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**Official Report
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Tuesday 4 September 2012

**Journal
des débats
(Hansard)**

Mardi 4 septembre 2012

**Standing Committee on
Government Agencies**

Intended appointments

**Comité permanent des
organismes gouvernementaux**

Nominations prévues

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON
GOVERNMENT AGENCIESCOMITÉ PERMANENT DES
ORGANISMES GOUVERNEMENTAUX

Tuesday 4 September 2012

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The committee met at 0901 in committee room 1.

SUBCOMMITTEE REPORT

The Chair (Mr. Bill Mauro): Good morning, everybody, and welcome to government agencies.

Before we get started, we have one subcommittee report to deal with this morning. I need somebody to move its adoption. Mr. Walker?

Mr. Bill Walker: I move adoption of the report of the subcommittee on committee business dated Thursday, August 23, 2012.

The Chair (Mr. Bill Mauro): Thank you very much. Any comments? Thank you very much. It is carried.

INTENDED APPOINTMENTS

MS. MARIE FORTIER

Review of intended appointment, selected by official opposition party: Marie Fortier, intended appointee as vice-chair, Ontario Health Quality Council.

The Chair (Mr. Bill Mauro): Our first intended appointee today is Marie Fortier, who is nominated as the vice-chair of the Ontario Health Quality Council. Ms. Fortier, are you here? Could you please come forward? Thank you and good morning.

Ms. Marie Fortier: Good morning.

The Chair (Mr. Bill Mauro): You can begin with a brief statement, if you wish, Ms. Fortier. Any time used for your statement will be deducted from the government's time for questions. Each party will then have 10 minutes to ask you questions, and questioning will start with the third party. We'll open the floor and ask you to make your presentation. Thank you for being here.

Ms. Marie Fortier: Thank you, Mr. Chairman. Thank you very much for the opportunity to introduce myself to the committee.

I'll tell you a little bit about my background. It's mostly in the field of health, starting with my degree in health administration from the University of Ottawa. I spent 15 years in hospital management in Ontario, and some in Quebec. I also have a few years in regional planning in Quebec and at the local health integration network for eastern Ontario.

The last 20 years of my career were in the federal government, where I spent time in aboriginal health, health policy, Indian affairs and intergovernmental affairs.

I was on a number of boards throughout my career, some in a variety of institutions. After I retired, I was involved with an organization called the Institute on Governance, where I was a board member and, for about a year and a bit, I was also chair of that board.

In the federal government I was, in the latter part of my career, associate deputy and deputy in several departments, and part of that also in the Privy Council Office, where the intergovernmental affairs unit is located. I must say that that gave me a particular focus on the relationship between elected officials and the public service. I very much see an agency like Health Quality Ontario as an extension of the public service.

I think that what I learned most in those roles was the importance of providing neutral and evidence-based advice to government, to the elected officials on policy and program issues, but then to follow with competent execution of the direction given by government, by the elected officials, regardless of whether that direction was consistent with the advice given. That's the tricky part of being a senior official: giving that advice and then acting on the decision regardless of whether that was the one you were recommending.

I also learned a lot about inter-agency collaboration, which you'd think is an easy thing but is actually always more difficult than one expects, particularly in my role in intergovernmental affairs in the Privy Council Office. That was a huge part of my work.

After I left the public service and retired, I became chair of the Champlain Local Health Integration Network for one term, for three years. It was not exactly the very first years of the LHINs but close, very early in the work of the LHINs. There I had an opportunity to learn a lot more than I had earlier in my experience about the context of the government of Ontario and all of the structures, policies and processes that exist and evolve in the Ontario government.

The LHINs are in a similar agency relationship to the government as is HQO. They have legislation, of course, creating their mandates, but also the same instruments—like memoranda of understanding between the chair and the minister, business plans, annual reports—and the same appointment process as HQO.

I also think that the LHINs are important potential partners for HQO because of their unique relationship to health providers. They have tools under their legislation to require providers to link funding to performance, and

that's an important tool that HQO will be able to use in the long term.

The LHINs also have on-the-ground knowledge of the workings of the health care system in their own region and the particular issues, and I think that will also be a powerful collaboration for HQO.

