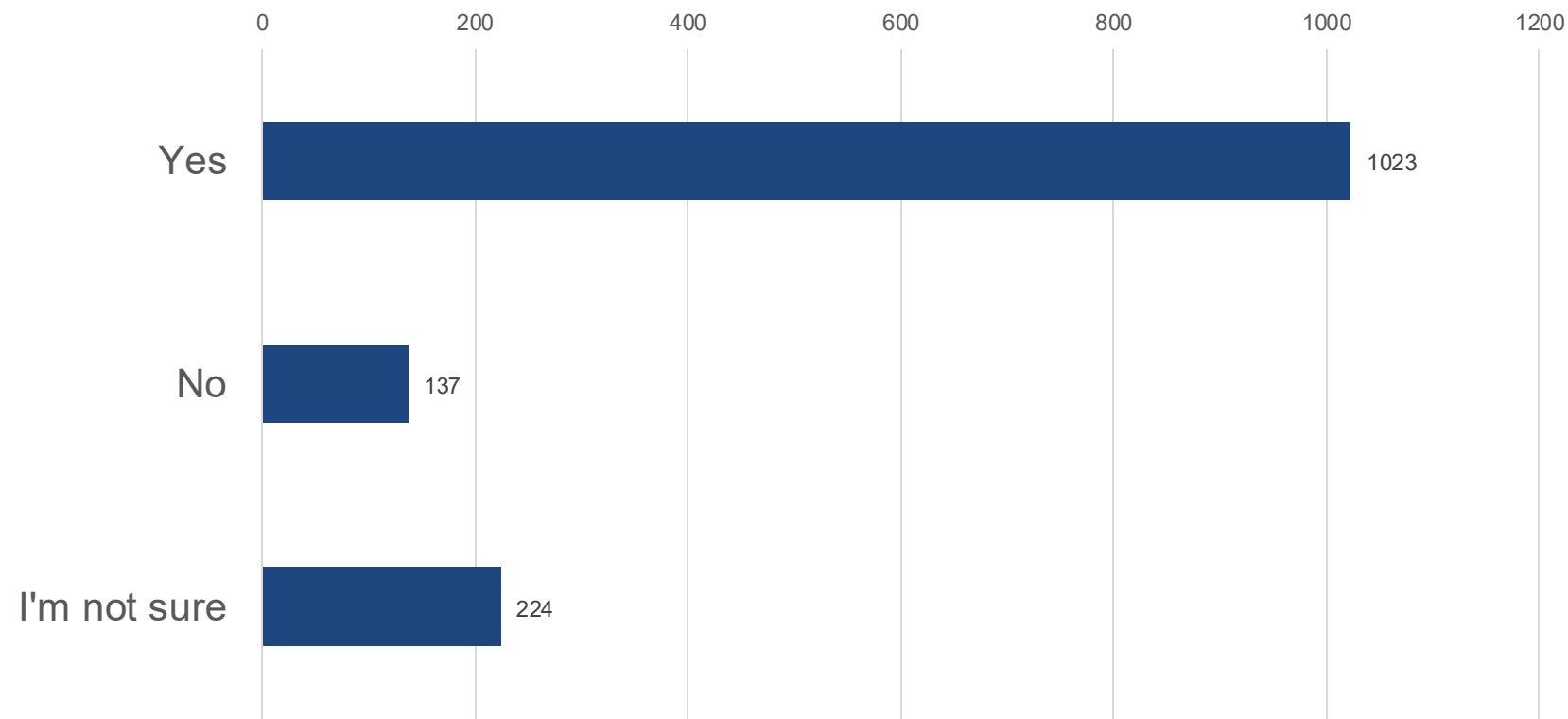
Primary care
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**Establishing a
Healthcare
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Establishing a Healthcare Advisory Committee

Q27. Do you think Council should formally establish a committee to advise on healthcare issues in Port Colborne?



74% of respondents supported the establishment of a committee to advise on healthcare issues in Port Colborne

Establishing a Healthcare Advisory Committee

General Support

Respondents thought a committee would provide a platform for diverse voices and would ensure residents' needs are considered.

Representation & Transparency

Respondents want a transparent committee that includes a diverse group of people, including residents, healthcare professionals, and local leaders. The committee should publish key points from meetings and avoid closed-door sessions.

Community Involvement

The importance of involving the community in decision-making processes was emphasized. Residents should have a say, and their input should be valued.

Skepticism & Concerns

Some residents thought the committee could be a waste of resources, noting it may not be positioned to make change at the local government level.

Recommendations & Next Steps

- That Council establish a **Healthcare Advisory Committee** to ensure residents have adequate access to, and knowledge of, healthcare services in the City of Port Colborne
- That Council approve the Healthcare Advisory Committee **Terms of Reference**
- That Council direct the Healthcare Advisory Committee to propose a draft **Healthcare Services Strategy** by the end of 2025
- That Council approve the motion regarding **Provincial Healthcare Advocacy** as outlined in the letter
- That Council direct staff to **forward the petition** regarding the Port Colborne Hospital and Urgent Care Centre received at the March 11, 2025 Council meeting to the Ontario Minister of Health.

Proposed Mandate & Composition of the Committee

Proposed Mandate

- Ensure residents of Port Colborne have access to healthcare and associated community and healthcare services that are required within the community

Proposed Composition

- 5 voting members appointed from the public at large, with different perspectives
- Mayor + 2 Council members (non-voting)

Committee Support (non-voting)

- CAO
- City staff as required
- Healthcare professionals, as invited

Key Deliverables

- Develop and recommend to Council a comprehensive and evidence-based, and attainable, **healthcare services strategy** (draft by end of 2025), including:
 - Further consider feedback collected as part of ongoing public engagement
 - Recommend what/if any additional public engagement activities should be pursued
 - Consider and recommend the most appropriate next steps for the proposal from Lockview Medical Group

Questions?



Subject: Future of Healthcare in Port Colborne: Mid-Point Public Engagement Results

To: Council

From: Office of the Chief Administrative Officer

Report Number: 2025-71

Meeting Date: March 25, 2025

Recommendation:

That Chief Administrative Officer Report 2025-71 be received; and

That Council establish a Healthcare Advisory Committee to ensure residents have adequate access to, and knowledge of, healthcare services in the City of Port Colborne; and

That Council approve the Healthcare Advisory Committee Terms of Reference, attached as Appendix B; and

That Council direct the Healthcare Advisory Committee to propose a draft Healthcare Services Strategy by the end of 2025; and

That Council approve the motion regarding Provincial Healthcare Advocacy as outlined in the letter, attached hereto as Appendix C; and

That Council direct staff to forward the petition regarding the Port Colborne Hospital and Urgent Care Centre received at the March 11, 2025 Council meeting to the Ontario Minister of Health.

Purpose:

This report presents Council with a comprehensive summary of public engagement activities and feedback gathered between January 29 and March 10, 2025, regarding the future of healthcare in Port Colborne.

It also recommends the establishment of a Healthcare Advisory Committee, provides a suggested Terms of Reference for the Committee, and outlines some initial suggestions for work the Committee could undertake, including conducting a more comprehensive review of the feedback collected during the City's healthcare public engagement

campaign to date, suggesting any additional public engagement efforts, and recommending the most appropriate next steps for the proposal from Lockview Medical Group that involves expanding into the empty space inside Niagara Health's Port Colborne site.

Background:

On December 3, 2024, Council considered Report 2024-255 regarding the Port Colborne hospital, including a request from Niagara Health for a \$6.2-million local share contribution to the South Niagara Hospital and a proposal from the Lockview Medical Group to expand primary care services in Port Colborne. At that meeting, Council requested that staff bring back a comprehensive public engagement plan to gather feedback from the community regarding the primary care proposal, the local share contribution, and the future of the Niagara Health site in Port Colborne.

On January 28, 2025, Council considered report 2025-19 regarding the proposed community engagement plan aimed at gathering this important feedback. At that meeting, Council requested that staff provide a mid-point update on results gathered to date at the March 25, 2025 Council meeting. This report provides a summary of the engagement activities and feedback received from the public between January 29 and March 10, 2025.

Overall, the engagement plan aimed to gather feedback from the community through various in-person and virtual channels. It sought input from the community about the future of healthcare in Port Colborne, focusing on key issues such as the expected closure of the Urgent Care Centre, the future use of Niagara Health's Port Colborne site after Niagara Health leaves, potentially providing funding to Niagara Health to support the build of the new South Niagara Hospital, and the proposal from Lockview Medical Group to expand primary care services in Port Colborne.

The engagement campaign included a variety of channels and mediums to ensure all key audiences are aware of the opportunity to provide feedback and can do so in a way that works best for them. The plan included:

1. Online survey
2. Paper survey
3. In-person open houses
4. In-person town hall
5. Virtual town hall
6. Pop-up engagement opportunities
7. Meetings with various City committees and working groups

The detailed results and findings from each of these activities are provided in Appendix

A of this report. In the interest of transparency, a full list of open-ended responses received in both the online and paper surveys will be posted on www.portcolborne.ca/healthcare (for surveys received between January 29 and March 10, 2025).

Discussion:

Public engagement activities related to the future of healthcare in Port Colborne launched on January 29, 2025.

Quick stats about the engagement activities to date:

- 1,863 people completed the survey (1,612 online and 251 on paper – responses received between January 29 and March 10, 2025)
 - 11,271 open-field comments to analyze and categorize
 - Average time to complete the survey: 16 minutes (online survey)
 - Estimated completion rate: 64% (online survey) – this is the number of people who started and finished the survey. Long surveys with more than 15 questions typically have a completion rate of 40-42%
- 87 people attended the in-person open houses
 - 58 people attended the in-person town hall, while 38 tuned into the livestream
 - 22 people joined the virtual town hall, while 4 watched the recording on YouTube

Additionally, three meetings with City committees and working groups are scheduled for March and April (Seniors Advisory Committee, Mayor's Youth Advisory Committee, Social Determinants of Health Advisory Committee)

The survey currently remains open, with a proposed deadline of April 30, 2025.

Detailed results from the surveys and a summary of feedback collected at the town halls and open houses is available in Appendix A of this report.

Overall, participants reported that the closure of the Urgent Care Centre is a major issue for them, with 84% of respondents believing a 24-hour facility is necessary. Many residents have used the centre in the past year and are concerned about travel difficulties, long wait times at other hospitals, and the impact on vulnerable populations.

Additionally, while the proposed \$6.2-million contribution to Niagara Health for the South Niagara Hospital is largely opposed, some respondents may support making the contribution if urgent care centres in Port Colborne and Fort Erie remain open. There is also a strong demand for more family doctors, as only half of respondents have a family

doctor in Port Colborne, and nearly half must travel elsewhere for primary care. Long wait times for appointments further exacerbate frustrations.

The community strongly supports expanding healthcare services locally, including more walk-in clinics, diagnostic imaging, and urgent care. The Lockview Medical Group proposal is seen as a potential benefit by 46% of respondents, with supporters citing improved local healthcare access, job creation, and economic growth. However, concerns remain about the lack of clear information regarding the project.

A proposed housing development with a medical centre at the Niagara Health Port Colborne site received 86% support, though respondents questioned infrastructure capacity and the affordability of housing. Meanwhile, 56% of respondents support the City pursuing a primary care facility at another location, provided it does not impact taxpayers. Lastly, 74% support establishing a Healthcare Advisory Committee to ensure diverse community voices are heard and promote transparency in decision-making.

As noted, staff recommend Council establish such a committee and have included a proposed Terms of Reference for the Committee, attached as Appendix B to this report. Staff recommend that Council direct the Healthcare Advisory Committee to propose a draft Healthcare Services Strategy by the end of 2025. The strategy should include, but not be limited to, all components noted in the Terms of Reference. For clarity, this includes the further consideration of feedback collected as part of ongoing public engagement regarding the future of healthcare in Port Colborne; making a recommendation to Council regarding what, if any, additional public engagement activities should be pursued; and consideration and recommendation to Council regarding the most appropriate next steps for the proposal from Lockview Medical Group. The Committee would not be tasked with providing recommendations regarding the future of the Niagara Health's Port Colborne Site, as decisions related to the property itself may be best considered alongside other adjacent properties on the waterfront, including the Sugarloaf Marina and Grain Terminal, both of which the public has recently been invited to provide their feedback on.

Internal Consultations:

City staff from Corporate Communications, Corporate Services, Development and Government Relations, and the Office of the Mayor and CAO have been working collaboratively with external partners to gather feedback from the community regarding

the future of healthcare in Port Colborne, develop a draft terms of reference for a new Healthcare Advisory Committee, and provide suggestions on the best way to move the issue of healthcare forward in the best interest of the community.

Financial Implications:

This report is focused primarily on reporting results from the public engagement activities related to expanding primary care in Port Colborne, the future of Niagara Health's Port Colborne site, and the local share contribution towards the new South Niagara Hospital. All costs related to the public engagement activities are captured in the 2025 operating budget.

The establishment of the Healthcare Advisory Committee and any related costs that may develop could be funded from reserves (potential reserves include the contingency fund or the subject matter expert reserve).

Public Engagement:

This report provides a detailed summary of an ongoing public engagement campaign aimed at gathering feedback from residents about the future of healthcare in Port Colborne. It covers the period of January 29 – March 10, 2025 and is meant as a mid-point check-in opportunity to Council and the public to receive results gathered to date.

Strategic Plan Alignment:

The initiative contained within this report supports the following pillar(s) of the strategic plan:

- Welcoming, Livable, Healthy Community
 - Economic Prosperity
 - Increased Housing Options
 - Sustainable and Resilient Infrastructure
-

Conclusion:

The feedback gathered through the City's healthcare public engagement efforts to date underscores the community's concerns and priorities regarding the future of healthcare in Port Colborne.

Residents have expressed strong support for maintaining access to urgent care,

expanding primary care services, and ensuring that healthcare facilities remain available within Port Colborne. The responses indicate a clear preference for a local healthcare strategy that prioritizes accessibility, sustainability, and transparency.

Given these findings, the establishment of a Healthcare Advisory Committee would provide a structured approach to addressing these concerns, ensuring that residents' voices continue to shape the future of healthcare in Port Colborne. The Committee will play a vital role in reviewing public input, assessing potential healthcare developments, and advising Council on next steps, particularly regarding the Lockview Medical Group proposal and the future use of the Niagara Health site.

As the public engagement campaign continues, further analysis of community feedback will help refine the City's approach. By advocating for provincial healthcare funding and working collaboratively with stakeholders, Port Colborne can pursue solutions that best serve the needs of its growing and aging population. The City remains committed to engaging residents, supporting evidence-based decision-making, and ensuring that Port Colborne's healthcare landscape evolves to meet the needs of its people now and into the future.

Appendices:

- a. Mid-Point Public Engagement Results Report
- b. Healthcare Advisory Committee Terms of Reference
- c. Provincial Healthcare Advocacy Letter/Motion
- d. Mid-Point Public Engagement Results Presentation

Respectfully submitted,

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Manager, Corporate Communications
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Jasmine.Peazel-Graham@portcolborne.ca

Report Approval:

All reports reviewed and approved by the Department Director and also the City Treasurer when relevant. Final review and approval by the Chief Administrative Officer.



Future of Healthcare in Port Colborne

Public Engagement Results

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Introduction

On January 29, 2025, the City of Port Colborne launched a comprehensive public engagement campaign to collect public feedback on the future of healthcare in Port Colborne.

The campaign included:

1. Online survey
2. Paper survey
3. In-person open houses
4. In-person town hall
5. Virtual town hall
6. Pop-up engagement opportunities
7. Meetings with various City committees and working groups

This document serves as a full summary of the engagement activities from January 29, 2025 to April 30, 2025.

Please note that personal information collected during this public engagement project was collected under the authority of the Municipal Act, 2001 and will be used to help Council make decisions related to the future of healthcare in Port Colborne. The disclosure of this information is governed by the Municipal Freedom of Information and Protection of Privacy Act. Questions related to the collection of this information may be directed to the Deputy City Clerk at 905-228-8118 or

deputyclerk@portcolborne.ca

Survey

Overview

The survey was designed to gather input from residents about the future of healthcare in Port Colborne, including:

- Feedback about the future of urgent care services in Port Colborne
- What should happen with Niagara Health's Port Colborne site when Niagara Health leaves
- Potentially providing funding to Niagara Health to support the build of the new South Niagara Hospital
- A proposal from Lockview Medical Group to expand primary care services in Port Colborne

The survey was distributed online and in paper format.

The online survey was promoted through multiple channels to maximize reach and participation. These included the City's website, social media platforms, digital advertising, and media outreach.

Additionally, postcards featuring a QR code were delivered to every home in Port Colborne, and QR codes were strategically posted throughout the community to encourage engagement.

Paper surveys were available at City Hall, Vale Health & Wellness Centre, Port Colborne Public Library, Lockview Medical Group, Niagara South Family Medicine, Bridges Community Health Centre, Port Cares, Port Colborne Lions Club, Friends Over 55, and Portal Village.

The survey was launched on January 29, 2025. The survey closed April 30, 2025. The results shown in this appendix capture the results from the duration of the survey.

Quick facts:

- 2,012 people completed the survey (1,669 online and 343 on paper). Boxes were placed in the following locations:
 - Vale Health & Wellness Centre
 - City Hall
 - Port Colborne Public Library
 - Portal Village
 - Bridges Community Health Centre
 - Open houses/town hall
 - Lockview Medical Group
 - Friends Over 55
 - Port Cares eastside
 - Port Cares westside
- 10,836 open-field comments to analyze and categorize
- Average time to complete the survey: 13minutes (online survey)
- Estimated completion rate: 72.5% (online and paper surveys) – this is the number of people who started and finished the survey. Long surveys with more than 15 questions typically have a completion rate of 40-42%

Overall Survey Observations

Closure of the Port Colborne Urgent Care Centre

- 83% of respondents reported they thought Port Colborne requires an Urgent Care Centre open 24 hours per day
- 62% of respondents reported that they had used health services at the Port Colborne Urgent Care within the last year.
- Respondents noted concerns about:
 - Difficulties travelling to seek care outside of Port Colborne
 - The time it takes to get to other hospitals and treatment centres in Niagara

- Increased wait times in Emergency Departments leading to long delays or a decline in the quality of care.
- Community growth not being properly accommodated
- Fear for those with chronic health conditions or young children

Local share contribution to Niagara Health

- Generally, residents did not support contributing \$6.2 million to Niagara Health in support of the South Niagara Hospital, because they felt Port Colborne residents will not benefit.
- Respondents noted concerns about:
 - The financial burden the request places on residents, especially seniors.
 - The distance from Port Colborne to the new hospital, noting it would not adequately serve their needs.
 - The per-capita approach used by Niagara Health uses outdated data, placing an undue hardship on communities who have not seen as much growth since the last census.
- Some respondents are willing to support the request if certain conditions are met, such as ensuring that the urgent care centres in Port Colborne and Fort Erie remain open.

