



# AREA SPECIFIC PLAN: A FUTURE FOR HEALTH & INNOVATION (OAKVILLE HOSPITAL DISTRICT)

FINAL REPORT  
MARCH 2021

## EXECUTIVE SUMMARY

The purpose of this Area Specific Plan (ASP) is to recommend a Preferred Planning and Development Framework for the Town of Oakville's Hospital District.

This ASP supports the transformation of the Hospital District into an employment-focused community that accommodates a mix of uses. Development will promote health-oriented innovation in research, life sciences, and technology, along with healthy, resilient living conditions well integrated with the area's existing natural features.

### VISION STATEMENT

Oakville's Hospital District will be a world-class center for medical innovation in health care delivery, providing compassionate, quality community health care. The Oakville Trafalgar Memorial Hospital will serve as the heart of the District. As a vibrant mixed-use, transit-oriented and pedestrian-friendly community, the District will carefully integrate various uses that strengthen its strategic employment capacity and impact as a driver of economic development in the Town of Oakville, Halton Region and beyond.

### GUIDING PRINCIPLES

Development of Oakville's Hospital District will:

1. Promote a balanced mix of land uses to create a vibrant complete community;
2. Create compact, transit-supportive built form through mid-rise development;
3. Provide green corridors to link parks and green infrastructure;

4. Ensure design excellence with high-quality design and low-impact development practices;
5. Establish strong visual and physical connectivity between the hospital and key destinations;
6. Safely and efficiently accommodate all modes of transportation;
7. Facilitate collaboration in patient-oriented service delivery;
8. Promote environmental resiliency;
9. Adopt public-private partnerships and initiatives to facilitate collaboration and innovation;
10. Promote a holistic approach to parking management and supply; and
11. Create flexible and performance-based plans and policies.

## KEY DIRECTIONS

Seven key directions guide the Hospital District ASP. These include:

1. **Green connections** will incorporate nature in the Hospital District and connect it to parks and green spaces;
2. **Focal points** will promote a sense of place and enhance accessibility;
3. **Environmental resiliency** will inform an eco-friendly, innovative site design that embraces natural features;
4. **Pedestrian-oriented street character** will be incorporated throughout the Hospital District;
5. **Connectivity** will be increased through a grid-shaped street network and mid-block connections;
6. The Hospital District will support **mid-rise buildings** and a mix of land uses with various block and parcel sizes; and
7. The Hospital District will be an urban campus **centred on Oakville Trafalgar Memorial Hospital**.

## PREFERRED PLANNING AND DEVELOPMENT FRAMEWORK

The Preferred Planning and Development Framework provides direction for developing the Hospital District, including policy directions related to land uses, building heights, open space, and streets and blocks.

### Land Uses


The Hospital District will accommodate a mix of uses through the Urban Core designation. The hospital lands, and those centred around the ErinoakKids Centre for Treatment and Development, will be designated Institutional (Figure I).

Mixed-use designations will support and complement the District's institutional focus, serve the employees, residents, and visitors' needs, and make efficient use of existing and planned services.



Figure I | Land Uses

Legend:  
 - - Study Area  
 Institutional  
 Urban Core

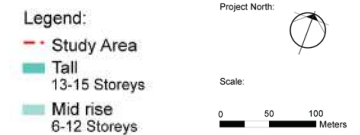
Project North:   
 Scale:  
 0 50 100 Meters

## Building Heights

Mid-rise development between 6 and 12 storeys is permitted within the northern and western portions of the Hospital District, with taller buildings permitted east of Third Line and south of William Halton Parkway, and along the southern portion of the Oakville Trafalgar Memorial Hospital (Figure II).



Figure II | Building Heights



### Open Spaces


Urban squares, in the form of privately owned public spaces (POPS) will complement existing parks, open spaces and natural areas located just outside of the study area. General locations for three future urban squares are identified in Figure III.




Figure III | Open Spaces

**Legend:**

- - - Study Area
- - - Green Connection/Active Transportation
- 🌳 Urban Square
- 🌳 Stormwater Pond

Project North: 

Scale: 

0 50 100 Meters

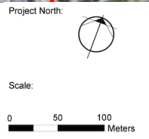
## Transportation

The proposed road network reduces the size of blocks and introduces new public roads (Figure IV). Smaller blocks provide enhanced opportunities to introduce pedestrian walkways and linear green spaces.