As you probably know, I've been on the board of HQO since May 2011. Of course, I've learned a lot about its operations and mandate, particularly the challenges brought about under the Excellent Care for All Act, which broadened the role of HQO significantly. I therefore had an opportunity to be part of the board as the HQO strategic plan was developed in the last year. I've also been on a few committees of the board, so I've gotten myself involved in governance and nomination and management resources.

I'm not a scientist, nor am I a health clinician. My background before my MHA is in commerce. So I think my contribution to HQO as vice-chair will be more at the policy and system level; on the issues of collaboration and partnership, which I think are critical for the success of HQO; and of course in governance and government relations.

That completes my remarks, Mr. Chair.

The Chair (Mr. Bill Mauro): Ms. Fortier, thank you very much. You've used about five minutes, so when we get to the government side, you'll have about five minutes, should you choose to use it. I'll begin with the third party. Mr. Tabuns.

Mr. Peter Tabuns: Thank you very much for coming in this morning. I don't have many questions, but one that I wanted to get your thoughts on was: What do you think are the most important indicators of the quality of the health care system and the experience of patients in it?

Ms. Marie Fortier: There are so many indicators. In fact, I think our challenge is that we have too many. When reporting on them, if you look at the health quality monitors that HQO has released I think just in June, there are a lot of them.

To pick one, I think maybe the issue of readmissions to acute care is like a canary in the coal mine, because it's a symptom of a lot of other things not happening in the system both in terms of hand-off—transferring care from the hospital sector to community agencies—or the fact that there may not be an agency able to look after the needs of a particular individual. That's a powerful one, but you have to go beyond just that indicator. You can't blame the hospitals for readmissions per se. You have to decompose the reasons for them, and they may be different from one place to the other.

That's an important one. Is it the most important? Hard to say, but I think that that one—and HQO is focusing a lot in this area. I think that one is one. Of course, the overall health status of a community remains an important set of indicators, again signifying a lot of different things. You have to unpack these indicators very carefully.

Mr. Peter Tabuns: Thank you, Mr. Chair.

The Chair (Mr. Bill Mauro): Thank you. The government side.

Ms. Helena Jaczek: I think there's no doubt, Ms. Fortier, that your qualifications and experience would suit you admirably to be a member of the Health Quality Council, which of course you have been for a year.

You alluded to the strategic plan of 2012, and I believe there are a number of recommendations. Could you perhaps elaborate on one particular aspect of the strategic plan that you really want to see move forward over, say, the coming year?

0910

Ms. Marie Fortier: Thank you. I think that the most difficult one will be ensuring that there's uptake on the findings or the evidence that HQO can pull together—not that the evidence is all there just to be picked up; it's not that easy. Nonetheless—there was an interesting article in the Globe this morning about that very point—getting from knowing that a practice can be improved or streamlined or even not adopted—dropped completely—to ensuring that that gets built into everyday operation both in doctors' offices and hospitals, or indeed in community agencies, is not so easy. Changing people's habits is not easy. And sometimes it also changes the way money flows, which is also—let's be honest—a consideration. If you stop doing something that was a source of income for somebody, they're not going to enjoy that too much. That's the challenge: how you get from evidence to implementation, and who are the partners with whom you can work to make that easier?

One big area that remains a concern is getting the information easily accessible to everybody who needs it. We're still a long way from having that. As simple as you might think—the technology is there, by the way. The information technology is there to support that, but getting the information to flow through is still not quite where it should be. I think that will be the biggest challenge for HQO.

Ms. Helena Jaczek: Just as a follow-up, how does the Health Quality Council actually disseminate some of the findings directly to potentially the front line in health care? Is there a newsletter? I'm just thinking; I don't think I've ever received anything quite like that.

Ms. Marie Fortier: No, there isn't a newsletter, but there are several ways in which the health council disposes of its evidence. Sometimes it's recommendations to the ministry, and it's up to the ministry then to choose how to implement it. They have legislative powers, they have regulatory powers, and can use all those. Sometimes it's releasing information. That's a very indirect way. It's like rain: You hope it falls on the right plant, and if it doesn't, you're no further ahead.