Family Doctors in Port Colborne

- 90% of respondents reported they thought Port Colborne needed more family doctors.
- 50% of respondents reported they had a family doctor in Port Colborne.
- 46% of respondents reported their family doctor was located outside Port Colborne.
- 50% of respondents reported they see their family doctor two or three times per year.
- 41% of respondents reported that it takes them more than two weeks to get an appointment with their family doctor.

Healthcare services in Port Colborne

- Respondents supported a variety of healthcare options being available in Port Colborne, including more family physicians and family health teams, more walk-in clinics, more diagnostics, and a new Urgent Care Centre.
- Respondents highlighted the need for a variety of healthcare services, including walk-in clinics, diagnostic imaging (X-rays, MRIs, ultrasounds), and emergency care.

Proposal from Lockview Medical Group

- About 46% of respondents thought the proposal from Lockview Medical Group could benefit Port Colborne residents.
- Many respondents support the proposal because it would provide local healthcare services, reducing the need to travel out of town for medical appointments.
- Some respondents believe that the proposal would create jobs and stimulate the local economy. The development of the medical centre is also seen as a way to minimize costs and avoid tax increases.
- Supporters mention that the proposal would bring enhanced healthcare services, such as diagnostic services and treatments.
- Several respondents feel that there is not enough tangible information being shared about the proposal. They request more details about the terms of the sale, the involvement of developers, and the specific benefits for the community.

Development at the Niagara Health Port Colborne site

- 85% of question respondents supported pursuing a housing development with a medical centre.
- Many respondents expressed support for the project, considering it a good or great idea. Some believe it could generate income for the City and wanted the property back under City ownership.
- Many respondents were worried about the financial implications, including the cost of the project and the potential for increased taxes.
- Respondents questioned whether the City's current infrastructure could support the new development. Issues raised included the capacity of grocery stores, restaurants, parking, and other amenities.
- There were concerns about the affordability of the new housing, with some respondents emphasizing the need for affordable housing rather than luxury developments.

Primary care development in Port Colborne

- 55% of respondents support the idea of the City pursuing the construction of a primary care facility somewhere else in Port Colborne, with a funding strategy that does not impact the taxpayer.
- Respondents who supported a new facility in a different location often highlighted the need for better healthcare services and were willing to consider new construction if it meant improved access to care.
- Primary concerns were related to the financial implications, preferring to see existing facilities upgraded rather than new ones built.
- Many respondents were open to the idea but wanted assurances about funding and the inclusion of essential services like urgent care.

Establishing a Healthcare Advisory Committee

- 74% of respondents supported the establishment of a committee to advise on healthcare issues in Port Colborne
- Respondents thought a committee would provide a platform for diverse voices and would ensure residents' needs are considered.
- Respondents want a transparent committee that includes a diverse group of people, including residents, healthcare professionals, and local leaders. The committee should publish key points from meetings and avoid closed-door sessions.

Two in-person open houses were held at the Vale Health & Wellness Centre in the Golden Puck Room. The sessions were on:

- A variety of information boards with photos and question prompts were displayed around the room, encouraging conversation and discussions with attendees.

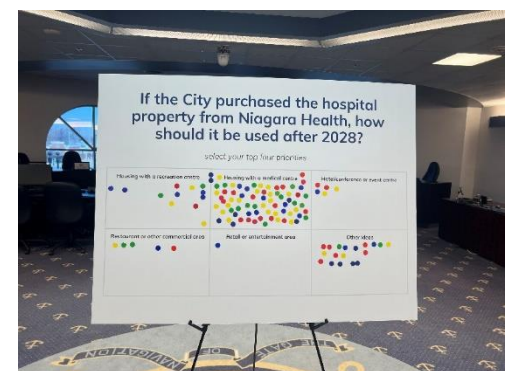
One set of information boards outlined the proposal from Lockview Medical Group, the request for a \$6.2-million contribution from Niagara Health for fixtures and furniture at the new South Niagara Hospital, and the suggestion of considering development on the property to fund the \$6.2-million contribution to the new hospital.

Two interactive stations asked residents to vote for their favourite options with sticky dots for two questions. Participants received four sticky dots and could vote for the options they preferred. The questions were:

- As seen in the photo to the right, residents voted most frequently for a new Urgent Care Centre, more family physicians and nurse practitioners, more walk-in clinic options, and additional imaging and diagnostics.

- As seen in the photo to the right, residents voted most often for the option of housing with a medical centre.
- This board also asked residents for any other ideas, some ideas received included:

-



- Do not support additional condos in Port Colborne
- Diagnostics in the medical centre are needed

Overall Open House Observations

During the open houses, a variety of comments and concerns were collected. These included, but were not limited to:

- The distance from Port Colborne to the site of the new South Niagara Hospital in Niagara Falls is too far. Many residents are fearful that the time it would take to travel to the hospital site would create additional risk during emergency situations.
- Port Colborne's aging population could experience challenges securing transportation to seek medical care outside of Port Colborne, specifically at night.
- Many residents brought forward concerns about how the Port Colborne General Hospital was originally funded, noting past fundraising and paycheque donations from residents, and confusion on how the site came to be owned and operated by Niagara Health.
- Some residents shared their concerns about the \$6.2-million local share requested by Niagara Health, noting the City should not have to contribute to the hospital since it is not local or easily accessible by residents.
- Many open house attendees wish to see the Port Colborne Urgent Care remain operational in some capacity, with no additional development, and prefer not to contribute the requested share.
- Most attendees noted they would like to see the land and building back under City ownership.
- Those who agreed with development overwhelmingly agreed that whatever facility is developed should include a medical centre.
- Support for the Lockview Medical Group proposal was split, with some agreeing that the proposal would be beneficial to the town and others concerned about the potential of privatization of healthcare and the required developments that accompany the proposal.

In-Person Town Hall

Overview

The in-person town hall was held on Monday, February 24, from 6:30 to 8:00 p.m. at the Lighthouse Theatre in Port Colborne. There were 58 attendees on site, and an additional 38 viewers on the livestream – with more than 7,400 views on Facebook and 62 views on YouTube as of March 10, 2025.

The livestream is still available to watch at: https://www.youtube.com/watch?v=g_WtNWkBMvY

The in-person town hall was hosted by an independent moderator from Enterprise Canada Inc., a national strategic communications firm.

It featured a panel of representatives, including:

- Deputy Mayor and City Councillor Ron Bodner
- Chief Administrative Officer Bryan Boles
- Director of Development and Government Relations Gary Long
- Dr. Matt Vandenberg from Lockview Medical Group



The in-person town hall was positioned as a listening exercise, with the panelists providing clarification when appropriate. The moderator explained that the town halls were intended as opportunities for residents to express their views, and not forums to debate outcomes or solutions, rehash previous decisions, or sell or promote particular proposals or options.

It began with a brief overview presentation by CAO Bryan Boles, providing context for the discussions, including historical background, the current situation, what has been proposed, the process and phases for next steps. The floor was then opened to comments from the participants, who offered their perspectives on the relevant issues and suggestions for moving forward.

Overall In-Person Town Hall Observations

The in-person town hall gathering saw residents focusing heavily on keeping the current Urgent Care Centre operational – although, it appeared many residents were unclear about the varying roles and responsibilities of Niagara Health, the City of Port Colborne and the provincial government.

The differences between emergent care, urgent care and primary care were spoken of at length. Many residents commented on the difficulties that surround travelling to the site of the new South Niagara Hospital, including the added risk the far distance from Port Colborne poses in an emergency situation. Some noted that without a personal vehicle, reaching the South Niagara Hospital site would be very challenging.

Hypothetical conversations surrounding an increase in property taxes to fund a healthcare facility had majority support; however, specifics were not discussed. Discussions surrounding the requested \$6.2-million local share, and the validity of that number were frequent, and attendees were concerned about where funding for the local share would come from.

Virtual Town Hall

Overview

The virtual town hall was held on Friday, February 21 from 11 a.m. to 12:15 p.m. A total of 22 attendees joined the town hall via Zoom. The session was recorded and posted on the City's YouTube channel and website. As of March 10, 2025, there were an additional 4 viewers.

The recorded version of the virtual town hall is still available to watch at:

https://www.youtube.com/watch?v=-8R_u75BQ2o

The virtual town hall was hosted by an independent moderator from Enterprise Canada Inc., a national strategic communications firm.

It featured a panel of representatives, including:

- Deputy Mayor and City Councillor Ron Bodner
- Chief Administrative Officer Bryan Boles
- Director of Development and Government Relations Gary Long



Similarly to the in-person town hall, the virtual town hall was positioned as a listening exercise, with the panelists to provide clarification when appropriate. The moderator explained that the town halls were intended as opportunities for residents to express their views, and not forums to debate outcomes or solutions, rehash previous decisions, or sell or promote particular proposals or options.

It began with a brief overview presentation by CAO Bryan Boles, providing context for the discussions, including historical background, the current situation, what has been proposed, the process and phases for next steps. The floor was then opened to comments from the participants, who offered their perspectives on the relevant issues and suggestions for moving forward.

Overall Virtual Town Hall Observations

Comments during the virtual town hall event were largely focused on the development and property of the hospital site in Port Colborne.

Several attendees questioned the value of the property and if it has been assessed. The conversation included questions surrounding the \$6.2-million local share and:

1. How the number was determined
2. If it was a necessary contribution

3. How the City would come up with the funds

Recurring comments about the fear of living in a city with a lack of healthcare options were threaded through the town hall from various commenters.

Pop-up Engagement Opportunities

During the week of February 10-14, 2025, City employees visited select pharmacies and grocery stores in Port Colborne to engage with residents and speak about the future of healthcare, particularly to promote the survey opportunity.

Paper copies of the survey were distributed, and staff also had an iPad available for residents who wanted to complete the survey digitally on-site. Many residents took paper copies with them, and several people expressed interest in attending the open houses and town hall events.

Overall, people were willing to speak to City employees about the future of healthcare and were interested in completing the survey to have their say.

Meetings with Various City Committees and Working Groups

City staff are still planning more in-depth engagement sessions with a select group of City committees and working groups, all scheduled for March and April (Seniors Advisory Committee, Mayor's Youth Advisory Committee, Social Determinants of Health Committee).

As noted in the survey results, not all age groups provided input on the survey to date, especially younger age cohorts. To engage younger generations, staff will work closely with the Mayor's Youth Advisory Committee to gather both their feedback and encourage additional participation in the survey between now and April 30, 2025.

Summary of Survey Results by Question

Responses to survey questions are outlined below. Open-ended questions include a detailed summary of responses received. A full list of open-ended responses received has been posted on www.portcolborne.ca/healthcare. Please note, staff used Microsoft CoPilot to help provide summaries and detect trends in the 10,836 open-ended responses received.

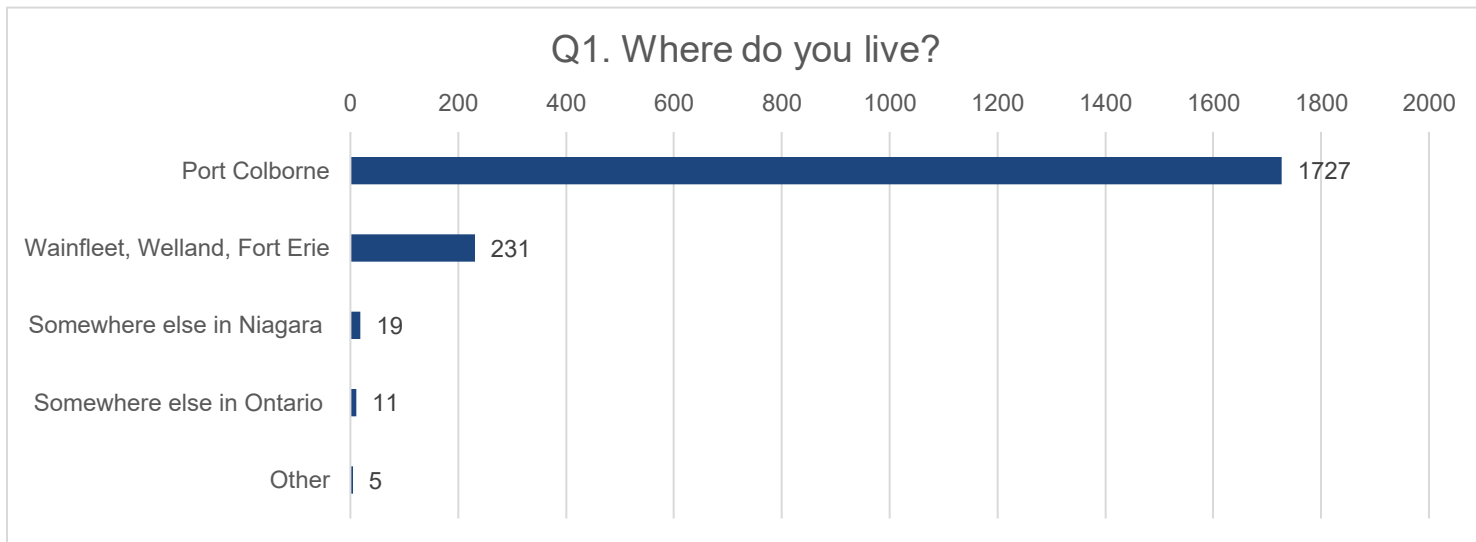
Additionally, please note, due to the uncontrolled nature of the paper survey environment, some paper responses included multiple answers to questions designed for a single response. Rather than excluding these surveys/questions from the final analysis, responses for nine survey questions have been recorded and presented separately to account for multiple selections on paper surveys. The affected questions are 4, 5, 7, 8, 11, 13, 16, 17, and 26.

Q1. Where do you live?

Answer Choices	Responses
Port Colborne	1727
Wainfleet, Welland, Fort Erie	231
Somewhere else in Niagara	19
Somewhere else in Ontario	11
Other	5

86.6% of respondents are from Port Colborne, with 11.6% coming from neighbouring communities.

Answered	1993
Skipped	19



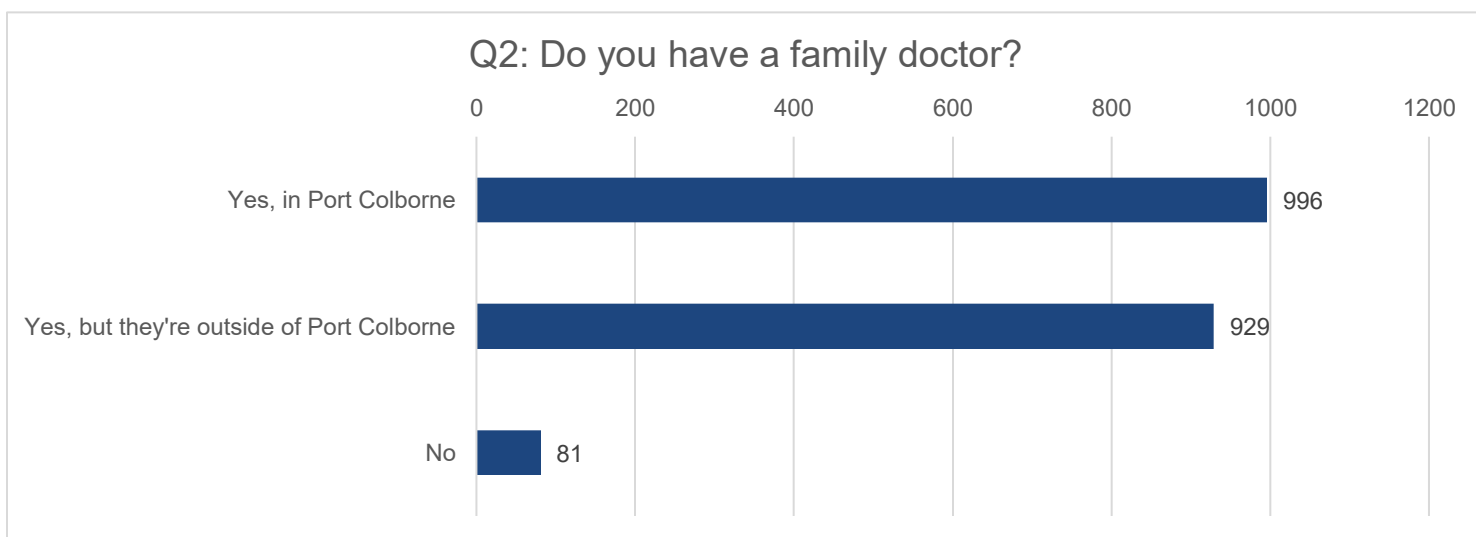
Q2. Do you have a family doctor?

Answer Choices

Yes, in Port Colborne	996
Yes, but they're outside of Port Colborne	929
No	81
Answered	2006
Skipped	6

50% of respondents reported they had a family doctor in Port Colborne.