- Legend:
- - - Study Area
  - Major Arterial
  - Minor Arterial
  - Major Collector
  - Local Road
  - Busway Corridor
  - - - Proposed Road
  - Bike Lane
  - - - Proposed Bike Lane
  - Multi-use Trail
  - - - Facility on a Regional Road (Proposed)
  - Green Connection/Active Transportation
  - ⊙ Gateway
  - 🚌 Transit Stop



Figure IV | Roads and Blocks



## **DEMONSTRATION PLAN**

A Demonstration Plan is provided on the following pages (Figures V-VI) to illustrate one way that the Hospital District can develop based on the directions of this ASP.



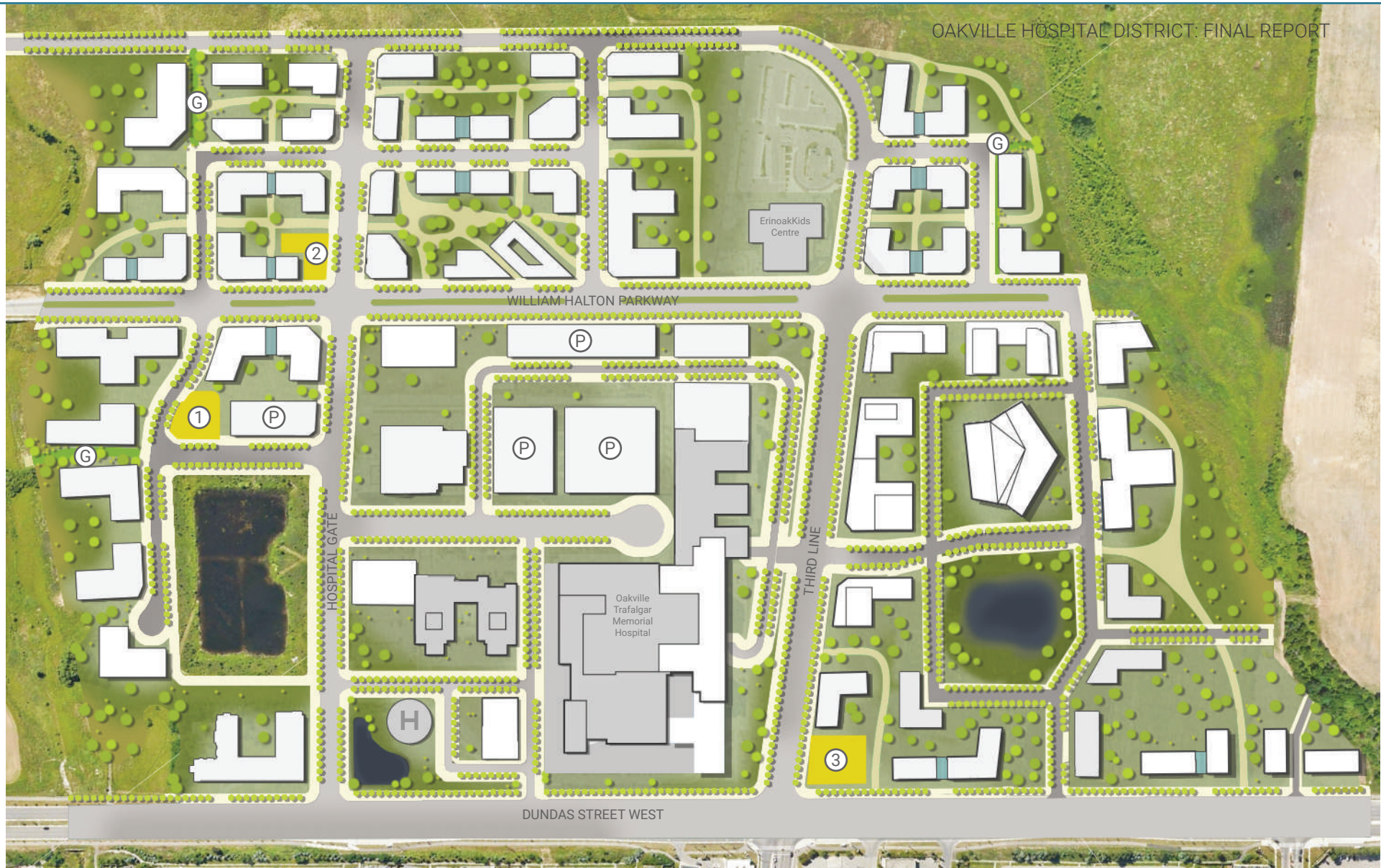


Figure V | 2D Demonstration Plan

- Midblock and Bridge Connection
- Urban Plaza
- Urban Plaza
- Green Connection
- Gateway Parkette
- Urban Plaza
- Parking Garage
- Parking Garage



