Minute No. 555
Report – Executive Policy Committee – July 11, 2007

Item No. 12 **Red Tape Commission, Recommendation 21 – Jurisdictional Responsibility for the Delivery of Environmental Health Services within Winnipeg**
File EH-1

COUNCIL DECISION:

Council concurred in the recommendation of the Executive Policy Committee, as amended, and adopted the following:

1. That the Administration be directed to do all things necessary to pursue Options 1 and 2, as identified in the report from the Director of Community Services dated May 25, 2007, regarding the future jurisdictional responsibility for Environmental Health Services, and provide an update to the Executive Policy Committee in January 2008 with the recommended Option.

2. That the negotiations with the Province include an understanding that any change to jurisdictional responsibility will not result in a reduction of service in one area of the City to expand service in another area but that increased service may be added to create an equitable and adequate level of service City-wide.

3. That the Proper Officers of the City be authorized to do all things necessary to implement the intent of the foregoing.

Report – Executive Policy Committee – July 11, 2007

DECISION MAKING HISTORY:

Moved by His Worship Mayor Katz,
That the recommendation of the Executive Policy Committee be adopted.

In amendment,

Moved by Councillor Gerbasi,
Seconded by His Worship Mayor Katz,

WHEREAS the area of the City that currently receives Environmental Health Services from the City of Winnipeg receives a higher level of service than those areas under Provincial jurisdiction;

AND WHEREAS there are unique and complex needs in the older neighbourhoods of the City that require an extensive level of service;

AND WHEREAS the areas of the city that receive services from the Province of Manitoba may be receiving insufficient service levels;

THEREFORE BE IT RESOLVED THAT the negotiations with the Province will include an understanding that any change to jurisdictional responsibility will not result in a reduction of service in one area of the City to expand service in another area but that increased service may be added to create an equitable and adequate level of service City-wide.

The amendment was put and declared carried.

The motion for adoption of the item, as amended, was put and declared carried.

EXECUTIVE POLICY COMMITTEE RECOMMENDATION:

On July 11, 2007, the Executive Policy Committee recommended to Council that the Administration be directed to do all things necessary to pursue Options 1 and 2, as identified in the report from the Director of Community Services dated May 25, 2007, regarding the future jurisdictional responsibility for Environmental Health Services, and provide an update to the Executive Policy Committee in January 2008 with the recommended Option.

RE: RED TAPE COMMISSION: RECOMMENDATION 21 - JURISDICTIONAL RESPONSIBILITY FOR THE DELIVERY OF ENVIRONMENTAL HEALTH SERVICES WITHIN WINNIPEG

FOR SUBMISSION TO: Executive Policy Committee

ORIGINAL REPORT SIGNED BY: Clive Wightman, Director
Community Services Department

REPORT DATE: May 25, 2007

RECOMMENDATION(S):

1. That Council provide policy direction regarding jurisdictional responsibility for the delivery of Environmental Health Services within Winnipeg.

2. That Council direct the Administration to do all things necessary to pursue either option 1, 2 or 3, as identified within this Report, regarding future jurisdictional responsibility for Environmental Health Services.

Report Summary

Key Issues:

- This report is in response to Recommendation 21 of the Final Report of the Mayor's Red Tape Commission, which states: "*Make it an intergovernmental priority to eliminate cases of intergovernmental overlap within Winnipeg's jurisdiction. Negotiate agreements with the Government of Manitoba to eliminate jurisdictional conflicts and inconsistencies, especially with respect to by-laws enforcement and health inspection".*

- Since the formation of Unicity in 1972, the City of Winnipeg has delivered public health inspection services within inner-Winnipeg, and the Province of Manitoba has delivered these services within Winnipeg's suburbs.

- This split jurisdictional model of environmental health service delivery systems within the boundaries of Winnipeg has been the subject of joint City/Provincial discussions since the formation of Unicity. Merger of such services has been recommended in order to address a number of identified shortcomings inherent with the existing split jurisdiction model. There has been general agreement that a merger of services should take place. However, there have been mixed views about which authority is best suited to deliver the service.

- In 1999, the Winnipeg Regional Health Authority (WRHA) was established as the mandated agency for the delivery of health services within Winnipeg.