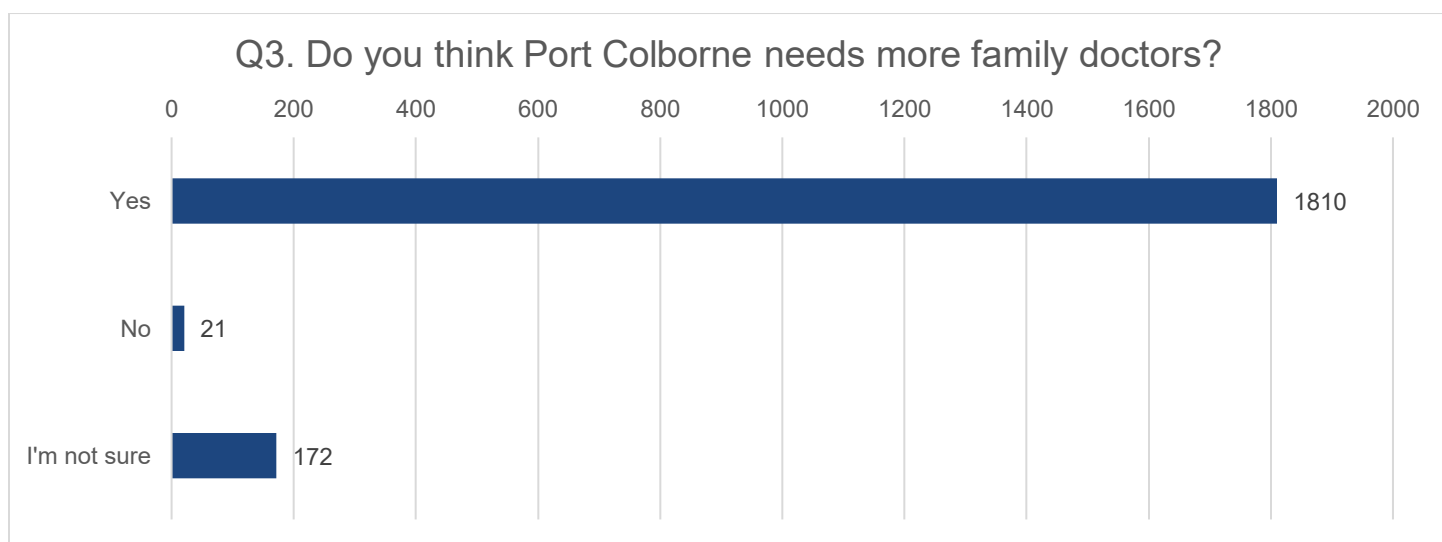
46% of respondents reported their family doctor was located outside Port Colborne.



Q3. Do you think Port Colborne needs more family doctors?

Answer Choices	Responses
Yes	1810
No	21
I'm not sure	172
Answered	2003
Skipped	9

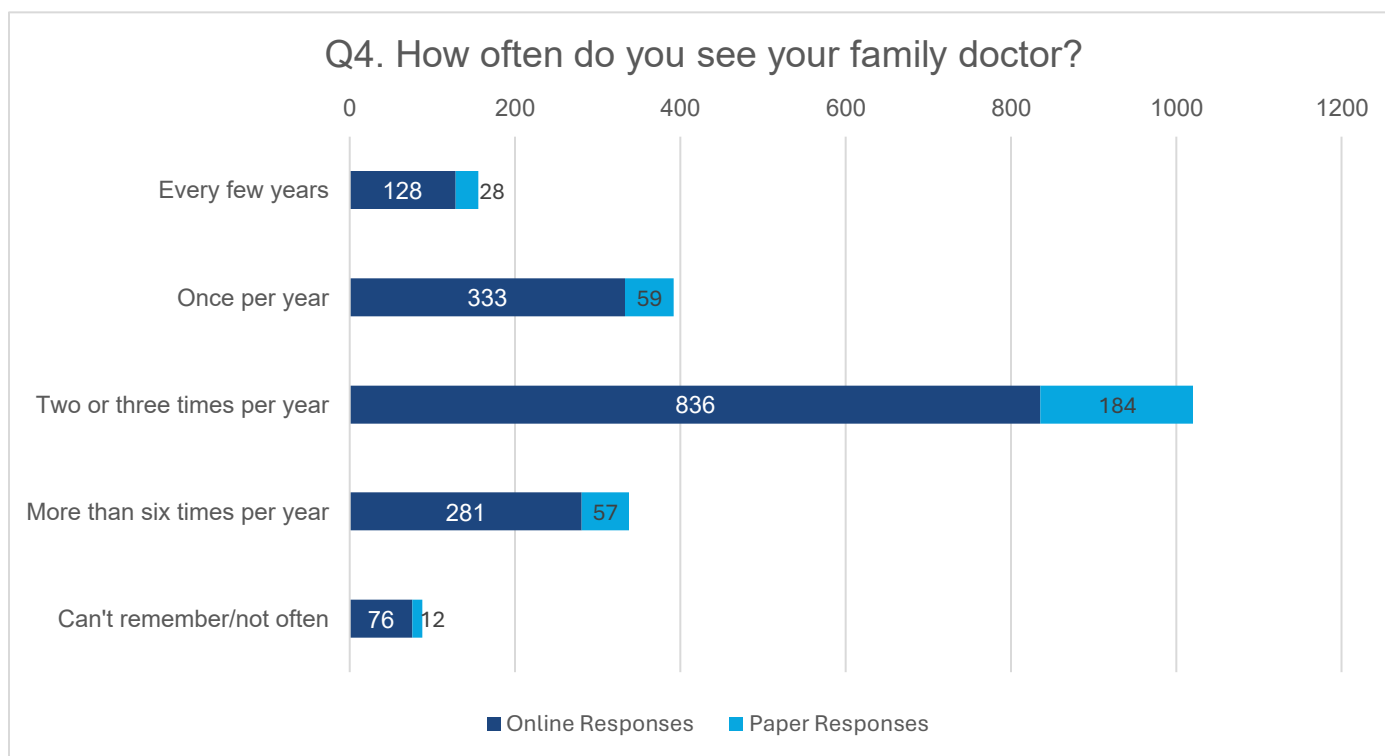
90% of respondents reported they thought Port Colborne needed more family doctors.



Q4. How often do you see your family doctor?¹

	ONLINE	PAPER
Answer Choices	Responses	
Every few years	128	28
Once per year	333	59
Two or three times per year	836	184
More than six times per year	281	57
Can't remember/not often	76	12
Answered	1654	336
Skipped	15	7

51% of respondents reported they see their family doctor two or three times per year.



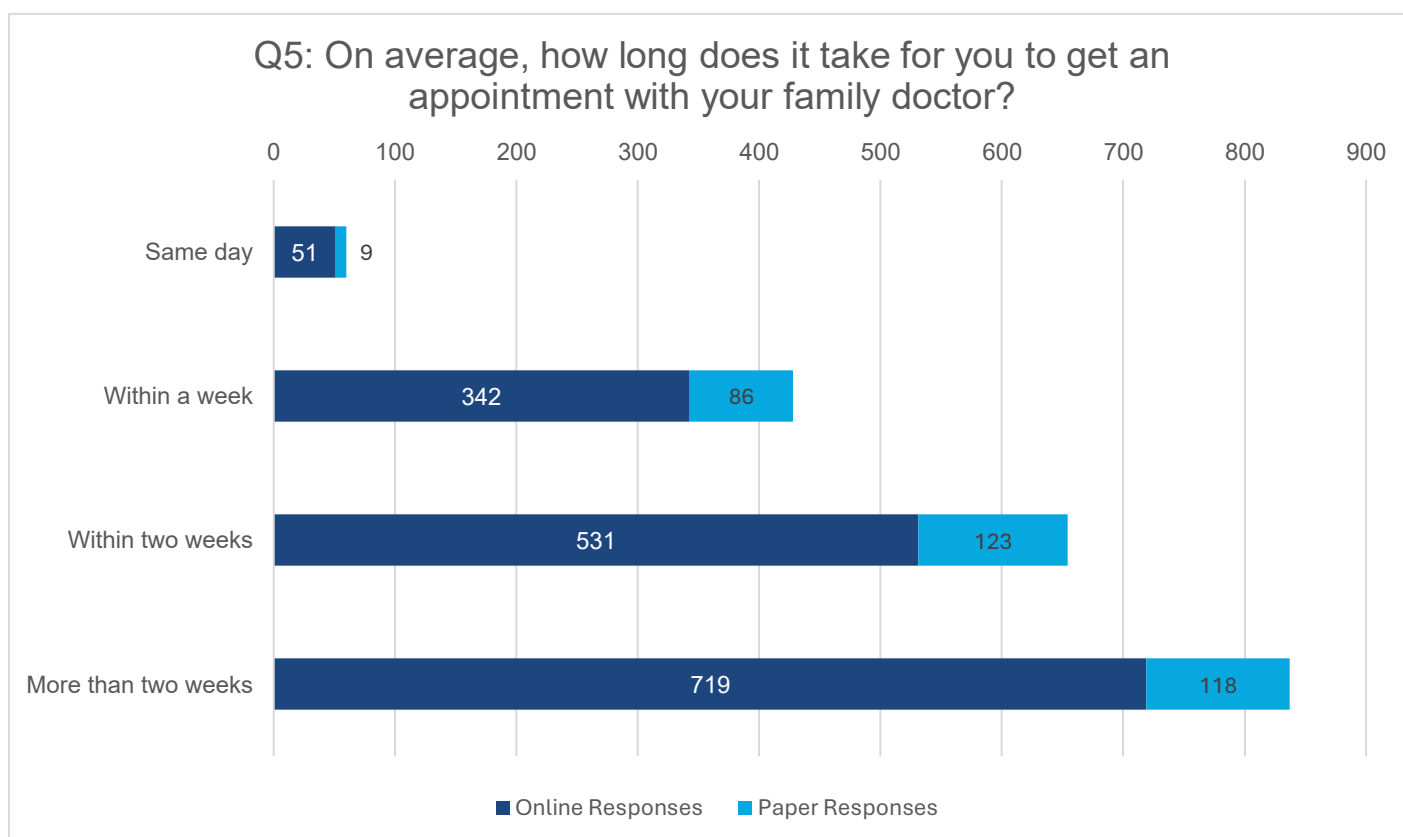
Q5: On average, how long does it take for you to get an appointment with your

¹ Please note, due to the uncontrolled nature of the paper survey environment, some paper responses included multiple answers to questions designed for a single response. Rather than excluding these surveys/questions from the final analysis, responses for nine survey questions have been recorded and presented separately to account for multiple selections on paper surveys. The affected questions are 4, 5, 7, 8, 11, 13, 16, 17, and 26.

H 53% of respondents reported that it takes them more than two weeks to get an

family doctor?²

	ONLINE	PAPER
Answer Choices	Responses	
Same day	51	9
Within a week	342	86
Within two weeks	531	123
More than two weeks	719	118
Answered	1643	332
Skipped	26	11



Q6. If you couldn't get in to see your family doctor or you don't have one,

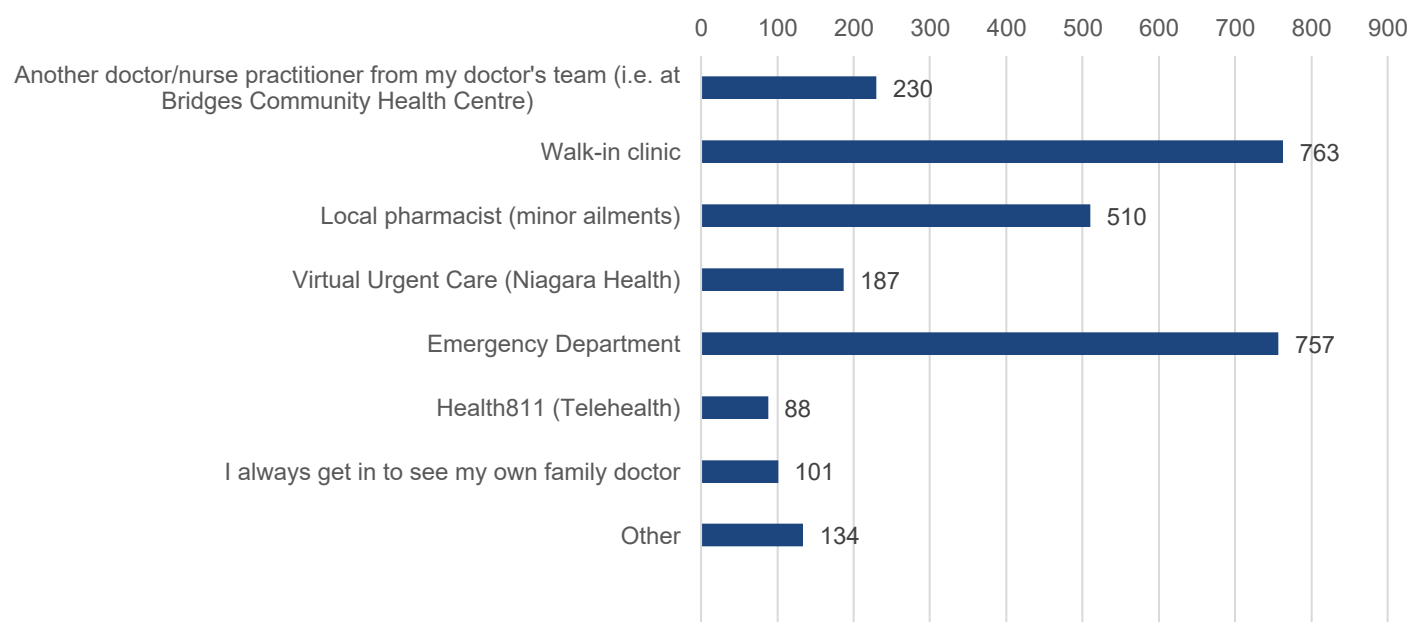
² Please note, due to the uncontrolled nature of the paper survey environment, some paper responses included multiple answers to questions designed for a single response. Rather than excluding these surveys/questions from the final analysis, responses for nine survey questions have been recorded and presented separately to account for multiple selections on paper surveys. The affected questions are 4, 5, 7, 8, 11, 13, 16, 17, and 26.

where would you go to access health services if you needed to? Select all that apply.

Answer Choices	Responses
Urgent Care Centre	1710
Another doctor/nurse practitioner from my doctor's team (i.e. at Bridges Community Health Centre)	230
Walk-in clinic	763
Local pharmacist (minor ailments)	510
Virtual Urgent Care (Niagara Health)	187
Emergency Department	757
Health811 (Telehealth)	88
I always get in to see my own family doctor	101
Other (please specify)	134
Answered	2005
Skipped	7

Of those respondents who selected one of the available options, 85% reported they would seek healthcare at an Urgent Care Centre.

Q6. If you couldn't get in to see your family doctor or you don't have one, where would you go to access health services if you needed to? Select all that apply.



Question six also allowed respondents to offer “other” answers. 134 suggestions were provided.

Many answers received in the “other” field repeated options available in the list, requiring a more in-depth review of answers to determine the most accurate break-down of where residents would seek care if they did not have a family doctor.

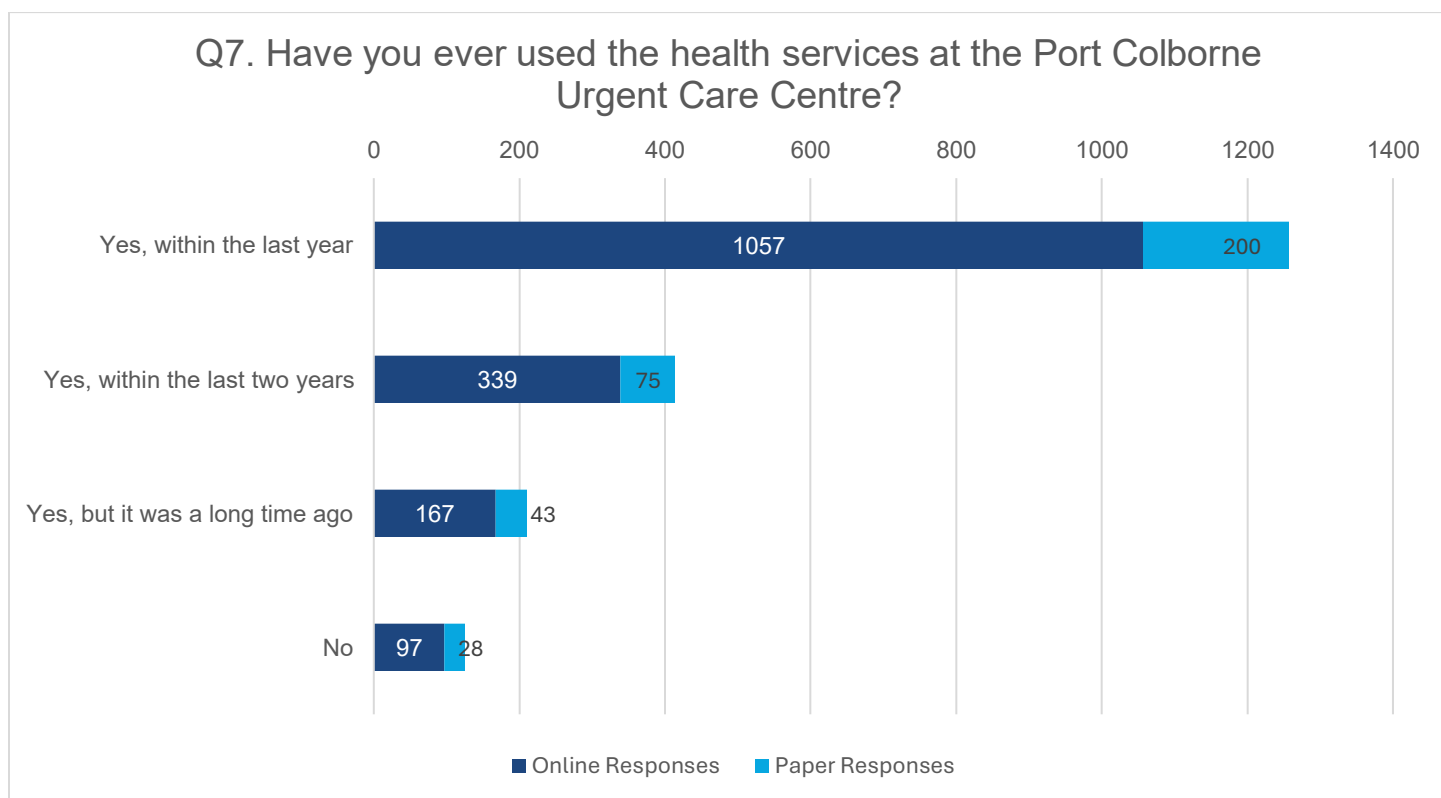
Other common answers received included:

- Call ambulance or paramedics – depending on severity.
- Online doctor services (e.g., Tia Health, Maple) – used by some respondents.
- Specialists in other communities (Hamilton, Toronto) – for specific needs.
- Self-care or internet for advice – when professional help is not accessible.
- Not seeking medical attention – due to long wait times or other reasons.
- To the USA – some respondents report seeking care in the US.