I think the tools at the disposal of an organization like HQO are a bit limited outside of information and using the power of the government itself. That's why I think partnerships are going to be crucial.

Ms. Helena Jaczek: Thank you.

The Chair (Mr. Bill Mauro): Thank you, Ms. Jaczek. The official opposition: Mr. Pettapiece.

Mr. Randy Pettapiece: Thank you, and good morning. When you were chair of the Champlain LHIN, there were reports we have that there was over \$5.1 million spent on administration alone. We're quite concerned about the dollars spent in health care that maybe are not going to front-line health care. Can you give us some idea of how you can ensure that the money is getting to front-line health care, as we think it should be, instead of going to these massive administration costs?

Ms. Marie Fortier: That's an interesting question. In order to answer that, you'd have to look at what administration was costing before the LHINs were created, because there were other structures before that, district health councils and regional offices of the Ministry of Health, all of which have disappeared with the creation of the LHINs. It's not an add-on of whatever amount is spent in administration; it's really a reallocation. My guess is—I've actually never done the math myself—it's at least not more expensive than it was before, and it possibly is less.

But part of the role of the LHIN, of course, is to ensure that funding—they have that crucial role in allocating funding that the ministry determined. The ministry determines the pot, and over the years the LHIN has had gradually more power to redirect or reallocate that within the region so that it does get to the appropriate front-line organizations. That's really going to make a difference in the long term. It doesn't make a difference in one budget cycle or two or three, but over time you're starting to see already that there's more emphasis on primary health care and a lot of funding going to initiatives that help people with multiple chronic diseases—keep them in the community and that sort of thing.

Mr. Randy Pettapiece: As I understand it, you can't give us figures on before-LHIN and after-LHIN; is that correct?

Ms. Marie Fortier: I'm sure somebody has done it; I haven't. I certainly don't have it top of mind, but I know that there was something like 100 employees in the district health council and probably at least as many in the regional office of the ministry. The LHIN—when I was there, there were about 35 employees.

Mr. Randy Pettapiece: Can you give us some overview as to where this \$5.1 million was spent?

Ms. Marie Fortier: Well, that depends what you count.

Mr. Randy Pettapiece: I just have "administration" here. That's a broad—

Ms. Marie Fortier: It's impossible for \$5.1 million to be spent in just administration in the LHIN itself, because the budget for—and perhaps that's the cost of all the employees and the operation of the LHIN, rent and all that stuff. Each LHIN is responsible for a budget for its region of a lot more than that.

Champlain, when I was there: I think the overall allocation for expenditures—and that excluded public health and excluded physician remuneration, drugs and everything. For the 200 agencies, the budget was over \$2 billion. Now, that's not the LHIN budget; that's the

regional health envelope that the LHIN is responsible for. If the cost of running that entire operation and entering into accountability agreements with 200 or more agencies is \$5 million, that's not administration. It's planning; it's accountability; it's a lot of different elements of ensuring that that \$2.2 billion is spent appropriately.

Mr. Randy Pettapiece: I think you can understand, though, that in these days of tight government budgets and everything else, we have to make sure that money is spent where it should be going. I can understand that \$5.1 million may not be a big figure in the overall budget of everything. It's still a lot of money, and I think we have to be careful that this money is spent wisely and where it should be going. Thank you.

The Chair (Mr. Bill Mauro): Ms. Thompson?

Ms. Lisa M. Thompson: Thank you very much. Good morning, Ms. Fortier. I'm sure you're aware that the Health Quality Council's mandate is transparent and accountable health care. I'm sure you'll agree that, in recent years, with the scandals like eHealth and Ornge, we've gotten away from that. So I was wondering: In your experience with the Champlain LHIN and other positions, what kind of interaction have you had with eHealth or with Ornge?

Ms. Marie Fortier: With Ornge, zero. With eHealth, yes, because each LHIN had some responsibility for thinking through the implementation of electronic health records in their region. By the way, that's going to be an important element to better accountability and transparency in the system as data on the utilization of services and how people are treated in the system becomes available on a much larger scale. In that context, we had dealings with eHealth at the LHIN, but it was at the level of proposals and our own regional plans being submitted for funding for specific initiatives, but not at the level of their governance or anything of that sort.

