City of Port Colborne
Healthcare Advisory Committee Addendum

Date:	July 9, 2025
Time:	3:00 pm
Location:	Committee Room 3-City Hall
	66 Charlotte Street, Port Colborne, Ontario, L3K 3C8

Pages

5. Presentations

Healthcare in Port Colborne

Presentation by Bryan Boles, CAO

Healthcare Advisory Committee

PORT COLBORNE

July 9, 2025

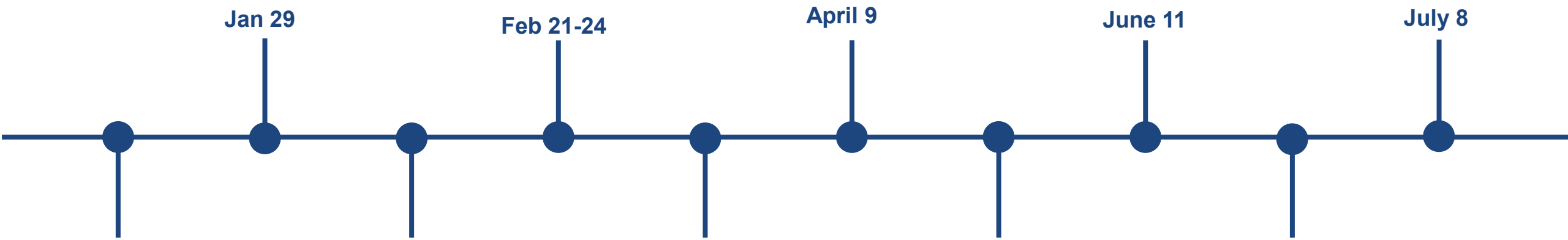
Today’s Presentation Outline

1. Recent Community Engagement Recap
2. Establishing a Healthcare Advisory Committee
3. Our Strategic Plan & Community
4. Overview: Health System in Port Colborne & Niagara
5. Healthcare Legislation, Roles & Responsibilities
6. Conclusion & Next Steps

Today’s Presentation Outline

1. Recent Community Engagement Recap
2. Establishing a Healthcare Advisory Committee
3. Our Strategic Plan & Community
4. Overview: Health System in Port Colborne & Niagara
5. Healthcare Legislation, Roles & Responsibilities
6. Conclusion & Next Steps

Timeline since December 2024



Dec 3

Council receives presentation from Niagara Health:

- $6.2-million local share request
- Proposal from Lockview Medical Group
- Council directs community engagement

Jan 29

Community engagement launches. Online and paper surveys, pop-up events and more.

Feb 19-20

Community open houses to gather feedback from residents on future of healthcare in Port Colborne

Feb 21-24

Future of Healthcare Town Halls (Virtual and In-Person)

Mar 25

Council receives mid-point engagement results

- Establishes Healthcare Advisory Committee
- Directs provincial advocacy letter

April 9

Advocacy letter approved and sent to Province formally asking to keep Port Colborne UCC open

June 9

Niagara Health announces weekend closures of Urgent Care Centre.

June 11

Port Colborne and Fort Erie joint media conference on summer UCC Closures

June 12

Healthcare Advisory Committee holds inaugural meeting, elects Chair and Vice-Chair

July 8

Full community engagement results delivered to Council

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

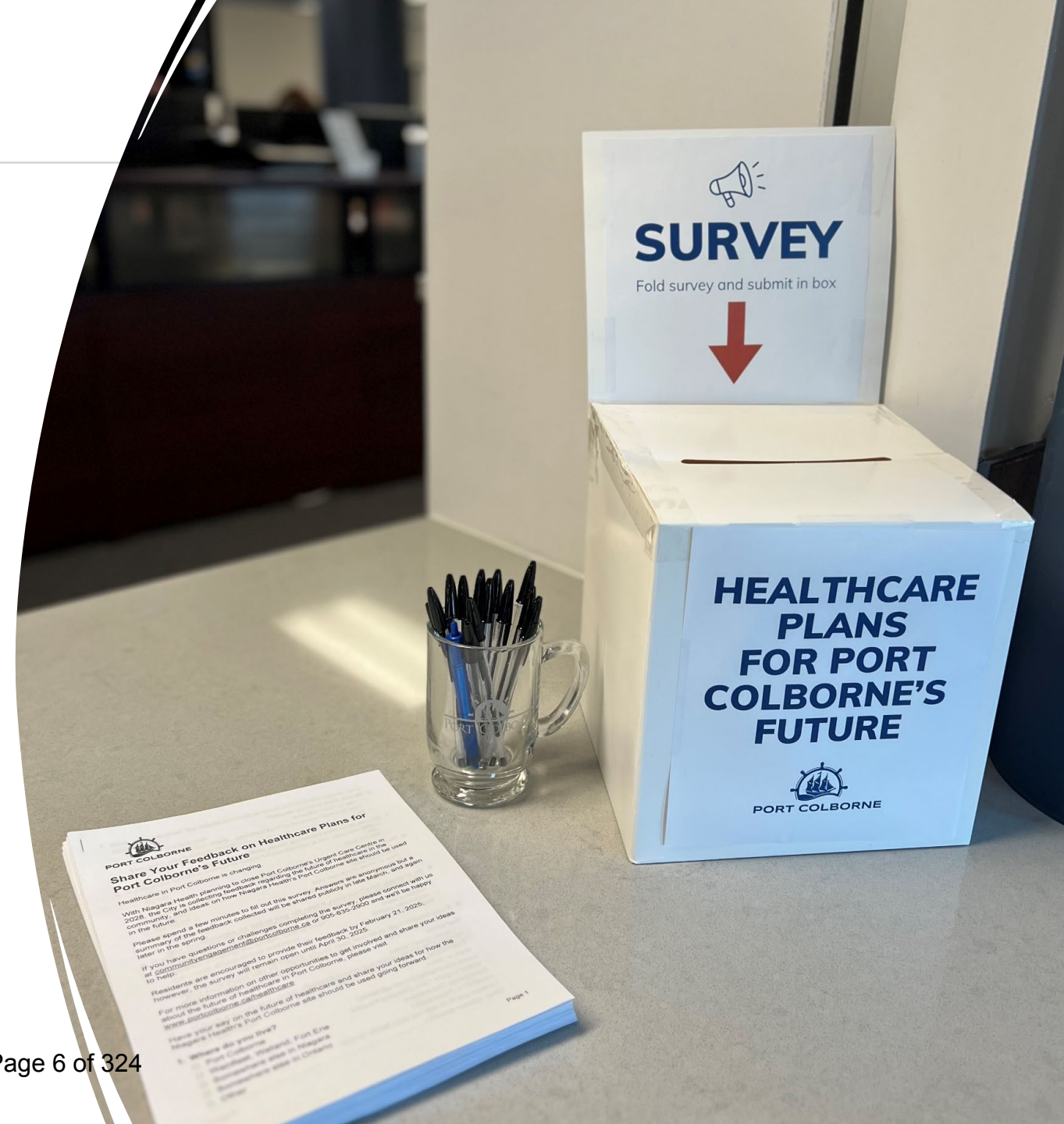
Review feedback to highlight areas of alignment and identify potential improvements or alternatives to the proposal.

Ensure transparency

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

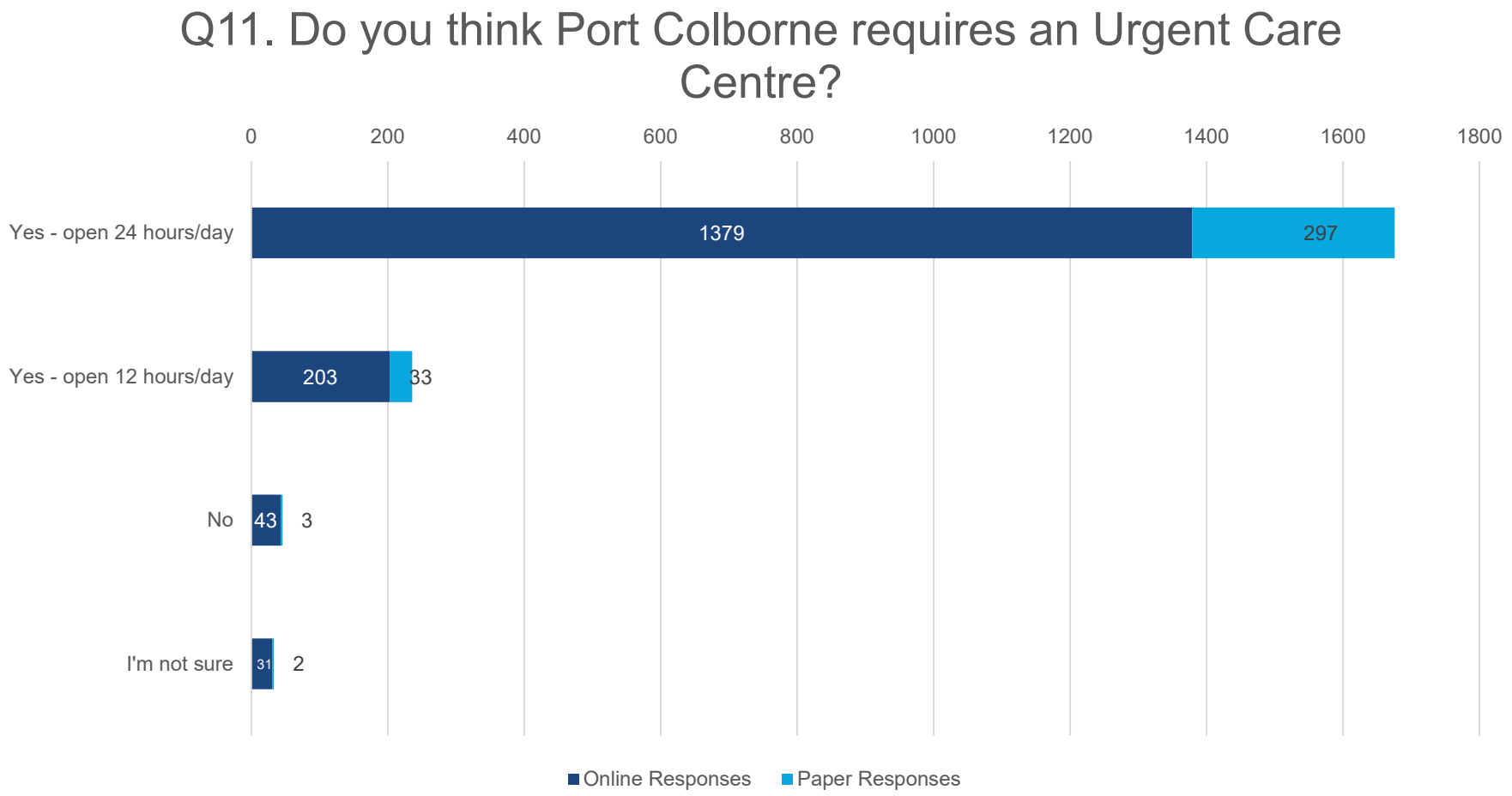
Survey Quick Stats

- Between January 29 – April 30
- **2,012** people completed the survey
  - **1,669** online surveys completed
  - **343** on paper surveys received
- **10,836** open-field comments
- Average time to complete:
  13 minutes (online survey)
- Estimated completion rate:
  72.5% (online survey)
- **86%** of respondents were residents of Port Colborne



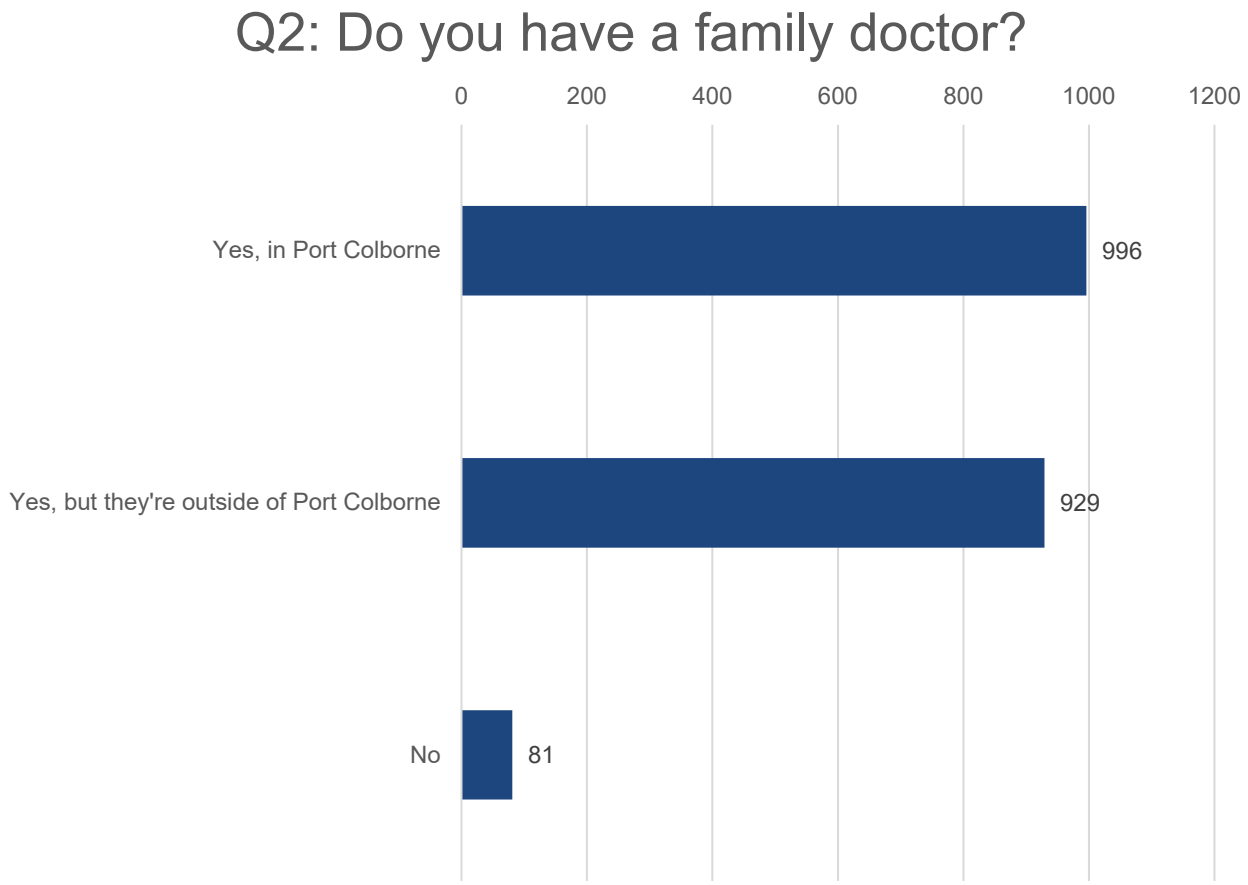
PORT COLBORNE

Survey Highlights



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

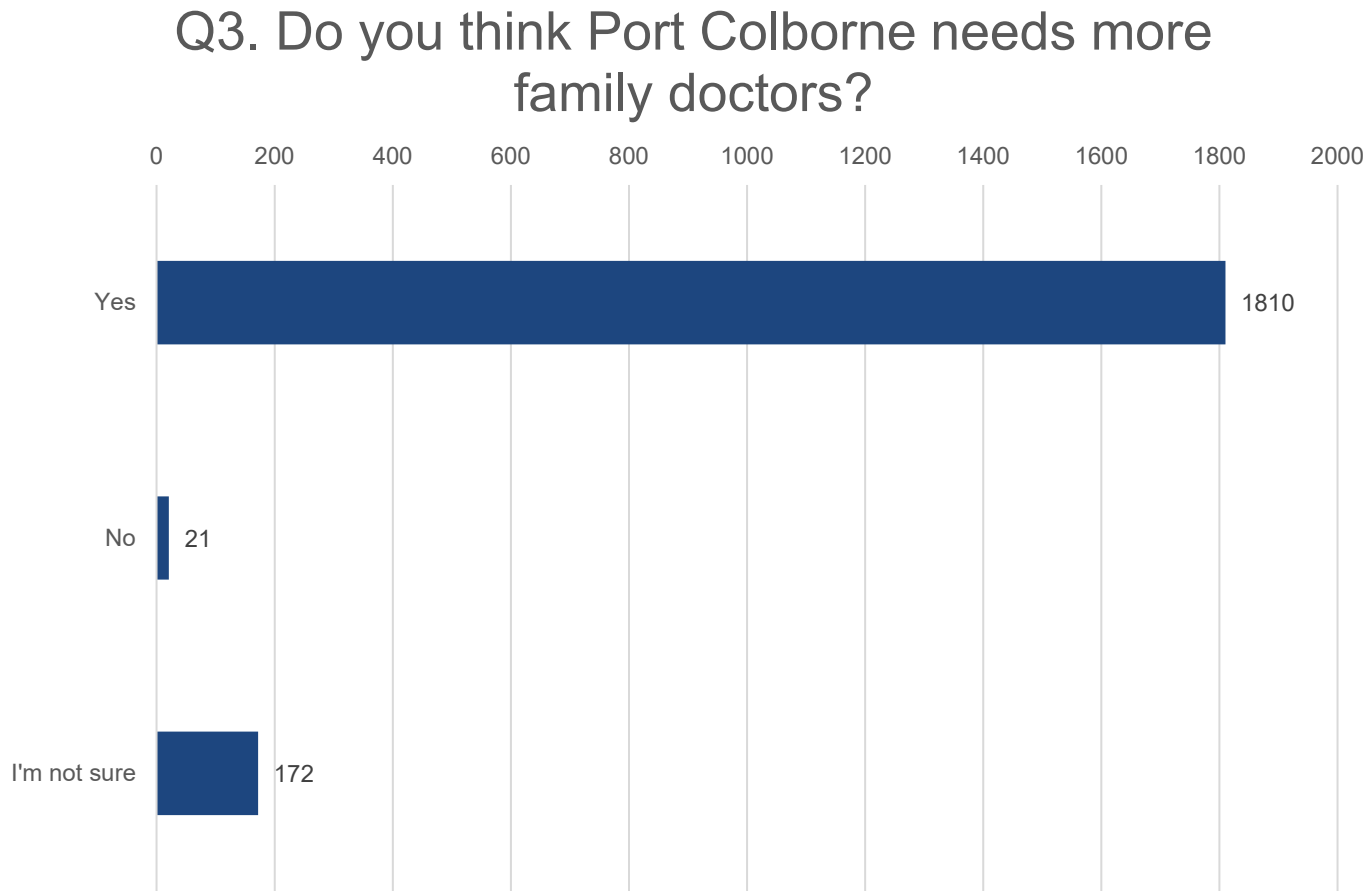
Survey Highlights



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

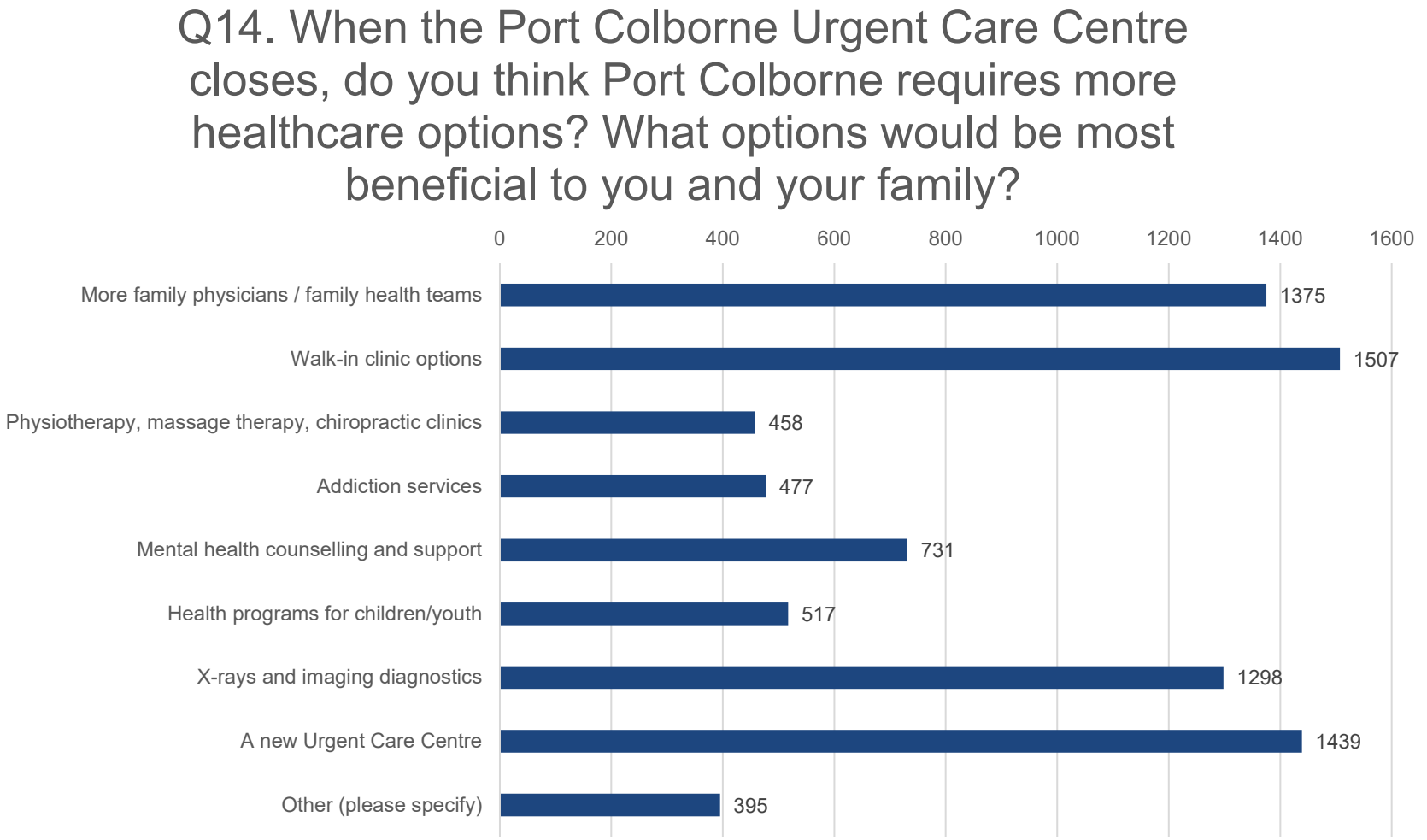
46% of respondents reported their family doctor was located outside Port Colborne.

Survey Highlights



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

Survey Highlights



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.

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.

Survey: Additional Insights

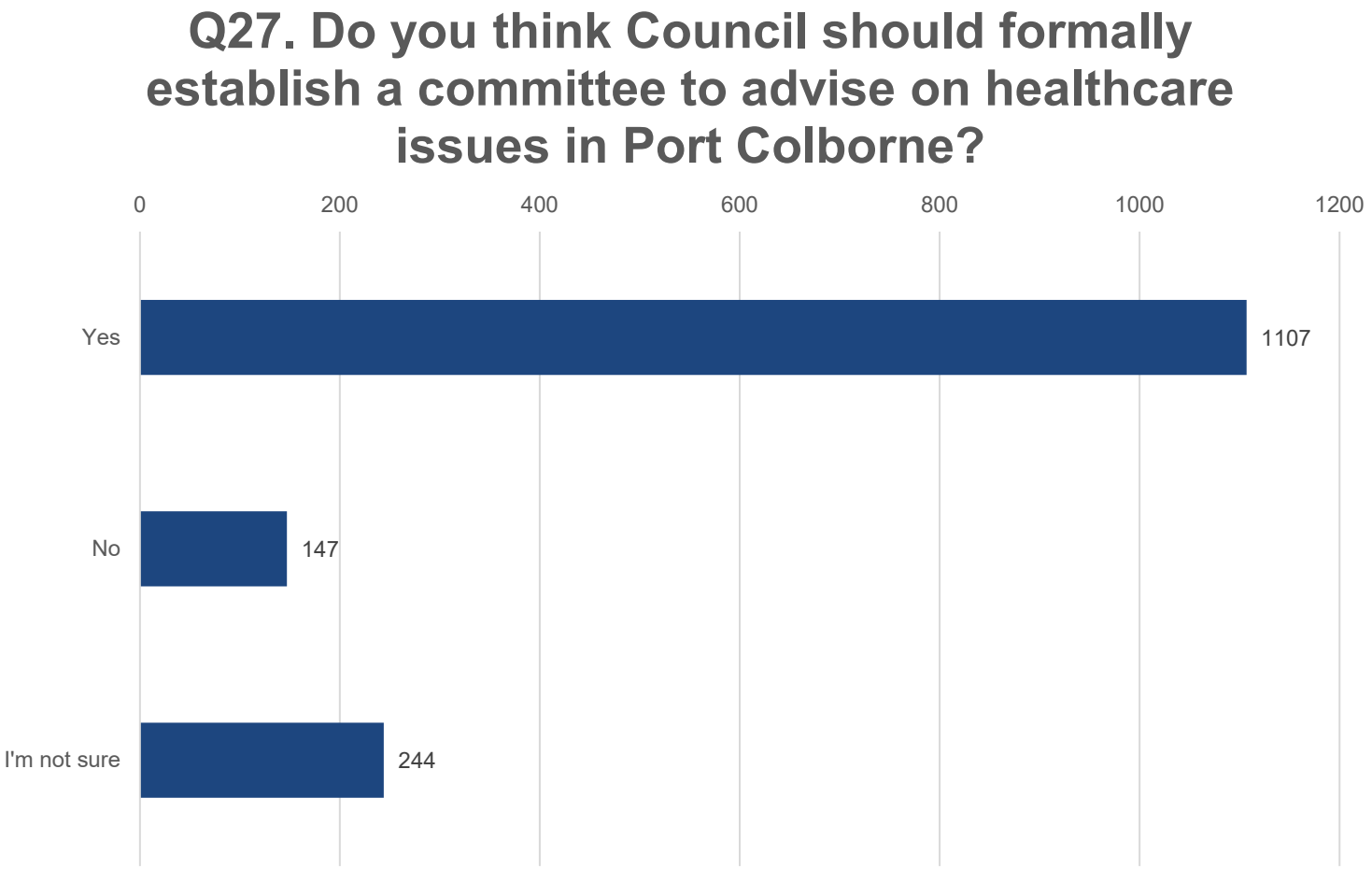
- Concerns about travel, long wait times at Emergency Departments and outpatient services and impact on vulnerable populations
- Requests for the expansion of local community healthcare services
- Additional primary care providers-half don't have a primary care provider in Port Colborne
- More Walk-in Clinics/After-hours services, Diagnostic Imaging, and Urgent Care.
- 84% of respondents feel Port Colborne requires an Urgent Care Centre open 24 hours per day.
- 64% of respondents reported that they had used health services at the Port Colborne Urgent Care within the last year

Visit www.portcolborne.ca/healthcare for full survey results and insights.

Today’s Presentation Outline

1. Recent Community Engagement Recap
2. **Establishing a Healthcare Advisory Committee**
3. Our Strategic Plan & Community
4. Overview: Health System in Port Colborne & Niagara
5. Healthcare Legislation, Roles & Responsibilities
6. Conclusion & Next Steps

Survey Highlights: Healthcare Advisory Committee



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 will 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.

Council Recommendations and Action Items

- 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 a letter sent to the province on April 9, 2025

- 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

Mandate & Composition of the Committee

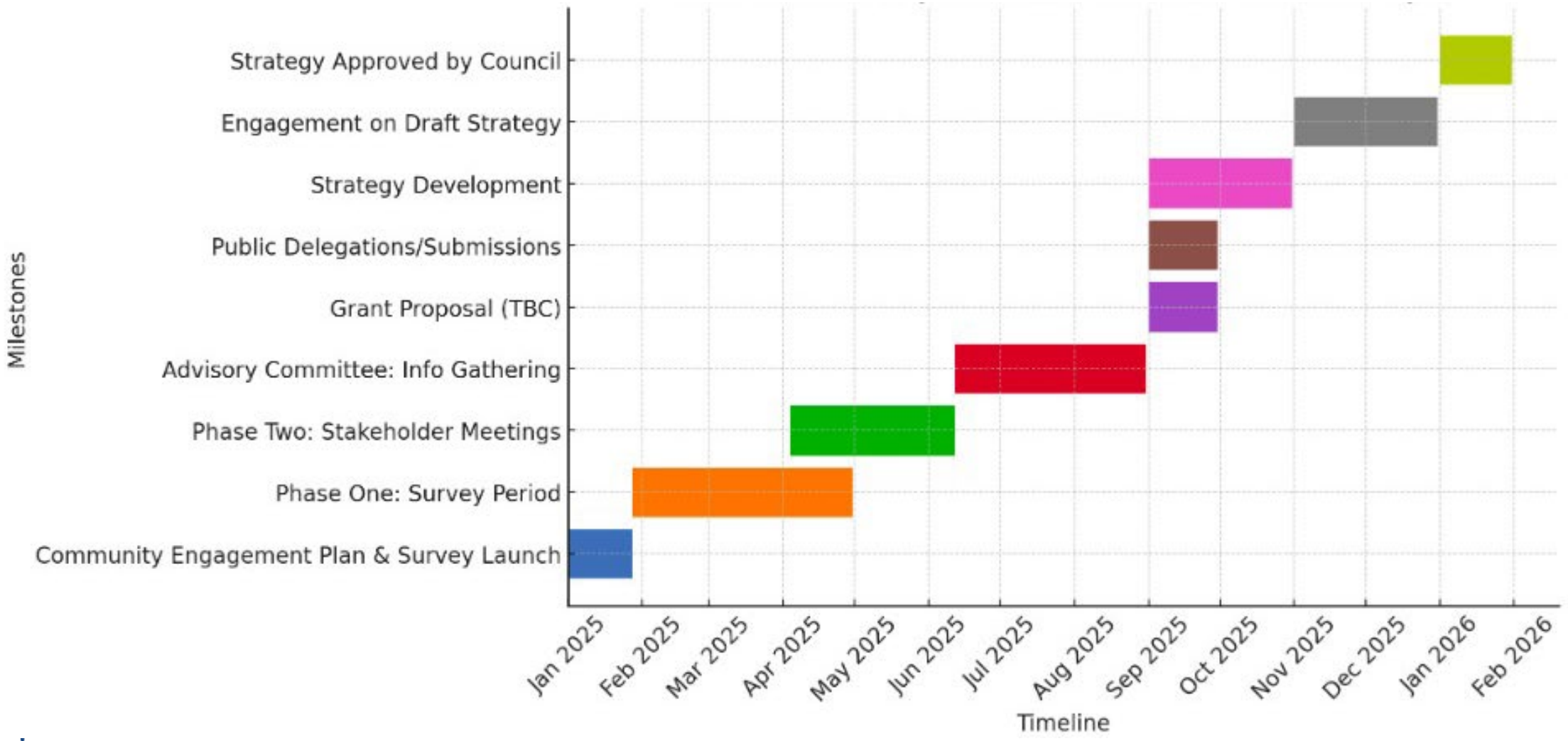
Mandate

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

Key Deliverables

- Develop and recommend to Council a comprehensive, evidence-based, and attainable, **healthcare services strategy** that includes core key performance indictors to measure success
- An assessment of the alignment of healthcare service proposals, initiatives and opportunities and their alignment with a Council approved healthcare service strategy
- A comprehensive upper level of government relations strategy to support the achievement of a Council approved healthcare service strategy; and
- Public engagement to support the work of the Committee in fulfilling its mandate

Strategy Development: Potential Timeline



PORT COLBORNE

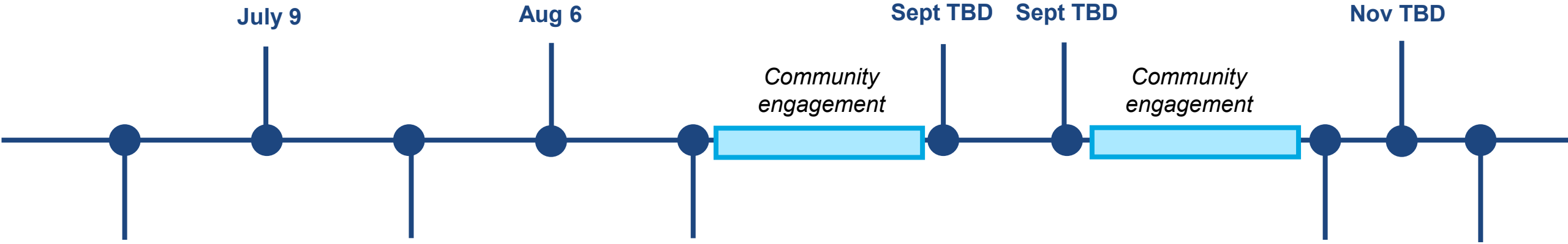
Meetings & Suggested Agenda Overview

Committee Meeting #2
- Engagement recap
- Committee genesis
- Port Colborne strategic plan
- Health system
- Pharmacists

Committee Meeting #4
- Health Equity & Priority Populations
- Community Healthcare Models
- Case Studies Review

Committee Meeting #6 & #7
- Strategy development

Meeting #9
- TBD



Committee Meeting #1
- Introduction
- Procedures
- Elections

Committee Meeting #3
- Niagara Region-Physician Recruitment
- Niagara Health Update
- Niagara Ontario Health Team Presentation

Committee Meeting #5
- Interprofessional Health Teams
- N-OHT Update
- Primary Physicians
- Community Health Services

Meeting #8
- TBD

Meeting #10
- TBD

Today’s Presentation Outline

1. Recent Community Engagement Recap
2. Establishing a Healthcare Advisory Committee
3. **Our Strategic Plan & Community**
4. Overview: Health System in Port Colborne & Niagara
5. Healthcare Legislation, Roles & Responsibilities
6. Conclusion & Next Steps

Vision, Mission & Corporate Values

Vision Statement:

A healthy and vibrant waterfront community embracing growth for future generations.

Mission Statement:

To provide an exceptional small-town experience in a big way.

Corporate Values

- **Integrity** – We interact with others ethically and honourably
- **Respect** – We treat each other with empathy and understanding
- **Inclusion** – We welcome everyone
- **Responsibility** – We make tomorrow better
- **Collaboration** – We are better together

PORT COLBORNE

Alignment with the Strategic Plan

Environment & Climate Change

Welcoming, Livable & Healthy Community

Economic Prosperity

Increased Housing Options

Sustainable & Resilient Infrastructure

PEOPLE → SIMPLE → VALUE → CUSTOMER

Welcoming, Livable & Healthy Community

Insights Primary Physicians

- Today we have 10 family physicians
- We have $300,000 set aside for family physician recruitment
- We hear space is a constraint to family physician recruitment
- The figure of 14 was determined using a model of approximately 1,400 patients per family physician
- Family physician patient loads can be higher depending on the primary care delivery model and the interprofessional health team they have available

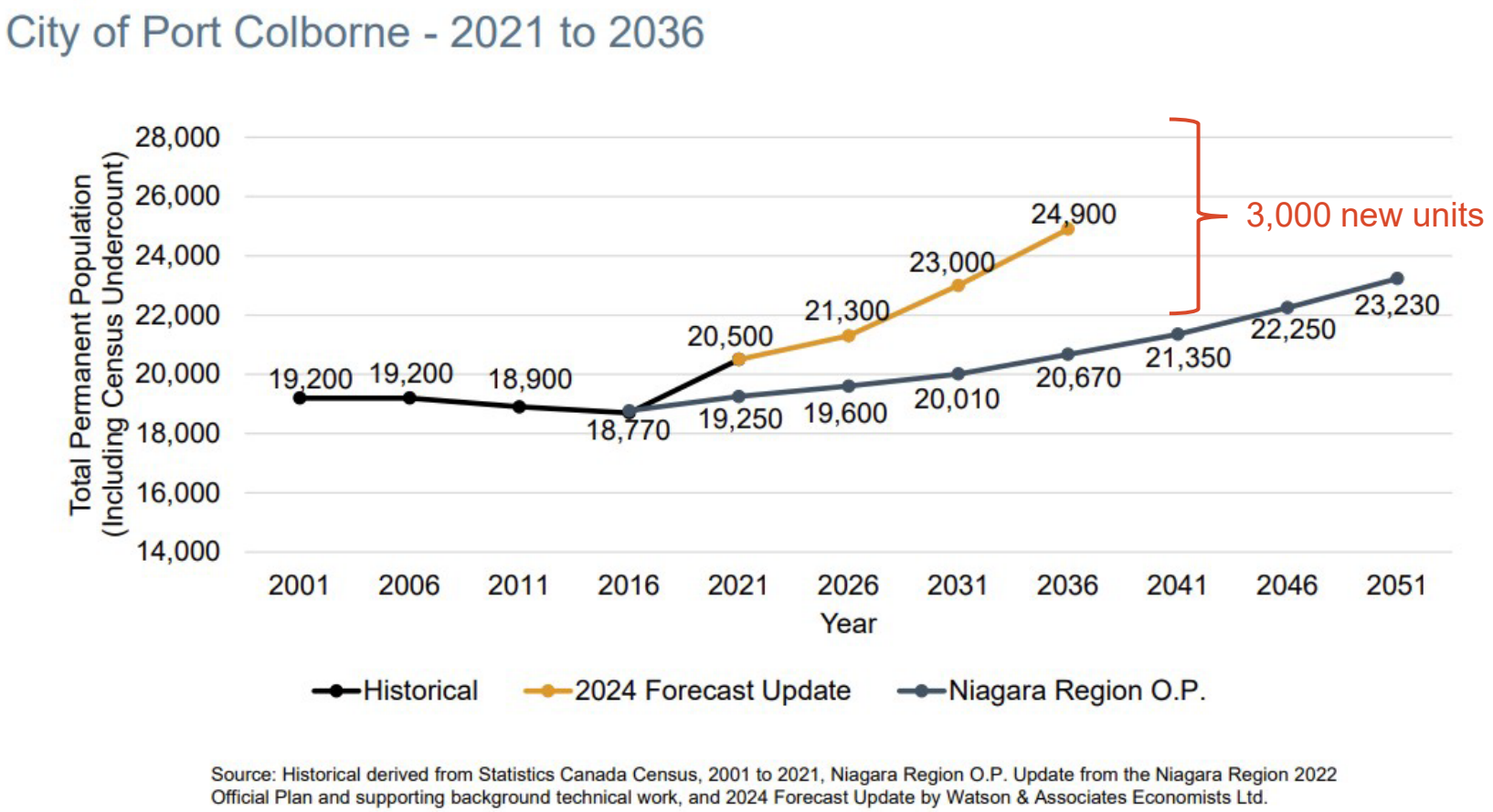
Welcoming, Livable & Healthy Community

Insights Partnerships

- The private sector has indicated a willingness to build new and/or expand existing healthcare space

- Depending on location, the Community Improvement Plan (CIP) can provide financial incentives to support the development of that space

Population Forecast



Source: Historical derived from Statistics Canada Census, 2001 to 2021, Niagara Region O.P. Update from the Niagara Region 2022 Official Plan and supporting background technical work, and 2024 Forecast Update by Watson & Associates Economists Ltd.

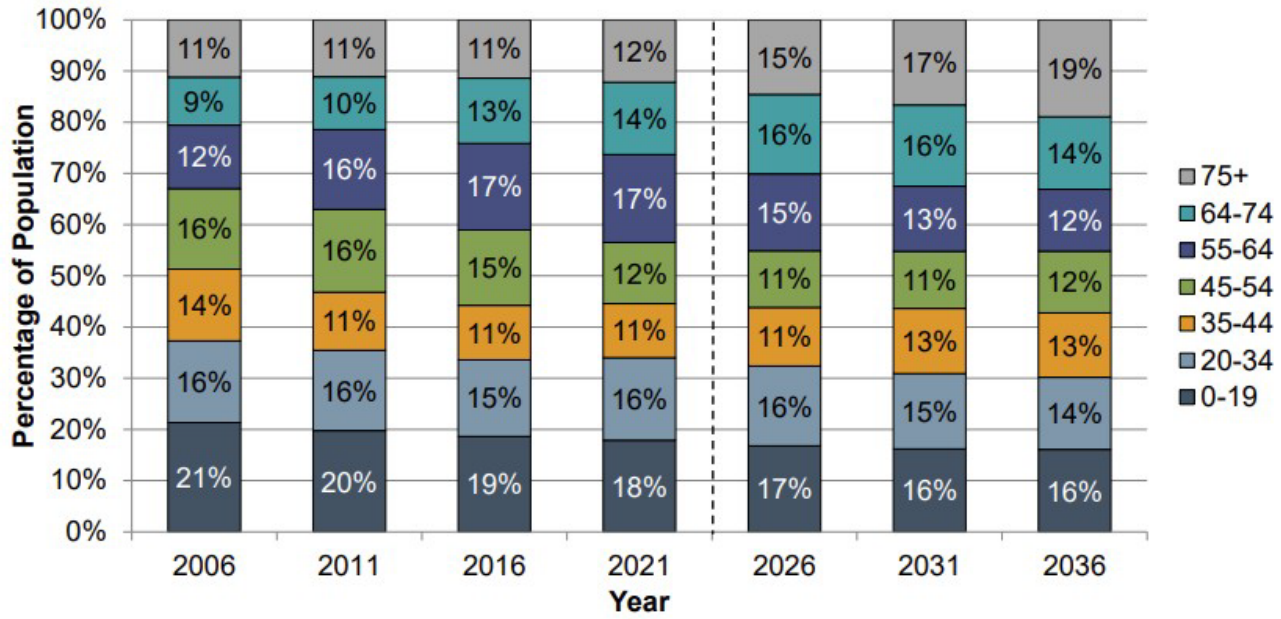
Insights

- We see approximately 60,000 unique visitors annually
- Our population doubles to approximately 40,000 people in the summer

Population Forecast

Permanent Population Forecast by Age Group

City of Port Colborne - 2021 to 2036



Source: Watson & Associates Economists Ltd.

The majority of age groups are forecast to experience noticeable growth over the next 15-years. However, the City of Port Colborne population is aging, between 2021 and 2036 the percentage of persons 75+ years of age and older is forecast to increase from 12% to 19%.

The 75+ age group is the fastest growing cohort with annual forecast population growth rate of 4.3%.

Social Economic Factors

Education

	Port Colborne	Province of Ontario
No certificate, diploma or degree	19%	15.3%
High School	35%	27.2%
Post secondary	46%	57.5%

Median Household Income

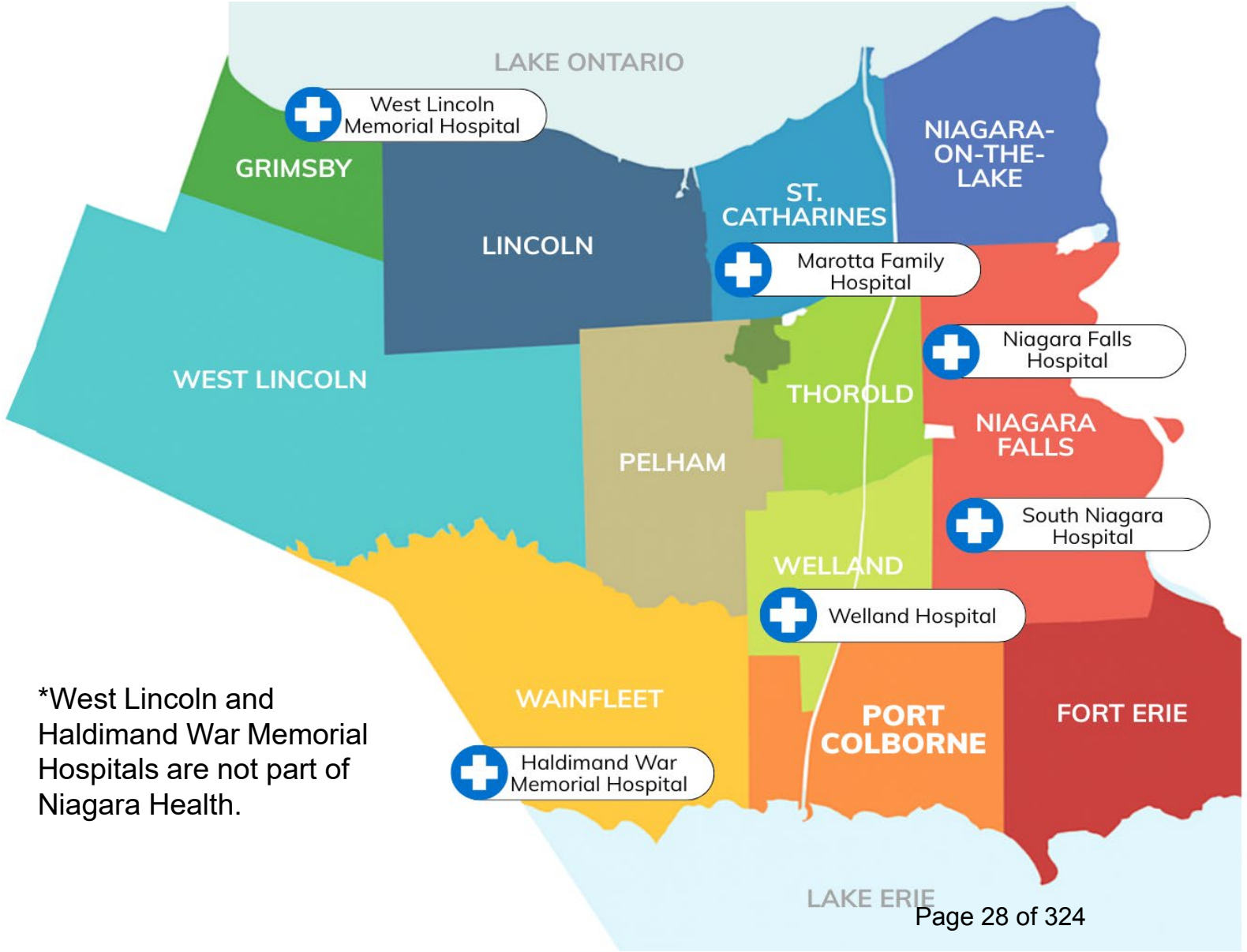
Port Colborne
$70,000

Province of Ontario
$91,000

PORT COLBORNE

Source: Stats Canada

Hospital and Emergency Departments in Niagara Region



*West Lincoln and Haldimand War Memorial Hospitals are not part of Niagara Health.

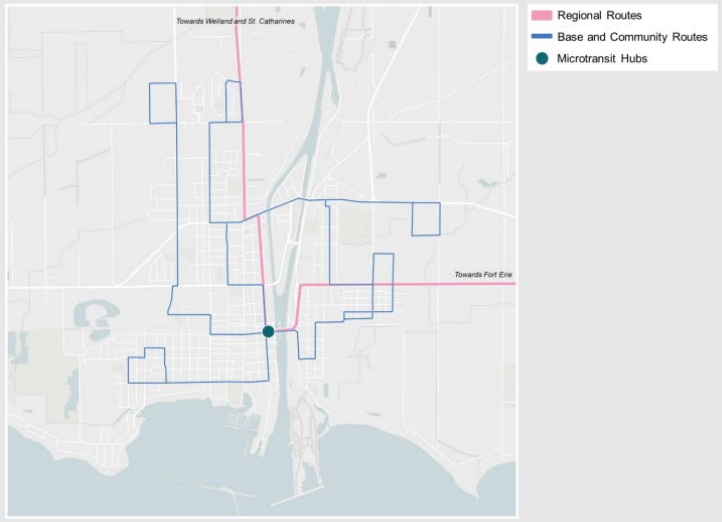
Location	Driving	Transit
Welland Hospital	16 mins	21 mins
South Niagara Hospital	23 mins	N/A
Niagara Falls Hospital	33 mins	1h 27mins
Haldimand War Memorial Hospital	33 mins	N/A
Marotta Family Hospital	36 mins	1h 44mins
West Lincoln Memorial Hospital	50 mins	N/A

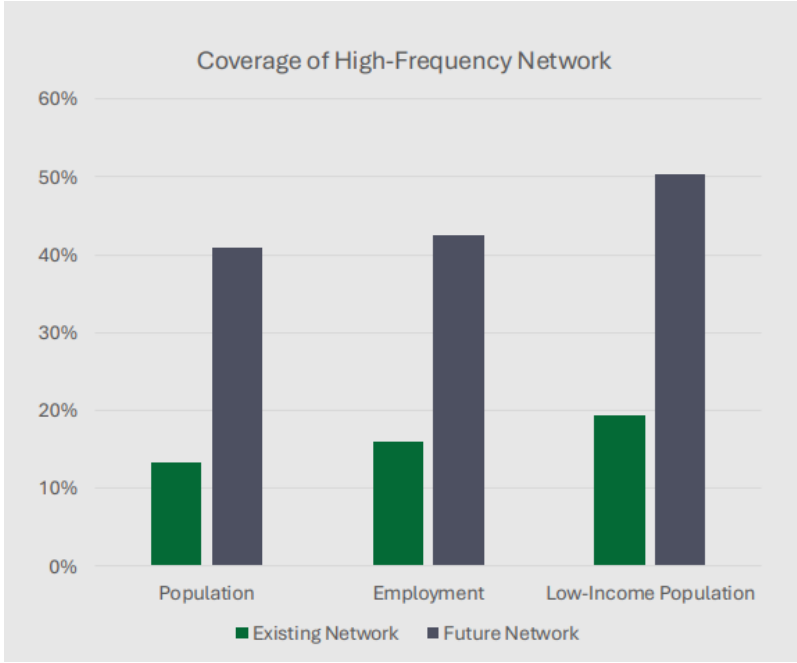
Origin: Port Colborne City Hall
Sourced from Google Maps

Transit

15-Minute Coverage by 2035

Port Colborne – Stage 3



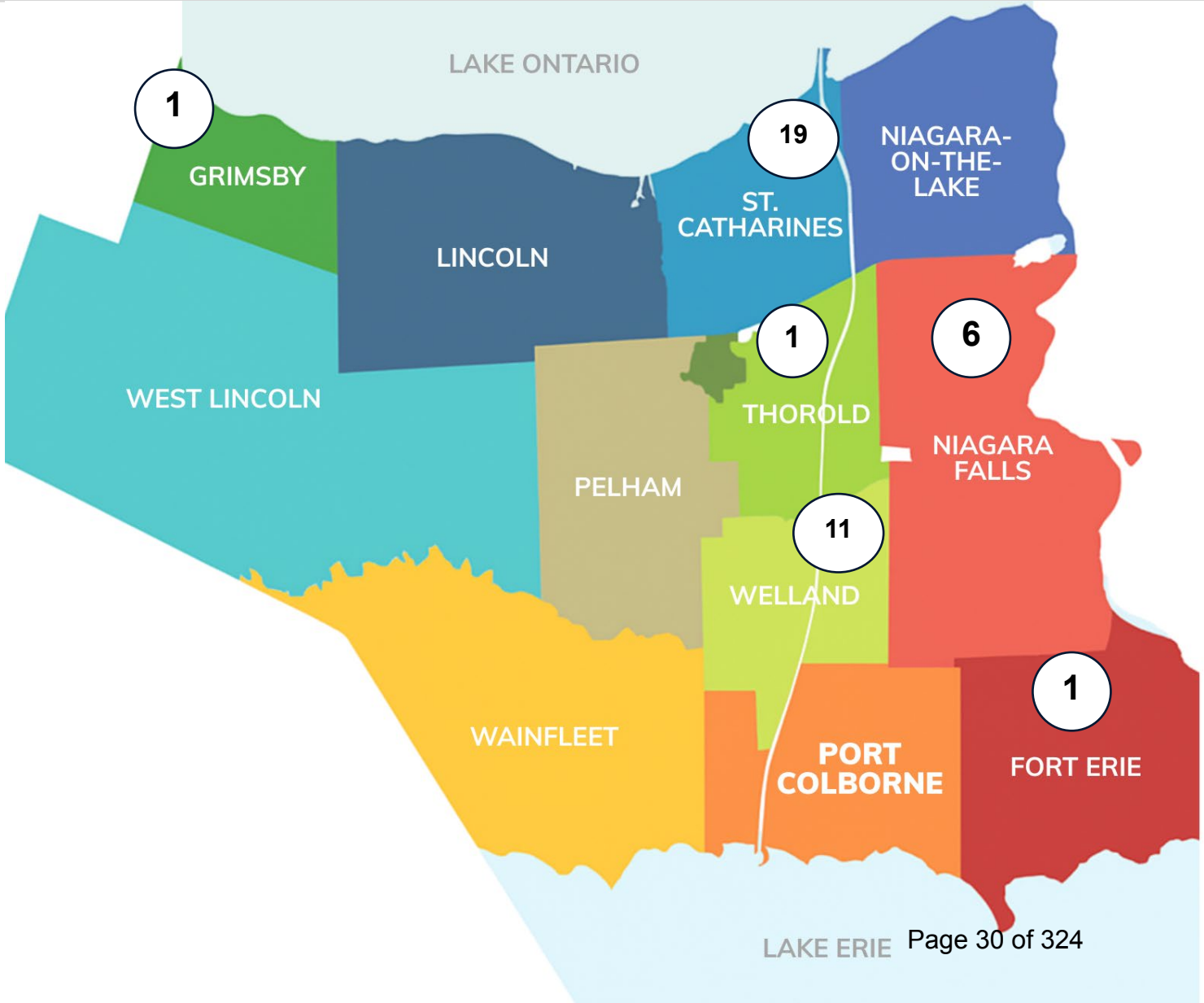


NTC 4-2025
Tuesday, May 20, 2025
3:00 p.m.

Niagara Transit Commission Minutes NTC 3-2025

Tuesday, April 15, 2025

Primary Care Providers accepting patients in Niagara



39 family doctors are currently accepting new patients:

3 Community Health Centres are accepting new patients:

- Bridges Community Health Centre, Port Colborne
- Centre de Santé Communautaire (Services in French), Welland
- De dwa da dehs nye>s (Services for Indigenous and those with Indigenous ancestry), St. Catharines

Source: Find a Doctor Niagara Region

Port Colborne: Healthcare Services Overview

Primary Care
- Family Health Teams (Family Doctors)
- Bridges Community Health Centre
- Pharmacy's
- Nurse Practitioners (NP's)
- Physician Assistants (PA's)
- Naturopathic Doctors

Interprofessional Health Services
- Physiotherapists
- Occupational Therapists
- Chiropractors
- Massage Therapists
- Acupuncturists

Specialists
- Vision
- Speech
- Geriatric

Port Colborne Complex and Urgent Care Centre
- Urgent Care Centre
- Complex Care
- X-ray and Ultrasound
- Mental Health and Addictions Services
- Scheduled Ambulatory Care/Outpatient Clinics (Physio, Hepatitis C Care, Eating Disorder and more.)

Emergency Services
- Welland Hospital Emergency Department
- Port Colborne Fire Department
- Niagara Regional Police
- Niagara EMS
- POCOMAR

Ontario Breast Screening Program (OBSP)
Hamilton Health Sciences-Mobile Cancer Screening Coach
REACH Niagara
QUEST Community Health Centre

Today’s Presentation Outline

1. Recent Community Engagement Recap
2. Establishing a Healthcare Advisory Committee
3. Our Strategic Plan & Community
4. **Overview: Health System in Port Colborne & Niagara**
5. Healthcare Legislation, Roles & Responsibilities
6. Conclusion & Next Steps

PORT COLBORNE

1940s–1990s: Era of Local Hospital-Based Care

- Residents of Port Colborne began organized community fundraising for their hospital with the formation of the Port Colborne Site Auxiliary in the late 1940s
- This volunteer-led group played a major role during the opening of the new hospital facility in 1951, serving tea to around 3,600 attendees and engaging the broader community in support efforts
- The City donated the land and the general population participated in a community share program
- The Port Colborne General Hospital, established in the post-war boom, was a cornerstone of healthcare for residents of Port Colborne and the surrounding rural communities, and operated as a full-service community hospital with inpatient beds, a 24/7 emergency department, maternity services, diagnostic imaging, and general surgery.
- The hospital was municipally significant – not only as a care provider but also as a major local employer and symbol of community independence.

1990s–2000s: Regionalization and Service Reduction

- In the 1990s, Ontario's healthcare system began moving toward regional consolidation.
- The creation of the Niagara Health System (NHS) in 2000 brought together multiple hospitals and boards under a single administration.
- As a result, services were centralized to larger regional sites.
- Port Colborne General saw a gradual reduction in services, including the closure of its emergency department and inpatient beds.
- These decisions were met with strong public opposition and local advocacy efforts aimed at preserving community-based care.

2008–2010: Hospital Improvement Plan and Urgent Care Transition

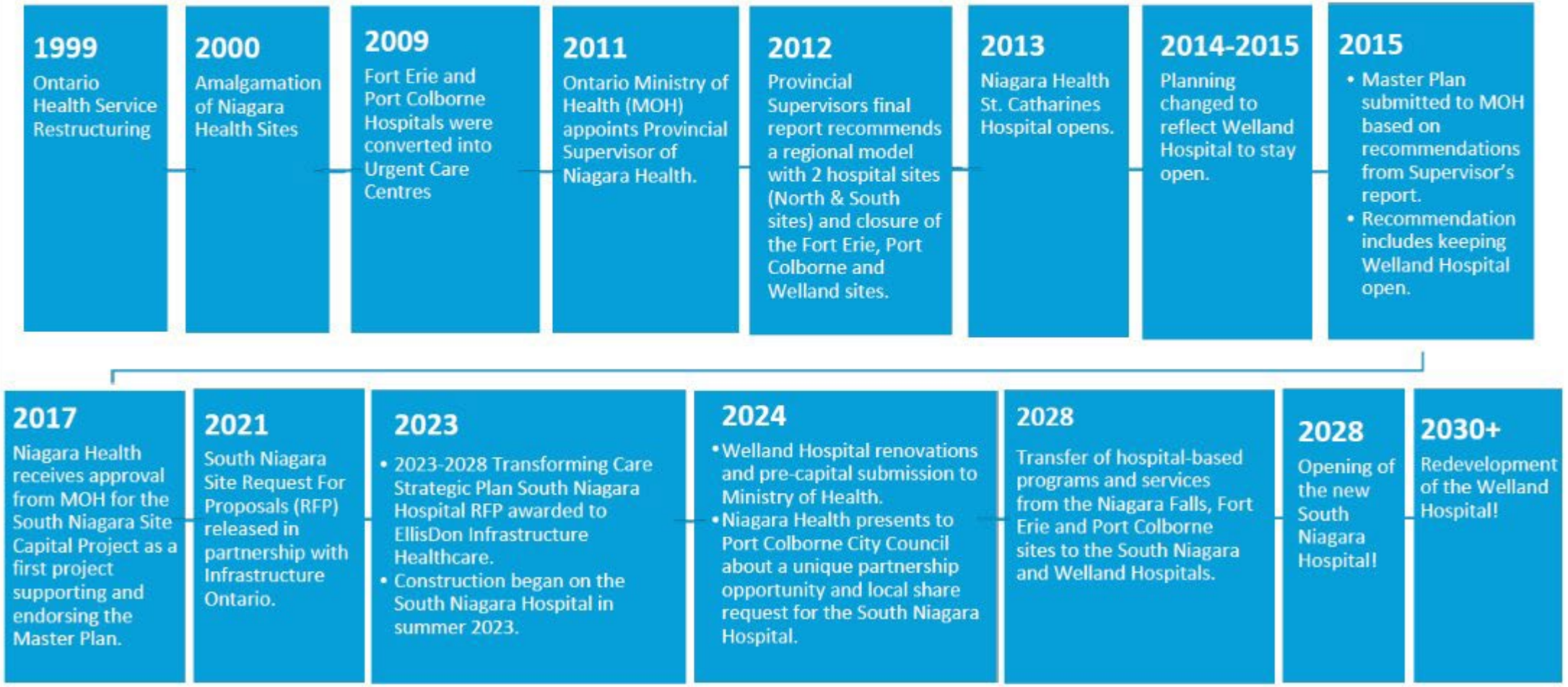
- In response to public concern and operational challenges, NHS released its Hospital Improvement Plan (HIP) in 2008, which formally transitioned the Port Colborne site into a Complex Care and Urgent Care Centre (UCC).
- The UCC opened in 2009, providing walk-in access to non-life-threatening urgent medical care, diagnostic services, and limited hours of operation.
- Though it filled a gap left by the loss of the emergency department, the shift marked a profound change in how Port Colborne residents accessed urgent and primary care.

2010s to 2020s: Rising Demand, System Strain, and Primary Care Gaps

- Over the following decade, Port Colborne's population aged significantly. By 2021, more than 25% of residents were over 65.
- At the same time, family physician shortages, limited specialist access, and increased dependence on the UCC for primary care, strained the local system.
- The earlier closures of obstetric and surgical services meant residents had to travel to Welland or St. Catharines for hospital-based care.
- Socioeconomic challenges – including lower household incomes, high rates of low-income seniors, and food insecurity – have further compounded healthcare access issues.

Niagara Health's Master Plan Journey

Transforming Care
niagarahealth



Source: Niagara Health

Today’s Presentation Outline

Who is responsible for healthcare?

- Healthcare delivery and funding in Ontario is complex because it involves multiple layers of responsibility shared between the provincial government, local providers, and federal partners.
- While the province funds and regulates most services - like hospitals, primary care, and long-term care - delivery is carried out by a mix of public, non-profit, and private organizations.
- Ontario Health oversees system coordination, but services are delivered locally through hospitals, Ontario Health Teams, and community agencies.
- Funding flows through a combination of global budgets, service-based payments, and targeted grants, making the system both adaptive and difficult to navigate.

Healthcare in Ontario

Emergency Services and Paramedicine

Canada Health Act (1985)

Canadian Charter of Rights & Freedoms (1982)

Private Businesses

The Primary Care Act (2025)

Provincial Government

Ontario Health

Public Health Local

Government Agencies

Municipal Social Services and Community Support

Public Health Agency of Canada Act (2006)

Controlled Drugs and Substances Act (1996)

Federal Government

Ontario Primary Care Action Plan

Ontario Ministry of Health

Housing

Non-Profit Organizations

Health Protection and Promotion Act

Accessible Canada Act (2019)

Department of Health Act (1996)

Niagara Ontario Health Team- Equipe Sante

Public Health Ontario

Municipal Government

Connected Care for Canadians Act (2024)

PORT COLBORNE

Healthcare Legislation: Provincial

The Primary Care Act (2025): Sets out six clear objectives for Ontario's publicly funded primary care system which will ensure people know what they can expect when connecting to primary care:

PROVINCE-WIDE
Every person across the province should have the opportunity to have ongoing access to a primary care clinician or team.

CONNECTED
Every person should have the opportunity to receive primary care that is coordinated with existing health and social services.

CONVENIENT
Every person should have access to timely primary care.

INCLUSIVE
Every person should have the opportunity to receive primary care that is free from barriers and free from discrimination.

EMPOWERED
Every person should have the opportunity to access their personal health information through a digitally integrated system that connects patients and clinicians in the circle of care.

RESPONSIVE
The primary care system should respond to the needs of the communities it serves and everyone should have access to information about how the system is performing and adapting.

Healthcare Legislation: Provincial

- Ontario Primary Care Action Plan: Mandate: 100% of people in Ontario are attached to a family doctor or a primary care nurse practitioner working in a publicly funded team, where they receive ongoing, comprehensive, and convenient care.
- Health systems with robust primary care systems have better health outcomes, lower healthcare costs, and more equity.
- Primary care visits are 33% of the cost of a visit to an emergency department in Ontario
- By providing care in the community, primary care reduces reliance on costly parts of the system such as emergency departments and hospitals.

We understand there will be an opportunity for funding proposals to improve primary care

Ministry of Health vs Ontario Health vs N-OHT

- Ministry of Health The provincial government department responsible for **overseeing, funding, and shaping** the healthcare system to serve the needs of Ontarians.

- Ontario Health is a super-agency **coordinating** Ontario's entire health system
    - Oversees hospitals, home care, primary care, mental health, long-term care
    - Supports Ontario Health Teams (OHTs) – local provider networks delivering integrated care
    - Manages provincial programs like cancer screening, digital health, and supply chain
    - Leads regional operations through Chief Regional Officers
    - Focus is on better coordination, improved access, system-wide accountability

- Niagara Ontario Health Team-Equipe Sante is a partnership of the Niagara region's health and social care providers organized under the Province's Ontario Health Teams initiative.
    - Works to create an inclusive, efficient health and social care system that integrates and streamlines the delivery of healthcare and social services
    - Helps Niagara residents access the care they need and improve the overall experience and health outcomes for Niagara's residents.

Social Determinants of Health

Social determinants of health (SDOH) are the non-medical factors that influence a person's health outcomes. These are the conditions in which people are born, grow, live, work, and age, and they shape both individual well-being and population health.