A list of open-ended responses received has been posted on www.portcolborne.ca/healthcare

Q7. Have you ever used the health services at the Port Colborne Urgent Care Centre?³

	ONLINE	PAPER	
Answer Choices	Responses		
Yes, within the last year	1057	200	63% of respondents reported that they had used health services at the Port Colborne Urgent Care within the last year.
Yes, within the last two years	339	75	
Yes, but it was a long time ago	167	43	
No	97	28	
Answered	1660	341	
Skipped	9	2	

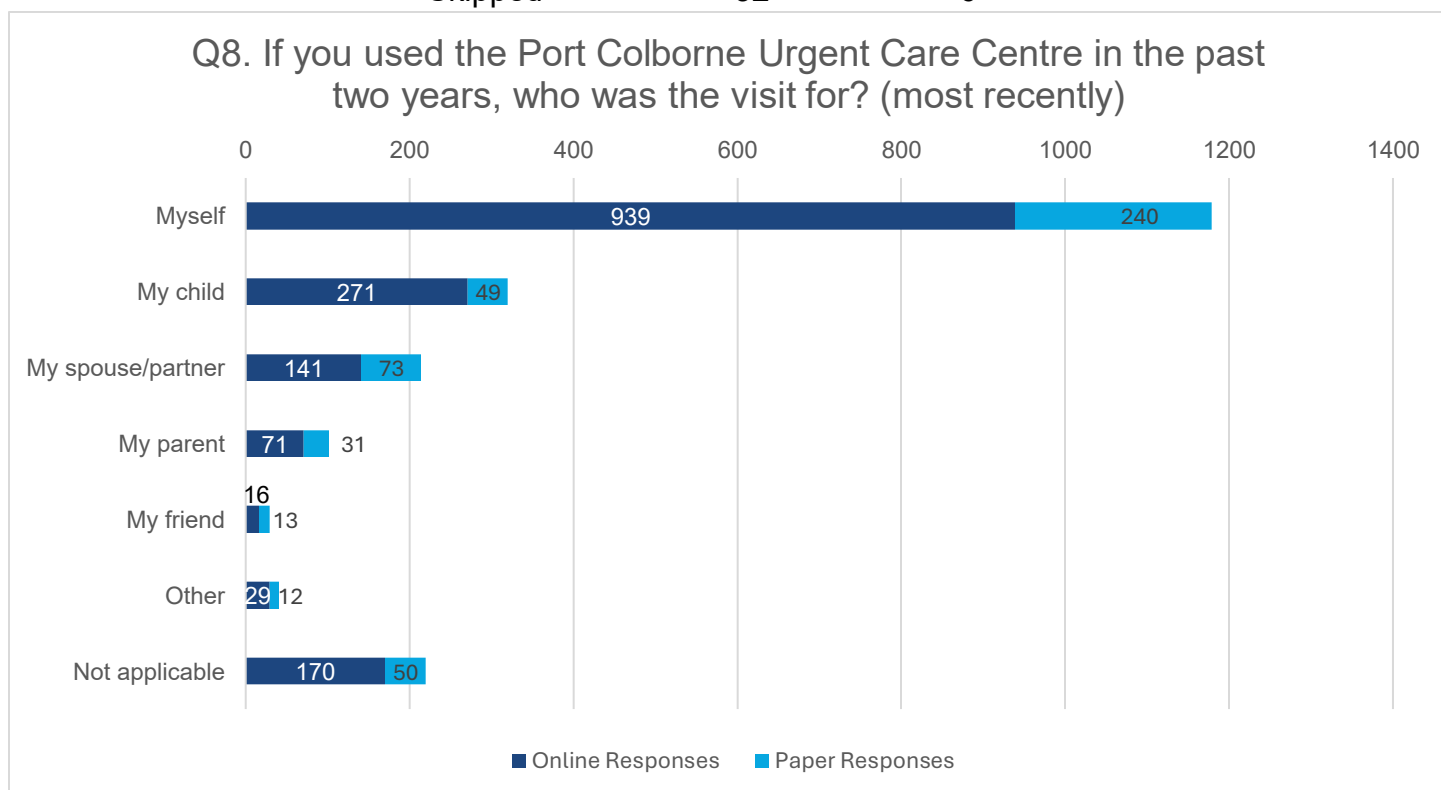


Q8. If you used the Port Colborne Urgent Care Centre in the past two years,

³ Please note, due to the uncontrolled nature of the paper survey environment, some paper responses included multiple answers to questions designed for a single response. Rather than excluding these surveys/questions from the final analysis, responses for nine survey questions have been recorded and presented separately to account for multiple selections on paper surveys. The affected questions are 4, 5, 7, 8, 11, 13, 16, 17, and 26.

who was the visit for? (most recently)⁴

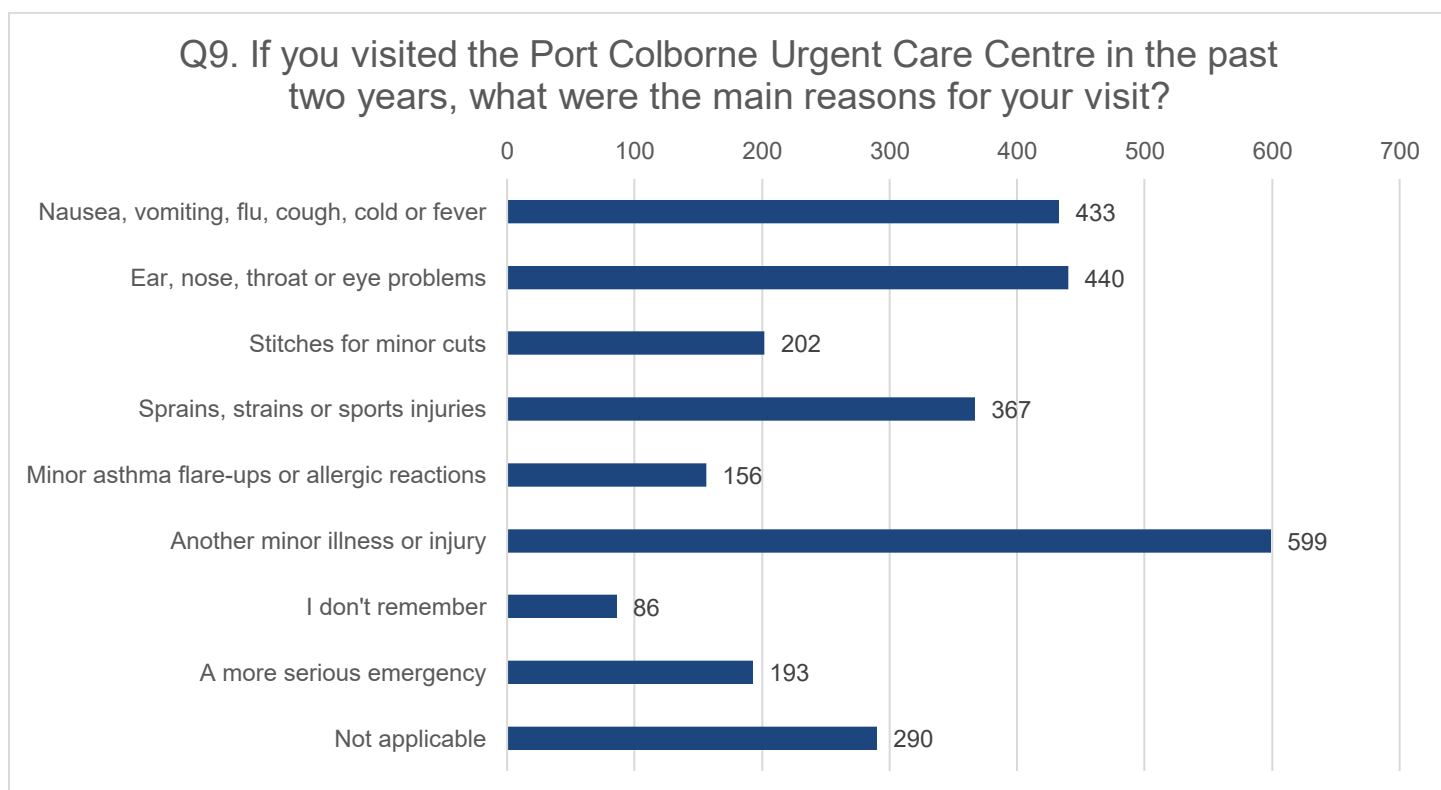
	ONLINE	PAPER	
Answer Choices	Responses		
Myself	939	240	59% of respondents who used the Port Colborne Urgent Care Centre in the past two years were seeking treatment for themselves.
My child	271	49	
My spouse/partner	141	73	
My parent	71	31	
My friend	16	13	
Other	29	12	
Not applicable	170	50	
Answered	1637	337	
Skipped	32	6	



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Q9. If you visited the Port Colborne Urgent Care Centre in the past two years, what were the main reasons for your visit? (select all that apply)

Answer Choices	Responses
Nausea, vomiting, flu, cough, cold or fever	433
Ear, nose, throat or eye problems	440
Stitches for minor cuts	202
Sprains, strains or sports injuries	367
Minor asthma flare-ups or allergic reactions	156
Another minor illness or injury	599
I don't remember	86
A more serious emergency (Niagara Health suggests people with medical emergencies should call 9-1-1 or go directly to an Emergency Department)	193
Not applicable	290
Answered	1952
Skipped	60



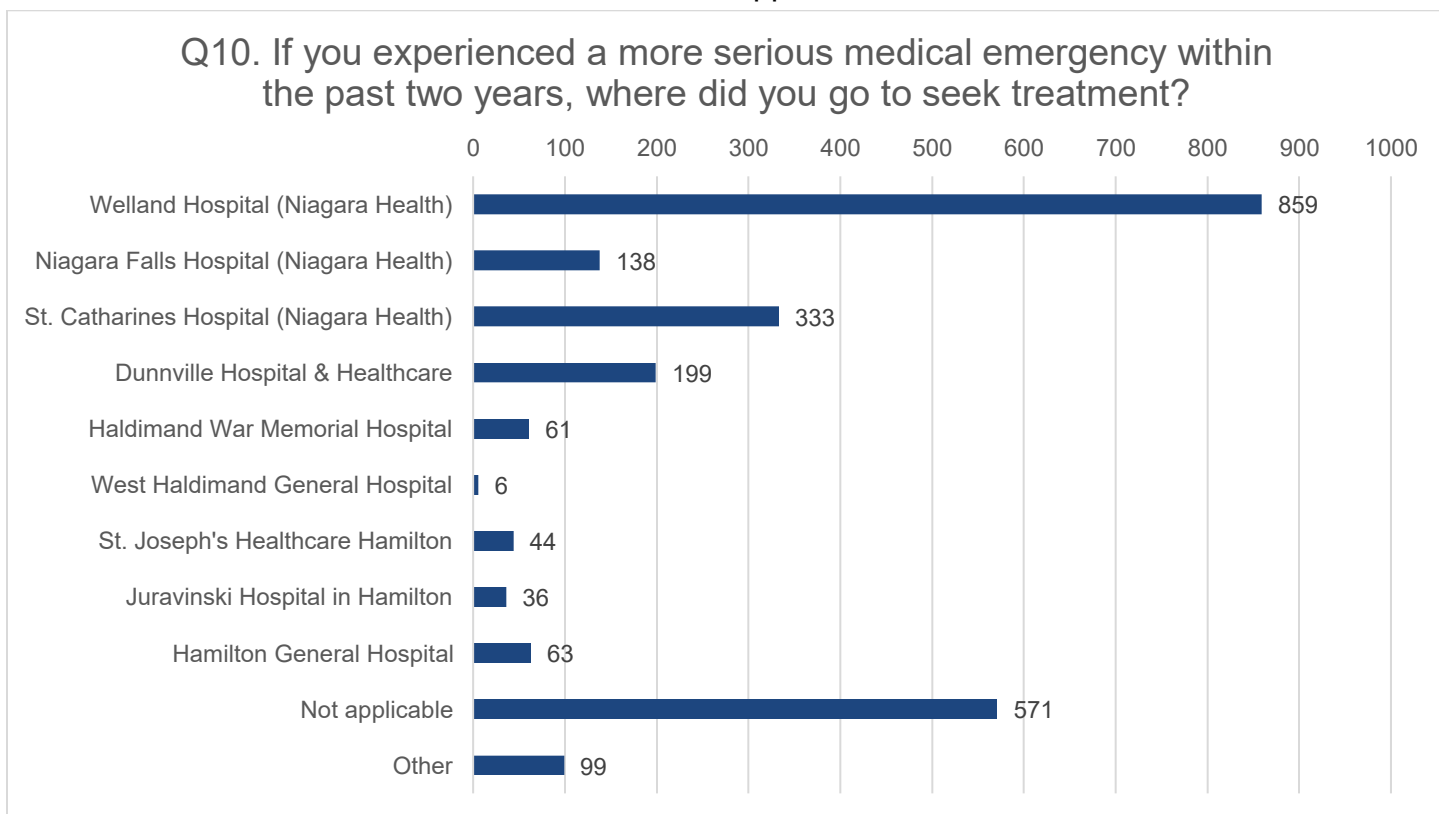
Q10. If you experienced a more serious medical emergency within the past two years, where did you go to seek treatment? (select all that apply)

Answer Choices

Responses

Welland Hospital (Niagara Health)	859
Niagara Falls Hospital (Niagara Health)	138
St. Catharines Hospital (Niagara Health)	333
Dunnville Hospital & Healthcare	199
Haldimand War Memorial Hospital	61
West Haldimand General Hospital	6
St. Joseph's Healthcare Hamilton	44
Juravinski Hospital in Hamilton	36
Hamilton General Hospital	63
Not applicable	571
Other (please specify)	99
Answered	1902
Skipped	110

Of those respondents who selected one of the available options, 45% reported they would seek care for a more serious emergency at the Welland Hospital.



Question ten also allowed respondents to offer “other” answers. 99 suggestions were provided.

Many answers received in the “other” field repeated options available in the list, requiring a more in-depth review of answers to determine the most accurate break-down of where respondents are seeking care.

Other common answers received included:

- West Lincoln Memorial Hospital
- McMaster Children’s Hospital (Hamilton)
- St. Michael’s Hospital (Unity Health Network in Toronto, ON)
- Sunnybrook Hospital (Toronto, ON)
- St. Joseph’s Hospital (London, ON)
- Roswell Park Cancer Centre (Buffalo, NY)

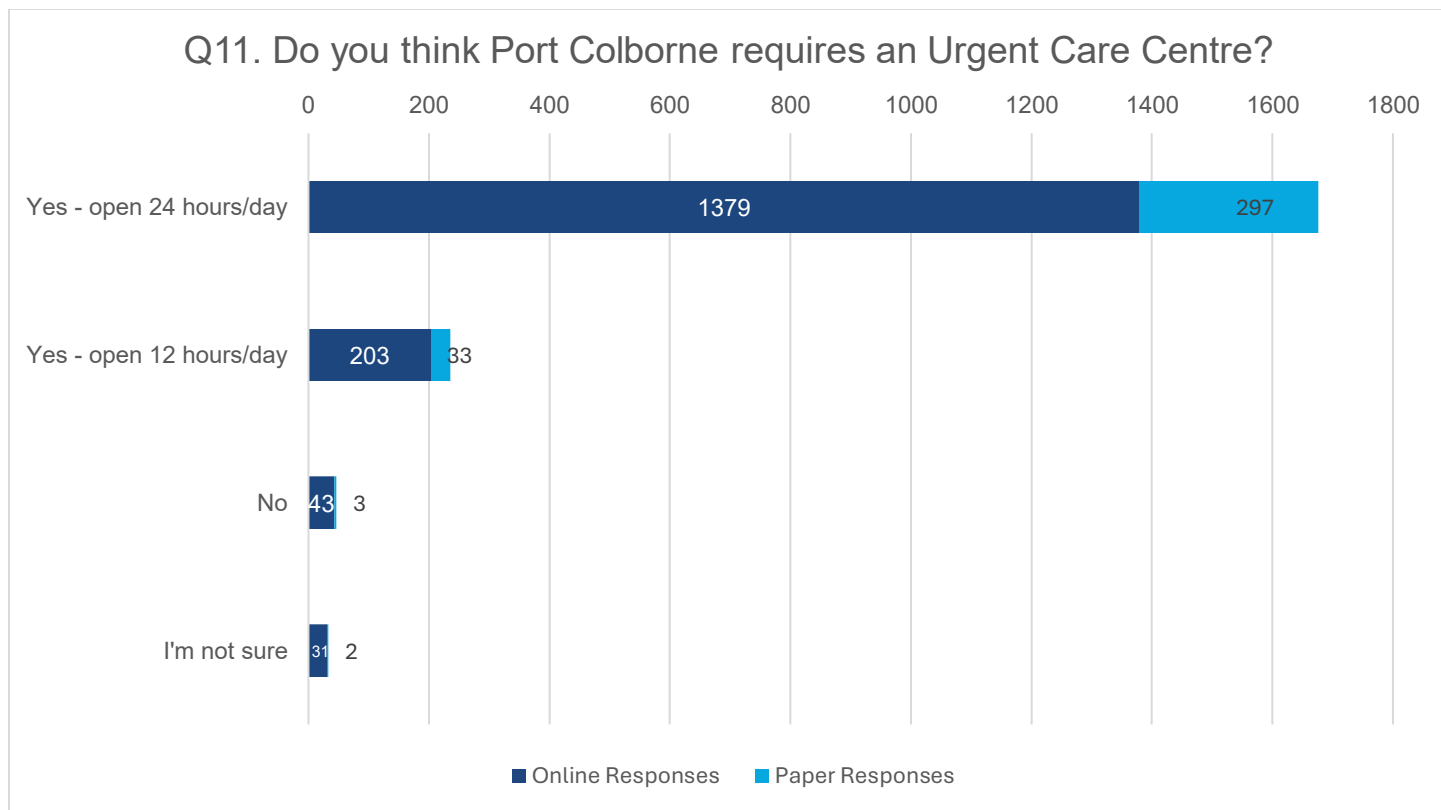
In open responses to this question, respondents also highlighted the following challenges:

- **Wait times and accessibility:** Long wait times at local hospitals led some respondents to seek treatment elsewhere.
- **Transfer and referral patterns:** Many started at Port Colborne Urgent Care and were transferred to larger hospitals for specialized care.
- **Specialized care needs:** Pediatric emergencies often required visits to McMaster Children's Hospital. Heart attacks and surgeries highlighted the need for immediate specialized care.
- **Patient experiences:** Positive experiences included life-saving interventions. Negative experiences involved delays and inadequate immediate care.
- **Cross-border healthcare:** Some respondents sought quicker access to services in the U.S. due to local delays.
- **Impact on seniors:** Concerns about the adequacy of local facilities for seniors were noted.

