



# **PRIORITIES COMMITTEE AGENDA**

to be held on  
**Wednesday, January 28, 2004**  
at  
**7:00 p.m.**

**Councillor  
Terry Kett  
Chair**



**Councillor  
Frances Caldarelli  
Vice-Chair**



 **Greater | Grand  
Sudbury**  
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## Priorities Committee AGENDA

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**SECOND MEETING OF THE PRIORITIES COMMITTEE  
TO BE HELD ON WEDNESDAY, JANUARY 28, 2004 AT 7:00 P.M.  
IN THE COUNCIL CHAMBER, TOM DAVIES SQUARE**

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***(PLEASE ENSURE CELL PHONES AND PAGERS ARE TURNED OFF)***

The Council Chamber of Tom Davies Square is wheelchair accessible. Please speak to the City Clerk prior to the meeting if you require a hearing amplification device. Persons requiring assistance are requested to contact the City Clerk's Office at least 24 hours in advance of the meeting if special arrangements are required. Please call (705) 671-2489, extension 2475. Telecommunications Device for the Deaf (TTY) (705) 688-3919. Copies of Agendas can be viewed on the City's web site at [www.greatersudbury.ca](http://www.greatersudbury.ca).

**COUNCILLOR KETT, IN THE CHAIR**

1. Declarations of Pecuniary Interest

**ANY ITEMS NOT DEALT WITH BY THE ADJOURNMENT HOUR OF  
10:00 P.M. WILL BE CARRIED OVER TO THE FEBRUARY 11, 2004  
MEETING OF THE PRIORITIES COMMITTEE.**

**PRESENTATIONS/DELEGATIONS**

**PAGE NO.**

2. Report dated 2004-01-20 from the General Manager of Health & Social Services regarding the Role of the Nurse Practitioner in the delivery of Primary Care. **1 - 2**  
**(ELECTRONIC PRESENTATION) (FOR INFORMATION ONLY)**

- ▶ Roberta Heale, Victorian Order of Nurses (VON)
- ▶ Marilyn Butcher, Victorian Order of Nurses (VON)
- ▶ Monique Richer, Victorian Order of Nurses (VON)

**RECOMMENDATION:** WHEREAS the Nurse Practitioner functions as a member of the primary care team in the provision of primary care services; and

WHEREAS the Nurse Practitioner provides community based comprehensive primary health care with a focus on health promotion and disease prevention; and

WHEREAS the role of the Nurse Practitioner is seen as optimizing the healthcare delivery in Ontario;

THEREFORE BE IT RESOLVED THAT the City of Greater Sudbury acknowledge the role of the Nurse Practitioner and its contribution to our underserved area and support the community's collaborative efforts necessary for the recruitment and retention of allied health care professionals.

3. A presentation from the General Manager of Economic Development & Planning Services regarding Connect Ontario / GeoSmart Tender Award.  
**(ELECTRONIC PRESENTATION) (FOR INFORMATION ONLY)**

(Connect Ontario is a Ministry of Economic Development and Trade funding program; it develops a network of smart communities across Ontario; stimulates economic development; improves the quality of life. The objectives of Connect Ontario is to enable electronic service delivery; develop web sites; involve citizens.

GeoSmart is a Ministry of Natural Resources' funding program; it helps to develop GIS; to plan and deliver services more effectively; make land-related information available and usable; facilitate geospatial business applications. The objectives of GeoSmart is to help build local & regional capacity to develop, use and maintain geospatial applications; to complement LIO.)

***(The Committee will only consider Items 4 and 5 if they were not dealt with at the Finance Committee meeting of 2004-01-24.)***

4. Report dated 2004-01-22 from the General Manager of Corporate Services regarding Area Rating. **3 - 8**  
**(ELECTRONIC PRESENTATION) (FOR INFORMATION ONLY)**

**PRESENTATIONS/DELEGATIONS (continued)**

**PAGE NO.**

5. Report dated 2004-01-22 from the General Manager of Corporate Services regarding Assessment Growth versus Market Valuation Change. **9 - 14**  
**(ELECTRONIC PRESENTATION) (FOR INFORMATION ONLY)**

**MANAGERS' REPORTS**

6. Report dated 2004-01-20, with attachments, from the General Manager of Health & Social Services regarding Mayor and Council's Children First Roundtable. **15 - 24**

(Request to Council to accept the Terms of Reference for the following Mayor and Council's Roundtables:

Children First  
Seniors Issues  
Physician Recruitment)

**RECOMMENDATION:** WHEREAS the Mayor and Council have prioritized three policy/community development areas as children, seniors and physician recruitment and retention;

THEREFORE BE IT RESOLVED THAT the following Mayor and Council Roundtables be established: Children First, Seniors and Physician Recruitment and Retention;

THAT new members be recruited through a public call; and

THAT the Terms of Reference included in this report be adopted.