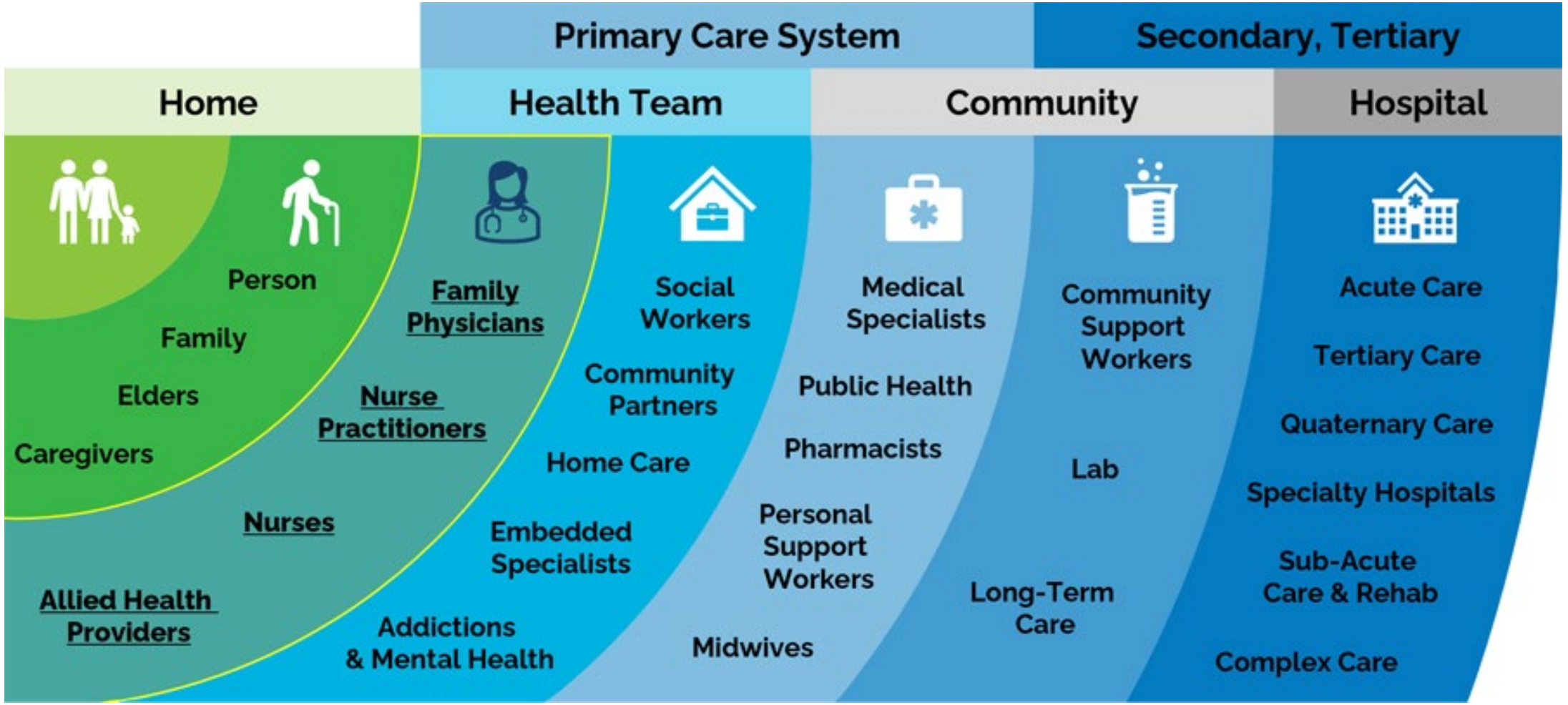
- Income and Social Status
- Employment and Working Conditions
- Education and Literacy
- Childhood Experiences
- Physical Environments
- Social Support Networks
- Access to Health Services
- Culture, Race and Racism
- Gender Identity and Sexual Orientation
- Food Insecurity

In Ontario, these are core to health equity planning. Populations disproportionately affected by negative SDOH include:

- Indigenous peoples
- Racialized communities
- Low-income households
- People with disabilities
- Seniors
- Newcomers and refugees

Sources: Canada.ca Ontario Health.ca Niagara Region.ca

Primary Care System vs Secondary and Tertiary



Source: Ontario's Primary Care Action Plan, Jan 2025

Today’s Presentation Outline

1. Recent Community Engagement Recap
2. Establishing a Healthcare Advisory Committee
3. Our Strategic Plan & Community
4. Overview: Health System in Port Colborne & Niagara
5. Healthcare Legislation, Roles & Responsibilities
6. Conclusion & Next Steps

PORT COLBORNE

Conclusion: Current State

- **Council's position: The UCC needs to stay open**
- **Funding for healthcare is decided at a provincial level**
  - Port Colborne is viewed as a component of a larger health system
- **Niagara Health has a pre-established path to close the UCC by 2028**
- The **province has announced the opportunity to submit applications for funding** is coming and we understand local physicians are planning to apply
  - Our **local primary care physicians support improved primary care**
- The number of **primary care physicians is dependent on the interprofessional health services** supporting them
- **Port Colborne barriers to healthcare**
  - Social economic (Aging population, education and household income)
  - Space for primary care physicians and interprofessional health services
  - Transportation out of the city (To emergency departments, specialists, medical imaging etc.)
  - Geographical location in the region (Further away from centralized services)

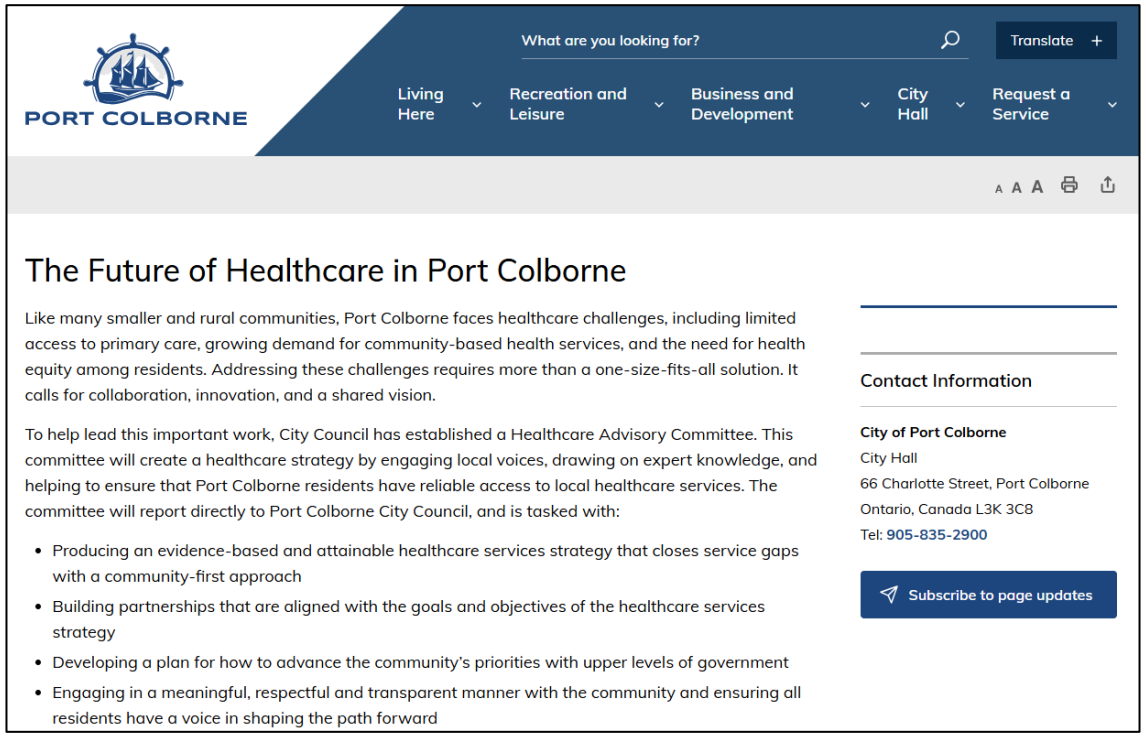
Conclusion: Ongoing Work

Ongoing

- Physician Recruitment
- Support for Pathstone and Memory Clinic
- Healthcare space development
- Transit and transportation infrastructure advocacy
- Regional, Provincial and Federal Government advocacy
- Outreach to partner agencies, community health services, local healthcare providers, businesses

Internal Committees

- Healthcare Advisory Committee
- Seniors Advisory Committee
- Social Determinants of Health Committee
- Mayor's Youth Advisory Committee



Webpage-The Future of Healthcare in Port Colborne

- Subscribe to receive latest updates

Next Steps

Supporting the Healthcare Advisory Committee

Mandate

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

Key Deliverables

- Develop and recommend to Council a comprehensive, evidence-based, and attainable, **healthcare services strategy** that includes core key performance indictors to measure success
- An assessment of the alignment of healthcare service proposals, initiatives and opportunities and their alignment with a Council approved healthcare service strategy
- A comprehensive upper level of government relations strategy to support the achievement of a Council approved healthcare service strategy; and
- Public engagement to support the work of the Committee in fulfilling its mandate

Thank you!

PORT COLBORNE

BOGGIO

Family of Pharmacies

Filling Healthcare Gaps: The Expanded Role of Pharmacists in Ontario

Presented By: Kyle Boggio

A Healthy Choice For Your Whole Life

Background – Healthcare Challenges in Ontario

- Aging population increasing demand on the system
- Primary care shortages (long wait times to see physicians)
- Emergency room overcrowding
- Inconsistent access to healthcare in rural/underserved areas

What is Primary Healthcare in Ontario?

- First point of contact in the healthcare system
- Day to day health services provided by family doctors, nurse practitioners and community health teams, among others
- Covers:
  - Diagnosing and treating common illnesses
  - Managing chronic conditions (ie. Diabetes, Asthma, Hypertension)
  - Preventative Care (ie. Immunizations and screenings)
  - Referrals to specialists and hospitals
- Goal: To provide comprehensive, continuous and accessible primary care

- **Having access to a primary care provider leads to better health outcomes**

Types of Primary Care Providers

Providers who can legally **diagnose medical conditions**:
Family Physicians (MD)
Nurse Practitioners (NP)
Physician Assistants (PA) Can diagnose under supervision
Midwives (Within a defined scope)
Chiropractors (Musculoskeletal)
Optometrists (Eye and Vision)
Dentists (Oral health only)

Providers who can **assess**:
Registered Nurses (RN)
Registered Practical Nurses (RPN)
Pharmacists (RPh)
Registered Dieticians (RD)
Social Workers (RSW)
Mental Health Therapists/Psychotherapists (RP)
Occupational Therapists (OT)

Many of these providers work in a team-based model like a Family Health Team (FHT), Nurse Practitioner-Led Clinics (NPLC), a Community Health Centre or independently in the community.

Why is primary care so important in Port Colborne?

Primary Care	Emergency Department (ED)
Provider who knows your history	A stranger who doesn't know your file or health history
Continuity of Care	One-time care, less or no follow-ups
Better management of chronic conditions	Focus on immediate symptoms, not on long-term health management
Lower system cost and pressure on hospitals	Higher cost per visit
Builds trusting relationships with providers	No ongoing patient-provider relationship
Promotes early intervention and prevention (proactive)	Tends to treat illness once it's become more complex (reactive)

Who Are Pharmacists?

- Medication experts trained in drug therapy, patient education, and health promotion
- Convenient and accessible in nearly every community
- Often available without an appointment
- Now trained in expanded clinical services

What's Changed? Expanded Scope of Practice Means Pharmacists Can Now:

- Prescribe for 19 common ailments, including (most common are highlighted:
  - Acne
  - Allergic rhinitis
  - Canker sores
  - Cold sores
  - Dermatitis
  - Diaper rash
  - Dysmenorrhea (menstrual cramps)
  - Fungal infections (e.g., athlete's foot)
  - Gastroesophageal reflux disease (GERD)
  - Hemorrhoids
  - Impetigo
  - Insect bites and hives
  - Musculoskeletal sprains and strains
  - Nausea and vomiting in pregnancy
  - Oral thrush
  - Pinworms and threadworms
  - Pink eye (conjunctivitis)
  - Urinary tract infections (UTIs)
  - Tick bites (post-exposure prevention of Lyme disease)
- Renew and adapt prescriptions
- Administer vaccines and medications
- Chronic disease management (e.g., diabetes, hypertension)

Filling the Gaps – Access to PrimaryCare

- Pharmacists provide faster access for minor ailments
- Relieves pressure on family doctors and walk-in clinics
- Helps patients avoid unnecessary ER visits
- Ideal for those without a family doctor (1.8+million Ontarians)

Chronic Disease Management

- Pharmacists support medication adherence and lifestyle counseling
- Frequent interactions with patients = better ongoing care
- Examples:
  - Monitoring blood pressure
  - Diabetes management
  - Smoking cessation support

Public Health and Prevention

- Immunizations (flu, COVID-19, RSV, pneumonia, shingles, etc.)
- Health screenings and education
- Harm reduction (e.g., naloxone distribution)
- Emergency contraception

Pharmacist-Led Primary Care Clinics – Alberta Example

- Walk-in style
- Services provided include:
  - Prescribing for minor ailments
  - Managing chronic diseases (go to the primary care **pharmacist** *INSTEAD* of the primary care physician
  - Ordering and interpreting lab tests
  - Administering vaccinations and injections
  - Providing health assessments and referrals when needed

Pharmacist-Led Primary Care Clinics – Alberta Example

- Benefits: reducing wait times and enhancing access to care
- Next steps for Ontario:
  - Adopt or expand this model with legislative amendments
  - Ongoing discussions between government and pharmacy advocacy groups
  - No concrete plan to move forward yet
- What we can do now interim:
  - Optimize medical directives for specially-trained pharmacists
  - Requires coordination with a physician or hospital system

Economic Impact

- Reduces system costs by preventing hospital/ER visits
- More efficient use of healthcare professionals
- Helps patients return to work/school faster
- Studies show pharmacist care improves outcomes at lower costs

Real-World Examples

- Example 1: UTI treated by pharmacist = no urgent care or ER visit. In most cases this treatment will be effective and no additional follow up is required.
- Example 2: Uncontrolled hypertension—Pharmacist monitors blood pressure, adjusts anti-hypertensive doses, refers to primary care or triage to emergency care (not urgent care) for hypertensive emergencies.
- Example 3: Diabetes management—Pharmacist provides lifestyle and medication advice, which improves A1c and prevents complications and unnecessary primary care visits.

How can Pharmacists support Port Colborne's Urgent Care shortages?

- Increase patients' awareness on Pharmacists' Expanded Scope of Practice
- "Pharmacy first" model: Patients are encouraged to be assessed by their pharmacist for referral to an appropriate health care provider (ex. Pharmacist, Walk-in Clinic, Urgent Care, or ER)
- Continued advocacy efforts in increasing pharmacist services to meet practice standards of other provinces

PHARMACISTS' SCOPE OF PRACTICE IN CANADA

✓ Implemented in jurisdiction

P Pending legislation, regulation or policy for implementation

X Not implemented

		BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL	YT	NWT	NU
Prescriptive Authority (Schedule 1 Drugs)	Independently, for any Schedule 1 drug	X	✓[4]	X	X	X	X	X	X	X	X	X	X	X
	In a collaborative practice setting/agreement	X	✓[4]	✓[4]	✓[4]	X	✓	✓	✓	X	X	X	X	X
Initiate[1,2]	For minor ailments/conditions	✓	✓	✓	✓[4]	✓	✓	✓	✓	✓[4]	✓	✓	X	X
	For smoking/tobacco cessation	✓	✓	✓	✓[4]	✓	✓	✓	✓	✓[4]	✓	✓	X	X
	In an emergency	✓[6]	✓	✓[6]	✓[7]	✓	✓	✓	✓	✓	✓[6]	✓[6]	X	X
Adapt/ Manage[1,3]	Make therapeutic substitution	✓	✓	✓[8]	X	X	✓[15]	✓	✓	✓	✓	✓	X	X
	Change drug dosage, formulation, regimen, etc.	✓	✓	✓[8]	✓	✓	✓	✓	✓	✓	✓	✓	X	X
	Renew/extend prescription for continuity of care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
Injection Authority (SC or IM)[1,4]	Drugs[5]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X
	Vaccines[5]	✓	✓	✓	✓	✓	✓[16]	✓	✓	✓	✓	✓	X	X
	Influenza vaccine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X
Labs	Order and interpret lab tests	✓	✓	P[9]	✓[10]	X	✓	P[11]	P[9,12]	✓[13]	X	X	X	X
Techs	Regulated pharmacy technicians	✓	✓	✓	✓[14]	✓	✓	✓	✓	✓	✓	X	X	X

How is the Boggio Group helping?

- We continue to make robust investments into providing physical space necessary for the provision of primary healthcare in Port Colborne and the rest of South Niagara.
- Larry, Aaron and I are born and raised in Port Colborne and these investments been a way for us to give back to a community that has supported us since 1983. We feel we have an ethical and moral obligation to serve the people of Port Colborne.
- We are currently undergoing a renovation and remodel to add additional space for care providers in our building in Port Colborne, and exploring additional opportunities to enhance the physical footprint of the space to welcome more care providers and services.
- We are solely incentivized by the additional foot traffic that our pharmacy business sees and without that additional foot traffic, investment into physical spaces would not be feasible.
- The subsidization of publicly owned space by any level of government makes continued or future investment by private enterprise more difficult further eroding access to care in the future.

BOGGIO
Family of Pharmacies

A Healthy Choice For Your Whole Life

Questions?

Healthcare Advisory Committee

Information Package

PORT COLBORNE

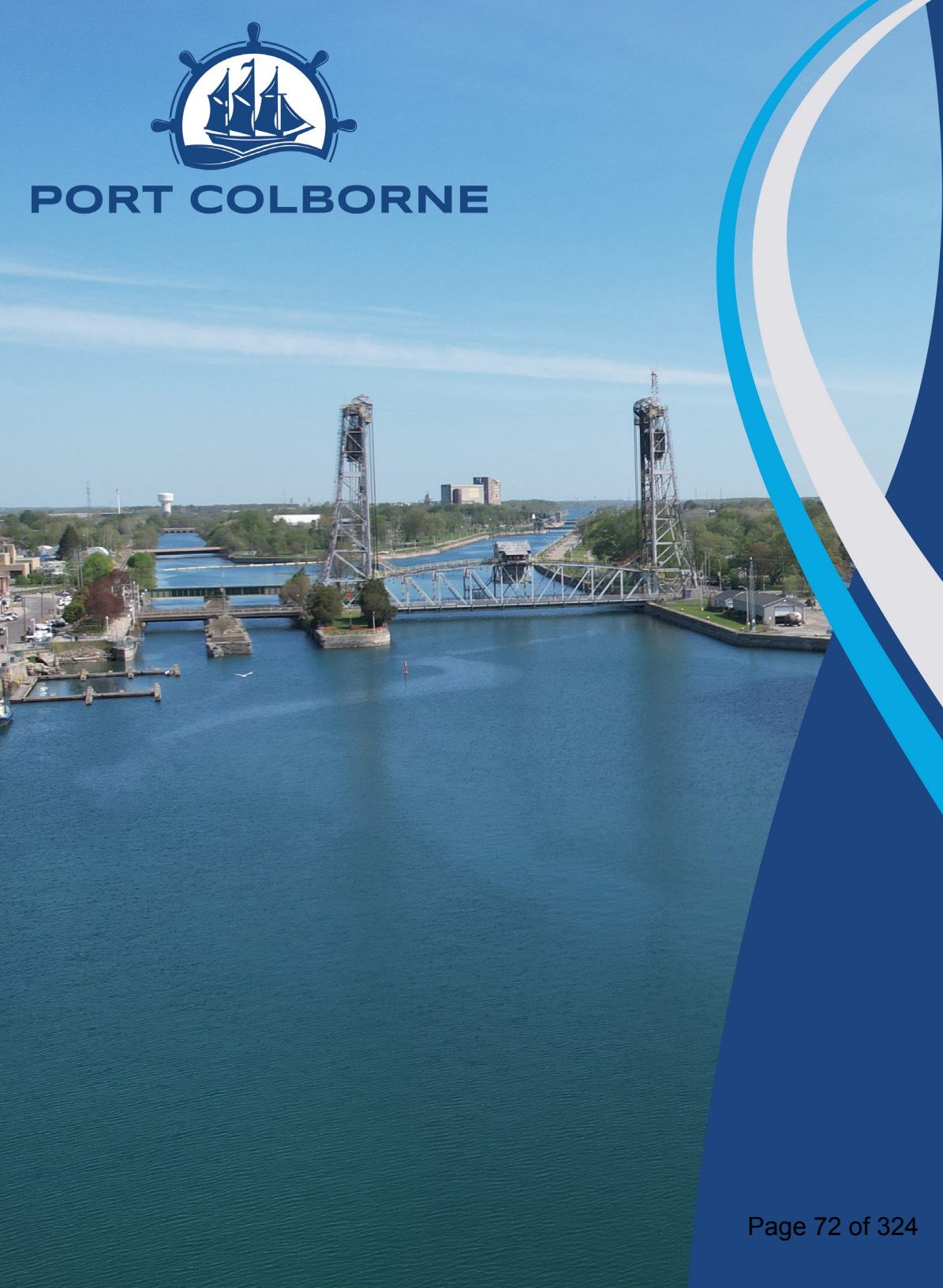
July 9, 2025

Healthcare Advisory Committee-July 9, 2025 Information Package

Organization/Agency	Item	Description
City of Port Colborne	Strategic Plan	Overview of corporate priorities 2023-2026.
City of Port Colborne	Letter sent on April 9 2025	Re: Provincial Healthcare Advocacy Letter and Motion.
City of Port Colborne	Report by Dillon Consulting	City of Port Colborne Growth Analysis Review Report. April 2023.
City of Port Colborne	Report by Watson & Associates Economists LTD.	City of Port Colborne Growth Forecast Update to 2036. January 19, 2024
Niagara Region	2022 Niagara Region Official Plan	Includes growth forecasting.
Niagara Region	Health Impact Assessment Guide	A Health Impact Assessment (HIA) is a practical approach used to judge the potential health effects of a policy, program or project on a population, particularly on vulnerable or disadvantaged groups.
Niagara Connects and Niagara Knowledge Exchange	Living in Niagara 2023 Report	Critical Indicators for Reflecting on Life in Niagara.
Niagara Health	Hospital Improvement Plan 2008	Addendum to the Niagara Health System Hospital Improvement Plan (HIP).
Niagara Health/Dr. Kevin P.D. Smith Supervisor	Report to Hon. Deb Matthews, 2012	Report to the Hon. Deb Matthews-Minister of Health and Long-Term Care on Restructuring of the Niagara Health System
Ontario Hospital Association	Funding for the Future: Reimagining How We Organize, Fund and Deliver Care in Ontario	Summary from the Health Care Financing Forum, Nov 2023.
Office of the Auditor General of Ontario	Emergency Departments 2023 Value-for-Money Audit	Includes discussion on Urgent Care Centres.

Canada Health	Canada Health Act Annual Report 2023-2024	Canada Health's annual report (2023–2024) details Ontario's physician payment structures — fee-for-service, blended capitation, and alternate plans — with over 78% of primary care providers on non–fee-for-service models. It also outlines the province's hospital funding mix: global budgets, volume-based funding, and PBF mechanisms introduced in 2012

PORT COLBORNE



City of Port Colborne
STRATEGIC PLAN
2023-2026

MESSAGE FROM
MAYOR WILLIAM C. STEELE

As we embark on a new Council term, it gives me great pleasure to present the City of Port Colborne's 2023-2026 Strategic Plan. We have brought together a variety of voices, listened to ideas, and arrived at a plan that will take us into the future as a thriving, sustainable community. I look forward to working together with City staff and our community partners to take the next steps toward reaching our goals.

— Mayor William C. Steele

MESSAGE FROM
CAO SCOTT LUEY

Building on the strengths of the 2020-2023 Strategic Plan, I am pleased to usher in the next stage of our planning for Port Colborne's future. This plan lays out where we want to go and how we believe we can get there. In a world that continues to change so rapidly, it will keep us focused on our priorities and moving forward in the right direction.

I would like to thank the City's committed staff for their continuing commitment to excellence and to providing innovative solutions for the betterment of our community, its residents, businesses, and stakeholders. Working together with Council, staff are ready to make our vision a reality.

The City of Port Colborne's leadership team joins me in ensuring that strong administration and open communication remain key factors in everything we do. I encourage you to follow along as we share our progress and celebrate the many people who work hard to make a positive impact.

— Scott Luey, CAO

INTRODUCTION

Welcome to the City of Port Colborne's 2023-2026 Strategic Plan. This plan is a guiding document to assist Council and staff in priority setting, resource allocation, and decision-making for the new Council term. As such, it provides a line of sight for staff to understand the connection between their day-to-day responsibilities and the vision and mission of the organization. Furthermore, this plan not only helps create organizational alignment on delivering Council's priorities, but it also gives the community insight into the actions planned to meet these priorities.

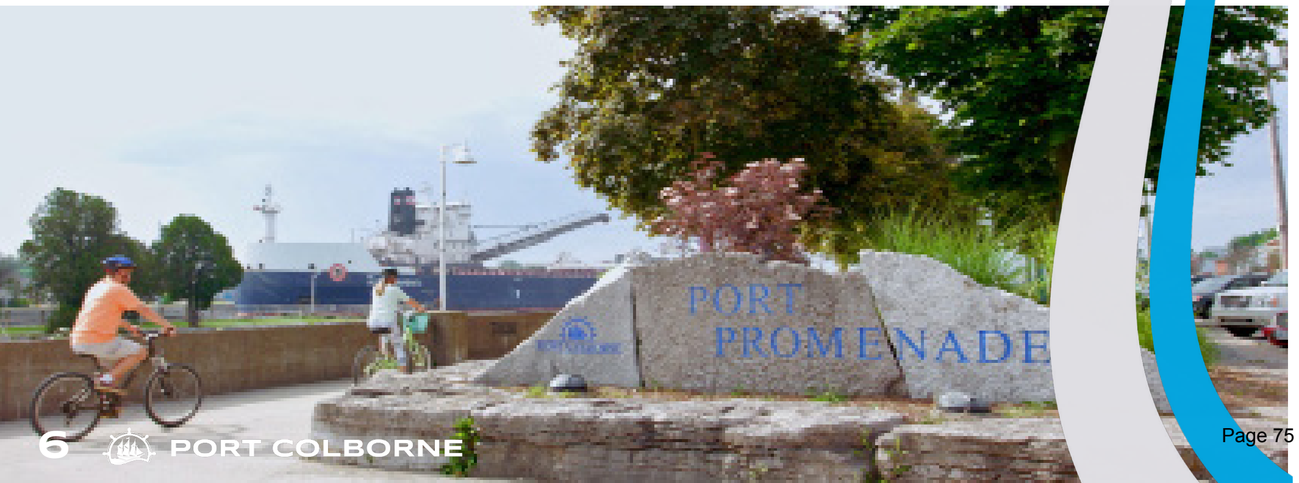
This plan remains a living document, as strategic planning is an ongoing process that requires flexibility and responsiveness within a municipal landscape affected by global events. It will serve as our map, charting the path forward while at the same time leaving us room to adapt to sudden and unexpected change.

COMMUNITY ENGAGEMENT

To assist in finalizing this strategic plan, a survey was conducted that spanned four weeks and totaled 503 responses (449 online and 54 print). Communication about the survey utilized both social and traditional media platforms, through which an adequate cross-section of the community was notified about the opportunity to identify issues and concerns important to them. A full report of the survey results can be found on the City's website. Analysis of the data revealed patterns and relationships that align with the goals in this strategic plan.

2023-2026 STRATEGIC PLAN

We are a small city and we want to retain this character and feel. Yet, we are also on the cusp of growth – residential, commercial, industrial, and economic – that brings exciting new opportunities. To balance welcoming change and preserving quality of life, we must have strategies to help us build the future we want for our city. Some things will stay the same. We will continue to preserve our waterfront and support the need to integrate industry with the key economic sectors that inject vibrancy into our neighbourhoods and business districts. Our commitment to delivering excellent customer service in everything we do will continue to permeate throughout the organization. We will continue to value our partnerships with the stakeholders and dedicated volunteers from non-profit organizations who do so much to improve the community. We will look to the future in a positive, proactive way, while also honouring the qualities that have made Port Colborne so unique. Moreover, we recognize our shared responsibility to protect and improve the health of our natural environment, the foundation of our economic prosperity, and the strength of our social fabric. The decisions we make will embrace the principles of conservation, efficiency, and innovation, and they will be leveraged to ensure accessible spaces and services are provided for all.



VISION, MISSION, AND CORPORATE VALUES

VISION STATEMENT:

This vision statement expresses the organization's desires for the future.

A healthy and vibrant waterfront community embracing growth for future generations

MISSION STATEMENT:

This mission statement clearly and concisely expresses the immediate goals of the organization.

To provide an exceptional small-town experience in a big way

CORPORATE VALUES:

These values encompass beliefs and behaviours supported by all members of the organization so that everyone can work toward common goals in a positive and cohesive way.

Integrity – We interact with others ethically and honourably

Respect – We treat each other with empathy and understanding

Inclusion – We welcome everyone

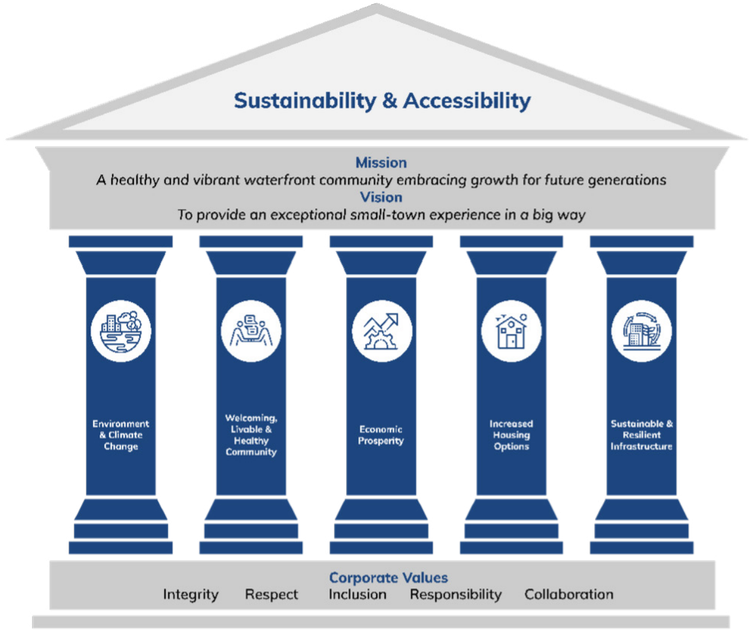
Responsibility – We make tomorrow better

Collaboration – We are better together

STRATEGIC PILLARS

Our strategic pillars are based on key themes that emerged from roundtable discussions with Council and staff as well as the results from the community engagement process. These pillars were developed to support our vision and mission statements, and they are canopied by the concepts of sustainability and accessibility. Connecting the three core areas of sustainability – environmental, social and economic – to the importance of accessibility (for all) gives the structure an overarching element and a lens through which to view our decisions, actions, and outcomes.

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



ENVIRONMENT AND CLIMATE CHANGE

Our goal is to protect and improve our natural environment through conservation, efficiency, and innovation. Environmental sustainability is key to our future as a healthy and vibrant community. We will make positive environmental choices in all we do.

WELCOMING, LIVABLE, AND HEALTHY COMMUNITY

Our goal is to foster a sense of belonging and enhance our community's quality of life by supporting social, cultural, recreational, health, and wellness opportunities for all Port Colborne residents. A successful community is one in which its people are thriving, and this encompasses more than just economic prosperity. Clean air and water, accessible spaces, and the celebration of our diversity are just some of the things that will enrich our physical, mental, and emotional well-being.

ECONOMIC PROSPERITY

Our goal is to ensure that Port Colborne is investment-ready. With 130 million people located within a day's drive, we are ideally positioned to easily connect with customers and suppliers. Situated on the north shores of Lake Erie and at the southern terminus of the Welland Canal, our competitive advantage is our location.

Unique to us is our multi-modal transportation offerings. We own the city's rail assets, we are on the Province's main highway grid with only a short connection to the 400-series highways, and we partner with the Seaway (St. Lawrence Seaway Management Corporation) and others to provide access to the waterway (also known as Highway H2O).

Our economic development, planning, and building departments coordinate together on helping develop residential, commercial, and industrial lands that any developer would find affordable compared to many other locations.

INCREASED HOUSING OPTIONS

Our goal is to support the development of affordable housing. Housing affordability is a public policy and socio-economic issue facing Port Colborne, Niagara, and municipal governments across the country. Provincial calls for more housing density and an end to exclusionary municipal rules that block or delay new housing require us to ensure our decision-making approach on land-use planning, growth, and development is coordinated, creative, and centred on the current and future needs of our community.

SUSTAINABLE AND RESILIENT INFRASTRUCTURE

Our goal is to build new infrastructure, renew existing infrastructure, and upgrade facilities and public spaces for our current residents and to plan for future growth. We will leverage the storm sewer and wastewater improvements made in recent years to continue supporting more affordable residential wastewater charges.

GOALS AND MEASURES

A guiding document such as this must challenge the organization to make directional improvements – even though the upward progression will always have its leaps, plateaus, and dips – in pursuit of its vision. Goals and measures have been set to manage the strategy inherent in each of the five pillars. All of these goals are non-financial in nature but do carry financial implications that can be impacted by everchanging external factors – economic forces, natural or environmental events, political and legal change, social trends, and technological developments. As a result, costs and fluctuations in cost will be taken into consideration during the City's budget process.

ENVIRONMENT AND CLIMATE CHANGE

Goal:
To adapt to the global climate emergency

Measures:
Reach net-zero energy by 2040 through reduced greenhouse gas emissions and improved energy efficiency

Goal:
To grow the total tree population

Measures:
Increase the canopy cover to 40% by 2040
- Currently 32%

Goal:
To improve the resiliency of the storm sewer system against current and future climate-related risks and disasters

Measures:
- Replace the storm sewer system in areas impacted by seiche flooding events
- Minimize vulnerabilities to residences and businesses by reducing inflow and infiltration to the wastewater system

WELCOMING, LIVABLE, AND HEALTHY COMMUNITY

Goal:
To support our community health

Measures:
- Invest in physician recruitment activities to reach 14 family physicians by 2026
- Facilitate partnerships that provide funding for health and social programs

Goal:
To provide exceptional park and community event experiences

Measures:
- Meet a benchmark of 13.1 km of trails per 20,000 residents
  - Currently 19.75 km per 20,033 residents
- Focus on new trails on Welland Avenue and from the T.A. Lannan Sports Complex to Lockview Park and Lock 8 Gateway Park
- Meet a benchmark of one park per 2,014 residents
  - Currently 3.4 parks per 2,014 residents
- Meet a benchmark of 11.3 of park acreage per 1,000 residents
  - Currently 20.59 acres per 1,000 residents
- Benchmark a positive net promotor score for community events

Goal:
To lead collaboration in support of a welcoming, livable, and healthy community through partnerships with non-profits

Measures:
Benchmark a positive net promotor score with non-profit partners

ECONOMIC PROSPERITY

Goal:

To develop policies and principles to revitalize lands, buildings, and infrastructure

Measures:

- Establish growth management principles to intensify density and an appropriate mix of housing in the urban core
- Incentivize private sector investment in commercial façade improvements, residential redevelopment, brownfield remediation, and industrial redevelopment through new or improved CIPs

Goal:

To build relationships that are supportive of doing business within the city and increasing household income levels

Measures:

- Benchmark a positive net promotor score with existing and new members of the business community
- Bring household income closer to the Niagara median

Goal:

To develop property progressively and judiciously

Measures:

- Develop new industrial park on Invertose Road and Progress Drive
- Partner on the redevelopment of wharves 18.1, 18.2, and 18.3
- Develop redundant lands in the H.H. Knoll Lakeview Park area
- Develop the lands between Lakeshore Catholic High School and Chestnut Street

INCREASED HOUSING OPTIONS

Goal:

To develop policies, by-laws, and processes that provide more and diverse (form and tenure) housing options

Measures:

- Update the Official Plan and Zoning By-law
- Streamline the development approvals process and implement a minimum affordable housing target requirement
- Incentivize affordable housing development through new or improved CIPs

Goal:

To increase the number of affordable housing options

Measures:

- Track annual changes in the number of housing units and type of housing options

SUSTAINABLE AND RESILIENT INFRASTRUCTURE

Goal:
To sustainably renew and improve infrastructure

Measures:
- All stormwater assets to have a remaining asset life of 20% or greater by 2030
  - Currently 96%
- All wastewater assets to have a remaining asset life of 20% or greater by 2030
  - Currently 80%
- All water assets to have a remaining asset life of 20% or greater by 2040
  - Currently 64%
- All bridges and culverts to have a Bridge Condition Index (BCI) of >= 41 by 2030
  - Currently 98%
- All roads and sidewalks to have a Pavement Condition Index (PCI) of >= 35 by 2030
  - Currently 97%
- All facilities rate to have a Facility Condition Index (FCI) of <= 10% by 2030
  - To be calculated at the Asset Management Plan (AMP) update in June 2024
- All parks to have a "to be replaced within the near-term" rating by 2030
  - To be calculated at the Asset Management Plan (AMP) update in June 2024

Goal:
To implement capital projects required for the sustainability of the water, wastewater, and storm water rate systems

Measures:
- Reduce the wastewater to water ratio to 1 by 2040
  - Currently 2.17
- Reduce the water loss rate to 15% by 2040
  - Currently 35%

Goal:
To fund infrastructure resulting from growth

Measures:
- Complete a Development Charges (DCs) study and implement new DCs by January 1, 2024

IMPLEMENTATION AND REPORTING

A strategic plan is only as strong as its implementation, and it is crucial to provide regular updates. A pledge to reporting on this plan's action items reflects the City of Port Colborne's ongoing commitment to accountability and transparency. With this in mind, updates on the progress of the 2023-2026 Strategic Plan will be made available through the City's website and reports to Council on a trimester basis.

The balanced scorecard (BSC) – a system for managing long-term strategy that is driven by the vision of the organization and applied by setting goals and measures – will be the framework used to gauge our success. Achieving a balanced focus between the following four perspectives will enable the City to respond in an environment influenced by rapid change, social responsibility, innovation, and the recruitment and retention of high-quality employees.

PEOPLE • SIMPLE • CUSTOMERS • VALUE

When we, the City of Port Colborne, take care of our *people* by promoting a healthy, positive, and collaborative organizational culture, we can make our processes *simple* and, in turn, benefit our *customers* who, ultimately, want us to pursue innovative projects of *value.*

These four perspectives will be used at the operational level and integrated into every departmental/divisional work or tactical plan. This consistency in our reporting approach will allow project-specific information and departmental/divisional objectives to be consolidated in a way that will show a comprehensive overview of the City's performance from 2023 through 2026.

PORT COLBORNE

Legislative Services

Municipal Offices: 66 Charlotte Street
Port Colborne, Ontario L3K 3C8 · www.portcolborne.ca

T 905.228.8031 F 905.834.5746
E charlotte.madden@portcolborne.ca

April 9, 2025

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
premier@ontario.ca

The Honourable Sylvia Jones
Minister of Health
5th Floor, 777 Bay Street
Toronto, ON M7A 2J3
Sylvia.Jones@ontario.ca

Dear Honourable Doug Ford and Honourable Sylvia Jones:

Re: Provincial Healthcare Advocacy

Please be advised that, at its meeting on April 8, 2025 the Council of The Corporation of the City of Port Colborne passed the following motion:

Whereas the Province of Ontario has appointed Dr. Philpott as the Chair of the New Primary Care Action Team to develop a strategy to address the shortage of primary care physicians with a mandate to attach all Ontarians to primary care in the next five years (2030); and

Whereas the City of Port Colborne has a population of over 20,000 residents, with just under 10,000 who do not have a primary care physician within the city of Port Colborne, demonstrating a need for improved primary care in the community; and

Whereas residents in Port Colborne require access to local primary care, resulting in a reliance on the Port Colborne Urgent Care Centre as their first point of contact with the healthcare system , which will continue beyond the opening of the South Niagara Hospital in 2028; and

Whereas accessing healthcare services outside of Port Colborne is challenging for residents due to transportation concerns, with all routes to other communities only having one lane for both directions of traffic, and three bridge canal crossings, any obstruction –

whether from an accident, construction, or even heavy traffic – can cause serious delays. This limited access raises concerns not only about access but also about safety, especially in emergencies; and

Whereas Port Colborne is expecting an incredible amount of housing and industrial growth, with over $2 billion in building permits in 2024, and 7,000 housing units in the development pipeline, which is more than double the number of houses within Port Colborne's urban boundary; and

Whereas the summer population in Port Colborne grows to 40,000 which exacerbates the strain on infrastructure and local healthcare options; and

Whereas Niagara Health's plan has not considered the significant development happening and expected within Port Colborne; and

Whereas Niagara Health's plan to end urgent care and other operations at the Port Colborne site does not consider the need for diagnostic services within the Port Colborne community; and

Whereas, on a recent survey of Port Colborne residents, 96 per cent of residents reported they thought Port Colborne required urgent care healthcare services.

Whereas over 4,000 people – more than 20 per cent of the community's population within just a few weeks – have respectfully expressed their wishes to save and restore the 24/7 urgent care services in Port Colborne via a petition submitted to the Council for the City of Port Colborne, attached hereto; and

Whereas the Council for the City of Port Colborne desires to request for a continuation of funding for Port Colborne Urgent Care Centre operations, without reduction of any funding to Niagara Health for construction and operation of the new South Niagara Hospital; and

Now, therefore, be it resolved,

That: The City of Port Colborne Mayor and Council formally requests the Province of Ontario to continue funding for urgent care health services at Niagara Health's Port Colborne site, without reduction of any funding to Niagara Health for construction and operation of the new South Niagara Hospital; and

That: The City of Port Colborne Mayor and Council formally requests the Province of Ontario to continue funding of diagnostic services, including imaging, with expanded services to support mental health counselling support and addiction services, and other allied health services, including physiotherapy; and

That: The City of Port Colborne Mayor and Council requests that the Province of Ontario put a moratorium on the closure of urgent care centres and the implicit removal of primary care health services from the City of Port Colborne and all small and rural communities in

Ontario until Dr. Philpott's mandate is complete to ensure that all Ontarians are attached to a primary care physician; and

That: This resolution be forwarded to Niagara's local MPPs and circulated to the Rural Ontario Municipal Association and all Ontario municipalities.

Sincerely,

C. Madden

Charlotte Madden
City Clerk

ec: Niagara Region MPP's
- Wayne Gates
- Jennie Stevens
- Jeff Burch
- Sam Oosterhoff

Rural Ontario Municipal Association
All Ontario Municipalities

DILLON CONSULTING

City of Port Colborne

Growth Analysis Review

Final Report

July 2023

This page is left intentionally blank.

Executive Summary

Niagara Region had recently completed their Municipal Comprehensive Review exercise, which consisted of population and growth projections and associated local municipal allocations to the 2051 planning horizon. The outcomes of this exercise were implemented through the Niagara Official Plan, which recently received Ministry approval. The Region had assigned the following to the City of Port Colborne:

- A total population of 23,230 in 2051;
- A total employment of 7,550 in 2051;
- A total of 10,500 housing units in 2051, translating into an allocation of 2,300 housing units over the 2021-to-2051 period;
- An intensification target of 30% (690 units); and,
- A Designated Greenfield Area (DGA) target of 50 people and jobs per hectare.

To reflect these Regional targets in the official plan for Port Colborne, the City must undertake their official plan conformity exercise in the short-term, as well as update their Development Charges (DC) By-law. This update would enable the City to fund and support infrastructure needs in the community. It is understood; however, that there is some concern that the Regional allocations have generally underestimated growth.

While Municipalities must incorporate the Regional allocations into their official plans, they are permitted to plan for additional growth within a fixed urban boundary, if it is anticipated to exceed what was allocated by the Region. To best position the City for growth, the purpose of this report is to provide the City with:

- An estimate of capacity for residential and employment growth in the City; and,
- Guidance on implementation as to how this capacity analysis should be used to inform the DC By-law update, infrastructure planning, and the City's new Official Plan growth framework.

This Growth Analysis Study for Port Colborne concluded that there is capacity within the City's existing urban area to accommodate a level of growth that exceeds the Region's 2051 forecast, and an urban expansion is not necessary.

Understanding Residential Growth

With respect to Port Colborne's residential growth potential, there appears to be capacity within the Built-up Area (BUA) to accommodate approximately 1,802 units and 4,648 units within the DGA, for a total of 6,448 units.

Policy Area	Development Pipeline	Vacant Lands	Intensification/ Redevelopment	Total Units
Built-up Area	**865**	**427**	**510**	**1,802**
Intensification Area 1	21	66	102	189
Intensification Area 2	96	4	409	509
Rest of the Built-up Area	748	357	-	1,105
Designated Greenfield Area	**3,284**	**1,362**	**-**	**4,646**
TOTAL	**4,149**	**1,789**	**510**	**6,448**

A summary of what the City's overall growth capacity of 6,448 units would convert to in terms of overall years of supply is presented below:

Scenario	Annual Growth (units)	Total Residential Capacity (Pipeline+ Vacant + Intensification)	Estimated Years of Supply
Region	77 units annually	6,448	84 years
5-year Building Permit Average	65 units annually	6,448	99 years
High Pace	150 units annually	6,448	43 years
30-year "work back" Pace	215 units annually	6,448	30 years
Ultra-High	300 units annually	6,448	22 years

In terms of growth capacity by type, the overall mix is as follows:

- 3,018 low density units, with 83% of these units (2,517 units) located within the DGA;
- 2,118 medium density units, with 82% of these units (1,742 units) located within the DGA; and,
- 1,312 high density units, with 70% of these units (925 units) located within the BUA.

With respect to affordable housing, there will likely continue to be a strong demand for affordable, ground-related housing across the Greater Golden Horseshoe, including in the City of Port Colborne. To support the Province's goals on affordable housing, the City is working to find creative ways (e.g., accommodating additional residential units as of right) to use land more efficiently to accommodate current and future residents within the existing urban boundary. The combination of affordable housing prices, streamlined approvals process and range of incentive programs and grants, including Community Improvement Plans (CIP) for strategic areas within the community, position the City very well to accommodate demand for housing within Niagara Region and the broader Toronto metropolitan area.

Understanding Employment Growth and Management Implications

Growth in the resident labour force, over time, will make the community more attractive for all types of employment, including industrial type employment for which the current land supply is constrained. This anticipated demand would translate into approximately 200 net acres at a density of 20 jobs per net hectare. Providing an adequate and marketable supply of lands to accommodate this demand will be an important consideration for the City to compete in the regional industrial market.

Forecasted total employment over the period to 2051 is presented below:

Employment Type	2021	Growth	2051
Major Office Employment	0	0	0
Population-Related Employment	3,470	2,671	6,141
Employment Land Employment	2,209	2,051	4,260
Rural Employment	915	445	1,360
TOTAL	**6,594**	**5,166**	**11,761**

The forecast in employment results in growth across all of the major land use planning types, with the exception of major offices. No major office employment growth is anticipated; however, the COVID pandemic has led to a number of changes to the nature of work, particularly the rise of 'hybrid' work models and smaller shared work environments.

More rapid population growth is anticipated to drive more population-related employment, including retail, institutional and growth in other jobs serving the resident population as well as work-at-home employment.

Some growth in marine-related jobs is anticipated to arise from the planned federal investment in canal-related infrastructure. This could potentially have knock-on effects for retail activity related to the cruise-ship business or for supporting marine-related uses such as distribution and logistics that could be accommodated on the existing occupied land supply closer to the canal or vacant industrial lands to the north.

Recommendations and Next Steps

The following seven (7) recommendations are for the City to pursue and implement to best position themselves to manage future residential and employment growth:

1. **Define and implement the City's vision for growth**, as part of the City's Official Plan Review Process, to ensure that the City:
   - Implements the Niagara Regional Official Plan's minimum population allocations, density targets and intensification targets in the New Official Plan; and,
   - Assigns "aspirational targets" as part of a broader long-term growth management strategy to best position the City for growth.
2. **Establish a robust urban hierarchy that identifies priority areas for growth and an intensification strategy through the official plan review process**. A robust structure of

precisely delineated priority growth areas (including nodes and corridors) would support the City's vision and principles for growth, provide the municipality with focus for infrastructure and community facilities investment, and communicate to the community and developers the structure, priority areas, and series of policies (intensification, redevelopment, optimization, height, density, built form, urban design, compatibility/transition, etc.) for growth.

3. **Identify policy opportunities to diversify the City's housing stock**, given the recent shift toward increased medium density and higher density development. A diverse housing stock would help the City to address affordability challenges identified through the City's Housing Strategy, as well as implement some of the Housing Strategy's strategic directions, as best addressed through:
   - Introducing housing mix targets for new Greenfield developments, through Secondary Planning Processes, and targets for redevelopment within intensification areas;
   - Ensuring that the new Official Plan contains policies to support the development of affordable housing, including implementing any targets for new affordable units and thresholds for affordability (as set out in the Housing Strategy);
   - Broadening the range of permitted uses in the various residential land use categories to maximize flexibility (e.g., eliminate "single family zoning", expand permissions for blending higher density uses within medium density areas where appropriate); and,
   - Updating policies to support additional residential units to conform with the most recent *Planning Act* changes, as highlighted in Section 4.2.4 of this Report and Recommendation 8 of the City's Housing Strategy.
4. **Develop a framework for assessing compatibility of redevelopment and intensification at the periphery of identified Intensification Areas, Nodes, and Corridors and other priority areas for growth**. This framework would ensure that neighbourhood change can be managed in a context-sensitive and appropriate manner that balances the need to preserve locally significant cultural, built, and natural heritage assets while it allows for appropriate neighbourhood change and to mitigate compatibility impacts of adjacent or nearby intensification.
5. **Align the employment lands planning framework with the economic development strategy,** to help the City with supporting a suitable and appropriate supply of employment lands to accommodate new business investment. The City should provide an appropriate range and mix of industrial parcel sizes and configurations for a variety of employment uses, especially land-extensive uses such warehousing and distribution.

   Being ready for investment would also ensure that connections to utilities and municipal servicing are in place. To best position the City's employment lands, the City should prepare:
   - A short- and long-term phasing strategy, in collaboration with its Regional partners, to provide the necessary infrastructure to facilitate growth; and,
   - A "shovel-ready" database to use the information collected through this Growth Analysis study and support economic development through a user-friendly dataset that categorizes the employment land status.

6. **Build staff capacity** to adequately respond to development pressures, juggle timely responses to incoming development applications, and prepare important policy direction through the City's New Official Plan, Secondary Plans, and other strategic initiatives.
7. **Monitor progress** through a more refined development tracking database, to allow for more consistent monitoring and reporting among departments and to the Region for the purposes of anticipating pressure points for future growth and informing future growth management exercises.

Next steps that follow this Growth Analysis study include:

- Completing the Official Plan Review Process and preparing the New Official Plan for the City;
- Updating the City's DC By-law; and,
- Updating the City's Parks and Recreation Master Plan.

It is recommended that the official plan update begin with a process of community engagement, to set the stage for what Council and the community want the City to look like over the period to 2051 and beyond. The vision and directions for the new Official Plan will also need to take into account the new Provincial Planning Statement, expected to come into force in the fall of 2023, which is proposing to make significant changes to how growth planning is carried out in Ontario including steps to increase the supply and mix of housing options.

Table of Contents

Table of Contents

Figures

Table of Contents

Tables

Table of Contents

Appendices

1.0 Introduction

1.1 Background

The City of Port Colborne is situated in the Region of Niagara, on the north shore of Niagara South, at the mouth of the Welland Canal. It is bounded by the Township of Wainfleet to the west, the Town of Fort Erie to the east and the Cities of Welland and Niagara Falls to the north. The urban area of Port Colborne is located at the southern end of the municipality, centred on the Welland Canal, and consists of a variety of residential neighbourhoods, downtown, historic core areas and various commercial and industrial areas. The urban area makes up less than one-quarter of the municipality's geographic area. The rural area consists of active agricultural lands, hamlet areas, aggregate resource areas, and a handful of estate residential developments.

1.0 Introduction

Port Colborne provides an ideal environment for residents to live, work and play. The current characterization of residential development throughout the City is primarily in the form of low-density residential development, with Census data indicating approximately 70% of the City's dwellings being single or semi-detached[1]. More recent residential development is showing a slow but steady shift in housing mix, through the addition of townhouse and mid-rise apartment-built forms to the predominant low density, single-detached housing stock providing current and future residents with additional choice. Further, in terms of affordability, the Port Colborne/ Wainfleet market area offered one of the lowest 2022 HPI Benchmark Prices for home sales in the Region, at $513,300; and, the lowest based on the January 2023 release at $494,700. Given the relative affordability of homes in Port Colborne when compared with other geographies, it is expected that this will draw additional population in the years to come.

Retail and commercial development is primarily in the form of low density local-serving commercial strip-mall plazas and three grocery stores, intended to meet the immediate and weekly needs of residents. Residents must travel outside of the City to meet major retail and specialized retail needs.

The Welland Canal has provided an impetus for industrial development along the waterfront. A number of major industries are located on or close to the waterfront including Vale, Southpier Terminals, ADM, Jungbunzlauer, Ingredion, Fraser Marine and Industrial and other ship-related industries. The Canal has also acted as a catalyst for residential and commercial development, providing opportunities for tourism; and, a number of lifestyle amenities for residents.

Historically, Port Colborne has not played a major role in accommodating growth. Over the last 25 years, the population has been generally stable in Port Colborne, while other municipalities in Niagara Region have seen increased growth. Ultimately, this has led to an overall gradual declining share of the overall Regional population base. Within a two-tier system, as directed by Provincial policy, upper-tier municipalities are responsible for allocating the assigned Schedule 3 Region-wide population and employment growth to lower-tier municipalities as part of a Land Needs Assessment/ Municipal Comprehensive Review exercise. The Region of Niagara recently completed this exercise, culminating in Regional approval of the Niagara Official Plan in June of 2022 and Provincial approval in November of 2022. Largely consistent with the longer-term trends, the Region has allocated limited growth to Port Colborne: approximately 3,000 people, 2,300 housing units, and 1,600 jobs over the period to 2051.

The recent 2016-2021 census period provides an exception to the historic growth trend in the City, whereby the Census population grew by nearly 10% (20,033 residents in 2021, and 18,306 residents in 2016, representing an increase of 1,727 people). Other work completed by the City more recently, as part of their Housing Strategy which was completed by Tim Welch Consulting, indicates that the City of Port Colborne could potentially see up to 30,000 residents by 2051 or sooner based on development trends.

Local municipalities must implement upper-tier growth forecasts and housing and employment allocations in their local official plans, which is typically done either through a conformity

[1] https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&SearchText=port%20colborne&DGUIDlist=2021A00053526011&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0

amendment to the in-force local official plan or through the development of a new official plan. While the Regional allocations must be implemented for the purposes of conformity, local municipalities are permitted to plan for additional residential units, population, employment and infrastructure beyond those allocated to them, where studies demonstrate there is potential for additional growth; however, they may not expand any urban area boundaries in doing so.

1.2 Purpose of this Report

The City of Port Colborne must undertake their official plan conformity exercise in the short-term, as well as update their Development Charges (DC) By-law. Given the more recent development trends and development pipeline data the City has been collecting, it is understood that there is some concern that the Regional allocations have generally underestimated growth. There are a number of recent trends and observations that suggest the City could outpace the expectations in the short to mid-term, including:

- The recent upswing in population during the 2016-2021 Census period, noted previously, which is a shift away from the long-term trend of stability and a gradually declining share of Regional population;
- Accompanying evidence of accelerating developer interest in the form of increased Official Plan Amendments, Zoning By-law Amendments, Site Plan Control, Draft Plan of Subdivision, Minor Variance for increased height/ density, and pre-consultation requests;
- Housing cost spillovers from other Niagara municipalities and the City of Hamilton which, notwithstanding the current housing market slowdown, will continue to motivate buyers over the next 10 to 15 years to purchase more affordable homes in nearby urban areas in southwest Niagara, including Port Colborne;
- Ongoing City efforts to attract new investment, including implementation of the 2018 Economic Development Strategy and Action Plan and streamlining the development approvals process. The City is also undertaking a review of existing Community Improvement Plan (CIP) incentive programs to leverage private sector investment, a multi-phased real estate initiative for City-owned surplus lands and an affordable housing strategy; and,
- Most recently, the introduction of Bill 23, the More Homes Built Faster Act (2022) which proposes a number of significant changes to the planning and approvals process to significantly increase the number of new homes built over the period to 2031, including in Niagara Region.

Concerns with the Regional growth forecast and allocation are, in part, related to longer-term growth management issues, including whether the City's land supply is sufficient enough to accommodate growth over the period to 2051. However, most of the concern is related to updating the City's DC By-Law. This update would need to reflect targets set in the Official Plan, as well as enable the City to fund and support infrastructure needs in the community.

As noted above, Municipalities must incorporate the Regional allocations into their official plans. If Municipalities determine that their anticipated growth will exceed the growth allocation set by the Region, they are also permitted to plan for that additional growth, so long as it is planned to be within the confines of a fixed urban boundary. In order to best position the City of Port Colborne for growth, the purpose of this report is to provide the City with:

- An estimate of capacity for residential and employment growth in the City; and,
- Guidance on implementation as to how this capacity analysis should be used to inform the DC study, infrastructure planning, and the City's new Official Plan growth framework.

1.3 Report Organization

This report is organized into the following sections:

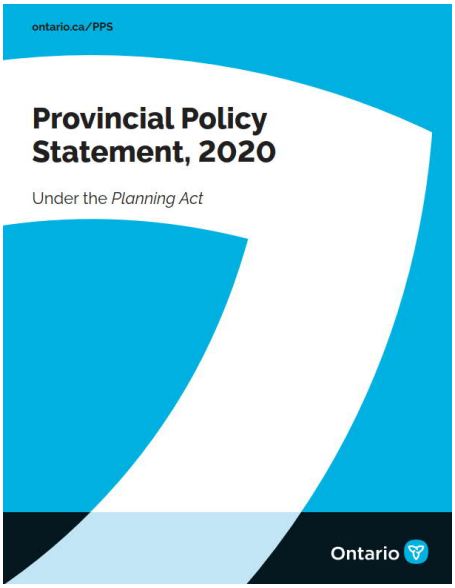
- **Section 1** presents the introduction and purpose of this study;
- **Section 2** outlines the policy and regulatory context that the City must work within in determining growth needs;
- **Section 3** provides a summary of the existing conditions and context for residential and employment growth in the City;
- **Section 4** includes an analysis of the residential land supply opportunities within Port Colborne, highlights historic and recent trends respecting residential growth and identifies implications for residential land need;
- **Section 5** includes an analysis of the employment land supply opportunities within Port Colborne, highlights historic and recent trends respecting employment growth and identifies implications for employment land need; and,
- **Section 6** provides a summary of residential and employment growth implications as well as recommended actions the City can take to be best positioned to accommodate growth over the 30-year planning horizon at the local level.

2.0 Policy and Regulatory Context

2.1 Provincial Policy Context

2.1.1 Provincial Policy Statement, 2020

The Provincial Policy Statement, 2020 (PPS) is issued under Section 3 of the *Planning Act* and came into effect on May 1, 2020. The PPS establishes the policy framework for regulating the development and use of land in Ontario and provides direction for matters of provincial interest related to land use planning and development. It provides a vision for land use planning in Ontario that encourages an efficient use of land, resources and public investment and



infrastructure. In accordance with the *Planning Act*, all decisions affecting planning matters "shall be consistent with" the PPS policy statements. The PPS supports a comprehensive, integrated and long-term approach to planning and provides a policy framework for appropriate development while protecting resources of provincial interest, public health and safety, and the quality of the natural and built environment.

The PPS policy framework focuses growth and development within urban and rural settlement areas, promoting the wise use of land and efficient development patterns in order to ensure the full range of current and future residents' needs can be met. This includes optimizing land, resources, infrastructure and public service facilities; promoting a mix of housing, employment, recreation, parks and open spaces and transportation choices that prioritize active transportation over other modes of travel; and, protecting natural heritage resources, water resources, agricultural resources, aggregate resources, and cultural heritage and archaeological resources.

The PPS directs that development occur within settlement areas with defined urban area boundaries that are on municipal services and requires local planning authorities make sufficient land available in settlement areas to accommodate an appropriate range and mix of land uses to meet projected needs for a time horizon of up to 25 years, informed by provincial guidelines. This land shall be made available through intensification and redevelopment of the existing Built-up Areas and through compact development within Designated Greenfield Areas. The PPS does not limit municipalities from planning for infrastructure, public service facilities and employment areas beyond a 25-year time horizon.

With respect to residential growth management matters, the PPS requires planning authorities to:

- Provide for an appropriate range and mix of housing options and densities required to meet projected requirements of current and future residents by maintaining the ability to accommodate residential growth for a minimum of 15 years; and, provide at least a 3-year supply of residential lands with servicing capacity;
- Base land unit supply on the allocation of population and units by the upper-tier municipality;
- Establish and implement minimum targets for the provision of housing which is affordable to low and moderate income households and which aligns with applicable housing and homelessness plans;
- Direct the development of new housing towards locations where appropriate levels of infrastructure and public service facilities are or will be available to support current and projected needs;
- Promote densities for new housing which efficiently use land, resources, infrastructure and public service facilities, and support the use of active transportation and transit in areas where it exists or is to be developed;

- Establish development standards for residential intensification, redevelopment and new residential development which minimize the cost of housing and facilitate compact form, while maintaining appropriate levels of public health and safety; and,
- Respond to dynamic market-based needs and provide necessary housing supply and range of housing options for a diverse workforce.

With respect to employment growth and economic development matters, the PPS requires planning authorities to:

- Provide for an appropriate mix and range of employment, institutional, and broader mixed uses to meet long-term needs;
- Provide opportunities for a diversified economic base, including maintaining a range and choice of suitable sites for employment uses which support a wide range of economic activities and ancillary uses, and take into account the needs of existing and future businesses;
- Ensure the necessary infrastructure is provided to support current and projected needs;
- Protect and preserve employment areas for current and future uses and ensure that the necessary infrastructure is provided to support current and projected needs; and,
- Protect employment areas in proximity to major goods movement facilities and corridors for employment uses that require those locations.

It is important to note that the Province is proposing to put in place an integrated policy statement (the **new "Provincial Planning Statement")** that would combine the existing PPS described above and A Place to Grow: Growth Plan for the Greater Golden Horseshoe (described in the next section). The new PPS was released for comment in April 2023 and is expected to come into force in the fall of 2023, at which point all decisions that relate to a planning matter will be required to be consistent with this statement. The new PPS would enact a number of fundamental changes in how growth planning is carried out in Ontario, including the following major changes:

- When updating official plans, municipalities will be required to have enough land designated for **at least 25 years** (a change from up to 25 years);
- Planning can **extend beyond this horizon** for infrastructure, employment areas and strategic growth areas;
- General direction on encouraging intensification is maintained, however the focus on specific intensification targets has been removed; and,
- The concept of **Municipal Comprehensive Reviews** has not been carried forward; and

  More importantly, the new tests for settlement area **expansions are not as stringent** and can be considered at any time.

The implications for growth management and long-range planning set out in this report may need to be revisited as part of official plan update, including planning for infrastructure and employment areas, when the new PPS comes into force.

2.1.2 A Place to Grow: Growth Plan for the Greater Golden Horseshoe, 2019 (as amended in 2020)

A Place to Grow: Growth Plan for the Greater Golden Horseshoe, 2019, as amended in 2020 (the Growth Plan), provides policy direction to implement the Province's plan for growth and development within the Greater Golden Horseshoe (GGH) region in a way that supports economic prosperity, protects the environment, and helps communities achieve a high quality of life. In accordance with the *Planning Act*, all decisions affecting planning matters "shall conform with" the Growth Plan.

While the PPS uses a 25-year planning horizon for making sufficient land available to meet projected needs, the Growth Plan uses a 30-year planning horizon, out to the year 2051.

Section 2.2.1 of the Growth Plans requires that all municipalities undertake integrated planning to establish a hierarchy of settlement areas, and where they should focus growth in Built-up Area, strategic growth areas, and other locations with existing or planned transit. The Growth Plan guides municipalities to plan for population and economic growth while protecting the environment, agricultural lands and any other valuable natural resources, and applies a geographic lens to promote growth that builds on community priorities and opportunities. As a lower-tier municipality under the Growth Plan Framework, the Region of Niagara conducts this work at a Regional level and allocates growth to local municipalities based on the population and employment forecasts contained within Schedule 3 of the Growth Plan. It is then the responsibility of lower-tier municipalities, like Port Colborne, to conform with the upper-tier plan and implement the broader Regional growth management strategy at the local level in a way that responds to the context-sensitive growth needs of the specific lower-tier geography.

The following sub-sections describe several specific policy topics within the Growth Plan that are of relevance to the Growth Analysis Study for Port Colborne and should be considered within the context of developing a comprehensive local growth management strategy and policy framework for directing growth and development over the long-term.

Settlement Areas

Settlement areas in municipalities include urban areas and rural settlements (such as cities, towns, villages and hamlets) that are built up where development is concentrated and which have a mix of land uses, as well as lands which have been designated in an official plan for development. As per Section 2.2.1 of the Growth Plan, settlement areas are to be developed in accordance with the policies of the Growth Plan and require that the majority of growth be directed to the settlement areas that have delineated built boundaries, have existing servicing (municipal water and wastewater systems) and can support complete communities. The Growth Plan does not permit the establishment of new settlement areas. Section 2.2.8.2 of the Growth Plan outlines that a settlement boundary expansion may only occur through a municipal comprehensive review where it is demonstrated that sufficient opportunities to accommodate

forecasts growth to 2051 are not available through intensification and in the Designated Greenfield Area (DGA) based on the minimum intensification and density targets and land needs assessment. The Growth Plan outlines a number of additional criteria that must be met in order to support a settlement boundary expansion, where a need has been identified. It is important to note that the Region has already completed their municipal comprehensive review exercise, as required by the Growth Plan, and determined that there was sufficient land available in Port Colborne to accommodate forecast growth and, thus, no expansion to the existing urban boundary in Port Colborne is necessary. The next time an expansion may be considered is at the time of the next municipal comprehensive review in 10 years.

Built-up Area

Intensification is generally encouraged throughout the Built-up Area; minimum intensification targets are to be achieved and strategic growth areas are to be identified by municipalities. The Growth Plan establishes intensification and density targets for municipalities to conform to. In accordance with Section 2.2.2 of the Growth Plan, the intensification target for the Region of Niagara is a minimum of 50% of all annual residential development, to occur in the Built-up Area (BUA; the Niagara Official Plan allocates an 18% intensification target to Port Colborne). The Province delineated the BUA in the City of Port Colborne, as the area of development as of 2006.

Strategic growth areas with appropriate scale and type of development encourage intensification throughout the Built-up Area. Municipalities must develop a strategy to support complete communities through appropriate land zoning and design. Municipalities must also prioritize investments in infrastructure, public service facilities, through the implementation of their official plan policies, zoning by-laws, and municipal documents.

Designated Greenfield Areas

Section 2.2.7.2 of the Growth Plan requires the Region of Niagara to plan and achieve a minimum density target of 50 residents and jobs combined per hectare for its DGAs (the Niagara Official Plan requires the City of Port Colborne to achieve a DGA Density of 50 residents and jobs per hectare to ensure achievement of the Regional target).

