THE CORPORATION OF THE DISTRICT OF BURNABY

January 30, 1970.

MANAGER'S REPORT NO. 7, 1970

His Worship, the Mayor,
and Members of the Council.

Gentlemen:

Your Manager reports as follows:

1. Re: Building Demolition

There is a very old shack on property located at 9137 Mona Avenue owned by the Corporation which should be demolished.

O.K. It is recommended that the Land Agent be authorized to have the building demolished.

2. Re: Policy - Lanes in Subdivisions

The Council, at its meeting on January 19th, received information pertaining to a proposed lane to be created by the subdivision of Block 101, D.L. 132, Group 1, Plan 1493 (Reference 129/68 - McLean).

A suggestion was made that the following proposal perhaps merited consideration.

> "That, where an owner is subdividing his property and is required by the Approving Officer to provide a lane both at the rear of the property and along one or more sides and is required to pay for the paving of such lanes, he should be exempted from paying for the cost of paving more than one of the lanes."

The Approving Officer was asked to examine the feasibility of the proposal and submits the following report.

"The suggestion made at the Council meeting on January 19, 1970, viz:

> "That, where an owner is subdividing his property and is required by the Approving Officer to provide a lane at the rear of the property and along one or more sides and is required to pay for the paving of such lanes, he should be exempted from paying for the cost of paving more than one of the lanes."

is contrary to the established policy adopted by the Council on September 14, 1964 and which has been followed by this Department since that time. A copy of the Council minute relating to the policy is attached for easy reference.

We believe that wherever a required service benefits the property being subdivided the application of the 1964 Council policy is justified. In the case of Mr. McLean's subdivision the lane pattern has been established for many years and the ultimate completion of the lane to the pattern intended will definitely benefit Mr. McLean's whole property. As reported in our memo of January 19, 1970 the value of the 5' required for lane plus the estimated construction cost of $1,200.00 is in fact less than if Mr. McLean had been required to dedicate 10' for lane and pay half the construction costs which would be the usual case.

Flankage lanes are not uncommon in Burnaby and have been required in numerous subdivisions in recent years. In each case the developer was required to provide all such lane allowances and construct the lane where feasible or deposit an amount in trust for future construction. Although the Council policy in effect at the time the

(Continued....)

CORRECTION: (Next to last paragraph)

"The matter of attempting to have the cost of flankage lanes shared by several owners has been reviewed and the conclusion reached that there is no practicable way of achieving this. Any cost-sharing would therefore have to be borne by the Corporation, and we believe that residents of the Municipality should not, through general revenue, pay for services that directly benefit one particular subdivision and on which the developer stands to realize a fair profit.

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2. Re: Policy - Lanes in Subdivisions ---continued---

15' allowance was dedicated for lane in Mr. McLean's case, did not require a deposit for future lane construction, it has been illustrated that in fact the amount of $1,200.00 plus land value is not an unfair requirement.

The matter of attempting to have the cost of flankage lanes shared by several owners has been reviewed and the conclusion reached that there is no practicable way of achieving this. Any cost-sharing that residents of the Municipality should not, through general revenue, pay for services that directly benefit one particular subdivision and on which the developer stands to realize a fair profit.

We, therefore, recommend that the Council policy now in effect be adhered to and that the payment of $1,200.00 for the construction of the lane in Mr. McLean's subdivision remain a requirement for final approval."

3. Re: Taxi Licenses

Burnaby has 53 licensed taxicabs as follows:

Bonny's Taxi Co. (including Owner Drivers)	- 28
Capitol Hill Taxi Ltd.	- 14
Courtesy Cabs Ltd.	- 10
Legion Taxi	- 1
	53

The Municipal license fee is $40. per taxicab per year. Licenses are issued in the name of the registered owner of the vehicle. Under the Bylaw, licenses are required to maintain an office.

Taxicab licenses are treated in a manner similar to other Trades Licenses. That is, an applicant once having met all requirements for licensing is automatically eligible for renewal of that license upon payment of the proper fee. Refusal or revocation of that right would require Council decision in each case.