**CORRESPONDENCE - INFORMATION ONLY**

**{NONE}**

**ADJOURNMENT (10:00 P.M.) (RESOLUTION PREPARED)**

***{MAJORITY REQUIRED TO PROCEED PAST 10:00 P.M.}***

**2004-01-23**

**COUNCILLOR KETT  
CHAIR**

**CORRIE-JO CAPORALE  
COUNCIL SECRETARY**

# **Presentations and Delegations**

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# Request for Recommendation Priorities Committee



Type of Decision									
Meeting Date	January 28, 2004				Report Date	January 20, 2004			
Recommendation	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Priority	<input checked="" type="checkbox"/>	High	<input type="checkbox"/>	Low
	Direction Only				Type of Meeting	<input checked="" type="checkbox"/>	Open	<input type="checkbox"/>	Closed

Report Title
The Role of the Nurse Practitioner in the delivery of Primary Care

Policy Implications + Budget Impact	
<input type="checkbox"/>	This report and recommendation(s) have been reviewed by the Finance Division and the funding source has been identified
No policy or budget impact	
<input type="checkbox"/>	Background attached

Recommendation	
<p>WHEREAS the Nurse Practitioner functions as a member of the primary care team in the provision of primary care services; and</p> <p>WHEREAS the Nurse Practitioner provides community based comprehensive primary health care with a focus on health promotion and disease prevention; and</p> <p>WHEREAS the role of the Nurse Practitioner is seen as optimizing the healthcare delivery in Ontario:</p>	
<input type="checkbox"/>	Recommendation attached

Recommended by the General Manager
<p><i>C. Matheson</i> Catherine Matheson General Manager, Health and Social Services</p>

Recommended by the C.A.O.
<p><i>Mark Niero</i> Mark Niero Chief Administrative Officer</p>

Date: January 28, 2004

**Report Authored By**



Kim Rossi  
Coordinator of Health Initiatives

**Division Review**

Name  
and Title

THEREFORE be it resolved that the City of Greater Sudbury acknowledge the role of the Nurse Practitioner and its contribution to our underserved area and support the community's collaborative efforts necessary for the recruitment and retention of allied health care professionals.

**Background:**

Nurse Practitioners have practised in Ontario since the 1960's. The Nurse Practitioner is a Registered Nurse (EC) (Extended Class) who has received several more years of advanced medical training and is governed by the College of Nurses of Ontario.

The Nurse Practitioner can provide a number of services to clients which include:

1. Health Assessment and Diagnosis
2. Therapeutics
3. Health Promotion and Disease Prevention
4. Family Health
5. Community Development and Planning
6. Team and Centre Responsibilities.

Nurse Practitioners are not supervised by physicians. However, a collaborative relationship with a physician or a group of physicians is required to ensure that patients have access to a comprehensive range of primary care services.

In light of the physician shortage across the province the Ontario government recognized the contribution of the Nurse Practitioner in enhancing on the delivery of primary care services to underserved communities and committed in investing millions to allow communities in need to submit proposals to apply for Nurse Practitioners. Currently in Greater Sudbury there are a number of available NP positions however there is a need for the community to commit to the recruitment and retention efforts for Allied Health Care Professionals as many of the graduates from our post secondary professional schools, are migrating to other communities.

**Conclusion**

The role of the Nurse Practitioner in our community provides a significant contribution to primary care. As the City of Greater Sudbury faces the same challenges in recruiting and retaining health care professionals, a system needs to be in place which will address the crisis and bring forward manageable, community based solutions to ensure that we foster a healthy community. As well, city staff will continually monitor the availability of funding sources that will enable broadening Nurse Practitioner positions in Greater Sudbury.

# Request for Recommendation Finance Committee




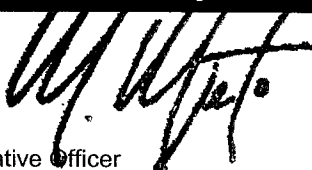
Type of Decision									
Meeting Date	January 24, 2004				Report Date	January 22, 2004			
Decision Requested		Yes	<input checked="" type="checkbox"/>	No	Priority	<input checked="" type="checkbox"/>	High		Low
	Direction Only				Type of Meeting	<input checked="" type="checkbox"/>	Open		Closed

Report Title
2004 Area Rating

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

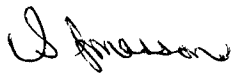
Recommendation
FOR INFORMATION ONLY
Recommendation Continued

Recommended by the General Manager
 D. Wuksinic General Manager of Corporate Services

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

Date: January 22, 2004

**Report Prepared By**



S. Jonasson  
Director of Finance/City Treasurer

**Division Review**

S. Jonasson  
Director of Finance/City Treasurer

At the December 18<sup>th</sup> Finance Meeting, Councillor Dupuis requested that a presentation be made to Council on subject of Area Rating. This report accompanies the presentation which will be made to the Finance Committee on January 24<sup>th</sup>, 2004 as part of the 2004 budget process.

**History**

Area rating was introduced to the City of Greater Sudbury at the time of amalgamation. Section 15 of The City of Greater Sudbury Act 1999 laid out the rules and permitted area rating relating to:

- special services applicable to "old" municipalities
- assets and liabilities of the "old" municipalities, and
- for five specific services, namely
  - the supply and distribution of water,
  - the collection and disposal of sewage,
  - street lighting,
  - fire protection and prevention, and
  - public transportation, other than highways

Because area rating is complex and also difficult to administer, it is not a decision that a municipality wants to make without a lot of thought and review. For many good reasons, area rating under the first two scenarios was not introduced at the time of amalgamation (i.e. minimal service level differences between municipalities were harmonized, no substantial differences in assets and liabilities). These decisions cannot be revisited and therefore this report will only address the decisions around the area rating of the five services listed above and specifically the area rating of fire and transportation which was introduced due to the varied service levels offered by the former area municipalities.