Figure VI | 3D Demonstration Plan

## **IMPLEMENTATION**

The Town of Oakville and public and private sector partners will use this ASP to guide the Hospital District's development over a twenty-year time horizon and beyond.

Section 6 of this ASP provides an overview of relevant planning tools and potential partnerships required to implement this plan successfully. Recommended planning tools include an Official Plan Amendment (OPA), strategies for parks and parking, recommendations to track development and active coordination with Halton Region.

*This page intentionally left blank*

---

## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>i</b>	<b>5.0 AREA SPECIFIC PLAN</b>	<b>58</b>
<b>1.0 INTRODUCTION</b>	<b>4</b>	5.1 CHARACTER	60
1.1 PURPOSE	5	EMPLOYMENT AND RESIDENTIAL TARGET	62
1.2 PROCESS	6	5.2 POLICY AND DESIGN DIRECTIONS	69
1.3 STRUCTURE	7	LAND USES	69
<b>2.0 BACKGROUND</b>	<b>8</b>	BUILDING HEIGHTS	72
2.1 STUDY AREA	9	OPEN SPACES	74
2.2 POLICY FRAMEWORK	12	TRANSPORTATION	76
PROVINCIAL	12	SERVICING	78
REGIONAL	12	URBAN DESIGN	80
MUNICIPAL	13	PARKING	86
2.3 EXISTING CONDITIONS	16	5.3 DEMONSTRATION PLAN	88
2.4 MARKET CONDITIONS	20	5.4 POPULATION & EMPLOYMENT DENSITIES	96
2.5 BEST PRACTICES	22	5.5 FINANCIAL ANALYSIS	99
<b>3.0 CREATING THE HOSPITAL DISTRICT</b>	<b>28</b>	<b>6.0 IMPLEMENTATION</b>	<b>100</b>
3.1 VISION STATEMENT	29	6.1 PLANNING TOOLS FOR IMPLEMENTATION	101
3.2 GUIDING PRINCIPLES	29	6.2 PARTNERSHIPS	109
3.3 KEY DIRECTIONS	41		
3.4 CONSULTATION	49		
<b>4.0 MIXED-USE JUSTIFICATION</b>	<b>52</b>		
4.1 POLICY	53		
4.2 CASE STUDIES	57		

---

## FIGURES

I	LAND USES
II	BUILDING HEIGHTS
III	OPEN SPACES
IV	ROADS AND BLOCKS
V	2D DEMONSTRATION PLAN
VI	3D DEMONSTRATION PLAN
1	OAKVILLE TRAFALGAR MEMORIAL HOSPITAL
2	STUDY PROCESS CHART
3	AERIAL IMAGE OF STUDY AREA
4	CONTEXT MAP OF STUDY AREA
5	SCHEDULE A1 - URBAN STRUCTURE
6	EXISTING TRANSPORTATION, ACTIVE TRANSPORTATION AND CONNECTIVITY
7	EXISTING PARKS, OPEN SPACES AND NATURAL HERITAGE
8	EXISTING BUILDING HEIGHTS
9	SUPPORTING USES NEAR COMPARABLE HOSPITAL LOCATIONS
10	KEY DIRECTIONS
11	HOSPITAL DISTRICT AREAS
12	LAND USES
13	BUILDING HEIGHTS
14	OPEN SPACES

15	ROADS AND BLOCKS
16	URBAN DESIGN INTERFACE
17	2D DEMONSTRATION PLAN
18	3D DEMONSTRATION PLAN
19	HOSPITAL DISTRICT - WEST
20	HOSPITAL DISTRICT - NORTH WEST AND NORTH EAST
21	HOSPITAL DISTRICT - NORTH (CENTRE)
22	HOSPITAL DISTRICT - EAST
23	HOSPITAL DISTRICT - CENTRE
24	DEVELOPMENT BLOCKS
25	FSI BY BLOCK
26	MASTERPLAN BLOCKS
27	IMPLEMENTATION APPROACH