Taxicabs are considered to be a part of the public transportation system. To the extent that a cab may operate outside the boundaries of the municipality licensing them they come under P.U.C. jurisdiction. As a part of the public transportation complex the interests of the public should be paramount in the minds of the licensing authority. Taxicabs should be clean and well kept, mechanically correct, driven by capable and trustworthy chauffeurs, and convenient to the public.

Referring to this latter stipulation, such necessity for convenience requires either a grouping of owner-operators, or a company. Only in this way can advertising of the existence of the cabs, a dispatching centre, and radio control of the fleet become economical. Reputable companies are usually progressive and seek franchises and industrial contracts to assure themselves of regular custom. Acceptance into such a company entitles a newcomer to participate in all the above.

Taxicab licenses have had a value on the market many times in excess of the Municipal license fee. This fact has caused some concern in the minds of various licensing authorities, including Burnaby. A great deal of thought has been given to ways and means to eliminate the practice. Whatever the eventual solution may be it has so far escaped everyone. There is one very obvious method and that is to remove all limits on the number of taxicab licenses. Simple as this may seem it has one important drawback - it would encourage people to get into industry without proper resources and background. The available legitimate revenues would be spread so thinly that clandestine and illegal practices would develop. The mechanical condition of the cars

(Continued....)

3. Re: Taxi Licenses ---continued---

would deteriorate and the public, who pay the tariff, would be the big losers.

No company can afford to get into the taxicab business and set up an organization to become successful if there is any hint that their licenses would not be renewed - assuming of course that they have done nothing to deserve refusal or revocation of their licenses. Indeed, the Municipal Act practically assures renewal except for some cause. In dealing with the cases of owner-operators, these are usually connected with some company and while it might well be possible to cancel a license if the taxicab changes hands and there is a new registered owner the company would quickly move to have all licenses in the company name for self-protection.

Committee Clerk & Mercier

So far as can be determined no satisfactory method which recognizes the legitimate interests of the taxicab industry and at the same time the interests of the public, which would eliminate the sale of taxicabs for high prices, has yet been devised. Only a publicly-owned and operated taxicab system could ensure this.

At the present Burnaby has one taxicab for every 2,250 population. The Burnaby Taxi Owners' Association would like to see this ratio maintained. The License Department now has applications on hand for five more taxicab licenses.

The Chief License Inspector recommends a ratio of 1:2000. This would permit 7 new licenses to be issued.

O.K.

It is recommended that Council set a ratio of taxicab licenses in Burnaby at 1:2000 population.

4. Re: Littering and Indiscriminate Dumping

Council asked the Solicitor to advise it on the following questions:

(1) Is there any provision in the Health Bylaw covering the practice of littering and indiscriminate dumping?

(2) If so, what problems are there in prosecuting under the Bylaw?

(3) What penalties are provided under the Health Bylaw for littering or indiscriminate dumping?

(4) Has provision been made in that Bylaw for continuing offences by the penalty applying each day the offence occurs?

1. The Health Bylaw is #509. Sections 3 and 4 of Bylaw #509 provide:

3. No person within the Municipality shall deposit or suffer or permit to be deposited in or upon or unto any street, square, lane, byway, wharf, dock, slough, lake, pond, bank, harbour, river, stream or water any manure or other refuse, or vegetable, or animal matter or filth of any kind, or any dead animal.

4. No person within the Municipality shall suffer or permit to be upon any land or premises within the Municipality of which such person is owner or occupier, or which such person has under his control, any stagnant water, tin cans, waste paper, rags, dead birds, fowls or animals, remnants of food or other rubbish or garbage of any kind whatsoever.

2. The Bylaw is certainly all-inclusive. Problems of enforcement relate somewhat to the severe coverage it provides. Mainly, however, the problem of enforcement is one of time and manpower. In the interests of time, enforcement through the Courts is utilized only as a last resort. Court cases are very time-consuming. Enforcement of these sections is only a small part of the duties of Public Health Inspectors and the usual practice is to get an offence cleaned up within the

To Pollution Committee

(Continued....)