A list of open-ended responses received has been posted on www.portcolborne.ca/healthcare

Q11. Do you think Port Colborne requires an Urgent Care Centre?⁵

	ONLINE	PAPER	84% of respondents reported they thought Port Colborne requires an Urgent Care Centre open 24 hours per day.
Answer Choices	Responses		
Yes - open 24 hours/day	1379	297	
Yes - open 12 hours/day	203	33	
No	43	3	
I'm not sure	31	2	
	Answered	1656	335
	Skipped	13	8



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Q12. Niagara Health is planning to close the Port Colborne Urgent Care Centre in 2028. How will this impact you or your family?

Answered 1704

Skipped 308

This was an open-ended question which allowed respondents to fill in comments. 1704 suggestions were provided.

A full list of comments is available at www.portcolborne.ca/healthcare

A summary of the reported impacts of the closure of the Port Colborne Urgent Care is shown below.

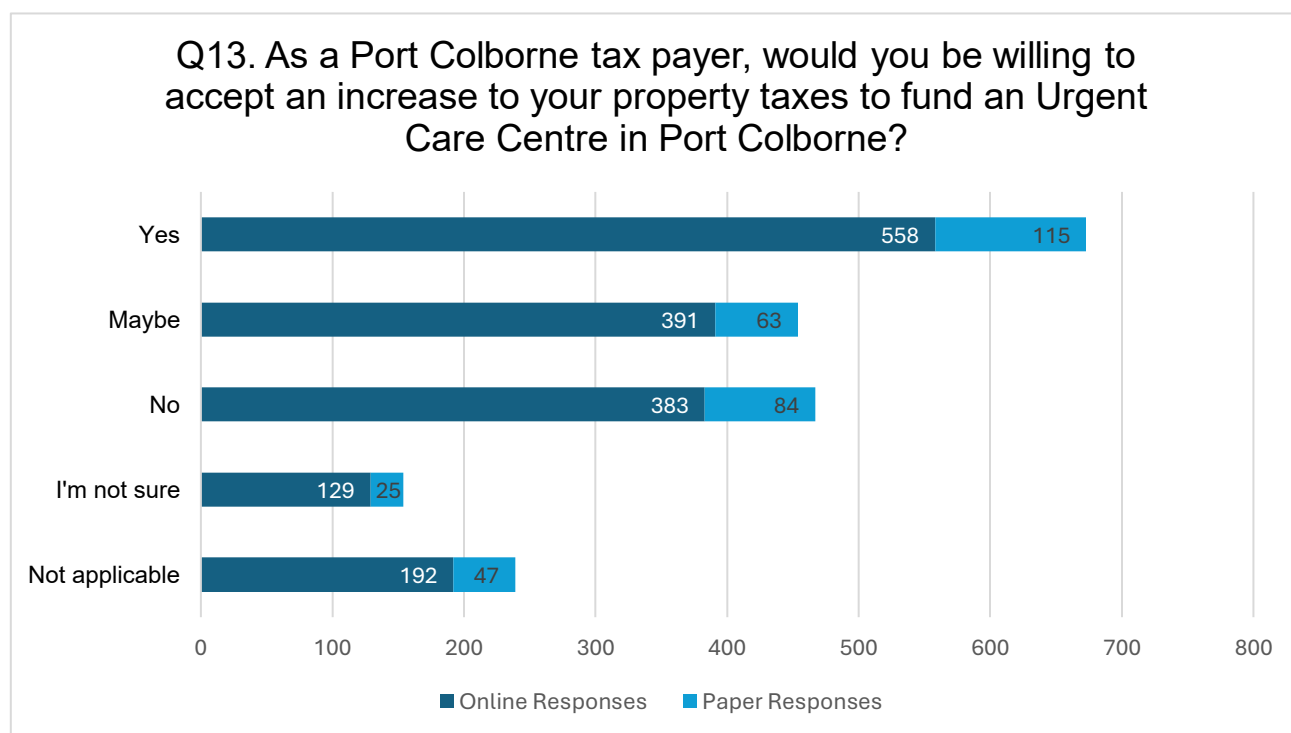
Overall, the community's response indicated a significant negative impact on families and individuals in Port Colborne, underscoring the critical need for accessible, local healthcare services, particularly given the aging population and ongoing community growth. The closure of the Port Colborne Urgent Care Centre is viewed as a detrimental decision that could have severe consequences for residents' health and well-being, with several respondents providing impact statements outlining how the Port Colborne Urgent Care has been instrumental in keeping loved ones healthy and in some cases, alive.

Q12 Open-Ended Response Summary	
Impact on Seniors	<ul style="list-style-type: none"> Many emphasize the importance for seniors to have local access to healthcare. Concerns include difficulty travelling to distant hospitals, especially in emergencies, and the potential for life-threatening delays.
Travel and Wait Times	<ul style="list-style-type: none"> Respondents highlight the inconvenience and extended wait times at the nearest alternatives, such as Welland emergency. Additional travel time to Welland, Niagara Falls, or St. Catharines is a major concern, particularly in emergencies. As Port Colborne is an area that frequently experiences extreme weather, this adds to travel concerns and the ability to easily access healthcare when significant weather events take place.
Community Growth	<ul style="list-style-type: none"> The area is experiencing growth with new families and new Canadians moving in. The closure of the Port Colborne Urgent Care is seen as illogical given the expected increase in population and healthcare needs.
Accessibility Issues	<ul style="list-style-type: none"> Many residents do not have access to reliable transportation, making it difficult to reach hospitals in other cities. This is particularly concerning for those with urgent but non-emergency

Q12 Open-Ended Response Summary	
	medical needs.
Emotional and Psychological Impact	<ul style="list-style-type: none"> The potential closure has caused significant anxiety and fear among residents, particularly those with chronic health conditions or young children. The lack of immediate local healthcare options is seen as a threat to their well-being.
Economic and Logistical Concerns	<ul style="list-style-type: none"> Worries about the financial burden of travelling to distant hospitals, including costs related to transportation and parking. Increased strain on other hospitals could lead to even longer wait times and reduced quality of care. Some respondents worry they will be forced to move to be closer to quality healthcare.
Suggestions for Improvement	<ul style="list-style-type: none"> Some respondents suggest alternative funding methods, such as monthly 50/50 draws, to keep the Urgent Care Centre open. Others propose the establishment of a 24-hour treatment centre or walk-in clinics to alleviate the pressure on emergency departments.
Government and Administrative Criticism	<ul style="list-style-type: none"> Strong sentiment that upper levels of government and health administration are not adequately addressing the healthcare needs of the community. Many believe that the closure is a result of poor management and misallocation of resources.

Q13. As a Port Colborne tax payer, would you be willing to accept an increase to your property taxes to fund an Urgent Care Centre in Port Colborne?⁶

	ONLINE	PAPER	
Answer Choices	Responses		
Yes	558	115	34% of respondents reported they would support an increase to their property taxes to fund an Urgent Care Centre in Port Colborne.
Maybe	391	63	
No	383	84	
I'm not sure	129	25	23% reported they would maybe support a tax increase.
Not applicable	192	47	
Answered	1653	334	23% reported they would not support an increase.
Skipped	16	9	
			8% reported they were not sure.

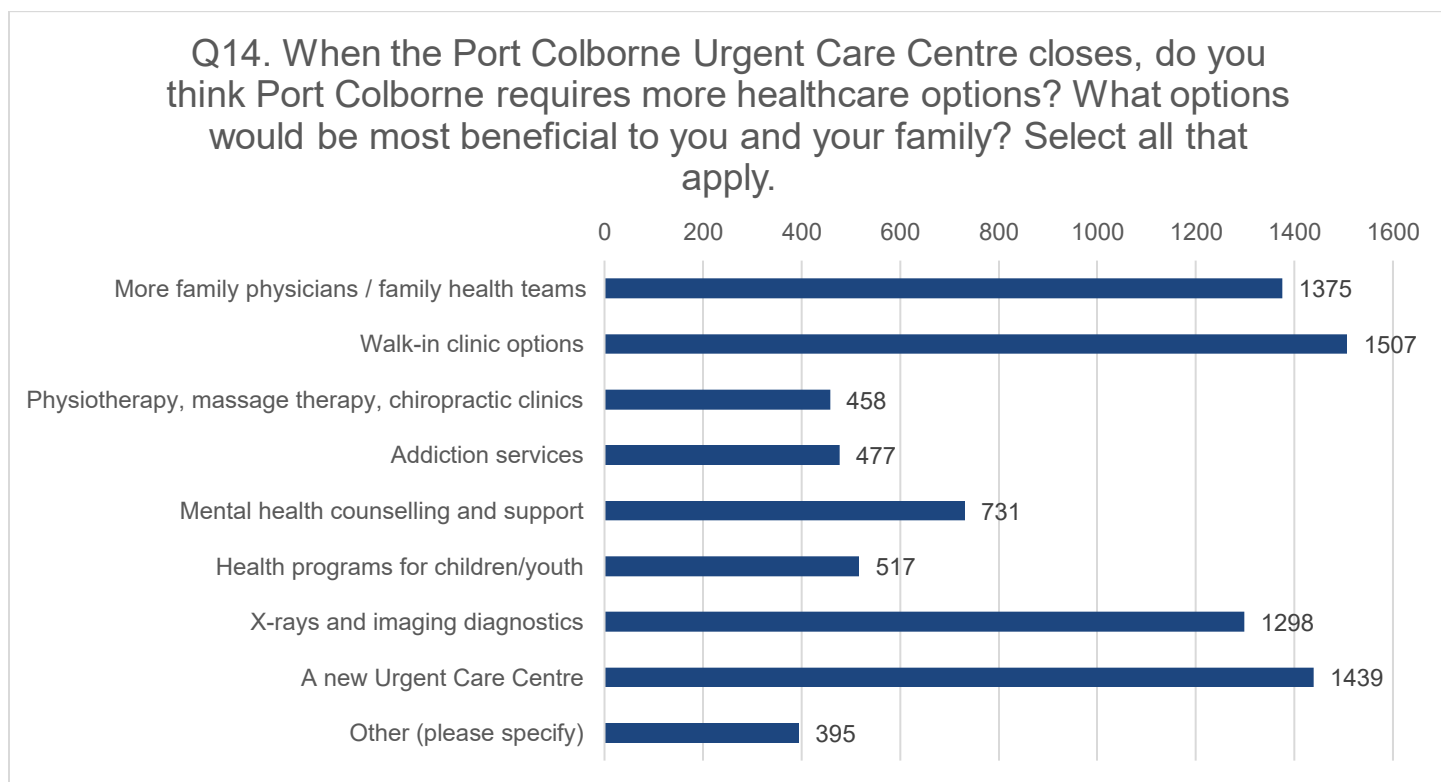


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Q14. When the Port Colborne Urgent Care Centre closes, do you think Port Colborne requires more healthcare options? What options would be most beneficial to you and your family? Select all that apply.

Answer Choices	Responses
More family physicians / family health teams	1375
Walk-in clinic options	1507
Physiotherapy, massage therapy, chiropractic clinics	458
Addiction services	477
Mental health counselling and support	731
Health programs for children/youth	517
X-rays and imaging diagnostics	1298
A new Urgent Care Centre	1439
Other (please specify)	395
Answered	1994
Skipped	18

Respondents supported a variety of healthcare options being available in Port Colborne, including more family physicians and family health teams, more walk-in clinics, more diagnostics, and a new Urgent Care Centre.



Question 14 also allowed respondents to offer “other” answers. 361 comments were received.

Overall, the community strongly opposes the closure of the Port Colborne Urgent Care Centre, emphasizing its critical role and expressing concerns about increased travel times and impacts on vulnerable populations. There was a clear need for comprehensive healthcare services, including 24/7 emergency care, and financial concerns about potential tax increases. Respondents support expanding existing services, incorporating more healthcare professionals, and improving community health programs and facilities.

A full list of comments is available at www.portcolborne.ca/healthcare

A summary of the responses received is shown below.

Q14 Open-Ended Response Summary	
Strong Opposition to Closing Urgent Care	<ul style="list-style-type: none"> Many respondents expressed strong opposition to closing the Port Colborne Urgent Care Centre, emphasizing its importance to the community. Concerns about increased travel times to other healthcare facilities and the impact on seniors and vulnerable populations were frequently mentioned.
Need for Comprehensive Healthcare Services	<ul style="list-style-type: none"> Respondents highlighted the need for a variety of healthcare services, including walk-in clinics, diagnostic imaging (X-rays, MRIs, ultrasounds), and emergency care. There was a call for a full-service hospital or a 24/7 emergency room to cater to the growing population and aging community.
Financial Concerns	<ul style="list-style-type: none"> Many respondents expressed concerns about the financial implications of closing the Urgent Care Centre and the potential increase in property taxes. Suggestions were made to reallocate existing funds or find more efficient ways to manage healthcare costs.
Support for Expanded Services	<ul style="list-style-type: none"> There was support for expanding existing services like Bridges CHC, which offers various health and wellness programs. Respondents suggested incorporating more nurse practitioners, social workers, and mental health services to provide comprehensive care.
Specific Healthcare Services	<ul style="list-style-type: none"> Prenatal Care and Maternity Ward: Some respondents emphasized the need for prenatal care and a maternity ward. Psychiatric Services: There were mentions of the need for psychiatrists and concerns about the difficulty in finding one. Specialist Services: Suggestions included having areas for specialists to see patients, such as pediatricians and other specialists.
Community Health Programs	<ul style="list-style-type: none"> Respondents expressed a desire for more community health programs, including seniors care, palliative care, hospice, and home care support.

Q14 Open-Ended Response Summary	
Infrastructure and Facility Improvements	<ul style="list-style-type: none">• Suggestions to improve financial efficiency included leveraging existing buildings, reducing unnecessary spending, and reallocating funds from other projects.
Accessibility and Convenience	<ul style="list-style-type: none">• Concerns about the distance to other hospitals, especially in emergencies, were frequently mentioned.• The importance of having local healthcare options to avoid long travel times was emphasized.

Q15. As part of the construction for the new hospital, Niagara Health has asked local municipalities to contribute money to support the purchase of furniture, fixtures and equipment. What do you think about this?

Answered 1321

Skipped 691

This was an open-ended question which allowed respondents to fill in comments. 1321 comments were received.

A full list of comments is available at www.portcolborne.ca/healthcare

A summary of the comments is shown below.

Overall, the responses indicate opposition to the idea of Port Colborne contributing to the new South Niagara Hospital costs, with significant concerns about financial burden, geographical inconvenience, and the impact on local services.

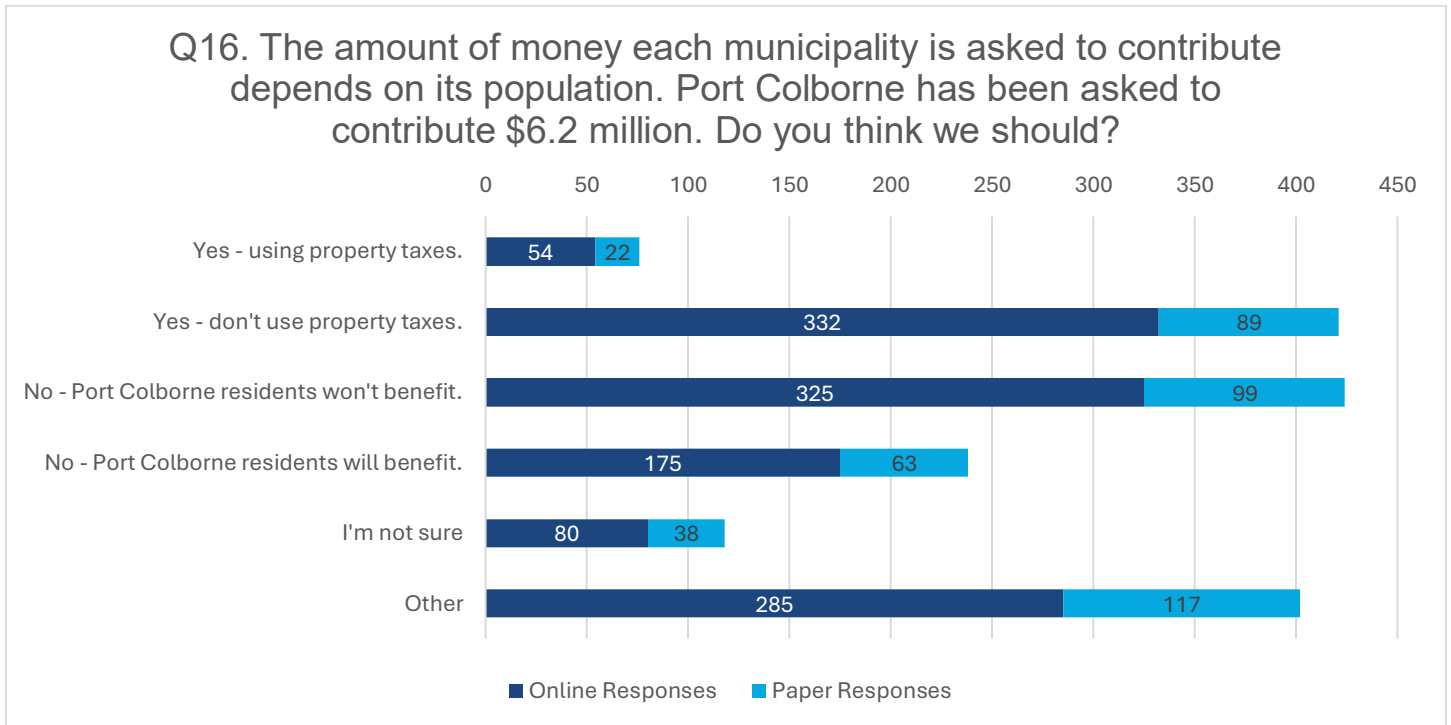
Q15 Open-Ended Response Summary	
Criticism of Niagara Health	<ul style="list-style-type: none"> Several respondents criticize Niagara Health for asking for contributions despite already receiving donations and funding. They feel that Niagara Health should have planned better and managed their existing resources more efficiently. There is a sentiment that Niagara Health has stripped equipment from local hospitals like Port Colborne and now expects residents to contribute to a new facility.
Financial Burden on Residents	<ul style="list-style-type: none"> Many respondents express concern about the financial burden this request places on residents, especially seniors and those on fixed incomes. They feel that they are already taxed heavily and cannot afford additional contributions. Some suggest cutting other non-essential services or finding alternative funding sources to avoid increasing taxes.
Geographical Concerns	<ul style="list-style-type: none"> Respondents highlight that the new hospital is not truly in South Niagara and is too far from communities like Port Colborne, Fort Erie, and Wainfleet. They feel that the location is inconvenient and will not adequately serve their needs. There is a strong preference for maintaining and improving local

Q15 Open-Ended Response Summary	
	healthcare facilities rather than contributing to a distant hospital.
Suggestions for Funding	<ul style="list-style-type: none"> • Several respondents suggest using funds from casinos, provincial and federal government grants, or fundraising efforts by Niagara Health Foundation instead of asking local municipalities to contribute. • Some propose reusing existing equipment and furniture from hospitals that are being closed to save costs.
Conditional Support	<ul style="list-style-type: none"> • Some respondents are willing to support the new hospital if certain conditions are met, such as ensuring that local urgent care centres remain open or that contributions are proportional to the population and financial capacity of each municipality. • There is a call for transparency and accountability in how the funds are used and managed.