**Five Specific Services**

*Water and Wastewater*

Both water and wastewater services were regional responsibilities prior to amalgamation and although these services were offered region-wide, not everyone received them. For a number of years all water costs and 30 percent of wastewater costs had been recovered through user fees and therefore area rating was not considered for these services. In 2001, the City moved to full cost recovery of both water and wastewater services and adjusted rates accordingly so that only those receiving the services paid for them.

*Street lighting*

Area rating was not considered for street lighting as the cost of this service was nominal as compared to other services and there did not seem to be major service level issues that needed to be addressed.

*Fire Protection and Prevention*

Prior to amalgamation, fire services levels were considerably different throughout the seven former area municipalities and the former unorganized area. It was not possible to harmonize service levels without increasing the budget by about \$20 million, nor was it felt necessary to have career level service throughout the newly created City of Greater Sudbury (CGS). In order to recognize the differing levels of service and also maintain the same relative tax position for this service, area rating was adopted. Therefore three distinct areas were recognized,

- Career - the former City of Sudbury area which was predominantly serviced by full time career firefighters supplemented marginally by volunteer forces,
- Composite - the former City of Valley East area which was serviced by both full time career firefighters and volunteer forces, and
- Volunteer - all other areas of the new CGS including the former unorganized areas which were serviced by volunteers forces only.

*Public Transportation*

Prior to amalgamation, public transportation service levels (transit and transportation for the disabled) were considerably different from one municipality to another. Again, it was not possible to harmonize service levels without increasing the budget by millions of dollars. In fact, the cost to harmonize this service was even higher than the cost of harmonizing fire services. The six smaller area municipalities had differing levels of service and there was no service in Onaping Falls. At the time of amalgamation, the decision was made to harmonize the service throughout the six smaller area municipalities and apply one area rate to them, and have another area rate for the former City of Sudbury area which had a much higher service level. The former unorganized area had no service and therefore was not required to pay for this service. Two area rates established were:

- Commuter - all lower tier municipalities except the former City of Sudbury and excluding the former unorganized areas (Service along major arteries, weekday service level between 6 - 8 trips daily)
- Urban - former City of Sudbury (More frequent service with higher number of trips and service along both main arteries and some residential streets)

Date: January 22, 2004

## Area Rated Services

The following describes how fire protection and prevention costs and public transportation costs are area rated.

### *Fire Protection and Prevention*

#### **2004 Area Rating**

Fire service costs include both base costs and direct suppression costs. The base costs include costs of administration, facilities and apparatus, public education and prevention. Because these costs are common to all areas, they are allocated to each of the fire service areas on the basis of weighted assessment. The direct suppression costs plus the allocated base costs determine the costs for each of the areas. The following chart illustrates the costs and taxes for each of the three service areas using preliminary 2004 budgets and preliminary 2004 assessments.

	<b>Career \$</b>	<b>Composite \$</b>	<b>Volunteer \$</b>	<b>Total \$</b>
Base Costs	2,993,165	501,271	1,325,475	4,819,911
Direct Suppression Costs	7,680,248	1,100,844	982,800	9,763,892
Total Costs	10,673,413	1,602,115	2,308,275	14,583,803
Weighted Assessment	5,575,109,743	953,000,809	2,403,066,229	8,931,176,781
Fire Tax Rate	.0019145	.0016811	.0009606	<i>.0016329</i>
Taxes (\$100,000 home)	191.45	168.11	96.06	<i>163.29</i>

Note the different tax levels in each of the areas in recognition of the differing service levels. Also note the last column which illustrates in italics what the uniform tax rate would be if there was no area rating. If a uniform tax rate were used at existing service levels, then the volunteer area would see a substantial increase in taxes while the career area would see a moderate drop in taxes with the composite area remaining relatively the same.

#### *Future Service Levels and Area Rating Changes*

Over the next year, there will be a number of changes made to the way fire services are delivered in order to ensure that the key principles in the delivery of emergency services are met. One of the objectives is that the closest/fastest and most appropriate emergency services resource be dispatched to the emergency, in the interests of public safety. For example, this will mean that the New Sudbury fire station will serve as first and second response to the community of Garson, and the Minnow Lake station will serve as first and second response to the community of Coniston. The service levels in these two communities will improve without any increase in costs. These changes and others will require a change to the area rating calculation. Thus the career rate would be extended over a larger area, probably resulting in a slight reduction in the career rate and a slight increase in the volunteer rate. Currently area rating is along old municipal boundaries, however new boundaries will have to be drawn to reflect the higher level of service such as those that will be seen in the Coniston and Garson areas and new area rates will have to be calculated.

In addition, the finalization of the master fire plan will be presented to Council in the spring after the 2004 budget is finalized and any resulting changes in service levels will require a review of area rating. One of the improvements being considered in the master fire plan is an increase of 10 full time firefighters in the Valley area. We emphasize that the master fire plan assessment is still underway and that at this time this is but a possible consideration - not a recommendation. Nevertheless, if recommended and subsequently approved by City Council, this would increase suppression service levels in this area to on site first unit response by a 4 person crew, 24 hours a day, seven days a week. Increased operating costs associated with this service level are estimated at \$1 million annually. The following chart shows the impact of these increased costs on the composite rate.