4. Re: Littering and Indiscriminate Dumping ---continued---

minimum input of man-hours rather than get involved in Court.

Rec'd

3. Bylaw #509 provides for a penalty of not exceeding $100, with or without costs, or 30 days in the Common Jail.

4. There is no provision in Bylaw #509 for any penalty other than that stated in 3. above.

5. Re: Community Plans

Tabled to Advisory Planning Committee

Submitted herewith is the report of the Planning Director, dated January 29, on the above subject.

6. Re: Report on "Locked-In" Lots

Submitted herewith is the report of the Planning Director, dated January 30, on the above subject.

7. Re: Sundry Local Improvements - Section 601 Report

Submitted herewith is the cost report by the Municipal Treasurer required by Section 601 of the Municipal Act for Local Improvement Street Improvements arising from Council Minutes of 22 July, 1968 and 15 Sept. 1969.

Rec'd.

The total of these works is $404,300. The rough estimate for the works included in the report on Borrowing Requirements 1970, as approved by Council 10 November, 1969 was $350,000.

8. Re: Sundry Local Improvements

The Section 601 Cost Report prepared by the Treasurer for Sundry Local Improvements totalling $404,300 contains one item of improvement not provided for in Burnaby Local Improvement Charges Bylaw 1968, Amendment Bylaw 1968, being Bylaw #5334.

Before this project can be initiated it will be necessary to amend the bylaw as follows:

"14 Widening to 46' and 5' curb sidewalks

a) Grading and roadbed preparation on existing streets, portland cement concrete curb sidewalks 5' wide on both sides of the street, asphaltic pavement not greater than 6" in thickness to cover existing pavement to a width between curb faces of 46' including retaining walls, storm drainage facilities and boulevard restoration incidental thereto.

b) $.89 per taxable front foot in fifteen annual installments except that where a pavement is already in place, for which local improvement charges are currently being paid, the annual rate shall be $.51".

O.K. It is recommended that the bylaw providing for this amendment be passed.

Respectfully submitted,

H. W. Balfour,
MUNICIPAL MANAGER.

HWB:bp
Attach.

9. Re: Lane Paving

The recent decision of Council to change the policy respecting tie-ins in conjunction with lane paving to one wherein abutting owners are to be charged for such tie-ins separately from whatever rate may apply for the lane paving itself, requires an amendment to By-law No. 5546, passed 28th July, 1969.

The relevant section of By-law No. 5546 now reads:

"14' or less pavement on lanes

(a) Grading and roadbed preparation on existing lanes, asphaltic pavement not more than two inches in thickness to a width of 14' or less, depending upon width of lane allowances, placement of power and telephone poles, etc., and including asphaltic paved tie-ins with existing driveways and garage approaches where necessary, but in any event, not further than the boundaries of the lane allowances.

(b) $.257 per taxable front foot in five annual instalments."

This should now be amended by deleting the words "and including asphaltic tie-ins with existing driveways and garage approaches where necessary, but in any event, not further than the boundaries of the lane allowances."

The Solicitor is preparing the amending by-law.

A form has been devised for making application for tie-ins. It is recommended that property owners be given the option of paying for such work done at their request at the rate of $2.25 per square yard of asphalt in the first tax levy, or at the rate of 51.4¢ per square yard payable over 5 years.

OK.

10. Re: Hospital (Private) Services - also known as Nursing Home Care.

The attached submission of the Social Service Administrator is submitted with reference to the Notice of Motion to Council with respect to responsibility for Private Hospital Services.

Your Municipal Manager concurs with the general statements of the Social Service Administrator.

A change in the overall attitude toward hospital care is long overdue. It is indefensible that a person qualifying for acute care should be charged only $1.00 per day while others requiring a little less care, possibly, since they do not suffer from an acute disease or accident, are faced with paying the full cost of the institutional care they require. There is some relief provided for extended care patients if in a non-profit institution.