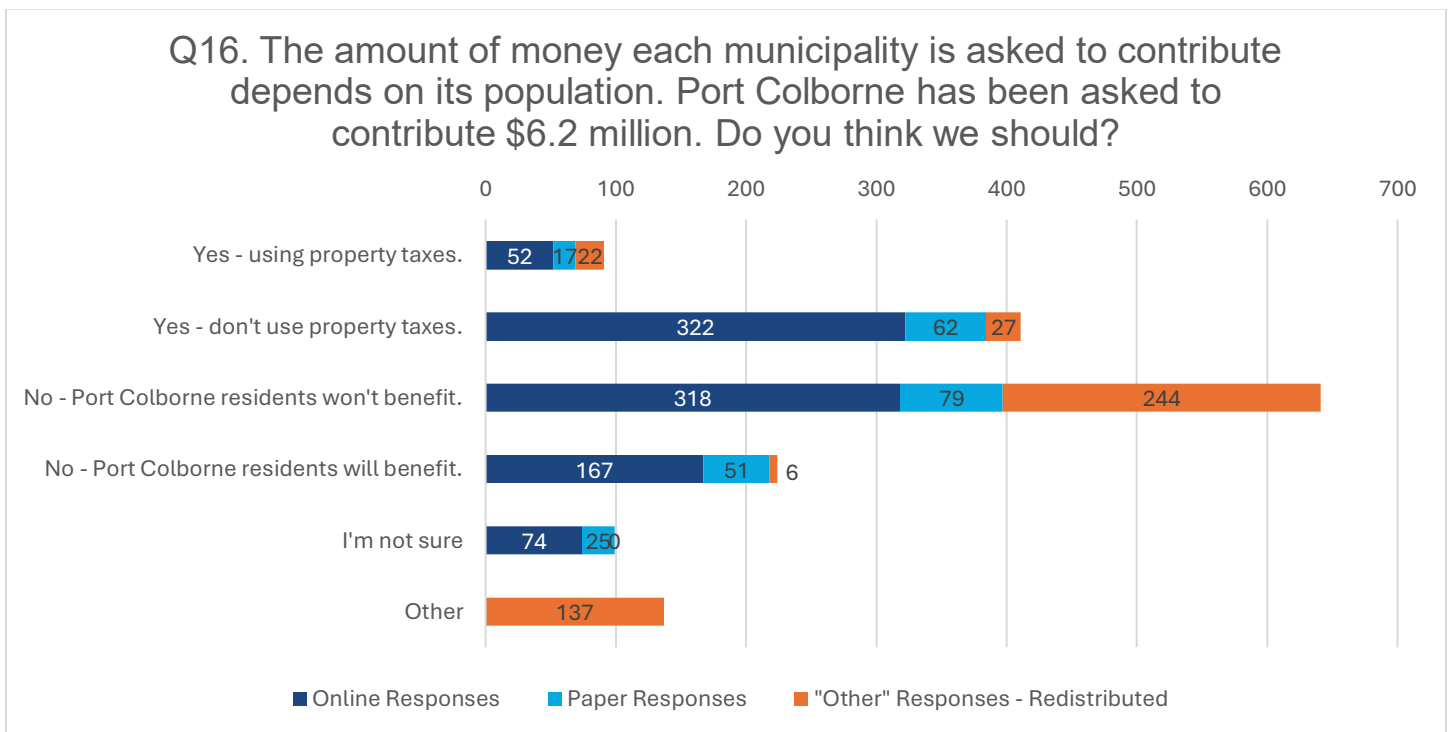
Q16. The amount of money each municipality is asked to contribute depends on its population. Port Colborne has been asked to contribute \$6.2 million. Do you think we should?⁷

	ONLINE	PAPER
Answer Choices	Responses	
Yes. Port Colborne residents will benefit from the new hospital and our property taxes should increase to pay for the local share contribution.	54	22
Yes. Port Colborne residents will benefit from the new hospital, but our taxes are already high so there needs to be a plan for how to pay for it without impacting the taxpayer.	332	89
No. Port Colborne should not contribute anything toward the local share. Port Colborne residents won't benefit from the new hospital	325	99
No. Port Colborne should not contribute anything toward the local share. Port Colborne residents will benefit from the new hospital, but I don't think we should need to contribute money this way.	175	63
I'm not sure	80	38
Other (please explain your rationale)	285	117
	Answered	1251
	Skipped	418
		28

⁷ Please note, due to the uncontrolled nature of the paper survey environment, some paper responses included multiple answers to questions designed for a single response. Rather than excluding these surveys/questions from the final analysis, responses for nine survey questions have been recorded and presented separately to account for multiple selections on paper surveys. The affected questions are 4, 5, 7, 8, 11, 13, 16, 17, and 26.



This question allowed respondents to offer “other” answers. 402 suggestions were provided. Upon reviewing the comments, of the 402 comments received, 287 actually supported one of the options available in the question. The graph below shows the “other” responses redistributed, if they fit into one of the first four options in the question.



Overall, the remaining 115 comments reflect a mix of concerns about funding, accessibility, healthcare services, population-based contributions, and government decisions.

Residents are seeking transparency, fairness, and better planning to ensure that their healthcare needs are met without undue financial burden.

A full list of comments is available at www.portcolborne.ca/healthcare

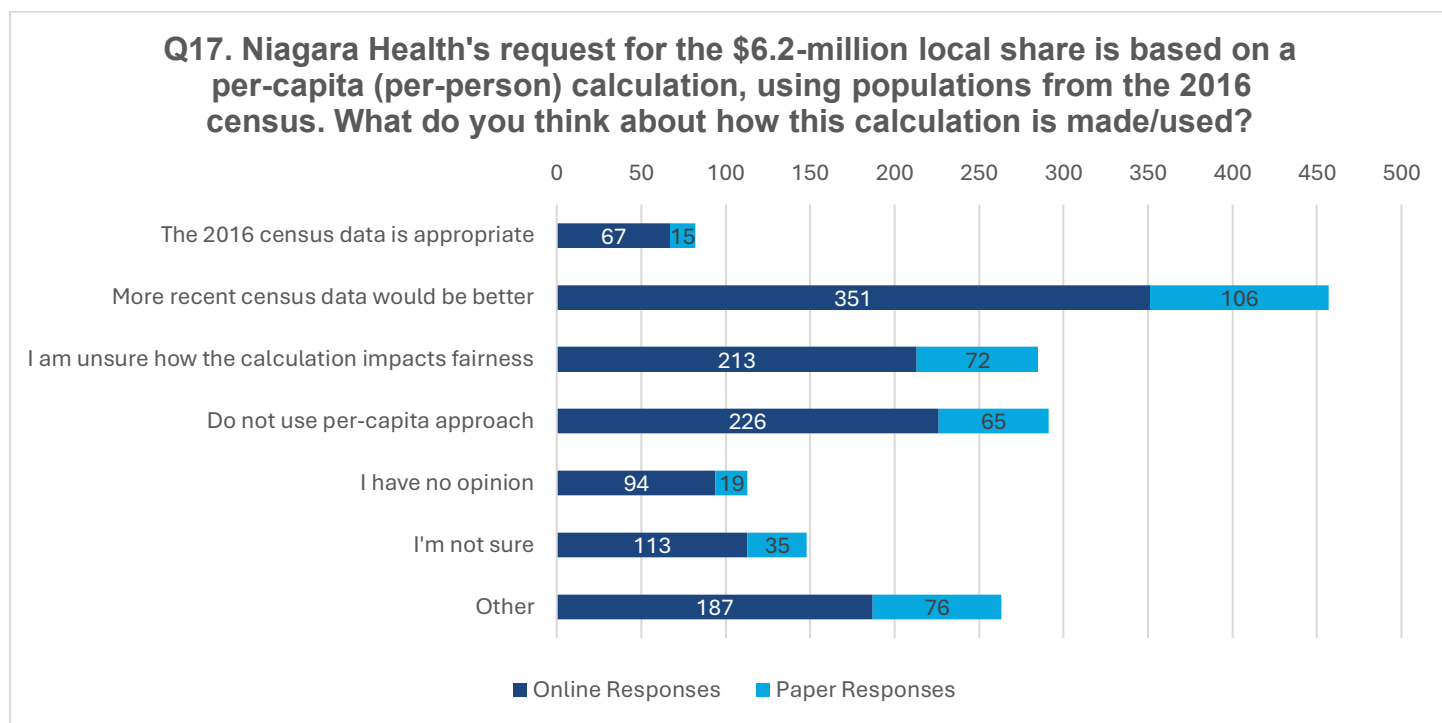
With the redistribution of responses in the “other” category, the responses indicate opposition to the idea of Port Colborne contributing \$6.2 million to the new hospital, with significant concerns about financial burden, geographical inconvenience, and the impact on local services.

Q17. Niagara Health's request for the \$6.2-million local share is based on a per-capita (per-person) calculation, using populations from the 2016 census. What do you think about how this calculation is made/used?⁸

	ONLINE	PAPER
Answer Choices	Responses	
I believe using the 2016 census data is an appropriate method for this calculation	67	15
I think the calculation should be updated to use more recent population data	351	106
I am unsure how the calculation impacts fairness or accuracy	213	72
I do not agree with using a per-capita approach for determining the local share	226	65
I have no opinion on this matter	94	19
I'm not sure	113	35
Other (please specify)	187	76
Answered	1251	306
Skipped	418	37

Most respondents suggested it would be better for Niagara Health to use more recent census data to determine the local share calculation.

⁸ Please note, due to the uncontrolled nature of the paper survey environment, some paper responses included multiple answers to questions designed for a single response. Rather than excluding these surveys/questions from the final analysis, responses for nine survey questions have been recorded and presented separately to account for multiple selections on paper surveys. The affected questions are 4, 5, 7, 8, 11, 13, 16, 17, and 26.



This question allowed respondents to offer “other” answers. 240 suggestions were provided.

Overall, the responses indicate strong opposition to the idea of Port Colborne contributing \$6.2 million to the new hospital, with significant concerns about outdated data, financial burden, geographical inconvenience, and the impact on local services. Respondents call for a more equitable and transparent approach to funding.

A full list of comments is available at www.portcolborne.ca/healthcare

A summary of the responses received is shown below.

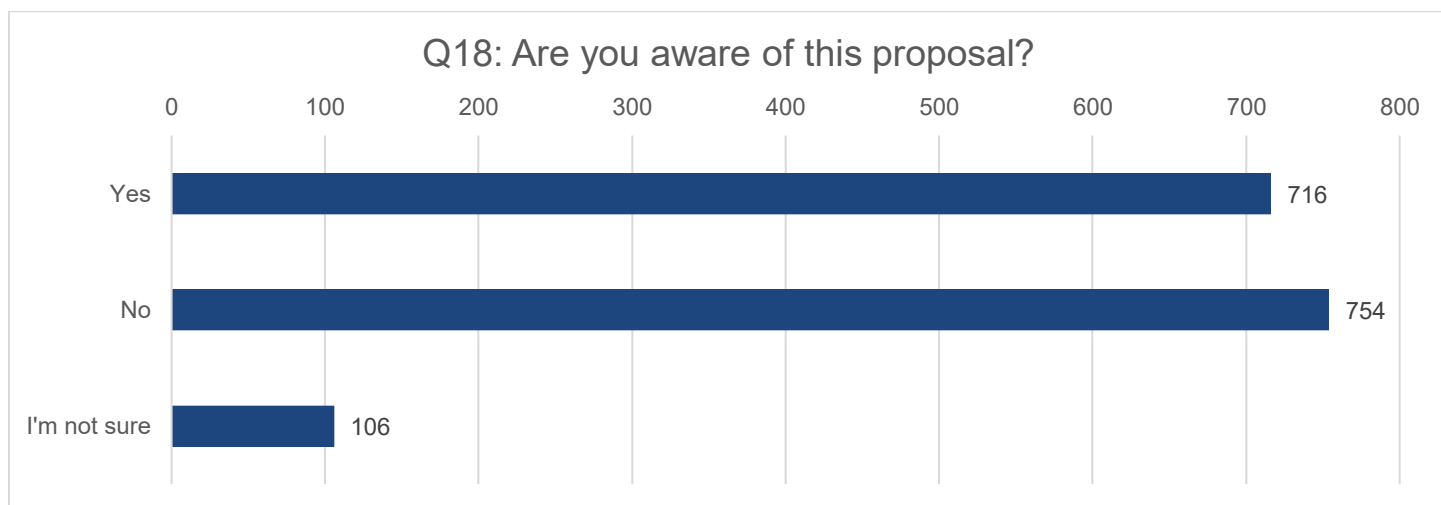
Q17 Open-Ended Response Summary	
Outdated Data Concerns	<ul style="list-style-type: none"> Many respondents feel that using 2016 census data is outdated and does not reflect the current population growth and changes in the area. Some suggest updating the calculation with more recent data to ensure fairness.
Economic Impact	<ul style="list-style-type: none"> Several respondents are concerned about the financial burden on residents, especially seniors and those on fixed incomes. There is a sentiment that the local share should not be imposed on taxpayers who are already struggling economically.
Equity and	<ul style="list-style-type: none"> Many believe the per-capita approach is unfair, particularly for

Q17 Open-Ended Response Summary	
Fairness	<p>communities that may not benefit directly from the new hospital.</p> <ul style="list-style-type: none"> • Suggestions include basing contributions on proximity to the hospital or expected usage.
Alternative Funding Suggestions	<ul style="list-style-type: none"> • Some respondents propose alternative funding sources, such as provincial or federal grants, or contributions from businesses. • There is a call for more transparency and better financial management from Niagara Health.

Q18. At their meeting on December 3, 2024, Port Colborne City Council considered a proposal that would increase access to primary care services (including family doctors) in the community, while also providing a solution to fund the \$6.2-million local share contribution toward the new hospital, through a partnership between Niagara Health, Lockview Medical Group and the City. Are you aware of this proposal?

Answer Choices	Responses
Yes	716
No	754
I'm not sure	106
Answered	1576
Skipped	436

Just under half of the respondents were aware of the proposal from Lockview Medical Group. The remaining respondents were either unaware or weren't sure.

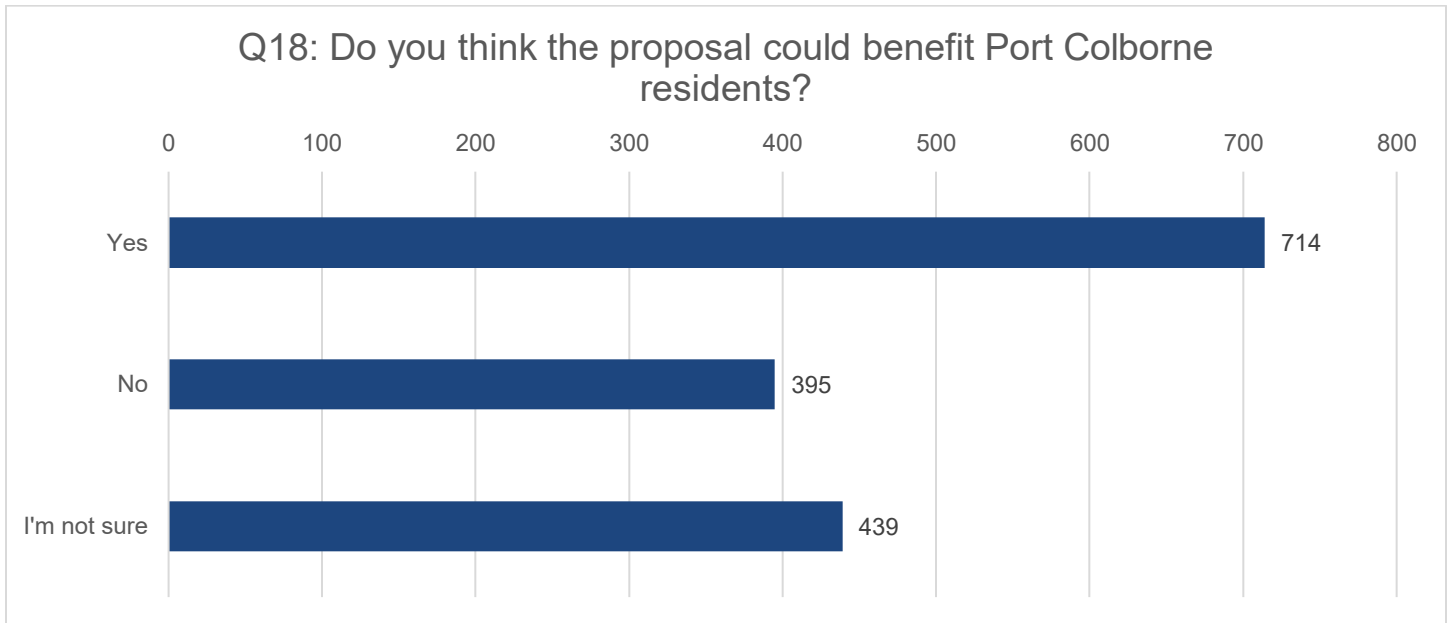


Q19. The proposal is multi-phased and each piece is dependent on the next. It is not designed to be broken apart, and must remain whole to function effectively. At a high level, the proposal includes:

- The first phase would see the City of Port Colborne temporarily lease vacant space within the west wing of the Port Colborne site from Niagara Health and then sub-lease it to the Lockview Medical Group.
- The Lockview Medical Group would complete a small renovation and then build out a comprehensive primary care clinic, attracting new family physicians to Port Colborne, and offering expanded primary care services, as soon as this year.
- Once Niagara Health transitions out of the Port Colborne site in 2028, Niagara Health has agreed to transfer ownership of the site to the City for a nominal fee of \$2, in return for the \$6.2-million local share request supporting the South Niagara Hospital (if the final phase can be achieved).
- Finally, in order to fund the \$6.2-million local share without a heavy burden on Port Colborne taxpayers, staff proposed that a developer be sought through a public process to develop the Niagara Health site in Port Colborne. This could include new multi-residential units, an all-new expanded medical clinic, and/or additional health and wellness offerings for the community.