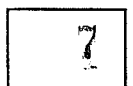
	<b>Career \$</b>	<b>Composite \$</b>	<b>Volunteer \$</b>	<b>Total \$</b>
Total Costs	10,673,413	2,602,115	2,308,275	15,583,803
Weighted Assessment	5,575,109,743	953,000,809	2,403,066,229	8,931,176,781
Fire Tax Rate	.0019145	.0027304	.0009606	.0017449
Taxes (\$100,000 home)	191.45	273.04	96.06	174.49

The fire rate in the Valley area would increase to considerably more than that in the former City of Sudbury area, and with a lesser but somewhat comparable service level. Therefore it would be appropriate to redefine the definition of the Career area to "suppression services offered 24 hours, seven days a week with first response by a 4 person crew manned by full time firefighters". This would allow for the harmonization of the career and composite area rates into one new career rate.

This next chart shows what would happen if the Career and Composite rates were melded into one new Career rate so that only two area rates would exist - a new career rate and the existing volunteer rate.

	<b>New Career \$</b>	<b>Composite \$</b>	<b>Volunteer \$</b>	<b>Total \$</b>
Total Costs	13,275,528	n/a	2,308,275	15,583,803
Weighted Assessment	6,528,110,552	n/a	2,403,066,229	8,931,176,781
Fire Tax Rate	.0020336	n/a	.0009606	.0017449
Taxes (\$100,000 home)	203.36	n/a	96.06	174.49

Note that the taxes in the former City of Sudbury area would go up somewhat as the assessment base in this area shares in the increased costs.



Date: January 22, 2004

**Public Transportation**

*2004 Area Rating*

Transit costs and costs relating to transportation for the disabled are area rated in order to respect the differing levels of service in the City. Transit costs are allocated on a formula based on service hours provided and kilometers traveled. The 2004 allocation is 82 percent to the urban area and 18 percent to the commuter area. Transportation for the disabled costs are allocated based on net costs in each of the 2 service areas. The area rating boundaries follow the former area municipal boundaries.

The following chart illustrates the costs and taxes for public transportation for both service areas, using preliminary 2004 budget numbers and preliminary assessments.

	<b>Urban \$</b>	<b>Commuter \$</b>	<b>Total \$</b>
Transit	4,763,961	1,045,747	5,809,708
Transportation for the Disabled	955,240	641,070	1,596,310
Total Costs	5,719,201	1,686,817	7,406,018
Weighted Assessment	5,575,109,743	3,291,025,965	8,866,135,708
Tax Rate	.0010258	.0005126	<i>.0008353</i>
Taxes (\$100,000 home)	102.58	51.26	83.53

The last column which shows in italics what the tax rate would be if this service was maintained at existing levels but was no longer area rated. Also note that the former unorganized area does not pay for transportation services as it does not receive these services. Just as with fire protection and prevention, as service levels change, there may be a need to revisit how area rates are calculated. If this service was not area rated, there would be additional demands for increased service.

**Summary**

Area rating was introduced at the time of amalgamation in order to recognize the significant differences in levels of fire and transportation services in the former area municipalities and former unorganized areas. As the City evolves and service levels change, so will area rating. As service levels are harmonized, then area rates will be harmonized and where existing services are extended across old municipal boundaries, the area rating boundaries will be modified as well.

# Request for Recommendation Finance Committee



## Type of Decision

Meeting Date	January 24, 2004				Report Date	January 22, 2004			
Decision Requested		Yes	<input checked="" type="checkbox"/>	No	Priority	<input checked="" type="checkbox"/>	High		Low
	Direction Only				Type of Meeting	<input checked="" type="checkbox"/>	Open		Closed

## Report Title

**Assessment Growth versus Market Valuation Change**

### Policy Implication + Budget Impact

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

Background Attached

### Recommendation

**FOR INFORMATION ONLY**

Recommendation Continued

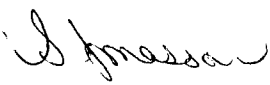
### Recommended by the General Manager

  
D. Wukosinic  
General Manager of Corporate Services

### Recommended by the C.A.O.

  
M. Mieto  
Chief Administrative Officer

**Report Prepared By**



S. Jonasson  
 Director of Finance / City Treasurer

**Division Review**

S. Jonasson  
 Director of Finance / City Treasurer

**BACKGROUND**

This report has been prepared to assist Council in understanding some of the issues relating to assessment, specifically the difference between assessment growth and market valuation change, and what each means to the City of Greater Sudbury.

**City of Greater Sudbury Assessment Growth versus Market Valuation Change**

**Assessment Growth**

Over the last number of years, the assessment growth in the City of Greater Sudbury has been relatively flat. This has been of concern to the City as assessment growth is seen as an indicator of a healthy community. Assessment growth represents the net increase in numbers of homes and business facilities and the expansion of facilities; and increases in assessment suggest that a community is growing. The following shows the assessment growth in the City of Greater Sudbury for the last number of years . The 2004 assessment growth is the highest it has been in a number of years.

Year	1996	1997	1998	1999*	2000	2001	2002	2003	2004*
Assessment Growth (Loss) %	0.57	0.54	0.65	0.77	0.28	0.40	-0.10	0.33	0.78

\* 1999 growth artificially high due to introduction of provincial vacancy rebate program; 2004 growth based on MPAC data to October, 2003

Assessment growth is important to a municipality as it allows for an increase in the levy without an increase in the tax rate. For example, if a municipality has a one percent increase in its levy and a one percent growth in assessment, it can raise additional tax revenue without increasing taxes per se. In our City, the .78 percent assessment growth in 2004 is worth \$1 million. In other words, the 2004 levy can be \$1 million more than last year's levy without affecting taxes.