    - The City of Winnipeg public health nurse-managed services were transferred to the WRHA in 1999 and the medical health officers to the Province of Manitoba in 2000. Environmental Health Services is the only remaining health service component delivered by the City of Winnipeg.

- Effective April 1, 2007, all Provincial Public Health Inspectors have been transferred from Manitoba Conservation to Manitoba Health. This is intended to facilitate a more integrated service approach with other public health services of the Winnipeg Regional Health Authority.

- Neither the Provincial Public Health Act nor the City of Winnipeg Charter requires the City to deliver public health inspection services. The City of Winnipeg Charter enables the City of Winnipeg to pass by-laws respecting health hazards.

- In addition to enforcing public health laws, public health inspectors also enforce City of Winnipeg property standards and nuisance by-laws.

- Policy direction is required with respect to future jurisdictional responsibility for the delivery of Environmental Health Services. The options are:

    1. Transfer City of Winnipeg Environmental Health Services (public health Province of Manitoba (details are provided in the Discussion section of this report on page 11).

    2. Pursue the amalgamation of all public health inspection services within Winnipeg (City and Provincial) within the City of Winnipeg structure (details are provided in the Discussion section of this report on page 14).

    3. Services remain status quo – the City of Winnipeg retains current responsibility for the delivery of public health inspection services within inner Winnipeg and the Province of Manitoba within Winnipeg's suburbs. This option would require inter-governmental discussions with the Province of Manitoba to ensure an increase in Provincial public health inspection service levels within the suburbs in order to establish consistent service levels across all of Winnipeg (details are provided in the Discussion section of this report on page 15).

- All options presented for consideration will have an impact on the level of service provided by Environmental Health Inspectors in the City of Winnipeg proper.

Implications of the Recommendation(s):

General Implications

( ) None

(X) For the organization overall and/or for other departments

(X) For the community and/or organizations external to the City

( ) Involves a multi-year contract

Comment(s): Amalgamation of Public Health Inspection Services under one authority would result in more coordinated, consistent approaches and the potential for more efficient service delivery to the citizens of Winnipeg.

If the City of Winnipeg were not the authority responsible for environmental health service delivery, Housing and Existing Building Inspection Services within Planning, Property and Development Services and Fire Prevention Services would become the City's only mechanisms for the enforcement of property standards by-laws.

Policy Implications

( ) No

(X) Yes

Comment(s):

The transfer of City of Winnipeg Environmental Health Services to the Province or the Winnipeg Regional Health Authority would shift responsibility for public health inspection services to the jurisdiction that is currently mandated for the provision of all health services within Winnipeg. These services would then be funded in total by the Provincial Government, which is the level of Government financially responsible for the delivery of health services.

The City of Winnipeg, however, would no longer have any policy or administrative decision-making power with respect to ensuring that public health inspection services were tailored to meet the needs of inner-Winnipeg neighbourhoods.

Regulatory Implications

( ) None

(X) Eliminates or reduces regulatory impact

( ) Proposes regulatory impact

Comment(s): Consolidation of public health inspection services under one authority would resolve interjurisdictional regulatory, enforcement and service delivery conflicts.

If public health inspection services were consolidated under the Province or WRHA, the City of Winnipeg would need to establish an alternate enforcement mechanism for those City property standards by-laws that are currently enforced by City and Provincial Public Health Inspectors.

If public health inspection services were transferred out, The City of Winnipeg would need to re-consider what health-related areas it would continue to regulate, given that the City would no longer be formally involved in the delivery of public health services, eg. Body Modification By-law, Non-smoking By-law. In the future, it may also be difficult for the City of Winnipeg to proactively deal with new and upcoming health issues that may not be the priority of the authority mandated for the delivery of public health inspection services.

Environmental Implications

(X) No

( ) Yes

Comment(s):

Human Resources Implications

( ) No

(X) Yes

Comment(s): Refer to information presented within the report regarding the human resource implications associated with each of the options 1, 2 and 3.

Financial Implications

(X) Within approved current and/or capital budget

( ) Current and/or capital budget adjustment required

Comment(s): There is no financial impact associated with this report. Financial implications of Options 1, 2 & 3 would be subject to negotiations with the Province of Manitoba.