A more comprehensive approach to the care of people is needed, with facilities for each stage of personal care provided. Such a program would assist the acute hospitals and would permit much faster and less expensive construction.

The Administrator's point about the $1.00 deterrent fee is quite a valid one. It is difficult to rationalize a $1.00 fee for acute hospital care when the average stay in hospital is about 15 days, representing a total cost on the "averaging" method of only $400.00, more or less, while another person requiring a lesser standard of medical attention is required to pay up to $350.00 per month for such care.

Recognition of the "profit-motive" may well have its valid points but if it is to be treated in this manner by the Government, authorities should have a satisfactory alternative. It is this alternative which is now lacking.

(Continued.....)

10. Re: Hospital (Private) Services --- Continued ---

Tabled

On the question of responsibility, the Administrator points out that this has been passed to the Municipalities by the Social Assistance Act. Whether or not this could be deemed to conflict with the Municipal Act is a question already before the courts.

Respectfully submitted,

H. W. Balfour
MUNICIPAL MANAGER

HB:mc

THE CORPORATION OF THE DISTRICT OF BURNABY

INTER-OFFICE COMMUNICATION

TO: Municipal Manager DEPARTMENT: DATE: Jan.30, 1970

FROM: Administrator DEPARTMENT: Social Service OUR FILE #

SUBJECT: Hospital (Private) Services or also known as Nursing Home Care YOUR FILE #

RECEIVED
FEB - 2 1970
MUNICIPAL MANAGER'S OFFICE

With reference to Council's request for a report regarding the Private Hospital situation, may I comment:

Firstly, the Social Assistance Act under which we, as a Department, operates outlines the various services for which we assume responsibility, and the Act defines Social Assistance to mean:

(a) Financial assistance.
(b) Assistance in kind (grocery orders or script).
(c) Institutional, Nursing, boarding or foster care.
(d) Aid in money or in kind to Municipalities, boards, commissions, organizations or persons providing aid, care, or health services to indigent, sick, or infirm persons, and in reimbursing expenditures made by them.
(e) Counselling service.
(f) Health services.
(g) Occupational training, retraining, or therapy for indigent persons, and mentally or physically handicapped persons.
(h) Generally any form of aid necessary to relieve destitution and suffering.

I would refer you to (c) above that indicates Nursing care as a form of social assistance.

The next matter for contemplation is whether or not Nursing Home or Private Hospital Care can be assumed to be a responsibility of a Municipality with respect to the Municipal Act - Section 639 which states, "It is the duty of every city, town, and district Municipality to make provision for its poor and destitute".

As you are aware, this matter was tested in Supreme Court recently and the Court ruled against the Municipality of Surrey (and so effects us all).

This decision is being appealed.

The motion before Council "of terminating Burnaby's responsibility for Private Hospital services, and should, in principle be chargeable against the 5% Social Service Tax revenue" is rather complex and of course involves Government policy.

Basically Private Hospitals come under the provisions of the Hospital Act which in itself covers:

(a) General or Acute Hospitals
(b) Private Hospitals
(c) Chronic and Convalescent Hospitals.

The Act is specific with reference to (a) General Acute and (c) Chronic and Convalescent hospitals in that each of these two categories must be non-profit organizations.

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The Act does not stipulate that a Private Hospital (or Nursing Home) shall be non-profit, and as long as the standards of care and the structure meet the requirements of the Hospital Act, the Private Hospital may operate as a profit organization.

Thus the Hospital Act deals basically with type of care and the general standards of service, structure and organization.

Our next consideration is the application of costs and or payments for the patients in these aforementioned Hospitals and here we are involved with the Hospital Insurance Act brought into force in 1948.

At the outset this Act provided for co-insurance of $1.00 per day to all eligible persons in a General or Acute care Hospital, and in 1960 the B.C.H.I.S. expanded to also include patients in "activation/rehabilitation" hospitals.

On December 1, 1965, the Government announced that B.C.H.I.S. benefits would again be expanded to patients in a lower level of care (of a more terminal nature) and which was to be known as "Extended Hospital Care".