**Market Valuation Change**

2004 was also a reassessment year. Properties were reassessed by the Municipal Property Assessment Corporation (MPAC), to reflect June 2003 market values. These values are used to develop the returned roll which is used for 2004 taxation purposes. Preliminary estimates indicate that the City's market valuation change is 3.2 percent as outlined in the chart that follows. Market values of properties have changed such that the weighted assessment has increased by 3.2 percent. In comparison, in 2003 the market valuation change was a reduction of 3.6 percent. Although the increase in market values is a positive indicator to the community, it is not the same thing as assessment growth. What it does mean though, is that on average, properties have increased in value since the last reassessment.

<b>Market Valuation Change (000)</b>			
<b>Class</b>	<b>2003 Weighted Assessment \$</b>	<b>2004 Weighted Assessment \$</b>	<b>Valuation Change %</b>
Residential	5,380,233	5,576,949	3.7
Multi-residential	686,428	669,729	-2.4
Commercial	1,672,413	1,757,146	5.1
Industrial	318,759	313,576	-1.6
Large Industrial	541,286	563,466	4.1
Pipelines	47,677	46,046	-3.4
Farmland	2,227	2,518	13.1
Managed Forest	3,676	1,747	-52.5
<b>Total</b>	<b>8,652,699</b>	<b>8,931,177</b>	<b>3.2</b>

What is important to note is that the assessment growth of .8 percent is included in the valuation change of 3.2 percent. Now that we have reassessments every year it is not easy for Council or the public to see the municipality's assessment growth. Before 1998, assessment was easy to measure and in reassessment years, MPAC provided municipalities with assessment growth data. Since the move to market value assessment, municipalities have had to extract this information from the assessment data - a difficult job as the information is not readily available.

**Hypothetical Example of Assessment Growth versus Market Valuation Change**

The following sections of this report show the differences in assessment growth and valuation change using very simple examples. It assumes a "municipality called Tiny" with a municipal levy of \$10,000 and only 4 residential units initially, then growing to 5 units in Year 2. It demonstrates the impact of growth and market valuation change on each of the properties, the tax rate and the municipal levy.

**Assessment Growth**

This chart shows 4 units with a total assessment of \$500,000 and a total municipal levy of \$10,000 in year 1. The tax rate is determined by dividing the levy by the total assessment. In year 2 there is an additional unit with a value of \$20,000. If the tax rate remains at .02, the municipality can raise an additional \$400 or 4 percent because of the \$20,000 growth in assessment. Note that there has been no change in taxes for the first 4 units.

"Tiny" Municipality

	Year 1			Year 2		
Unit	Assessed Value	Tax Rate	Taxes/Levy	Assessed Value	Tax Rate	Taxes/Levy
1	100,000	0.02	2,000	100,000	0.02	2,000
2	120,000	0.02	2,400	120,000	0.02	2,400
3	80,000	0.02	1,600	80,000	0.02	1,600
4	200,000	0.02	4,000	200,000	0.02	4,000
5				20,000	0.02	400
Total	500,000		10,000	520,000		10,400

**Market Valuation Change**

Using the same four residential units as in the first example, the following chart demonstrates what happens when there are changes in value as a result of reassessment but no additional growth.

"Tiny" Municipality

	Year 1			Year 2		
Unit	Assessed Value	Tax Rate	Taxes/Levy	Assessed Value	Tax Rate	Taxes/Levy
1	100,000	0.02	2,000	115,000	0.0185	2,130
2	120,000	0.02	2,400	110,000	0.0185	2,035
3	80,000	0.02	1,600	85,000	0.0185	1,575
4	200,000	0.02	4,000	230,000	0.0185	4,260
Total	500,000		10,000	540,000		10,000

Even though there has been an 8 percent increase in values, there has been no assessment growth. There are no new units. A lower tax rate is calculated and the municipality collects the same levy as before. There is no new money for the municipality. Even though the municipality is collecting the same amount in total, the amount of tax paid by each residential unit is different than before due to the reassessment.

**Assessment Growth and Market Valuation Change**

This next chart illustrates the impact of both a change in valuation and an increase in assessment growth by combining both into one chart. It demonstrates the assessment growth and revenue that results from the additional unit.

"Tiny" Municipality

	Year 1			Year 2		
Unit	Assessed Value	Tax Rate	Taxes/ Levy	Assessed Value	Tax Rate	Taxes/ Levy
1	100,000	0.02	2,000	115,000	0.0185	2,130
2	120,000	0.02	2,400	110,000	0.0185	2,035
3	80,000	0.02	1,600	85,000	0.0185	1,575
4	200,000	0.02	4,000	230,000	0.0185	4,260
5*				21,600	0.0185	400
Total	500,000		10,000	561,600		10,400

\* for simplicity assumes market value increase of 8% in new unit as well

The market value change is now 12.3 percent and it is made up of 4 percent real growth and 8.3 percent in market valuation change. The growth provides the municipality with additional revenue, however the market valuation change just redistributes the existing tax levy among the same ratepayers.

**Other Assessment Issues**

Properties are now being reassessed every year and so from now on (unless the Province changes the reassessment rules), the assessment rolls returned to municipalities will be a combination of valuation changes and pure assessment growth or loss. It will be up to municipalities to determine how much of the change relates to growth in order to calculate its value to the municipality.