Report

REASON FOR THE REPORT:

On December 12, 2001, Council adopted the recommendation of the Executive Policy Committee Report dated December 12, 2001, that requested the Chief Administrative Officer to prepare an analysis of civic authority in environmental health enforcement and options for ending the split jurisdiction in the area of environmental health enforcement between the City of Winnipeg and the Province of Manitoba.

On March 22, 2006, the Executive Policy Committee directed the Chief Administrative Officer to prepare and forward reports on all remaining recommendations of the Red Tape Commission in an expedited manner, reflecting a list of priorities. One of these recommendations was Recommendation 21, namely:

Make it an intergovernmental priority to eliminate cases of intergovernmental overlap within Winnipeg's jurisdiction. Negotiate agreements with the Government of Manitoba to eliminate jurisdictional conflicts and inconsistencies, especially with respect to by-laws enforcement and health inspection.

21.1 These negotiations should begin at the public service level, and should be separate and distinct from any other outstanding financial discussions or disputes between either government.

21.2 In any such discussions, the public interest should be paramount. Nevertheless, the City should be flexible with respect to staffing issues and consult closely with pertinent unions, provided the final goal of consistent service delivery is met by the negotiations process. If collective agreements are a barrier to any transfer of service, cost-sharing or harmonization effort, the City should see to resolve these issues through a transition program with existing staff, or through shared-management or shared agency models that achieve the City's goals.

21.3 Consistency in the management, training and enforcement of environmental health and safety regulations across the City of Winnipeg should be the City's highest priority in any negotiations under Recommendation 21.

The City of Winnipeg Administration requires Council direction with respect to the future jurisdictional responsibility for the delivery of Environmental Health Services (public health inspection services) within Winnipeg.

HISTORY:

The potential merger of the City of Winnipeg and the Province of Manitoba Environmental Health service delivery systems, within the boundaries of Winnipeg, has been the subject of joint City/Provincial discussions since the early 1970's. Prior to the creation of Unicity in 1972, the City of Winnipeg was responsible for the delivery of public health services to its residents. The Province of Manitoba provided these services to the residents of the other urban municipalities making up Metropolitan Winnipeg. Upon the creation of Unicity, most of the municipal services were amalgamated; however, public health responsibilities remained a split jurisdiction.

Since 1972, a number of task forces and committees considered the problem of a split jurisdiction for public health services. All have recommended the delivery of these services under one authority. However, over the years there has been mixed views about which authority is best suited to deliver the services. In 1991, a committee of City and Provincial representatives completed the most recent review of the split jurisdiction issue. This committee conducted a comprehensive review of public health services in Winnipeg and other jurisdictions. The 1991 Provincial/City Health Services Rationalization Committee Report recommended that merger would address a number of identified shortcomings inherent with the existing split jurisdiction model. This joint Provincial/City report identified the need for a consistent and efficient citywide delivery system, however, did not ascribe delivery responsibilities to a specific jurisdiction.

On February 22, 1995 - City of Winnipeg Council adopted Clause 1 of the Report of the Executive Policy Committee, dated February 15, 1995, recommending:

1. That the City of Winnipeg enter into discussion with the Province of Manitoba over the provision of Public Health Services;

2. That the proper officers of the City of Winnipeg do all things necessary to implement the intent of the foregoing.

In late 1995, the Administration of the City and Province were directed to begin planning the amalgamation of the environmental health/public health inspection component of public health services under the auspices of the City. Meetings took place throughout

1996 to address the transfer of public health inspection services from the Province of Manitoba to the City of Winnipeg.

On December 3, 1997 – Executive Policy Committee laid over a report entitled Amalgamation of the Provision of Environmental Health Services in the City of Winnipeg, referring the matter to the Chief Administrative Officer with direction that this be included in the overall negotiations and discussions with the Partners in Public Service Initiative.

On January 28, 1998 – City of Winnipeg Council granted an extension of time of 365 days for consideration of the Amalgamation of the Provision of Environmental Health Services in the City of Winnipeg.

Beginning June 29, 1998, a team from the Community Services Department met on an ongoing basis with representatives of Manitoba Environment. The joint review team focused on developing an implementation framework for senior administrative and political approval, which would see the amalgamation of Environmental Health Services within the City of Winnipeg. A framework for the merger and service restructuring was presented to EPC in November 1998. Throughout 1999, administrative discussions between the City and the Province regarding implementation continued.