Ms. Lisa M. Thompson: Okay. Thank you.

The Chair (Mr. Bill Mauro): Mr. Walker?

Mr. Bill Walker: Ms. Fortier, the cuts in the OHIP fee schedule will influence every community's access to certain medical services. For those watching at home or reading the transcripts, my concern is that it's being spun as that there will be a reduction in fees to people and, really, they're not going to see any because directly people did not pay those fees, but a cut to the physician who performed those fees is obviously very evident. Did the Health Quality Council endorse or oppose this move by government?

Ms. Marie Fortier: I don't believe it would be in its mandate to do either, and it hasn't been discussed by the Health Quality Council, no.

Mr. Bill Walker: So you were not consulted, despite that being a fairly significant area of your—

Ms. Marie Fortier: No, we weren't.

0920

Mr. Bill Walker: I guess the subsequent question to that would be that the government spent over \$7 million on your agency, but didn't consult you. So I have a bit of a concern. You're mandated to look at overall health

quality, and yet there's no government coming to you asking. So, if you could share with me how you believe you would be better able to influence and ensure that there's a better relationship going forward, it would certainly be helpful.

Ms. Marie Fortier: I don't believe HQO should be looking for expanding its role at the moment. I think there's a lot already under the new legislation that needs to be done well, and if there are areas in the future on which the government wants further advice, they'll ask. The one area that connects to your point is evidence-based funding, on which HQO is doing some work, but the form that could take—it won't be specifically about remuneration to one or the other group of professionals; it may well be about bundles of care and how they should be structured and organized and costed, which is a slightly different perspective than talking about fees or fee schedules.

Mr. Bill Walker: And a final point of clarification, if I could. You have vast experience in a number of different areas of the health care sector. It would seem to me logical that Health Quality Ontario would have been at least consulted. You're in the midst of all of this in ensuring that there's quality across the spectrum. Would you concur that you should have at least been consulted by the government before this was marched out?

Ms. Marie Fortier: Not necessarily. As I say, I don't think Health Quality Ontario can be everything to everybody. I think there are areas in which it's the prerogative of the minister and the ministry to choose who they'll ask advice from. As I say, HQO has a lot of responsibilities, and, for the time being, I think that expanding them prematurely would just make it unrealistic for HQO.

Mr. Bill Walker: Thank you.

The Chair (Mr. Bill Mauro): Thank you very much for your time, Ms. Fortier. Our time is up. We'd appreciate it if you could take a seat in the audience.

MS. CAMILLE EDWARDS

Review of intended appointment, selected by official opposition party: Camille Edwards, intended appointee as member, Trent Hills Police Services Board.

The Chair (Mr. Bill Mauro): Our second intended appointee today is Camille Edwards—Ms. Edwards, are you here? Please come forward—nominated as a member for the Trent Hills Police Services Board.

Ms. Edwards, you may begin with a brief statement if you wish. As is usual, any time you use for your statement will be removed from the government's time for questions, and then each party will have—

Interjections.

The Chair (Mr. Bill Mauro): You have up to 10 minutes. So, thank you for being here. Please begin.

Ms. Camille Edwards: Thank you, Mr. Chair and ladies and gentlemen. Thanks for the opportunity to attend here today and speak to you on my intended appointment.

In 1998, my husband and I moved to Hastings, now part of Trent Hills, where we purchased a business. In 2000, my husband went into politics and I began my involvement with the community. Shortly thereafter, our daughter and son-in-law followed us to Trent Hills to live in Campbellford, and I now have two beautiful granddaughters.

I became involved with some community groups: the Hastings breakfast program and Hastings community policing. I have been involved with community policing for 12 years and work with a dedicated group of volunteers. We work closely with council, our police services boards, our liaison officer, the police and the community. We're involved in the grade 6 DARE program in five elementary schools in Trent Hills and started Positive Decisions, Positive Choices for the grade 8 students.

We're involved in programs such as Lock It or Lose It, bike rodeos, checking for seatbelts, speeding, and the Kids, Cops and Canadian Tire Fishing Derby for kids aged 5 to 14.