There are many other assessment and tax issues that could be included in this report however the complexities of tax policy would only create confusion, so more information on tax policy will be provided at a later date. The one other issue that is important to know, is that legislation now allows a municipality to set its tax rate on a revised roll, as opposed to the returned roll. Municipalities are not happy with the quality of the rolls being returned by MPAC. Due to the number of errors in the assessment roll, for the last 2 years the City has chosen to set tax rates on the revised roll in order to work with MPAC to correct as many errors as possible before tax rates are set. This is a huge undertaking and is currently underway. The protection of the assessment base is a growing concern for many municipalities and therefore we have retained a property tax agent to assist with a number of assessment issues, of which the correction of errors on the assessment role is only one. Other issues of concern are appealing properties and preparing for Assessment Review Board Hearings to both defend and challenge valuations and seek out new revenue sources from increased or missed assessment.

In March or April when Council is ready to set tax rates, the assessment valuation numbers may be marginally different than they are today, due to the corrections being made to the roll at this time.

### Summary

In summary, the City's returned roll indicates a 3.2 percent increase in market valuation. Included in this change is .78 percent real growth representing \$1 million in revenue. Both of these increases can be viewed as positive, especially in comparison to the limited assessment growth of .33 percent and negative market valuation change of 3.6 percent in 2003.

# Managers' Reports

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# Request for Recommendation Priorities Committee

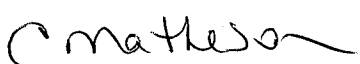


Type of Decision										
Meeting Date	January 28 <sup>th</sup> 2004				Report Date	January 20 <sup>th</sup> 2004				
Recommendation	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Priority	<input checked="" type="checkbox"/>	High	<input type="checkbox"/>	Low	
	Direction Only				Type of Meeting	<input type="checkbox"/>	Open	<input type="checkbox"/>	Closed	

Report Title
Mayor and Council Roundtables

Policy Implications + Budget Impact	
<input type="checkbox"/>	This report and recommendation(s) have been reviewed by the Finance Division and the funding source has been identified
<p>No Financial Impact</p>	
<input checked="" type="checkbox"/>	Background attached

Recommendation	
<p>WHEREAS the Mayor and council have prioritized three policy/community development areas as children, seniors and physician recruitment and retention;</p> <p>THEREFORE BE IT RESOLVED that the following Mayor and Council Roundtables be established; Children First, Seniors and Physician Recruitment and Retention,</p> <p>THAT new members be recruited through a public call; and</p> <p>THAT the Terms of Reference included in this report be adopted.</p>	
<input type="checkbox"/>	Recommendation attached

Recommended by the General Manager
 Catherine Matheson General Manager, Health and Social Services

Recommended by the C.A.O.
 Mark Mieto C.A.O.

Date: January 28<sup>th</sup>, 2004

**Report Authored By**



Stephanie Leclair  
Policy/Community Developer

**Division Review**

**1.0 BACKGROUND**

This report provides revised terms of reference for the reconstituted Mayor and Council Roundtables on children, seniors and recruitment and retention of physicians. During the term of the last Council, these three Roundtables were formed and found to be successful in meeting their objectives over the course of the past three years. Consequently, it is recommended that the terms of reference for these Roundtables be revised and acted upon for the period of the term of this Council.

**MAYOR AND COUNCIL'S "CHILDREN FIRST" ROUNDTABLE**

The Mayor and Council's "Children First" Roundtable is a committed partnership of elected representatives, local experts, businesses and citizens working together to build a sense of civic responsibility to improve the quality of life for children and youth. The roundtable is guided by the "Children First" charter which was endorsed by council in June 2002 and advises the Mayor and members of Council on children's issues.

**MAYOR AND COUNCIL'S ROUNDTABLE ON SENIORS'**

The Mayor and Council's Roundtable on Seniors' represents the diversity of older adults fifty-five years of age and over, within the City of Greater Sudbury, working together to promote, maintain and enhance their quality of life through consultation, education, advice and advocacy.

**COMMUNITY ROUNDTABLE ON PHYSICIAN RECRUITMENT AND RETENTION**

The Community Roundtable on Physician Recruitment and Retention is committed to ensuring that the delivery of health care be accessible to the community and that the City of Greater Sudbury remain competitive and progressive in its options and approaches to the recruitment and retention of physicians.

**2.0 SUMMARY**

Terms of Reference for the three proposed Roundtables are attached to this report. Each Roundtable will be composed of 12 members of the community. The specific goals and objectives are detailed in each Term of Reference. While 50% of the previous roundtable members will be returning, the other 50% will be selected from members of the community through a recruitment process.

**Mayor and Council's "CHILDREN FIRST" ROUNDTABLE  
TERMS OF REFERENCE - 2004 TO 2006**

**1.0 MISSION STATEMENT**

The Mayor and Council's "Children First" Roundtable is a committed partnership of elected representatives, local experts, businesses and citizens working together to build a sense of civic responsibility to improve the quality of life for children and youth.

**2.0 PURPOSE**

The Mayor and Council's "Children First" Roundtable is guided by the charter endorsed by council in June 2002 to advise the Mayor and members of Council on children's issues and to take a leadership role in promoting efforts in our community which put children first.