On May 17, 2000, following another 365-day layover, this agenda item was again brought forward. At that time EPC referred the matter to the Standing Policy Committee on Protection & Community Services for further review.

On June 5, 2000, the Standing Policy Committee on Protection and Community Services requested that the Director of Community Services provide a report to the meeting of the Standing Policy Committee on Protection and Community Services for July 6, 2000 with respect to the status of the amalgamation of the provision of Environmental Health Services in The City of Winnipeg. This report was held in abeyance, pending resolution of outstanding issues between the City of Winnipeg and the Province of Manitoba with respect to the transfer of jurisdiction for the provision of Public Health Nurse-Managed Services and Social Services.

On November 23, 2004, the Mayor officially established a Red Tape Commission to review City operations and regulations in order to improve customer service while granting administrators more freedom to innovate.

The Red Tape Commission submitted a final report, dated June 28, 2005, containing 30 general recommendations, each with numerous more detailed sub-recommendations. Recommendation 21 states: *Make it an intergovernmental priority to eliminate cases of intergovernmental overlap within Winnipeg's jurisdiction. Negotiate agreements with the*

Government of Manitoba to eliminate jurisdictional conflicts and inconsistencies, especially with respect to by-laws enforcement and health inspection.

At its meeting of March 22, 2006, the Executive Policy Committee directed the Chief Administrative Officer to prepare and forward reports on all remaining recommendations of the Red Tape Commission.

DISCUSSION:

Background Information

The public health mandate for Public Health Inspectors includes:

- Preservation of life and the health of the people
- Prevention of injury to life and limb
- Investigation and reduction of the causes of disease, ill health and death.

This includes the enforcement of:

- The Manitoba Public Health Act and Regulations
    - Unsanitary Conditions
    - Dwellings & Buildings
    - Swimming Pools
    - Food Handling Establishments

- City of Winnipeg By-laws
    - Food Service Establishments
    - Derelict Vehicle By-law
    - Heating By-law
    - Maintenance & Occupancy By-law
    - Unsightly Premises By-law
    - Anti-litter By-law
    - Noise By-law
    - Pigeon By-law
    - No Smoking By-law
    - Body Modification By-law

A portion of the annual License revenues collected by the City are generated by inspections carried out by public health inspectors in facilities requiring health approval.

Other Canadian Jurisdictions

In other Canadian jurisdictions the following models exist:

- *British Columbia, Alberta & Saskatchewan* – Public health services in the urban centres are delivered by the local Regional Health Authority. Other municipal health related by-laws are enforced through a purchase service agreement with the health authority or by municipally employed by-law enforcement officers.
- *Ontario* – In Ontario, the Health Protection and Promotion Act requires the establishment of Boards of Health to provide or ensure provision of a minimum level of defined public health programs. Public Health units in Ontario are 75% funded by the Province. In Toronto, the Board of Health determines and sets public health policy and advises City Council on a broad range of health issues. Recommendations with city-wide or financial implications are forwarded to City Council for approval. The Board of Health has 13 members – six Toronto City Councillors, six citizen representatives and an elected school board representative. The Medical Officer of Health for the City of Toronto is the Executive Officer of the Board. In Toronto, public health inspectors are employees of the City of Toronto.
- *Newfoundland, Nova Scotia, New Brunswick* – Health inspection services are delivered by the Province, either by the Ministry of Health or the Ministry of Agriculture.

Winnipeg Situation

Since the formation of Unicity in 1972, the City of Winnipeg has delivered public health inspection services within inner-Winnipeg. The Province of Manitoba has delivered these services within Winnipeg's suburbs. The 1991 Provincial/City Health Services Rationalization Committee Report cited the following problems associated with this split jurisdiction:

1. The ability to provide consistent public health services to the citizens as a whole is impaired.
2. Citizens of Winnipeg receive different levels and types of service.
3. Split jurisdiction based on obsolete municipal boundaries obscures the political/administrative lines of accountability for these services. This creates public confusion about who provides public health services and what services are available.
4. There is administrative duplication and therefore, the potential for less cost-effective service provision.
5. There has been inconsistent application of the City of Winnipeg License By-law mandated health inspection requirements between City and Provincial inspectors in their respective parts of Winnipeg.