I have attended several PACT police services boards meetings. I still continue my involvement with many community organizations and sit on several committees of council, as I like to keep busy.

That's my little blurb.

The Chair (Mr. Bill Mauro): Thank you very much. We'll begin with the government side. Ms. Jaczek.

Ms. Helena Jaczek: Thank you, Chair. So you're already very active in your community.

Ms. Camille Edwards: Yes, I am.

Ms. Helena Jaczek: It sounds like you've got a lot on your plate. What exactly has made you want to sit on the police services board now?

Ms. Camille Edwards: As I said, I've been in community policing for 12 years, and I think the police services board—policing, period, is very important in any community. It's a very big part of a municipal budget, so you need to have effective policing. As I've been to several of the PACT meetings, and the police services board, I knew they were short. One provincial member had resigned last year. I knew they were short and I thought maybe I would try my hand at the police services board because, as I said, I've been so involved with community policing.

Ms. Helena Jaczek: And you're a former councillor—

Ms. Camille Edwards: I am a former councillor.

Ms. Helena Jaczek: —and former deputy mayor?

Ms. Camille Edwards: Yes.

Ms. Helena Jaczek: Oh, I see. Okay. Thank you. How do you feel the role of deputy mayor will have prepared you for the police services board?

Ms. Camille Edwards: Well, I think being a councillor and a deputy mayor—I mean, I was involved with one contract we did with the OPP, which was very challenging—I learned a lot—but it was very successful at the end and both parties came to a very good agreement. The police services board always submitted their reports to council every month, so I was able to read

what was going on. I'm so involved with the community, and even in a small place like Trent Hills certain things are on the rise, like drugs and vandalism. So I really think I could be effective, because having worked with the people as well, we get a lot of feedback. Even if you're going for breakfast or a coffee, they stop you and ask you questions. You can't evade it in a small community.

Ms. Helena Jaczek: Could you maybe describe for us one of the programs you were involved with with community policing, something that you felt was particularly effective?

Ms. Camille Edwards: The DARE program. We've been doing it for years; we find it's very effective. For the last couple of years we've had a very good community liaison officer, and the kids—when we go to the DARE graduations, because community policing does go—just interacted so wonderfully with her. We've never taken statistics on whether it's working, but I think it's working, because being in that community such a long time, I've seen them now in high school. It seems to be working. They're very proud to wear their DARE shirts. Let's face it, drugs are everywhere, and I think if we can catch them in grade 6—and then we started something in grade 8 going into grade 9, Positive Decisions, Positive Choices, which is just a reinforcement of the DARE program but a little bit more involved.

Ms. Helena Jaczek: Okay. Thank you.

The Chair (Mr. Bill Mauro): Thank you, Ms. Jaczek. The official opposition: Mr. Pettapiece.

Mr. Randy Pettapiece: Thank you. You've been a member of the Trent Hills council. You're currently not a member of that?

Ms. Camille Edwards: No.

Mr. Randy Pettapiece: Your remuneration is paid out of municipal funds, I would understand. Is there a per diem or annual pay for appointed members of this council?

Ms. Camille Edwards: I really do not know what one gets paid to sit on the police services board. I've never been bothered to ask about that—even now, applying for this.

Mr. Randy Pettapiece: When I first became a councillor for where I'm from, I never knew what the pay was either. It was more of wanting to do the job and—

Ms. Camille Edwards: I agree with you there. It is wanting to do the job.

Mr. Randy Pettapiece: The province is in a financial squeeze, and I'm sure it's been well publicized and you know about that. Because Trent Hills contracted with the OPP, policing at the local level may be affected by changes in provincial legislation. That had been hinted by this current government. How can the police services board ensure that the people of Trent Hills will not suffer if the present government decides to take on the OPP and their contracts?

0930

Ms. Camille Edwards: First of all, I have no idea what you're talking about with respect to the present

government doing something with the policing. I don't know.

Mr. Randy Pettapiece: We're talking about public sector wage freezes.

Ms. Camille Edwards: I haven't really been following that.

Mr. Randy Pettapiece: I see.