**3.0 GOALS**

- 3.1 To act as a support to the Mayor and Council on matters relating to children and youth by providing advice, information and recommendations on the development of policies and programs to address the needs of ALL children and youth in the City of Greater Sudbury.
- 3.2 To encourage and promote Sudbury's efforts to put children and youth first by:
  - a) Increasing awareness of the importance of healthy child and human development.
- 3.3 To ensure that information that measures the community's progress in becoming more child and youth friendly is collected and disseminated.
- 3.4 To support strategies that foster and promote Sudbury's capacity to support healthy child and human development, with special attention for those who are disadvantaged due to poverty or any other factors that put them at risk.

**4.0 OBJECTIVES**

- 4.1 To ensure a public awareness and education communication strategy is developed with key messages in order to promote healthy lifestyles, quality of life and social cohesion that will improve our community's health determinants.
- 4.2 To monitor a set of indicators to determine our community's progress in putting "Children First" and to engage local researchers in that regard.
- 4.3 To develop an annual work plan to further focus the community on initiatives that put children first.
- 4.4 Engage community stakeholders, in the private and public sector partnerships to create innovative ways of stimulating our children and encouraging progressive opportunities that will ignite curiosity for fields of endeavour such as mining, technology and health.

## **5.0 STRUCTURE**

The Mayor and Council's "Children First" Roundtable shall consist of a membership of twelve (12). At least four (4) members shall be citizens with interests and experience related to children's issues and at least eight (8) shall be invited community "experts" representing sectors such as: education, research and planning, labour, health, recreation, early child development, non governmental fundraising group, child welfare, media/marketing and business, and others. The membership must be able to represent the diversities within our children's population related to culture, language, abilities and age. The Mayor or his designate will act as Chair. Previous members will assume 50% of the roundtable structure.

## **6.0 CRITERIA FOR MEMBERSHIP**

- 6.1 Citizen members must be parents or have broad experience with children and young people.
- 6.2 Community "expert" members must have depth of experience working with children and must have a solid knowledge of their wider sector (for example education).

## **7.0 SELECTION OF MEMBERS**

- 7.1 Citizen positions on the Mayor and Council's "Children First" Roundtable will be advertised in local media. Past members can apply by submitting their intent in the form of a letter.
- 7.2 Applications for citizen positions must be made on an approved application form that will include the following:
  - a) prospective member's experience with children and youth and/or interest in children's issues
  - b) prospective member's community involvement
  - c) references
  - d) police check
- 7.3 Selections for citizen positions will be made using standardized selection criteria.
- 7.4 Identified prospective members will submit a letter of intention outlining their experience with children's issues and their knowledge and involvement within their sector and their willingness to be considered for the Roundtable.
- 7.5 Final selections for citizen and community "expert" positions will be made by City Council, at a City Council meeting. Replacement or new members will be recommended to Council.
- 7.6 The term of office will be for the duration of the current Council.
- 7.7 An ability to represent the diverse cultures, languages, ages and abilities of Sudbury's children will be considered an asset in the selection process.

## **8.0 OPERATIONS**

- 8.1 The Mayor and Council's "Children First" Roundtable will meet a minimum of once every two months.
- 8.2 Members must attend meetings. Members who miss two consecutive regular meetings without an acceptable reason will lose their membership.
- 8.3 Decisions of the Roundtable will be made by consensus. A quorum of seven members must be reached in order to make binding decisions.
- 8.4 Staff support for Roundtable activities will be provided by the departments of Health and Social Services.
- 8.5 All communications regarding the Roundtable must be approved by the Roundtable.

## **9.0 REPORTING**

Article 34, Advisory Panels, in the Council Procedure By-Law sets out the authority under which the Mayor and Council's "Children First" Roundtable will operate.

**Mayor and Council's Roundtable on Senior's Issues  
Terms of Reference 2004-2006**

**1.0 MISSION STATEMENT**

The Mayor and Council's Committee on Seniors' Issues represents the diversity of older adults fifty-five years of age and over, within the City of Greater Sudbury, working together to promote, maintain and enhance their quality of life through consultation, education, advice and advocacy.

**2.0 PURPOSE**

To advise the Mayor and Council on Seniors' Issues.

**3.0 GOALS**

- 3.1 To respond to requests from the Mayor and Council on matters relating to older adults.
- 3.2 To promote the development and creation of opportunities for self-help and personal growth of older adults.
- 3.3 To enhance the sense of self-worth of older adults in order to maximize their contribution to society.

**4.0 OBJECTIVES**

- 4.1 To address the needs of an aging population through research, consultation and advising on policy development.
- 4.2 To ensure older adults are actively involved in planning for their concerns.
- 4.3 To assist in the development of information and referral mechanisms for seniors, and advise on the creation of advocacy channels for seniors in the City of Greater Sudbury.

**5.0 STRUCTURE**

The Mayor and Council's Committee on Seniors' Issues shall consist of a membership of twelve(12), two from each of six wards, and the Mayor or his Designate, who will act as Chair.

**6.0 CRITERIA FOR MEMBERSHIP**

- 6.1 Members must be fifty-five years of age or over.
- 6.2 Two representatives from each ward.

**7.0 SELECTION OF MEMBERS**

- 7.1 Citizen positions on the Mayor and Council's Roundtable on Seniors' will be advertised in local media. Past members can apply by submitting their intent in the form of a letter.