Over the past few years there has been public concern expressed regarding the fact that property standards are not enforced at the same level in suburban Winnipeg as they are in inner Winnipeg. This is due to the fact that Provincial staff resource to population ratios are lower than those of the City of Winnipeg. As a result, the Province is not able to prioritize for the enforcement of City by-laws that they regard as "non-health related property standards by-laws".

In 1999, the Winnipeg Regional Health Authority (WRHA) was established as the mandated agency for the delivery of health services within Winnipeg. As a result, the City of Winnipeg's public health nurse-managed services were transferred to the WRHA in 1999 and the medical health officers to the Province of Manitoba in 2000. The WRHA is now the official health service delivery agent within Winnipeg, except for public health inspections. This perpetuates and even further complicates the delivery of integrated public health services. Rather than two jurisdictions, there are now three – City, Provincial and the WRHA.

In June 2000, the Province of Manitoba proclaimed in force amendments to The City of Winnipeg Act. These amendments were contained within The Regional Health Authorities Act passed in 1997 that deleted several sections in The City of Winnipeg Act, most notably section 683. It was that section that stated that the City was responsible for the health services formerly administered by the City of Winnipeg in 1972 (ie. within the boundaries of the former City) and which also continued the existence of several health units within the suburbs. When these sections were deleted in 2000, any legal impediment to the City enforcing its health by-laws in the suburbs was removed. Although these are the legal provisions contained within the Act, from an operational perspective, the City of Winnipeg and the Province of Manitoba continue to provide service based on the model established at the time Unicity was formed; that is, the City of Winnipeg is responsible for the enforcement of the Public Health Act and City of Winnipeg health related by-laws in inner-Winnipeg and the Province of Manitoba is responsible for the enforcement of the same in the suburbs.

Three Policy Options for Consideration

This report presents three policy options for the consideration of City of Winnipeg Council with respect to future responsibility for the delivery of public health inspection services within Winnipeg:

1. Transfer of City of Winnipeg Environmental Health Services (public health inspection services) to the Winnipeg Regional Health Authority or the Province of Manitoba.

2. Pursue the amalgamation of all public health inspection services within Winnipeg (City and Provincial) at the City of Winnipeg.

3. Services remain status quo – the City of Winnipeg retains current responsibility for the delivery of public health inspection services within inner Winnipeg and the Province of Manitoba within Winnipeg's suburbs. This option would require inter-governmental discussions with the Province of Manitoba to ensure an increase in Provincial public health inspection service levels within the suburbs in order to establish consistent service levels across all of Winnipeg.

Option 1: Transfer of City of Winnipeg Environmental Health Services (public health inspection services) to the Winnipeg Regional Health Authority or the Province of Manitoba.

Opportunities:

Would shift responsibility for public health inspection services to the jurisdiction that is currently mandated for the provision of all health services within Winnipeg.

Would allow for the amalgamation of all public health inspection services within Winnipeg under one jurisdiction, resulting in more coordinated, consistent approaches and the potential for more efficient service delivery to the citizens of Winnipeg.

Would consolidate policy and administrative jurisdiction for all public health services, i.e. public health nursing, medical health officer and public health inspection services with one agency or level of government.

The provision of public health inspection services would be funded in total by the Provincial Government, which is the level of Government financially responsible for the delivery of health services. The City of Winnipeg's 2007 adopted mill rate support budget for the provision of Environmental Health Services within inner-Winnipeg is $2,248,661 (Revenues $131,000/Expenses $2,379,661).

Risks:

Policy Implications: The City of Winnipeg would no longer have any policy or administrative decision-making power with respect to ensuring that public health inspection services were tailored to meet the needs of inner Winnipeg neighbourhoods.