Employment Areas

The Growth Plan defines employment areas as “areas designated in an official plan for clusters of business and economic activities including, but not limited to, manufacturing, warehousing, offices, and associated retail and ancillary facilities.” These are typically clusters of employment lands. Section 2.2.5 of the Growth Plan requires upper- and lower-tier municipalities to work together to:

- Designate and preserve lands within settlement areas located adjacent to or near major goods movement facilities and corridors, including major highway interchanges, as areas for manufacturing, warehousing and logistics, and appropriate associated uses and ancillary facilities;
- Designate all employment areas in official plans and protect them for appropriate employment uses over the long-term;
- Plan for employment areas by prohibiting residential uses and prohibiting or limiting other sensitive land uses that are not ancillary to the primary employment use;

prohibiting major retail uses or establishing a size or scale threshold for any major retail uses that are permitted and prohibiting any major retail uses that would exceed that threshold; and, providing an appropriate interface between employment areas and adjacent non-employment areas to maintain land use compatibility; and,

- Establish minimum density targets for all employment areas within settlement areas that are measured in jobs per hectare; reflect the current and anticipated type and scale of employment that characterizes the employment area to which the target applies; reflects opportunities for the intensification of employment areas on sites that support active transportation and are served by existing or planned transit; and will be implemented through official plan policies and designations and zoning by-laws.

Gateway Economic Zone and Centre

In recognition of the importance of cross-border trade with the United States, the Growth Plan recognizes a Gateway Economic Zone and Gateway Economic Centre near the Niagara-United States border, which includes Port Colborne. Planning and economic development in these areas will support economic diversity and promote increased opportunities for cross-border trade, movement of goods, and tourism.

2.2 Regional Policy Context- Niagara Region Official Plan, 2022

The Niagara Official Plan provides a long-term land use planning framework to shape and define the region for future generations. It sets out a growth strategy for the Region to the 2051 planning horizon, allocating population and employment growth and local intensification, density and employment targets to be met in order to achieve the Regional vision for growth and applicable Provincial legislation, policies and directives. The Niagara Official Plan was approved by Regional Council on June 23, 2022 and sent to the Province of Ontario's Ministry of Municipal Affairs and Housing for approval; and, was approved by the Province, with modifications, on November 4, 2022. Current land use planning legislation requires that all local Official Plans, amendments, land-use related by-laws and all future development must conform to the Niagara Official Plan.

Table 2-1 of the Niagara Official Plan provides population and employment forecasts by local area municipality, which form the basis for land use planning decisions to 2051 (**Table 1** of this report provides the Region's forecasts). These forecasts are minimums that local municipalities must demonstrate can be achieved through updates to their Official Plans and through detailed secondary planning processes, as applicable. They are to be used to determine the location and capacity of infrastructure, public service facilities, and the delivery of related programs and services required to meet the needs of Niagara's current and future residents.

Table 1: Niagara Official Plan Table 2-1 Growth Forecasts

Municipality	Population	Employment
Fort Erie	48,050	18,430
Grimsby	37,000	14,960
Lincoln	45,660	15,220
Niagara Falls	141,650	58,110
Niagara-on-the-Lake	28,900	17,610
Pelham	28,830	7,140
Port Colborne	**23,230**	**7,550**
St. Catharines	171,890	79,350
Thorold	36,690	12,510
Wainfleet	7,730	1,830
Welland	83,000	28,790
West Lincoln	38,370	10,480
Niagara Region	**694,000**	**272,000**

The Region's analysis and allocation is based on a control total of population which they must assign to local municipalities for the 2051 horizon. A brief overview of the forecast approach, results and key observations are provided below:

- The initial forecast distribution was prepared by Hemson Consulting Ltd., in accordance with the Schedule 3 forecasts to the *Growth Plan for the Greater Golden Horseshoe* (the *Growth Plan* 2019, as amended) that indicate a total 2051 population of 674,000 and 272,000 jobs.[2]
- Based on follow-up consultation with area municipalities, stakeholders and the public as well as additional analysis conducted by the Niagara 2051 working group, it was determined that the *Growth Plan* forecast was lower than what is likely to occur in Niagara and an alternative forecast was warranted. In particular, it was determined that the forecast in Lincoln and Welland needed to increase by 10,000 people to reflect planned development and ensure infrastructure is appropriately sized to accommodate development to 2051.
- This "Made in Niagara" forecast established an alternative forecast of 694,000 people (reflecting the additional 20,000 in population added to Lincoln and Welland) and 272,000 jobs that remained unchanged from the Schedule 3 figures and form the basis of the land needs assessment (LNA)[3].

[2] Niagara Region Municipal Comprehensive Review – Growth Allocation Update to 2051 prepared by Hemson Consulting Ltd. April 5 2021

[3] Niagara Official Plan 2051 Land Needs Assessment, Niagara Region, June 2022

- On a region-wide basis, the distribution of housing growth (and, in turn, population and employment growth) is based primarily on a share assumption of total new households based, in part, on historic housing market activity plus the number of projects recently completed or currently under construction in 2021. The number of active development proposals or other pending projects in the 'pipeline' were not explicitly considered in the initial forecast distribution.
- As a result, for municipalities that have experienced a more recent uptick in development momentum, such as Port Colborne, the Region-wide share-based approach to the forecast distribution may not fully capture short-term growth potential and implications for growth over the longer term to 2051.

Based on the Region's growth forecast, Port Colborne is positioned to have the second lowest population and third lowest employment increase in the Region, representing 3% of the Region's overall population growth and 3% of the Region's overall employment growth. Historically, Port Colborne has not played a major role in accommodating growth-- over the last 25 years, the City's population has been generally stable, while other municipalities in Niagara Region have seen increased growth. Ultimately, in conducting the necessary work at the Regional level to support their Municipal Comprehensive Review, this has led to an overall gradual declining share of the overall Regional population base and the local allocation is reflective of and consistent with this historic trend.

Forecasts contained in Table 2-1 of the Niagara Official Plan are required to be accommodated within settlement areas, where municipal water and wastewater services exist or are planned, and a range of transportation options can be provided.

In accordance with the Niagara Official Plan, Local Area Municipalities may plan for infrastructure and employment uses in addition to what is set out in Table 2-1, but cannot designate new lands for urban or rural settlements or employment areas. In other words, the Urban Area Boundary as shown on Schedule B of the Niagara Official Plan is firm and the Employment Areas as shown on Schedule G are also firm.

In addition to allocating population and employment forecasts to lower-tier municipalities, the Niagara Official Plan also assigns intensification targets for lands within the Built-up Area; and, density targets for lands within the Designated Greenfield Area, in order to ensure that the Region, on the whole, is able to achieve the population and employment forecast set out in Table 2-1, among other things. In accordance with the Niagara Official Plan, the City of Port Colborne is required to meet or exceed a minimum target of 690 units (30% intensification) within the Built-up Area; and, achieve a minimum density of 50 people and jobs per hectare across the City's DGAs. Local Area Municipalities may also plan for additional intensification units and higher intensification rates within Built-up Areas than those identified Niagara Official Plan for infrastructure purposes as it reflects development trends and land use permissions at the time of Local conformity.

In accordance with Schedule G of the Niagara Official Plan, there are two designated Regional Employment Areas in Port Colborne (See **Figure 1**). These areas are to be protected for employment uses over the long-term. Residential, major retail/ major commercial and major office uses are prohibited in Employment Areas. The Niagara Official Plan also establishes a framework for Regional Employment Areas, which includes three categories of Employment

Area: Core, Dynamic and Knowledge and Innovation. Port Colborne's Employment Areas are both classified as "Core Employment Areas", which have a planned function of supporting traditional employment uses, such as industrial, manufacturing, construction, transportation and warehousing. The minimum density target for the Port Colborne West Transshipment Terminal Core Employment Area (PC-1 on Schedule G) is 10 jobs per hectare, while the Port Colborne East Transshipment Terminal Core Employment Area (PC-2 on Schedule G) is 20 jobs per hectare.

Port Colborne also falls within the Region's Niagara Economic Centre, in which the Niagara Official Plan directs the planning of employment lands to support the concept of a multimodal hub along the Welland Canal.

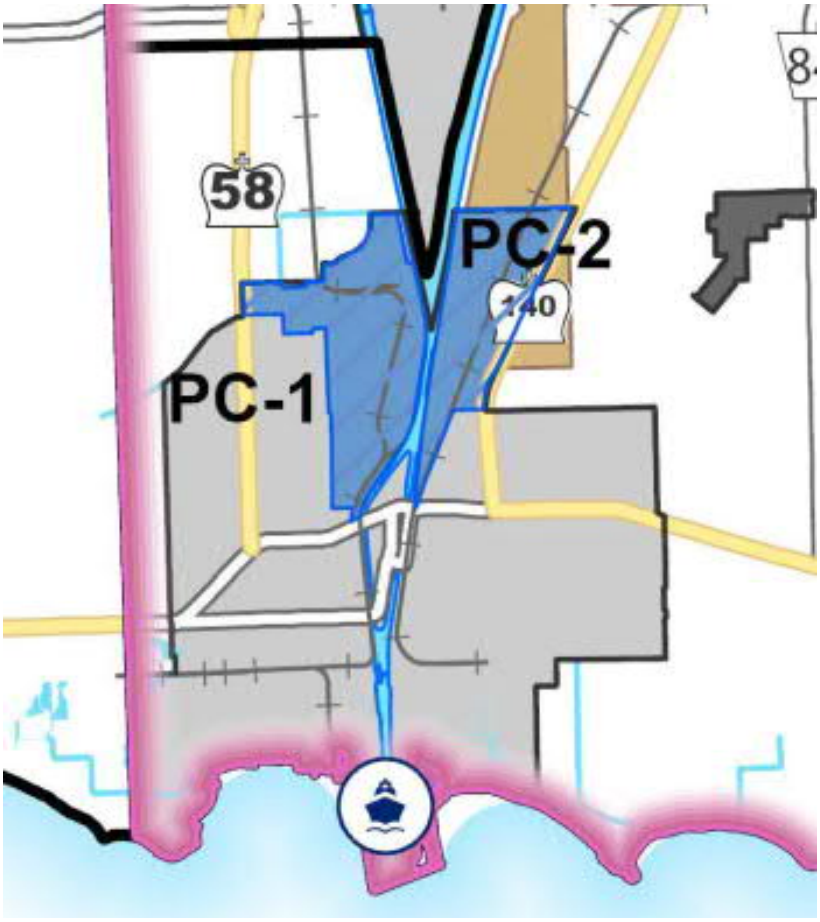


Figure 1: Niagara Official Plan Schedule G Excerpt, Showing Port Colborne's Designated Regional Employment Areas

2.3 Local Policy Context- City of Port Colborne Official Plan, 2013 (2020 Consolidation)

A local official plan implements policy and regulatory directives by establishing a locally appropriate and context sensitive vision for long-term growth management within the parameters established by the Province and Region through the PPS, Growth Plan and Regional Official Plan. In a two-tier system, local official plans must be consistent with the PPS, conform to the Growth Plan and conform to the upper-tier official plan.

The in-force City of Port Colborne Official Plan establishes the long-term goals and objectives for how the community intends to grow and develop over a 20-year timeframe (2012-2031). The current City of Port Colborne Official Plan was approved by the Ontario Municipal Board (now the Ontario Land Tribunal) on November 25. 2013. Amendments to the Official Plan have been made from time-to time, both by the City, to address matters of local conformity; and, through privately-initiated site-specific amendments to facilitate development. The most recent consolidation of the Official Plan occurred in 2020, which includes all approved City-initiated and privately-initiated amendments up to January 2020.

The Official Plan establishes an urban structure and land use planning framework that implements the Region's 2031 growth framework and ensures a balance of priorities through supporting the conservation of valuable economic, environmental and cultural resources, recognizing that growth should be directed to the appropriate areas through strategic planning. The urban structure is shown on Schedule A and A1-A4 of the Official Plan and includes the following elements: Built Boundary, Designated Greenfield Area, Intensification Area, Rural Area and Hamlets (Schedule A1-A4); and, specific land use designations for agricultural, urban residential, rural, downtown commercial, commercial plaza, highway commercial, marine commercial, industrial/ employment area, mineral aggregate operation, gateway economic zone and centre, rural employment, and private open space (Schedule A). Schedule A and A1 are attached as **Appendix 1** to this report for reference.

The Official Plan prioritizes growth within the existing urban boundary where servicing is available through intensification of Built-up Areas and development of DGAs, prioritizing residential development within the Urban Residential Designation first, and in Hamlets where appropriate. On the employment side, the Official Plan prioritizes the development of an Economic Gateway Centre focused on economic diversity through encouraging cross-border trade and the efficient movement of people, goods and freight, encouraging port facilities and the marine industry to prosper, promoting industrial lands along the east and west side of the canal and capitalizing on major transportation corridors and considering appropriate future commercial development along these corridors. Additionally, the Official Plan supports the maintenance of a sufficient supply of designated employment and residential land to meet the City's long-term growth.

In accordance with the in-force Official Plan, the City is expected to grow by 5,000 people and 2,380 housing units between 2006 and 2031, to an ultimate 2031 population of 24,100 people and 2,380 housing units (Official Plan Section 2.4.1 and 2.4.1). In order to achieve these forecasts, the Official Plan establishes an intensification target of 15% within the BUA and a greenfield density target of 50 people and jobs per hectare (Section 2.4.3.1 a) and 2.4.4 e)

respectively). On the employment side, the in-force Official Plan identifies an employment growth of 2,270 jobs between 2006 and 2031, to an ultimate 2031 employment of 9,070 jobs.

2.4 Bill 23

Given that the Province has recently approved the Niagara Official Plan, the City will need to complete a future conformity exercise to ensure that the local Official Plan implements the Region's 2051 growth framework. For the purposes of this study, to inform the City's upcoming conformity exercise, this report considers the Niagara Official Plan population and employment forecast and local municipal allocations to ensure alignment with the 2051 planning horizon. It is also important to note that, in accordance with Bill 23 which recently received Royal Assent, portions of the Niagara Official Plan that are in effect immediately before the effective date and that apply in respect of any area in a lower-tier municipality are deemed to constitute an official plan of the lower-tier municipality, and this official plan remains in effect until the lower-tier municipality revokes it or amends it to provide otherwise. Since the Province has approved the Niagara Official Plan, this means that the City of Port Colborne must assume the policies of the Niagara Official Plan that apply to the City of Port Colborne until the City has updated their own Official Plan.

3.0 Existing Conditions

3.1 Port Colborne's Built-up Area

Schedule A1 of the City's Official Plan identifies the geographic extent of the BUA (see **Appendix 1** of this Report). This area represents the limits of existing development within the municipality as defined by the Province in April 2008. All growth and development which occurs within the BUA is considered to be intensification and will count towards the achievement of the municipality's intensification target. The BUA consists of a range and mix of uses, including residential, commercial and employment. Specific land use designations are identified on Schedule A of the City's Official Plan.

In accordance with Schedule A, the majority of the land within the City's BUA is designated Urban Residential. The existing residential character of the City's BUA is in the form of single-detached dwellings. Some apartment-built forms and other higher intensity built forms are located along the City's major collector roads (Steele Street, West Side Road, King Street, Elm

Street, Main Street). There has been steady development of low-density residential uses throughout both the Built-up and Greenfield areas, through subdivisions such as Westwood Estates, Meadow Heights Village, Orchards on the Canal). More recently, there has been a trend toward the development of higher intensity uses through redevelopment (Southport Condos) and adaptive-reuse (First Presbyterian Church, the former St. John Bosco Site at 750 Fielden Avenue, 509 King Street) in the Built-up area.

There are limited areas designated for commercial use, which are in the form of strip plazas located on the periphery of the City, on West Side Road (Sobey's/ Canadian Tire Plaza), Main Street West (No Frills/ Treasure Hunt Plaza), and Steele Street (Portal Village Plaza and Matheson's Pharmacy). Additionally, there are two "Downtown Commercial" areas in the City, which provide a range and mix of small-scale local serving commercial uses, located in the City's Historic Downtown (Clarence Street/ West Street) area and the City's Historic Humberstone Area (Main Street West bound by the Main Street Lift Bridge/ Ramey Road and West Side Road). Highway commercial uses are generally concentrated on the periphery of the City's urban limits on the City's east (Main Street East between Barber Road and Elizabeth Street) and west (Main Street West between West Side Road and Barber Road) sides.

Lands designated for employment and industrial uses are located both on the City's east and west sides in proximity to the Welland Canal and major transportation routes for goods movement (e.g., Highway 3, Highway 140), with major employers including ADM Milling, Allied Marine and Industrial, Vale Canada, JTL Machine, and Jungbunzlauer Canada Inc.

Figure 2: Images of Existing Uses in Port Colborne's Built-up Area.

Top Left: Established Residential, Sugarloaf Street at Catherine Street; Top Right: Commercial Establishment in the City's Historic Downtown Area, King Street at Charlotte Street; Bottom Left: Commercial Industrial Establishment, King Street at Killaly Street; Bottom Right: Commercial Establishment, King Street.

3.1.1 Intensification Areas

Schedule A1 of the City's Official Plan identifies two conceptual Intensification Areas, which are generally focused around the Historic Humberstone and Historic Downtown areas (see **Appendix 1** of this Report). These are areas that the City envisions will change over time to accommodate higher intensity residential, commercial and mixed use development. As noted in Section 3.1, some of this change is occurring already, with the South Port Condos development located in Intensification Area 2, and active inquiries and applications underway in Intensification Area 1 (804 King Street, 1 Neff Street). The Official Plan provides some policy direction that encourages and supports intensification and infill in these areas.

The Historic Humberstone Intensification Area (Intensification Area 1), is located along Main Street West, bound by Elm Street to the west and Ramey Road to the east) and consists primarily of two-storey buildings with street fronting commercial uses, commercial plazas, residential dwellings and two-storey mixed use buildings. There is one designated heritage property in this area, while others are on the City's register.

Figure 3: Images of Existing Uses in Port Colborne's Historic Humberstone Intensification Area

3.0 Existing Conditions

The Historic Downtown Area (Intensification Area 2) is generally bound by West Street and Elm Street between Sugarloaf Street and Park Street, though the conceptual oval also captures properties on the south side of Sugarloaf Street, and west of the rail corridor abutting Elm Street. A significant portion of this area consists of established residential development, with mixed use, commercial and higher intensity residential development centralized along Clarence Street, West Street, King Street and Elm Street. The existing character is generally in the form of one and two-storey buildings, where the commercial uses are fronting the main commercial streets of Clarence, West and King; higher intensity residential apartment buildings ranging from 3-8 storeys along West, Sugarloaf, King, Elm, Clarence, Catherine and Charlotte Street. One food store plaza (Food Basics and Boggio's Pharmacy) is also located in this area.

Figure 4: Images of Existing Uses in Port Colborne's Historic Downtown Intensification Area

3.2 Port Colborne's Designated Greenfield Areas

Schedule A1 of the City's Official Plan identifies the geographic extent of the DGA (see **Appendix 1** of this Report). This area represents the balance of the City's urban designated residential and employment land located outside of the BUA and are required to accommodate forecasted growth to the 2051 planning horizon and beyond. DGAs are typically large parcels of vacant land that are intended to develop over time in a more compact, mixed use form, providing a range and mix of housing types and tenures to meet current and future growth needs. They are to be developed comprehensively to support the achievement of specific density targets both at the local and Regional levels. In accordance with the City's Official Plan, development of DGAs shall promote compact, mixed use, transit supportive development, promote higher densities and a greater mix of housing types than historical development patterns, and improve connections between Greenfield Areas and the Built-up Area.

Policy 3.2.1 e) of the City's Official Plan requires that a Secondary Plan be prepared for any large vacant area within the Urban Residential designation (otherwise known as Designated Greenfield) prior to development or redevelopment. The policy further requires that the Secondary Plan be supported by a number of technical background reports that will: address the protection and enhancement of the natural environment; identify the market demand for residential and non-residential development; identify and allocate the appropriate land uses within the Secondary Plan in alignment with the vision and strategic directions of the Official Plan; establish urban design guidelines, if appropriate, for each type of land use; establish requirements for water and wastewater servicing and stormwater management; address transportation issues; address a phasing scheme; and, include open and transparent stakeholder consultation.

Figure 5: Aerial Imagery of One of the City's Designated Greenfield Areas (Killaly Street East Area)

At present, the City has three approved Secondary Plans, with one of these located in the Designated Greenfield Area—The Westwood Park Secondary Plan[4]. Based on the information contained within the development database provided to the consultant team by the City, three of the six development pipeline properties are located within the DGA and are large properties that exceed 15 hectares (P12, P14, P15[5]). It is understood that the Secondary Planning processes for these areas is underway. Additionally, three of the development database inquiry properties are located within the Designated Greenfield Area[6]. It is likely that the majority of the City's new growth will be accommodated through build-out of the Westwood Park Secondary Plan and

[4] The Sherkston Shores Secondary Plan (Rural area) and East Waterfront Secondary Plan (Built-up Area) are the other two in force Secondary Plans.

[5] P2, P8, P13 are also located in the Designated Greenfield Area but are smaller than 15 hectares.

[6] I3, I4, I5

development of the remaining Designated Greenfield Lands within the 2051 planning horizon and beyond. It will be prudent for the City to proactively work independently to undertake the necessary technical background work or work with landowner groups to prepare Secondary Plans for the DGA to ensure a timely development approvals process in the future.

Figure 6: Aerial Imagery of One of the City's Designated Greenfield Areas (Killaly Street West / Highway 3 Area)

3.3 Port Colborne's Employment Areas

The City of Port Colborne's designated employment areas comprise two broad groupings: Canal-related lands focussed on marine-related activities to the south and vacant lands to the north that are anticipated to accommodate more modern industrial uses over time.

As noted previously in Section 2.2, there are two designated Regional Employment Areas in Port Colborne to be protected for employment uses over the long-term, both of which are classified as "Core Employment Areas", which have a planned function of supporting traditional employment uses, such as industrial, manufacturing, construction, transportation and warehousing. Minimum density targets range from 10 jobs per net ha for the Port Colborne West Transshipment Terminal Core Employment Area (PC-1 on Schedule G) to 20 jobs per net ha for the Port Colborne East Transshipment Terminal Core Employment Area (PC-2 on Schedule G).

Across the City there is a total estimated vacant land supply of approximately 612 gross acres, net of major environmental constraints. Of this total, it is estimated that approximately 317 gross acres of vacant employment lands are within the Gateway Economic Centre designation. The employment land supply consists of all lands designated Gateway Economic Centre, Industrial/ Employment Area, Industrial/ Employment Mineral Aggregate Operation on Schedule A of the City's Official Plan (**Appendix 1** of this Report) and is summarized below in **Table 2** and further illustrated on the maps provided in **Appendix 2** of this report.

Table 2: City of Port Colborne: Net Developable Designated Employment Lands within Urban Area (acres)

Designation	Occupied	Vacant	Total
Gateway Economic Centre	100	315	415
Industrial/Employment	705	260	965
Industrial/Employment Mineral Aggregate Operation	335	35	370
TOTAL	**1,140**	**610**	**1,750**
Notes Totals may differ as a result of rounding			

Based on these estimates, it would appear that the City has a fairly substantial potential supply of employment area lands. However, there are number of key factors that may limit the short-term market attraction of many of these lands:

- One of the key barriers to employment-related development is currently servicing and infrastructure constraints. Portions of the City's employment land supply are not municipally serviced, which impedes the development process and limits viability in these locations. However, it is understood that the City is currently working to address servicing constraints to the various employment areas, which will be important to providing a market-supply of industrial lands to accommodate new investment;

- Some of the currently designated vacant supply comprises small fragmented parcels that may not be appealing to main stream market demand, particularly along the edges of the canal, which are less than ideal from a market perspective;
- There are some areas that are significantly constrained by natural features including wetlands and woodlots that can limit the amount of developable employment lands and impair access for major industrial activities such as goods movement facilities;
- To the south, Canal-related lands are substantially occupied and characterized by existing Marine-related uses such as storage and public use, consistent with the type of uses seen in other Port-related areas like Bayfront Industrial Area in Hamilton. These areas will continue to be attractive for marine-related uses but are likely not able to accommodate the full range of modern industrial-type use;
- However, the recently announced Federal investment of up to $22.7 million to support improvements in the Welland Canal will have a number of benefits not only for supporting marine-related uses but broader supply chain activities including goods movement and distribution. This sector continues to grow rapidly, which is a trend that shows no sign of changing rapidly or significantly;
- The pending federal investment as well as broader growth in the metropolitan area will support the continued use and re-use of canal-related lands as well as other locations throughout the community; and,
- In terms of location, most of the City's future industrial-type development is likely to be accommodated in the approximately 300 acre Gateway Economic Centre lands that are anticipated to be the City's best new business park location over time. Amongst the key advantages to this area are the availability of incentives by way of its location within the Gateway CIP, access to Highway 140, significant portions of vacant lands designated to permit a wide range of industrial uses and the opportunity to expand northward along the canal to connect to other employment areas and supply chain infrastructure in the Region.

Figure 7: Existing Industrial Uses, Port Colborne

(Top: JTL Integrated Machine Ltd., PC Forge, Reuter Road; Middle Left: Jungbunzlauer Canada Inc., Elm Street; Middle Right, Thurston Machine Co. Ltd, Elm Street; Bottom Left: ADM Milling Co., King Street; Bottom Right: Vale Canada Ltd. Complex, Davis St.)

4.0 Understanding Residential Growth

4.1 Five Steps to Understanding Growth Management Gaps and Opportunities

To better understand potential for future growth opportunities in the City, a number of inputs must be considered within the context of a supply and demand analysis that is generally conducted in five steps, which are shown in **Figure 8**, and described in more detail in this section.

Figure 8: Five Steps to Understanding Growth Management Gaps and Opportunities

Residential supply includes the identification of the development pipeline, which consists of draft approved plans, unbuilt units on registered plans, in-process applications, and vacant land designated for residential development. In this instance, vacant land refers to vacant land within settlement areas that are designated residential in the Official Plan. It excludes lands captured in the development pipeline, excludes employment land conversions and excludes hazard lands and environmental features in settlement areas. Once the development pipeline has been identified, vetted and confirmed, as part of the supply work, a desktop mapping exercise is completed to confirm the amount of vacant land in the settlement areas. The desktop mapping exercise is further vetted and confirmed by local staff prior to analysis being completed.

Following the supply analysis, the **demand analysis** consists of determining and understanding the housing needs for future growth for a 30-year planning horizon (2051 timeframe). The analysis is informed by the Region's preliminary population and growth projections and housing mix allocations.

Following the completion of the analysis, if it is determined there is a shortage of residential land based on the projected demand, then it would be necessary to explore a settlement area expansion. Conversely, if there is sufficient supply of land within the settlement areas, other options would need to be explored. **The work completed at the Regional level indicates that there is no need to expand the boundary in Port Colborne to accommodate future growth. As such, at the local level, the more granular analysis of supply and demand can be used to identify gaps and opportunities for growth management within the delineated and approved urban area; and, inform growth management planning through the local Official Plan and local DC By-law.**

4.2 Residential Land Inventory

4.2.1 Development Pipeline

To support the analysis, in December 2022, City staff provided the consultant team with a spreadsheet database of residential development projects being tracked by the City. In total, the database included 39 different projects being tracked. Upon review of the database by the project team, it was determined that not all of the projects met the criteria noted above for being considered "development pipeline" which, as noted above should only include draft approved plans, unbuilt units on registered plans, and in-process applications. The consulting team further filtered the database based on these criteria and determined:

- Twenty (20) projects met the criteria to be considered as "development pipeline";
- Sixteen (16) projects could only be recognized as a "development inquiry" and not "development pipeline"; and,
- Three projects were duplicates and should be removed to avoid double counting.

This list was then further reviewed and confirmed by the City prior to running any further analysis or mapping exercises.

Figure 9: Existing Single Detached Dwellings, King Street (left), Sugarloaf Street (right), Port Colborne

4.0 Understanding Residential Growth

The consulting team analyzed the development pipeline inventory based on planning policy area. **Table 3** provides a detailed breakdown of the development pipeline, and **Appendix 3** provides a series of maps identifying the locations of the development pipeline projects. Overall, **Table 3** indicates that there are approximately 4,149 units of potential residential development with some form of approval (draft approved/ unbuilt on registered plans, in process *Planning Act* applications)[7]. Residential growth in the development pipeline is predominantly located within the DGA (80% of pipeline units), while the balance is located in the BUA (20%). This is typical and expected for a municipality such as Port Colborne with a significant supply of Designated Greenfield lands. The majority of the development pipeline consists of medium density units, such as townhouse and stacked townhouse dwellings (42%), followed by low density units, such as single-detached and semi-detached dwellings (36%) and high-density units, such as multiple-unit dwellings in a compact mid-rise or high rise built form including apartment and condominiums (22%). This composition represents a shift from the City's historic development pattern of predominantly low-density units, in alignment with land use planning policy direction for more compact, dense communities that provide a wider range and mix of housing types and forms to support broader policy objectives.

[7] It is important to note that more than half of the development pipeline (55%) is attributed to one large development application, being pipeline entry P12, located on the south side of Killaly Street West between West Side Road and Main Street West, which the Project Team understands from local staff is an imminent application consisting of a Zoning By-law Amendment and Draft Plan of Subdivision and should be captured under the development pipeline.

Table 3: City of Port Colborne Development Pipeline

Pipeline ID	Policy Area (BUA, DGA, IA)	Low Density Units (Single and Semi-detached)	Medium Density Units (Townhouse, Stacked Townhouse, Back to Back Townhouse)	High Density Units (Apartment)	Total	Parcel Area (ha, gross)	Parcel Area (ha, net)	Average Density (units per hectare, gross)	Average Density (units per hectare, net)	Anticipated Timeline for Development (as indicated by City Staff)
P1	BUA	0	30	0	30	0.28	0.28	107	107	2023-2025
P2	DGA	0	84	100	184	3.25	3.25	57	57	2025-2027
P3	BUA (IA1)	0	0	15	15	0.07	0.07	210	210	2024-2026
P4	BUA	0	0	75	75	0.96	0.96	78	78	2023-2025
P5	BUA	0	0	24	24	0.15	0.15	160	160	2023-2025
P6	BUA (IA2)	0	0	74	74	0.56	0.56	133	133	2021
P7	BUA (IA2)	0	0	25	25	0.10	0.10	247	247	2023-2025
P8	DGA	0	9	0	9	0.19	0.19	46	46	2023-2025
P9	BUA (IA1)	0	0	6	6	0.07	0.07	91	91	2023-2025
P10[1]	BUA	0	14	0	14	0.02	0.02	591	591	2024-2026
P11	BUA	0	0	6	6	0.03	0.03	176	176	2024-2026
P12[2]	DGA	1,025	1,239	0	2,264	38.93	35.89	58	63	2025-2027
P13	DGA	175	0	80	255	13.05	12.35	20	21	2023-2025
P14	DGA	149	118	83	350	30.56	15.00	11	23	2024-2026
P15	DGA	122	50	50	222	15.85	13.20	14	17	2024-2026
P16	BUA	0	0	16	16	0.19	0.19	82	82	2024-2026
P17	BUA	0	0	40	40	0.27	0.27	150	150	2024-2026
P18	BUA	15	15	41	71	1.23	1.23	58	58	No information provided
P19	BUA (IA2)	0	0	22	22	0.31	0.31	71	17	No information provided
P20	BUA	34	173	240	447	5.65	5.65	79	79	No information provided
TOTAL	**N/A**	**1,520**	**1,732**	**897**	**4,149**	**117.53**	**89.78**	**N/A**	**N/A**	**N/A**

Notes

[1]Air imagery appears to show lot consolidation has occurred and redevelopment would likely be on a larger parcel area than shown on the pipeline map, resulting in a lower overall density.

[2]The pipeline inventory identifies a portion of P12 being outside of the urban area boundary. Development outside of the urban area boundary is not permitted. Since the Region's MCR was recently completed, the next opportunity to consider an urban area boundary expansion is at the time of the next MCR in 10 years. For the purposes of this analysis, the consultant team is using the area of the P12 lands that falls within the urban area boundary (35.89 hectares), as opposed to the total area as proposed by the applicant (57.38 hectares). However, the total unit estimate provided by the applicant is being used for the purposes of the pipeline inventory, recognizing that a significant proportion of the lands outside of the urban area boundary are constrained by natural features and would not be developable and, thus, the majority of the units proposed are in the urban area boundary. Given the stage this project is at in the approvals timeline, the unit count and timing for development are highly likely to fluctuate. The number included for the purposes of this analysis is the best estimate the consultant team has, as of December 2022.

4.2.2 Vacant Land Development Potential

In addition to the development pipeline noted above, there are vacant lands designated for residential development within each of the planning policy areas. The majority of the City's vacant designated residential lands are within the DGA (92.8%), with the balance located in the BUA (7.2%). **Table 4** provides a summary of the overall proportion of vacant residential lands by policy area, and **Appendix 4** provides a map identifying the locations of the City's vacant designated residential lands.

Table 4: Vacant Residential Lands - Proportion by Policy Area

Policy Area	Vacant Residential Area (ha, net)	Percent of Vacant Land Supply
Built-up Area	11.49	7.2%
Designated Greenfield Area	148.44	92.8%
TOTAL	**159.93**	**100%**

In order to estimate the development potential of the vacant lands within each of the policy areas, the following assumptions were used:

- A gross net adjustment of 50% was applied, to account for roads, infrastructure, etc.;
- A housing mix of 58.6% low density, 18.6% medium density and 22.8% high density within the Built-up Area, as assigned by the Region;
- A housing mix of 80.3% low density, 18.6% medium density and 1.1% high density within the Designated Greenfield Area, as assigned by the Region;
- A gross density of 18 units per hectare for low density residential, 65 units per hectare for medium density residential and 90 units per hectare for high density residential for lands within Intensification Area 1 and Intensification Area 2;
- A gross density of 15 units per hectare for low density residential, 55 units per hectare for medium density residential and 85 units per hectare for high density residential for all other parts of the Built-up Area; and,
- A gross density of 16 units per hectare for low density residential, 28 units per hectare for medium density residential and 90 units per hectare for high density residential for the Designated Greenfield Area.

Table 5 and **Table 6** provide a summary of the vacant land potential for development of housing.

Table 5: Vacant Residential Lands - Unit Potential by Policy Area

Policy Area	Vacant Residential Area (ha, net)	Gross Net Adjustment (%)	Net Developable Area (ha)	Total Units
Built-up Area	11.49	N/A	11.49	427
Designated Greenfield Area	148.44	50%	74.22	1,362
TOTAL	**159.93**	**N/A**	**79.97**	**1,789**
Notes Totals may differ as a result of rounding				

Table 5 shows that there is potential for an additional 1,789 residential units through the development of remaining vacant lands. Approximately 24% are located within the BUA and 76% are located in the Designated Greenfield Area.

Table 6: Vacant Residential Lands - Unit Potential by Policy Area and Unit Type

Policy Area	Low Density Units (Single and Semi-detached)	Medium Density Units (Townhouse, Stacked Townhouse, Back to Back Townhouse)	High Density Units (Apartment)
Built-up Area	153	49	225
Designated Greenfield Area	1,046	242	73
TOTAL	**1,200**	**291**	**298**
Notes: Totals may differ as a result of rounding			

Table 6 shows that, based on the assumptions for historic housing mix used for the analysis, within the Built-up Area, there is capacity to accommodate an additional 153 low density, 49 medium density and 225 high density units on the remaining residentially designated vacant lands, which provides a housing mix of 36% low density, 11% medium density, and 53% high density units. Within the Designated Greenfield Area, there is capacity to accommodate an additional 1,046 low density, 242 medium density, and 73 high density units on the remaining residentially designated vacant lands, which provides a housing mix of 77% low density, 18% medium density, and 5% high density units.

Overall, the vacant land analysis shows that the City has the potential to add an additional 1,789 residential units, with the capacity in the Built- up and DGAs to provide:

- 1,200 low density units (67% of the housing mix);
- 291 medium density units (16% of the housing mix); and,
- 298 high density units (17% of the housing mix).

4.2.3 Redevelopment Potential- Intensification Areas

In addition to the analysis of the development pipeline and vacant lands carried out above, an assessment of capacity for redevelopment through intensification of currently occupied lands within the City's two identified Intensification Areas was undertaken, recognizing that the Official Plan direction and vision is that these areas would change over time to accommodate a mixture of commercial and residential uses at a higher intensity than what exists today.

This analysis was conducted by working with City staff to review the Intensification Areas on a block by block basis and assigning an estimate of probability of change/ redevelopment over a 25-year timeframe, where:

- 5% indicates that there is low probability of redevelopment within the next 25 years, as the area constitutes an "established residential area" where replacement housing (the demolition of an existing single detached dwelling and the replacement with a low density-built form) may occur, but intensification (the demolition of a single detached dwelling and the replacement with a medium density or high density built form) is not likely to occur and not desirable;
- 25% indicates that there is low probability of redevelopment through intensification within the next 25 years, either as a result of development challenges (such as the assembly of a large number of small lots/ parcels, known contamination/ remediation issues, designated heritage properties) or location (block is too far from the major node and/ or corridor of the Intensification Area, there are access constraints);
- 50% indicates that there is a likely chance of redevelopment through intensification within the next 25 years, based on favourable development factors (parcel size and configuration would lend itself well to redevelopment, there are no designated heritage properties, but there are listed properties) and locational factors (proximity to a major node and/ or corridor of the Intensification Area, there are limited access constraints); and,
- 75% indicates that there is a highly likely chance of redevelopment through intensification within the next 25 years, based on favourable development factors (parcel size and configuration would lend itself well to redevelopment, there are no designated or listed heritage properties, City staff have already received inquiries or know of interest in the area) locational factors (located directly on a major node and/or corridor of the Intensification Area).

This analysis excluded any development pipeline and vacant land development opportunities identified in Sections 4.2.1 and 4.2.2. The analysis also used an aggregated average estimated area of major change for the whole area based on the block by block assessment. The results of this analysis indicate that there is potential for an additional 510 residential units within the City's Intensification Areas, with 76 located in IA1 and 306 located in IA2. **Table 7** provides a summary of this analysis.

Table 7: Intensification Opportunities - Unit Potential by Geography and Unit Type

Intensification Area Name	Redevelopment Potential- Low Density Units (Single and Semi-detached)	Redevelopment Potential- Medium Density Units (Townhouse, Stacked Townhouse, Back to Back Townhouse)	Intensification Potential- High Density Units (Apartment)	Total Units
Intensification Area 1	60	19	23	102
Intensification Area 2	239	76	93	409
TOTAL	**299**	**95**	**116**	**510**
Notes Totals may differ as a result of rounding				

The intensification capacity analysis shows that the City has the potential to add an additional 510 residential units through redevelopment and intensification in the City's two Intensification Areas. The majority of this intensification (80%) is anticipated to occur in Intensification Area 2, with the balance to occur in Intensification Area 1 (20%). The extent to which this intensification is realized is heavily dependent upon the City's future growth management strategy and intensification priorities. The analysis was conducted on the basis of the current in-force official plan intensification policy framework, which only conceptually identifies broad intensification areas and does not contain specific policy direction for how these areas will change over time and instead focuses more predominantly on intensification through the addition of secondary suites throughout the urban area as a whole, rather than redevelopment of existing sites within the intensification areas.

4.2.4 Intensification Potential- Additional Residential Units

Throughout the province, there has been increased pressure for more housing options to support growing demographics and address overall gaps in housing need. One part of addressing this gap is to find creative ways to utilize land more efficiently to accommodate current and future residents within the existing urban boundary. An additional residential unit is one of these innovative approaches.

An additional residential unit is an additional, self-contained dwelling located either within a house that would normally accommodate only one dwelling unit, or a second smaller-sized dwelling on the same lot. These types of units are often referred to as accessory residential units, additional dwelling units, secondary units, secondary suites, laneway houses, or coach houses, to name a few. These units provide efficient opportunities for affordable housing options within existing dwellings within the Built-up Area, as well as within new builds in the Designated Greenfield Area. Within the Built-up Area, they can also provide the City with additional opportunity to meet the Regional and Provincial intensification targets for new residential units within the delineated BUA annually.

4.0 Understanding Residential Growth

Section 16(3) of the *Planning Act* states that no Official Plan may contain any policy that has the effect of prohibiting the use of:

- Two residential units in a detached house, semi-detached house or row house on a parcel of urban residential land, if all buildings and structures ancillary to the detached house, semi-detached house or row house cumulatively contain no more than one residential unit;
- Three residential units in a detached house, semi-detached house or row house on a parcel of urban residential land, if no building or structure ancillary to the detached house, semi-detached house or row house contains any residential units; or,
- One residential unit in a building or structure ancillary to a detached house, semi-detached house or row house on a parcel of urban residential land, if the detached house, semi-detached house or row house contains no more than two residential units and no other building or structure ancillary to the detached house, semi-detached house or row house contains any residential units.

The *Planning Act* also requires that each local municipality ensure that it's zoning by-law gives effect to the policies described in Section 16.3.

The City's in-force Official Plan refers to this type of use as a basement apartment or an accessory apartment, and includes some permissions for their development within existing single detached dwellings; however, it is likely that the Official Plan will require updates to these policies to address more recent changes to the *Planning Act* through Bill 108 and Bill 23 (for example, to permit them in single, semi and row house typologies and increase the overall permitted amount of units on a parcel of urban residential land)

While some local data is available in terms of existing additional dwelling units in the City through building permit summary spreadsheets, it is still difficult to estimate the total quantum of this type of dwelling as many could be existing "illegally". Further, it is also difficult to estimate a potential yield for second suites in the future. However, **Table 8** provides an estimate of the potential yield of secondary suites based on the total number of single-detached dwellings recorded as part of the 2021 Census. Based on this analysis, there is potential for the City to accommodate between 123 and 1,229 additional dwelling units in existing developments.

Table 8: Accessory Dwelling Unit Potential

Number of Single-Detached Dwellings (2021 Census)	Potential Yield at 2%	Potential Yield at 5%	Potential Yield at 10%	Potential Yield at 20%
6,145	123	307	615	1,229

It is our understanding that the health care system intends to stop using the hospital as an urgent care facility at some point in the future, during the life span of their Official Plan. As such, there is an opportunity to intensify development on these lands. The City would need to strategically plan for this intensification potential, either as part of a new Secondary Plan or through an update to the City's Official Plan. At this time, however, this intensification potential has not been captured in this analysis.

4.2.5 Development Inquiries

As noted previously, City staff provided the consultant team with a spreadsheet database of thirty-nine (39) residential development projects being tracked by the City. In filtering out the database to determine the development pipeline, the consultant team categorized entries as either being “development pipeline” or “development inquiry”. These development inquiries are noted for reference purposes, but may not be included in the residential growth capacity analysis for a number of reasons, including:

- They may not meet the definition of “development pipeline”; and/or,
- They may not be located on lands designated for residential development in accordance with the City’s Official Plan, thus, cannot be considered.

Some of these sites may have been captured in the vacant land analysis and, in this instance, the development assumptions of the consultant team were used to estimate unit yield potential rather than unit counts provided by the City.

Overall, 16 projects were recognized by the consultant team as “development inquiry”, which are shown on the Development Inquires Map in **Appendix 5** for information purposes.

4.2.6 Summary

Table 9 provides a summary of the residential growth potential in the City of Port Colborne in terms of development pipeline, vacant lands and intensification potential, **Table 10** provides a summary of the supply in terms of built form type, and **Figure 10** provides a graphic representation of the overall residential growth potential.

Table 9: Port Colborne's Residential Growth Potential by Analysis Element

Policy Area	Development Pipeline	Vacant Lands	Intensification/ Redevelopment	Total Units
Built-up Area	**865**	**427**	**510**	**1,802**
Intensification Area 1	21	66	102	189
Intensification Area 2	96	4	409	509
Rest of the Built-up Area	748	357	-	1,105
Designated Greenfield Area	**3,284**	**1,362**	**-**	**4,646**
TOTAL	**4,149**	**1,789**	**510**	**6,448**

Based on the above, it appears that there is capacity within the BUA to accommodate approximately 1,802 units and 4,648 units within the Designated Greenfield Area, for a total of 6,448 units.

Table 10: Port Colborne's Residential Growth Potential by Built Form Type

Policy Area	Low Density Units (Single and Semi-detached)	Medium Density Units (Townhouse, Stacked Townhouse, Back to Back Townhouse)	High Density Units (Apartment)	Total Units
Built-up Area	501	376	925	1,802
Designated Greenfield Area	2,517	1,742	387	4,646
TOTAL	**3,018**	**2,118**	**1,312**	**6,448**

In terms of capacity by type, the overall mix is as follows:

- 3,018 low density units, with the majority located within the DGA (83% DGA, 17% BUA);
- 2,118 medium density units, with the majority located within the DGA (82% DGA, 18% BUA); and,
- 1,312 high density units, with the majority located within the BUA (70% BUA, 30% DGA).

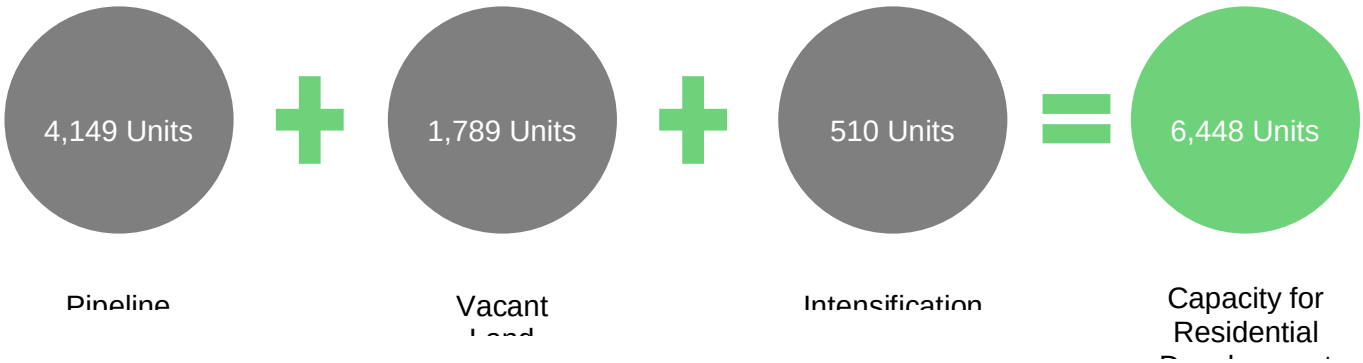


Figure 10: Port Colborne's Capacity for Residential Growth

As discussed in earlier sections of this report, the Region's 2051 allocation of residential growth for the City of Port Colborne is 2,300 units. The analysis contained herein indicates that there is capacity within the City's existing urban area to accommodate a level of growth that exceeds the 2051 forecast. Accordingly, the consultant team concurs with the Region's general findings that an urban expansion is not necessary for Port Colborne.

4.3 Housing Demand

4.3.1 Regional Forecast and Local Allocations

As noted previously, the Region has recently completed their Municipal Comprehensive Review exercise, consisting of population and growth projections and associated local municipal allocations to the 2051 planning horizon. The outcomes of this exercise were implemented through the Niagara Official Plan, which recently received Ministry approval.

Niagara Official Plan assigns the following to the City of Port Colborne:

- A population of 23,230 in 2051;
- A total allocation of 2,300 units for the 2021-2051 period;
- An intensification target of 30% (690 units); and,
- A DGA target of 50 people and jobs per hectare.

These allocations and targets were applied based on work conducted by Hemson Consulting and the Region. More specifically, on May 17, 2021 the Region of Niagara released report PDS 17-2021[8]: Niagara Official Plan Consolidated Policy Report. This report provides significant background information respecting the Region's work on the Municipal Comprehensive Review up to that time. Of relevance to this study is Hemson's Niagara Region Municipal Comprehensive Review- Growth Allocation Update to 2051 Memorandum, dated April 5, 2021 (Appendix 3.3 of PDS 17-2021).

The memorandum indicates a share assumption for residential growth for the City of Port Colborne of 2.5% of the Region's overall growth between 2021 and 2051. This equates to a growth of 2,300 units and a compound annual growth rate of 0.8% (Table 5 and Table 7 of the Hemson Memorandum). The total unit allocation for Port Colborne is broken down as follows: 1,690 single and semi-detached, 430 row house and 170 apartments. The remaining 10 units are assumed to be in the Rural Area. Compared to other municipalities, this is one of the lowest total forecast housing growth. Some additional relevant highlights of the memorandum include:

- The City's household growth is estimated to be 30% in the Built-up Area, 69.5% in the Designated Greenfield Area, and 0.5% in the Rural Area. Hemson defines the rural area as all areas outside of Urban Settlement Areas, and includes the Agricultural System and Rural Settlements (Hamlets);
- For the City's Built-up Area, Hemson estimates that 400 single/semi, 130 row house and 160 apartment units in housing growth from 2021 to 2051, which represents a housing mix of 58.6% single/semi, 18.6% row house, and 22.8% apartments; and,
- For the City's DGAs, Hemson estimates that 1,290 single/ semi units, 300 row house and 20 apartment units in housing growth from 2021 to 2051, which represents a housing mix of 80.3% single/semi, 18.6% row house and 1.1% apartments.

[8] https://www.niagararegion.ca/official-plan/consolidated-policy-report.aspx

Based on the growth allocations for Port Colborne, as set out by the Region, it appears that there is very little growth expected to be accommodated in Port Colborne over the next 30 years.

4.3.2 Historic Residential Development Trends

Building permit data was obtained by the City of Port Colborne for the 2011 to 2021 time period to understand historic development trends and make inferences for the future. This was also supplemented by a review of new housing construction activity reporting for the 2022 year; and, historical housing completions by dwelling type for the City of Port Colborne as provided by the Canada Mortgage and Housing Corporation (CMHC).

Port Colborne Data

Building permit data was obtained from the City of Port Colborne for the 2011-2021 time period to understand historic development trends, and make inferences on future development trends. **Table 11** provides a summary of the data obtained and **Figure 11** provides a graphical representation of this building permit activity.

Table 11: Port Colborne Residential Permit Information - Housing Units 2011-2021

Year	Total Number of Housing Units
2011	9
2012	21
2013	2
2014	9
2015	12
2016	35
2017	45
2018	40
2019	54
2020	51
2021	133
TOTAL (11-year period)	**411**

The following disclaimer was provided by City staff, along with this dataset: These values are approximate, as software used to pull data does not host a running count of added/ subtracted housing units.

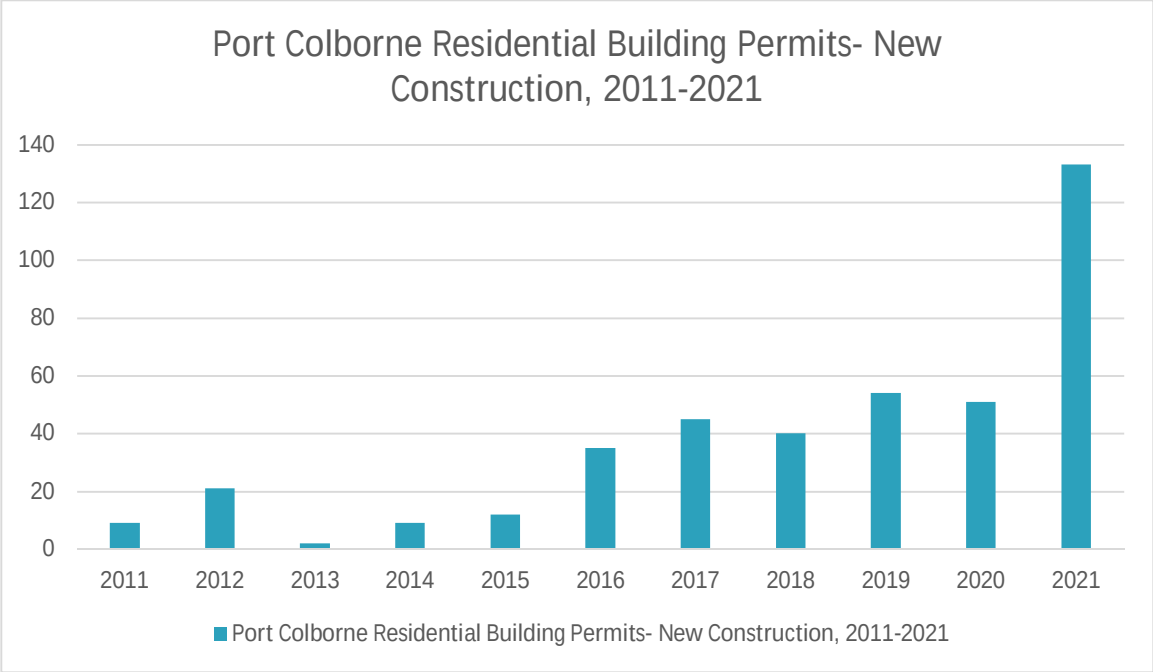


Figure 11: Port Colborne Residential Permit Information - Housing Units 2011-2021

The results of the analysis indicate that there were 411 building permits issued for new residential units throughout the City of Port Colborne, representing a growth of approximately 37.36 units per year. Building permits appear to have had an uptick from the 2016 timeframe onward, with 2022 having the highest number of starts. The City saw the highest growth in 2021, with 133 units[9]. The five-year average, for the 2017- 2020 timeframe is much higher than the overall average, at 64.6 units per year.

Canada Mortgage and Housing Corporation Data

The CMHC Housing Market Information Portal provides access to housing market information for a number of variables over time. The CMHC Starts and Completions Survey and Market Absorption Survey provides additional data to supplement the City's building permit data discussed above.

Historic housing start information is available for the City of Port Colborne from 1990-2022. For the purposes of this analysis, the data range from 2010-2022 was used. **Table 12** provides a summary of the data obtained and **Figure 12** provides a graphical representation of housing start activity.

[9] The 2021 building permit growth included 74 permits for South Port Condos, while the remaining 59 were for other developments. It is likely that a further upward trend will be observed in the 2023 period in both number of permits and unit types.

Table 12: Port Colborne Housing Starts, 2010-2022 (CMHC)

Year	Low Density Units (Single and Semi-detached)	Medium Density Units (Townhouse, Stacked Townhouse, Back to Back Townhouse)	High Density Units (Apartment)	Total Units
2010	7	0	0	7
2011	5	0	0	5
2012	19	0	0	19
2013	8	0	0	8
2014	9	0	0	9
2015	5	8	0	13
2016	22	0	0	22
2017	39	0	0	39
2018	20	0	24	44
2019	33	0	15	48
2020	19	0	0	19
2021	21	0	0	21
2022	49	10	0	59[10]
TOTAL	**256**	**18**	**39**	**313**

[10] The CMHC data does not include any of the more recent high density residential development in Port Colborne, such as South Port Condos and others, which will result in a further upward trend in both housing starts and types of units in the 2023 period.

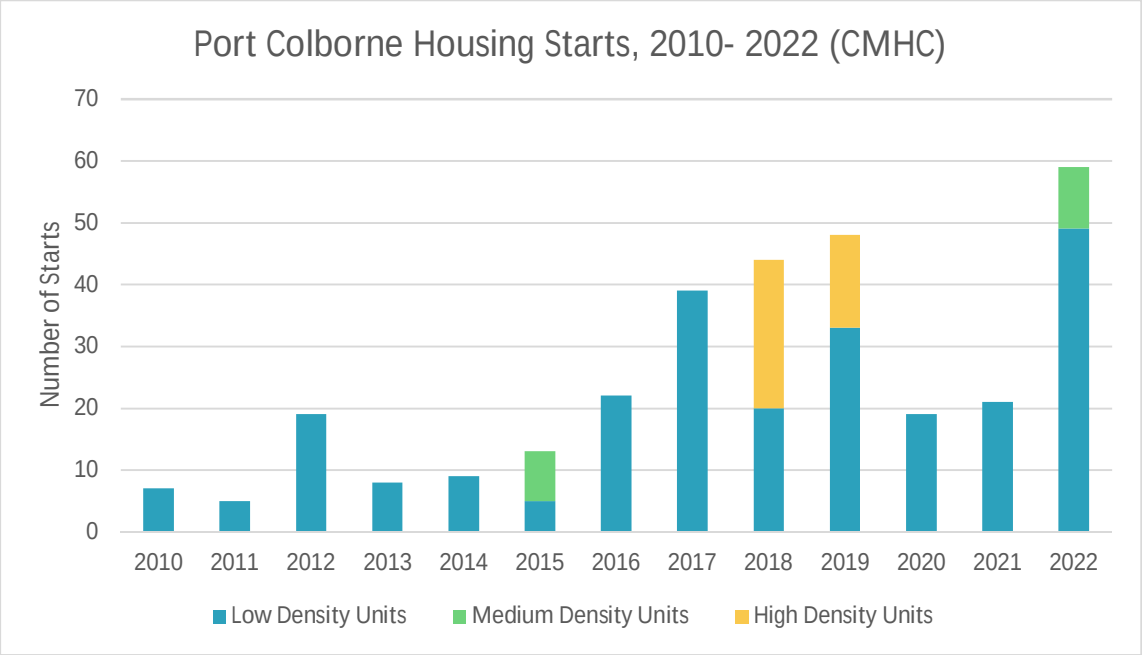


Figure 12: Port Colborne Housing Starts, 2010-2022 (CMHC)

The results of this indicate that between 2010 and 2022, there were a total of 313 housing starts throughout the City of Port Colborne, representing an average of 24.07 starts per year. Housing starts appear to have an uptick from the 2017 timeframe onward, with 2022 having the highest number of starts. The five-year average, for the 2018-2022 timeframe is much higher than the overall average, at 38.2 starts per year. The data is also showing a slow shift in unit mix over the time period, with the introduction of medium density and high density-built forms starting to occur with more frequency beginning in 2018.

4.4 Summary of Findings and Implications for Growth Management

As noted previously in this report, and highlighted in **Table 13**, below, the forecast allocation for the City identifies the demand to be for 2,300 units based on an annual growth rate of 0.8%.

Table 13: Port Colborne Regional Allocation of Growth, 2021-2051

Policy Area	Low Density Units (Single and Semi-detached)	Medium Density Units (Townhouse, Stacked Townhouse, Back to Back Townhouse)	High Density Units (Apartment)	Total
Built-up Area	400 (58.6%)	130 (18.6%)	160 (22.8%)	690
Designated Greenfield Area and Rural Area	1,290 (80.3%)	300 (18.6%)	20 (1.1%)	1,610
Total	**1,690**	**430**	**180**	**2,300**

4.0 Understanding Residential Growth

The Region's analysis and allocation is based on a control total of population which they must assign to local municipalities for the 2051 horizon. Historically, Port Colborne has not played a major role in accommodating growth. Over the last 25 years, the population has been generally stable in Port Colborne, while other municipalities in Niagara Region have seen increased growth. Ultimately, this has led to an overall gradual declining share of the overall Regional population base. However, what we are seeing is that there are some more recent patterns that suggest that the City could outpace the expectations in the short to mid-term (e.g., 2016-2021 Census population growth of over 9%, which puts the City's 2021 population ahead of the Region's 2021 assigned/ estimated population, increased development interest based on the pipeline data, ongoing local efforts to attract new investment, housing cost spillovers from other markets, pressures from Bill 23).

Based on the land supply analysis described earlier in this report, the results indicate there is a potential for 6,448 units, with 4,149 of those being categorized as "development pipeline" which assigns a greater level of certainty that these units will develop in over the 2051 planning horizon and beyond. Ultimately, there is capacity for growth within the City that exceeds the Region's allocation. Regional policy indicates that the allocation is a minimum to be achieved and permits lower tier municipalities to plan for growth beyond the minimum allocation, which gives local municipalities the flexibility to implement a locally appropriate and context sensitive growth framework that considers a number of variables, including (but not limited to) timing for growth and infrastructure capacity to support additional growth.,

Confirming the growth horizon for the overall total capacity is more difficult to predict, as there are a number of factors and unknowns that would impact this. When considering the more recent development trends in the City, which indicate more rapid growth in the short to medium term, it is appropriate to examine a range of scenarios and options that could capture these aspects of the changing growth that can be used to guide the Official Plan update and DC By-law update, and infrastructure planning among other things.

Table 14 provides a summary of what the City's overall growth capacity of 6,448 units would convert to in terms of overall years of supply based on:

- The associated pace of the Region's allocation;
- An "adjusted average pace" based on the City's last five-years of building permit activity;
- A 30-year pace, which is essentially a "work back" which assumes that the overall growth capacity of 6,448 units would be fully built out in a 30-year timeframe;
- A "high pace", based on the City achieving building permit statistics that exceed the City's best year (2021, 133 permits); and,
- An "ultra-high" pace that is double the annual units based on the high pace scenario.

Table 14: Estimated Years of Supply Based on Build-out of Total Residential Capacity

Scenario	Annual Growth (units)	Total Residential Capacity (Pipeline+ Vacant + Intensification)	Estimated Years of Supply
Region	77 units annually	6,448	84 years
5-year Building Permit Average	65 units annually	6,448	99 years
High Pace	150 units annually	6,448	43 years
30-year "work back" Pace	215 units annually	6,448	30 years
Ultra-High	300 units annually	6,448	22 years

As shown above, when comparing the total capacity with the projected demand (Region's allocation) and the other scenarios tested, the City could run out of residential land anywhere between 22 and 99 years from now. The pace of development in the ultra-high scenario would far exceed any historic growth and development trends experienced in Port Colborne to-date. However, this change in the pace of growth is not entirely unrealistic when considering the magnitude of the City's current development pipeline, which the City estimates the majority of those applications would be built out within the next 10 years (refer to the anticipated timeline for development column in **Table 14** of this Report).

For the purposes of growth planning, it may be worth understanding and evaluating potential build-out scenarios that remove the vacant land and intensification capacity estimates and focus on build-out scenarios that capture only the City's development pipeline. **Table 15** provides a summary of what the City's pipeline growth capacity of 4,149 units would convert to in terms of overall years of supply based on:

- The associated pace of the Region's allocation;
- An "adjusted average pace" based on the City's last five-years of building permit activity;
- A 10-year pace;
- A 20-year pace;
- A 30-year pace; and,
- A 2031 build-out pace.

Table 15: Estimated Years of Supply Based on Build-out of Pipeline Capacity

Scenario	Annual Growth (units per year)	Total Residential Pipeline	Years to 100% Pipeline Buildout
Region	77	4,149	54
5-year Building Permit Average	65	4,149	64
2053 Build Out	138	4,149	30
2043 Build Out	207	4,149	20
2033 Build Out	415	4,149	10
2031 Build Out	519	4,149	8

As shown above, the City's development pipeline could build out anywhere between 8 and 64 years from now. If the pipeline were to build out at a pace of 65 units per year, which is consistent with the 5-year building permit average, the pipeline would be depleted in 64 years. If development trends continue on an upward trajectory of ~100 permits per year, the pipeline would be depleted somewhere in the next 20 to 30 years (between 2043 and 2053).

As noted previously, the majority of the City's development pipeline sits in one application (P12, Killaly Street West, 2,264 units). Depending on the timing of approval, pace of sales and phasing of development, it is possible that the City could see a significant spike in the short-term, with a more gradual return to historic conditions. The pace of sales, as well as the timing of other larger scale developments, will be an important litmus test for the market in Port Colborne as approvals are obtained and housing goes to market. There is a possibility that these large developments will result in an increase in demand for residential development over time, which should be considered and planned for now to ensure that the City is well-positioned to respond to an increase in demand. Where possible, it will be important to understand implications of a balanced and realistic scenario that may be more than what the Region estimated but less than the total estimated capacity found in this analysis to ensure that the City is well-positioned to respond to growth pressures that may arise.

5.0 Understanding Employment Growth

An updated employment forecast has been prepared based on the build-out of the residential land supply and pipeline of development activity noted previously. Provided below is a brief review of the regional forecast allocation and forecast of employment by type (major office, population-related, employment land employment and rural) changes to the economic context that have occurred especially COVID-related changes and an updated employment forecast by type to provide a high-level indication of growth potential.

5.1 Regional Forecast Allocation

As discussed previously, the Regional forecast allocation of employment is relatively limited to the City of Port Colborne, approximately 1,600 jobs over the period to 2051. This growth outlook is consistent with the overall approach to the forecasts that adopted a share-based distribution of growth based on historic shares of market activity and current construction activity. In accordance with standard LNA approaches, the forecast is prepared for the three main types of employment in addition to rural employment:

- Major office employment, which are jobs in freestanding office building of 20,000 sq. ft. or greater including public buildings such as City Halls and Police Stations. Major Office buildings can be within any of the geographic areas of the other categories;
- Population-Related Employment is employment that exists in response to a resident population and is mainly commercial retail, institutional and urban work at home employment;
- Employment Land Employment, which is employment in urban industrial-type employment areas, excluding major office. As well, large retail concentrations and major institutions that lie within employment areas are excluded from the Employment Land Employment category; and,
- Rural Employment, which is jobs occurring within the rural geography with the few exceptions for major industrial uses or larger rural industrial areas. Work at home employment is typically a substantial proportion of the rural employment base.

The forecast by type from Hemson is summarized in **Table 16** below for context.

Table 16: Forecast of Total Employment by Major Type, City of Port Colborne, 2021-2051 (Hemson)[11]

Employment Type	2021	Share	2051	Growth
Major Office Employment	0	0	0	0
Population Related Employment	3,110	53%	3,860	750
Employment Land Employment	1,980	34%	2,330	350
Rural Employment	820	14%	1,360	540
TOTAL	**5,910**	**100%**	**7,550**	**1,640**

[11] Table 20 of Appendix 3.3 to Region of Niagara Staff Report PDS 17-2021 (https://www.niagararegion.ca/official-plan/consolidated-policy-report.aspx)

5.2 Changes to the Economic Context

The original forecast distribution was prepared in 2021 about a year after the COVID Pandemic began in March 2020. Since 2021 Census employment figures were not available at the time of writing inter-census estimates were prepared for the base employment which were very close to the actual 2021 Census released in November of this year. Since the 2021 Census employment figures were released; however, two key changes to the base information can be identified for the City of Port Colborne:

1. Firstly, overall employment appears to have outperformed expectations, estimated to be approximately 6,600 jobs in 2021 compared to the previous Hemson estimate of approximately 5,900 jobs; and,
2. The shift to "work at home" and "no fixed place of employment" is notable and likely explains most of why the Hemson estimated 2021 employment was somewhat lower than Census actuals driven by the rapid changes brought about by the COVID pandemic. Regular place of work employment; however, did decline both in overall amount and relative share of employment over the 2016 to 2021 period.