Do you think the proposal could benefit Port Colborne residents?

Answer Choices	Responses
Yes	714
No	395
I'm not sure	439
Answered	1548
Skipped	464



About 46% of question respondents thought the proposal from Lockview Medical Group could benefit Port Colborne residents.

About 28% of question respondents said they weren't sure if the proposal could benefit Port Colborne residents.

Q20. Why or why not?

Answered 962
Skipped 1050

This was an open-ended question which allowed respondents to fill in comments. 962 comments were received.

Overall, supporters of the proposal appreciate the potential for improved local healthcare services, increased accessibility, job creation, and economic benefits, while emphasizing the importance of using existing spaces efficiently.

Opponents of the proposal express concerns about the financial burden on taxpayers, the loss of urgent care services, and the involvement of private health companies, fearing increased costs and reduced accessibility.

A full list of comments is available at www.portcolborne.ca/healthcare

A summary of the comments is shown below.

Q20 Open-Ended Response Summary	
Supportive Comments	
Accessibility to Healthcare	<ul style="list-style-type: none"> Many respondents support the proposal because it would provide local healthcare services, reducing the need to travel out of town for medical appointments. Respondents appreciate the idea of having more family doctors and medical services available locally.
Economic Benefits	<ul style="list-style-type: none"> Some respondents believe that the proposal would create jobs and stimulate the local economy. The development of the medical centre is seen as a way to minimize costs and avoid tax increases.
Improved Services	<ul style="list-style-type: none"> Supporters mention that the proposal would bring enhanced healthcare services, such as diagnostic services and treatments. The proposal is seen as a way to utilize and adapt existing spaces efficiently.
Opposing Comments	

Q20 Open-Ended Response Summary	
Concerns about Privatization	<ul style="list-style-type: none"> • Many respondents are worried about the involvement of private health companies and the potential for increased costs. • There is a strong sentiment against privatizing healthcare services, with concerns about accessibility and affordability.
Financial Burden	<ul style="list-style-type: none"> • Respondents expressed concerns about the high costs associated with the proposal, including the \$6.2-million contribution to the new hospital. • There are worries about the financial impact on taxpayers and the City's budget.
Loss of Urgent Care	<ul style="list-style-type: none"> • A significant number of respondents oppose the proposal because it would result in the closure of the existing urgent care facility. • The loss of 24/7 emergency services is a major concern, especially for the aging population and those without transportation.
Need for More Information	<ul style="list-style-type: none"> • Several respondents feel that there is not enough tangible information being shared about the proposal. • They request more details about the terms of the sale, the involvement of developers, and the specific benefits for the community.

Q21. What do you think about the proposed approach to the City temporarily leasing space within Niagara Health's Port Colborne site to Lockview Medical Group in order to increase primary care services and attract new family physicians to Port Colborne?

Answered 1183

Skipped 829

This was an open-ended question which allowed respondents to fill in comments. 1183 comments were received.

Overall, the survey responses show mixed opinions on the proposal to lease space to Lockview Medical Group. Many support the idea as a way to attract new family physicians and improve primary care. However, there are significant concerns about losing urgent care services, potential tax increases, and the overall cost. Some respondents are skeptical and need more information. Overall, there is support, but also notable concerns and questions.

A full list of comments is available at www.portcolborne.ca/healthcare

A summary of the comments is shown below.

Q21 Open-Ended Response Summary	
Support for Leasing the Space to the Lockview Medical Group	<ul style="list-style-type: none"> Many respondents expressed support for the idea, considering it a good or great solution to attract new family physicians and improve primary care services in Port Colborne. Examples: "Good idea", "Great idea", "Fantastic idea".
Concerns About Urgent Care	<ul style="list-style-type: none"> A significant number of respondents emphasized the importance of maintaining urgent care services. They expressed concerns that the proposed approach may not adequately replace the Urgent Care Centre.
Cost and Tax Concerns	<ul style="list-style-type: none"> Several respondents were worried about the financial implications of the proposal, including potential increases in taxes and the overall cost of leasing the space.
Questions About Lockview Medical Group:	<ul style="list-style-type: none"> A few respondents raised questions about Lockview Medical Group, seeking more information about the organization and its role in the proposal.

Q22. What do you think about the City purchasing the Port Colborne site from Niagara Health for \$2, in exchange for the \$6.2-million local share for the South Niagara Hospital?

Answered 1130

Skipped 882

This was an open-ended question which allowed respondents to fill in comments. 1130 comments were received.

Overall, the survey responses show a mix of skepticism and cautious optimism about the proposal. Many respondents are concerned about financial implications, fairness, and the potential loss of local healthcare services. However, some support the deal as a necessary step to secure healthcare services and avoid tax increases. Overall, the community is worried about the financial impact but sees potential benefits in securing the site for future use.

A full list of comments is available at www.portcolborne.ca/healthcare

A summary of the comments is shown below.

Q22 Open-Ended Response Summary	
Financial Concerns	<ul style="list-style-type: none"> Many respondents expressed worries about the financial implications of the deal, particularly the \$6.2-million local share. Concerns included potential increases in property taxes and the overall cost of maintaining the aging facility. Some respondents felt that the deal was unfair and likened it to a form of ransom or extortion.
Fairness and Equity	<ul style="list-style-type: none"> A significant number of respondents felt that the deal was not fair, especially considering that the hospital was originally funded by the residents of Port Colborne. There were sentiments that Niagara Health should donate the site back to the city without any conditions.
Healthcare Services	<ul style="list-style-type: none"> Respondents emphasized the importance of maintaining healthcare services locally. Many were concerned about losing urgent care and other medical services.

Q22 Open-Ended Response Summary	
	<ul style="list-style-type: none"> • There were suggestions to use the site for medical purposes, such as walk-in clinics, urgent care centres, and specialist clinics.
Skepticism and Distrust	<ul style="list-style-type: none"> • Several respondents expressed distrust towards Niagara Health and the proposed deal, fearing hidden costs and potential negative impacts on the community. • Some felt that the deal was a way for Niagara Health to offload an old, costly building onto the City.
Support for the Deal	<ul style="list-style-type: none"> • Despite the concerns, there were respondents who supported the deal, seeing it as a necessary step to secure healthcare services and avoid tax increases. • Some felt that the deal was reasonable and a good investment for the City.

Q23. Do you have any concerns about the City pursuing some type of housing/medical development project that would ultimately help fund the \$6.2-million contribution to the South Niagara Hospital project, and generate additional income for the City?

Answered 1058

Skipped 954

This was an open-ended question which allowed respondents to fill in comments. 1058 comments were received.

Overall, while some respondents support the project, viewing it as a beneficial initiative for generating income and development, others express concerns such as the potential financial burden on taxpayers, doubts about the City's infrastructure capacity to support the new development, and worries about the affordability of the proposed housing.

A full list of comments is available at www.portcolborne.ca/healthcare

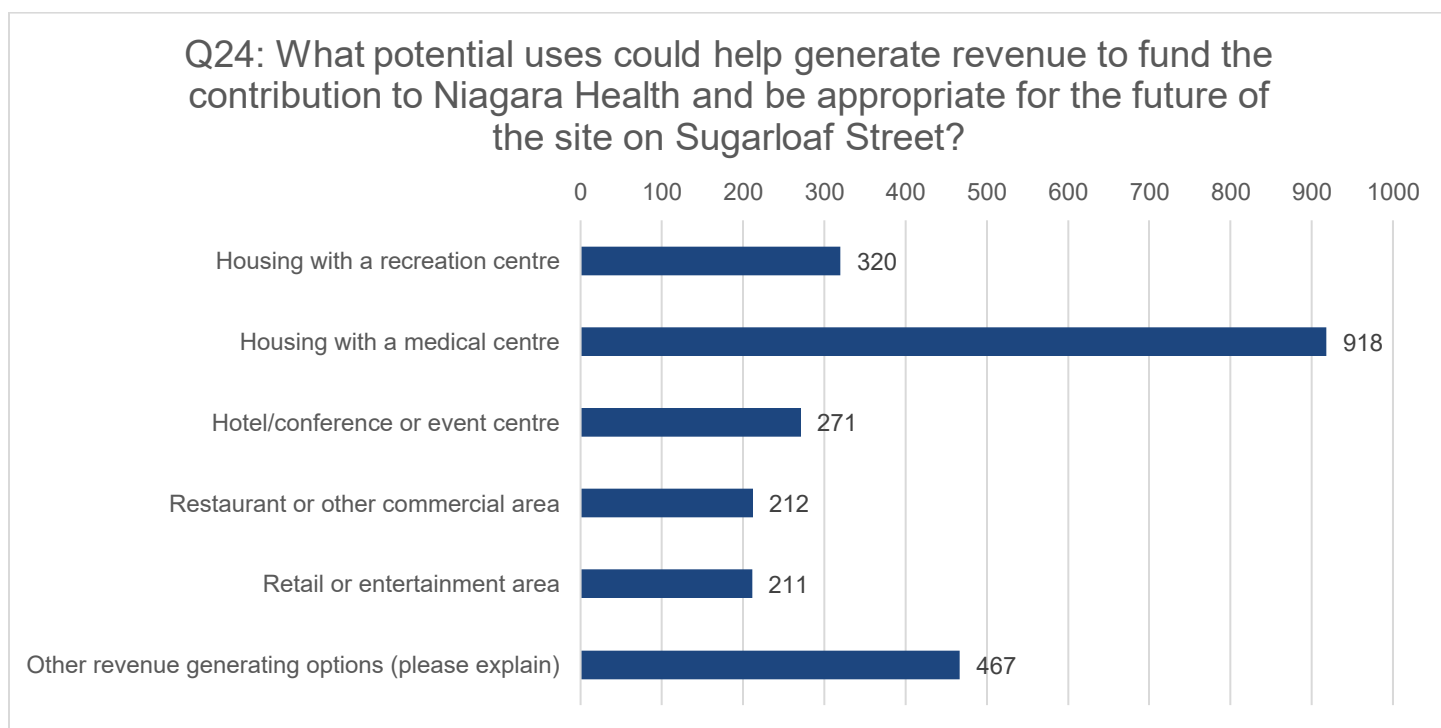
A summary of the comments is shown below.

Q23 Open-Ended Response Summary	
Support for Some Type of Housing/Medical Development Project	<ul style="list-style-type: none"> Some respondents expressed support for the project, considering it a good or great idea. A few mentioned that they believe it could generate necessary income for the City.
Concerns About Funding	<ul style="list-style-type: none"> Concerns about the project not generating the expected income and the potential burden on taxpayers. Many respondents were worried about the financial implications, including the cost of the project and the potential for increased taxes.
Concerns About Infrastructure	<ul style="list-style-type: none"> Respondents questioned whether the City's current infrastructure could support the new development. Issues raised included the capacity of grocery stores, restaurants, parking, and other amenities.
Concerns About Affordability	<ul style="list-style-type: none"> There were concerns about the affordability of the new housing, with some respondents emphasizing the need for affordable housing rather than luxury developments. Worries about the project benefiting developers more than the local

Q23 Open-Ended Response Summary	
	community.
Concerns About Transparency	<ul style="list-style-type: none"> • Respondents expressed a lack of trust in the City's handling of the project and called for more transparency and accountability. • Some mentioned the need for clear communication about the project's costs and benefits.
Alternative Suggestions	<ul style="list-style-type: none"> • Suggestions included involving local investors, ensuring the project does not burden taxpayers, and prioritizing affordable housing. • Some respondents recommended exploring other funding options, such as federal grants or partnerships.

Q24. Niagara Health will only sell its Port Colborne site to the City if there is a funding strategy in place for the \$6.2-million local share in return. With this in mind, what potential uses could help generate revenue to fund the contribution and be appropriate for the future of the site on Sugarloaf Street? Select all that apply.

Answer Choices	Responses	86% of question respondents supported pursuing a housing development with a medical centre. 47% of total survey respondents skipped this question.
Housing with a recreation centre	320	
Housing with a medical centre	918	
Hotel/conference or event centre	271	
Restaurant or other commercial area	212	
Retail or entertainment area	211	
Other revenue generating options (please explain)	467	
Answered	1070	
Skipped	942	



Question 24 also allowed respondents to offer “other” answers. 467 suggestions were provided.

Some of the suggestions of other potential uses of the property:

- Childcare
- Long-term care facility, retirement home, or some other senior's facility
- Affordable housing
- Casino
- Movie theatre
- Film lot to be rented to filmmakers
- Big box store (Walmart, Giant Tiger, etc.)
- Pool (indoor/outdoor)
- Expand H.H. Knoll Lakeview Park

Some respondents provided alternate fundraising ideas, including:

- Hold lottery/fundraising to generate revenue for medical centre
- Sell the land to a developer and build a medical centre somewhere else
- Charge for Canal Days to generate revenue for medical centre
- Sell the Marina to generate revenue for medical centre

A full list of comments is available at www.portcolborne.ca/healthcare

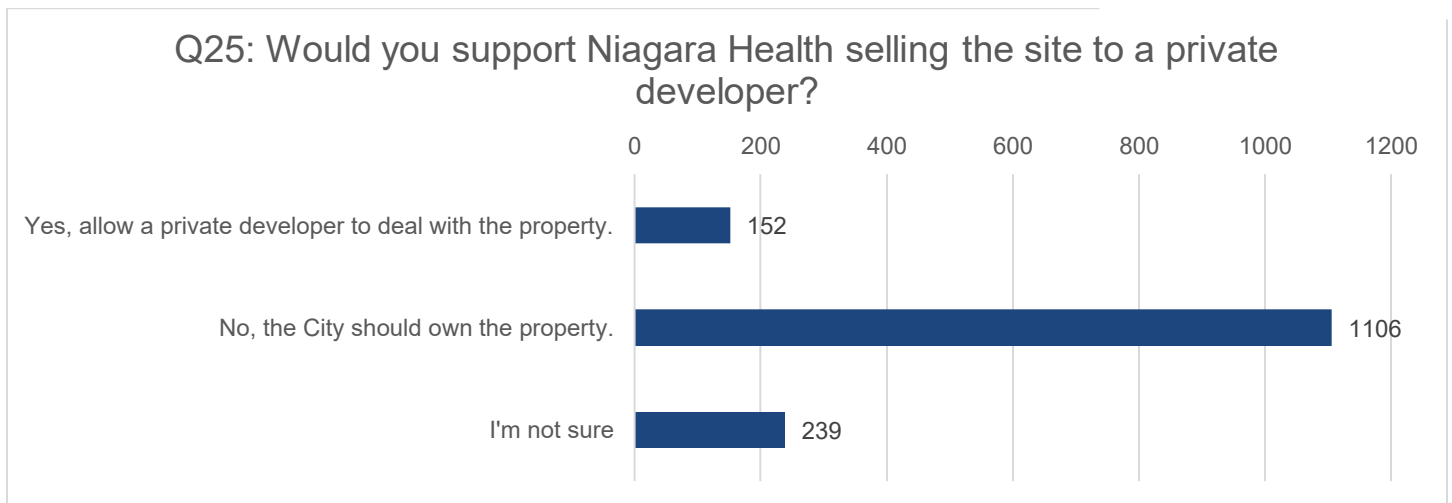
Q25. If the City is unable to come up with a funding strategy for the \$6.2 million, Niagara Health could consider selling its Port Colborne site to a private developer, meaning the City and its residents would have less control over the future of the property (i.e. less control over height restrictions, setbacks, type of building, number of units, etc.) Would you support this option?

Answer Choices

Responses

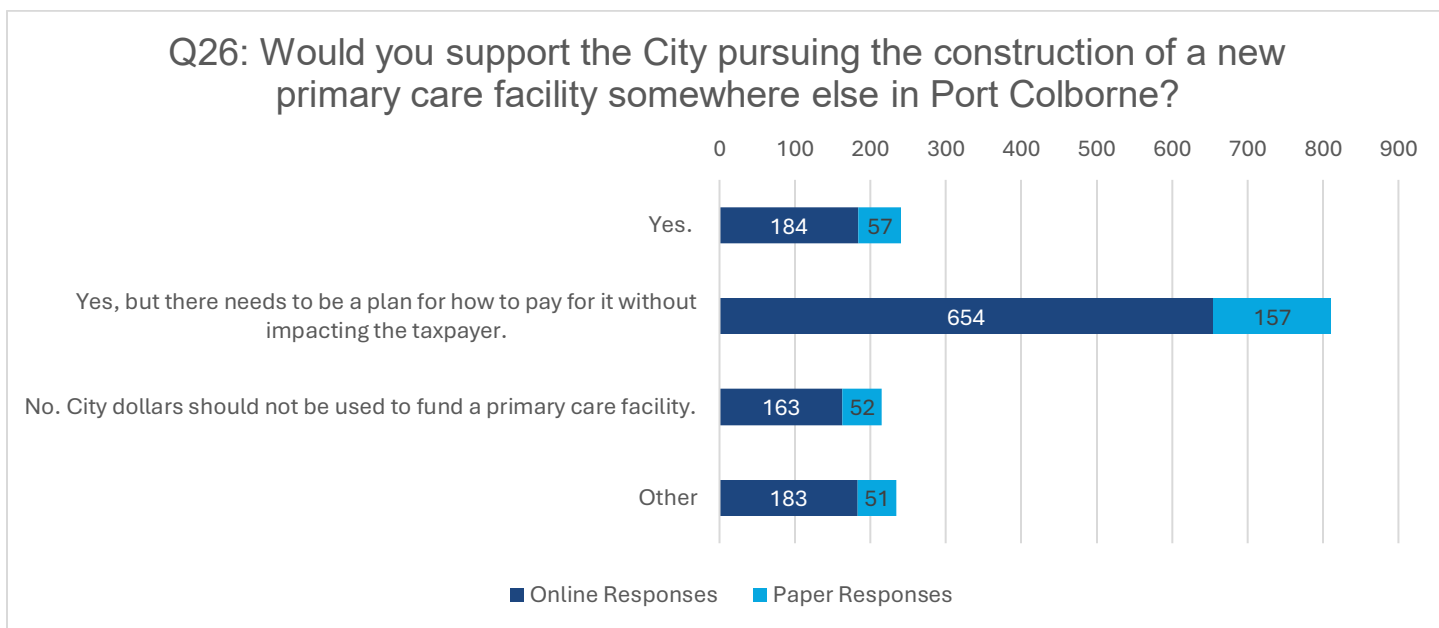
Yes, allow a private developer to deal with the property.	152
No, the City should own the property.	1106
I'm not sure	239
Answered	1497
Skipped	515

74% of respondents thought the City should own the property, instead of selling it to a private developer.