Ms. Camille Edwards: So I cannot really comment on that until—if I'm appointed, and then see what the other members feel about it and see what is going on. So I don't feel comfortable commenting at this time.

Mr. Randy Pettapiece: All right. Thank you.

The Chair (Mr. Bill Mauro): Ms. Thompson?

Ms. Lisa M. Thompson: The Ontario Association of Police Services Boards has complained of the increasing costs of OPP contracts, for which your municipality contracts for services, and I want to share a quote with you from the president of the Ontario association:

"We are particularly concerned about the rapidly increasing costs of OPP contracts, which are not transparent and leave municipalities on the hook for millions of dollars in unexpected costs.... We need to find a solution urgently because, quite simply, municipalities and taxpayers can no longer afford to pay."

Given your previous experience on municipal council, are you familiar with the current agreement that is in place with the OPP?

Ms. Camille Edwards: I am not familiar with the entire—like, what the contract was. I do know that they're paying almost \$3 million, and as a part of a municipal budget it's always been a very big expense. Now, I know at the end of the contract sometimes we get money back; sometimes we have to pay more. It just depends on what services were involved.

I agree with you that it is a big part of a municipal budget, and with small communities the taxpayers are in your face because it is small communities and they're the ones that have to foot the bill. But you also need police services. Since we've had the OPP, I think we've had very good services.

Ms. Lisa M. Thompson: Okay. Very good. And how do you monitor the contract's ROI, the return on the dollars paid or the investment, to ensure that you're getting value for the money?

Ms. Camille Edwards: Well, I know one of the things we do talk about with the contract is how many officers you need for your area. Sometimes we'll say, "No, maybe it's too much," or whatever. We sort of bandy it back and forth. But at the end of the year, as I said, if they don't give us services, they will give us money back.

Ms. Lisa M. Thompson: Okay.

Ms. Camille Edwards: But sometimes we ask for more services, so then we have to pay more.

Ms. Lisa M. Thompson: Right. Can you tell me the population of Trent Hills?

Ms. Camille Edwards: It's just over 12,500. It's very spread out, though.

Ms. Lisa M. Thompson: And how many officers cover that area?

Ms. Camille Edwards: I'm not sure what they have in the new contract.

Ms. Lisa M. Thompson: All right. And just to close, are you aware of the fact that the current agreement with the OPP has had them at a zero increase in terms of pay increase over year one and year two of their current agreement, but in year three there's going to be a sizable pop in terms of salaries? On average, it's about 10%. I've heard between 8% and 12% that this government has negotiated. So it's like, "Take it easy on us, take a zero increase, and then we promise you a big whopping sum of money in year three."

How on earth could—because you said that your municipality experiences a huge expense for the services. Knowing now that in year three of the provincial contract with the OPP there's a promised increase, on average, of 10%, where do you see those dollars coming from or how would the municipality deal with that?

Ms. Camille Edwards: You're talking about a 2012 contract?

Ms. Lisa M. Thompson: Yes.

Ms. Camille Edwards: As I said, I've not been involved in that.

Ms. Lisa M. Thompson: Okay.

Ms. Camille Edwards: I'm taking your word for what you say, that it's going to go up. Sometimes you just have to find the money if you need the services, and I would hope that the present council has figured out something. I don't know. It's something that you don't know that far ahead, what you're going to do or what you'll be drawing in in tax dollars.

Ms. Lisa M. Thompson: Okay. So would you agree sometimes the government's short-term band-aid solutions can truly handcuff a municipality along the way?

Ms. Camille Edwards: Well, it's not just with policing. It's with infrastructure; it's everything. Small municipalities have a problem in coming up with the money. That's why we're always looking for grants and funding from whichever government is in power, because we're a small tax base. All over Canada there's one taxpayer. Whichever way you look at it, it's one taxpayer. In municipal politics and in small communities, water, sewer, all of that is very expensive, but you know what? You've got to offer recreation, you have to offer these things, and you do the best you can.

Ms. Lisa M. Thompson: Okay. Thank you so much. I appreciate it.

The Chair (Mr. Bill Mauro): Mr. Walker?

Mr. Bill Walker: Good morning, Ms. Edwards.

Ms. Camille Edwards: Good morning.