The estimated employment by major category (Place of Work, Work at Home, and No Fixed Place of employment) for 2016 and 2021 is shown in **Table 17** below. Of particular note is the increase in Work at Home (+11%) and No Fixed employment, at the expense of regular place of work employment, with employment growing overall. For context, the estimated 2021 Census employment of 6,595 jobs already achieves the forecast 2036 total employment for Port Colborne as set out in the initial distribution.

Table 17: Estimated Employment by Category, 2016 and 2021 Census

Category	2016	Share	2021	Share	Shift
Total Place of Work (Commuting Flows)	4,835	84%	4,410	67%	-17%
Work at Home (Census, Labour Force)	310	5%	1,105	17%	11%
No Fixed Place (Census, Labour Force)	615	11%	1,080	16%	6%
TOTAL	**5,750**	**100%**	**6,595**	**100%**	**0%**

It is also worth noting that the "Activity Rate": the ratio of jobs to total population in the community, has increased slightly over the 2016 to 2021 period from 30.5% to 31.5% of the population, also illustrated below in **Table 18**.

Table 18: Estimated Employment by Category, 2016 and 2021 Census

	2016	2021
Population, Census	18,306	20,033
Population, Total	18,872	20,653
Employment	5,760	6,595
Activity Rate	30.5%	31.9%

In regards to the 2021 Census employment, the following key points and caveats should be noted given the high-level nature of the estimate:

- Place of Work employment is estimated from the 2021 Census information on commuting flows and is the total number of people both living and working within the Community;
- No fixed employment and work at home employment are Labour Force measures that are taken directly from the 2021 Census. Work at Home represents those residents reporting their place of work at home in the community, while the “no fixed” category represents those residents reporting that they have no fixed place of work, which may or may not be located in the City of Port Colborne so could potentially be in a number of locations in Niagara or southwest GGH;
- Typically, the no fixed component is distributed on a regional basis based on the share of employment by sector for all the local municipalities, since this type of employment is more likely to be located in relation to where the other jobs are not where people live. However, such an analysis was beyond the scope of this assignment so the Census figure was taken as a reasonable approximation of no fixed jobs; and,
- As a result, the no fixed component of 2021 employment may be somewhat overstated but is still a reasonable estimate of that category. And in light of the seemingly rapid growth in work at home employment it does appear that the 2021 regional estimates somewhat understated the base 2021 employment.

5.3 Updated Forecast by Type

Within this context, a high-level update of the forecast of growth by type has been prepared. Unlike the residential growth analysis, which is based on the build-out of the current development pipeline and remaining land supply, the employment forecast has been updated to reflect the increased residential growth and is not dependent on land supply:

- Total 2051 employment is based on maintaining the estimated 2021 Activity Rate of approximately 32% applied to the build-out population of approximately 37,000 residents. The result is a total 2051 employment of roughly 11,700 jobs;
- This is considered a reasonable expectation based on recent employment trends and slight rise in the Activity Rate over the 2016 to 2021 period of Activity Rate. In our view, the Port of Colborne is likely to continue to be remain an attractive location for both

residential and non-residential growth in a post COVID environment and within a broader regional perspective, particularly related to City of Hamilton; and,

- While the City continues with its implementation work there will likely continue to be strong demand for affordable ground-related housing across the GGH including in the City of Port Colborne. The worsening affordability of housing within the GTHA especially for single and semi-detached units will continue to drive demand for growth, with trends in the outflow of residents living in central areas such as Toronto, Peel and Hamilton to more distant locations, including the Region of Niagara, continues. Over time, continued growth in the resident labour force will make the City increasingly attractive for a range of employment across all sectors and occupations.

As noted, within this context, applying the 2021 Activity rate of 32% to the estimated built-out population of 36,800 results in a total 2051 employment of approximately 11,760. The estimated 2051 employment type is summarized below:

- Base 2021 employment by type is estimated by maintaining the Hemson shares of employment by type for 2021, which is considered an appropriate approach for the purposes of this analysis. While maintaining the estimated 2021 shares may understate actual work-at-home employment (given the substantial increase over the 2016 to 2021) this is likely compensated for by declines in the retail sector that occurred in the early stages of the COVID pandemic that are noted in the Hemson work and; therefore, likely result in a reasonable estimate of population-related employment overall;
- Population-related employment growth is estimated using the 2021 Hemson rate of 1 job for every 6.2 new residents which also appears to be reasonable. This rate of growth may even be understated if the anticipated federal investment in Canal-related activities causes an increase in tourism, particularly related to the current cruise industry on the Great Lakes and associated retail trade volumes across the community;
- 2051 Rural Employment is maintained at the Hemson total for 2051, based on the anticipation that most growth will occur within the designated urban employment areas and other commercial and institutional areas throughout the existing urban area; and,
- Employment Land Employment (industrial) calculated as the residual in 2051 from other types of estimated employment growth over the period, and summarized in **Table 19** below.

Table 19: Estimated Growth in Employment by Type, 2021-2051

Employment Type	2021	Growth	2051
Major Office Employment	0	0	0
Population-Related Employment	3,470	2,671	6,141
Employment Land Employment	2,209	2,051	4,260
Rural Employment	915	445	1,360
TOTAL	**6,594**	**5,166**	**11,761**

This forecast results in growth across all of the major land use planning types, with the exception of major offices. Under this scenario Industrial-type (Employment Land) employment is forecast to grow by roughly 2,050 jobs which is higher than originally envisioned in the initial forecast distribution for the LNA.

As discussed, we would also anticipate some growth in marine-related jobs arising from the Federal planned investment, though the timing is not totally clear. The planned canal-related investment would likely support continued growth in marine-related activities as well as supporting retail and industrial uses over time. Although difficult to predict, at a minimum this planned investment will be a further positive catalyst for growth over time.

It should be noted that these figures represent net growth in new industrial jobs, which is to say that declines in the existing base are not considered. It is likely, especially in the City's older industrial areas that some existing uses will decline in employment or be recycled into lower density uses. At the same time; however, other older industrial buildings are likely to become more attractive for new economic activities such as the last-mile delivery of goods or small-scale integrated office and industrial facilities. Combined with the rise of 'hybrid' work solutions with more emphasis on shared meeting space and reduced commuting time, these trends bode well for the re-use and repurposing of space in older areas over time.

One of the more likely scenarios of future industrial growth is for a combination of investment in new industrial areas together with growth in canal-related uses over the period to 2051. While difficult to predict, one potential distribution of growth to 2051 would translate into development of approximately three-quarters of the Gateway Economic Centre as the City's major new employment area with the balance in Canal-related (marine and other associated uses). The potential growth scenario is shown in **Table 20** below.

Table 20: Potential Distribution of Employment Land Growth, 2021 to 2051

Element/ Category	Amount
Total Vacant Lands, Gateway Economic Centre (acres)	317 acres
Net Land Area at 80% Gross to Net Factor (acres)	253 acres
Share, Gateway Economic Centre Developed	80%
Net Developable Land Area (Gateway, acres)	203 acres
Employment yield at 20 jobs per net hectare (8 jobs per acre)	1,641 jobs
Canal-related job growth	410 jobs
Total Employment Land Growth to 2051	2,051 jobs

6.0 Summary of Growth Management Implications

6.1 Residential Growth

Based on the analysis conducted herein, and the background review of more recent demographic data and market conditions, with respect to residential development there is a potential for the City to outpace the expectations for growth anticipated by the Region in the short- to medium- term and it is quite likely that the City will exceed the Region's population and housing forecast for 2051.

As noted previously, confirming the growth horizon for the overall total capacity for residential development in the City is difficult to predict under any circumstance. Capacity within the City's

urban area to accommodate future growth will not be an issue over the long term—it will not be necessary for the City to contemplate urban area expansion any time in the foreseeable future; however, there is considerable likelihood that the pace of growth the City will see over the next decade will be quite different from the City's historic growth patterns. A broader variety of built forms, higher densities, and increased levels of intensification will all contribute to the changing landscape in the City throughout the 2051 planning horizon. The uptick in building permits, increased population, and broader socioeconomic drivers signal that Port Colborne is likely to play a larger role in accommodating Regional growth than anticipated by the Region's MCR which, as noted, was based on a control total and relied on historic trends to predict future growth. Where possible, it will be important to understand implications of a balanced and realistic scenario that may be more than what the Region estimated but less than the total estimated capacity found in this analysis to ensure that the City is well-positioned to respond to growth pressures that may arise. A number of recommendations for the City in this regard are outlined in **Section 7.0**.

6.2 Employment Growth

As discussed previously, based on the 2021 Census it appears that Port Colborne has somewhat outperformed expectations initially included in the Regional forecast distribution to 2051. Largely this appears to be due to a larger than anticipated increase in 'work at home' employment driven by the rapid changes brought about by the COVID pandemic. Based on the 2021 Census, the City has already achieved the forecast 2036 employment of 6,590 as set out in the initial Regional distribution. These trends have important implications for employment and planning to accommodate new investment over the period to 2051:

- More rapid population growth is anticipated to drive more population-related employment, including retail, institutional and growth in other jobs serving the resident population as well as work-at-home employment. This growth will be accommodated within existing urban areas as well as through the normal course of secondary planning for new community areas;
- The capacity for the community to accommodate this demand within the current retail inventory will be an important consideration going forward, including the potential for ageing or obsolete retail areas to be repositioned for a combination of mixed-used residential, commercial and possibly institutional use;
- No major office employment growth is anticipated; however, the COVID pandemic has led to a number of changes to the nature of work, particularly the rise of 'hybrid' work models and smaller shared work environments. In particular, there is an increasing demand for smaller-scale office opportunities in locations within a mixed-use environment that offer more urban amenities compared to traditional suburban locations. This trend could lead to growth in office-related space demand current not accounted for; and,
- Growth in the resident labour force over time will make the community more attractive for all types of employment, including industrial type employment for which the current land supply is constrained. As noted, growth in approximately 2,000 jobs is anticipated that would translate into demand for approximately 200 net acres at a density of 20 jobs per net ha (PC-2 on Schedule G noted in Section 2.0). Providing an adequate and

marketable supply of lands to accommodate this demand will be an important consideration for the City to be able to compete in the regional industrial market over time.

It is also worth reiterating that some growth in marine-related jobs is anticipated to arise from the planned federal investment in canal-related infrastructure. This could potentially have knock-on effects for retail activity related to the cruise-ship business or supporting marine-related uses such as distribution and logistics that could be accommodated on the existing occupied land supply closer to the canal or vacant industrial lands to the north. In any event, it appears that there could be a potential demand over the period to 2051 for development of a large portion of the vacant industrial land supply within the Gateway area.

7.0 Recommendations and Next Steps

Below are a number of recommendations for the City to pursue and implement to be best positioned to manage future residential and employment growth.

7.1 Define and Implement the City's Vision for Growth

As part of the City's Official Plan Review Process, and in accordance with the legislation as set out in Bill 23, the City must ensure that the minimum population allocations, density targets and intensification targets from the Niagara Regional Official Plan are implemented in the New Official Plan. The City also has an opportunity to exceed the minimums set out in the Regional Official Plan and can assign "aspirational targets" as part of a broader long-term growth management strategy to best position the City for growth. Provincial requirements for local municipal governments to have their Official Plans brought into conformity with upper tier Official Plans is required one year from the date of Provincial approval of the upper tier Official Plan (in this instance, the Niagara Region Official Pan was approved in November, 2022); as such, the City of Port Colborne must endeavour to bring their Official Plan into conformity by the end of

2023. In this regard, the City should look to the findings in this report, which indicate that it is likely the amount of growth anticipated for and allocated to the City of Port Colborne may be understated; and, use that information to:

- Inform and supplement the completion of the ongoing local infrastructure planning exercise currently underway;
- Form the basis of some of the technical growth-related input into the City's Official Plan review process;
- Establish a vision, principles and a preferred option for long term growth for the City of Port Colborne, which should be supported and informed by stakeholder and community input;
- Implement the vision for long term growth through the preparation of a new Official Plan;
- Work with the City and the Region to understand and identify areas of constraint from a servicing perspective based on the City's preferred option for long-term growth; and,
- Update the City's DC to implement the City's preferred growth framework.

Ultimately, doing this will allow the City to be better positioned to respond to potential unknowns and market shifts in the future.

7.2 Establish a Robust Urban Hierarchy that Identifies Priority Areas for Growth and an Intensification Strategy through the OP Review Process

As noted in earlier sections of this Report, the City's current Official Plan identifies two Intensification Areas; however, each is only shown using conceptual ovals on Schedule A1 of the Plan; and, the current OP policy does not contain a robust intensification framework to facilitate redevelopment in these areas. In addition, there are no nodes of corridors identified in the Plan. Identifying nodes and corridors signals specific areas where the City intends to direct growth. With the number of Greenfield developments anticipated in the future along the periphery of the City's urban boundary, it will be important for the City to consider how these can be best connected to and integrated with the existing BUA through a nodes and corridors approach to support balanced development and a connected City. A robust structure of priority growth areas supports the City's vision and principles for growth, provides the municipality with focus for infrastructure and community facilities investment, and communicates to the community and developers the structure and priority areas for growth.

Accordingly, as part of the OP Review process, it is recommended that the City complete an exercise to more precisely delineate priority intensification areas (including nodes and corridors), carving out removing built out low density areas that are not intended to be the focus of future intensification, and to implement a series of policies to guide intensification and redevelopment, including height, density, built form, urban design and compatibility/ transition policies. The City may also want to identify additional Intensification Areas (e.g., the old hospital

lands) or Areas of Major Change applicable to both the BUA and DGAs to which these policies should apply, to ensure that redevelopment and intensification of lands within these identified areas is optimized.

7.3 Identify Policy Opportunities to Diversify the City's Housing Stock

The City's current residential land base consists primarily of single detached dwellings, as a result of a long history of demand for this type of built form in the City. More recent trends show a shift toward increased development of medium density and higher density built forms, including townhouses and apartments. This shift will assist the City in diversifying the housing stock over the long term which will, in turn, address affordability challenges identified through the City's Housing Strategy and implement some of the directions contained within the Housing Strategy. From an Official Plan/ Policy perspective, the City can best address this through:

- Introducing housing mix targets for new Greenfield developments, through Secondary Planning Processes, and targets for redevelopment within intensification areas;
- Ensuring that the new Official Plan contains policies to support the development of affordable housing, including implementing any targets for new affordable units and thresholds for affordability (as set out in the Housing Strategy);
- Broadening the range of permitted uses in the various residential land use categories to maximize flexibility (e.g., eliminate "single family zoning", expand permissions for blending higher density uses within medium density areas where appropriate); and,
- Updating policies to support additional residential units to conform with the most recent *Planning Act* changes, as highlighted in Section 4.2.4 of this Report and Recommendation 8 of the City's Housing Strategy….

7.4 Develop a framework for assessing compatibility of redevelopment and intensification at the periphery of identified Intensification Areas, Nodes and Corridors and other priority areas for growth

As noted previously, there are a number of distinct neighbourhood areas in the City that are located within and on the periphery of the conceptual Intensification Areas identified in the existing Official Plan. Once these areas are clearly delineated to exclude neighbourhood areas that are not priority areas of growth for the City, the City should embed certain levels of protection for these transitional/ periphery areas through Official Plan policy. This will allow the City to ensure that neighbourhood change can be managed in a context-sensitive and appropriate manner that balances the need to preserve locally significant cultural, built and

natural heritage assets while allowing for appropriate neighbourhood change and to mitigate compatibility impacts of adjacent or nearby intensification.

7.5 Align employment lands planning framework with economic development strategy

Given the potential for accelerated growth in the community identified through this analysis, from an economic development perspective, it will be important for the City to ensure that it can provide a suitable and appropriate supply of employment lands to accommodate new business investment. Of particular importance will be the provision of an appropriate range and mix of industrial parcel sizes and configurations for a wide range of employment uses especially land-extensive uses such warehousing and distribution.

Investment readiness is also an important consideration, particularly to ensure that connections to utilities and municipal servicing are in place. It is understood that currently there is a very limited supply of serviced industrial land, which is a situation that will need to be addressed to ensure the City remains competitive within the broader metropolitan region. The following recommendations are included to best position the City's employment lands:

- Working with its Regional partners, the City should prepare a short-and long-term phasing strategy for providing the necessary infrastructure to facilitate growth. This should include the status of current and planned municipal servicing and transportation infrastructure that will affect the prospects for future employment-related development within the City's priority industrial areas; and,
- Prepare a "shovel ready" database to utilize the information collected above and support economic development through a user friendly dataset that categorizes the employment land status.

The Region has identified the need to work with its local municipal partners to ensure that employment areas are equipped with the necessary servicing and access for success, and would be a critical partner in implementing the recommendations. [12]

7.6 Build Staff Capacity

The City will need to ensure the staffing complement is able to respond to development pressures, juggle both timely responses to incoming development applications as well as the preparation of important policy direction through the City's New Official Plan, and a number of Secondary Plans and other strategic initiatives. Further, given the uncertainty associated with the legislative implications of Bill 23, including the removal of planning authority of upper-tier municipalities and the requirement that all lower-tier municipalities conform to approved upper-tier plans within one year of approval, there is potential for further strain on local planning resources. The City may be in a position where they might want to consider adding new

[12] Niagara Region's Employment Area Strategy, Background Report and Recommendations, prepared by MHBC Planning and urbanMetrics in March, 2020.

resources to the Planning team to balance policy planning and development planning initiatives. It may also be supported by further consultant assistance and leadership in Official Plan and Secondary Plan preparation.

7.7 Monitor Progress

The development database provided for the analysis contained in this report provides somewhat of an overstated/ optimistic picture of future growth in the City, indicating 5,000+ units with no specific consideration for where these may be in the planning stage, certainty of whether an application would be submitted, or whether they are located on designated residential land. It is common and typical for further vetting of development data to be conducted by consultant teams in undertaking growth analysis exercises and such databases provide a good starting point for analysis; however, they do not serve as an accurate tool for growth management. This is because such databases often rely on developer-driven data and the assumption that the information provided will be realized on the ground as envisioned by the developer when, in reality, development inquires sometimes never materialize into formal pre-consultation meetings and, subsequently, *Planning Act* applications; and, they often do not receive approvals for the magnitude of units envisioned by developers.

In order to provide a better outlook on growth management, the City should work to refine their development tracking database to allow for more consistent monitoring and reporting among departments and to the Region for the purposes of anticipating pressure points for future growth and informing future growth management exercises.

This refined tracker could be prepared as a basic excel workbook modelled after the principles for understanding growth management and the capacity for growth set out in Section 4.0 of this Report and updated on a monthly basis. Workbook tabs should include a Pre-Consultation Information tab and an Active Development Applications tab. Fields in each tab should include:

- Project ID;
- Date of Pre-Consultation Meeting (both tabs);
- Date of Formal Submission (Development Application tab only);
- Property Address;
- Summary of Proposal;
- Policy Area Location (BUA, DGA, Rural Area, etc.);
- Number of Low Density Units;
- Number of Medium Density Units;
- Number of High Density Units;
- Total Number of Residential Units;
- Commercial GFA (where applicable);
- Employment GFA (where applicable);
- Parcel Area;
- Residential Density;
- Anticipated number of Jobs Created (where applicable);

- Status: pre-consultation, formal application in process, recommendation (to be included on both tabs);
- Summary of pre-consultation notes (Pre-Consultation tab only); and,
- Notes from the planner on the file.

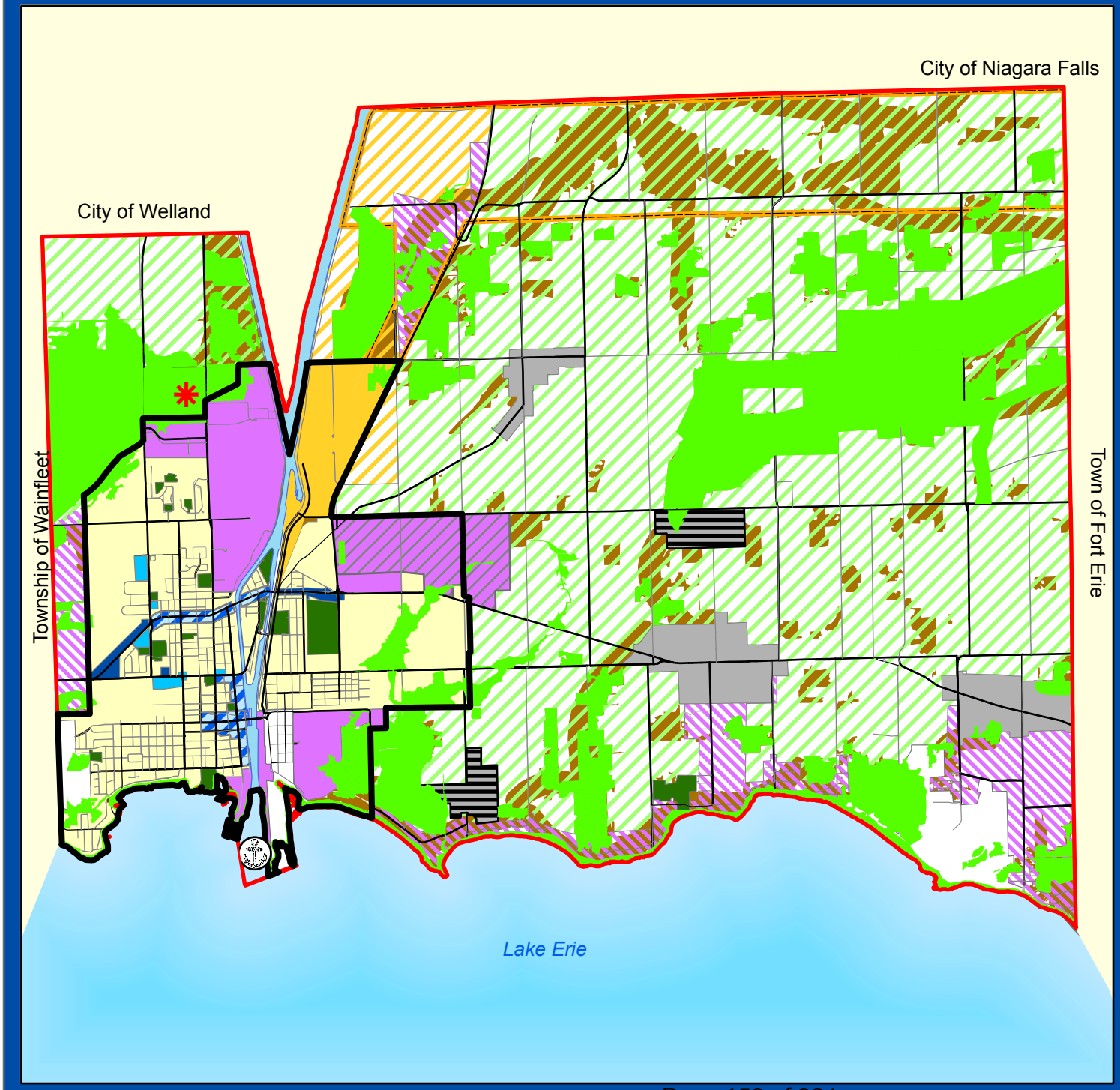
When a formal *Planning Act* application is made for a Pre-Consultation entry, it should remain in the Pre-Consultation tab and also be added to the Active Development Applications tab. The "status" field should be updated on the Pre-Consultation Tab to indicate a formal application is in process.

An additional tab could be added to track the "approved" status of active development applications to add more rigour and data for the City to understand the changes between the proposal (Active Development Application) and ultimate approval (Approved Development Application). This would be completed after the "recommendation" has been brought forward and the file closed.

The City should also continue to develop additional ways to monitor number of planning applications, timing for approvals, staff hours spent on applications, and other metrics to assess workflow planning and understand trends in development.

Appendix 1

City of Port Colborne Schedule A and A1



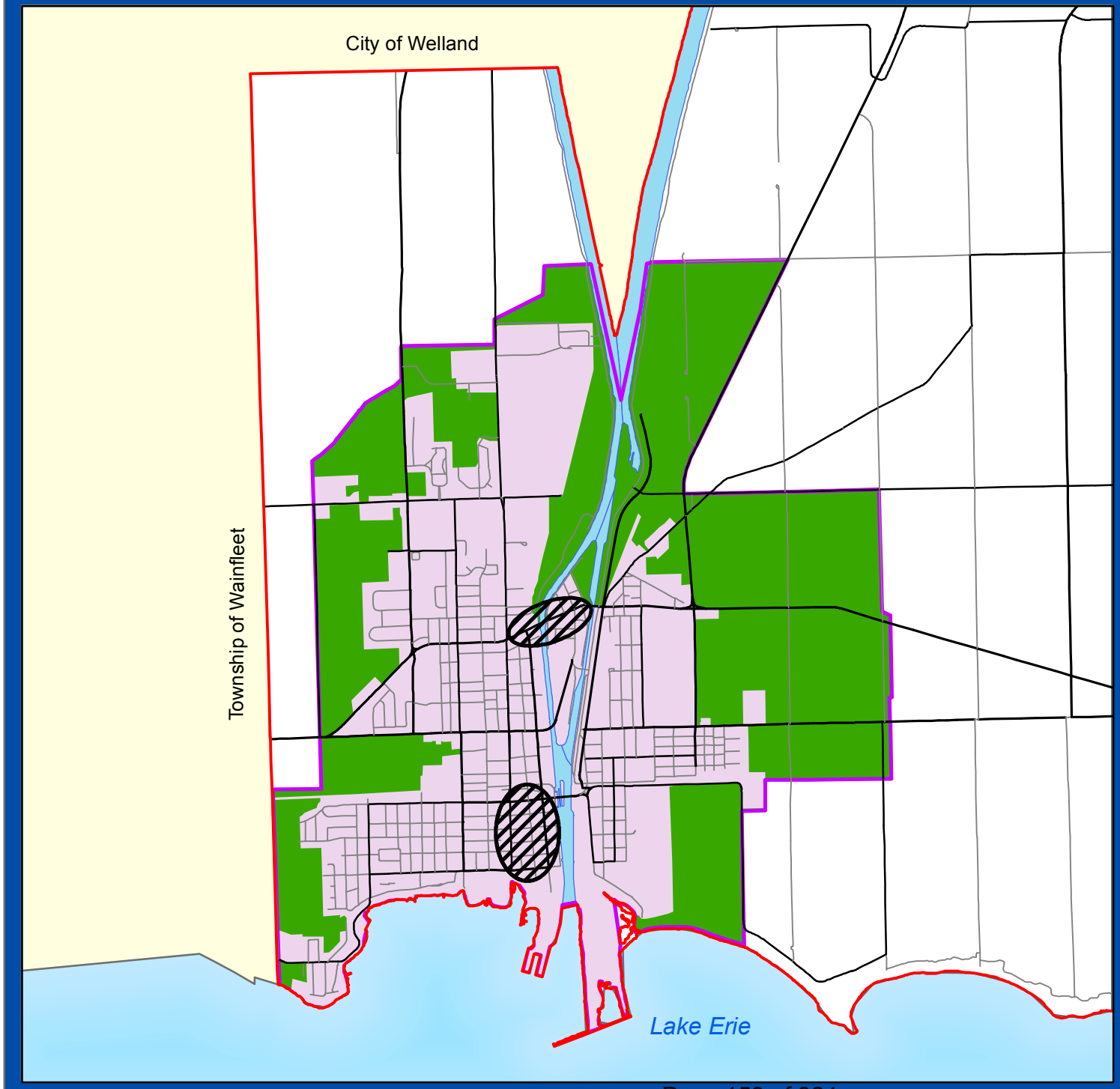
Port Colborne
Official Plan
Schedule A: City-Wide Land Use

- Municipal Boundary
- Urban Area Boundary
- EPA
- ECA
- Agricultural
- Hamlet
- Urban Residential
- Rural
- Downtown Commercial
- Commercial Plaza
- Highway Commercial
- Marine Commercial
- Industrial / Employment Area
- Mineral Aggregate Operation
- Gateway Economic Centre
- Rural Employment
- Parks and Open Space
- Private Open Space
- Special Study Area
- Secondary Plan Area
- Major Port
- Former Waste Management Facility

N W E S

0 0.5 1 2 3 4

Kilometres
1:75,000



Port Colborne

Official Plan

Schedule A1: Greenfields

- Municipal Boundary
- Urban Area Boundary
- Built Boundary
- Designated Greenfield Area
- Intensification Area

N
W E
S

0 0.25 0.5 1 1.5 2
Kilometres

1:50,000

Appendix 2

City of Port Colborne Employment Land Supply

CITY OF PORT COLBORNE

GROWTH ANALYSIS STUDY

EMPLOYMENT LAND SUPPLY BY LAND USE DESIGNATION

APPENDIX 2, FIGURE 1

- Vacant Employment Parcels

Employment Parcels by Land Use Designation

- Gateway Economic Centre
- Industrial-Employment
- Mineral Aggregate Operation

Base Data

- Highway
- Major Road
- Local Road
- Railway
- Existing Electrical Transmission Line
- Watercourse
- Waterbody
- Approximate Regulation Lands (NPCA)
- Municipal Boundary
- Urban Area Boundary

SCALE 1:27,000

0 0.25 0.5 1 Kilometers

MAP DRAWING INFORMATION:
DATA PROVIDED BY CITY OF PORT COLBORNE, NPCA AND MNRF

MAP CREATED BY: PAR / PFM
MAP CHECKED BY: -
MAP PROJECTION: NAD 1983 CSRS UTM Zone 17N

DILLON CONSULTING

PROJECT: 22-5319
STATUS: FINAL
DATE: 2023-02-15

FILE LOCATION: K:\2022\225319\Data\Geoprocessing\PFM\20230206 Employment Land Supply\F2 - Emp Land Supply - Designation.mxd

CITY OF PORT COLBORNE

GROWTH ANALYSIS STUDY

EMPLOYMENT LAND SUPPLY 2020 AERIAL IMAGERY

APPENDIX 2, FIGURE 2

Designated Employment

- Vacant Parcels
- Occupied Parcels

Base Data

- Urban Area Boundary

SCALE 1:27,000

0 0.25 0.5 1 Kilometers

N W E S

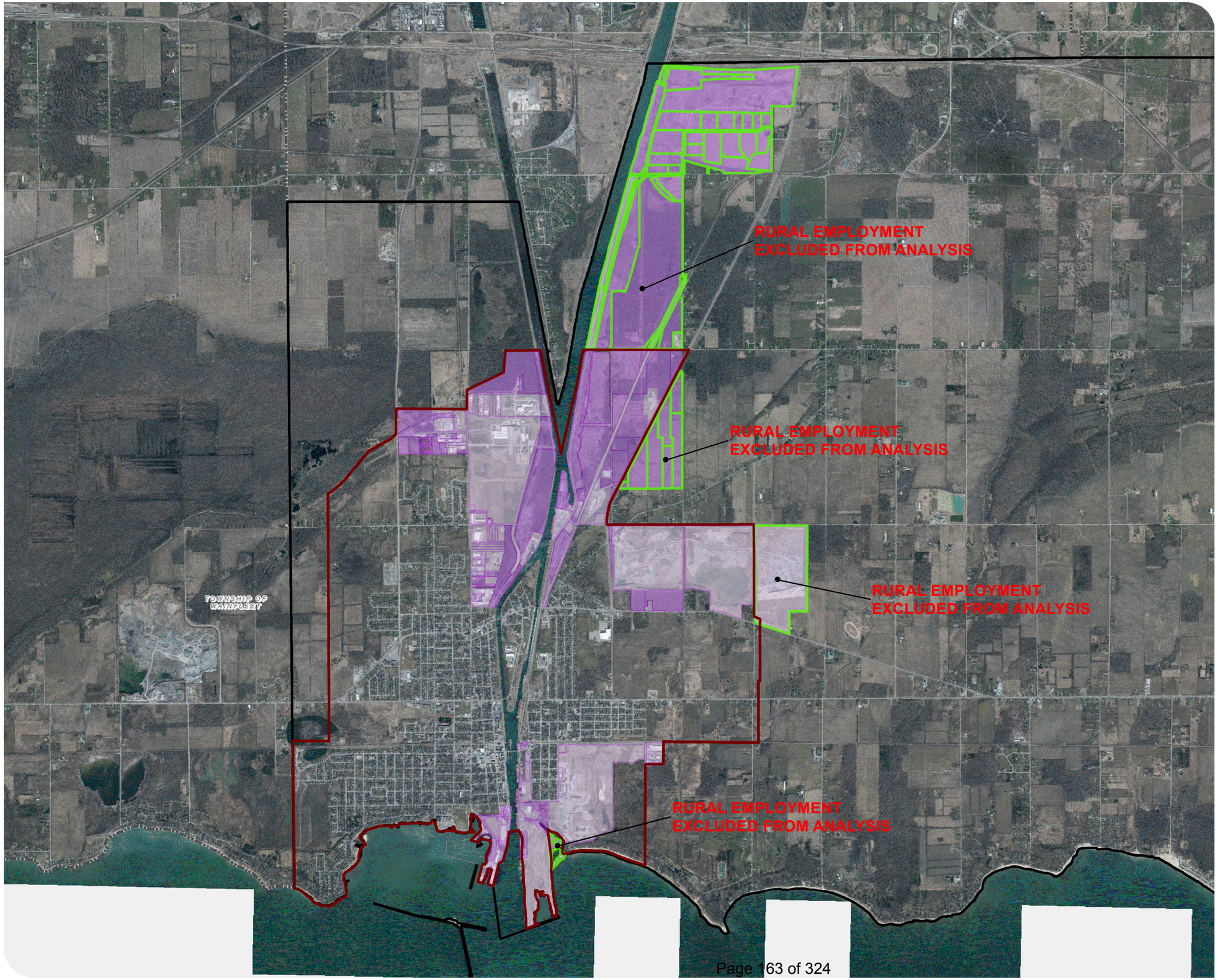
MAP DRAWING INFORMATION:
DATA PROVIDED BY CITY OF PORT COLBORNE, NPCA AND MNRF

MAP CREATED BY: PAR / PFM
MAP CHECKED BY: -
MAP PROJECTION: NAD 1983 CSRS UTM Zone 17N

DILLON CONSULTING

PROJECT: 22-5319
STATUS: FINAL
DATE: 2023-02-15

FILE LOCATION: K:\2022\225319\Data\Geoprocessing\PFM\20230206 Employment Land Supply\F3 - Emp Land Supply - Imagery.mxd



CITY OF PORT COLBORNE

GROWTH ANALYSIS STUDY

EMPLOYMENT LAND SUPPLY
2020 AERIAL IMAGERY
RURAL EXCLUSION

APPENDIX 2, FIGURE 3

- Rural Employment Parcels

Designated Employment

- Vacant Parcels
- Occupied Parcels

Base Data

- Urban Area Boundary
- Municipal Boundary

SCALE 1:43,398.27

0 0.25 0.5 1 Kilometers

N
W E
S

MAP DRAWING INFORMATION:
DATA PROVIDED BY CITY OF PORT COLBORNE, NPCA AND MNRF

MAP CREATED BY: PAR / PFM
MAP CHECKED BY: -
MAP PROJECTION: NAD 1983 CSRS UTM Zone 17N

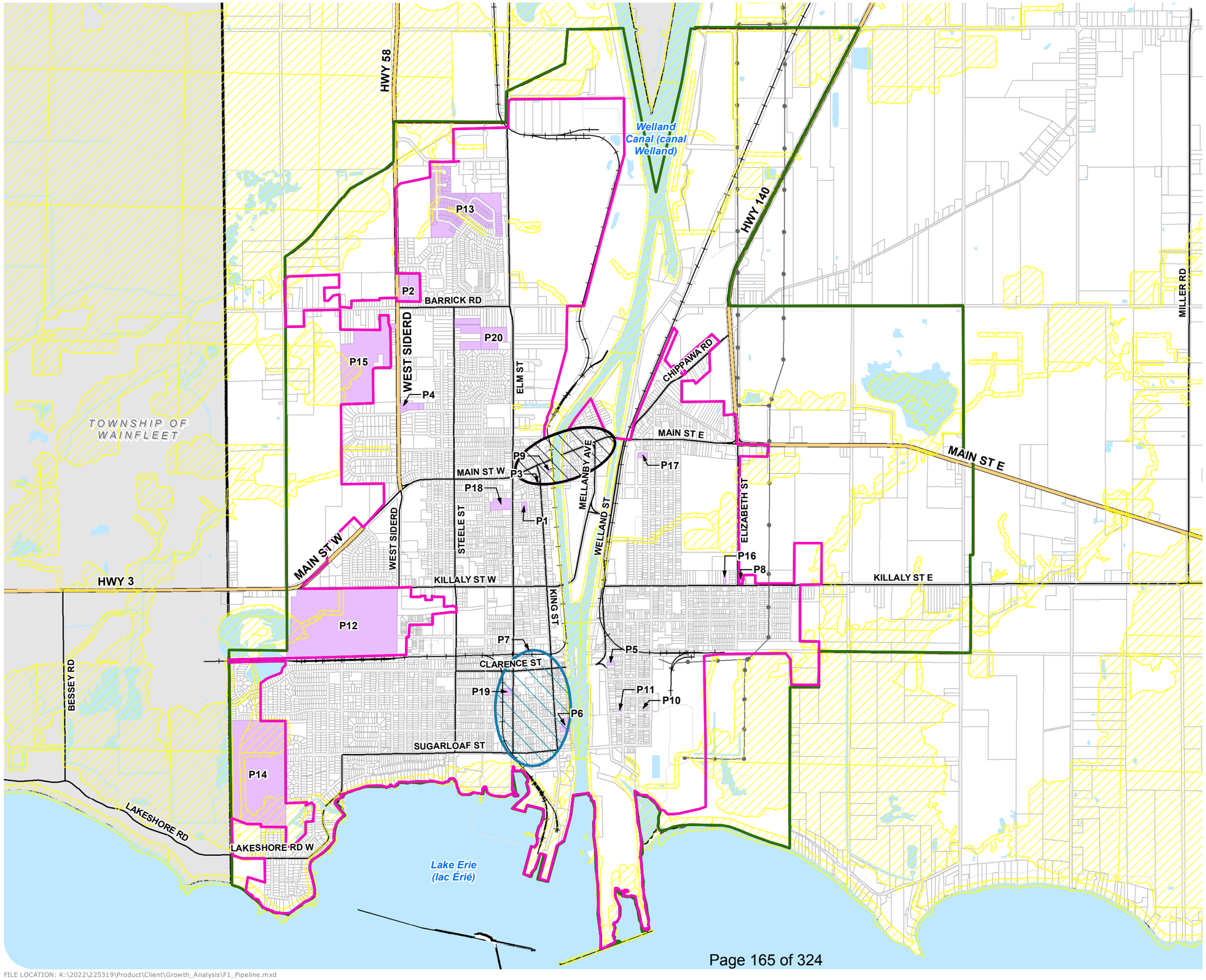
DILLON CONSULTING

PROJECT: 22-5319
STATUS: FINAL
DATE: 2023-02-15

FILE LOCATION: K:\2022\225319\Data\Geoprocessing\PFM\20230206 Employment Land Supply\F4 - Emp Land Supply - Rural Excluded.mxd

Appendix 3

City of Port Colborne Development Pipeline



CITY OF PORT COLBORNE

GROWTH ANALYSIS STUDY

PIPELINE PROPERTIES

APPENDIX 3, FIGURE 1

- Pipeline Properties

Policy Area

- Built Boundary
- Designated Greenfield Area
- Intensification Area 1
- Intensification Area 2

Base Data

- Highway
- Major Road
- Local Road
- Railway
- Existing Electrical Transmission Line
- Watercourse
- Waterbody
- Approximate Regulation Lands (NPCA)
- Municipal Boundary
- Urban Area Boundary

SCALE 1:27,000

0 0.25 0.5 1 Kilometers

N W E S

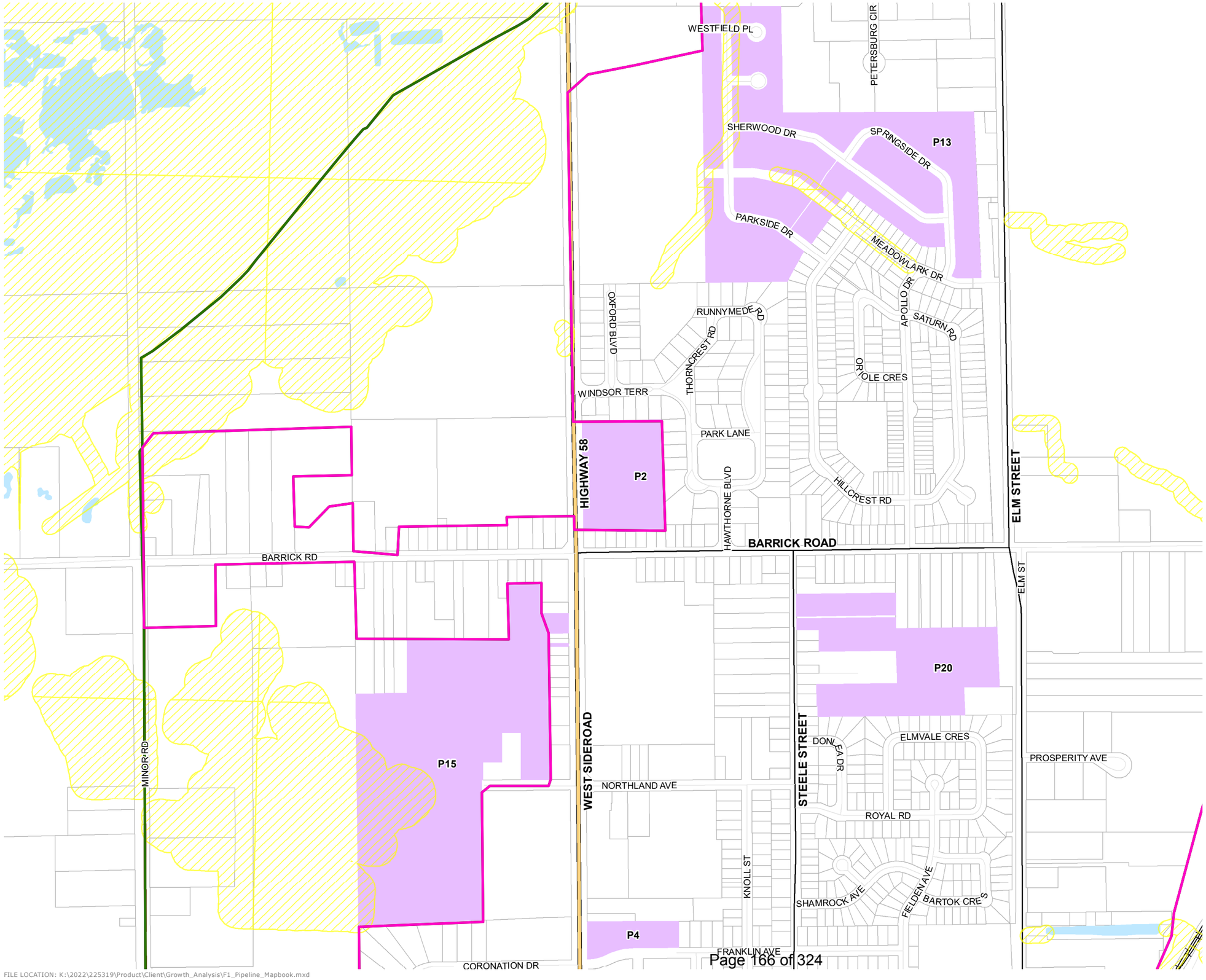
MAP DRAWING INFORMATION:
DATA PROVIDED BY CITY OF PORT COLBORNE, NPCA AND MNRF

MAP CREATED BY: PAR
MAP CHECKED BY: -
MAP PROJECTION: NAD 1983 CSRS UTM Zone 17N

DILLON CONSULTING

PROJECT: 22-5319
STATUS: FINAL
DATE: 2023-02-22

FILE LOCATION: K:\2022\225319\Product\Client\Growth_Analysis\F1_Pipeline.mxd



CITY OF PORT COLBORNE

GROWTH ANALYSIS STUDY

PIPELINE PROPERTIES

APPENDIX 3, FIGURE 1A

- Pipeline Properties

Policy Area

- Built Boundary
- Designated Greenfield Area

Base Data

- Highway
- Major Road
- Local Road
- Railway
- Watercourse
- Waterbody
- Approximate Regulation Lands (NPCA)
- Municipal Boundary
- Urban Area Boundary

SCALE 1:7,000

0 100 200 Meters

N W E S

MAP DRAWING INFORMATION:
DATA PROVIDED BY CITY OF PORT COLBORNE, NPCA AND MNRF

MAP CREATED BY: PAR
MAP CHECKED BY: -
MAP PROJECTION: NAD 1983 CSRS UTM Zone 17N

DILLON CONSULTING

PROJECT: 22-5319
STATUS: DRAFT
DATE: 2023-02-22

FILE LOCATION: K:\2022\225319\Product\Client\Growth_Analysis\F1_Pipeline_Mapbook.mxd

CITY OF PORT COLBORNE

GROWTH ANALYSIS STUDY

PIPELINE PROPERTIES

APPENDIX 3, FIGURE 1B

- Pipeline Properties

Policy Area

- Built Boundary
- Designated Greenfield Area
- Intensification Area 1

Base Data

- Highway
- Major Road
- Local Road
- Railway
- Existing Electrical Transmission Line
- Watercourse
- Waterbody
- Approximate Regulation Lands (NPCA)
- Municipal Boundary
- Urban Area Boundary

SCALE 1:7,000

0 100 200 Meters

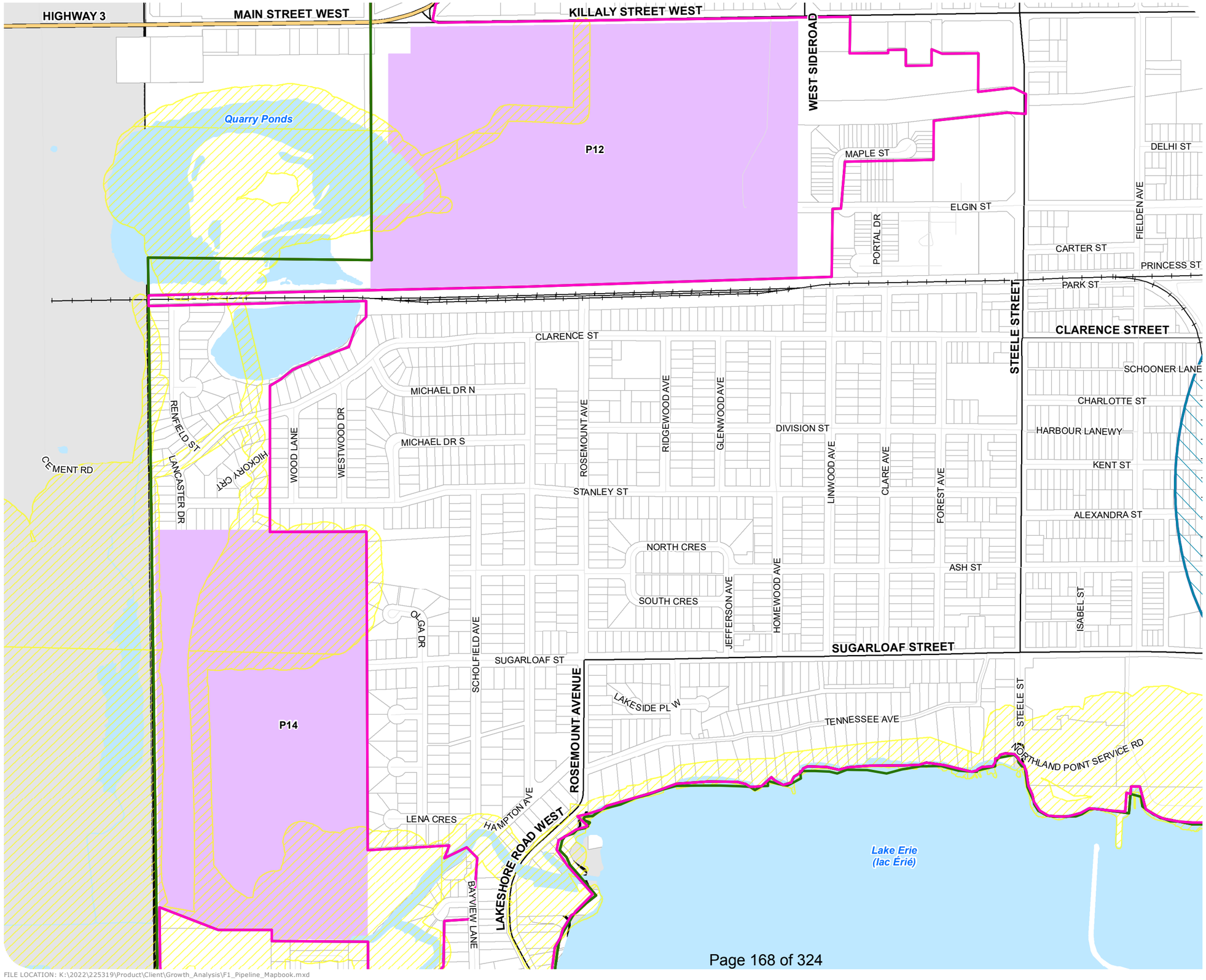
MAP DRAWING INFORMATION:
DATA PROVIDED BY CITY OF PORT COLBORNE, NPCA AND MNRF

MAP CREATED BY: PAR
MAP CHECKED BY: -
MAP PROJECTION: NAD 1983 CSRS UTM Zone 17N

DILLON CONSULTING

PROJECT: 22-5319
STATUS: FINAL
DATE: 2023-02-22

FILE LOCATION: K:\2022\225319\Product\Client\Growth_Analysis\F1_Pipeline_Mapbook.mxd



CITY OF PORT COLBORNE

GROWTH ANALYSIS STUDY

PIPELINE PROPERTIES

APPENDIX 3, FIGURE 1C

- Pipeline Properties

Policy Area

- Built Boundary
- Designated Greenfield Area
- Intensification Area 2

Base Data

- Highway
- Major Road
- Local Road
- Railway
- Watercourse
- Waterbody
- Approximate Regulation Lands (NPCA)
- Municipal Boundary
- Urban Area Boundary

SCALE 1:7,000

0 100 200 Meters

MAP DRAWING INFORMATION:
DATA PROVIDED BY CITY OF PORT COLBORNE, NPCA AND MNRF

MAP CREATED BY: PAR
MAP CHECKED BY: -
MAP PROJECTION: NAD 1983 CSRS UTM Zone 17N

DILLON CONSULTING

PROJECT: 22-5319
STATUS: DRAFT
DATE: 2023-02-22

FILE LOCATION: K:\2022\225319\Product\Client\Growth_Analysis\F1_Pipeline_Mapbook.mxd

CITY OF PORT COLBORNE

GROWTH ANALYSIS STUDY

PIPELINE PROPERTIES

APPENDIX 3, FIGURE 1D

- Pipeline Properties

Policy Area

- Built Boundary
- Designated Greenfield Area
- Intensification Area 2

Base Data

- Major Road
- Local Road
- Railway
- Existing Electrical Transmission Line
- Watercourse
- Waterbody
- Approximate Regulation Lands (NPCA)
- Municipal Boundary
- Urban Area Boundary

SCALE 1:7,000

0 100 200 Meters

N W E S

MAP DRAWING INFORMATION:
DATA PROVIDED BY CITY OF PORT COLBORNE, NPCA AND MNRF

MAP CREATED BY: PAR
MAP CHECKED BY: -
MAP PROJECTION: NAD 1983 CSRS UTM Zone 17N

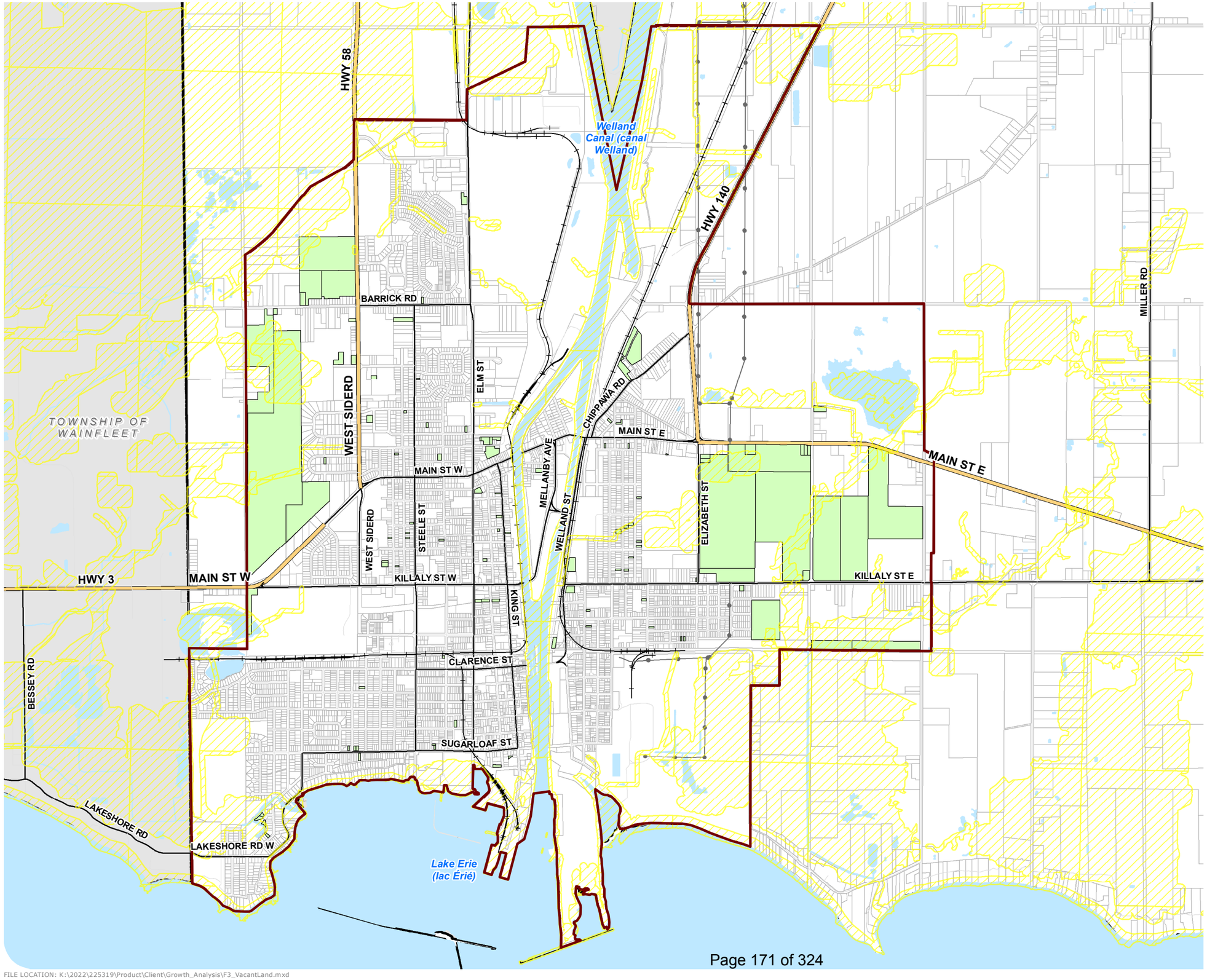
DILLON CONSULTING

PROJECT: 22-5319
STATUS: FINAL
DATE: 2023-02-22

FILE LOCATION: K:\2022\225319\Product\Client\Growth_Analysis\F1_Pipeline_Mapbook.mxd

Appendix 4

City of Port Colborne Vacant Residential Land



CITY OF PORT COLBORNE

GROWTH ANALYSIS STUDY

VACANT PROPERTIES

APPENDIX 4, FIGURE 1

- Vacant Properties within Urban Area Boundary

Base Data

- Highway
- Major Road
- Local Road
- Railway
- Existing Electrical Transmission Line
- Watercourse
- Waterbody
- Approximate Regulation Lands (NPCA)
- Municipal Boundary
- Urban Area Boundary

SCALE 1:27,000

0 0.25 0.5 1 Kilometers

MAP DRAWING INFORMATION:
DATA PROVIDED BY CITY OF PORT COLBORNE, NPCA AND MNRF

MAP CREATED BY: PAR
MAP CHECKED BY: -
MAP PROJECTION: NAD 1983 CSRS UTM Zone 17N

DILLON CONSULTING

PROJECT: 22-5319
STATUS: FINAL
DATE: 2023-02-22

FILE LOCATION: K:\2022\225319\Product\Client\Growth_Analysis\F3_VacantLand.mxd

Appendix 5

City of Port Colborne Development Inquiries

CITY OF PORT COLBORNE

GROWTH ANALYSIS STUDY

PROPERTIES WITH DEVELOPMENT INQUIRIES

APPENDIX 5, FIGURE 1

- Properties with Development Inquiries
- Municipal Boundary
- Urban Area Boundary
- EPA
- ECA
- Agricultural
- Hamlet
- Urban Residential
- Rural
- Downtown Commercial
- Commercial Plaza
- Highway Commercial
- Marine Commercial
- Industrial / Employment Area
- Mineral Aggregate Operation
- Gateway Economic Centre
- Rural Employment
- Parks and Open Space
- Private Open Space
- Special Study Area
- Secondary Plan Area
- Major Port
- Former Waste Management Facility

SCALE 1:27,000

0 0.25 0.5 1 Kilometers

MAP DRAWING INFORMATION:
DATA PROVIDED BY CITY OF PORT COLBORNE, NPCA AND MNRF

MAP CREATED BY: PAR
MAP CHECKED BY: -
MAP PROJECTION: NAD 1983 UTM Zone 17N

DILLON CONSULTING

PROJECT: 22-5319
STATUS: FINAL
DATE: 2023-02-06

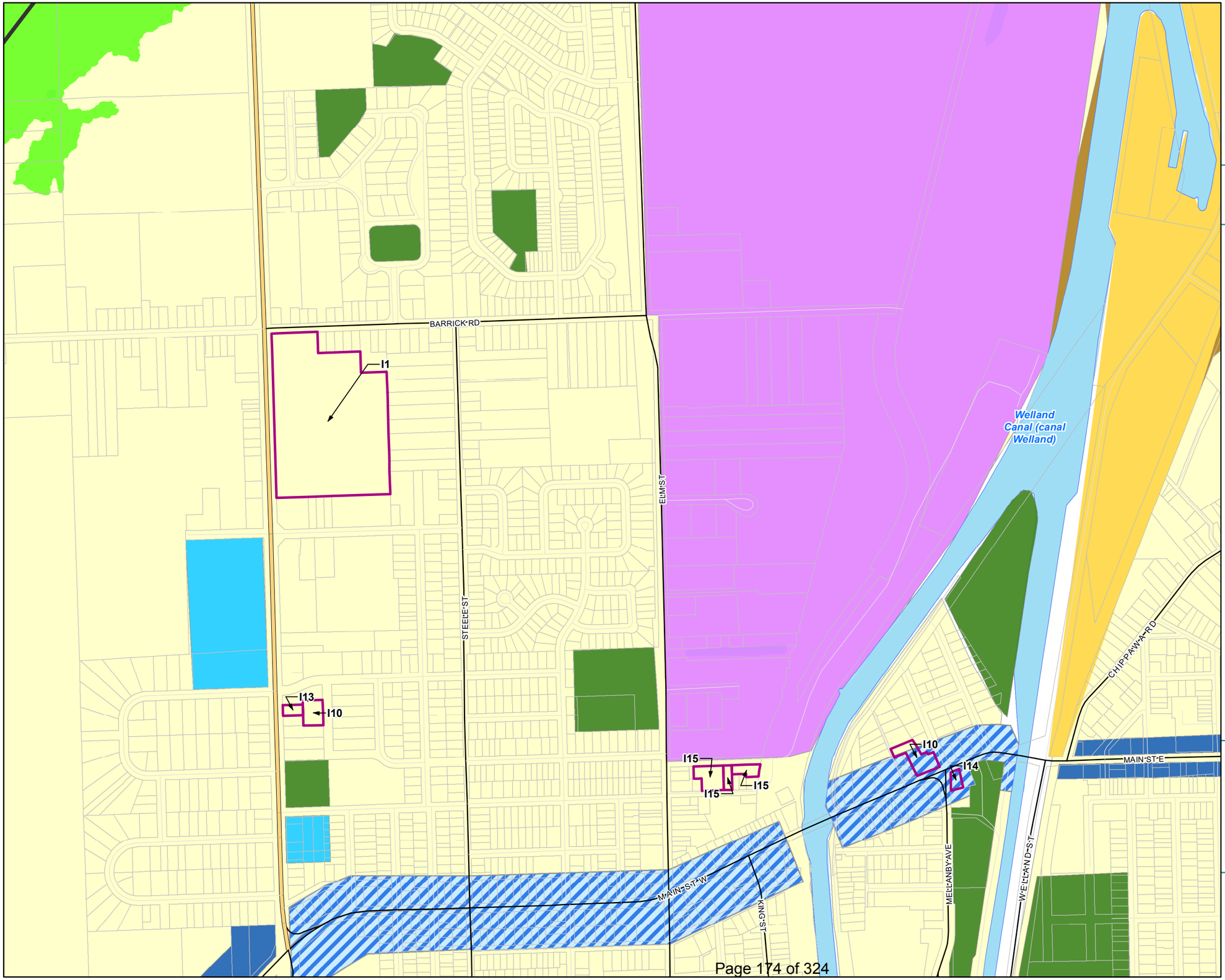
FILE LOCATION: K:\2022\225319\Product\Client\Growth_Analysis\F2_DevelopmentInquiries.mxd

CITY OF PORT COLBORNE

GROWTH ANALYSIS STUDY

PROPERTIES WITH DEVELOPMENT INQUIRIES

APPENDIX 5, FIGURE 1A



- Properties with Development Inquiries
- Municipal Boundary
- Urban Area Boundary
- EPA
- ECA
- Agricultural
- Hamlet
- Urban Residential
- Rural
- Downtown Commercial
- Commercial Plaza
- Highway Commercial
- Marine Commercial
- Industrial / Employment Area
- Mineral Aggregate Operation
- Gateway Economic Centre
- Rural Employment
- Parks and Open Space
- Private Open Space
- Special Study Area
- Secondary Plan Area
- Major Port
- Former Waste Management Facility

SCALE 1:8,000

0 100 200 Meters

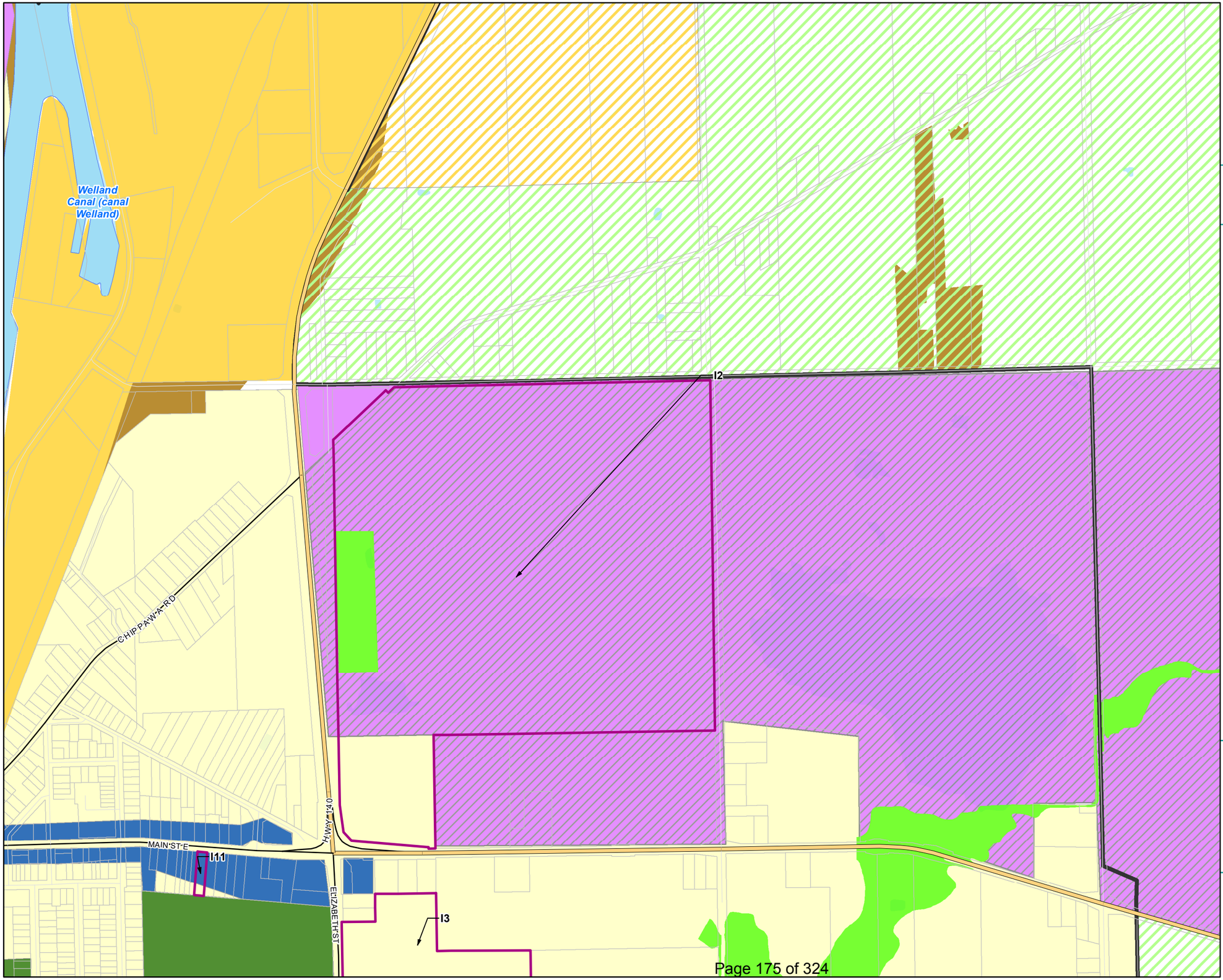
MAP DRAWING INFORMATION:
DATA PROVIDED BY CITY OF PORT COLBORNE, NPCA AND MNRF

MAP CREATED BY: PAR
MAP CHECKED BY: -
MAP PROJECTION: NAD 1983 UTM Zone 17N

DILLON CONSULTING

PROJECT: 22-5319
STATUS: FINAL
DATE: 2023-02-06

FILE LOCATION: K:\2022\225319\Product\Client\Growth_Analysis\F2_DevelopmentInquiries_Mapbook.mxd