Such care being in a hospital, separate or attached to a General Acute Hospital, but having standards as per the Hospital Act.

We have therefore at this time and date three accepted categories of "Care" accepted under B.C.H.I.S., and in hospitals that are in all instances non-profit:

(a) General or acute hospital
(b) Activation/Rehabilitation Hospital
(c) Extended Care Hospital

The omission is of course the "Private" Hospital, which is a profit hospital and I can only conjecture at this point the Government and or B.C.H.I.S. would not from a policy stand point subsidize or make an all over B.C.H.I.S. per diem rate for patients in a hospital that was in the "business of care" with a profit motive, and reality.

Thus coming to the matter of Private Hospitals we are faced with having all persons in the Community who go into Private Hospitals as those paying their own way, and the Government deciding that the "Department of Social Welfare" is willing to pay a rate of $245.00 to the private operator for any eligible (welfare recipient).

The fact that currently the operators will not accept the $8.05 Government rate is of course the matter of debate and Court Action relative to the "Surrey" case and as stated is at the appeal level.

In essence the question and/or Council motion involves two areas of concern:

(a) The principle that all persons, whether Welfare patients or not, in Private Hospitals, should be included equally as B.C.H.I.S. patients.

(b) That if the welfare patient is in a Private Hospital the Government share (in the absence of B.C.H.I.S. coverage) on the pre-determined basis any amount we, as a Municipality, are required to meet.

Certainly I agree it is desirable that Private Hospitals come within the B.C.H.I.S. coverage, but up to this point it is a matter of Government policy that they do not, and I suppose because the facility is a "Profit enterprise".

Here, however, I think the Government has recognized this problem, and in December of 1965, the Minister of Health, the Hon. Eric Martin, put a freeze on any further construction of Private Hospitals on a "profit of free enterprise basis", until the total spectrum of hospital care at all levels could be explored.

At that time seven (7) Private (non-profit) hospitals or Infirmaries, throughout B.C. were declared eligible as "Extended Care" hospitals, and each had its patients assessed as to type of care required and so those not meeting the medical criteria were moved to other facilities, as they became available.

The freeze of profit private hospitals is still in effect (five years later) and although there has been expansion of Extended care units throughout B.C., it has been of a minimal degree, and many more beds of this nature required.

As this writer, has said repeatedly and agreed upon by any other Agency or Department people, we require a range of care at various levels such as Acute, Activation, Private Hospital, Intermediate care, Boarding Care, Home Nurse Visiting service.

In effect the freeze on profit Nursing homes may have been desirable, but only if government has pursued a program of expansion themselves, and at this date with expanding populations and care at all levels desperately needed, the crisis anticipated is a matter of record.

Finally we find, as a result of the lack of suitable and sufficient construction, many persons tying up expensive acute care beds, and many persons in Private Hospitals who could go to an Intermediate level of care, and indeed go to "Extended care" hospitals as many would qualify.

It is a matter of priorities, however, and it is my opinion and also the United Community Services brief on "Care", that a level of care at the Intermediate level would be the most effective for care and at much lesser cost.

It is estimated the Lower Mainland or Greater Vancouver Regional District needs 3770 Intermediate care beds by 1971 and could be constructed at no cost to the tax payer by a marginal co-insurance increase, and by reducing the proposed program for building acute care facilities by some 217 beds.

Such Intermediate Care patients should be under B.C.H.I.S. as are acute and Extended care patients.

Certainly the lack of care and beds at all levels, is greatly attributable to the "hospital" freeze of 1965, and placed the "profit" Private Hospitals in a"sellers market".

It was evident we, particularly, as a Welfare Department, would be placed in a "squeeze" for available beds, unless an imaginative and meaningful Provincial program was early embarked upon, and so with beds at all levels at a premium, a crisis for citizens at all levels of care, is evidenced.

I am not certain this report will form a basis on which Council could present a positive motion to Government, but time did not permit a more analytical survey or research, and hopefully may form a basis for further deliberations.

ED. L. COUGHLIN
ADMINISTRATOR

ELC/gp