- 7.2 Applications for citizen positions must be made on an approved application form that will include the following:
- a) prospective member's interest in Seniors' issues
  - b) prospective member's community involvement
  - c) references
  - d) police check
  - e) knowledge of their ward
- 7.3 Selections for citizen positions will be made using standardized selection criteria.
- 7.4 Identified prospective members will submit a letter of intention outlining their interest in Seniors' issues and their knowledge and involvement within their sector and their willingness to be considered for the Roundtable.
- 7.5 Final selections for citizen positions will be made by City Council, at a City Council meeting. Replacement or new members will be recommended to Council.
- 7.6 The term of office will be for the duration of the current Council.
- 7.7 An ability to represent the diverse cultures, languages and abilities of our community will be considered an asset in the selection process.

## **8.0 OPERATIONS**

- 8.1 The Mayor and Council's Roundtable on Seniors' issues will meet a minimum of once every two months.
- 8.2 Members must attend meetings. Members who miss two consecutive regular meetings without an acceptable reason will lose their membership.
- 8.3 Decisions of the Roundtable will be made by consensus. A quorum of seven members must be reached in order to make binding decisions.
- 8.4 Staff support for Roundtable activities will be provided by the departments of Health and Social Services.
- 8.5 All communications regarding the Roundtable must be approved by the Roundtable.

## **9.0 REPORTING**

Article 34, Advisory Panels in the Council Procedure By-Law sets out the authority under which MCCSI will operate.

**Mayor and Council's Roundtable on Physician Recruitment and Retention  
Terms of Reference 2004-2006**

**1.0 Mission Statement**

The Roundtable on Physician Recruitment and Retention is committed to ensuring that the delivery of health care be accessible to the community and that the City of Greater Sudbury remain competitive and progressive in its options and approaches to the recruitment and retention of physicians.

**2.0 Purpose**

The Community Roundtable on Physician Recruitment and Retention was created to address the shortage of health care professionals within our city.

**3.0 Goals**

To address the current shortage of medical practitioners in the City of Greater Sudbury and to identify initiatives for the City's three year strategic plan which will:

**3.1** contribute to the recruitment of health professionals to our community;

**3.2** recognize the contribution of existing health care professionals and acknowledge their importance to health care delivery and lead to greater retention and satisfaction;

**3.3** position our community as a desirable and welcoming health care community.

**4.0 Objectives**

4.1 To bring together representation of stakeholders from elected officials, health sector, business and other community partners and who will as a group address the community needs within community resources;

4.2 To attend provincial, national, recruitment fairs.

4.3 To ensure that a sustained plan for retention is put in place.

4.4 To create a spousal network whereby the needs of the partner and families are addressed.

4.5 To develop a sustained approach to validate those individuals who have been working in our area for the past several years.

4.6 To foster relationships with the Northern Ontario Family Medicine Program and to ensure that student residency is a positive means of assessing our community.

- 4.7 To advocate that the Ministry of Health and Long Term Care consider the recruitment and retention needs of Northeastern Ontario and review/reconsider the UAP incentive packages (ie: salaried positions for hard to serve areas).

## **5.0 Structure**

The Roundtable on Physician Recruitment and Retention shall consist of a membership of twelve (12). At least four (4) members shall be citizens with interests and experience related to recruitment and retention issues and at least eight (8) shall be community representatives from the following sectors: physician,, business, real estate and financial institutions and one member from the Health Systems Roundtable. Previous members will assume 50% of the roundtable structure.

## **6.0 Criteria for membership**

Citizen members must have experience with or in the health care field. Community experts must have experience in the health care field and knowledge in the area of recruitment and retention of physicians.

## **7.0 Selection of Members**

- 7.1 Citizen positions on the Mayor and Council's Roundtable on Physician Recruitment and Retention will be advertised in local media. Past members can apply by submitting their intent in the form of a letter.
- 7.2 Applications for citizen positions must be made on an approved application form that will include the following:
- a) prospective member's experience in the health care field and interest in Physician Recruitment and Retention
  - b) prospective member's community involvement
  - c) references
  - d) police check
- 7.3 Selections for citizen positions will be made using standardized selection criteria.
- 7.4 Identified prospective members will submit a letter of intention outlining their interest in Physician Recruitment and Retention and their knowledge and involvement within their sector and their willingness to be considered for the Roundtable.
- 7.5 Final selections for citizen positions will be made by City Council, at a City Council meeting. Replacement of new members will be recommended to Council.

- 7.6 The term of office will be for the duration of the current Council.
- 7.7 An ability to represent the diverse cultures, languages, ages and abilities of our community will be considered an asset in the selection process.
- 7.8 Recommendations on the selection of members for the Mayor and Council Roundtable on Physician Recruitment and Retention will be made via a nominating committee.

**8.0 Operations**

- 8.1 The Mayor and Council's Roundtable on Recruitment and Retention will meet bi-monthly.
- 8.2 Members must attend meetings. Members who miss two consecutive regular meetings without an acceptable reason will lose their membership.
- 8.3 Decisions of the Roundtable will be made by consensus. A quorum of seven members must be reached in order to make binding decisions.
- 8.4 Staff support for Roundtable activities will be provided by the departments of Health and Social Services.
- 8.5 All communications regarding the Roundtable must be approved by the Roundtable.

**9.0 Reporting**

Article 34, Advisory Panels, in the Council Procedure By-Law sets out the authority under which the Community Roundtable on Physician Recruitment and Retention will operate.