CITY OF PORT COLBORNE

GROWTH ANALYSIS STUDY

PROPERTIES WITH DEVELOPMENT INQUIRIES

APPENDIX 5, FIGURE 1B

- Properties with Development Inquiries
- Municipal Boundary
- Urban Area Boundary
- EPA
- ECA
- Agricultural
- Hamlet
- Urban Residential
- Rural
- Downtown Commercial
- Commercial Plaza
- Highway Commercial
- Marine Commercial
- Industrial / Employment Area
- Mineral Aggregate Operation
- Gateway Economic Centre
- Rural Employment
- Parks and Open Space
- Private Open Space
- Special Study Area
- Secondary Plan Area
- Major Port
- Former Waste Management Facility

SCALE 1:8,000

0 100 200 Meters

N W E S

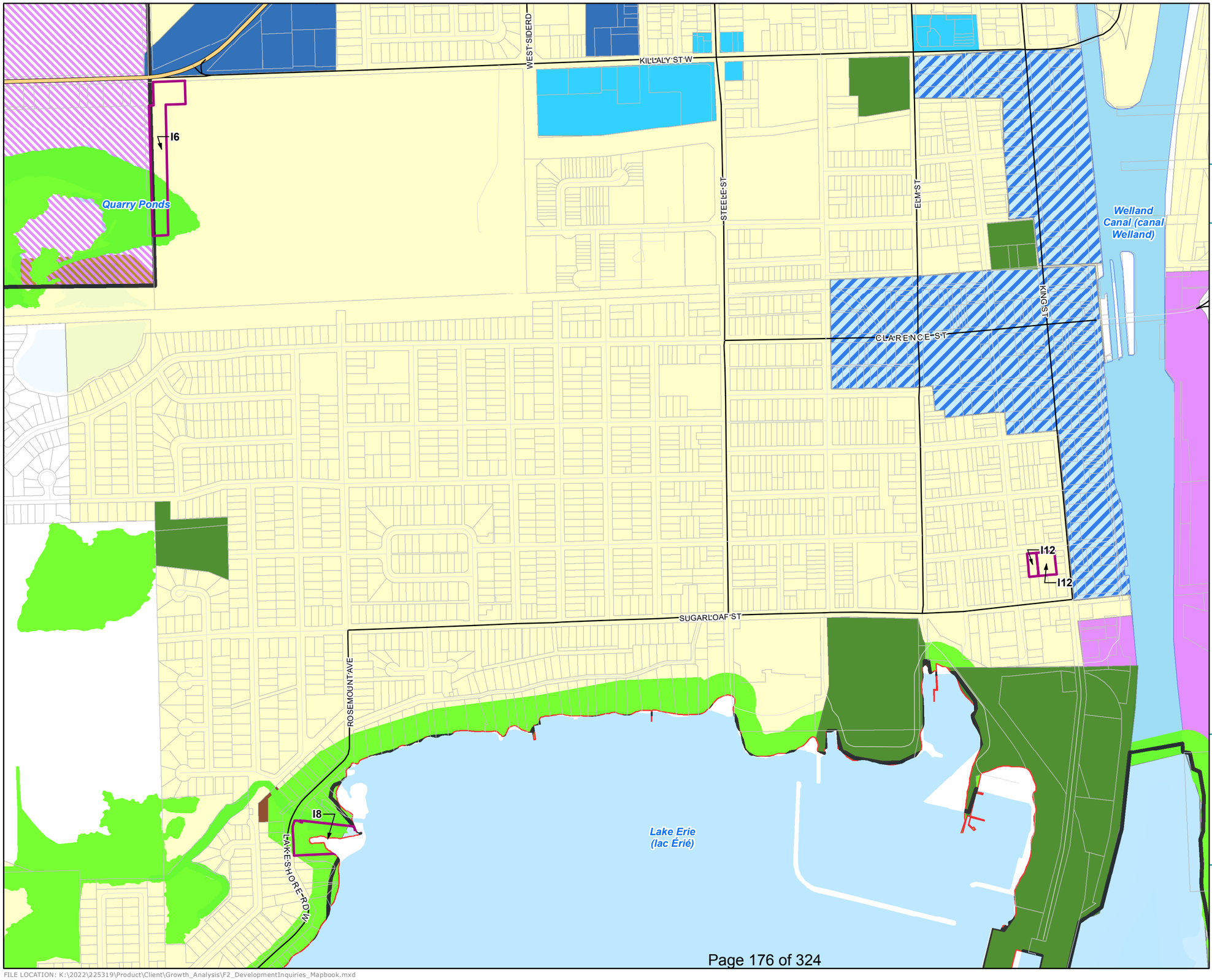
MAP DRAWING INFORMATION:
DATA PROVIDED BY CITY OF PORT COLBORNE, NPCA AND MNRF

MAP CREATED BY: PAR
MAP CHECKED BY: -
MAP PROJECTION: NAD 1983 UTM Zone 17N

DILLON CONSULTING

PROJECT: 22-5319
STATUS: FINAL
DATE: 2023-02-06

FILE LOCATION: K:\2022\225319\Product\Client\Growth_Analysis\F2_DevelopmentInquiries_Mapbook.mxd



CITY OF PORT COLBORNE

GROWTH ANALYSIS STUDY

PROPERTIES WITH DEVELOPMENT INQUIRIES

APPENDIX 5, FIGURE 1C

- Properties with Development Inquiries
- Municipal Boundary
- Urban Area Boundary
- EPA
- ECA
- Agricultural
- Hamlet
- Urban Residential
- Rural
- Downtown Commercial
- Commercial Plaza
- Highway Commercial
- Marine Commercial
- Industrial / Employment Area
- Mineral Aggregate Operation
- Gateway Economic Centre
- Rural Employment
- Parks and Open Space
- Private Open Space
- Special Study Area
- Secondary Plan Area
- Major Port
- Former Waste Management Facility

SCALE 1:8,000

0 100 200 Meters

N W E S

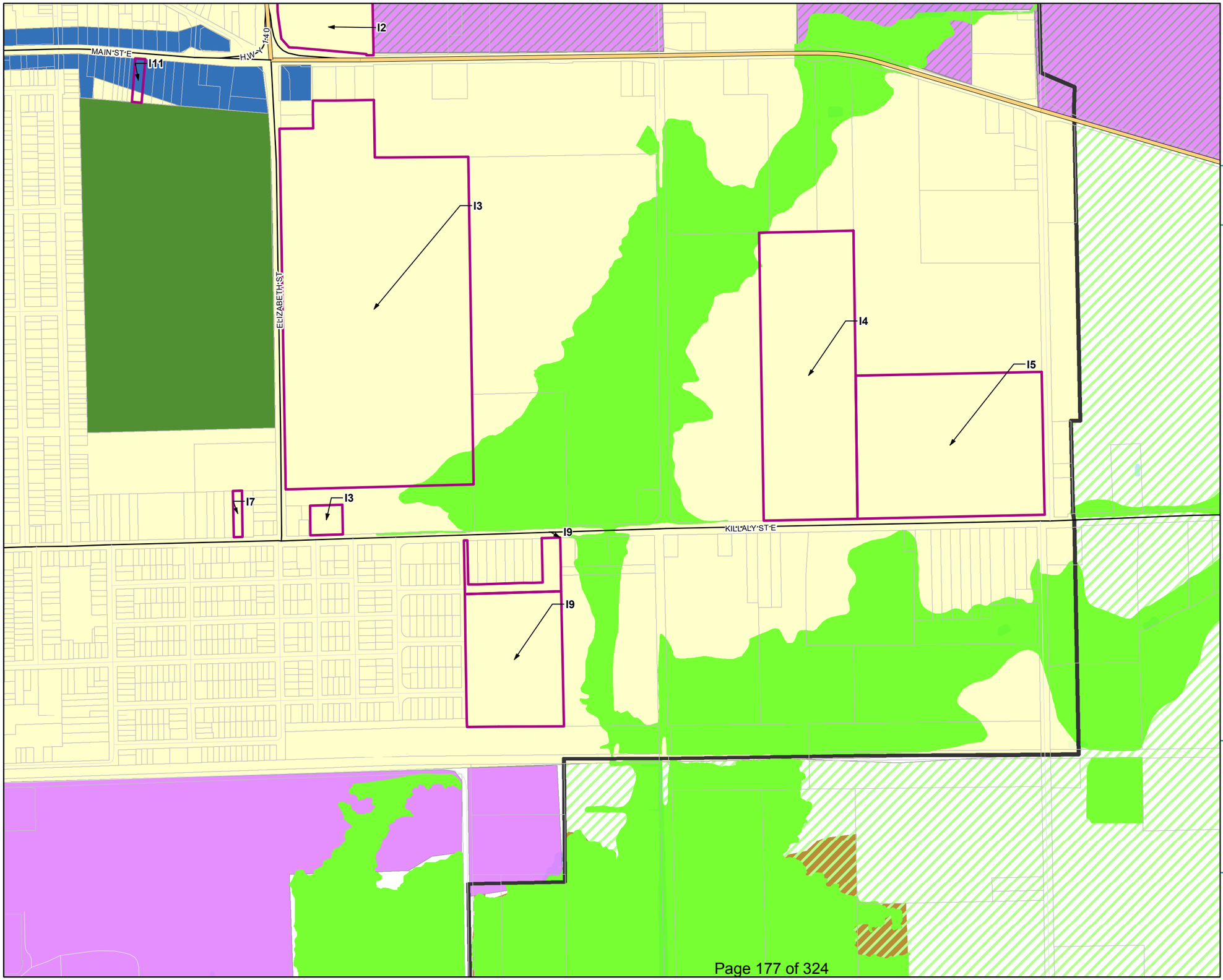
MAP DRAWING INFORMATION:
DATA PROVIDED BY CITY OF PORT COLBORNE, NPCA AND MNRF

MAP CREATED BY: PAR
MAP CHECKED BY: -
MAP PROJECTION: NAD 1983 UTM Zone 17N

DILLON CONSULTING

PROJECT: 22-5319
STATUS: FINAL
DATE: 2023-02-06

FILE LOCATION: K:\2022\225319\Product\Client\Growth_Analysis\F2_DevelopmentInquiries_Mapbook.mxd



CITY OF PORT COLBORNE

GROWTH ANALYSIS STUDY

PROPERTIES WITH DEVELOPMENT INQUIRIES

APPENDIX 5, FIGURE 1D

- Properties with Development Inquiries
- Municipal Boundary
- Urban Area Boundary
- EPA
- ECA
- Agricultural
- Hamlet
- Urban Residential
- Rural
- Downtown Commercial
- Commercial Plaza
- Highway Commercial
- Marine Commercial
- Industrial / Employment Area
- Mineral Aggregate Operation
- Gateway Economic Centre
- Rural Employment
- Parks and Open Space
- Private Open Space
- Special Study Area
- Secondary Plan Area
- Major Port
- Former Waste Management Facility

SCALE 1:8,000

0 100 200 Meters

N
W E
S

MAP DRAWING INFORMATION:
DATA PROVIDED BY CITY OF PORT COLBORNE, NPCA AND MNRF

MAP CREATED BY: PAR
MAP CHECKED BY: -
MAP PROJECTION: NAD 1983 UTM Zone 17N

DILLON CONSULTING

PROJECT: 22-5319
STATUS: FINAL
DATE: 2023-02-06

FILE LOCATION: K:\2022\225319\Product\Client\Growth_Analysis\F2_DevelopmentInquiries_Mapbook.mxd

Watson & Associates ECONOMISTS LTD.

City of Port Colborne
Growth Forecast Update to 2036

Final Growth Forecast
January 19, 2024

Presentation Outline

- Study Purpose
- Macro-Economic Trends
- Growth Trends and Drivers
- Population and Housing Growth Forecast Update
- Conclusions & Next Steps

City of Port Colborne Growth Forecast Update

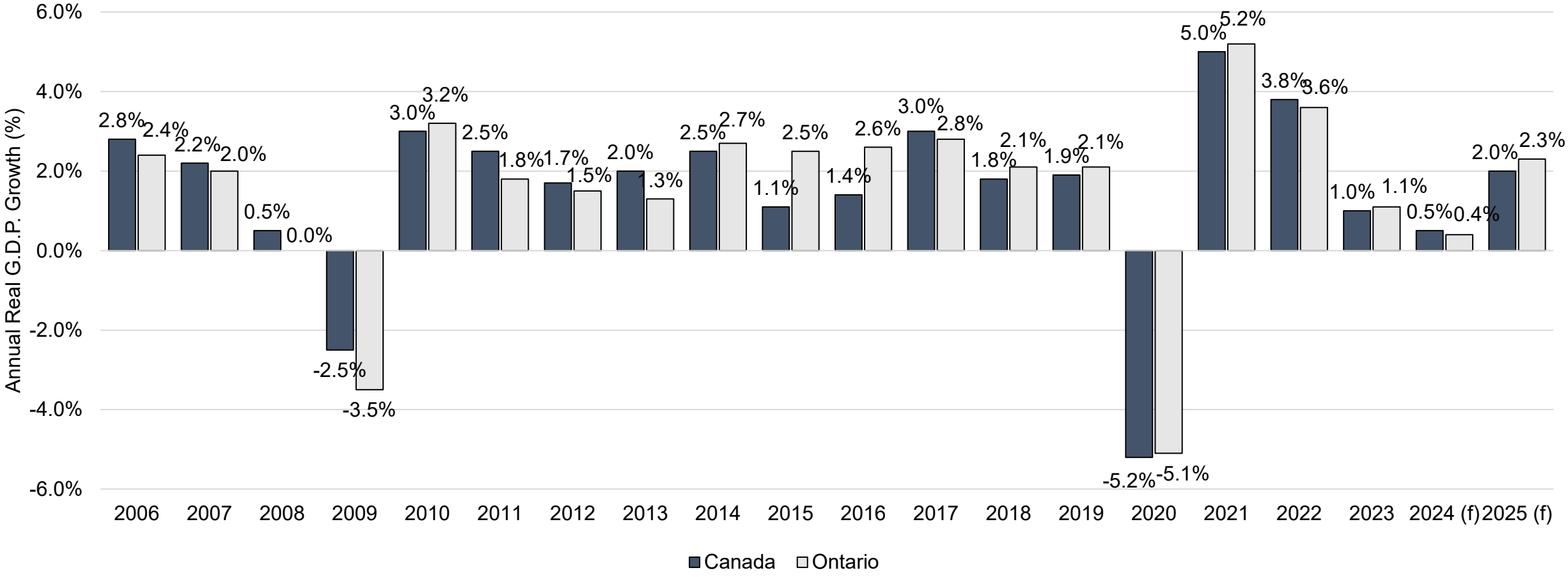
Study Purpose

- The City of Port Colborne is currently undertaking its 2024 Development Charge Background Study (DCBS) update.
- Port Colborne has experienced strong growth in recent years and is tracking higher than the Niagara Region Official Plan forecast.
- The City has retained Watson and Dillon to update its growth forecast to reflect the recent growth pressure and anticipated drivers of growth to 2036. The forecast incorporates 2021 Census data and other relevant new data sources and reports (i.e. Growth Analysis Review Report by Dillon Consulting Ltd.) which have become available since the preparation of the Niagara Region Official Plan updated forecast.
- The results will inform the City's 2024 DCBS growth forecast and will also form a foundational document to the City's Official Plan (OP) Review.

Macro-Economic Trends

Economic and Demographic Trends

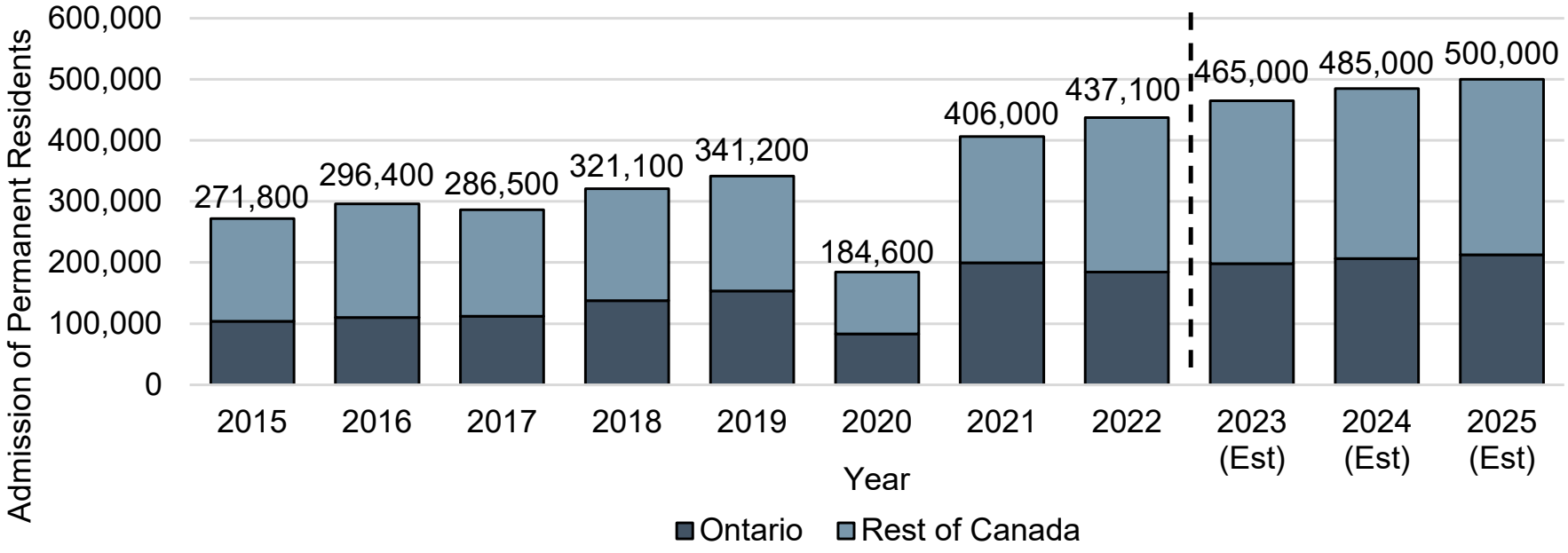
National and Provincial G.D.P. Trends



Note: 2024 and 2025 are forecast by BMO Capital Markets Economics.
Source: Derived from BMO Capital Markets Economics, Provincial Economic Outlook, January 12, 2024, by Watson & Associates Economists Ltd.

Economic and Demographic Trends

National and Provincial International Migration Trends



Federal Immigration Target:

2023: 465,000

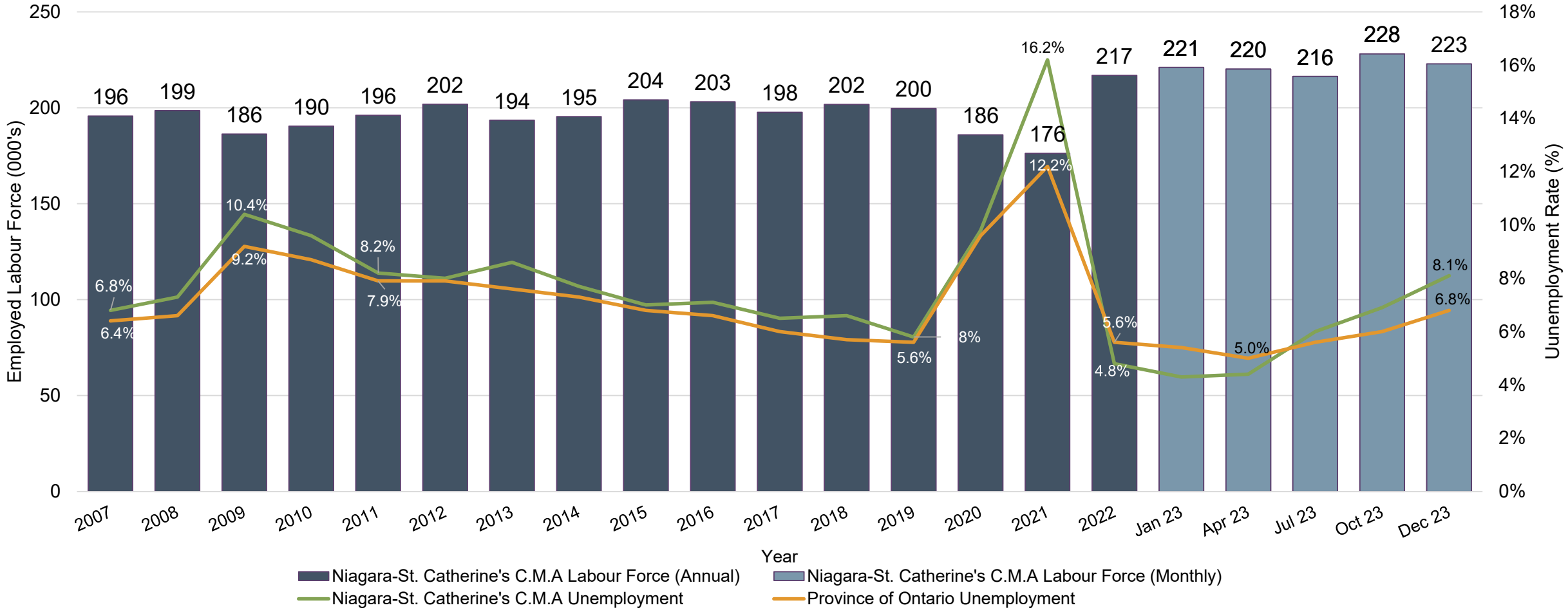
2024: 485,000

2025: 500,000

Source: 2015 to 2022 derived from IRCC December 31, 2022 data. 2023 to 2025 federal targets from Government of Canada's Immigration Levels Plan for 2023-2025, and Ontario target estimated based on historical share of about 45% of the Canadian PR Admissions from 2018 to 2022, by Watson & Associates Economists Ltd.

Economic and Demographic Trends

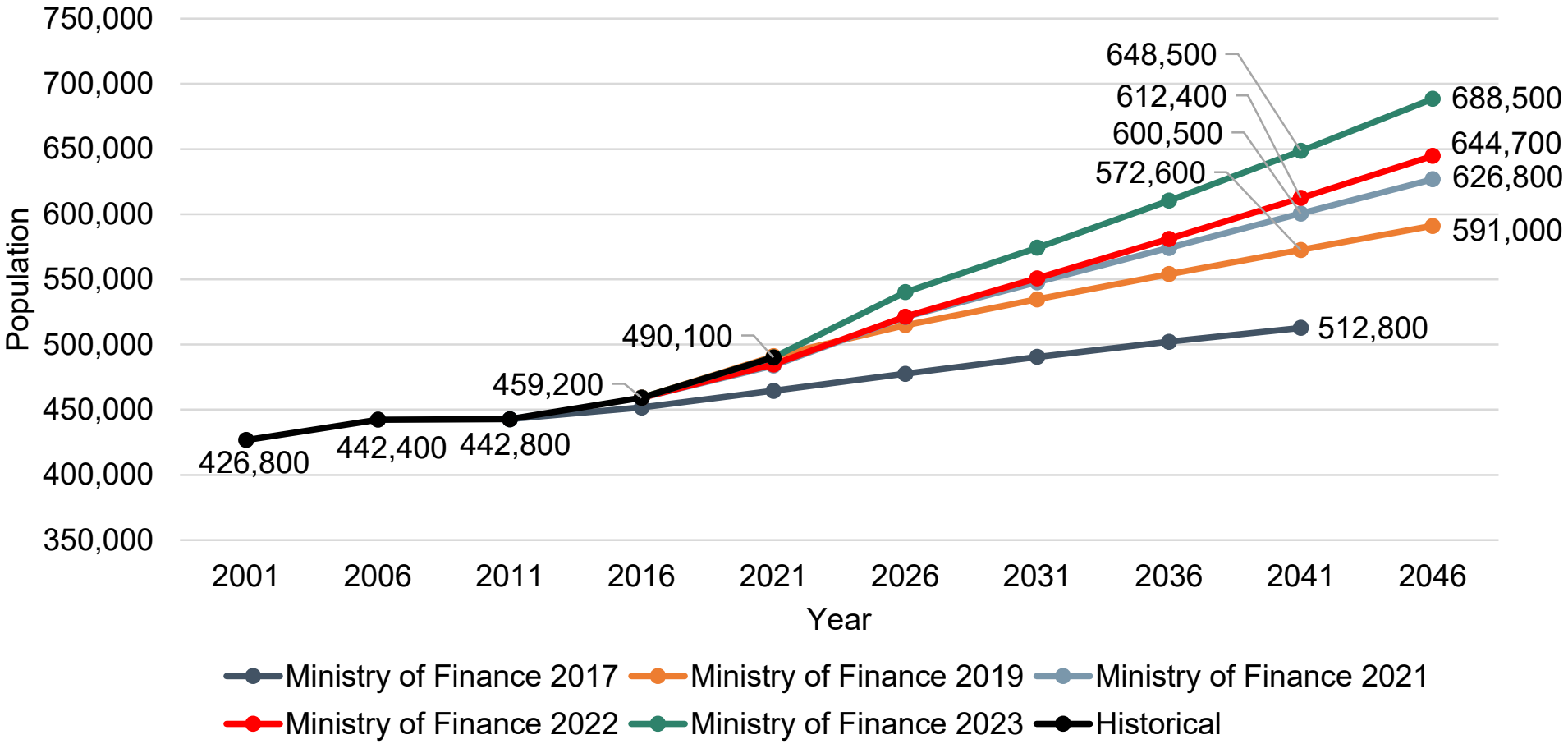
Niagara-St.Catharines CMA Labour Force Trends, 2007 to 2023



Source: Derived from Statistics Canada Labour Force Survey data, by Watson & Associates Economists Ltd.

Economic and Demographic Trends

Ministry of Finance Population Forecasts for Niagara Region



M.O.F. Growth Rate:

2017: 0.5%
2019: 0.7%
2021: 1.0%
2022: 1.1%
2023: 1.4%

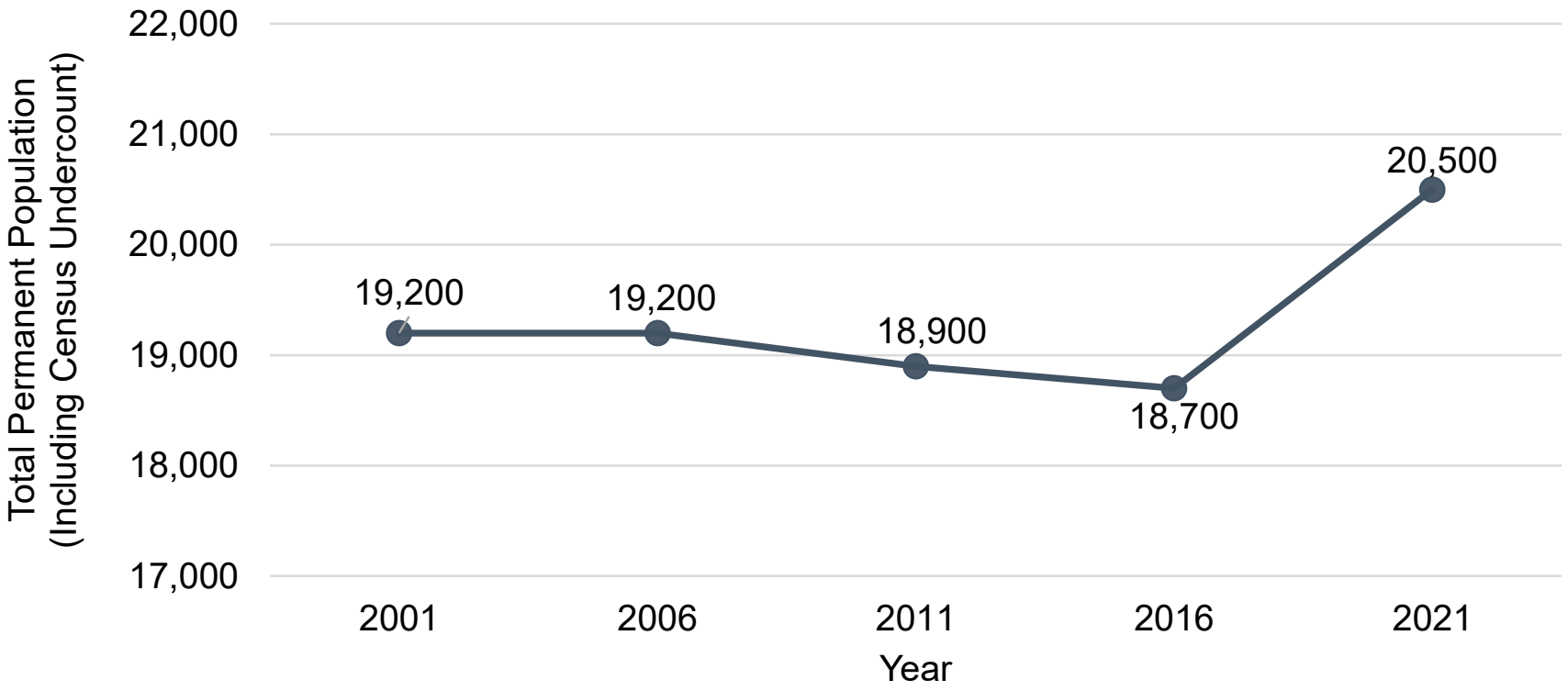
Note: Population includes net Census undercount. Figures have been rounded.
Source: Historical derived from Statistics Canada Census, 2001 to 2021, and Ministry of Finance Projections from Spring 2017, Summer 2019 and Spring 2021, Summer 2022 and Summer 2023 releases, by Watson & Associates Economists Ltd.

City of Port Colborne

Growth Trends and Drivers

Growth Trends and Drivers

City of Port Colborne Historical Population Growth, 2001 to 2021



Annual Growth Rates

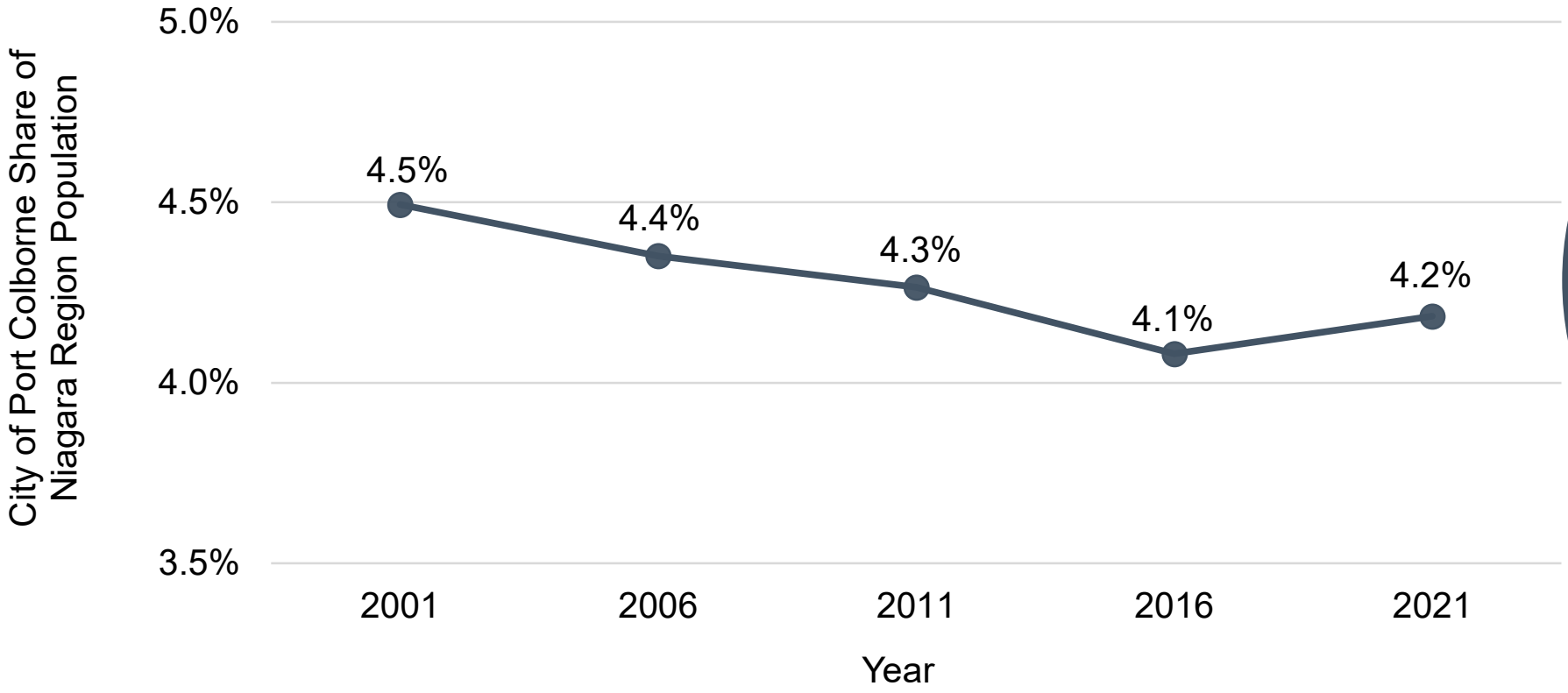
2001-2006: 0.1%
2006-2011: -0.4%
2011-2016: -0.2%
2016-2021: 1.8%

2001-2021:
0.3%

Note: Population includes net Census undercount. Figures have been rounded.
Source: Derived from Statistics Canada Census, 2001 to 2021, by Watson & Associates Economists Ltd.

Growth Trends and Drivers

City of Port Colborne Historical Share of Niagara Region Population



Incremental Population Shares:

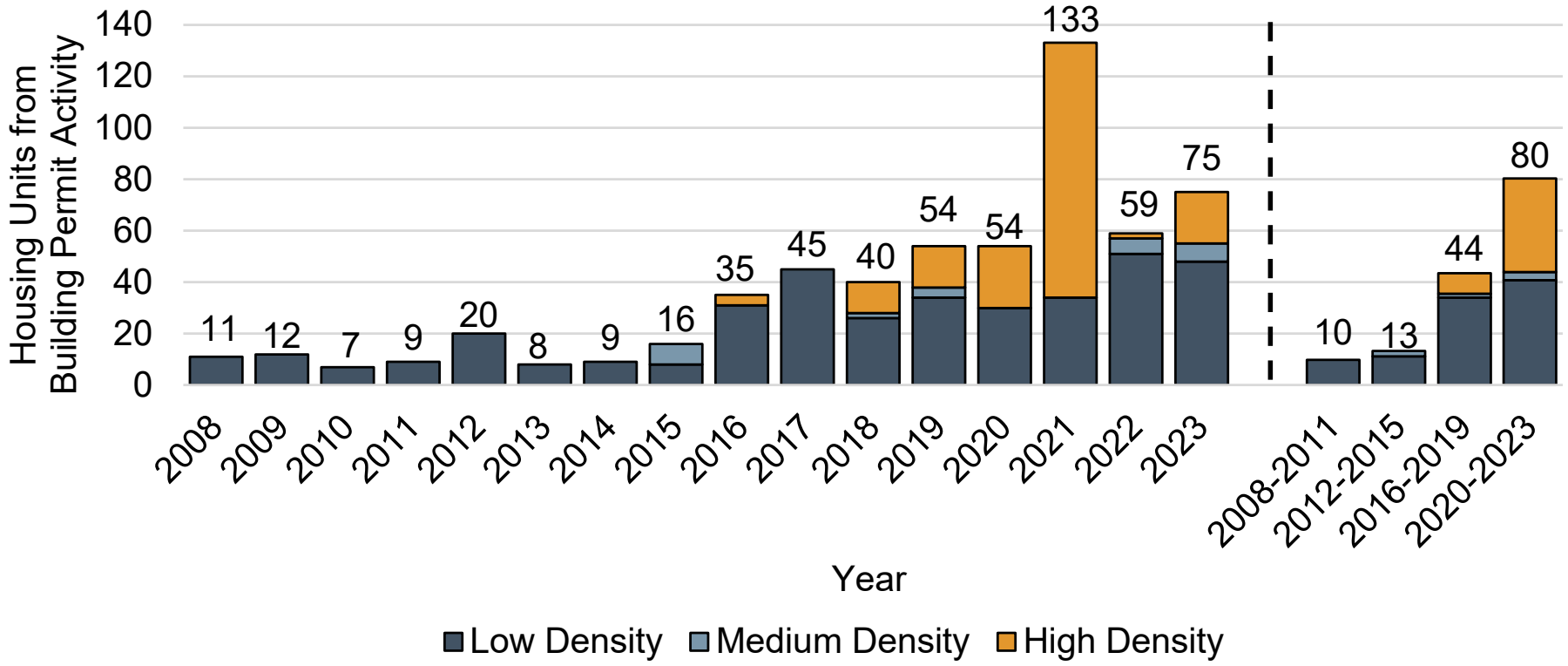
2001-2006: 0.3%
2006-2011: negative
2011-2016: -0.9%
2016-2021: 5.7%

2001-2021: 2.1%

Note: Population includes net Census undercount.
Source: Derived from Statistics Canada Census, 2001 to 2021. by Watson & Associates Economists Ltd.

Growth Trends and Drivers

Historical Permanent Housing Units from Building Permits, 2008 to 2023



Notes:
- Low density includes singles and semis.
- Medium density includes townhouses and apartments in duplexes.
- High density includes bachelor, 1-bedroom and 2-bedroom+ apartments..

Source: Historical derived City of Port Colborne building permit data, 2008 to 2022, and 2023 estimated from November 2023 year-to-date Statistics Canada building permit data by Watson & Associates Economists Ltd.

Growth Trends and Drivers

Census vs Building Permit Housing Unit Growth

- Historically there has been a higher increase in permanent Census households than units from building permit activity. This would imply that a portion of the City's existing non-permanent occupied households (second homes) have been converted to permanently occupied homes.
- This was moist pronounced from 2016 to 2021 during COVID-19.

Period	Permanent Census Households	Units From Building Permits	Difference
2006-2011	111	87	24
2011-2016	114	62	52
2016-2021	690	228	462

Source: Derived from Statistics Canada Census, 2006 to 2021, and City of Port Colborne building permit data, by Watson & Associates Economists Ltd.

Growth Trends and Drivers

Units in Development Approvals Process

- Over the next 10-years there is potential of up to 2,629 housing units identified in active development applications.
- In total there a 4,915 housing units in active development applications.
- It is important to note that factors such as the macro-economic environment and labour supply impact the timing of development.

Application Status	Low Density	Medium Density	High Density	Total
10-Year Potential				
Under Construction	158	0	187	345
Approved	91	38	57	186
Approval Stage	123	130	177	430
Under Review	512	662	50	1,224
OPA/ZBA	42	299	103	444
10-Year Potential Total	**926**	**1,129**	**574**	**2,629**
Total Units in Development Approvals Pipeline				
Total Units in Pipeline	**1,591**	**2,230**	**1,094**	**4,915**

Note: For the purposes of this table stacked townhouses are captured as medium density, but in the growth forecast as high density.
Source: Derived from City of Port Colborne data, by Dillon Consulting Ltd.

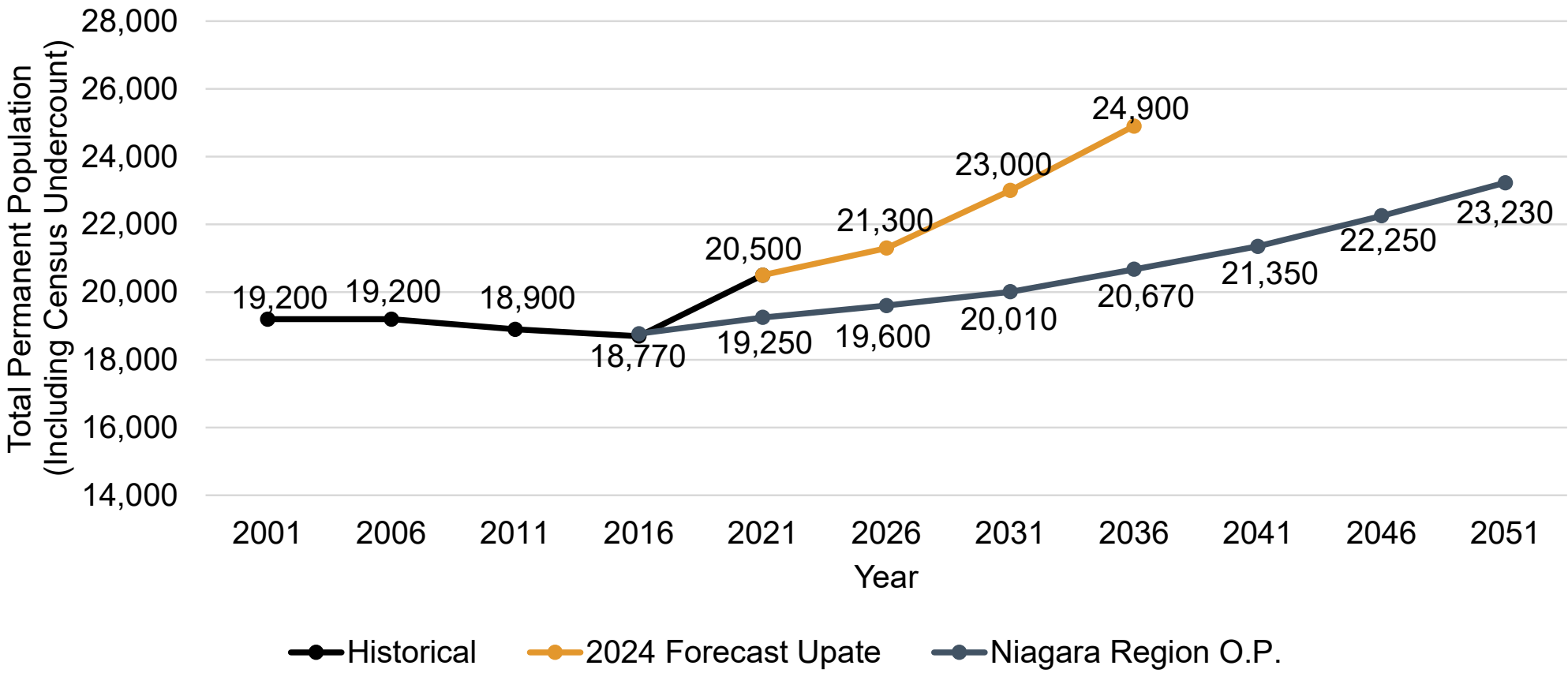
City of Port Colborne

Long-Term Population and Housing Forecast,

2021 to 2036

Population Forecast

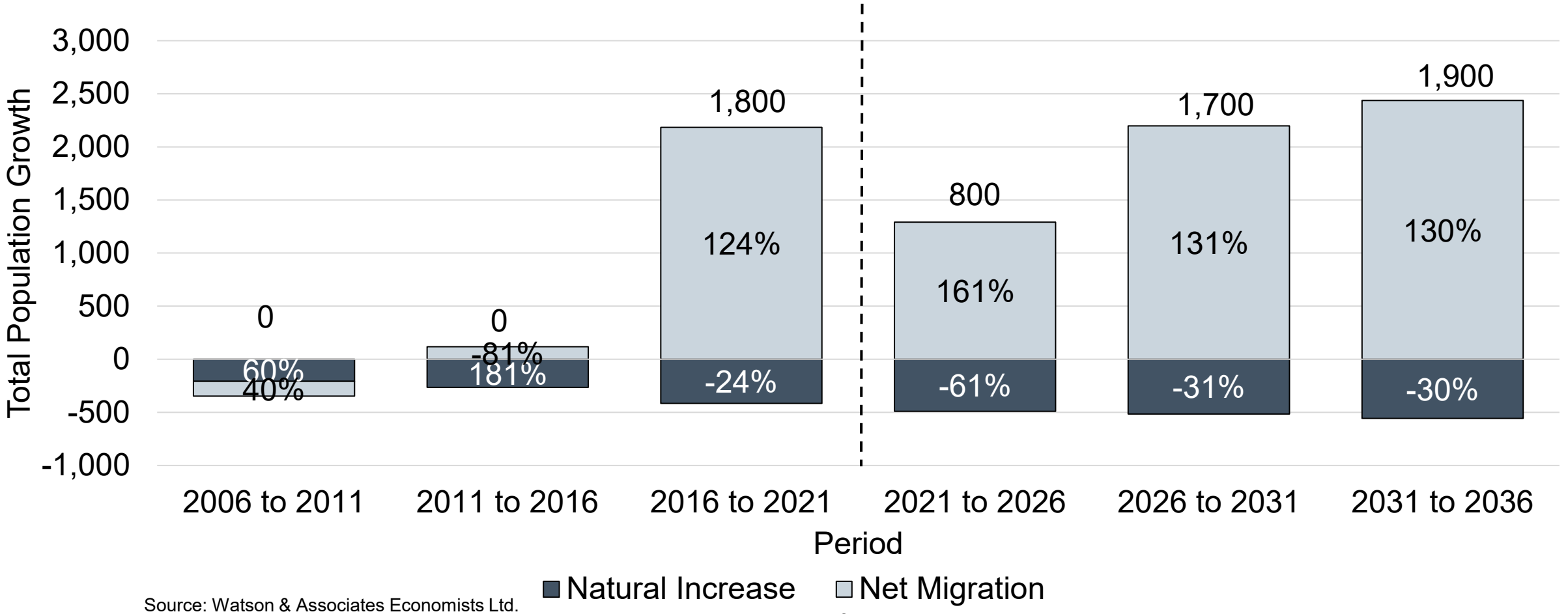
City of Port Colborne - 2021 to 2036



Source: Historical derived from Statistics Canada Census, 2001 to 2021, Niagara Region O.P. Update from the Niagara Region 2022 Official Plan and supporting background technical work, and 2024 Forecast Update by Watson & Associates Economists Ltd.

Components of Permanent Population Growth

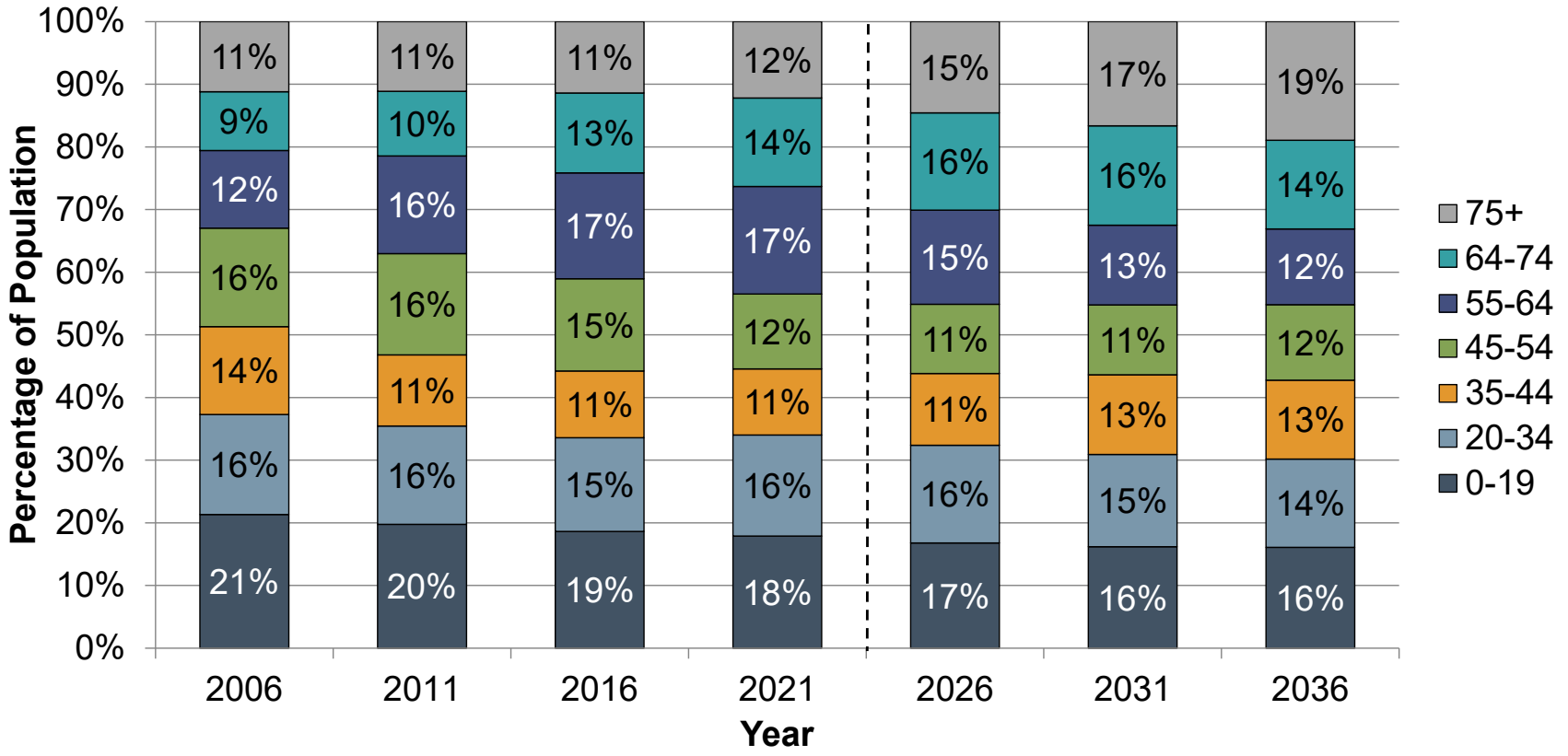
City of Port Colborne - 2021 to 2036



Source: Watson & Associates Economists Ltd.

Permanent Population Forecast by Age Group

City of Port Colborne - 2021 to 2036



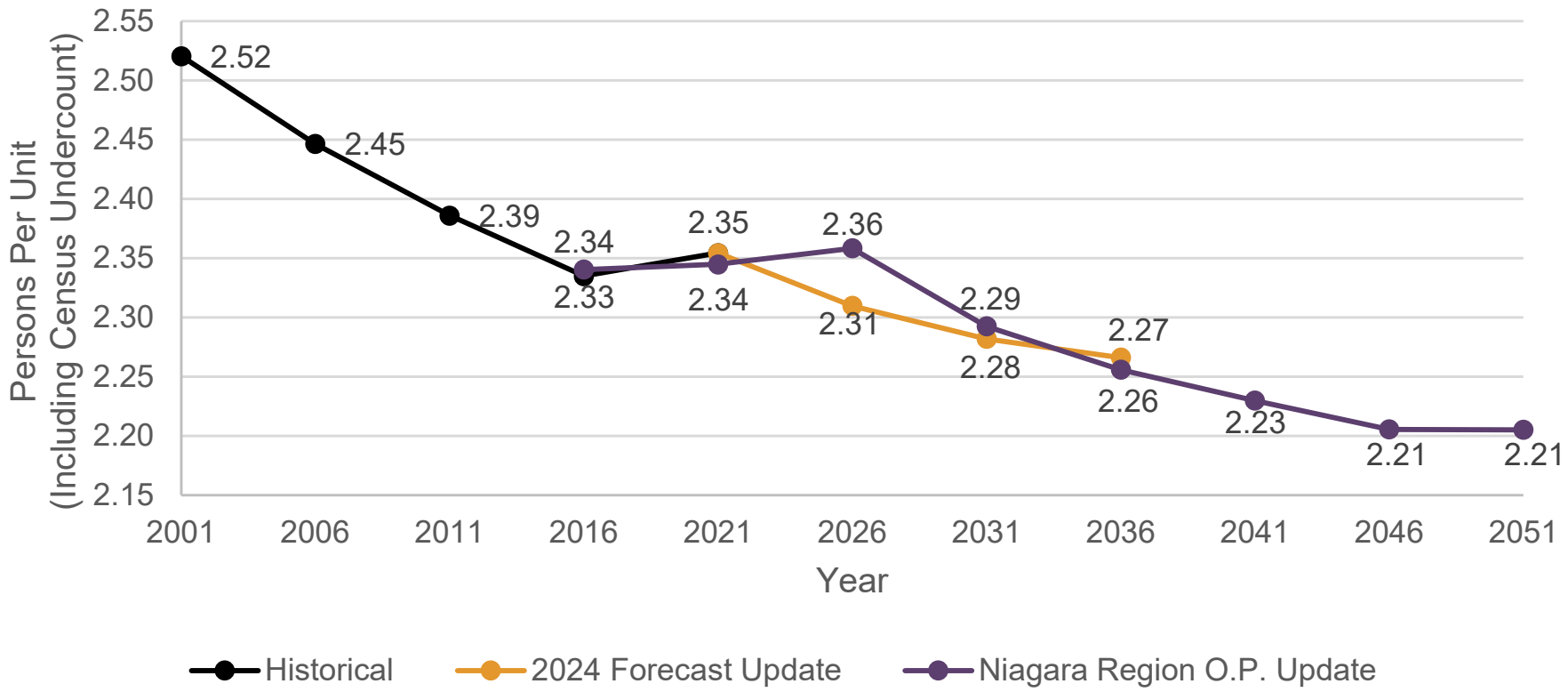
Source: Watson & Associates Economists Ltd.

- The majority of age groups are forecast to experience noticeable growth over the next 15-years. However, the City of Port Colborne population is aging, between 2021 and 2036 the percentage of persons 75+ years of age and older is forecast to increase from 12% to 19%.
- The 75+ age group is the fastest growing cohort with an annual forecast population growth rate of 4.3%.

Persons Per Unit Forecast

City of Port Colborne – 2021 to 2036

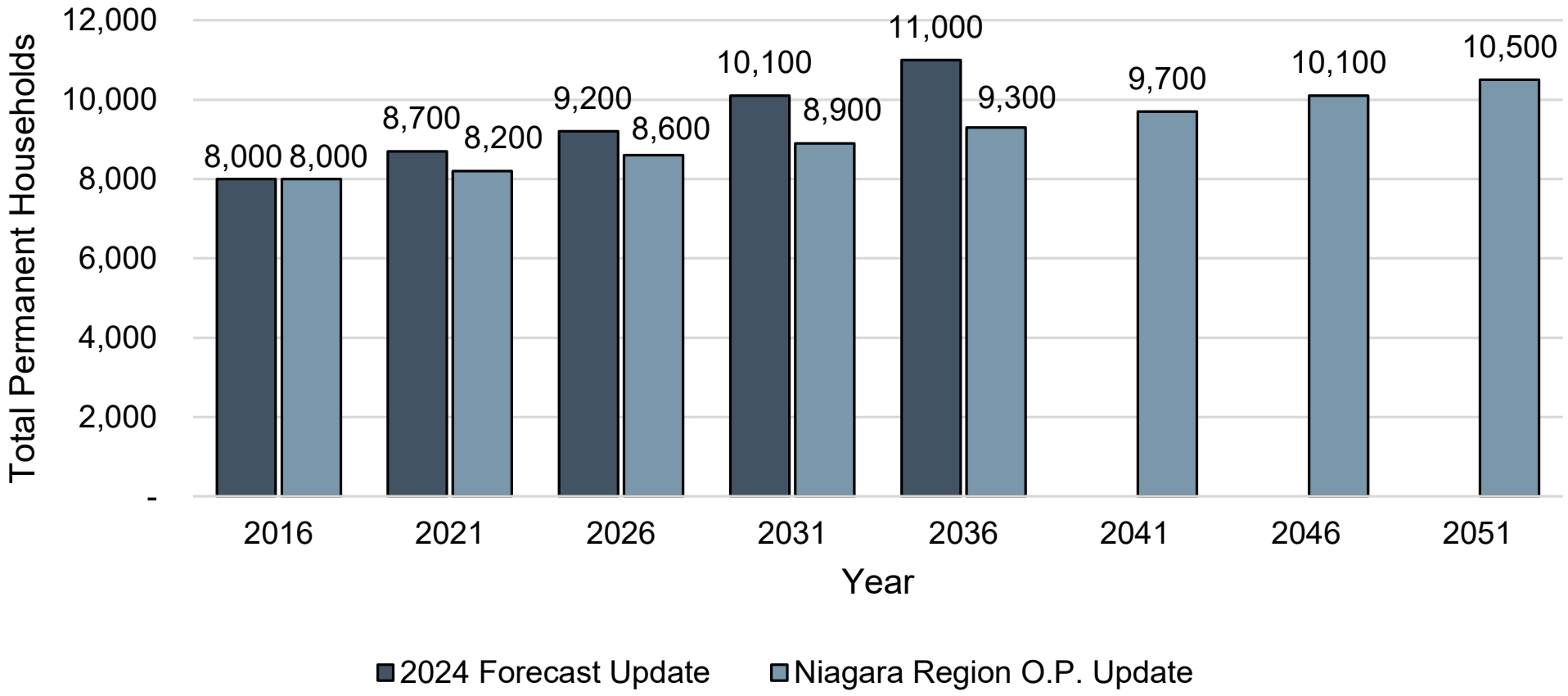
- 2024 Forecast Update PPU is Comparable to the Niagara Region O.P. Update forecast.
- In 2036 the updated PPU is 2.27, compared to 2.26 in the O.P. Update forecast.



Source: Historical derived from Statistics Canada Census, 2001 to 2021, Niagara Region O.P. Update from the Niagara Region 2022 Official Plan and supporting background technical work, and 2024 Forecast Update by Watson & Associates Economists Ltd.

Total Household Forecast Comparison

2021 OPR vs 2024 Update



2036 Housing Forecast:

OPR:
9,300

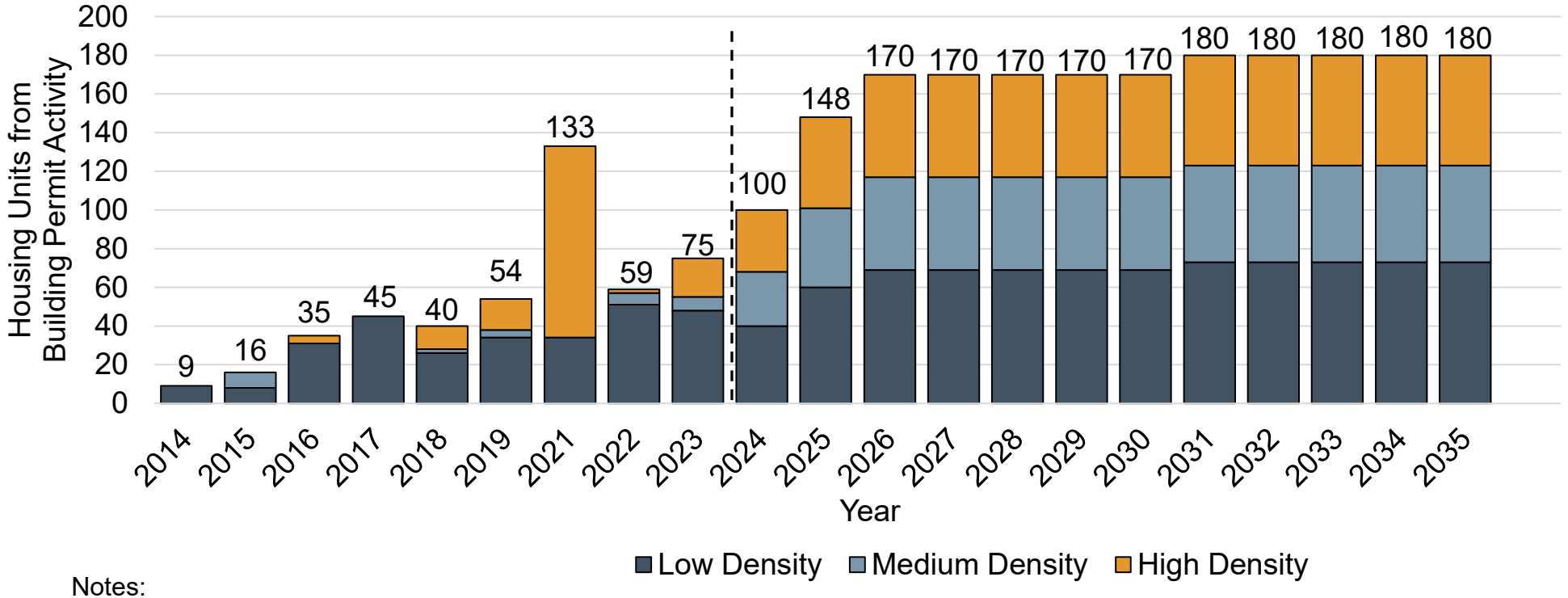
2024 Update:
11,000

+1,700

Source: Historical derived from Statistics Canada Census, 2006 to 2021, Niagara Region O.P. Update from the Niagara Region 2022 Official Plan and supporting background technical work, and 2024 Forecast Update by Watson & Associates Economists Ltd.

Annual Housing Growth in New Units by Type

City of Port Colborne - 2021 to 2036



2024 to 2036 Housing Mix:

Low: 40%
Medium: 28%
High: 32%

Notes:
- Low density includes singles and semis.
- Medium density includes townhouses and apartments in duplexes.
- High density includes bachelor, 1-bedroom and 2-bedroom+ apartments..

Source: Historical derived City of Port Colborne building permit data, 2014 to 2022, and 2023 estimated from November 2023 year-to-date Statistics Canada building permit data, and forecast by Watson & Associates Economists Ltd.

City of Port Colborne

Conclusions

Conclusions

- Since 2016 the City has been on a higher growth trajectory, with continued strong growth anticipated. Based on the updated growth forecast analysis, from 2021 to 2036 the City of Port Colborne is forecast to grow by:
  - 4,400 people (including the Census undercount).
    - By 2036 the revised forecast is 4,200 people higher than in the Niagara Region OP.
  - 2,300 housing units (40% low, 28% medium and 32% high-density).
    - By 2036 the revised forecast is 1,700 households higher than in the Niagara Region OP.

Discussion

Executive Summary: Supervisor's Report on the Niagara Health System (2012)

Prepared by: Dr. Kevin P.D. Smith, Supervisor
Submitted to: The Honourable Deb Matthews, Minister of Health and Long-Term Care
Date: 2012

Purpose: Restructure the Niagara Health System to improve care quality, system sustainability, and public trust.

Background

In 2011, widespread community dissatisfaction and concern over service quality, access, governance, and transparency at the Niagara Health System prompted Ontario's Ministry of Health and Long-Term Care to intervene. In August 2011, Dr. Kevin Smith was appointed Supervisor of the NHS under the **Public Hospitals Act**, granting him authority over both the Board and CEO roles.

The NHS (Now Niagara Health) is one of Ontario's largest multi-site hospital systems, serving over 450,000 people across multiple urban and rural communities in the Niagara Region. It was experiencing significant challenges, including:

- Fragmented service delivery across sites
- Duplicated services leading to inefficiency
- Underutilized and aging infrastructure
- Strained community trust and lack of public engagement
- Clinical and financial sustainability concerns

Mandate of the Supervisor

Dr. Smith was tasked with:

1. Stabilizing leadership and governance.
2. Restoring public confidence.
3. Reviewing clinical and administrative operations.
4. Recommending a sustainable, patient-centred model of hospital care.

Key Findings

- The system was not optimally organized to deliver consistent, quality care.
- Multiple sites were competing rather than collaborating.
- Infrastructure at some hospitals was outdated and unable to support modern healthcare delivery.
- There was confusion among the public about what services were provided where.
- Physician recruitment and retention were hampered by fragmented services.
- Urgent care, primary care integration, and chronic disease management were underdeveloped.

Recommendations

Dr. Smith made **14 major recommendations**, including:

1. **Build a new South Niagara Hospital** to serve the southern part of the region (Niagara Falls, Fort Erie, Port Colborne), consolidating services from several existing sites.
2. **Maintain and strengthen the St. Catharines Site** as a full-service hospital.
3. **Convert existing sites in Fort Erie and Port Colborne to standalone Urgent Care Centres (UCCs)** with 24/7 access, imaging, and support services.
4. **Integrate primary care with hospital services**, especially in rural and underserved areas.
5. **Improve regional planning and coordination** of hospital and community services.
6. **Enhance community engagement**, with transparency and accountability.
7. **Strengthen partnerships with local public health, LHINs, and municipal leaders**.
8. **Invest in telemedicine and eHealth technologies** to improve access and reduce travel burdens.
9. **Improve patient flow and reduce wait times** through centralized intake and assessment.
10. **Support service integration for seniors and chronic disease management**.

11. **Expand outpatient and ambulatory care options** to reduce pressure on emergency departments.
12. **Ensure all acute and specialty services are offered in fewer, better-resourced sites**.
13. **Streamline governance and leadership structures** across NHS.
14. **Conduct a community engagement and communications strategy** to support system transformation.

Outcome

Dr. Smith's recommendations directly informed the long-term vision for health care in Niagara. The **new South Niagara Hospital**, now under construction and expected to open in **2028**, aligns with his recommendations. The **creation of Urgent Care Centres** in Fort Erie and Port Colborne was also implemented, though questions remain around long-term service sustainability.

His work continues to influence how municipalities like Port Colborne engage with evolving healthcare models—particularly around **access, integration, and sustainable local service delivery**.

Report to

The Honourable Deb Matthews

Minister of Health and Long-Term Care

on Restructuring of the Niagara Health System

Dr. Kevin P.D. Smith
Supervisor
Niagara Health System

September 2012

INDEX

Executive Summary

Minister:

It has been just over one year since my appointment as Supervisor of the Niagara Health System (NHS) on August 30, 2011. I have been privileged to **hear from literally thousands of people** from across the communities of Niagara, and from the staff, volunteers and physicians of the NHS, and other partner provider organizations. In addition, I have **consulted with many experts** in the field with expertise in quality, multi-site health care delivery models, and examined data ranging from population density, projected staff/physician turnover rates, financial forecasts, and patient care information, to name but a few. This report **details my final recommendations** and builds on the Interim Report released on May 3rd 2012.