Financial Implications: In order to mitigate the financial impact to the City of Winnipeg related to a transfer out of services, the following issues would need to be addressed in the inter-governmental negotiation process:

- The City's liability for Sick Leave Cashout and Severance pay;
- Possible pension equalization payments;
- The loss of annual License By-law revenues;
- Required resources for the enforcement of property standards by-laws;
- Any potential impact on the Province's annual transfer to the City of Winnipeg;
- The possible sale of EHS inventory and assets to the Province of Manitoba or WRHA upon transfer of City staff.
- The possibility for lease or sale of 33 Warnock Street, the offices the City of Winnipeg Environmental Health Services Branch currently occupies, to the Province of Manitoba or WRHA.
- Negotiation with the Province/WRHA would be required in order to ensure that the City of Winnipeg has access to public health inspection services when needed to respond to municipal issues such as housing revitalization initiatives; use of the Public Health Act to deal with unsafe housing situations; environmental health expertise during a community emergency or disaster; consultation regarding City of Winnipeg swimming and whirlpool water quality; and for the enforcement of City of Winnipeg by-laws such as the By-law to Regulate Smoking, the Food Services By-law, and other health related by-laws such as the Body Modification By-law, etc.

Regulatory Implications: The City of Winnipeg would need to re-consider what health-related areas it wants to regulate given it would no longer be formally involved in the delivery of public health services, eg. Body Modification By-law, Non-smoking By-law.

Housing and Existing Building Inspection Services within Planning, Property and Development Services would become the City's only mechanism for the enforcement of by-laws such as the Maintenance and Occupancy by-law, the Derelict Vehicle by-law and other property standards by-laws. Fire Prevention also enforces the Vacant and Derelict Buildings By-law.

A portion of the annual License revenues collected by the City are generated by inspections carried out by public health inspectors in facilities requiring health approval. The inspection costs recovered through designated trade license revenue could not be fully retained by the City, if the inspections were not carried out by City staff.

- The City of Winnipeg would need to negotiate with the Province/WRHA for the services of public health inspectors to inspect establishments regulated under the City's current License By-law (or the possible future Doing Business in Winnipeg By-law as recommended in the Red Tape Commission Report); and enforcement of other health-related City by-laws and property standards by-laws. This type of service purchase agreement would result in costs to the City;

OR

- Alternatively, the City of Winnipeg could hire By-law enforcement officers to carry out heath-related inspections and enforcement under the current License By-law (or potential future Doing Business in Winnipeg By-law as recommended in the Red Tape Commission Report); and the City's property standards by-laws currently enforced by Public Health Inspectors, eg. Unsightly Premises By-law, the Anti-litter By-law, Maintenance and Occupancy By-law, Derelict Vehicle By-law, etc. This would require the City to hire new By-law Enforcement Officers.

Human Resource Implications: Financial negotiations with the Province of Manitoba and the Winnipeg Regional Health Authority respecting such a transfer may also result in one time or ongoing financial liabilities for the City of Winnipeg with respect to human resource implications:

- There are a total of 30 positions in the Environmental Health Services Branch - 3 of these positions are WAPSO positions and 27 positions are CUPE positions. The CUPE Collective Agreement provides permanent employees with Employment Security, therefore giving staff the option of staying with the City of Winnipeg. These employees are salary protected, and the City must continue to pay their salary and benefits until the employees are redeployed into alternate positions. There are very few positions similar to the Public Health Inspector; therefore, we would anticipate that redeployment, if necessary, would be a long and difficult process. It is anticipated that redeployment costs per employee would be similar to those experienced previously, when City of Winnipeg Social Services was transferred to the Province of Manitoba.

- Annual salary and benefits costs for all Environmental Health Services Branch staff are:

  - $1,959,417 for 2006 Actuals
  - $1,982,086 for 2007 Adopted Budget
  - $2,046,699 for 2008 Projected Budget
  - $2,088,896 for 2009 Projected Budget

- The WAPSO Collective Agreement has provisions for redeployment, or failing that, severance (which includes costs) to employees. The success of and costs of redeployment would be impacted by the number of redeployment initiatives occurring in the corporation at the time of transfer. If there are other initiatives that would require redeployment occurring concurrently, in succession, or within a relatively short time frame from the adoption of this

initiative, it may decrease redeployment options and/or increase redeployment costs.

- Both Collective Agreements have lengthy notice provisions.

- Other costs will include cash out of accumulated sick leave, and vacation entitlements. There may also be some pension implications and/or costs.

Option 2: Pursue the amalgamation of all public health inspection services within the City of Winnipeg structure.