Q26. If the partnership between the City, Niagara Health, and Lockview Medical Group does not proceed, would you support the City pursuing the construction of a new primary care facility somewhere else in Port Colborne?⁹

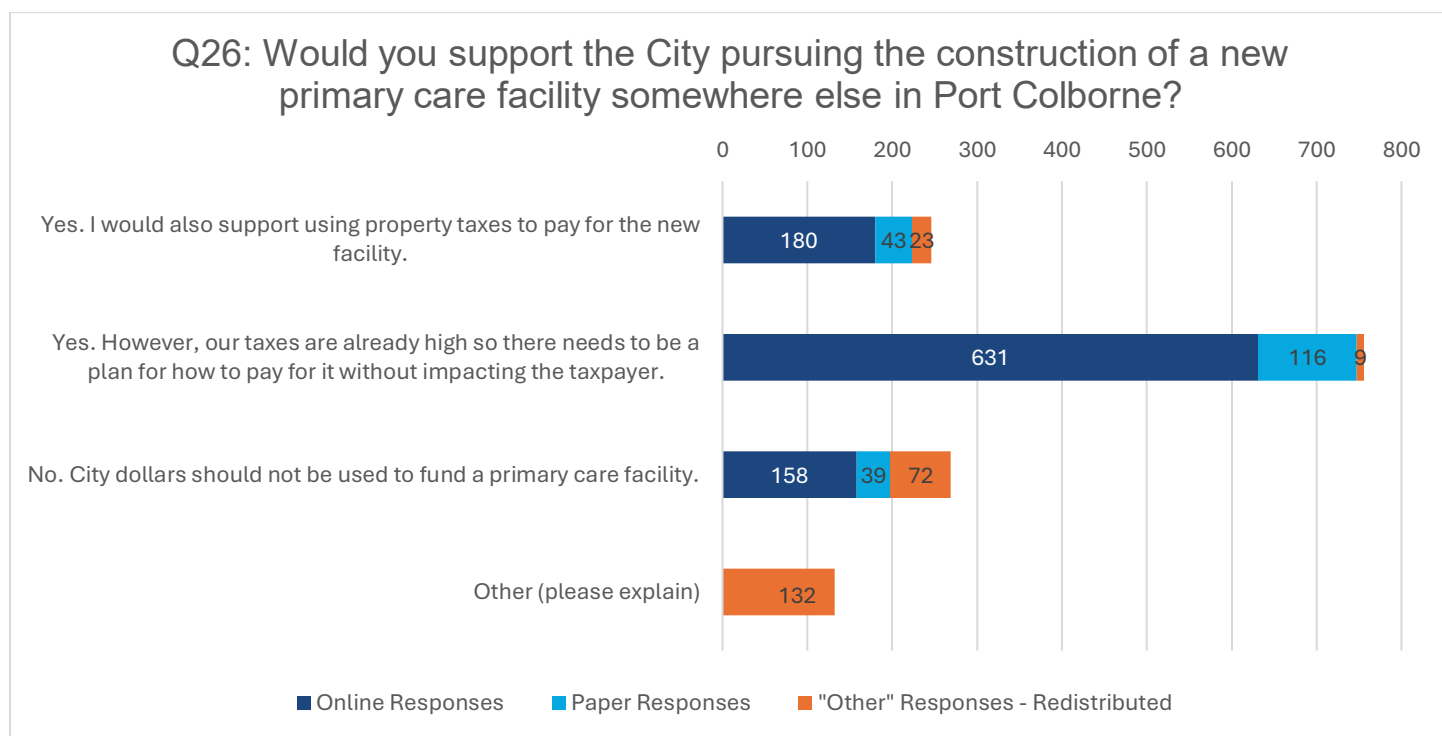
	ONLINE	PAPER
Answer Choices	Responses	
Yes. I would also support using property taxes to pay for the new facility.	184	57
Yes. However, our taxes are already high so there needs to be a plan for how to pay for it without impacting the taxpayer.	654	157
No. City dollars should not be used to fund a primary care facility.	163	52
Other (please explain)	183	51
	Answered	284
	Skipped	59



This question allowed respondents to offer “other” answers. 234 suggestions were provided. Upon

⁹ Please note, due to the uncontrolled nature of the paper survey environment, some paper responses included multiple answers to questions designed for a single response. Rather than excluding these surveys/questions from the final analysis, responses for nine survey questions have been recorded and presented separately to account for multiple selections on paper surveys. The affected questions are 4, 5, 7, 8, 11, 13, 16, 17, and 26.

reviewing the comments, of the 234 comments received, 102 actually supported one of the options available in the question. The graph below shows the “other” responses redistributed, if they fit into one of the first three options in the question.



Overall, the remaining comments reflect a mix of concern about healthcare access and funding, with a preference for practical and financially responsible solutions.

A full list of comments is available at www.portcolborne.ca/healthcare

A summary of the responses received is shown below.

56% of respondents supported the idea of the City pursuing the construction of a primary care facility somewhere else in Port Colborne, with a funding strategy that does not impact the taxpayer.

18% of respondents supported the idea of the City pursuing the construction of a primary care facility somewhere else in Port Colborne using funds from property taxes.

Q26 Open-Ended Response Summary	
Support for a New Facility	<ul style="list-style-type: none"> Respondents who supported a new facility in a different location often highlighted the need for better healthcare services and were willing to

Q26 Open-Ended Response Summary	
	consider new construction if it meant improved access to care.
Opposition to New Facility	<ul style="list-style-type: none"> Those opposed to the idea of a new facility in a different location were primarily concerned about the financial implications, preferring to see existing facilities upgraded rather than new ones built.
Conditional Support	<ul style="list-style-type: none"> Many respondents were open to the idea but wanted assurances about funding and the inclusion of essential services like urgent care.
Concerns About Funding	<ul style="list-style-type: none"> Funding was a major concern, with many respondents insisting that the province or federal government should bear the cost rather than local taxpayers.
Suggestions for Existing Facility	<ul style="list-style-type: none"> There was a strong preference for renovating existing facilities, with respondents suggesting that this would be a more cost-effective and practical solution.

Q27. Do you think Council should formally establish a committee to advise on healthcare issues in Port Colborne?

Answer Choices

Yes

No

I'm not sure

Responses

1107

147

244

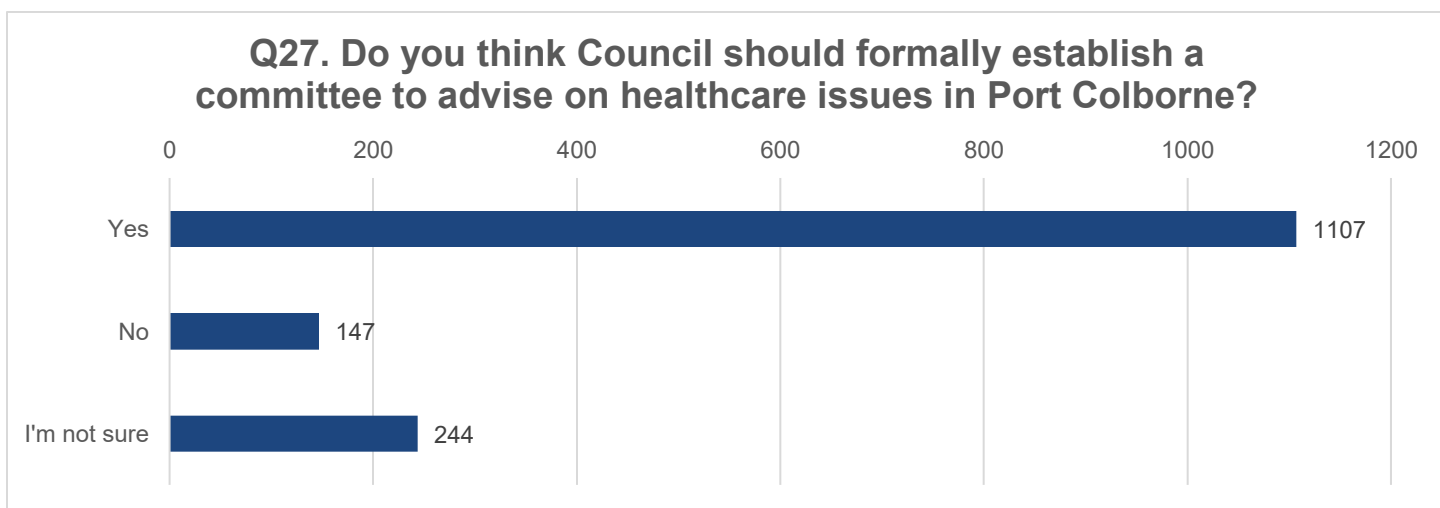
Answered

1498

Skipped

514

74% of respondents supported the establishment of a committee to advise on healthcare issues in Port Colborne



Q28. Could you explain why or why not?

Answered 829
Skipped 1183

This was an open-ended question which allowed respondents to fill in comments. 829 comments were received.

Overall, the survey responses reveal strong support for forming a healthcare committee in Port Colborne, emphasizing the need for diverse representation, transparency, and community involvement. While some are skeptical about the effectiveness of a committee, fearing it might be influenced by political or financial interests, there is a clear call for public input and a collaborative approach to address healthcare issues in the community.

A full list of comments is available at www.portcolborne.ca/healthcare

A summary of the comments is shown below.

Q28 Open-Ended Response Summary	
Support for a Committee	<ul style="list-style-type: none"> Many respondents support the idea of forming a committee to address healthcare issues in Port Colborne. They believe it would provide a platform for diverse voices and ensure that residents' needs are considered. Some respondents emphasized the importance of including residents, healthcare professionals, and other stakeholders in the committee to ensure a well-rounded perspective.
Representation and Transparency	<ul style="list-style-type: none"> A recurring theme is the need for transparency and representation. Respondents want the committee to be transparent in its operations and include a diverse group of people, including residents, healthcare professionals, and local leaders. There is a strong desire for the committee to publish key points from meetings and avoid closed-door sessions.
Healthcare Accessibility and Quality	<ul style="list-style-type: none"> Many respondents expressed concerns about the accessibility and quality of healthcare in Port Colborne. They highlighted issues such as the lack of 24-hour healthcare services, the need for urgent care, and the importance of having local healthcare facilities. Some respondents shared personal experiences and frustrations with the

Q28 Open-Ended Response Summary	
	current healthcare system, emphasizing the need for improvements.
Skepticism and Concerns	<ul style="list-style-type: none"> • A significant number of respondents are skeptical about the effectiveness of forming a committee. They worry that it might be a waste of time and resources, and that it may not lead to meaningful changes. • Concerns were also raised about potential biases and conflicts of interest within the committee, with some respondents fearing that it might be influenced by political or financial interests.
Community Involvement and Input	<ul style="list-style-type: none"> • Respondents emphasized the importance of involving the community in decision-making processes. They believe that residents should have a say in healthcare-related decisions and that their input should be valued. • There is a call for more public consultations, surveys, and opportunities for residents to voice their opinions.

Q29. If you have any other thoughts you'd like to share about healthcare in Port Colborne, the future use of Niagara Health's Port Colborne site, or the contributions to the new South Niagara Hospital, please let us know in the comment box.

Answered 443
Skipped 1569

This was an open-ended question which allowed respondents to fill in comments. 443 comments were received.

Overall, the responses reflect a strong community concern for maintaining accessible and comprehensive healthcare services in Port Colborne. There is a desire for more involvement in decision-making processes and for development plans that align with the community's needs.

A full list of comments is available at www.portcolborne.ca/healthcare

A summary of the comments is shown below.

Q29 Open-Ended Response Summary	
Urgent Care and Hospital Services	<ul style="list-style-type: none"> Many respondents emphasized the importance of maintaining urgent care services in Port Colborne. They expressed concerns about the potential closure of the Urgent Care Centre and the impact it would have on the community, especially seniors and those without transportation. There is a strong sentiment that the new South Niagara Hospital is too far for many residents, and the closure of local services would lead to longer wait times and increased pressure on other hospitals.
Accessibility and Transportation	<ul style="list-style-type: none"> Accessibility to healthcare services is a major concern. Respondents highlighted the difficulties faced by those who do not drive or have limited mobility, particularly seniors. There were suggestions to improve transportation options to ensure residents can access healthcare facilities in other cities.
Community Involvement and Transparency	<ul style="list-style-type: none"> Several respondents called for more transparency and community involvement in decision-making processes related to healthcare services. They want detailed information about plans, property boundaries, and the rationale behind decisions.

Q29 Open-Ended Response Summary	
	<ul style="list-style-type: none"> • There is a desire for the City to have more control over the future use of Niagara Health's Port Colborne site and to ensure that any development aligns with the community's needs
Healthcare Infrastructure and Funding	<ul style="list-style-type: none"> • Concerns were raised about the funding and management of healthcare services. Respondents questioned the allocation of funds and the impact on local taxes. • There were suggestions to explore alternative funding options, such as government grants, fundraising, and partnerships with other municipalities.
Mental Health and Addictions Support	<ul style="list-style-type: none"> • The need for more mental health and addictions support was highlighted. Respondents believe that improving these services would reduce pressure on the healthcare system and provide better care for residents.
Future Development and Use of the Port Colborne Site	<ul style="list-style-type: none"> • Opinions varied on the future use of the Port Colborne site. Some respondents suggested maintaining it as a healthcare facility, while others proposed using it for affordable housing or commercial purposes. • There is a strong preference for any development to benefit the community and address local needs, rather than being driven by profit.

Q30. Is there anything else you'd like to share with us about this topic that we didn't already ask? If you don't have enough space, please email us at communityengagement@portcolborne.ca

Answered 207
Skipped 1805

This was an open-ended question which allowed respondents to fill in comments. 207 comments were received.

A full list of comments is available at www.portcolborne.ca/healthcare

A summary of the comments is shown below.

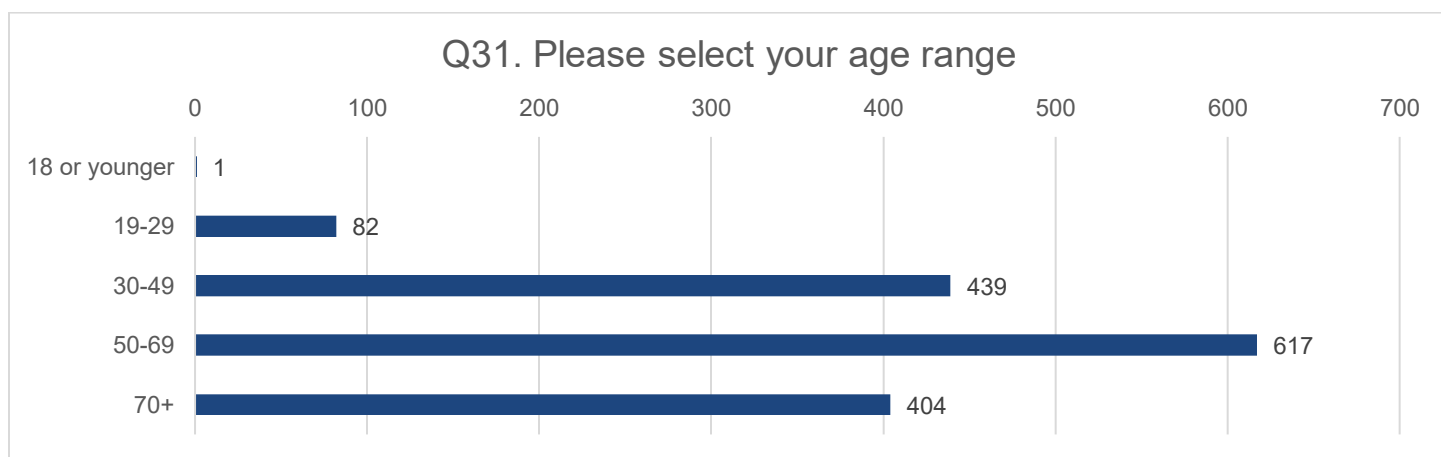
Q30 Open-Ended Response Summary	
Urgent Care and Hospital Service	<ul style="list-style-type: none"> Many respondents expressed concerns about the potential closure of urgent care services in Port Colborne. There were numerous mentions of the need for a fully functioning hospital in the area, especially given the aging population and the increasing number of residents.
Healthcare System and Services	<ul style="list-style-type: none"> Respondents highlighted issues with the current healthcare system, including long wait times in emergency rooms and the need for more doctors and nurses. Some suggested upgrading existing facilities or building new ones to better serve the community.
Funding and Taxes	<ul style="list-style-type: none"> Several responses mentioned the need for better funding for healthcare services and questioned the allocation of tax dollars. There were concerns about property taxes and the financial burden on residents.
Quality of Service	<ul style="list-style-type: none"> Comments were made about the quality of healthcare services, including the need for more empathetic care and better working conditions for healthcare professionals. Some respondents mentioned the importance of maintaining high standards in healthcare facilities.
Community Involvement and Governance	<ul style="list-style-type: none"> There were calls for more community involvement in decision-making processes related to healthcare. Some respondents criticized local governance and expressed a desire for more transparency and accountability.

Q30 Open-Ended Response Summary	
Mental Health	<ul style="list-style-type: none">• Mental health services and support were mentioned as important aspects of the healthcare system that need improvement.
Care for Seniors	<ul style="list-style-type: none">• The need for better care and services for seniors was highlighted, given the aging demographic of Port Colborne.
Transportation	<ul style="list-style-type: none">• Concerns about transportation routes and accessibility to healthcare facilities were raised, especially for those who may not have easy access to transportation.

Q31. Please select your age range

Answer Choices	Responses
18 or younger	0
19-29	74
30-49	416
50-69	572
70+	363
Answered	1425
Skipped	438

Of those respondents who provided their age, only one respondent was under the age of 18. The distribution of ages did not change with the additional surveys submitted between March 10 and April 30. now and April 30, 2025.



	Survey Respondents Ages	Ages in Port Colborne (StatsCan)
18 or younger	0%	18%
19-29	5%	10%
30-49	29%	21%
50-69	40%	32%
70+	26%	19%

This chart shows the age distribution of those who provided their age while answering the survey and the reported ages of residents in Port Colborne in the 2021 census.