For the most part, the recommendations in the Interim Report remain unchanged. This is a testament to the wise and thoughtful advice of the thousands of individuals with whom we met. Much has improved since August 2011, and I want to express my gratitude to Team NHS and our community partners for their unwavering support and guidance. This includes the past board members who were helpful and gracious in this difficult transition.

While I am pleased that we have **begun** our journey of restored confidence, the road ahead will be challenging and **require focus and fortitude**. What is underway is **a cultural change** at the NHS which typically takes 5-10 years to embed in a large and complex organization. Walking the talk and rewarding what we say is important will demonstrate our **focused commitment from this point forward.**

The key is **leadership** and never has it been more important that we **retain and attract** an aligned, accountable, experienced and tenacious group of leaders at both **the Board and management levels - especially physician managers.** The creation of a comprehensive, consultative and explicit strategic and tactical plan will allow the future leaders of the NHS to be aligned in the points of the destination, and ensure all those who take up the challenge of leadership **sign on to clear directions**. With your approval, we will launch the early phase of the NHS **Strategic Planning Process,** which will transition to the new **Board and Senior Management Team** in the coming months.

For **more than a decade,** the NHS has undergone repeated clinical planning exercises and now must expeditiously **implement the clinical site changes** described herein. **Further study is most definitely not required!** While consensus was not to be found on all issues, most notably obstetrics and pediatrics, I am pleased to say that **most recommendations have received almost unanimous support.**

Since the inception of the NHS, **disagreement with respect to clinical siting** seems to have prevented the formation of a truly integrated single organization across multiple sites. The test before the NHS is to demonstrate that chapter has closed, and **a new era focused on creating a sustainable, high quality health system is upon us**. The test will be in implementing these changes while rebuilding trust in our communities. I am confident this report offers a blue-print to do so.

The **successful opening of the new St. Catharines site and the successful planned consolidations** will demonstrate to you that the **NHS is ready and able to move forward**. The implementation of the other major recommendations in this Report, namely the closure of five (5) aging sites and the creation of a single replacement **site should be contingent on the successful implementation of the clinical reconfiguration, and as appropriate, consolidation detailed herein.**

I recognize constructing a new "southern site" is a challenging recommendation, especially in the backdrop of the fiscal pressures facing our province and country. It is made more so by the necessary delay of some previously approved capital projects. I believe, however, **Niagara is a unique situation which offers significant opportunities to improve how we care for patients and families, the quality of work life and retention/recruitment of qualified staff, and the education and training of future health professionals** in partnership with our university and college partners. In addition, it offers **significant operating and ongoing capital savings**, unlike any other region in Ontario of which I am aware. That being said, **my appointment was not about "bricks and mortar" but a loss of community confidence** as stated above. Such a commitment from the Province must be as a result of having created **a well governed and managed hospital system with high community support and workplace satisfaction**. I know you will be looking for actions and outcomes to demonstrate this healthy evolution. **Moving a broken culture into a new home is simply not a solution.**

I have **many colleagues to thank** and would be remiss if I didn't acknowledge them herein.

- NHS Staff, Physicians and Volunteers who passionately offered their thoughtful insights and recommendations;
- The HNHB LHIN, most especially CEO Donna Cripps and Chair Michael Shea who have been tireless in their support and assistance;
- The Mayors and Regional Chair have been nothing short of outstanding partners in this process and stepped firmly up to the plate throughout my time in Niagara;
- Your colleague MPP's, Mr. Bradley, Mr. Craitor, Ms. Forster and Mr. Hudak have shown keen interest and offered essential observations and advice;
- The Senior Management Team and Medical Advisory Committee of the NHS led by Drs. Sue Matthews and Joanna Hope, who worked tirelessly on the road to improvement and in offering creative and patient focused solutions;

- The Medical Staff Association, led by Dr. Arvinte and previously Dr. Reddy;
- Our partner health care provider groups, especially EMS and Public Health;
- The Expert Panel members for Obstetrics and Pediatrics, Mary Jo Haddad, Brenda Flaherty, Dr. Nicolas Leyland and Dr. Lennox Huang;
- Tom Closson, Chair, ad hoc Base Budget Review Taskforce;
- Professor John Eyles, Department of Geography, McMaster University;
- Lynne Pollard and Diane Martin who organized and supported our Team beyond compare;
- And, most especially, my colleague Mr. Brian Guest, without whom this work would not have been possible.

At your instruction, our focus has, and continues to be, on **building a high quality, sustainable hospital system which enjoys the confidence and trust of the communities and individuals it exists to serve. I am confident these recommendations reflect what is best for patients and their families, enables a high quality of work life environment and incrementally rebuilds trust and confidence in the NHS.** I have tried to be extremely mindful of the economic reality upon us, and very much considered a value for money investment strategy for the NHS. Thank you for the opportunity to work with the NHS Team and the community leaders who are so dedicated to their hospital.

Following are **the revisions to the Interim Report and the final recommendations**. While we await your response, we are actively moving forward with board member selection and recruitment of the leadership team.

Sincerely,

Dr. Kevin Smith

Outline of Significant Revisions from Interim to Final Report of Supervisor

September 2012

Following public release of the Interim Report to the Niagara Community on Restructuring of the Niagara Health System on May 3, 2012, I have received thoughtful input from members of our community. Below is an outline of significant revisions to the Interim Report:

1) *Input from Mayors/Regional Chair on siting of a single hospital to replace the aging sites in Niagara Falls, Welland, Port Colborne, Fort Erie and Niagara-on-the-Lake.*
   There are two unanimously acceptable options for a southern site proposed by the Regional Chair and Mayors of "South" Niagara. Following detailed review, the recommended location, should a southern site be constructed, is the ***QEW and Lyons Creek area of Niagara.***

2) *Urgent Care Centres and Hours of Operation*
   The Regional Chair and Mayors of "South" Niagara also requested the ***operation of two Urgent Care Centres in South Niagara (locations to be determined). We support this recommendation*** *but must be clear that these should be freestanding entities in leased space, which* ***work closely with the evolving primary care network and EMS.*** *As there are very low volumes of patients between the hours of 10 p.m. to 8 a.m. at our existing UCC's, hours of operation for our existing and future UCC's must be carefully monitored and keep pace with practices elsewhere in Ontario.* ***We see a very important opportunity for the HNHB LHIN to create a provincial model for primary care planning and community service integration through this process.***

3) *Consolidation of Obstetrics/Pediatrics*
   The recommendation that both programs ***be consolidated at our new hospital in St. Catharines and then relocated to the new South site,*** *if approved, has been the subject of significant discussion and in-depth review. We were fortunate to establish an ad Hoc Expert Panel of internationally recognized leaders in maternal child health. The Expert Panel reviewed the prior studies, data and other background material, and heard directly from "both sides" in this important matter. A special meeting was held for this purpose and the presentations were both well-articulated and passionate. The final recommendation is consistent with my interim report - to* ***consolidate both inpatient obstetrics and pediatrics, subject to the caveats as recommended by the Expert Panel*** *- initially at the new St. Catharines site (March 2013) and to transfer both programs to the new purpose built facility in the South, if approved.*

Outline of Significant Revisions from Interim to Final Report of Supervisor (cont'd)

These caveats are:

- *Gynecology day surgery should continue to be offered at all full service acute sites. Consolidation should be for inpatient and birthing services.*
- *Ultrasound and other associated services remain at all acute sites.*
- *Interprofessional Models of Care be clearly identified drawing from the work of the Provincial Council for Maternal Child Health.*
- *A model for low risk hospital-based family medicine obstetrics be clearly defined.*
- *Midwifery with a full scope of practice be offered.*
- *Obstetricians and Pediatricians should continue to be based in the communities of Niagara where they can provide the vast majority of consultative and ongoing care to the people in these communities.*
- *Physician and administrative leaders support all members on the Interprofessional Team to build an integrated Niagara Health System inpatient model at the St. Catharines site.*
- *EMS and NHS will utilize protocols for the very rare medical emergencies of any nature.*

*A proposal to determine the **feasibility for a Birthing Centre** in Niagara remains a possibility.*

4) *The Welland City Council*
The Welland City Council requested that a review of costs to renovate the existing Welland Hospital as the "new" South site be undertaken. That review conducted by a leading consulting firm is included in this report, and based on that analysis, it is not a viable option from a cost/benefit perspective.

5) *Accomplishments*
An outline of accomplishments by our staff, physicians, volunteers, and management over the past several months to improve care at the NHS is included in this report.

6) *Decommissioned Sites*
If the consolidation of the aging sites is approved, any municipality that wishes to purchase an existing site slated for closure will be given the right of first refusal at fair market value. A number of suggestions for community based programs have been proposed for some of these sites. Revenue for the sale of decommissioned sites will be reinvested in capital improvements at the NHS.

Recommendations

It is recommended that:

- *A new skills-based Board of Directors for the NHS be constituted. A community-based Nominating Committee will be formed to recommend appointments to the Board. This model should remain in place for a 3-5 year period for Board renewal. The establishment of two advisory committees (North and South) will follow the establishment of the Board.* ***Page 43***

- Interim Recommendation:
  The Maternal Child, In-Patient Pediatric Program, In-Patient Mental Health be consolidated at the new St. Catharines Hospital in the interim, with the full Maternal Child, In-Patient Pediatric Program ultimately moving to the "new South site" when it is built.

  Final Recommendation:
  Following consideration of prior reviews, examination of utilization data and both internal and external expertise, the recommendation from the Interim Report is confirmed - to consolidate Maternal Child, In-Patient Pediatrics, Inpatient Mental Health at the new St. Catharines Hospital in the interim, with the full Maternal Child, In-Patient Pediatric Program ultimately moving to the new facility in the South when it is built subject to the following caveats:

  - *Gynecology day surgery should continue to be offered at all full service acute sites. Consolidation should be for inpatient and birthing services.*
  - *Ultrasound and other associated services remain at all acute sites.*
  - *Interprofessional Models of Care be clearly identified drawing from the work of the Provincial Council for Maternal Child Health.*
  - *A model for low risk hospital-based family medicine obstetrics be clearly defined.*
  - *Midwifery with a full scope of practice be offered.*
  - *Obstetricians and Pediatricians should continue to be based in the communities of Niagara where they can provide the vast majority of consultative and ongoing care to the people in these communities.*
  - *Physician and administrative leaders support all members on the Interprofessional Team to build an integrated Niagara Health System inpatient model at the St. Catharines site.*
  - *EMS and NHS will utilize protocols for the very rare medical emergencies of any nature.* ***Page 48***

Recommendations (cont.)

- *Due to noted concerns with respect to access, the feasibility of a low risk Birthing Centre, a model recently announced by the Government of Ontario, be treated as a high priority, and the NHS be recommended as a pilot program through the Hamilton Niagara Haldimand Brant (HNHB) LHIN. The MOHLTC has recently made a call for proposal for Birthing Centres.* ***Page 49***

- *In concert with EMS, and Public Health:*
  - *Expand the Advanced Care Paramedic Program across the Region, already a leader in this practice; and,*
  - *Actively explore innovative models of care in which paramedics offer appropriate services to divert ER presentations, support appropriate use of home care, and continue to evolve the Critical Care Transport Service.*

  Page 47

- *In addition to the St. Catharines site currently under construction, the NHS should:*
  - *Construct a new general acute care hospital in "South Niagara";*
  - *Locate two free-standing Urgent Care Centres in "South Niagara";*
  - *Close the existing sites in Port Colborne, Fort Erie, Niagara Falls and Welland; and,*
  - *Relocate the Nurse Practitioner-led walk in clinic and Family Health Program to a suitable location with much lower operating costs than the existing site in Niagara-on-the-Lake with the closure of that site when complex continuing care can be consolidated to other sites.*

  Page 37

- Interim Recommendation:
  The recommendations of the Mayors of the "Southern Tier" with input from the Regional Chair be utilized to determine:
  - *The location of the new hospital in the "South";*
  - *The location of a stand-alone "new" Urgent Care Centre; and,*
  - *Population density and access should be the primary consideration in determining location.*

Recommendations (cont.)

Local Response to this Recommendation:
The unanimous recommendation of the Mayors of the Southern Region (6 in total) and Regional Chair follows:
"2 Geographic areas, being described as QEW & Lyons Creek area, and East Main Street and Highway 140 area be considered as short-listed locations for the proposed development of a south Niagara hospital complex, conditional that Urgent Care Centres continue to operate in Port Colborne and Fort Erie. I cannot stress enough that the southern Mayors are unanimous in their support of a south Niagara hospital being built."

Final Recommendation:
Following significant deliberations, considering external expertise and in keeping with alternatives approved by the Mayors and Regional Chair, the final recommendation, subject to approval by the Ministry, is to build the new facility in the QEW and Lyons Creek area of Niagara. Two additional freestanding UCC's, site and location to be determined, can be supported. Hours of operation should be in keeping with patient volume and other provincial practice. **Page 41**

- *NHS will establish a Patient Advisory Committee to ensure the continued evolution of patient and family centered care.* **Page 30**

- *With the Region of Niagara, and interested volunteer agencies, establish a limited transportation model for lower income frail seniors and chronic mental health patients and their families.* **Page 55**

- *Ensure clarity of roles and responsibilities across the NHS. Immediately implement a management structure with on-site leads, and where appropriate, physician leads (acute sites) with clearly defined standards and accountability measures. It should never be unclear "who's in charge" and accountable.* **Page 21**

- *All programs and support services develop consistent standards across all the sites of the NHS based on evidence and accepted best practices. Eliminate variation by site unless rationale clearly indicated and approved.* **Page 23**

Recommendations (cont.)

- *As LHIN's have recently been charged with planning for primary care, the MOHLTC request that the Hamilton Niagara Haldimand Brant (HNHB) LHIN to develop a prototype model for primary care planning, which supports the implementation of this report and the restructuring of the NHS.* ***Page 57***

- *The approved recommendations of the NHS Task Force on employee morale and employee satisfaction be a high priority for implementation.* ***Page 20***

- *The NHS Code of Conduct and Standards of Behaviour for physicians, staff and patients/visitors be communicated and consistently enforced.* ***Page 21***

- *The continued development of an Academic Health Centre in conjunction with McMaster University, Brock University, Niagara College, and community partners be a primary goal of the NHS.* ***Page 22***

- *Develop formal education plans for leaders across the organization to ensure leading edge knowledge and personal development as well as to support a comprehensive retention/recruitment strategy for physicians and staff at all levels.* ***Page 30***

- *National searches be undertaken to recruit 1) Chief Executive Officer and 2) Vice-President Medical/Chief of Staff. Search Committees will include representatives of the newly formed Board of the NHS or Board Nominating Committee and other important stakeholder representatives.* ***Page 45***

- *The immediate priorities of the new NHS Board be:*
  - *Approve a process to develop a strategic plan for NHS, which includes consultation and input from community and provider organizations;*
  - *Form Board Structure; and,*
  - *Oversee the implementation of a comprehensive performance management system.* ***Page 44***

Recommendations (cont.)

- *The "OHA Guide to Good Governance" be adopted as the primary resource for Board activities. A governance coach should work with the Board for the first year.* **Page 45**

- *As requested by many physicians, the potential of a stand- alone Ophthalmology and Minor Surgery Centre is currently being explored conditional on providing emergency and inpatient coverage at the NHS sites. A formal Request for Proposal document has been prepared for this initiative.* **Page 50**

- *Support for the review by our Foundations that potential realignment be considered to meet the philanthropic needs of the NHS.* **Page 56**

- *Recognize and celebrate the essential role and impact of NHS Volunteers and Auxiliary organizations, and develop an effective retention/recruitment plan for volunteers, who are the backbone of the NHS.* **Page 56**

- *Develop a plan for the disposition of NHS sites designated for closure. Each municipality that has an existing site slated for closure will be given first option to purchase the site and buildings from the NHS at fair market value through a process to be determined. The NHS will not retain ownership of any of these sites and will utilize proceeds to fund capital costs for existing operations.* **Page 58**

Recommendations (cont.)

- *Interim Clinical Service Siting Plan*

During the transition period, ongoing clinical viability and coverage requirements on a "24/7" basis of the two acute care sites in Niagara Falls and Welland will be a high priority.

The following is a high level overview of the interim clinical service siting plan. As implementation planning evolves for the new 'South' site, there could be further refinement within the context of providing quality, safe, efficient and cost-effective patient care to accommodate the transition in a phased-in approach.

Page 51-54

	New "North" Healthcare Complex	Greater Niagara	Welland	Douglas Memorial	Port Colborne	Niagara-on-the-Lake
Emergency and Critical Care Services						
Emergency	x	X	x			
Urgent Care				x	x	
Critical Care	X	X	x			
Surgical Services -- NOTE: Age Criteria for out-patient pediatric surgery to be confirmed for services outside of the new 'North' healthcare complex						
General Surgery	In and Out-Patient	In and Out-Patient	In and Out-Patient			
Orthopedics*	In and Out-Patient	In and Out-Patient *NOTE: Discussions regarding potential consolidation of the Total Joint Program prior to the "new South site" will commence immediately to assess feasibility of early consolidation.	In and Out-Patient			
Urology	In and Out-patient + Cystoscopy	Out-patient + Cystoscopy	Out-patient + Cystoscopy			
Gynecology*	In and Out-Patient	Out-patient	Out-Patient			
Ear Nose Throat	In and Out-Patient	Out-Patient	Out-Patient			
Plastics	X In and Out-Patient	X In and Out-Patient				
Dental	In and Out-Patient	In and Out-Patient				
Ophthalmology			x			

	New "North" Healthcare Complex	Greater Niagara	Welland	Douglas Memorial	Port Colborne	Niagara-on-the-Lake
Vascular	X In and Out-Patient					
Ambulatory Clinics						
Clinics	x	x	x	x	x	
Maternal Child Services						
Obstetrics	x					
Level 2 Neonatal Nursery	x					
In-Patient Pediatrics	X					
Medicine						
General Internal Medicine	x	x	x			
Regional Geriatric Assessment		x				
Nephrology	In-Patient					
Dialysis - Ambulatory	X	X Satellite in Niagara Falls	X Satellite			
Stroke		X *NOTE: discussions regarding potential stroke program expansion to take place				
Cardiology	x	X	X			
Cardiac Care Unit and Heart Investigation Unit	x					
Respirology	x	x	X			
Oncology/Walker Family Cancer Centre	x					
Diabetes Hub			X			

	New "North" Healthcare Complex	Greater Niagara	Welland	Douglas Memorial	Port Colborne	Niagara-on-the-Lake
Mental Health and Addictions						
Mental Health	X In and Out-patient	Out-patient	Out-patient	Out-Patient		
Addictions	Consolidated Site TBD				Residential and Out-Patient	
Complex Care						
Complex Care		x	x	x	x	x
Assess Restore		X *NOTE: Assess and Restore program may need to relocate to Welland to accommodate potential stroke program expansion at GNG				
Long-Term Care						
LTC			x			

Note:

- All sites will have access to appropriate clinical support services [e.g. diagnostics, lab, pharmacy etc.] as appropriate.

Overview

The purpose of this report is to outline, for both internal and external stakeholders, a series of recommendations for restructuring the Niagara Health System (NHS).

On August 30, 2011, I was appointed as Supervisor for the NHS by the Government of Ontario. The appointment of a Supervisor for a hospital or system of hospitals is not taken lightly by any government but was felt necessary at the time for a number of reasons - primarily a loss of confidence in the NHS by the Niagara community, including its elected officials at all levels.

In the intervening twelve (12) months, I have engaged in a widespread consultation process including but not limited to:

- Meeting face-to-face with community leaders, elected officials and existing/former patients/families cared for by the NHS;
- Release of an interim report with detailed recommendations for community and provider feedback;
- Establishing a confidential "NHS Supervisor" email address in which I have received, read and responded to over twelve hundred (1200) email submissions;
- Meetings/updates with important partner organizations of the NHS including but not limited to Emergency Medical Services (EMS), Public Health, our member Foundations, Hotel Dieu Shaver Health and Rehabilitation Centre, the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) and Community Care Access Centre (CCAC);

Overview (cont.)

- Ongoing dialogue and embracing a culture of transparency with our colleagues in the media throughout the Region as a means to communicate with the broader community in a meaningful fashion;
- Many meetings, with both large and small groups of our staff and physicians at all levels – executive team, management, union leadership, front line staff; and,
- Engaging external expertise to complement internal stakeholders to assist in determining the best solutions related to program realignment of obstetrics and pediatrics and the most appropriate location of the new South hospital in order to meet future needs.

In total, there have likely been interactions with thousands of individuals from the Niagara community. All those I spoke to or corresponded with have a common goal of providing the best health care delivery system possible for our community.

Without question, this assignment has proven to be more complex and multi-faceted than I initially anticipated. Normally a Supervisor is faced with one or two major goals to accomplish (e.g. financial solvency or community relations), but in this case, the NHS was and still is facing multiple challenges.

Overview (cont.)

Prior to addressing observations and recommendations in this report, I feel it appropriate to express the following comments:

- To our patients and families who have received less than optimal care or caring at the NHS, please accept my sincere apologies. Many of you have shown remarkable courage in sharing your stories with me and please be assured your suggestions to improve the NHS have been taken seriously;
- To our staff, volunteers and physicians who work diligently on the front line to provide the best possible care – your work to support our Mission, Vision, and Values on a day to day basis is much appreciated;
- To our leadership team at the management, physician and union levels – your support, insight and recognition of opportunities have been very helpful; and,
- To the former NHS Board of Directors – as volunteer leaders from the community, your contribution in an extremely challenging environment is recognized. While no Board wants to reach the point where an external appointment is necessary, you clearly did the best you could as volunteer governors and your many contributions to the betterment of health care in Niagara is recognized.

Observations

Based on the feedback from both the NHS "family" and the Niagara community, I have the following observations which influence the various recommendations in the report.

1) A Regional Approach to Health Care

   When I first arrived in Niagara, I heard the expression "there is no Niagara" from many of its citizens. However, over the period of this review, many insightful observations were shared with me that all communities in Niagara are interdependent for health care delivery. The spirit of cooperation was clearly demonstrated by the Southern Tier Mayors and Regional Chair in developing a recommendation on siting of a new hospital.

2) A "North-South" Mentality Seems to Exist

   One hears consistently of a "North and South" division in Niagara, but the basis and "Mason-Dixon Line" does not appear on any map nor is it clearly defined on any logical basis. My conclusion is that for most people in Niagara, at least related to the NHS, St. Catharines represents the "North" and all other communities the "South". For the purpose of this report only I will refer to "North" and "South" in this context.

3) Lack of Community Confidence in the NHS

   The independent report by Dr. Terry Flynn from McMaster University, "The NHS Trust and Reputation Study Report" (November 2011) contained many troubling findings. No healthcare provider can ever achieve total community satisfaction but trust, confidence and support for the NHS – "your NHS"- was at an extreme low at the time of that report. As noted in the Interim Report, I commissioned an updated community feedback report which was conducted by a well-respected national polling firm - Pollara. That report has been made public and is included as Appendix "A". While there is widespread support

Observations (cont.)

for the building of a new state-of-the-art hospital in the South, there clearly remains much work to do to regain trust and support for the NHS from both internal and external stakeholders.

4) Poor Morale at all Levels of the Organization

It was obvious through our initial meetings with the staff and physicians that morale was/is a major concern. This of course impacts on the delivery of care, caring and attitude of our colleagues in interactions with our patients. Concerns expressed by our staff included a perception of punishment for speaking out, favoritism in promotions and overall poor communications and recognition of contributions. The overall poor morale at the NHS was confirmed in a recent National Research Corporation (NRC) Picker Employee Survey Report on Employee Satisfaction.

The approved recommendations of the NHS Task Force on employee morale and employee satisfaction be a high priority for implementation.

5) Complex Decision-Making Process at the NHS

Initially, on arriving in Niagara, I heard many individuals comment that the NHS was too big and too complex to work and that it needed to be "broken into smaller parts" to work effectively. This is simply not true and there are many larger, more complex health care organizations in place across Canada that work effectively and efficiently. The current decision-making process at the NHS is not universally understood nor consistently applied across the various sites in the organization.

Observations (cont.)

6) Lack of Accountability

This observation is related in part to the lack of a clear decision-making framework but appears to apply throughout the organization. All staff and physicians from the front line to the executive team need to have clear guidelines and standards of accountability and be held responsible. This doesn't mean moving to a punitive system as mistakes will happen, but we need to learn from that experience.

Ensure clarity of roles and responsibilities across the NHS. Immediately implement a management structure with on- site leads, and where appropriate, physician leads (acute sites) with clearly defined standards and accountability measures. It should never be unclear "who's in charge" and accountable.

7) Little Reinforcement of Code of Conduct and Culture of Mutual Respect

Many of the concerns we heard from our staff involved lack of support and reinforcement of a standard code of conduct, consistently applied, at all levels of the organization. All employees and physicians from front line to executives should be required to "follow the same rules" with respect to their interactions with colleagues, and be held accountable if they don't meet accepted standards of behaviour.

The NHS Code of Conduct and Standards of Behaviour for physicians, staff and patients/visitors be communicated and consistently enforced.

Observations (cont.)

8) Openness to Learning from Outside Organizations

Until recently, the NHS appears to have taken on a somewhat isolated approach both in terms of learning from other organizations and also demonstrating our successes to others. Continuous learning involves sharing and adopting best practices from other like organizations – provincially, nationally and internationally.

9) Support for Development of Academic Health Centre

The NHS has a unique opportunity to develop a first class academic environment for learners in partnership with McMaster University, Brock University, and Niagara College. Teaching, research and related scholarly activity have a direct positive impact on the quality of care, and are a key factor in developing a successful retention/recruitment process. Quite simply, learners are often influenced by an academic placement when choosing a future place of employment.

The continued development of an Academic Health Centre in conjunction with McMaster University, Brock University, Niagara College, and community partners be a primary goal of the NHS.

Observations (cont.)

10) Lack of Recognition/Celebration of Advances

There has been a tremendous amount of work done over recent years to bring state-of-the-art programs and facilities in Cancer Care, Regional Tertiary Cardiac Program, and expanded Mental Health Programs to all citizens of the Niagara Region. It is not my intent to be critical, but in my interactions with some residents of Niagara, there seems to be little acknowledgement of these enhanced services, despite the efforts of our staff and media colleagues to inform the community. The Walker Family Cancer Centre will bring much needed services closer to home for over 1200 cancer patients who now are required to leave the community for care. The Regional Tertiary Cardiac Program at the Heart Investigation Unit will result in reduced wait times and improved access to services. The expanded Mental Health Program will provide much needed assistance to those most vulnerable in our community.

11) Lack of Standardization

At a program and service level, there is a lack of standardization at the level of best practices. Examples range from a lack of consistent housekeeping standards from site to site, to inconsistent adoption of best practices in clinical care delivery from one department to another. This is both costly and confusing for our staff, physicians and patients.

All programs and support services develop consistent standards across all the sites of the NHS based on evidence and accepted best practices. Eliminate variation by site unless clearly indicated and approved.

Observations (cont.)

12) Location of St. Catharines Site

I certainly heard many concerns expressed on the location of our new NHS site in St. Catharines. While I can relate to the varied opinions expressed, we need to move on, recognize that it can't be "moved', and celebrate the tremendous improvements in clinical care for all the citizens of Niagara that will result. In addition, the location of the new South site, if approved, is more important than ever, and it should be designed to complement the new facility in St. Catharines.

Environment

For hospitals in the Province of Ontario, there are a number of factors that influence the delivery of patient centered care and are the new reality.

These include the following:

a) Financial Pressures

With the current economic situation in Ontario, and throughout the developed world for that matter, the prior government practice of matching funding levels to increased costs is not sustainable. The current budget projections for hospitals in Ontario includes a 0% increase for the next three years. As costs will continue to rise at a rate of approximately 3% per year, this translates into the following forecast deficits for the NHS of approximately 10% per year if no further action is taken;

Fiscal Year	Forecast Deficit (Cumulative)
2012/13	13.7 M
2013/14	21.7 M
2014/15	29.2 M

As a result of this economic pressure, future consolidation of programs and services, increased efficiencies and reduced costs are both essential and unavoidable.

In addition, hospitals are moving to a patient-based funding model with two components:

i) Health Based Allocation Model (HBAM) based on demographics for communities served as well as measurement of complexity of care and type of care; and

Environment (cont.)

ii) Quality Based Procedures (e.g. hip/knee replacements, dialysis, etc). Funding will be based on achieving efficiencies and best practices by procedure. In other words, the NHS will be measured against comparable hospitals and hospital systems throughout the province and reimbursed accordingly.

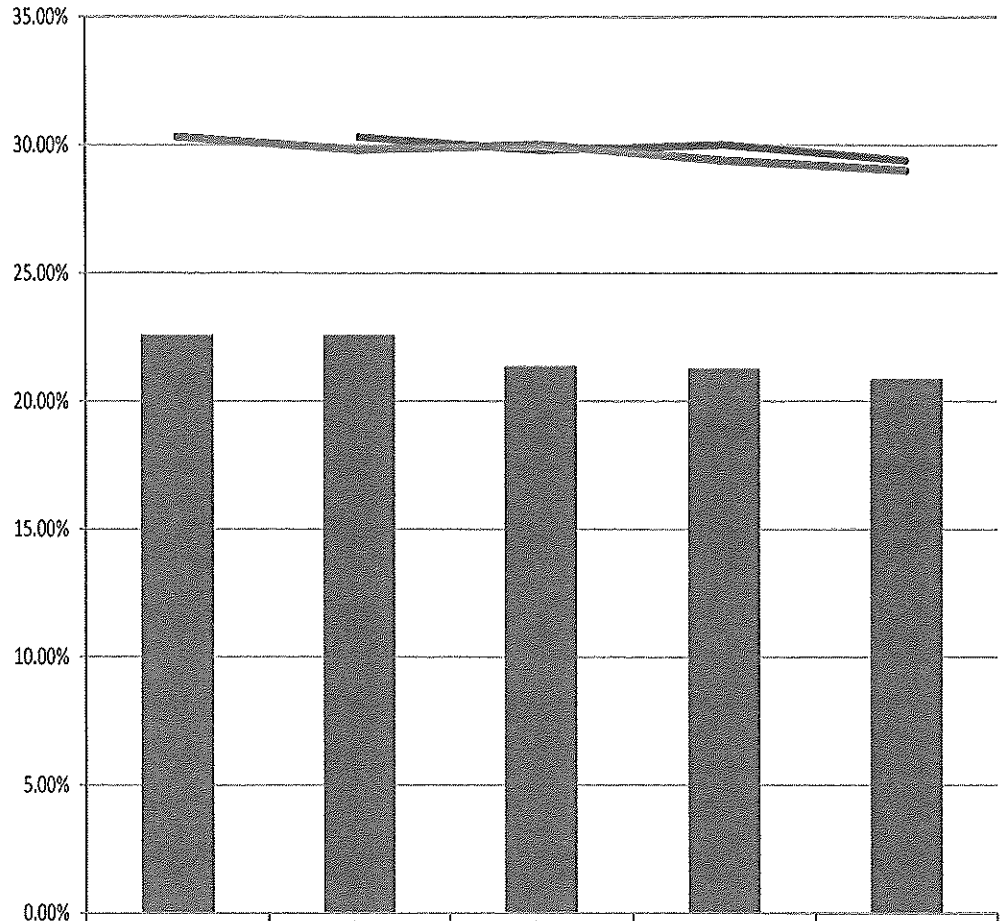
To assess the ability of the NHS to balance its operating budget for 2012/13, and to achieve ongoing financial stability, I have formed a team consisting of experts in the field to conduct a formal review. This review is now underway and will assist the NHS in identifying additional opportunities to improve efficiency of operations and effectiveness of health care services, while achieving its performance obligations, and preparing to successfully transition to the opening of the new St. Catharines hospital.

I would also like to take this opportunity to dispel a rumour related to the administrative costs for the NHS. During the consultation process, I have heard comments such as "The NHS is top heavy" or "Get the money out of administration". The data produced through our LHIN and Government of Ontario indicates that this is not the case, and in fact, the NHS has lower administrative costs than comparable hospital systems.

Facility: 962 - ST CATHARINES Niagara Health System

Indicator: 1 - F/C Operating Expense to Total Operating Expense of Facility/LHIN/Type/Framework

Functional Centre: 711 - Administration



	2006/2007YE	2007/2008YE	2008/2009YE	2009/2010YE	2010/2011YE
NHS	22.60%	22.60%	21.40%	21.30%	20.90%
Province		30.30%	29.80%	30.00%	29.40%
LHIN	30.30%	29.80%	30.00%	29.40%	29.00%
Large Community	30.30%	29.80%	30.00%	29.40%	29.00%

Source Data: Heatlhcare Indicator Tool, Ministry of Health and Long-Term Care

Notes:

NHS (Facility) – Provides data of a selected indicator for the specific facility.

Province – Provides the average or minimum or maximum for all facilities within Ontario.

LHIN – Provides the average or minimum or maximum of facilities within the LHIN of the selected facility.

Large Community (Type) – Provides the average or minimum or maximum of facilities within the type of the selected facility.

Environment (cont.)

Please be assured that effectiveness and efficiency in limiting administrative costs will continue to be an important goal, but the evidence is that this has not contributed to the current NHS budget deficit.

b) Retention/Recruitment

The retention and recruitment of staff and physicians must be a high priority in order to deliver high quality patient centered care to the community.

There is intense pressure and frankly competition to attract the best and the brightest to any organization and the NHS is currently at a disadvantage in that regard due to:

i) The reputational damage associated with the requirement for an intervention involving a provincially appointed Supervisor;

ii) No current Board in place and "interim" appointments for the two most senior positions in the organizations - Chief Executive Officer and Chief of Staff;

iii) Lack of a clear strategic plan and vision for health care delivery in the region;

iv) Low morale resulting in lack of encouragement from NHS physicians/staff to recommend the NHS to colleagues;

v) Lack of trust and confidence in the community for the NHS which impacts patient/staff satisfaction; and,

vi) Fragmented academic programming and lower than optimal number of learners experiencing the NHS.

Environment (cont.)

For the purposes of this report, a review of anticipated turnover was undertaken for both staff and physician classifications at the NHS. Turnover projections are compounded by an aging workforce which is not uncommon in Ontario hospitals today. While new state-of-the-art facilities will be a key factor in recruiting strong external candidates to the NHS, improving staff/physician morale, community support, and a strong academic environment for learners are also important considerations.

For staff, the projected turnover by year for all staff categories is 5.7 % or approximately two-hundred and fifty (250) positions to be filled each year through 2019 based on current staffing levels. This projection is based on the average age of our staff and the average turnover rate experienced at the NHS over the past three year period.

For physicians, there is a comprehensive Medical Manpower Plan which includes assumptions based on anticipated retirements, introduction of new programs and historical turnover data.

The current 2012 plan projects that the NHS will need to recruit seventy (70) new hospital based physicians by December 31, 2019. Of this number, approximately fifty (50) physicians will need to be recruited over the next three years.

Projected Turnover to 2019

	NHS Staff	NHS Physicians
Current #	4390	300
Average age of Retirement	59	70
Projected Turnover Rate to 2019		
– Resignation	2.7% (120 per year)	1.4% (4 per year)
– Retirement	3% (130 per year)	2.0% (6 per year)
Total	**5.7% (250 per year)**	**3.4% (10 per year)**

Comment

1. Approximately 1,750 staff will need to be replaced over the period 2013-2019
2. Approximately 70 physicians will need to be replaced over the period 2013-2019

Environment (cont.)

On the positive side, it is hard to imagine a more attractive community than Niagara to raise a family. One can choose virtually any type of housing, costs are reasonable, quality education at the post-secondary level is available, and Niagara is centrally located. Our recruitment goals present both an opportunity and a challenge to the NHS and our community to find the best possible candidates to fill these positions in the organization.

Develop formal education plans for leaders across the organization to ensure leading edge knowledge and personal development, as well as to support a comprehensive retention/recruitment strategy for physicians and staff at all levels.

c) Patient/Family Expectations

Ultimately, the NHS will and should be judged by how we meet patient and family expectations of patient centered care delivery. With that, comes a responsibility for enhanced communications, follow up to concerns expressed, and a commitment to both quality care and caring.

There is no question that any intervention with a hospital places undeniable stress on a patient and their family. Often it can be a life changing experience. That being said, there is also an expectation of civility and respect from the patient/family to our staff. In other words, those we serve also are expected to adhere to a code of conduct.

NHS will establish a Patient Advisory Committee to ensure the continued evolution of patient and family centered care.

Accomplishments to Date:

Since my work started in September 2011, most of the focus has been on "listening" and learning from those individuals and groups that I have met or who have taken the time to forward their concerns and insights to me. Again, I very much appreciate your constructive feedback.

While much attention has been focused on the new model of delivery for the future, there have been a number of new initiatives introduced during this consultation period. My appreciation to the leadership team and all the staff and physicians at the NHS for their support in this regard.

a) Culture of Transparency

Health care organizations have a responsibility and obligation to be transparent with the community. Too often in the past, important information was "held back" and the relationship with the local media understandably became strained. For the most part, I have found the media to be fair and balanced. I have strived to be available for comment and clarification, and in return, our media partners have served a vital role in communicating with the community at large on new developments. This relationship must continue to be fostered to rebuild trust in the NHS.

b) Process of Handling Patient Complaints/Concerns

The prior system of responding to complaints/concerns from our patients/families was a major source of frustration in our community. Several months ago, the process was completely overhauled and concerns are now addressed in a timely fashion with one to one contact. We follow up on concerns expressed so that we can learn from those experiences.

Accomplishments to Date (cont.)

c) Ad Hoc Committee on Decision-Making

An ad hoc committee was formed in February 2012 to review the decision-making process for other multi-site health care systems at the corporate/program/site levels as well as their accountability framework.

A report was released to our management, physician and union leadership team, and, based on that feedback, a clearer model of decision-making and accountability is being introduced. There is strong consensus that the model should be:

- patient centred;
- clear;
- communicated effectively; and,
- have a clear accountability framework.

d) Encouraging Education for Staff

Incentives have been put in place to encourage our staff to seek further education and enhance their skills. We are gratified that many members of the NHS family have taken advantage of this opportunity.

e) Structured Interviews

One- on-one structured interviews and questionnaires were completed during March 2012 with management, physician leadership, and our union presidents to gain their insights on a wide range of topics including;

- Likes/dislikes with the current NHS model;
- Ways to improve quality of care and quality of work life;
- "If I was Supervisor I would focus on....."

Accomplishments to Date (cont.)

A report on the findings of their review has been integrated into the overall NHS goals and objectives for the organization.

f) Employee Satisfaction

An ad hoc committee has been formed to address key findings of the NRC Picker Employee Survey Report on Employee Satisfaction. This multidisciplinary team has studied the results, and developed and prioritized a series of recommendations to improve the quality of work life at the NHS.

g) Partnership with Unions on Workplace Safety

Our NHS Unions - Ontario Nurses' Association (ONA), Service Employees International Union (SEIU), and Ontario Public Sector Employees Union (OPSEU) – have established a unique partnership with the NHS and external safety experts to develop an innovative approach to improving workplace safety through accident prevention and return to work improvements.

h) Ongoing Improvements

I would be remiss if I didn't recognize the many contributions of staff, physicians, volunteers and management at the NHS to improve the quality of care and caring for our patients, and the quality of work life for our staff during my tenure as Supervisor. These initiatives include but are not limited to the following:

- We've become a leader in infection prevention and control with other hospitals seeking our advice on how to combat superbugs;
- Reduction of sick time with $1.3m reduction in sick costs;
- Launch of Return- to-Work pilot project in partnership with our three unions and four external organizations;
- Regional Laboratory Partnership within the LHIN;

Accomplishments to Date (cont.)

- Signed Partnership Agreement with Hamilton Health Sciences for Radiation Treatment Services;
- Implementation of Mosaiq – Regional Oncology Information Management System;
- Development of pilot Rapid Cardiac Assessment Clinic;
- Lung Diagnostic Assessment Program;
- Approval for GNG Satellite Dialysis - construction has begun;
- 100% Oncology Outpatient Nurses achieve Canadian Nursing Association Certification; and,
- New hospital on time, on scope and on budget.

Future Siting Options

Much of the attention over the past several months has been directed to future siting of hospital-based services outside of St. Catharines or as many refer to it "the South". Many meetings have been held, suggestions made, concerns expressed and considered, and options studied.

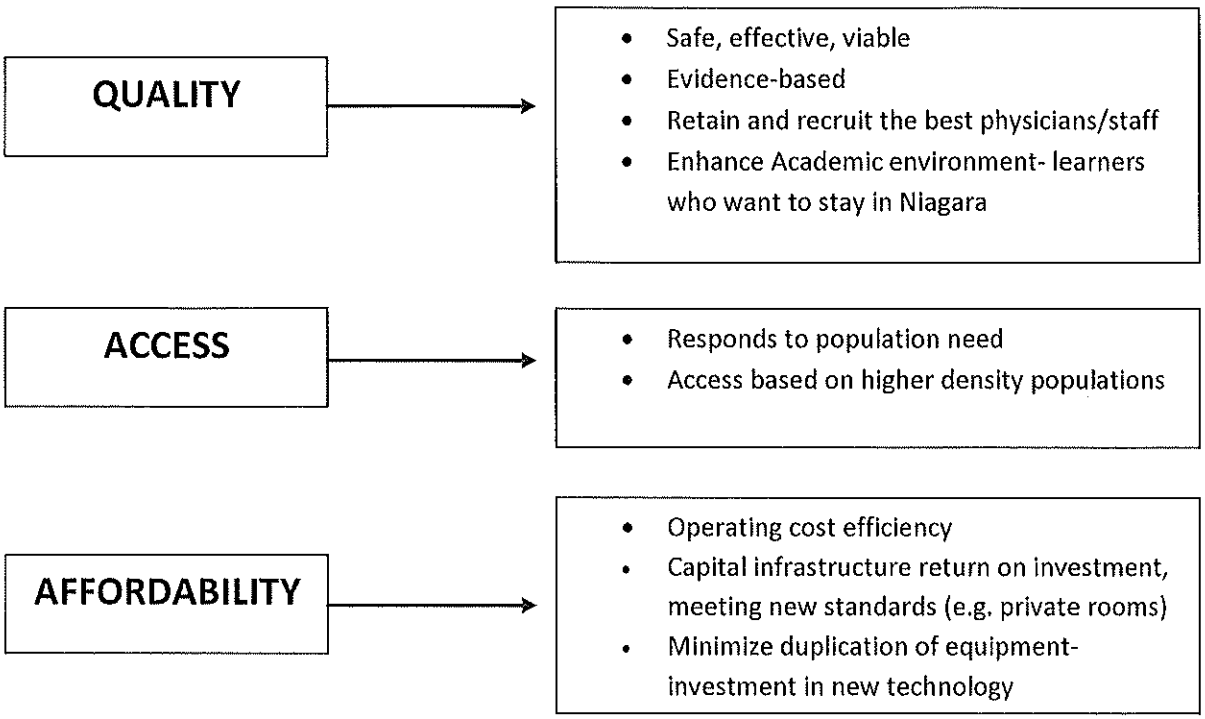
OPTIONS CONSIDERED		
1)	Two Sites and One UCC	• New SOUTH Niagara Hospital • NORTH St. Catharines Healthcare Complex • One "new" stand-alone Urgent Care Centre (UCC) • Closure of all other sites
2)	Two Acute, One Ambulatory, Two Complex Care (CC) Sites	• Redevelop GNGH • NORTH St. Catharines Healthcare Complex • Ambulatory Centre in Welland with UCC • CC in PCG and DMH
3)	Status Quo	• 3 acute sites: GNGH, SCGH, Welland • 3 CC sites: NOTL, DMH, PCG • 3 ER's • 2 UCC's

At the request of the Welland City Council, a review of additional options to renovate the current Welland Hospital site to serve as the hospital for the entire Southern tier were undertaken. A report on capital costs prepared by Hanscomb consultants is included as Appendix "B ".

Future Siting Options (cont.)

Each option was evaluated based on analysis and feedback on the following criteria;

Evaluation Criteria



The recommended option for siting is "Option 1".

Future Siting Options (cont.)

The recommended configuration of programs and services for the recommended option is outlined below;

New South Tier Hospital:	**North St. Catharines Healthcare Complex:**
• Emergency and Level 3 Critical Care • Regional Stroke Centre • Regional Geriatrics Program • Total Joint Replacement Centre • General Internal Medicine and Surgical Services, including General Surgery, Cancer Surgery, Orthopedics and Ambulatory Clinics (e.g. endo/cyst, oncology, outpatient mental health, etc) • Complex Care including specialized Regional Services (i.e. Behavioural Health, Bariatric and Vented)	• Emergency and Level 3 Critical Care • Cancer Centre • Heart Investigation Unit • In-patient Mental Health • Chronic Kidney Disease Program • Maternal Child/In-Patient Pediatrics * • General Internal Medicine and Surgical Services, including General Surgery, Cancer Surgery, Orthopedics and Ambulatory Clinics
PLUS Two NEW UCC's situated based on location chosen for South hospital site	
Develop business case proposal - free standing Eye and Minor Surgery Centre	
* Move to new South site when built	

In addition to the St. Catharines site currently under construction, the NHS should:

- *Construct a new general acute care hospital in "South Niagara";*
- *Locate two free standing Urgent Care Centres in "South Niagara";*
- *Close the existing sites in Port Colborne, Fort Erie, Niagara Falls and Welland; and,*
- *Relocate the Nurse-Practitioner-led walk in clinic and Family Health Program to a suitable location with much lower operating costs than the existing site in Niagara-on-the-Lake with the closure of that site when complex continuing care can be consolidated to other sites.*

Future Siting Options (cont.)

An alternative to the initial program alignment is to move the consolidated Maternal Child/In-Patient Pediatrics service to the "South site", if approved, when it is completed. The rationale for this recommendation is that it will be more central to the majority of the population and, furthermore, the expected growth of the "new" cancer and cardiac programs will likely impact on the capacity of the "North site" to expand these essential services.

Rationale for Recommendation

The rationale for recommending "Option 1" is as follows;

i) Quality

- By consolidating the critical mass of clinical activity in 2 sites, providers will develop and maintain valuable skills based on exposure to higher volume activities;
- All evidence points to consolidation of expertise as a key determinant of quality health care;
- Physicians and staff coverage will be simplified based on fewer sites to cover, and response time including off hours coverage will be enhanced;
- By concentrating clinical care in two sites, learners will be more attracted to the NHS as a preferred option; and,
- The retention/recruitment issue cannot be overemphasized, and the projected turnover of physicians and staff by discipline to 2019 is outlined previously in this report.

Future Siting Options (cont.)

ii) Access

While some would prefer a full service hospital in every community, we now know that is not feasible in today's environment for the following reasons:

- Lack of critical mass to provide expertise in procedures and clinical practice;
- Major increase in costs to duplicate equipment and infrastructure (buildings);
- Inability to recruit expertise with low volume workload; and,
- Costs to maintain coverage when clinical volumes do not support physician income. (Please note the NHS currently spends approximately $2.2 million to provide on-call coverage when the volume of patients does not provide expected physician income). These funds should be used to provide direct patient care, not to supplement volumes.

I am pleased that our Mayors from the Southern Tier and our Regional Chair took on the important task of recommending the preferred site of both the proposed new facility and stand-alone Urgent Care Centre to address access considerations. They have recommended two acceptable options for siting of the new hospital and also have recommended an additional Urgent Care Centre (UCC) - total of two.

Future Siting Options (cont.)

I requested that siting recommendations be based on current population density information, and future projections of population growth to ensure the most appropriate location for the most people in our community. I engaged a well-respected external expert to assist me in determining the most appropriate site based on demographic data and population density projections provided through the Mayors and Regional Chair. The recommendation is that the preferred site of the proposed new hospital in the south be in the QEW and Lyons Creek area of Niagara.

With respect to the siting of the UCC's, I also want to review hours of operation, especially as I am supporting the recommendation of the Mayors/Regional Chair for a second UCC site in the South. Our data demonstrates there are very few patients presenting at the Fort Erie and Port Colborne UCC's between the hours of 10 p.m. and 8 a.m., and the challenges to maintain nurse/physician staffing levels and resultant costs to maintain coverage during those hours are very significant. In addition, normal travel time to a full service hospital is much less during those hours due to decreased traffic on the road. We have also discussed the potential of having the flexibility to maintain coverage when there are threatening weather forecasts through an on-call system as required. There may be opportunities with EMS siting to ensure after hours supports.

Future Siting Options (cont.)

Interim Recommendation:
The recommendations of the Mayors of the "Southern Tier" with input from the Regional Chair be utilized to determine:

- *The location of the new hospital in the "South";*
- *The location of a stand-alone "new" Urgent Care Centre; and,*
- *Population density and access should be the primary consideration in determining location.*

Local Response to this Recommendation:
The unanimous recommendation of the Mayors of the Southern Region (6 in total) and Regional Chair follows:
"2 Geographic areas, being described as QEW & Lyons Creek area, and East Main Street and Highway 140 area be considered as short-listed locations for the proposed development of a south Niagara hospital complex, conditional that Urgent Care Centres continue to operate in Port Colborne and Fort Erie. I cannot stress enough that the southern mayors are unanimous in their support of a south Niagara hospital being built."

Final Recommendation:
Following significant deliberations, considering external expertise and in keeping with alternatives approved by the Mayors and Regional Chair, the final recommendation, subject to approval by the Ministry, is to build the new facility in the QEW and Lyons Creek area of Niagara. Two additional freestanding UCC's, site and location to be determined, can be supported. Hours of operation should be in keeping with patient volume and other provincial practice.

iii) Affordability

Previously in this document, the financial pressures on the NHS with the status quo alignment of programs and services was noted. Simply put, business as usual is not even remotely an option. As part of this review, external experts were engaged to review and

Future Siting Options (cont.)

confirm capital and operating costs for the options under consideration. At a high level, an outline comparing the options is noted below:

Capital Costs (Total Project Cost)

(on new versus renovated facilities to today's standards)

Option 1	$878,800,800
Option 2	$1,164,961,200
Option 3	$883,256,900

Operating Saving (from Current Configuration)

Option 1	$9,500,000
Option 2	$2,750,000
Option 3	$2,000,000

While projections into the future are by nature speculative, it can be expected that consolidation of services in the Southern tier will be very cost effective from both a capital and operating perspective. While health care costs will certainly continue to rise, the relative savings are undeniable.

Also, two additional options studied at the request of Welland City Council resulted in the following cost estimates:

Option 4:	New Acute Site (North), Redevelop Welland for Acute (South), One Ambulatory at Greater Niagara (minimally invasive surgical site), Two Complex Care Sites (Port Colborne & Douglas) - Maintains UCC, Complex Care	$1,292,493,500
Option 5:	New Acute Site (North), Redevelop Welland for Acute (South) including consolidation of Ambulatory, Complex Care, UCC and Extended Care	$1,432,984,700

Governance

A number of models for governing the NHS were considered ranging from "divorce"- forming separate autonomous Boards for each site, to reviewing the pre-existing model based on good governance practices.

To support an integrated system of health care delivery in Niagara, a single governing Board is essential. To do otherwise would perpetuate friction and destructive competition between communities. Patient centred quality health care would suffer as all current and future sites of the NHS are interdependent and serve the entire Niagara community in a complementary manner.

My plan is to form a community-based Nominating Committee (CBNC) to select the NHS Board based on necessary skills and abilities together with a consciousness for broad-based community representation. As any new start up Board will have staggered terms for Board members to ensure orderly turn over, the Nominating Committee will remain in place for a 3-5 year period. This will also deal with a perception that former Boards were a "closed shop" and only friends/colleagues were chosen to replace departing Board members. Members of the Nominating Committee will be widely respected in their community and not be eligible to be a member of the Board itself.

A new skills-based Board for the NHS be constituted. A community-based Nominating Committee will be formed to recommend appointments to the Board. This model should remain in place for a 3-5 year period for Board renewal. The establishment of two advisory committees (North and South) will follow the establishment of the Board.

Governance (cont.)

Immediate priorities for the newly formed Board will be to:

- Approve a process to develop a strategic plan for NHS, which includes consultation and input from community and provider organizations;
- Form Board structure; and,
- Oversee the implementation of a comprehensive performance management system.

In addition to the NHS governing Board of Directors, two Community Advisory Committees will be formed to advise the Board on local issues and form an important linkage to the community. I would like to express our sincere appreciation to all members of the community-based Standing Committees of the Board who served with distinction, and were an important linkage to our local communities.

The immediate priorities of the new NHS Board be:

- *Approve a process to develop a strategic plan for NHS, which includes consultation and input from community and provider organizations;*
- *Form Board structure; and,*
- *Oversee the implementation of a comprehensive performance management system.*

During the same general time period that we are recruiting members of the Board, we will begin a national search process for a permanent Chief Executive Officer and Vice-President Medical/Chief of Staff. Members of the Board and other key stakeholders will be represented on the Committee which will be chaired by and report to me as Supervisor.

Governance (cont.)

National searches be undertaken to recruit 1) Chief Executive Officer and, 2) VP Medical/Chief of Staff. Search Committees will include representatives of the newly formed Board of the NHS or Board Nominating Committee, and other important stakeholder representatives.

The Board will be recruited and formed in the fall of 2012, and will serve in an advisory capacity to the Supervisor for an initial three month period. This will allow for a comprehensive orientation process and governance policy development.

The Board will follow a policy governance model and be based on the Ontario Hospital Association (OHA) Guide to Good Governance which is widely accepted as best practice in the health care industry.

The "OHA Guide to Good Governance" be adopted as the primary resource for Board activities. A governance coach should work with the Board for the first year.

Transitional Plans

If the proposal to build a new facility in the Southern tier is approved by the Government of Ontario, the time frame from approval to occupancy will be approximately six (6) years. This will allow for the various critical stages of the planning cycle as well as tendering of contracts, selection of site, etc. With a "greenfield" site, construction can occur much more quickly than extensive renovation of an existing site. In a renovation project, construction must be staged to allow for the continued operation of the hospital.

The clinical programs and services that have been planned for the St. Catharines site will proceed as scheduled. This will include of course new programs, equipment and facilities in your region for oncology, cardiac and mental health. Please be assured this will represent one of the largest advances in health services for your community in many years.

In my discussions over the last several months, the most debated program consolidation is related to Maternal/Child and In-Patient Pediatrics to the new St. Catharines site. I have consulted with many professionals both inside Niagara and throughout Ontario, and there is universal support for consolidation to achieve the safest and highest level of quality care possible. I have received another proposal from physicians in Welland and Niagara Falls to maintain Obstetrics/Pediatrics at both sites during the transition period. The Medical Advisory Committee (MAC) reviewed this proposal and, based on the information provided, made a unanimous recommendation to support the consolidation of both programs to a single site. In addition, the NHS Medical Staff Association (MSA) has also expressed concern with the recommendation in the Interim Report. As there was no strong local consensus, I engaged an

Transitional Plans (cont.)

external expert panel to assist me in this process. The panel considered several prior reviews, examined current utilization data, and participated in a special meeting held to listen to presentations from "both sides" in this important debate. While the presentations were very well-articulated and passionate as to a particular position, there was also an environment of mutual respect by all parties. The report of the expert panel is included as Appendix "C".

This plan will allow for on-site pediatricians at all times to support obstetrics as well as better focused care for our children. The main concern relates to travel time. Protocols have been developed with our existing Emergency Departments/Urgent Care Centres for immediate support if a mother or child arrives unannounced for care at any of our sites. Our EMS partners will have clear instructions on where to take all patients requiring emergency care when an individual calls "911". EMS will also treat any emergency patient transfers for obstetric and pediatric patients as a high priority call.

In concert with EMS and Public Health:

- *Expand the Advanced Care Paramedic Program across the Region, already a leader in this practice; and,*
- *Actively explore innovative models of care in which paramedics offer appropriate services to divert ER presentations, support appropriate use of home care, and continue to evolve the Critical Care Transport service.*

I recommend to the Ministry of Health and Long Term Care /HNBH LHIN that Maternal Child/ In-Patient Pediatrics be relocated to the proposed new facility in the South when it is built. The rationale for this recommendation is two-fold, namely:

Transitional Plans (cont.)

1) The new South hospital will be more centrally located to serve the most patients requiring these services and,
2) With the introduction of new regional programs in oncology and cardiac care in the St. Catharine's site, program expansion is anticipated with the result being that there is increased pressure on space utilization.

Interim Recommendation:

The Maternal Child, In-Patient Pediatric Program, In-Patient Mental Health be consolidated at the new St. Catharines Hospital in the interim, with the full Maternal Child, In-Patient Pediatric Program ultimately moving to the "new South site" when it is built.

Final Recommendation:

Following consideration of prior reviews, examination of utilization data and both internal and external expertise, the recommendation from the Interim Report is confirmed - to consolidate Maternal Child, In-Patient Pediatrics, Inpatient Mental Health at the new St. Catharines Hospital in the interim, with the full Maternal Child, In-Patient Pediatric Program ultimately moving to the new facility in the South when it is built subject to the following caveats:

- *Gynecology day surgery should continue to be offered at all full service acute sites. Consolidation should be for inpatient and birthing services.*
- *Ultrasound and other associated services remain at all acute sites.*
- *Interprofessional Models of Care be clearly identified drawing from the work of the Provincial Council for Maternal Child Health.*
- *A model for low risk hospital-based family medicine obstetrics be clearly defined.*
- *Midwifery with a full scope of practice be offered.*
- *Obstetricians and Pediatricians should continue to be based in the communities of Niagara where they can provide the vast majority of consultative and ongoing care to the people in these communities.*
- *Physician and administrative leaders support all members on the Interprofessional Team to build an integrated Niagara Health System inpatient model at the St. Catharines site.*
- *EMS and NHS will utilize protocols for the very rare medical emergencies of any nature.*

Transitional Plans (cont.)

We will also review the Ministry plans to introduce low risk "Birthing Centres" in the province. At this time, there is not enough detail to determine applicability to our region, but strong consideration will be given as government plans develop. An expanded role for midwives will also be considered in developing this proposal in keeping with accepted provincial standards related to scope of practice.

During the period of my appointment as Supervisor of the NHS, a delay of the planned capital redevelopment of West Lincoln Memorial Hospital (WLMH) was announced. My Interim Report did not address the potential impact of this delay to the broader Niagara Peninsula. Since my Interim Report, I have had the opportunity to speak with the LHIN leadership and the senior leadership at WLMH, and believe it is prudent to explore delivery models of obstetrical and pediatric care for the geography spanning Grimsby and Niagara, as well as the appropriate links to tertiary pediatric and obstetrical care in Hamilton. The future model of care in Niagara should contribute to a broader LHIN-wide vision in obstetrics, gynecology and pediatric care. The Expert panel was asked to take this into consideration as they deliberated on advice to inform our final recommendations.

Due to noted concerns with respect to access, the feasibility of a low risk Birthing Centre, a model recently announced by the Government of Ontario, be treated as a high priority, and the NHS be recommended as a pilot program through the Hamilton Niagara Haldimand Brant (HNHB) LHIN. The MOHLTC has recently made a call for proposal for Birthing Centres.

Transitional Plans (cont.)

Other proposals that have been forwarded to me such as a stand-alone Ophthalmology Centre are being considered, but with any proposal, it must enhance or at a minimum maintain safe quality care.

As requested by many physicians, the potential of a stand-alone Ophthalmology and Minor Surgery Centre is currently being explored conditional on providing emergency and inpatient coverage at the NHS sites. A formal Request for Proposal document has been prepared for this initiative.

With a six year period from approval to occupancy, we must commit to maintaining the existing buildings/sites at an acceptable level in the short term. This will involve careful planning and sound judgment, but the NHS has that experience with the pending move to the new St. Catharines site occurring after years of planning.

We must begin immediately with plans and program alignment to ensure critical "24/7" services are maintained at the Niagara Falls and Welland sites during the transition period to the proposed new South site. While the Port Colborne, Fort Erie and Niagara-on-the Lake sites are also important in providing services to their respective communities, these sites are not as directly impacted by the opening of the St. Catharines site.

As part of the overall review of options related to siting, it is critical that the move to the new St. Catharines site be accomplished in an orderly and effective manner. A re-examination of the NHS Hospital Improvement Plan (HIP) took place along with other internal/external reviews.

Transitional Plans (cont.)

Following extensive additional review and consultation, the following transitional clinical services plan is recommended.

During the transition period, ongoing clinical viability and coverage requirements on a "24/7" basis of the two acute care sites in Niagara Falls and Welland be a high priority.

The following is a high level overview of the interim clinical service siting plan. As implementation planning evolves for the proposed new 'South' site, there could be further refinement within the context of providing quality, safe, efficient and cost-effective patient care to accommodate the transition in a phased-in approach.

Interim Clinical Service Siting Plan

The following is a high level overview of the interim clinical service siting plan. As implementation planning evolves for the new 'South' site, there could be further refinement within the context of providing quality, safe, efficient and cost-effective patient care to accommodate the transition in a phased-in approach.

	New "North" Healthcare Complex	Greater Niagara	Welland	Douglas Memorial	Port Colborne	Niagara-on-the-Lake
Emergency and Critical Care Services						
Emergency	x	X	x			
Urgent Care				x	x	
Critical Care	X	X	x			
Surgical Services -- NOTE: Age Criteria for out-patient pediatric surgery to be confirmed for services outside of the new 'North' healthcare complex						
General Surgery	In and Out-Patient	In and Out-Patient	In and Out-Patient			
Orthopedics*	In and Out-Patient	In and Out-Patient	In and Out-Patient			
		*NOTE: Discussions regarding potential consolidation of the Total Joint Program prior to the "new South site" will commence immediately to assess feasibility of early consolidation.				
Urology	In and Out-patient + Cystoscopy	Out-patient + Cystoscopy	Out-patient + Cystoscopy			
Gynecology*	In and Out-Patient	Out-patient	Out-Patient			
Ear Nose Throat	In and Out-Patient	Out-Patient	Out-Patient			
Plastics	X In and Out-Patient	X In and Out-Patient				
Dental	In and Out-Patient	In and Out-Patient				
Ophthalmology			x			
Vascular	X In and Out-Patient					
Ambulatory Clinics						
Clinics	x	x	x	x	x	
Obstetrics	x					
Level 2 Neonatal Nursery	x					

	New "North" Healthcare Complex	Greater Niagara	Welland	Douglas Memorial	Port Colborne	Niagara-on-the-Lake
In-Patient Pediatrics	X					
Medicine						
General Internal Medicine	x	x	x			
Regional Geriatric Assessment		x				
Nephrology	In-Patient					
Dialysis - Ambulatory	X	X Satellite in Niagara Falls	X Satellite			
Stroke		X *NOTE: discussions regarding potential stroke program expansion to take place				
Cardiology	x	X	X			
Cardiac Care Unit and Heart Investigation Unit	x					
Respirology	x	x	X			
Oncology/Walker Family Cancer Centre	x					
Diabetes Hub			X			
Mental Health and Addictions						
Mental Health	X In and Out-patient	Out-patient	Out-patient	Out-Patient		
Addictions	Consolidated Site TBD				Residential and Out-Patient	
Complex Care						
Complex Care		x	x	x	x	X

	New "North" Healthcare Complex	Greater Niagara	Welland	Douglas Memorial	Port Colborne	Niagara-on-the-Lake
Assess Restore		X *NOTE: Assess and Restore program may need to relocate to Welland to accommodate potential stroke program expansion at GNG				
Long-Term Care						
LTC			X			

Note:

- All sites will have access to appropriate clinical support services [e.g. diagnostics, lab, pharmacy etc.] as appropriate.

Additional Considerations

There are many important additional considerations which must be addressed in a timely fashion once the recommendations of the Supervisor are approved.

These considerations include but are by no means limited to the following:

a) Transportation

Transportation within Niagara has been one of the most consistent concerns expressed during the consultation process. The concerns include non-urgent transportation to outpatient appointments in adjacent communities, visiting relatives who are inpatients, and transportation in the event of an emergency.

Meetings have been held with senior representatives of the EMS on the various models on an ongoing basis. The Region has invested significantly in coverage of paramedics including the investment of the Region in training for Advanced Care Paramedics. While payment for non-urgent transportation is not an approved hospital expense, I am prepared to review this important matter with both the Niagara Region and our LHIN. One suggestion would be a system of reimbursing those in need with taxi vouchers, but a funding source would need to be identified.

We will also review existing successful services such as the Fort Erie Accessible Specialized Transit (FAST) program.

With the Region of Niagara, and interested volunteer agencies, establish a limited transportation model for lower income frail seniors and chronic mental health patients and their families.

Additional Considerations (cont.)

b) Review the Structure and Role of the Foundations that Support the NHS

Our Foundations work tirelessly to raise funds to support the programs and services of the NHS. Foundations are separately incorporated entities and not included in the mandate of the Supervisor. If asked, I would be happy to provide advice to our Foundations, but I have every confidence that our community leaders in our Foundations will adjust to the new reality for the NHS in an appropriate fashion. I am very pleased that our Foundation leaders have begun the process of reviewing their respective mandates and best way to serve the health care needs of our community through the NHS.

Support for the review by our Foundations that potential realignment be considered to meet the philanthropic needs of the NHS.

c) Maintain and Enhance the Role of Volunteers at the NHS

Volunteers provide an essential service to our patients, families and staff. For the most part, individual volunteers are aligned to a specific site. We must do everything possible to maintain a positive volunteer experience and express our appreciation for their many contributions.

Recognize and celebrate the essential role and impact of NHS Volunteers and Auxiliary organizations, and develop an effective retention/recruitment plan for volunteers, who are the backbone of the NHS.

Additional Considerations (cont.)

d) Primary Care Reform

A number of the Region's Mayors have expressed interest in primary care reform models through Family Health Teams and associated services. I believe this an exciting opportunity and encourage our LHIN to establish a task force with the goal of developing a pilot for a regional primary care consortia. This would represent an excellent opportunity to collaborate on an academic model for learners with McMaster University.