Mr. Bill Walker: Just following on that line of thought, you made a comment that you just hope you'll find the money somewhere. So if it came to the point where this increase was going to come and you had a decision to make to either go into debt to finance this or to hold the line on that increase, which way would you vote?

Ms. Camille Edwards: It's very hard to say something like that when you're talking about in the future because I don't know what other things will be around at the time that would be considered by council. So it's very hard.

I know when I joined council in 2005, our hospital needed very huge repairs, and we are very lucky to have a small hospital in our community. We did a levy. Now, with some people it didn't go down very well, but what we did was, we put a time limit on it. It was going to be so much money. The time limit was going to be, I think it was, two or three years, and we burnt the bylaw at the end. We raised money that way for the hospital, and it worked very well. But you're not going to please everybody all the time and sometimes you have to make a difficult decision.

But to answer your question, I don't know what my decision would be, what the council decisions would be in the future. I don't know. I really can't answer that.

Mr. Bill Walker: Okay. I would only add that it would be very tough, I think, to go to the community to fundraise for policing. I've fundraised for hospitals. It's one thing to do that. Certainly to go to the police and say, "I'm going to go out fundraising for more money for your salaries," I'll suggest good luck with that.

Ms. Camille Edwards: I agree with you. But I remember, it must have been four or five years ago, we were talking about policing because all these big issues always pop their head up. It was in Hastings, which is my—I was a Hastings councillor. They were willing to pay more money. It was a shock. So sometimes you never know what's going to happen.

Mr. Bill Walker: Yes. On a similar but different topic, many municipalities, my area included, are struggling with large amounts of unpaid fines. Certainly Trent Hills, from what I'm being led to believe, has shown activism on policy matters relating to photo radar and those types of things. What approach would you take in regard to the unpaid fines, to collect those?

Ms. Camille Edwards: I don't think we have photo radar. I know they've been asking—the police services board, I read somewhere, wants photo radar to come back in, but we don't have photo radar. We go out with a little gun, community policing and just—we just take statistics. That's what we do.

Mr. Bill Walker: Okay. So I'll separate that into, then—we'll leave the photo radar.

The Chair (Mr. Bill Mauro): You have 30 seconds left, Mr. Walker.

Mr. Bill Walker: Unpaid fines: How strict would you be and what approach would you take to recover those?

Ms. Camille Edwards: If I remember well, I thought our unpaid fines were dealt with through Cobourg or something, but I could be wrong on that. But I think it sort of goes through—it's not us that—

The Chair (Mr. Bill Mauro): Okay, Ms. Edwards. Thank you very much for your time. The time is up, Mr. Walker.

Thank you for your presentation. If you—oh, I'm sorry. Mr. Tabuns, my apologies. The third party.

Mr. Peter Tabuns: Not a problem, Mr. Chair. Ms. Edwards, thanks for coming this morning. I have no questions for you.

The Chair (Mr. Bill Mauro): Thank you. Thank you, Ms. Edwards.

Ms. Camille Edwards: Thank you.

The Chair (Mr. Bill Mauro): Okay, we'll now proceed with the concurrences for today's intended appointees and first consider the concurrence of Marie Fortier, nominated as vice-chair, Ontario Health Quality Council. Could I have someone move the concurrence? Ms. Jaczek.

Ms. Helena Jaczek: I move concurrence in the intended appointment of Marie Fortier, nominated as vice-chair, Ontario Health Quality Council.

The Chair (Mr. Bill Mauro): Thank you. Any discussion?

All in favour? Opposed, if any? It's carried. Thank you very much.

We'll now consider the concurrence of Camille Edwards, nominated as member, Trent Hills Police Services Board. Would someone please move this concurrence? Ms. Jaczek.

Ms. Helena Jaczek: I move concurrence in the intended appointment of Camille Edwards, nominated as member, Trent Hills Police Services Board.

The Chair (Mr. Bill Mauro): Thank you. Any discussion?

All in favour? Opposed, if any? It's carried. Thank you very much.

Congratulations to both Ms. Fortier and Ms. Edwards. Thank you for being here.

That concludes our business.

The committee adjourned at 0940.

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