Opportunities:

Would allow for the amalgamation of all public health inspection services within Winnipeg under one jurisdiction, resulting in more coordinated, consistent approaches and the potential for more efficient service delivery to the citizens of Winnipeg.

The City of Winnipeg would have policy and administrative decision-making power with respect to ensuring that public health inspection services were tailored to meet the needs of Winnipeg citizens.

Maintains inspector resources for the enforcement of health-related property by-laws.

Risks:

Past discussions that have taken place between the City of Winnipeg and the Province of Manitoba with respect to the potential transfer of Provincial public health inspection services to the City of Winnipeg have identified a number of issues. In the City of Winnipeg's administrative view, past administrative discussions have not achieved cost-neutrality with respect to the following issues:

- Work volumes that would transfer from the Province to the City present a 65% increase in Environmental Health service requirements. However, if the number of staff transferred to the City was based on the current number of Provincial public health inspectors, this would mean that staff resources in the Community Services Department would increase by only 20%. The potential service deficit would need to be addressed through: operational efficiencies, targeted service reductions, and deployment of new technologies. This would necessitate some significant shifts in service priorities, and reduce the service levels that are currently provided in inner-Winnipeg.

- Over time, the City of Winnipeg would incur increasing salary and benefit costs. Salaries would escalate as a result of merit-based movement on the City's pay grids and negotiated economic increases arising from collective bargaining with CUPE and WAPSO. Pension plan participation by the transferred work group would present the City with annual contribution costs. Transferred employees have accumulated Sick Leave benefits that present a liability for the City of Winnipeg. Severance allowances would be payable at retirement under the MGEU, CUPE and WAPSO collective agreements, to the employees transferred into the City's workforce. Provincial employee benefit levels are lower than those paid by the City of Winnipeg. Therefore, if the funds transferred were based on making the transfer cost neutral in year one, due to increments etc., the City of Winnipeg would be in a deficit position in years two and beyond.
- The new information technology resources that would be required in order to realize the necessary service efficiencies would result in a significant capital expenditure and ongoing maintenance costs.
- There may not be a will on the part of the Province to transfer all public health inspections to the City of Winnipeg given that effective April 1, 2007, all Provincial Public Health Inspectors have been transferred from Manitoba Conservation to Manitoba Health. This is intended to facilitate a more integrated service approach with other public health services of the Winnipeg Regional Health Authority.

Option 3: Services remain status quo - The City of Winnipeg retains current responsibility for the delivery of public health inspection services within inner-Winnipeg and the Province of Manitoba within Winnipeg's suburbs.

Opportunities:

The City of Winnipeg would retain policy and administrative decision-making power with respect to public health inspection services within inner-Winnipeg. This would ensure that services are tailored to meet the needs of Winnipeg's highest need neighbourhoods.

The City of Winnipeg would not incur the increased costs associated with assuming the responsibility for public health inspection services for all of Winnipeg.

Risks:

In this option, the issues inherent in a model of split jurisdiction are not resolved. Therefore, this option would require inter-governmental discussions with the Province of Manitoba to ensure an increase in Provincial public health inspection service levels within the suburbs in order to establish consistent service levels across all of Winnipeg (Public Health Act and City of Winnipeg property standards by-laws).

Consolidation of all public health service components with one authority is not achieved.

The City of Winnipeg continues to fund and deliver a health service that could be considered the mandate of the Provincial level of Government/the Winnipeg Regional Health Authority.

Financial Impact Statement Date: May 25, 2007

Project Name:

Jursidictional Responsibility for Environmental Health Services

COMMENTS:

There is no financial impact associated with this report. Fiancial implications of Options 1, 2 & 3 would be subject to negotiations with the Province.

Cindy Fernandes, BComm(Hon), CMA
Manager of Finance & Administrative Services

IN PREPARING THIS REPORT THERE WAS:

Internal Consultation With and Concurrence By:

Legal Services
Corporate Finance

External Consultation With: Nil

THIS REPORT SUBMITTED BY:

Department:	The Community Services Department
Division:	Community Resource, Protection and Safety Services Division
Prepared by:	Kelly Goldstrand, Manager Community Resource, Protection and Safety Services
File No.	