As LHIN's have recently been charged with planning for primary care, the MOHLTC request the Hamilton Niagara Haldimand Brant (HNHB) LHIN to develop a prototype model for primary care planning , which supports the implementation of this report and the restructuring of the NHS.

e) Adjust to New Health Care Models

Innovations in health care delivery are continually being introduced, and we must remain both flexible and leaders in innovation.

f) Sale of Sites

The NHS owns all sites, and the Ontario Street Site and St. Catharines General Site have already been sold. If the recommendations in this report are approved, an important priority of our NHS Board will be to meet with local elected officials to find the best use of the property. I recommend to the Minister that each municipality be given the right of first refusal for purchase of a decommissioned site at fair market value. Criteria will include both revenue from sale of property and potential utility to meet other community needs.

Additional Considerations (cont.)

In this analysis, it will be important to note that hospitals are very expensive buildings to both construct and maintain.

Develop a plan for the disposition of NHS sites designated for closure. Each municipality that has an existing site slated for closure will be given first option to purchase the site and buildings from the NHS at fair market value through a process to be determined. The NHS will not retain ownership of any of these sites and will utilize proceeds to fund capital costs for existing operations.

This report is available in full on the NHS website at www.niagarahealth.on.ca

As Supervisor, I will make myself available to our media colleagues for comment.

Thank you for taking the time to read this material and I look forward to the implementation of the recommendations in this report and moving ahead with the exciting vision for your Niagara Health System.

APPENDIX "A"

HANSCOMB REPORT

ON

CAPITAL COSTS

NIAGARA HEALTH SYSTEM
OPTIONS ANALYSIS
ST. CATHARINES, ONTARIO

ORDER OF MAGNITUDE ESTIMATES

June 5, 2012

Hanscomb

Table of Contents

1.1 General

These Order of Magnitude Estimates are intended to provide a realistic assessment of the total project costs associated with the proposed options for the hospitlal sites of the Niagara Health System in St. Catharines, Welland and Port Colburne Ontario as outlined in the documents provided by the Niagara Health System.

Accordingly, these Order of Magnitude Estimates should only be considered within the full context of the above noted documentation.

1.2 Methodology

Generally, the areas of work projected are priced using parametric quantities and unit rates considered appropriate for a project of this scope and nature.

Costs reported in this estimate provides for all building construction and include related site development work, allowances for Furnishings & Equipment and Professional Fees & Expenses. Separate provision has also been made where appropriate for such things as building demolition, site clearance, etc.

For the purposes of these estimates, Hanscomb has reported the projected building areas and priced the work in these areas based on the scope outlined in the documentation received from Niagara Health System.

1.3 Construction Phasing

Allowances have been made to cover premiums for phased construction, where applicable.

1.4 Cost Considerations

All costs are estimated on the basis of competitive bids (a minimum of 6 general contractor bids and at least 3 subcontractor bids for each trade) being received in April 2012 from general contractors and all major subcontractors and suppliers based on a stipulated sum form of contract. Pricing shown reflects probable costs obtainable in the St. Catharines area on the effective date of this report and is therefore a determination of fair market value for the construction of the work and not a prediction of low bid.

Escalation to tender has been allowed at 5% per annum.

Escalation during the construction period is included in the unit rates used in this estimate.

An allowance of 10% has been included to cover design and pricing unknowns. This allowance is not intended to cover any program space or quality modifications but rather to provide some flexibility for the designers and cost planners during the redevelopment design stages.

An allowance of 5% has been made to cover construction (post contract) unknowns for Option 1 and 10% for Options 2 and 3 to reflect the complexity of these redevelopments and the associated risks.

1.4 Cost Considerations (continued)

The unit rates in the preparation of these Order of Magnitude Estimates include labour and material, equipment, subcontractor's overheads and profits.

The following items have been specifically excluded from these Order of Magnitude Estimates:
- owner's staff and management expenses
- financing and/or fund raising expenses
- operating and maintenance costs

1.5 Ongoing Cost Control

Hanscomb has no control over the cost of labour and materials, the general contractor's or any subcontractor's method of determining prices, or competitive bidding and market conditions. This opinion of probable cost of construction is made on the basis of experience, qualifications and best judgment of the professional consultant familiar with the construction industry. Hanscomb cannot and does not guarantee that proposals, or actual construction costs will not vary from this or subsequent estimates.

Hanscomb recommends that the Owner and the design team carefully review these Order of Magnitude Estimates documents, including line item description, unit price clarifications, exclusions, inclusions and assumptions, contingencies, escalation and mark-ups. If the project is over budget, or if there are unresolved budgeting issues, alternative systems/schemes should be evaluated before proceeding into the bidding phase.

Requests for modifications of any apparent errors or omissions to this document must be made to Hanscomb within ten (10) days of receipt of this estimate. Otherwise, it will be understood that the contents have been concurred with and accepted.

It is recommended that a final updated estimate be produced by Hanscomb using Bid Documents to determine overall cost changes which may have occurred since the preparation of these estimates. The final updated estimates will address changes and additions to the documents, as well as addenda issued during the bidding process. Hanscomb cannot reconcile bid results to any estimate not produced from bid documents including all addenda.

GROSS FLOOR AREAS:

	OPTION 1 (SF)	OPTION 2 (SF)	OPTION 3 (SF)	OPTION 4 (SF)	OPTION 5 (SF)	
ACUTE SITES	**849,900**	**640,990**	**703,190**	**714,190**	**714,190**	
North - New Facility (NIC for Analysis)	NIC	NIC	NIC	NIC	NIC	
South - New Facility	849,900	0	0	0	0	
South - Redevelop Greater Niagara General	0	640,990	322,290	0	0	
Redevelop Welland Site	0	0	380,900	640,990	640,990	
Extended Care Unit at Welland	0	0	0	73,200	73,200	
COMPLEX CARE SITES	**0**	**186,960**	**225,960**	**186,960**	**186,960**	
Port Colborne (UCC, Complex Care)	0	100,000	100,000	100,000	*100,000*	*
Douglas (UCC, Complex Care)	0	86,960	86,960	86,960	*86,960*	*
Niagara on the Lake (Complex Care)	0	0	39,000	0	0	
AMBULATORY CARE	**0**	**380,900**	**0**	**380,900**	**380,900**	
Greater Niagara General (min invasive Surg)	0	0	0	380,900	*380,900*	*
Welland (minimally invasive Surgical Site)	0	380,900	0	0	0	
Total	**849,900**	**1,208,850**	**929,150**	**1,282,050**	**1,282,050**	

The above areas are approximations of the potential gross floor areas required and are very preliminary.

* *All areas reported for Option 5 are to be consolidated on the Welland Site.*

Notes and Assumptions:

[1] The New North Acute Care Facility is common for all options and is excluded from this study.

[2] The New South Acute Care Facility assumes the following:

Acute beds	192 Beds	2,700 bgsf/bed	518,400 bgsf
Complex Continuing Care Beds	195 Beds	1,700 bgsf/bed	331,500 bgsf
Total Potential GFA			849,900 bgsf

[3] Redeveloped GNG assumes the following:

Existing Facility per VFA			298,000 bgsf
Demolition of portion of existing building per MP			-96,710 bgsf
Phase 1 South Addition per MP June 2010 (Surg)			65,000 bgsf
Phase 2 South East Addtion MP June 2010 (Inpatient)			56,000 bgsf
Acute beds	96 Beds	2,700 bgsf/bed	259,200 bgsf
Complex Continuing Care Beds	35 Beds	1,700 bgsf/bed	59,500 bgsf
Total Potential GFA Option 2			640,990 bgsf

Existing Facility per VFA	298,000 bgsf
Demolition of portion of existing building per MP	-96,710 bgsf
Phase 1 South Addition per MP June 2010 (Surg)	65,000 bgsf
Phase 2 South East Addtion MP June 2010 (Inpatient)	56,000 bgsf
Total Potential GFA Option 3	322,290 bgsf

[4] Redevelopment of the Welland site includes areas from the VFA as follows:

Main Building per VFA	348,900 bgsf
MacLean Building per VFA	27,000 bgsf
Regional Health Building per VFA	5,000 bgsf
Total Potential GFA	380,900 bgsf

Extended Care Unit (75 Beds)		nsf / bed		cgsf / bed		Building Gross
Allow	75 beds	450.00	1.55	52,300	1.40	73,200 bgsf

[5] Renovation of the Port Colborne site includes 100,000 SF of existing building per the VFA.

[6] Renovation of the Douglas site includes 86,960 SF of existing building per the VFA.

PROJECT COST SUMMARY:

	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Acute Sites	$382,455,000	$259,601,000	$265,161,500	$314,243,600	$314,243,600
Complex Care Sites	$0	$51,414,000	$62,139,000	$51,414,000	$82,236,000
Ambulatory Care Sites	$0	$133,315,000	$0	$142,837,500	$190,450,000
Infrastructure Upgrade Allowance	$0	$36,191,600	$42,588,900	$38,206,900	$23,075,600
Hazardous Materials Allowance	$0	$13,325,300	$13,937,300	$13,429,800	$5,768,900
Site Works Allowance	$10,000,000	$5,710,400	$6,968,700	$6,259,400	$8,630,700
Phasing & Logistics Allowance	$0	$22,157,700	$32,840,700	$24,306,000	$29,654,000
SUB-TOTAL	**$392,455,000**	**$521,715,000**	**$423,636,100**	**$590,697,200**	**$654,058,800**
Design & Pricing Allowance	$39,245,500	$52,171,400	$42,363,700	$59,069,700	$65,405,900
LEED Silver Allowance	$10,792,500	$14,347,200	$11,650,000	$16,244,200	$17,986,600
SUB-TOTAL	**$442,493,000**	**$588,233,600**	**$477,649,800**	**$666,011,100**	**$737,451,300**
Construction Contingency	$22,124,700	$58,823,300	$47,765,000	$66,601,100	$73,745,100
TOTAL CONSTRUCTION COST	**$464,617,700**	**$647,056,900**	**$525,414,800**	**$732,612,200**	**$811,196,400**
Ancillaries (soft costs)	$107,791,300	$150,117,200	$121,896,200	$169,966,000	$188,197,500
FF&E / IT	$116,154,400	$110,583,300	$95,446,000	$119,103,200	$120,627,800
SUB-TOTAL	**$688,563,400**	**$907,757,400**	**$742,757,000**	**$1,021,681,400**	**$1,120,021,700**
Escalation to Construction Start	$190,237,400	$257,203,800	$140,499,900	$270,812,100	$312,963,000
SUB-TOTAL	**$878,800,800**	**$1,164,961,200**	**$883,256,900**	**$1,292,493,500**	**$1,432,984,700**
Land Acquisition	$0	$0	$0	$0	$0
Sale of Property	$0	$0	$0	$0	$0
TOTAL PROJECT COST	**$878,800,800**	**$1,164,961,200**	**$883,256,900**	**$1,292,493,500**	**$1,432,984,700**
Gross Floor Area	849,900	1,208,850	929,150	1,282,050	1,282,050
PROJECT COST PER SQUARE FOOT	**$1,034.00**	**$963.69**	**$950.61**	**$1,008.15**	**$1,117.73**

Percentage New Facilities	**100%**	**36%**	**13%**	**40%**	**70%**
Percentage Old Facilities	**0%**	**64%**	**87%**	**60%**	**30%**

Notes:

[1] Please note that the above costs are PRELIMINARY and are subject to change with design.

[2] An allowance of 10% for design & pricing has been included to provide some further flexibility in design.

[3] An allowance of 2.5% for LEED silver has been included.

[4] An allowance of 5% construction contingency has been included for Option 1 and 10% for Options 2 and 3.

[5] An allowance of 23.2% on construction has been included for project soft costs.

[6] FF&E / IT costs have been included as a % of construction costs. This will require verification as the project advances.

[7] An allowance for escalation at 5% per annum has been included to cover potential cost increases in labour and material from this current date to the time of construction start to allow for project approval and design.

[8] The above costs exclude the following:

- owner's staff and management expenses
- financing and/or fund raising expenses
- operating and maintenance costs
- land acquistion costs
- income from sale of property

APPENDIX A

Option 1

Option 1 : Two New Acute Sites (North & South) (UCC to be determined)

Option 1	Construction Type	GFA	Net Constr. Rate ($/SF)	Net Construction Cost ($)	Infra-Structure Upgrade Allowance	Hazardous Materials Abatement $10.00	Site Works Allowance	Phasing & Logistics Allowance	Design & Pricing Allowance 10.0%	LEED Silver Allowance 2.5%	Construction Contingency 5.0%	Total Construction Cost	Allowance for Ancillaries 23.2%	Allowance for FF&E / IT	CURRENT PROJECT COST with FF&E / IT	Escalation to Construction Start 5.0% per annum Yrs	TOTAL PROJECT COST
ACUTE SITES		849,900 SF	450.00	$382,455,000	$0	$0	$10,000,000	$0	$39,245,500	$10,792,500	$22,124,700	$464,617,700	$107,791,300	$116,154,400	$688,563,400	$190,237,400	$878,800,800
North - New Facility (NIC for Analysis)	New	NIC	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
South - New Facility	New	849,900 SF	450.00	$382,455,000	$0	$0	$10,000,000	$0	$39,245,500	$10,792,500	$22,124,700	$464,617,700	$107,791,300	25% $116,154,400	$688,563,400	$ $190,237,400	$878,800,800
South - Redevelop Greater Niagara General	Reno/New	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Redevelop Welland Site	Reno	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
COMPLEX CARE SITES		- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Port Colborne (UCC, Complex Care)	Reno	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Douglas (UCC, Complex Care)	Reno	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Niagara on the Lake (Complex Care)	Reno	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
AMBULATORY CARE		- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Greater Niagara General (min invasive Surg)	Reno	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Welland (minimally invasive Surgical Site)	Reno	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total		849,900 SF	450.00	$382,455,000	$0	$0	$10,000,000	$0	$39,245,500	$10,792,500	$22,124,700	$464,617,700	$107,791,300	$116,154,400	$688,563,400	$190,237,400	$878,800,800

Notes:
[1] Please note that the above costs are PRELIMINARY and are subject to change with design.
[2] An allowance of 10% for design & pricing has been included to provide some further flexibility in design.
[3] An allowance of 2.5% for LEED silver has been included.
[4] An allowance of 5% construction contingency has been included for Option 1 and 10% for Options 2 and 3.
[5] An allowance of 23.2% on construction has been included for project soft costs.
[6] FF&E / IT costs have been included as a % of construction costs. This will require verification as the project advances.
[7] An allowance for escalation at 5% per annum has been included to cover potential cost increases in labour and material from this current date to the time of construction start to allow for project approval and design.

[8] The above costs exclude the following:
owner's staff and management expenses
financing and/or fund raising expenses
operating and maintenance costs
land acquistion costs
income from sale of property

APPENDIX B

Option 2

Option 2 : New Acute Site (North), Redevelop Greater Niagara for Acute (South), One Ambulatory at Welland (minimally invasive surgical site), Two Complex Care Sites (Port Colborne & Douglas - Maintains UCC, Complex Care)

Option 2	Construction Type	GFA	Net Constr. Rate ($/SF)	Net Construction Cost ($)	Infra-Structure Upgrade Allowance	Hazardous Materials Abatement $15.00	Site Works Allowance	Phasing & Logistics Allowance	Design & Pricing Allowance 10.0%	LEED Silver Allowance 2.5%	Construction Contingency 10.0%	Total Construction Cost	Allowance for Ancillaries 23.2%		Allowance for FF&E / IT	CURRENT PROJECT COST with FF&E / IT	Escalation to Construction Start 5.0% per annum Yrs		TOTAL PROJECT COST
ACUTE SITES		640,990 SF	405.00	$259,601,000	$11,537,800	$4,807,400	$2,403,700	$5,567,000	$28,391,700	$7,807,700	$32,011,600	$352,127,900	$81,693,700		$70,425,600	$504,247,200		$79,482,000	$583,729,200
North - New Facility (NIC for Analysis)	New	NIC	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$0	$0		$0	$0
South - New Facility	New	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$0	$0		$0	$0
South - Redevelop Greater Niagara General	Reno/New	640,990 SF	405.00	$259,601,000	$11,537,800	$4,807,400	$2,403,700	$5,567,000	$28,391,700	$7,807,700	$32,011,600	$352,127,900	$81,693,700	20%	$70,425,600	$504,247,200	3	$79,482,000	$583,729,200
Redevelop Welland Site	Reno	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$0	$0		$0	$0
COMPLEX CARE SITES		186,960 SF	275.00	$51,414,000	$5,608,800	$2,804,400	$1,402,200	$4,592,300	$6,582,100	$1,810,100	$7,421,400	$81,635,300	$18,939,400		$8,163,600	$108,738,300		$36,981,400	$145,719,700
Port Colborne (UCC, Complex Care)	Reno	100,000 SF	275.00	$27,500,000	$3,000,000	$1,500,000	$750,000	$2,456,300	$3,520,600	$968,200	$3,969,500	$43,664,600	$10,130,200	10%	$4,366,500	$58,161,300	6	$19,780,400	$77,941,700
Douglas (UCC, Complex Care)	Reno	86,960 SF	275.00	$23,914,000	$2,608,800	$1,304,400	$652,200	$2,136,000	$3,061,500	$841,900	$3,451,900	$37,970,700	$8,809,200	10%	$3,797,100	$50,577,000	6	$17,201,000	$67,778,000
Niagara on the Lake (Complex Care)	Reno	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$0	$0		$0	$0
AMBULATORY CARE		380,900 SF	350.00	$133,315,000	$19,045,000	$5,713,500	$1,904,500	$11,998,400	$17,197,600	$4,729,400	$19,390,300	$213,293,700	$49,484,100		$31,994,100	$294,771,900		$140,740,400	$435,512,300
Greater Niagara General (min invasive Surg)	Reno	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	0%	$0	$0	8	$0	$0
Welland (minimally invasive Surgical Site)	Reno	380,900 SF	350.00	$133,315,000	$19,045,000	$5,713,500	$1,904,500	$11,998,400	$17,197,600	$4,729,400	$19,390,300	$213,293,700	$49,484,100	15%	$31,994,100	$294,771,900	8	$140,740,400	$435,512,300
Total		1,208,850 SF	367.56	$444,330,000	$36,191,600	$13,325,300	$5,710,400	$22,157,700	$52,171,400	$14,347,200	$58,823,300	$647,056,900	$150,117,200		$110,583,300	$907,757,400		$257,203,800	$1,164,961,200

Notes:
[1] Please note that the above costs are PRELIMINARY and are subject to change with design.
[2] An allowance of 10% for design & pricing has been included to provide some further flexibility in design.
[3] An allowance of 2.5% for LEED silver has been included.
[4] An allowance of 5% construction contingency has been included for Option 1 and 10% for Options 2 and 3.
[5] An allowance of 23.2% on construction has been included for project soft costs.
[6] FF&E / IT costs have been included as a % of construction costs. This will require verification as the project advances.
[7] An allowance for escalation at 5% per annum has been included to cover potential cost increases in labour and material from this current date to the time of construction start to allow for project approval and design.
[8] The above costs exclude the following:
owner's staff and management expenses
financing and/or fund raising expenses
operating and maintenance costs
land acquistion costs
income from sale of property

APPENDIX C

Option 3

Option 3 : New Acute Site (North), Redevelop Greater Niagara for Acute (South), Redevelop Welland Site for Acute, Three Complex Care Sites (Port Colborne & Douglas - Maintains UCC, Complex Care, NOTL - Maintains Complex Care)

Option 3	Construction Type	GFA	Net Constr. Rate ($/SF)	Net Construction Cost ($)	Infra-Structure Upgrade Allowance	Hazardous Materials Abatement $15.00	Site Works Allowance	Phasing & Logistics Allowance	Design & Pricing Allowance 10.0%	LEED Silver Allowance 2.5%	Construction Contingency 10.0%	Total Construction Cost	Allowance for Ancillaries 23.2%		Allowance for FF&E / IT	CURRENT PROJECT COST with FF&E / IT	Escalation to Construction Start 5.0% per annum Yrs		TOTAL PROJECT COST
ACUTE SITES		703,190 SF	377.08	$265,161,500	$35,810,100	$10,547,900	$5,274,000	$29,140,600	$34,593,500	$9,513,200	$39,004,100	$429,044,900	$99,538,400		$85,809,000	$614,392,300		$96,843,600	$711,235,900
North - New Facility (NIC for Analysis)	New	NIC	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$0	$0		$0	$0
South - New Facility	New	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$0	$0		$0	$0
South - Redevelop Greater Niagara General	Reno/New	322,290 SF	350.00	$112,801,500	$12,956,100	$4,834,400	$2,417,200	$19,951,400	$15,296,100	$4,206,400	$17,246,300	$189,709,400	$44,012,600	20%	$37,941,900	$271,663,900	3	$42,821,000	$314,484,900
Redevelop Welland Site	Reno	380,900 SF	400.00	$152,360,000	$22,854,000	$5,713,500	$2,856,800	$9,189,200	$19,297,400	$5,306,800	$21,757,800	$239,335,500	$55,525,800	20%	$47,867,100	$342,728,400	3	$54,022,600	$396,751,000
COMPLEX CARE SITES		225,960 SF	275.00	$62,139,000	$6,778,800	$3,389,400	$1,694,700	$3,700,100	$7,770,200	$2,136,800	$8,760,900	$96,369,900	$22,357,800		$9,637,000	$128,364,700		$43,656,300	$172,021,000
Port Colborne (UCC, Complex Care)	Reno	100,000 SF	275.00	$27,500,000	$3,000,000	$1,500,000	$750,000	$1,637,500	$3,438,800	$945,700	$3,877,200	$42,649,200	$9,894,600	10%	$4,264,900	$56,808,700	6	$19,320,400	$76,129,100
Douglas (UCC, Complex Care)	Reno	86,960 SF	275.00	$23,914,000	$2,608,800	$1,304,400	$652,200	$1,424,000	$2,990,300	$822,300	$3,371,600	$37,087,600	$8,604,300	10%	$3,708,800	$49,400,700	6	$16,801,000	$66,201,700
Niagara on the Lake (Complex Care)	Reno	39,000 SF	275.00	$10,725,000	$1,170,000	$585,000	$292,500	$638,600	$1,341,100	$368,800	$1,512,100	$16,633,100	$3,858,900	10%	$1,663,300	$22,155,300	6	$7,534,900	$29,690,200
AMBULATORY CARE		- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$0	$0		$0	$0
Greater Niagara General (min invasive Surg)	Reno	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$0	$0		$0	$0
Welland (minimally invasive Surgical Site)	Reno	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$0	$0		$0	$0
Total		929,150 SF	352.26	$327,300,500	$42,588,900	$13,937,300	$6,968,700	$32,840,700	$42,363,700	$11,650,000	$47,765,000	$525,414,800	$121,896,200		$95,446,000	$742,757,000		$140,499,900	$883,256,900

Notes:
[1] Please note that the above costs are PRELIMINARY and are subject to change with design.
[2] An allowance of 10% for design & pricing has been included to provide some further flexibility in design.
[3] An allowance of 2.5% for LEED silver has been included.
[4] An allowance of 5% construction contingency has been included for Option 1 and 10% for Options 2 and 3.
[5] An allowance of 23.2% on construction has been included for project soft costs.
[6] FF&E / IT costs have been included as a % of construction costs. This will require verification as the project advances.
[7] An allowance for escalation at 5% per annum has been included to cover potential cost increases in labour and material from this current date to the time of construction start to allow for project approval and design.

[8] The above costs exclude the following:
owner's staff and management expenses
financing and/or fund raising expenses
operating and maintenance costs
land acquistion costs
income from sale of property

APPENDIX D

Option 4

Option 4 : New Acute Site (North), Redevelop Welland for Acute (South), One Ambulatory at Greater Niagara (minimally invasive surgical site), Two Complex Care Sites (Port Colborne & Douglas - Maintains UCC, Complex Care)

Option 4	Construction Type	GFA	Net Constr. Rate ($/SF)	Net Construction Cost ($)	Infra-Structure Upgrade Allowance	Hazardous Materials Abatement $15.00	Site Works Allowance	Phasing & Logistics Allowance	Design & Pricing Allowance 10.0%	LEED Silver Allowance 2.5%	Construction Contingency 10.0%	Total Construction Cost	Allowance for Ancillaries 23.2%		Allowance for FF&E / IT	CURRENT PROJECT COST with FF&E / IT	Escalation to Construction Start 5.0% per annum Yrs		TOTAL PROJECT COST
ACUTE SITES		714,190 SF	440.00	$314,243,600	$23,075,600	$5,768,900	$2,952,700	$15,735,700	$36,177,700	$9,948,900	$40,790,300	$448,693,400	$104,096,800		$78,978,800	$631,769,000		$99,582,600	$731,351,600
North - New Facility (NIC for Analysis)	New	NIC	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$0	$0		$0	$0
South - New Facility	New	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$0	$0		$0	$0
Redevelop Welland Site	Reno/New	640,990 SF	440.00	$282,035,600	$23,075,600	$5,768,900	$2,403,700	$14,097,800	$32,738,200	$9,003,000	$36,912,300	$406,035,100	$94,200,100	17%	$70,447,100	$570,682,300	3	$89,953,800	$660,636,100
Extended Care Unit at Welland	New	73,200 SF	440.00	$32,208,000	$0	$0	$549,000	$1,637,900	$3,439,500	$945,900	$3,878,000	$42,658,300	$9,896,700	20%	$8,531,700	$61,086,700	3	$9,628,800	$70,715,500
COMPLEX CARE SITES		186,960 SF	275.00	$51,414,000	$5,608,800	$2,804,400	$1,402,200	$4,592,300	$6,582,100	$1,810,100	$7,421,400	$81,635,300	$18,939,400		$8,163,600	$108,738,300		$36,981,400	$145,719,700
Port Colborne (UCC, Complex Care)	Reno	100,000 SF	275.00	$27,500,000	$3,000,000	$1,500,000	$750,000	$2,456,300	$3,520,600	$968,200	$3,969,500	$43,664,600	$10,130,200	10%	$4,366,500	$58,161,300	6	$19,780,400	$77,941,700
Douglas (UCC, Complex Care)	Reno	86,960 SF	275.00	$23,914,000	$2,608,800	$1,304,400	$652,200	$2,136,000	$3,061,500	$841,900	$3,451,900	$37,970,700	$8,809,200	10%	$3,797,100	$50,577,000	6	$17,201,000	$67,778,000
Niagara on the Lake (Complex Care)	Reno	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	10%	$0	$0	6	$0	$0
AMBULATORY CARE		380,900 SF	375.00	$142,837,500	$9,522,500	$4,856,500	$1,904,500	$3,978,000	$16,309,900	$4,485,200	$18,389,400	$202,283,500	$46,929,800		$31,960,800	$281,174,100		$134,248,100	$415,422,200
Greater Niagara General (min invasive Surg)	Reno/New	380,900 SF	375.00	$142,837,500	$9,522,500	$4,856,500	$1,904,500	$3,978,000	$16,309,900	$4,485,200	$18,389,400	$202,283,500	$46,929,800	16%	$31,960,800	$281,174,100	8	$134,248,100	$415,422,200
Welland (minimally invasive Surgical Site)	Reno	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$0	$0		$0	$0
Total		1,282,050 SF	396.63	$508,495,100	$38,206,900	$13,429,800	$6,259,400	$24,306,000	$59,069,700	$16,244,200	$66,601,100	$732,612,200	$169,966,000		$119,103,200	$1,021,681,400		$270,812,100	$1,292,493,500

Notes:
[1] Please note that the above costs are PRELIMINARY and are subject to change with design.
[2] An allowance of 10% for design & pricing has been included to provide some further flexibility in design.
[3] An allowance of 2.5% for LEED silver has been included.
[4] An allowance of 5% construction contingency has been included for Option 1 and 10% for Options 2 and 3.
[5] An allowance of 23.2% on construction has been included for project soft costs.
[6] FF&E / IT costs have been included as a % of construction costs. This will require verification as the project advances.
[7] An allowance for escalation at 5% per annum has been included to cover potential cost increases in labour and material from this current date to the time of construction start to allow for project approval and design.

[8] The above costs exclude the following:
owner's staff and management expenses
financing and/or fund raising expenses
operating and maintenance costs
land acquistion costs
income from sale of property

APPENDIX E

Option 5

Option 5 : New Acute Site (North), Redevelop Welland for Acute (South) including consolidation of Ambulatory, Complex Care, UCC and Extended Care

Option 5	Construction Type	GFA	Net Constr. Rate ($/SF)	Net Construction Cost ($)	Infra-Structure Upgrade Allowance	Hazardous Materials Abatement $15.00	Site Works Allowance	Phasing & Logistics Allowance	Design & Pricing Allowance 10.0%	LEED Silver Allowance 2.5%	Construction Contingency 10.0%	Total Construction Cost	Allowance for Ancillaries 23.2%	Allowance for FF&E / IT	CURRENT PROJECT COST with FF&E / IT	Escalation to Construction Start 5.0% Yrs	per annum	TOTAL PROJECT COST
ACUTE SITES		714,190 SF	440.00	$314,243,600	$23,075,600	$5,768,900	$2,952,700	$15,735,700	$36,177,700	$9,948,900	$40,790,300	$448,693,400	$104,096,800	$78,978,800	$631,769,000		$99,582,600	$731,351,600
North - New Facility (NIC for Analysis)	New	NIC	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$0	$0
South - New Facility	New	- SF	0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0		$0	$0
Redevelop Welland Site	Reno/New	640,990 SF	440.00	$282,035,600	$23,075,600	$5,768,900	$2,403,700	$14,097,800	$32,738,200	$9,003,000	$36,912,300	$406,035,100	$94,200,100	17% $70,447,100	$570,682,300	3	$89,953,800	$660,636,100
Extended Care Unit at Welland	New	73,200 SF	440.00	$32,208,000	$0	$0	$549,000	$1,637,900	$3,439,500	$945,900	$3,878,000	$42,658,300	$9,896,700	20% $8,531,700	$61,086,700	3	$9,628,800	$70,715,500
COMPLEX CARE SITES		186,900 SF	440.00	$82,236,000	$0	$0	$1,869,000	$4,205,300	$8,831,000	$2,428,500	$9,957,000	$109,526,800	$25,410,200	$8,762,100	$143,699,100		$48,871,400	$192,570,500
Welland (UCC, Complex Care)	New	186,900 SF	440.00	$82,236,000	$0	$0	$1,869,000	$4,205,300	$8,831,000	$2,428,500	$9,957,000	$109,526,800	$25,410,200	8% $8,762,100	$143,699,100	6	$48,871,400	$192,570,500
AMBULATORY CARE		380,900 SF	500.00	$190,450,000	$0	$0	$3,809,000	$9,713,000	$20,397,200	$5,609,200	$22,997,800	$252,976,200	$58,690,500	$32,886,900	$344,553,600		$164,509,000	$509,062,600
Welland (minimally invasive Surgical Site)	New	380,900 SF	500.00	$190,450,000	$0	$0	$3,809,000	$9,713,000	$20,397,200	$5,609,200	$22,997,800	$252,976,200	$58,690,500	13% $32,886,900	$344,553,600	8	$164,509,000	$509,062,600
Total		1,281,990 SF	457.83	$586,929,600	$23,075,600	$5,768,900	$8,630,700	$29,654,000	$65,405,900	$17,986,600	$73,745,100	$811,196,400	$188,197,500	$120,627,800	$1,120,021,700		$312,963,000	$1,432,984,700

Notes:
[1] Please note that the above costs are PRELIMINARY and are subject to change with design.
[2] An allowance of 10% for design & pricing has been included to provide some further flexibility in design.
[3] An allowance of 2.5% for LEED silver has been included.
[4] An allowance of 5% construction contingency has been included for Option 1 and 10% for Options 2 and 3.
[5] An allowance of 23.2% on construction has been included for project soft costs.
[6] FF&E / IT costs have been included as a % of construction costs. This will require verification as the project advances.
[7] An allowance for escalation at 5% per annum has been included to cover potential cost increases in labour and material from this current date to the time of construction start to allow for project approval and design.

[8] The above costs exclude the following:
owner's staff and management expenses
financing and/or fund raising expenses
operating and maintenance costs
land acquistion costs
income from sale of property

APPENDIX "B"

POLLARA REPORT

ON

COMMUNITY FEEDBACK

NIAGARA HEALTH SYSTEM
SYSTÈME DE SANTÉ DE NIAGARA
Working within an integrated system for a healthier Niagara.

Niagara Health System: 2012 Public Opinion Survey

POLLARA

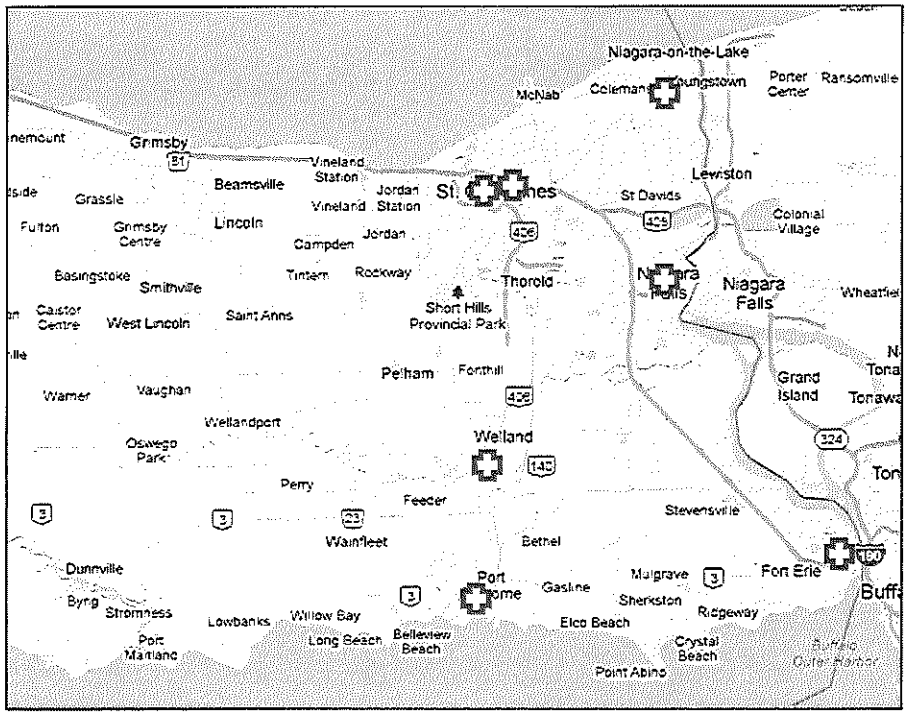
Final Research Report

June 2012

Contents

Methodology

- From May 25 to June 5, 2012, Pollara conducted a telephone survey among a randomly selected, representative sample of at least 75 adult residents in each of the 12 communities comprising the Niagara Health System catchment area. For the purpose of this research, the Niagara Health System catchment area was defined as the area including the communities of Fort Erie, Grimsby, Lincoln, Niagara-on-the-Lake, Niagara Falls, Pelham, Port Colborne, St. Catharines, Thorold, Wainfleet, Welland and West Lincoln as depicted in this map:



- Existing NHS site

Methodology

- The overall sample size for all 12 communities combined is n=1000. The margin of error for the overall sample is +/- 3.1%, 19 times out of 20. The table below shows the distribution of completed surveys across the communities:

Community	Sample Size	Margin of Error (95% Confident Interval)
Fort Erie	83	+/- 10.7%
Grimsby	80	+/- 10.9%
Lincoln	77	+/- 11.1%
Niagara-on-the-Lake	79	+/- 11.0%
Niagara Falls	81	+/- 10.9%
Pelham	76	+/- 11.2%
Port Colborne	80	+/- 10.9%
St. Catharines	127	+/- 8.7%
Thorold	81	+/- 10.9%
Wainfleet	75	+/- 11.2%
Welland	80	+/- 11.0%
West Lincoln	81	+/- 10.9%

- The results have been statistically weighted according to Statistics Canada's 2011 Census data for age, gender and region to ensure a representative sample of the entire Niagara Health System catchment area. Discrepancies in or between totals are due to rounding.

Key Findings & Recommendations:

Usage and Impressions

- Although NHS sites comprised 68% of the hospitals used most often by patients, they are considered "My local community hospital" by 83% of Niagara Region residents.
- The overall impression rating for the NHS is 4.5 out of 10, which can be considered below average compared to other hospitals in Ontario. Impressions of key NHS attributes were also below average except for the quality of doctors and the nursing staff.
- The key attributes to focus on in order to improve the region's overall impression of the NHS are "meeting the health care needs of your community," "the quality of hospital administration within the NHS" and "the ease and speed of access to health care." Improving perceptions of other attributes will not have as great an impact on overall impression as these.

Key Findings & Recommendations:

Appetite for Restructuring

- Currently, it take residents 11:41 to drive to their local hospital on average, but they are prepared to drive as much as 19:35 to their local hospital. In fact, three quarters say they are willing to drive as much as 30 minutes further if they knew they could get the highest quality of care possible.
- Respondents overwhelmingly prefer a model of care based on a distribution of programs and services across sites focused more on quality over quantity.
- As such, residents of the Niagara Region support the principles behind the supervisor's proposed restructuring plan. Support for the plan itself, however, is a different story, as outlined on the next slide.

Key Findings & Recommendations:

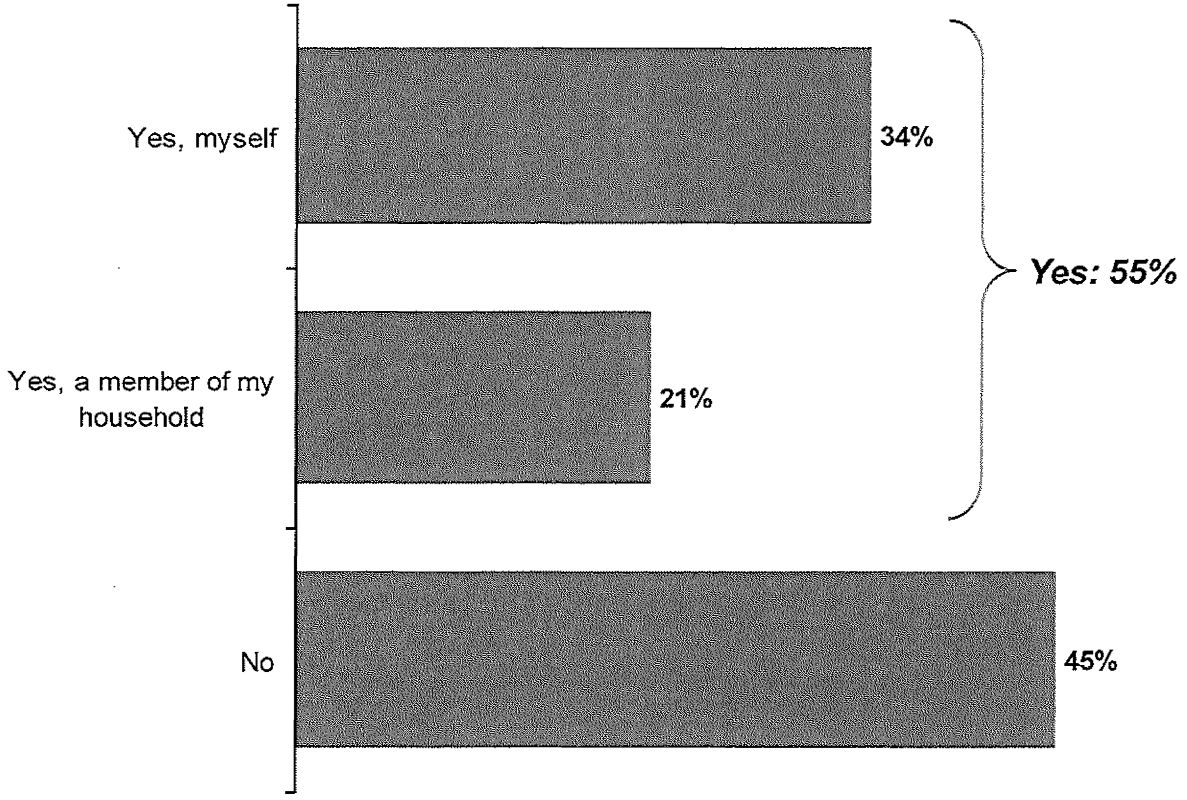
Response to Restructuring Proposal

- Despite a stated preference for quality over quantity and a willingness to travel further to receive better care, most Niagara residents oppose the supervisor's recommendation to close the sites in Port Colborne, Fort Erie, Niagara Falls and Welland and replace them with two new facilities in South Niagara.
- The four directly-affected communities are among the most opposed. Meanwhile, Niagara-on-the-Lake and Pelham are the only communities in favour of the restructuring plan.
- The main reason for opposing the restructuring plan is location. Gaining public support will depend largely on a careful study and selection of optimal locations for the new sites that are well within the region's travel time threshold of 19:35. ⇒ Lyons / QEW = 35+ minutes
- The proposed closures represent the primary hospital sites used by residents of Fort Erie, Niagara Falls, Pelham, Port Colborne and Welland, as well as secondary sites used by Niagara-on-the-Lake, St. Catharines and Thorold. Taking such broad regional considerations into account when selecting new sites will be an important challenge to overcome.
- If residents are to accept longer travel times, the "highest quality of care possible" part of the promise must be kept. In other words, trading off quantity must yield quality.

Recent Visitation for Hospital Care:

Majority of Niagara households have required hospital care in past year

- More than half of all households in the Niagara Region (55%) have received health care treatment at a hospital within the past 12 months. There is not a great deal of variability in hospital visitation across the region, although households in Welland (65%) and Fort Erie (62%) are the most likely to have visited a hospital in the past year, whereas households in Pelham (40%), West Lincoln (42%) and Thorold (43%) are the least likely.



Question: "To the best of your knowledge, have you or anyone in your household received health care treatment at a hospital within the past 12 months?" [n=1000]

POLLARA

Local Hospital Usage:

NHS sites first choice for two-thirds of region's hospital care needs

- Combined, the seven NHS sites accounted for 68% of the hospitals gone to most often for health care services over the past 12 months by Niagara Region households. The top three – St. Catharines General, Niagara General, and Welland County General – account for a majority on their own (59%). NHS sites also comprised the majority of hospitals cited most often as being respondents' "local community hospital" (83% combined).

Hospital Gone to Most Often in Past 12 Months

- **St. Catharines General Hospital Site (24%)**
- **Greater Niagara General Hospital Site (20%)**
- **Welland County General Hospital Site (15%)**
- **West Lincoln Memorial Hospital (10%)**
- **Douglas Memorial Hospital Site (4%)**
- **Hamilton General Hospital (3%)**
- **Port Colborne General Hospital Site (3%)**
- **Juravinski Cancer Centre (3%)**
- **Hotel Dieu Shaver Health & Rehab Centre (3%)**

- **All others: 2% or less**
- **Don't know (<1%)**

Site Considered "My Local Hospital"

- **St. Catharines General Hospital Site (34%)**
- **Greater Niagara General Hospital Site (24%)**
- **Welland County General Hospital Site (17%)**
- **West Lincoln Memorial Hospital (13%)**
- **Douglas Memorial Hospital Site (3%)**
- **Port Colborne General Hospital Site (3%)**

- **All others: 1% or less**
- **Don't know (1%)**

Questions: "Which hospital have you or a member of your household gone to most often for the health care services you have needed over the past 12 months?" [n=532]; "Which hospital would you consider to be your local community hospital?" [n=1000]

Local Hospital Usage by Community:
Significant regional variance in choice

- This slide depicts only the most prevalent hospital sites gone to most often by households in each community for the health care services they have needed over the past 12 months.

- **Fort Erie** ► Greater Niagara General (38%) > Douglas Memorial (36%) > Welland County General (12%)
- **Grimsby** ► West Lincoln Memorial (70%) > Juravinski Cancer Centre (10%)
- **Lincoln** ► West Lincoln Memorial (71%) > St. Catharines General (7%)
- **Niagara-on-the-Lake** ► St. Catharines General (41%) > Greater Niagara General (27%) > Hotel Dieu Shaver (8%)
- **Niagara Falls** ► Greater Niagara General (71%) > St. Catharines General (11%)
- **Pelham** ► Welland County General (37%) > St. Catharines General (22%)
- **Port Colborne** ► Port Colborne General (50%) > Welland County General (37%)
- **St. Catharines** ► St. Catharines General (59%) > Hotel Dieu Shaver (7%) > Greater Niagara General (6%)
- **Thorold** ► St. Catharines General (55%) > West Lincoln Memorial (15%) > Welland County General (9%)
- **Wainfleet** ► Haldimand War Memorial (37%) > Welland County General (31%) > Port Colborne General (21%)
- **Welland** ► Welland County General (67%) > Greater Niagara General (10%)
- **West Lincoln** ► West Lincoln Memorial (58%) > Haldimand War Memorial (15%)

Question: "Which hospital have you or a member of your household gone to most often for the health care services you have needed over the past 12 months?" [n=532]

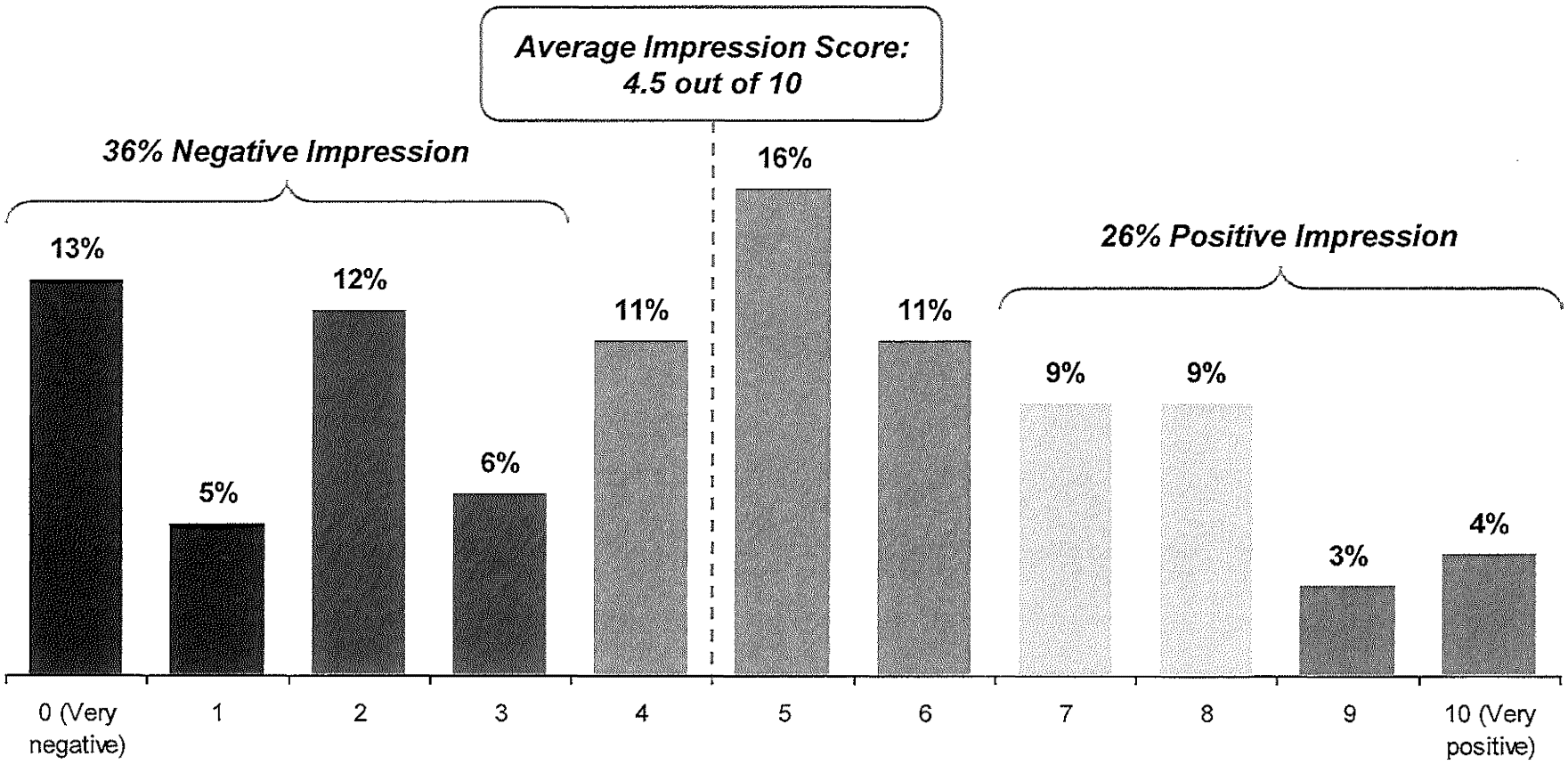
Part 2:
Impression Ratings

POLLARA

Overall Impression of NHS:

Average impression score of 4.5 out of 10 among the lowest in Ontario

- The average impression score for the NHS among its catchment residents is 4.5 out of 10.

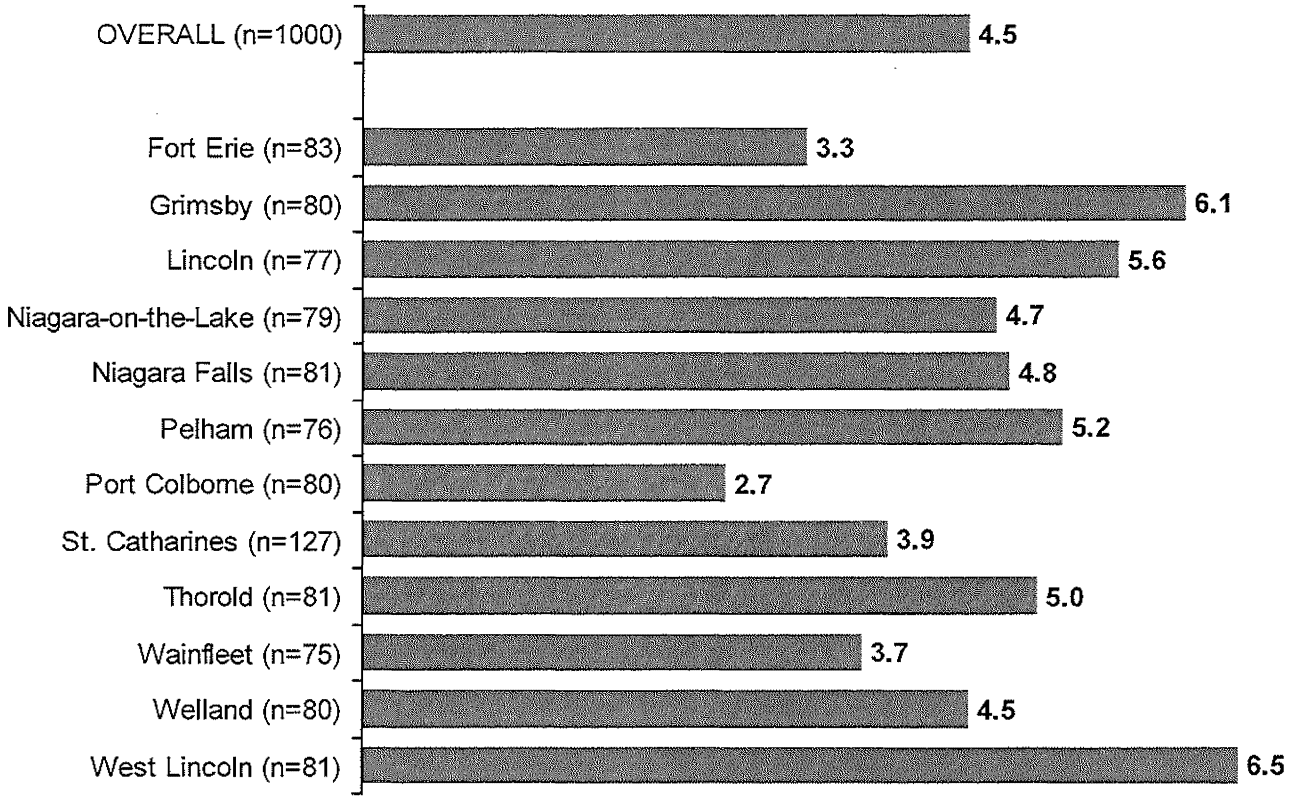


Question: "Overall, what is your impression of the Niagara Health System? Please use a scale from zero to 10, where zero means you have a 'very negative' impression and 10 means you have a 'very positive' impression." [n=1000]

Overall Impression of NHS by Community:

10 out of 12 communities have below-average impressions of the NHS

- The impression scores within each of the 12 component communities of the NHS catchment areas reveal particularly poor impressions within Port Colborne (2.7), Fort Erie (3.3), Wainfleet (3.7) and St. Catharines (3.9). The two best scores are in West Lincoln (6.5) and Grimsby (6.1).



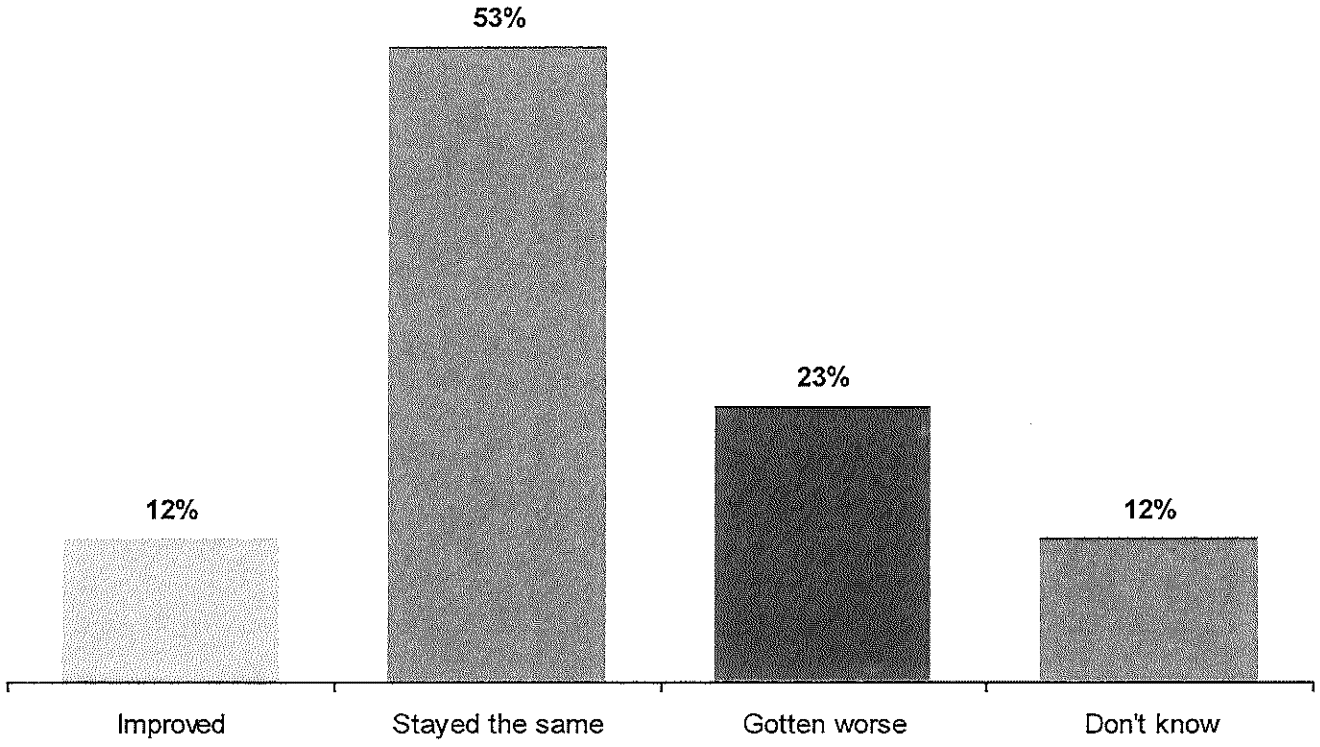
Question: "Overall, what is your impression of the Niagara Health System? Please use a scale from zero to 10, where zero means you have a 'very negative' impression and 10 means you have a 'very positive' impression." [n=1000]

POLLARA

Impression Momentum:

Most opinions of the NHS have not changed since the supervisor's appointment

- Most residents (53%) say their impression of the NHS has not changed since the appointment of the supervisor. Pelham is the only community wherein more residents say their opinion of the NHS has improved (21%) since the appointment of the supervisor than gotten worse (9%). There is a noteworthy difference among income groups: the improved/gotten worse ratio is better among higher-income groups (22%/19% among those earning >$100k, 12%/21% among those earning $50-$100k, 7%/30% among those earning <$50k).



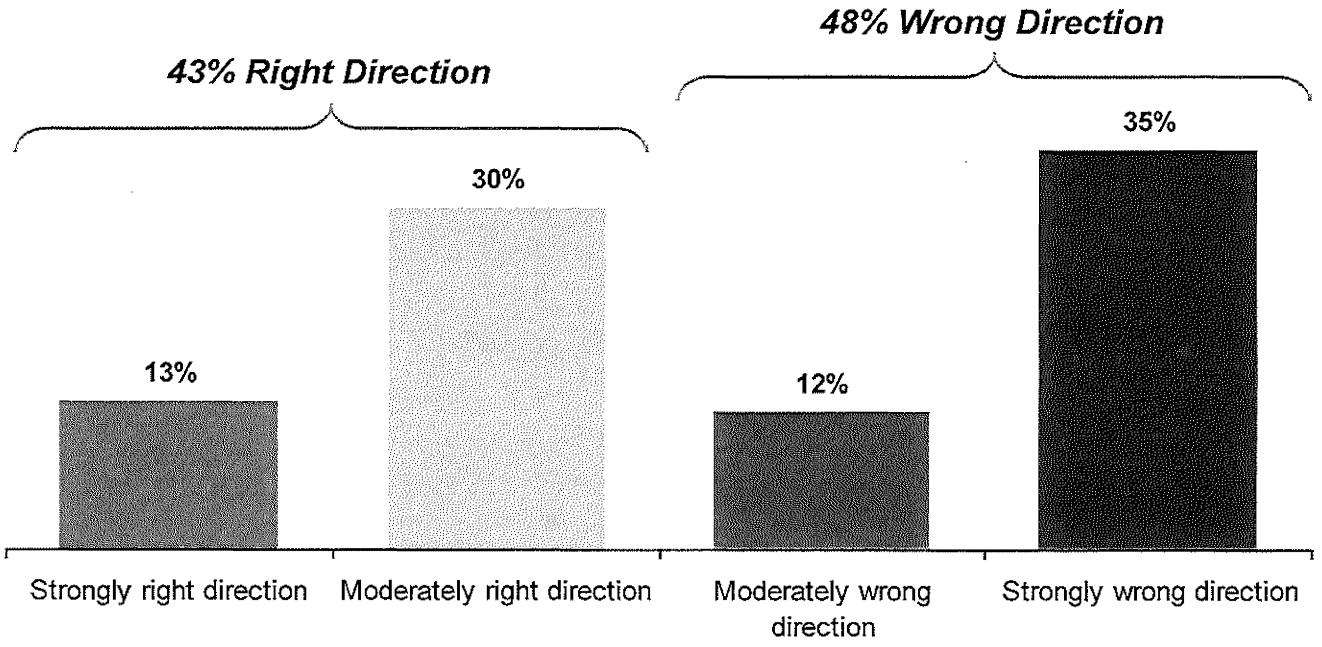
Question: "As you may know, the Ontario government appointed a supervisor to take control of the Niagara Health System in August 2011. Would you say your overall impression of the Niagara Health System has improved, gotten worse or stayed the same since the appointment of the supervisor?" [n=1000]

POLLARA

Current Direction of the NHS:

Moderate opinions divided; Strong opinions point to wrong direction

- Overall, residents are fairly divided on whether the NHS is currently headed in the right direction (43%) or the wrong direction (48%) (NB: 9% don't know). However, strong opinions on the matter tell a different story, as 35% feel strongly the NHS is headed in the wrong direction compared to just 13% who feel strongly that it is headed in the right direction. Residents in Pelham (57%), Thorold (56%) and St. Catharines (54%) are the most likely to say the NHS is currently headed in the right direction. Meanwhile, residents of Port Colborne (71%), Welland (64%) and West Lincoln (62%) are most likely to say the opposite. Those who have been to a hospital themselves in the past 12 months are significantly more likely to say the NHS is headed in the wrong direction than in the right direction (54% vs. 38%).

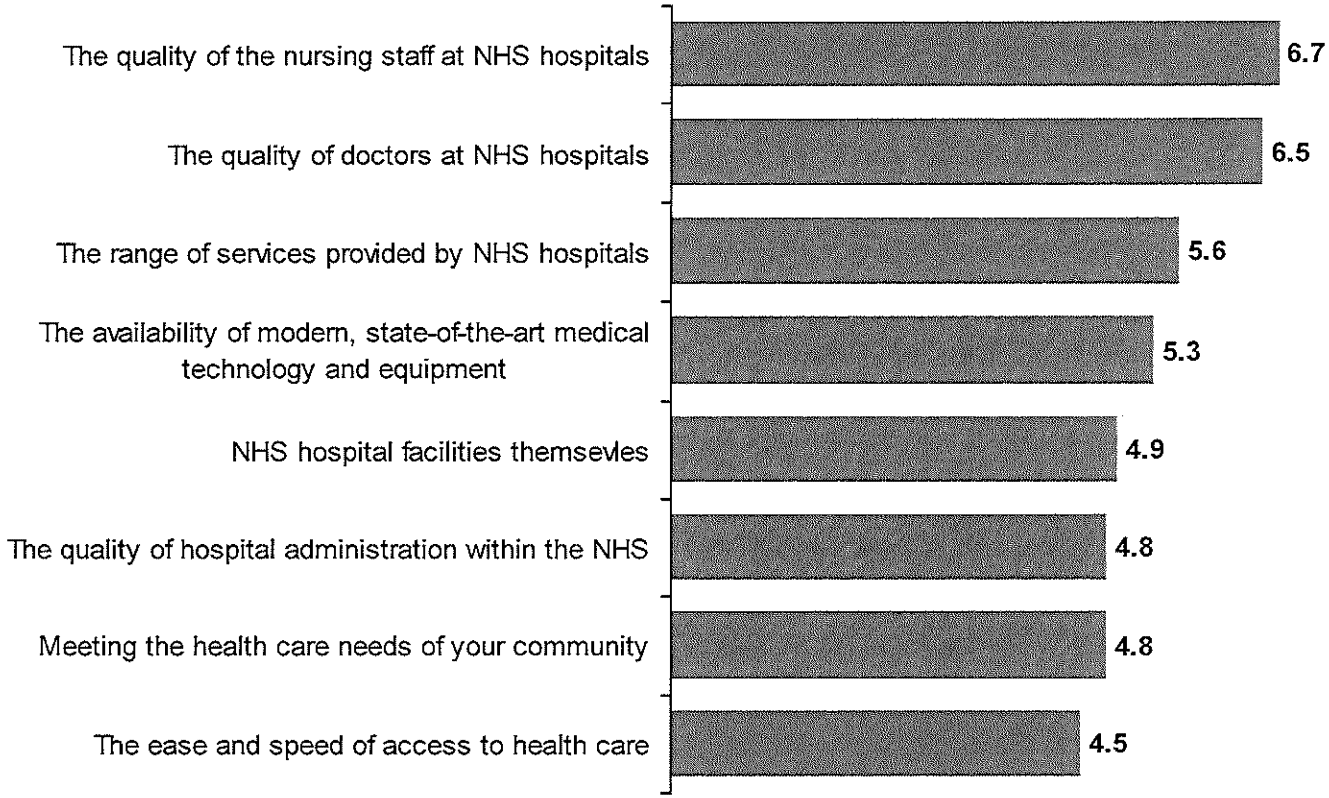


Question: "All things considered, would you say the Niagara Health System is currently headed in the right direction, or is it headed in the wrong direction? ...And do you feel strongly or moderately about that?" [n=1000]

Impression of NHS Attributes:

All attributes rated below average except quality of doctors and nursing staff

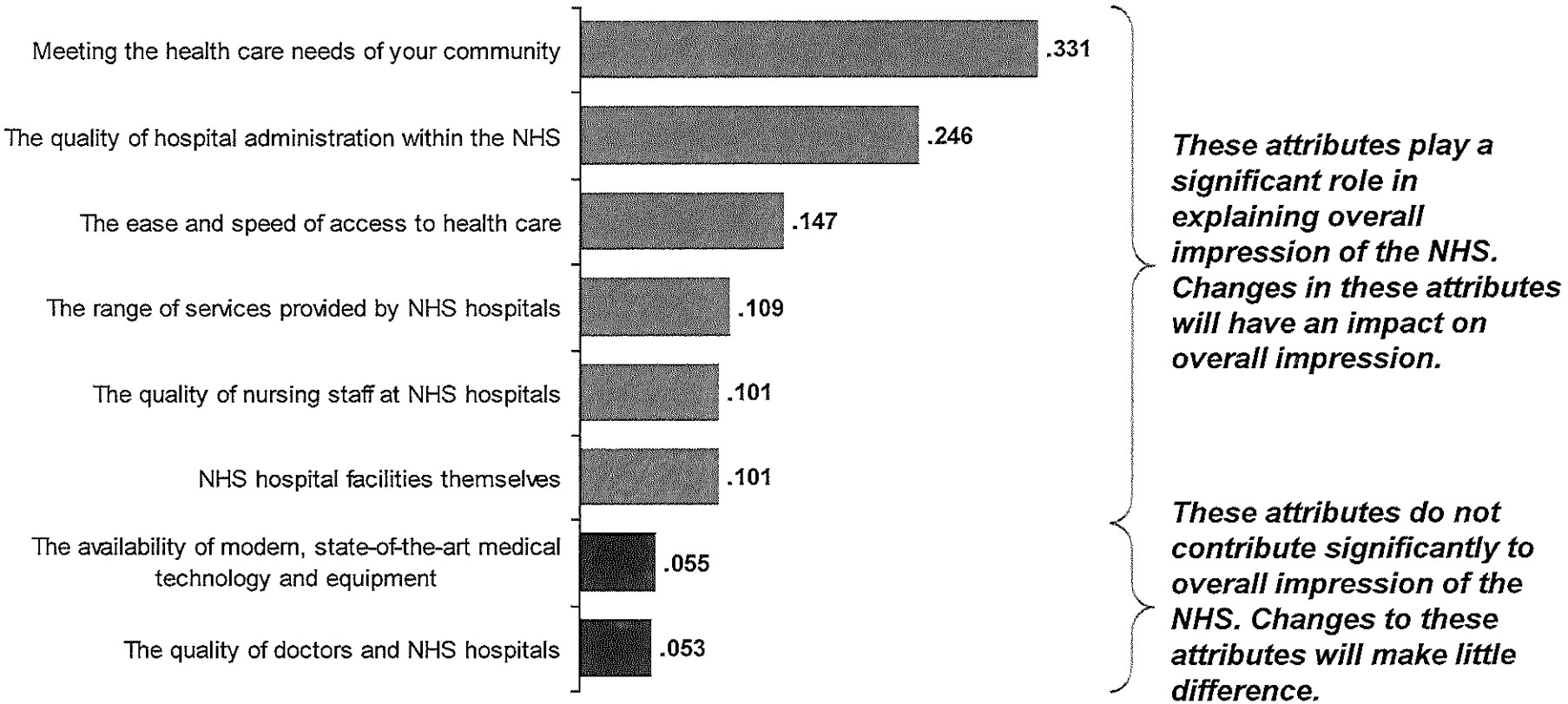
- NHS rated below average compared to other hospitals in Ontario on all of the attributes tested except the quality of the doctors and nursing staff. In terms of meeting the health care needs of the community, the NHS ranks highest in West Lincoln (6.4), Grimsby (5.9), Pelham (5.7) and Lincoln (5.5). Of those, only Pelham is principally served by an NHS site.



Question: "Now, I would like you to tell me your impression of each of the following aspects of the Niagara Health System. Please use the same zero-to-10 scale as before for each." [n=1000]

Relative Importance of Attributes on Overall Impression:
Quality of hospital administration should be a target for improvement

- A regression analysis was used to determine which attributes are the most important drivers of overall impression. Combined, these eight attributes explain 63% of an individual's overall impression of the NHS. The graph below shows the absolute standardized coefficient of each attribute, and this value shows how important each attribute is in explaining the overall impression ratings. Improving impressions of the attributes with the highest coefficients will have the most significant impact on improving overall impression.

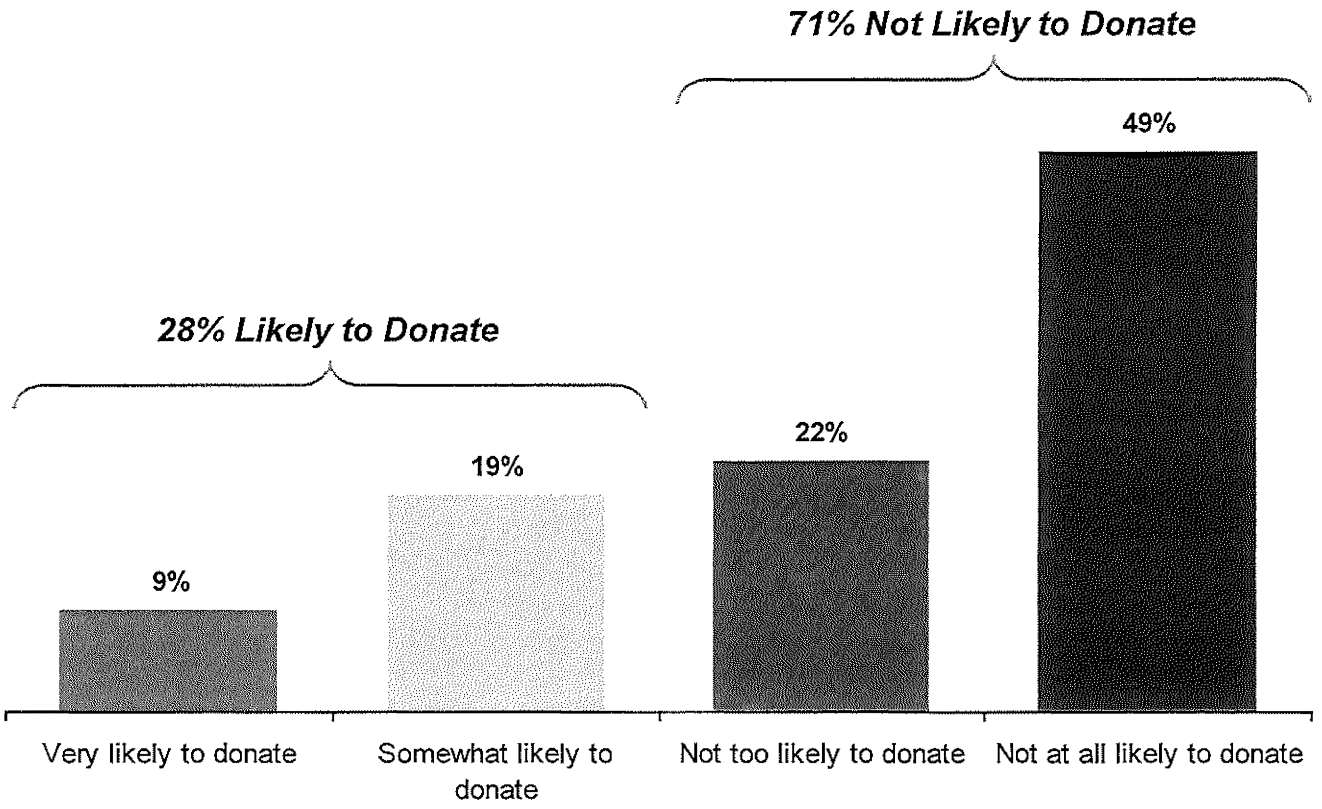


Question: "Now, I would like you to tell me your impression of each of the following aspects of the Niagara Health System. Please use the same zero-to-10 scale as before for each." [n=1000]

Likelihood to Donate:

Experience with the NHS is not helping to create good will

- Niagara residents who have been themselves or have had a family member go to a hospital for treatment in the past 12 months are no more likely to express a likelihood to donate to the NHS than those who have not (27% vs. 28%). This stands in contrast to the pattern of responses observed for most other Ontario hospitals and suggests a degree of dissatisfaction with the experience they or a family member have had while in the NHS's care.



Question: "How likely would you be to make a financial donation within the next 12 months to the Niagara Health System?" [n=1000]

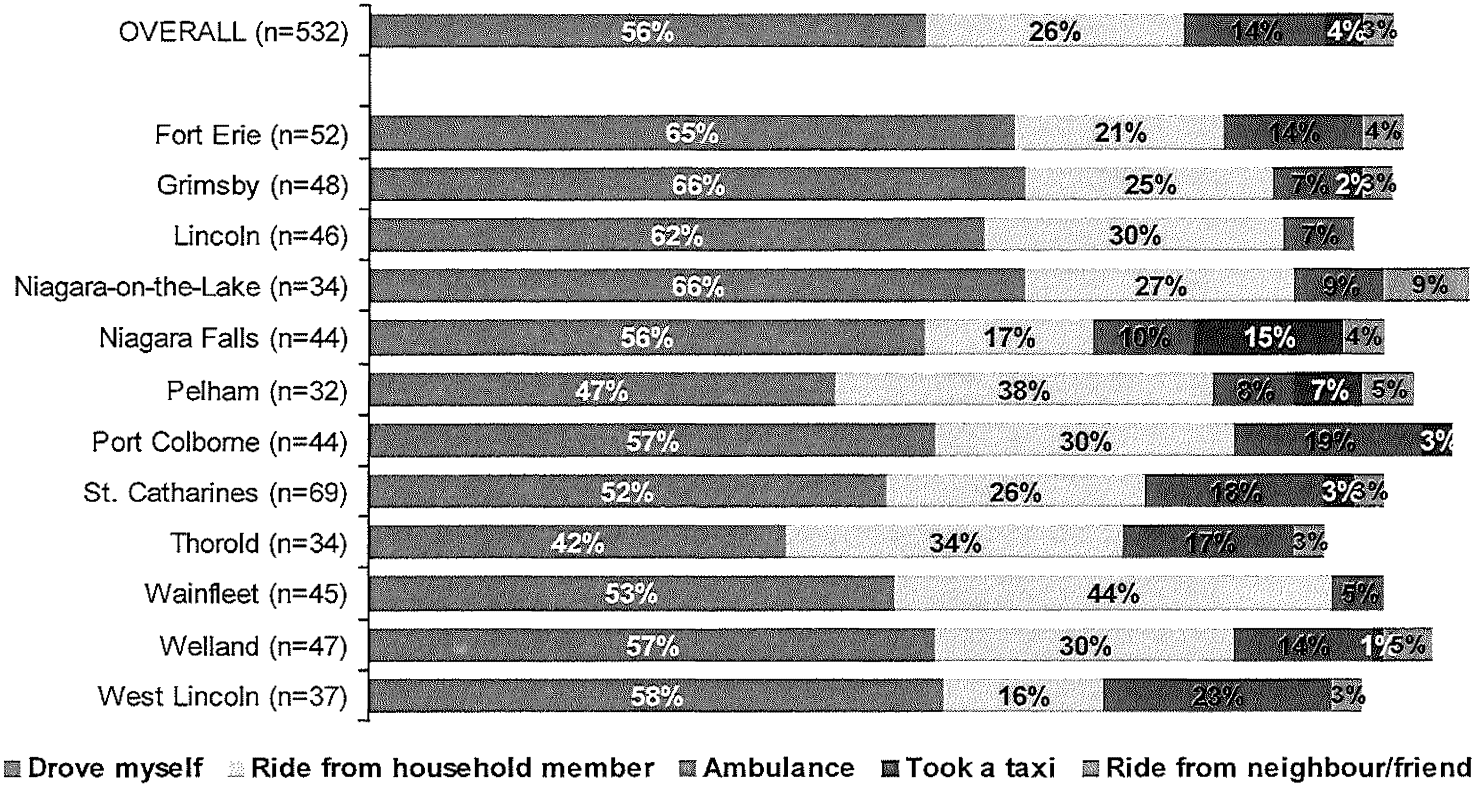
Part 3:
Traveling to Local Hospital

POLLARA

Method of Transportation:

Most Niagara residents drive themselves to the hospital

- Income plays a notable role in method of transportation. Residents in higher income households (>$100k/year) are much more likely to drive themselves to the hospital than lower income households (<$50k/year) by a 76%-to-41% margin. Meanwhile 22% in lower income household took an ambulance, compared to just 5% in higher income households. Residents aged 55 and over are also more likely to have taken an ambulance to the hospital than those aged 18-34 (21% vs. 5%), although both age groups are equally as likely to have driven themselves.

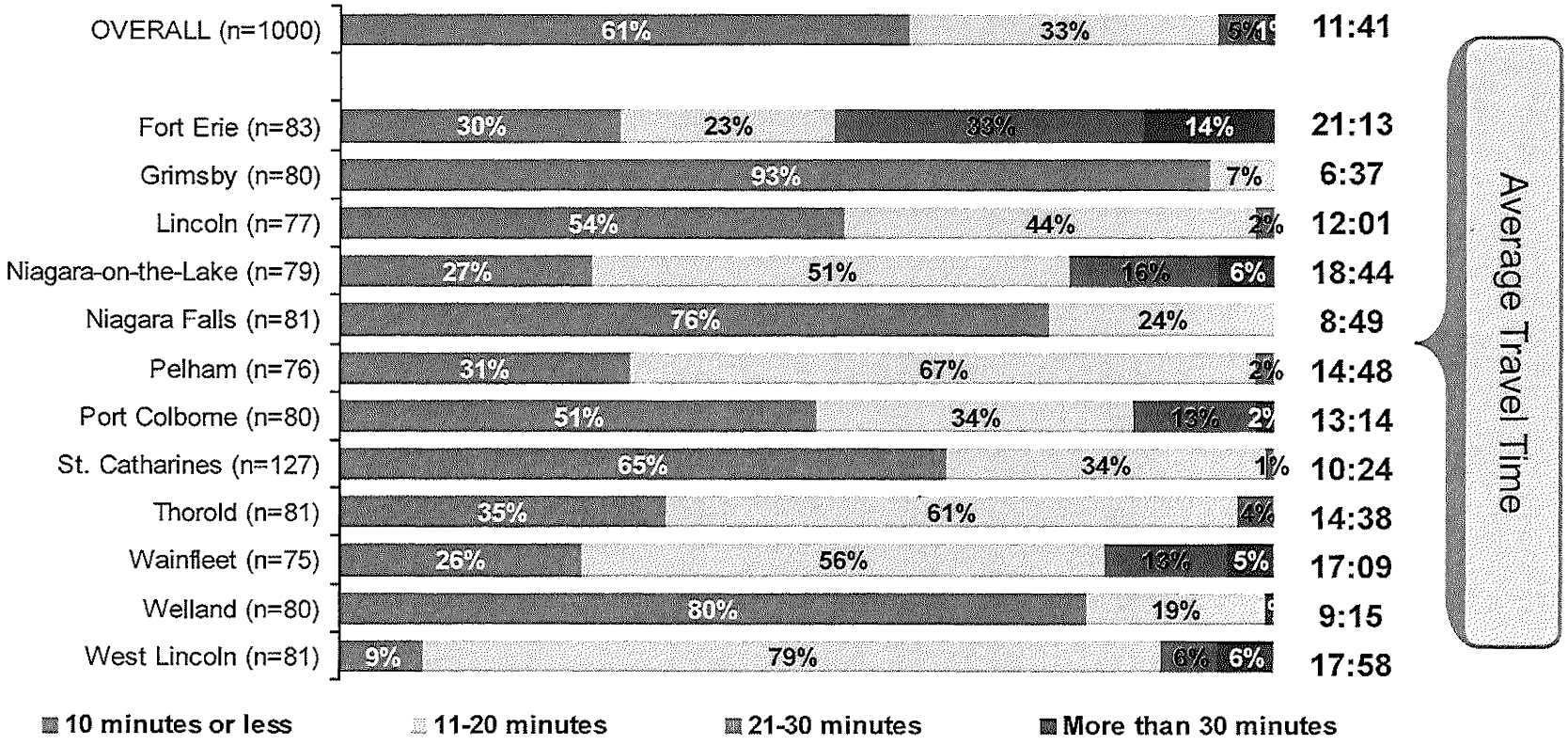


Question: "Thinking of the last time you or a member of your household went to a hospital as a patient, what method of transportation was used to get there?" [n=532]

Current Driving Distance:

Residents say they are a 11:41 drive from their closest hospital on average

- The average travel time of 11:41 across the region is not shared by all communities. Those living in Fort Erie (21:13), Niagara-on-the-Lake (18:44), West Lincoln (17:58) and Wainfleet (17:09) face significantly longer-than-average driving distances. Meanwhile, residents in Grimsby (6:37) and Niagara Falls (8:49) have below average travel times to their closest hospital. Whether related to geography or not, the perception of travel time increases with age, from an average of 9:55 among those aged 18-34 to an average of 13:22 among those aged 55 and over.

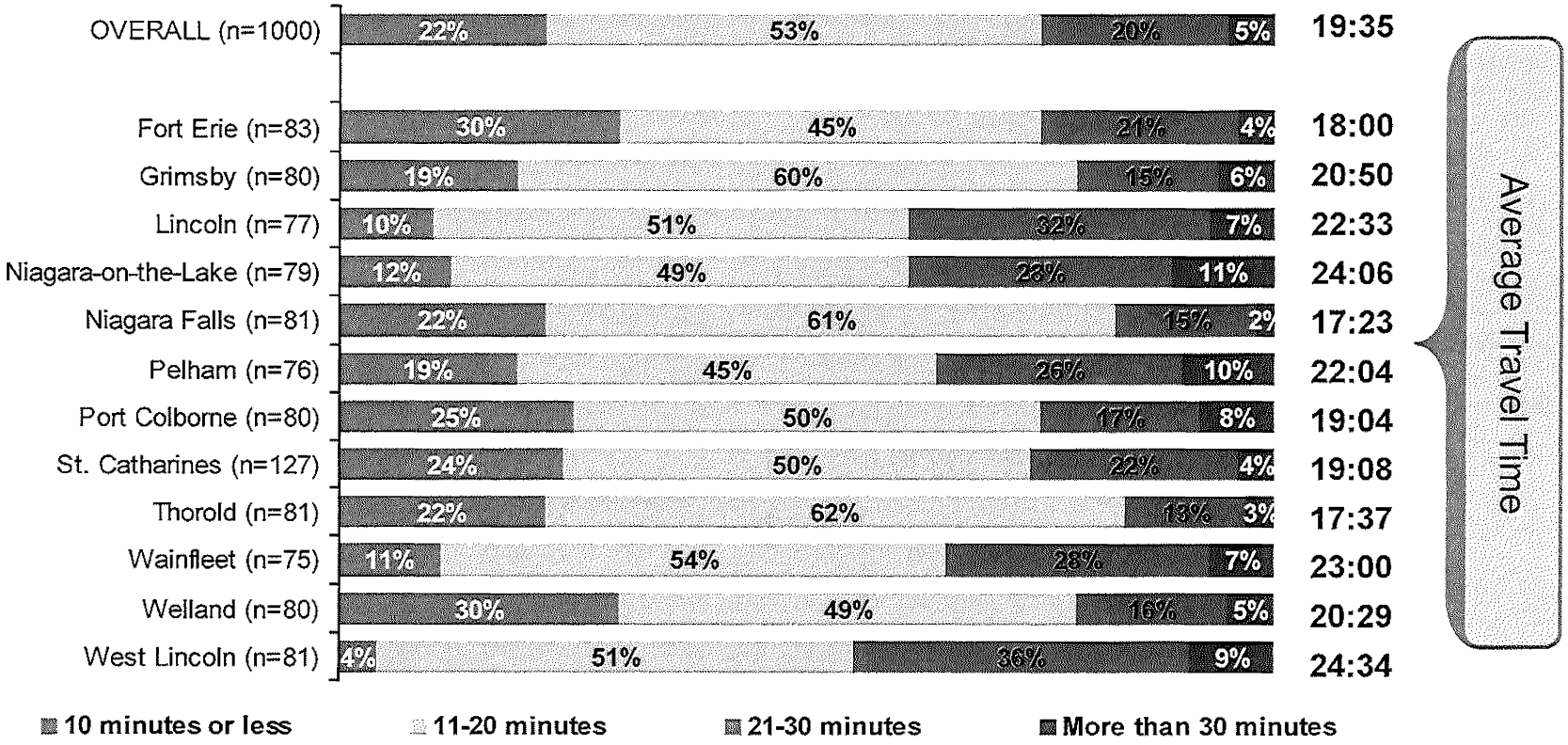


Question: "Roughly how long do you think it would take to get to the closest hospital from your home by car?" [n=1000]

Maximum Acceptable Driving Distance:

Residents willing to drive as much as 19:35 to their closest hospital on average

- With a maximum acceptable driving distance of 18:00, Fort Erie is the only community not willing to drive longer for hospital care than currently on average (21:13). In fact, Niagara region residents are willing to travel for an average of 7:54 longer for hospital care – an increase of 68%. On an individual basis, 56% of residents are willing to have a longer travel time to the hospital than they do currently, compared to 34% who want travel times to stay the same and 10% who want to travel for less time.

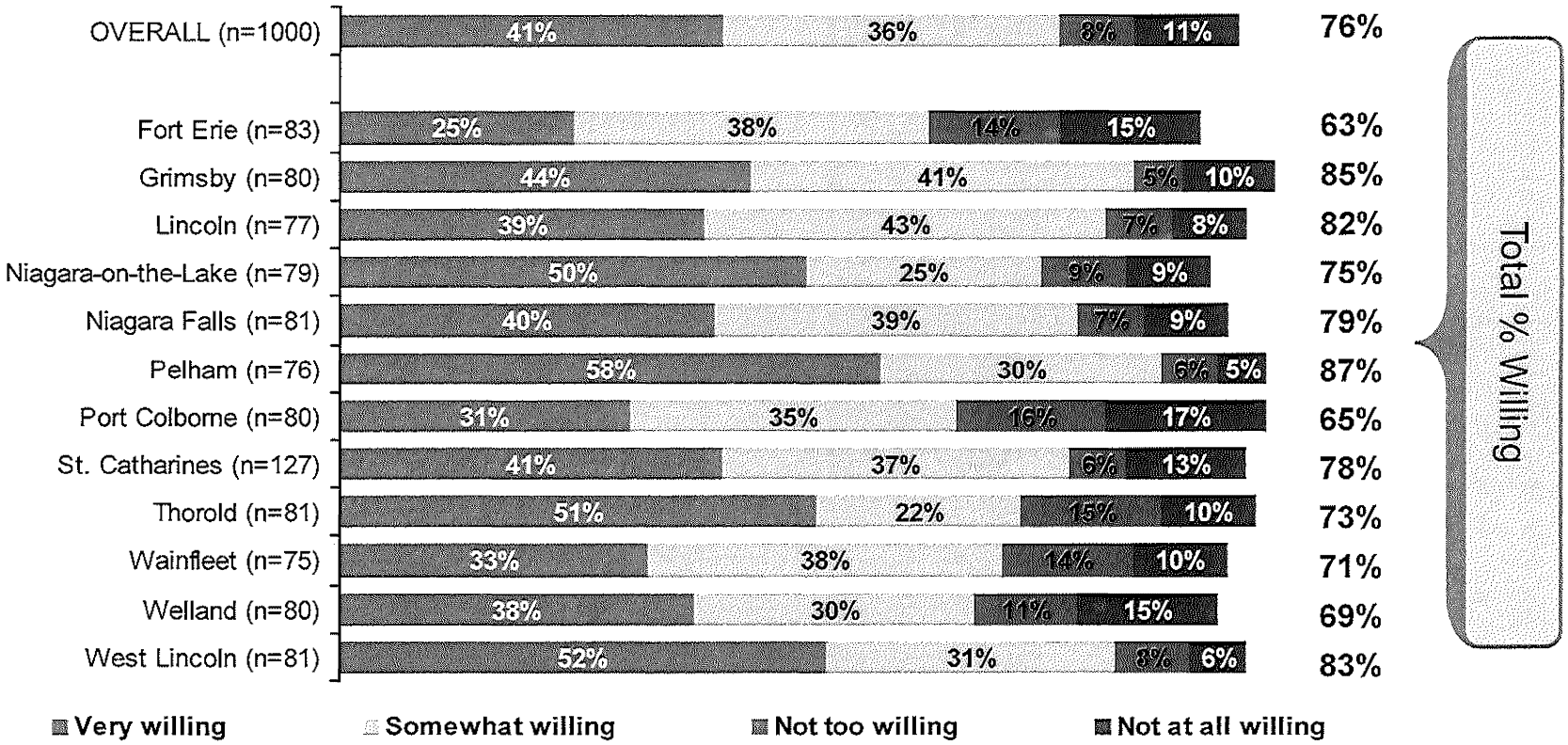


Question: "Generally speaking, what do you think is the maximum amount of time it should reasonably take somebody to drive to their local hospital from their home? That is, at what point would a hospital be too far away?" [n=1000]

Willingness to Travel for Higher Quality of Care:

Three quarters willing to drive as much as 30 minutes further for the best care

- It should be noted that this question was asked after respondents were asked about the supervisor's recommendation to close certain sites and open new facilities. This helps explain why the willingness to travel further – while still a majority – is somewhat lower in the four directly affected communities of Port Colborne, Fort Erie, Niagara Falls and Welland (72% combined). By comparison, the willingness to travel further for the best available care is 79% in the rest of the Niagara Region combined.



Question: "Overall, how willing would you be to travel as much as 30 minutes further for hospital care services if you knew the extra distance travelled meant that you could get the highest quality of care possible?" [n=1000]

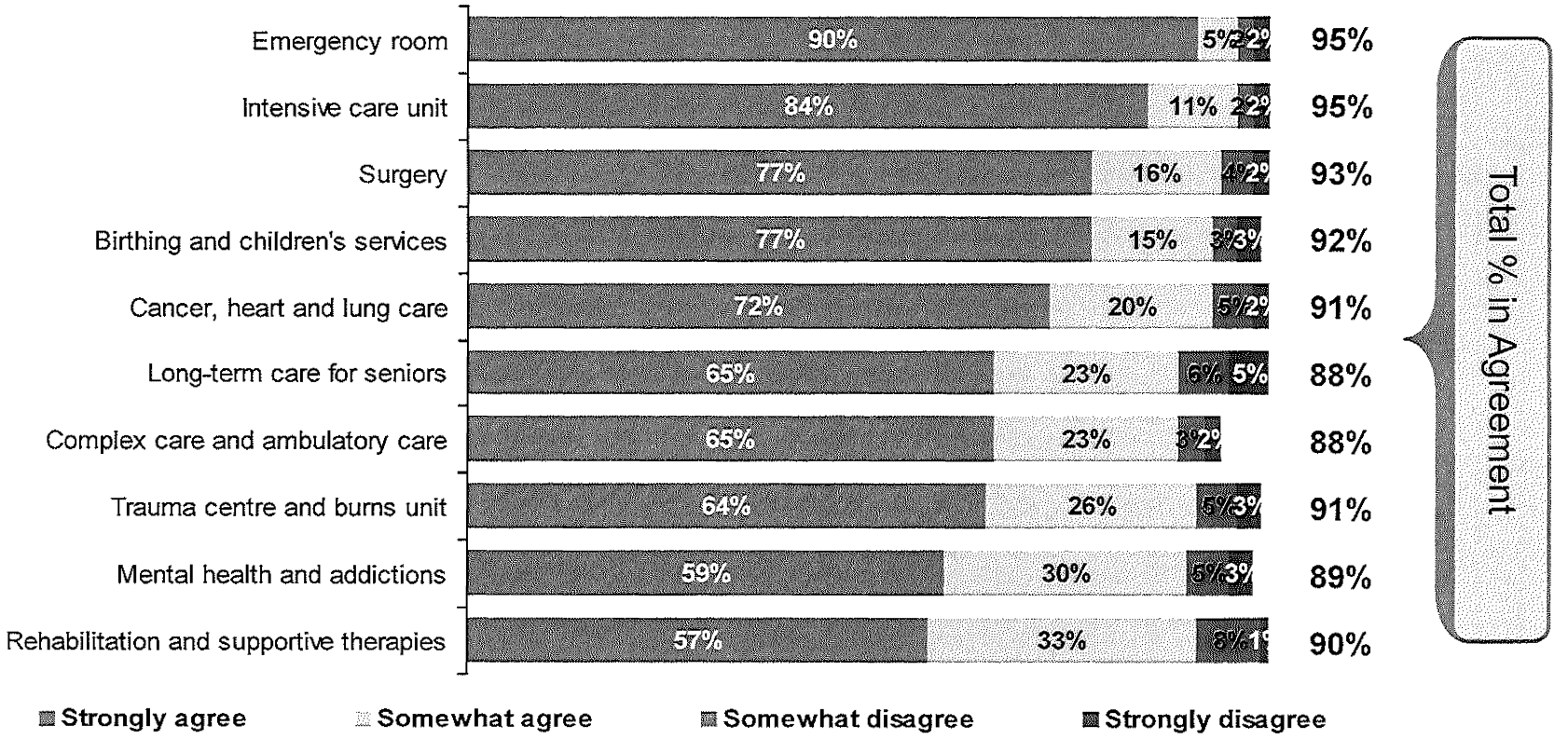
Part 4:
Attitudes Towards Hospital Care Delivery

POLLARA

Essential Hospital Care Services:

Directly affected communities react most negatively to recommended closures

- As the "Total % in Agreement" figures in the chart below show, roughly nine in 10 respondents agree that all of the tested hospital services are essential to their community. It's the *intensity* of that agreement that reveals priority areas – namely ER, ICU, surgery, and paediatrics/maternity. For each of the six remaining services, there is some flexibility from the public's perspective in terms of what is offered and at what sites. Mental health/addictions is particularly important in St. Catharines (70%), but otherwise all services are similarly important to each community (within the survey's margin of error).



Question: "I am going to read you a list of some hospital care services that may or may not be offered at various hospitals throughout the Niagara Region. For each, please tell me if you strongly agree, somewhat agree, somewhat disagree or strongly disagree that it is an essential service to your community?" [n=1000]

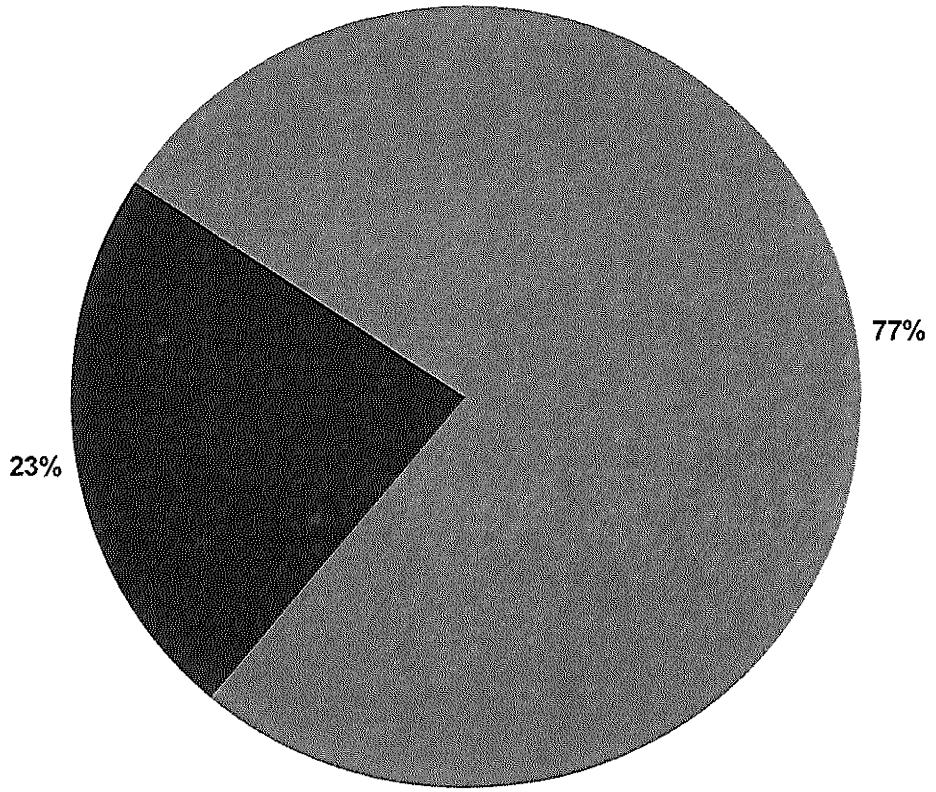
POLLARA

Attitudes Towards Guiding Principle of Care:

Three-quarters choose "quality" over "quantity"

- Most Niagara Region residents (77%) side with the viewpoint that "programs and services should be divided up among the hospitals in the Niagara Region to make sure that each hospital offers the highest quality of care possible. Basically, quality over quantity." The principle of quality is preferential to the principle of quantity in all 12 communities and across all demographic and socio-economic groups.

"Each hospital in the Niagara Region should offer as many programs and services as possible in order to serve as many people as possible. Basically, quantity over quality."



"Programs and services should be divided up among the hospitals in the Niagara Region to make sure that each hospital offers the highest quality of care possible. Basically, quality over quantity."

Question: "I am now going to read you a couple different viewpoints regarding how hospital programs and services should be provided. Which one comes closest to your own viewpoint?" [n=1000]

POLLARA

Part 5:

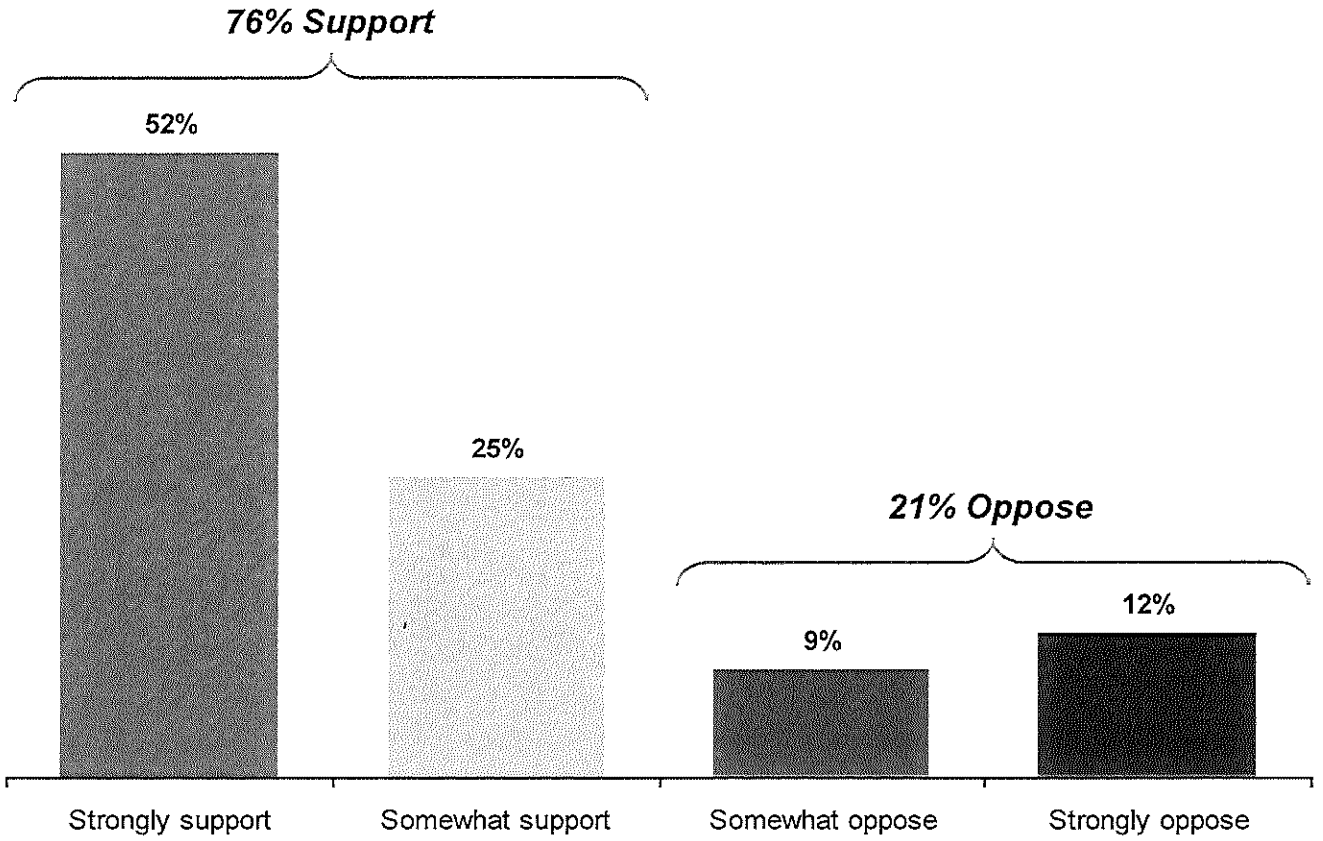
Community Response to Restructuring Proposal

POLLARA

Support for New Facilities:

Three-quarters of residents support the proposed new facilities on their own

- Within a vacuum, 76% of Niagara region residents say they support opening a new general acute care hospital and a new urgent care centre in South Niagara. Support is strong across all 12 communities, even those in North Niagara such as Niagara-on-the-Lake (78%) and St. Catharines (85%).

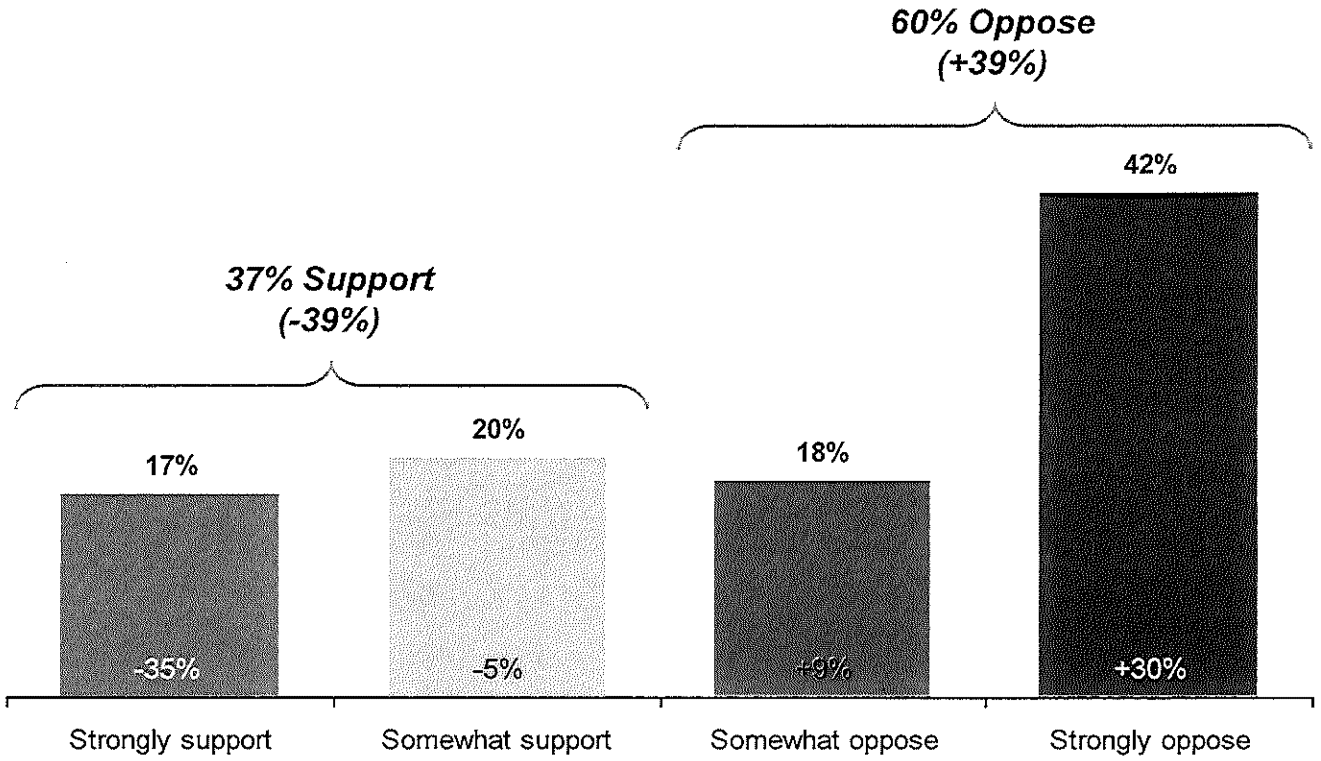


Question: "How much would you support or oppose opening a new general acute care hospital and a new urgent care centre in a conveniently accessible location somewhere in South Niagara?" [n=1000]

Support for New Facilities While Closing Others:

Majority support reverts to majority opposed amid 39-point swing

- Support for the new facilities erodes when offset by the proposed closures in Port Colborne, Fort Erie, Niagara Falls and Welland. Only 37% of residents continue to support the restructuring in this case, a decrease of over 50%. However, a majority of those in households earning over $100,000 annually would continue to support the recommended openings despite the closures (56%).



Question: "Now, how much would you support or oppose closing the existing hospital sites in Port Colborne, Fort Erie, Niagara Falls and Welland and replacing them with a new general acute care hospital and a new urgent care centre in a conveniently accessible location somewhere in South Niagara?" [n=1000]

Support Retention Pools:

Most of those who support the openings would oppose them due to closures

- A majority of those who support opening a new general acute care hospital and a new urgent care centre in South Niagara would oppose it if it meant closures in Port Colborne, Fort Erie, Niagara Falls and Welland (53%). Meanwhile 15% of those who originally opposed the new openings would actually support them alongside the concomitant closures. Having said that, the general trend is that the recommended closures make Niagara Region residents less likely to support the recommended openings.

Support for Openings → / Support for Openings/ Closures ↓	TOTAL SUPPORT	Strongly Support	Somewhat Support	TOTAL OPPOSE	Somewhat Oppose	Strongly Oppose
TOTAL SUPPORT	44%	48%	35%	15%	18%	13%
Strongly Support	21%	27%	7%	6%	3%	7%
Somewhat Support	23%	21%	29%	10%	15%	6%
TOTAL OPPOSE	53%	48%	63%	84%	81%	86%
Somewhat Oppose	19%	17%	22%	14%	23%	9%
Strongly Oppose	34%	31%	41%	69%	57%	77%

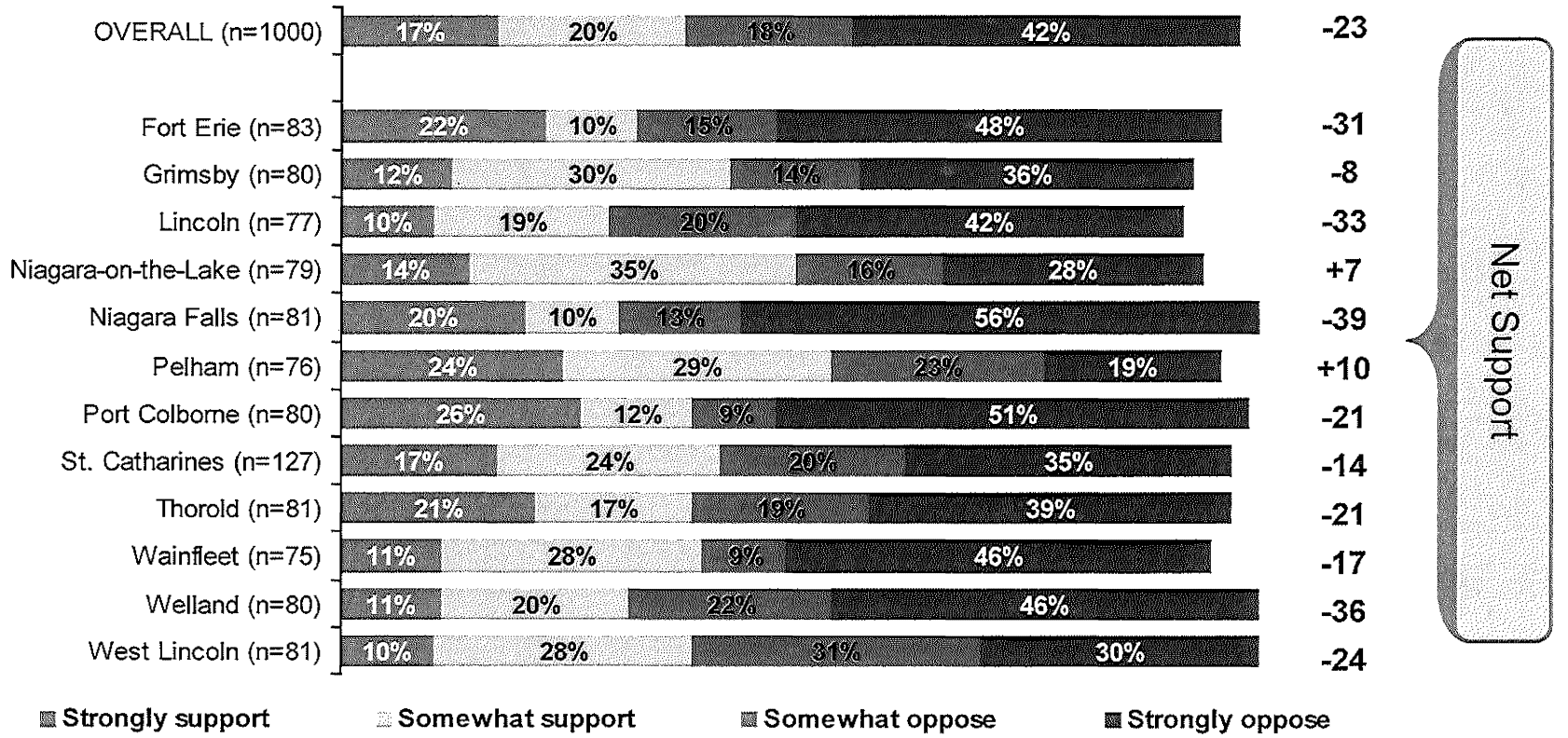
NB: Highlighted cells in table above denote the proportion of respondents who provided the same answer to both questions.

Questions: "How much would you support or oppose opening a new general acute care hospital and a new urgent care centre in a conveniently accessible location somewhere in South Niagara?" [n=1000]; "Now, how much would you support or oppose closing the existing hospital sites in Port Colborne, Fort Erie, Niagara Falls and Welland and replacing them with a new general acute care hospital and a new urgent care centre in a conveniently accessible location somewhere in South Niagara?" [n=1000]

Support for Restructuring by Community:

Directly affected communities react most negatively to recommended closures

- A couple of communities continue to have majority support for the recommended openings and closures; i.e., Niagara-on-the-Lake (50%) and Pelham (52%). The four directly affected communities – Port Colborne, Fort Erie, Niagara Falls and Welland – all react negatively to the recommended closures. The combined net support of these four communities is a strongly negative -35. Meanwhile, net support throughout the rest of the Niagara Region combined is not nearly as negative, at -13.



Question: "Now, how much would you support or oppose closing the existing hospital sites in Port Colborne, Fort Erie, Niagara Falls and Welland and replacing them with a new general acute care hospital and a new urgent care centre in a conveniently accessible location somewhere in South Niagara?" [n=1000]

Main Reasons for Position on Restructuring:

Site location is the most significant reason for opposing the restructuring

- Fears about the adverse impact of reducing/changing hospital site locations represent the primary reasons for opposing the recommended openings and closures. If the restructuring is to gain any measure of public support, location-related concerns must be allayed. A careful study into optimal locations for the proposed new facilities will be necessary to ensure easy access well within the 19:35 travel time tolerance threshold for the region and the 17:23 threshold for Niagara Falls in particular.

Main Reasons for Supporting the Recommendation

- **Current facilities are old / in disrepair (23%)**
- **Good idea (20%)**
- **Location: Current sites not accessible / too far (13%)**
- **New facilities will have modern equipment / technology (12%)**
- **New facilities will provide better continuity / quality of care (11%)**
- **Location: Centralized / Conveniently located (10%)**
- **New facilities will be more cost efficient (9%)**
- **Location: Each city needs its own site (8%)**
- **All others: 4% or less**
- **Don't know (4%)**

Main Reasons for Opposing the Recommendation

- **Location: New sites not accessible / too far (51%)**
- **Location: Each city needs its own site (21%)**
- **Bad idea (9%)**
- **Concern about wait times increasing (8%)**
- **Nothing wrong with current facilities (7%)**
- **Location: Possible loss of life due to increased travel time (7%)**
- **Should improve current facilities instead (6%)**
- **Costing tax payers / wasteful (6%)**
- **All others: 5% or less**
- **Don't know (1%)**

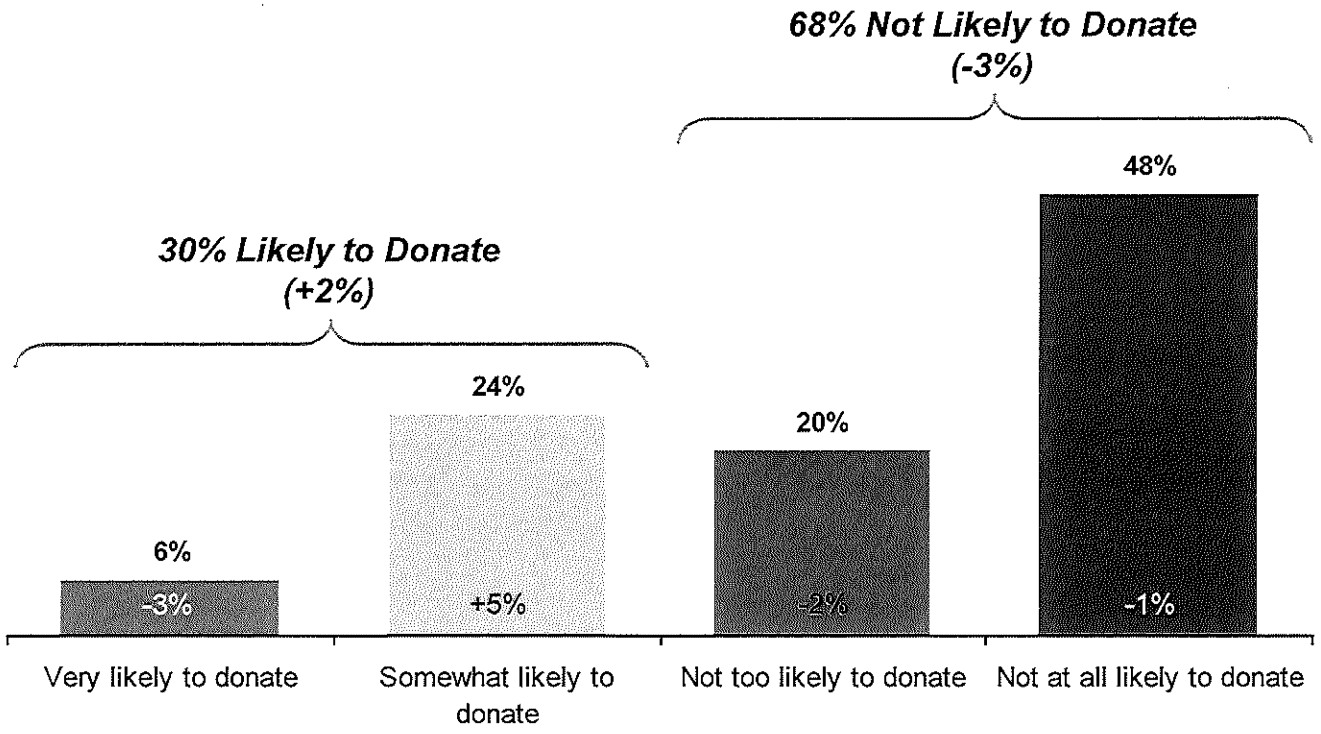
Question: "What is the main reason why you [support/oppose] closing the existing hospital sites and replacing them with new facilities as described?" [Support n=396; Oppose n=555]

POLLARA

Likelihood to Donate If NHS Proceeds with Restructuring:

Net donor behaviour largely unchanged despite opposition to closures

- Overall, the likelihood to donate to the NHS remains roughly the same if the restructuring plan is approved. However, the small changes in the overall numbers belie massive shifts in the underlying numbers. In terms of donor retention, just 61% who initially said they would be likely to donate would maintain this position if the plan were to proceed. Meanwhile, the closures and openings would inspire 18% of those who were initially unlikely to donate to become likely donors. Part of this is explained by gender as men grow less likely to donate and women grow more likely with the restructuring. There is also a regional component as likely donors in Grimsby, West Lincoln and Welland are lost while others are gained in St. Catharines and Wainfleet.

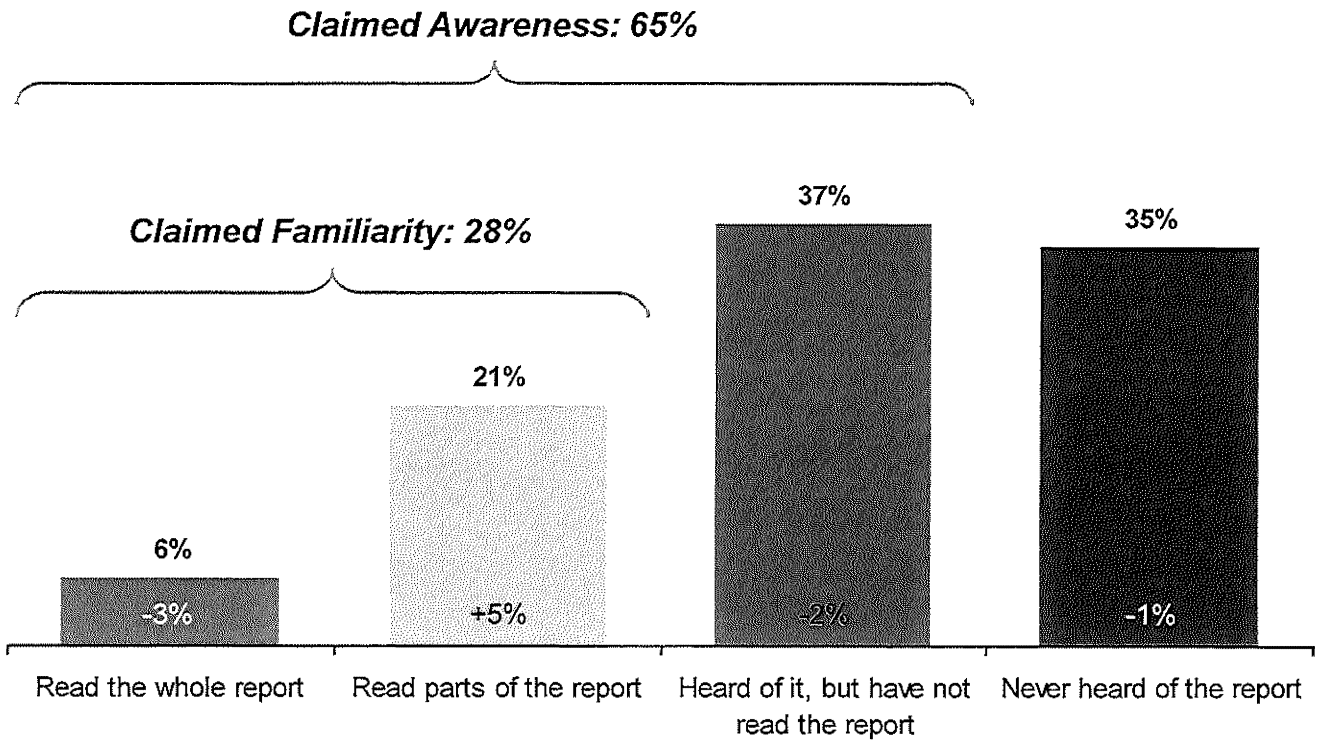


Question: "Now, please imagine that the plan to close the existing hospital sites in Port Colborne, Fort Erie, Niagara Falls and Welland and replace them with a new general acute care hospital and a new urgent care centre in a conveniently accessible location somewhere in South Niagara is approved. If this happens, how likely would you be to make a financial donation within the next 12 months to the Niagara Health System?" [n=1000]

Awareness of Supervisor's Interim Report:

Two-thirds say they are aware of the report; A quarter claim to have read it

- Those who claim to be aware of the report also tend to have a more negative impression of the NHS (4.1 out of 10 vs. 5.1 for the unaware) and are more likely to say the NHS is headed in the wrong direction (52% vs. 40% for the unaware). They are, however, more likely to support the restructuring plan (40% vs. 32% for the unaware).
- It should be noted that these are self-reported figures that likely suffer from the pitfalls of social desirability bias. As such, the claimed awareness and readership numbers are probably overstated to some degree.



Question: "As you may know, NHS Supervisor Dr. Kevin Smith recently released a report to the Niagara community on the restructuring of the Niagara Health System. How familiar are you with this report?" [n=1000]

POLLARA

1255 Bay Street, Suite 900
Toronto, ON M5R 2A9
Tel: 416.921.0090 | Fax: 416.921.3903
www.pollara.com

APPENDIX "C"

REPORT OF

MATERNAL/CHILD SERVICES

EXPERT PANEL

Date: August 2012

To: Dr. Kevin Smith
Supervisor Niagara Health System

From: Ms. Mary Jo Haddad, President and Chief Executive Officer, The Hospital For Sick Children, Toronto
Dr. Lennox Huang, Chair, Department of Pediatrics, Faculty of Health Sciences, McMaster University and Chief, Department of Pediatrics, Hamilton Health Sciences and St. Joseph's Healthcare Hamilton
Ms. Brenda Flaherty, Executive Vice-President, Clinical Operations, Hamilton Health Sciences
Dr. Nicholas Leyland, Chair, Department of Obstetrics and Gynecology, Faculty of Health Sciences, McMaster University and Chief, Department of Obstetrics and Gynecology Hamilton Health Sciences

Re: **Obstetrics and Pediatrics Care in Niagara**

Thank you for the opportunity to participate in the review of Obstetrics and Pediatrics care in Niagara to build a sustainable model of care. Both programs provide an essential component of health care delivery to any community and as we look across our province and country proposed changes to these programs often result in emotional and passionate perspectives. We acknowledge and compliment the presenters of both alternate options for their professionalism and focus on patient centered care in presenting their positions.

It is not our intent to elaborate on the history of debate and consulting reviews on this important matter. In addition to listening intently to all of the presentations on August 14, 2012 our panel carefully reviewed all material prepared for us including the following:

- Niagara Health System Maternal Child Program – A Case for Change: Proposal to Consolidate Maternal Child Care Program – August 2006 By NHS Maternal Child Care Program Management Team
- Niagara Health System Maternal Child Program Meeting Minutes of March 22, 2006
- Report on External Review of the Obstetrical and Gynecology Services in the Niagara Health System (Executive Summary) – January 2005 By Ron Livingstone, Remi Ejwunmi, Roseanne Hickey
- Review of the Niagara Health System Hospital Improvement Plan – October 2008 By Dr. Jack Kitts

Review Material (cont.)

- Pediatric Hospitalist/Ambulatory Care & Teaching Centre Proposal – NHS
- Maternal Child Program at the New Hospital Site – November 2009/Revised June 2012
  By Donna Rothwell and NHS Pediatric Department

- Proposal to Maintain Maternal Child Services in Niagara South – June 2012
  By the Greater Niagara Medical Society

- NHS Medical Advisory Committee Response – July 2012

- NHS Medical Advisory Committee Meeting Minutes – July 4 and July 12, 2012

- Niagara Emergency Medical Service Response – July 2012
- Niagara Health System – Statistics:
  - Maternal Child CHRP Quality Indicators
  - ER Visits for OBS-GYN-Peds
  - Key Statistics (Unit Bed Volumes, Occupancy, etc.)
  - Newborn Statistics (Deaths, Stillbirths, etc.)
  - Maternal Child Quarterly Indicators
  - New Born Quarterly Indicators
  - Pediatrics Quarterly Indicators

In addition, we also referenced the Provincial Council for Maternal Health (PCMCH) Benchmarking Report for the prior two periods which included benchmarking and quality indicators.

Basically, the two positions on the most appropriate model for delivery of Obstetrics and Pediatrics care are as follows:

1. Maintain the current decentralized model of delivery with inpatient programs remaining at the Niagara Falls, Welland and St. Catharines sites until the new hospital in the "South" is built. Niagara Falls and Welland physicians would have a shared on-call arrangement for those sites. There would be one scheduled weekend "by-pass" in Niagara Falls and one weekend "by-pass" in Welland for both services on a monthly basis during which physician coverage at the site on "bypass" would not be available.

2. Consolidate or centralize all inpatient Obstetrics and Pediatrics at the new NHS St. Catharines site when it opens in 2013. The Interim Report of the Supervisor (May 2012) further recommends that these programs move to the new "South" site when it is completed.

   Please note that in our deliberations, our panel focused entirely on the best model for delivery of Obstetrics and Pediatrics for the future for the entire Niagara Region.

   We observed that the delivery of these programs in the past and present is provided by competent and dedicated physicians, midwives, nurses and allied health professionals and support staff.

   Based on our analysis, and considering all factors, but primarily the provision of high quality, safe patient care on a sustainable basis our committee unanimously recommends:

That the recommendation for consolidation of Obstetrics and Pediatrics contained in the Interim Report of the Supervisor (May 2012) be confirmed and that all parties commit to comprehensive transition process to begin immediately within a targeted completion in the Spring of 2013. In addition the following recommendations should be implemented.

a. Gynecology day surgery should continue to be offered at all full service acute sites. Consolidation should be for inpatient and birthing services.
b. Ultrasound and other associated services remain at all acute sites
c. Interprofessional Models of Care be clearly identified drawing from the work of the Provincial Council for Maternal Child Health
d. A model for low risk hospital based family medicine obstetrics be clearly defined
e. Midwifery with a full scope of practice be offered
f. Obstetricians and Pediatricians should continue to be based in the communities of Niagara where they can provide the vast majority of consultative and ongoing care to the people in these communities
g. Physician and administrative leaders support all members on the Interprofessional team to build an integrated Niagara Health System inpatient model at the St. Catharines site
h. EMS and NHS will utilize protocols for the very rare medical emergencies of any nature.

Without question, this is both a complex and emotional matter for decision at both the provider and community levels. The primary rationale for the recommendations of our panel is as follows:

A) *SUSTAINABILITY*

1. We believe the proposed three site model is unsustainable for recruitment and retention of quality physician, midwifery, nursing, and allied health professionals. The competition for the best and most highly sought physicians, midwives, nurses and allied health professionals is intense at the provincial, national and international levels. The consolidated model clearly provides the most competitive advantages to attract the level of specialized skill and expertise to the Niagara Region for both programs. Practitioners would be offered state of the art facilities and equipment and an attractive on-call schedule. Please note that while much of the attention at our meeting was on physicians, the ability to retain and attract highly quality midwives, nurses and allied health professionals is no less important.
2. From an academic point of view, a decentralized model will be less appealing to health professional trainees. The consolidated model provides- by far- the best opportunity to attract nursing, midwife and physician learners to Niagara, leading to improved recruitment and an enhanced profile in education and research translates to improved quality of care and has additional advantages of exposing potential new recruits to work at the NHS.
3. While the dedication and commitment of the existing care providers is commendable there are significant concerns with the aging of current compliment of staff in all classifications and the added pressure of covering multiple sites and resultant diminished capacity to address short and long term unplanned absences.
4. Financial projections are complex and often the subject of skepticism of validity. We have reviewed material presented and feel confident that the consolidated model provides the

best opportunity for cost saving at both the operational and capital levels for the organization. With decreased government funding for health care all opportunities for savings while maintaining quality care must be realized.

B) *PATIENT SAFETY*

1. It was noted that even under the proposed model we would begin with planned "by-pass" or closures once a month. Current experience is that there are also unplanned periods of "by-pass" resulting from unavoidable absences by key providers. This model of care increases risks to mothers and children and is confusing to consumers. Expecting patients to know when Welland or Niagara Falls is closed is concerning and potentially dangerous.
2. One site on-call coverage offers significant advantages from patient safety and quality perspectives for both mothers and children. While physicians in both Welland and Niagara Falls tend to live close to the respective sites, shared emergency on-call proposed under the decentralized model will require travel between sites. The centralized model includes provisions for back-up of the emergency departments without in-patient pediatrics or obstetrics.
3. Standardization and adoption of best practices translate directly to higher quality safe patient care. These are many examples at the Niagara Health System (NHS) where efforts are being made to adapt best practices. Under a decentralized model this has proven to be much more difficult.

C) *FUTURE VISION OF HEALTH CARE IN ONTARIO*

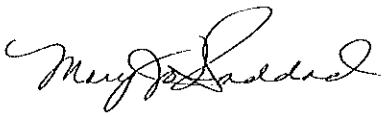
1. Innovation and expanded services are much more likely under a consolidated in patient model with a strong teaching and research focus through advantages of critical mass, 24/7 on site coverage and economies of expertise and scale.
2. The future vision for health care delivery in Ontario as well as nationally and internationally is to increase out-patient and home care services and correspondingly reduces higher cost inpatient services. This focus applies to all clinical programs and services that are currently provided in hospitals and is evidenced by the overall reduction in inpatient beds in recent years. This trend in health care delivery will certainly continue and having a highly skilled workforce providing specialized care in a consolidated unit is very much in keeping with this vision.
3. For the NHS to be a recognized leader in Obstetrics and Pediatrics a culture needs to be developed and embraced that fosters Interprofessional practice and education, leveraging of scope of practice and maximizing access to competent care. The NHS and Niagara Region have an exciting opportunity to create a dynamic and rewarding work environment at a time when the competition for talent and resources is immense.

As with any comparison of this nature there are also valid concerns on the negative impact of one model versus another and this is no exception. The potential concerns expressed with the consolidated model must be addressed to the fullest extent possible and include but are not limited to the following:

1. Increased travel time to a single site is a real and legitimate concern in all regions of the province providing obstetrical, newborn and pediatric care. Our understanding is that the Niagara Emergency Medical Services (EMS) is well situated with a highly qualified complement of Advanced Care Paramedics and has been actively involved in the review of the Supervisor to date. EMS is committed to continue to be actively involved in the transition process and plan. In addition, an extensive communication plan with the community at large and obstetricians, midwives and pediatricians in particular on access related matters and to reinforce that outpatient services would remain in the communities under the consolidated model.
2. Both the Greater Niagara General and Welland Hospitals must remain as comprehensive acute care hospitals until the new hospital in the "South" is built. The NHS Administration and Medical Advisory Committee needs to focus on the residual impact on other services, particularly Emergency Medicine, with the transfer of Obstetrics and Pediatrics to the new St. Catherines Hospital.
3. There is no escaping the additional stress that these recommendations may have on the professional practices, including physicians, the dedicated nursing staff and allied health workers at all facilities. Rationalization of clinical services is our new reality both provincially and nationally and naturally results in this unavoidable consequence. We are grateful to those who will be required to undergo the needed changes for the betterment of the NHS

and the population of the Niagara Region. These necessary changes will require the focus and collaboration of physicians, nurses, and allied health workers at all facilities, working together to create improved services and outcomes for patient and improved quality of life and satisfaction for staff and physicians.

In conclusion, our panel, following careful consideration for all information provided, is unanimous in our recommendations for a consolidated model. In our view it clearly provides the best opportunities for enhanced quality of care and patient safety and address as the critical retention and recruitment considerations for now and into the future. We very much appreciate the opportunity to provide our recommendation to the Supervisor on these important programs and services and compliment the professionalism and commitment of all parties to finding the best possible solution for the Niagara Region.

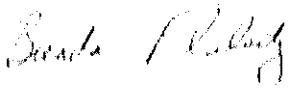


2012/08/21

Mary Jo Haddad — Date

2012/08/21

Dr. Lennox Huang — Date



2012/08/21

Brenda Flaherty — Date

2012/08/21

Dr. Nicholas Leyland — Date