## APPENDICES

A	BEST PRACTICES - HEALTH DISTRICTS
B	BACKGROUND FACTS REPORT
C	PUBLIC CONSULTATION SUMMARY
D	DIRECTIONS AND OPTIONS REPORT
E	MARKET ANALYSIS
F	FINANCIAL ANALYSIS
G	TRANSPORTATION IMPACT STUDY
H	SERVICING AND STORMWATER MANAGEMENT PLAN
I	URBAN DESIGN DIRECTION
J	POPULATION AND EMPLOYMENT DENSITIES

*This page intentionally left blank*

1.0

---

# INTRODUCTION



## 1.1 PURPOSE

This Area Specific Plan (ASP) presents the Preferred Planning and Development Framework to guide development of the Hospital District.

The Framework supports the District's transformation into an employment-focused community that accommodates mixed-use development in a compact urban form. Development will promote health-oriented innovation in research, life sciences and technology, along with healthy, resilient living conditions that are integrated with the area's existing natural features.

The objectives of the ASP are to:

- Define the Hospital District's primary function and role in the context of the Town of Oakville and the North Oakville West Secondary Plan;
- Establish targets for employment and population growth;
- Determine the appropriate mix of uses, built forms, and transitions to adjacent areas;



Figure 1 | Oakville Trafalgar Memorial Hospital

## 1.2 PROCESS

- Establish a cohesive transportation network with seamless connections that prioritizes emergency vehicles, pedestrians, cyclists and transit users;
- Identify strategies to accommodate a range of employment-supportive amenities and a more compact transit-supportive and pedestrian friendly environment;
- Establish a cohesive development strategy including urban design directions to achieve a compact and attractive urban campus; and
- Explore partnerships between the Town, public institutions, and the private sector to support Oakville’s economic development strategy.

This ASP was developed in five phases (Figure 2):

- **Phase 1** involved background research, a review of existing and planned conditions, and the development of a vision for the District.
- **Phase 2** established guiding principles and included the development of draft land-use scenarios.
- **Phase 3** focused on completing market and financial analysis, transportation and parking studies, and functional servicing and stormwater management plans.
- **Phase 4** involved developing the Preferred Planning and Development Framework, as presented in this ASP.
- **Phase 5** will involve a town-led Official Plan Amendment (OPA) based on the recommendations from this Study.



Figure 2 | Study Process Chart

## 1.3 REPORT STRUCTURE

This ASP is divided into six sections:

- **Section 1** identifies the Study's purpose, process, and structure.
- **Section 2** reviews policy, existing conditions and best practices.
- **Section 3** includes the vision, guiding principles and key directions guiding the development of the District.
- **Section 4** establishes the justification for introducing sensitive land uses.
- **Section 5** outlines the planning and policy directions related to land uses, transportation, municipal services and urban design.
- **Section 6** offers a recommended path for implementing the plan.

2.0

BACKGROUND

---

## INTRODUCTION

This section provides an overview of existing conditions and the extensive suite of policies and directions that inform this ASP.

## 2.1 STUDY AREA

The Hospital District is located at the north-west corner of Dundas Street West and Third Line in North Oakville. It is anchored by the Oakville Trafalgar Memorial Hospital (Figure 3). To the south, the Hospital District is surrounded by low density residential and commercial uses, undeveloped lands planned for the West Oakville Sports Park to the north, planned employment uses to the west, and planned residential uses to the east (Figure 4).

The Hospital District is part of the North Oakville West Secondary Plan Area (Figure 5). The planning process to create this ASP refined what was a general planning study area in the secondary plan (a Health-Oriented Mixed-Use Node) into the District shown in Figure 4. The secondary plan states that the planning area will incorporate a hospital and potential “research and development facilities, medical and other offices, laboratories, clinics, supportive housing, long-term care facilities, rehabilitation facilities, and other similar uses including retail and service commercial facilities related to the permitted uses.”



Figure 3 | Aerial Image of Study Area



Figure 4 | Context Map of Study Area

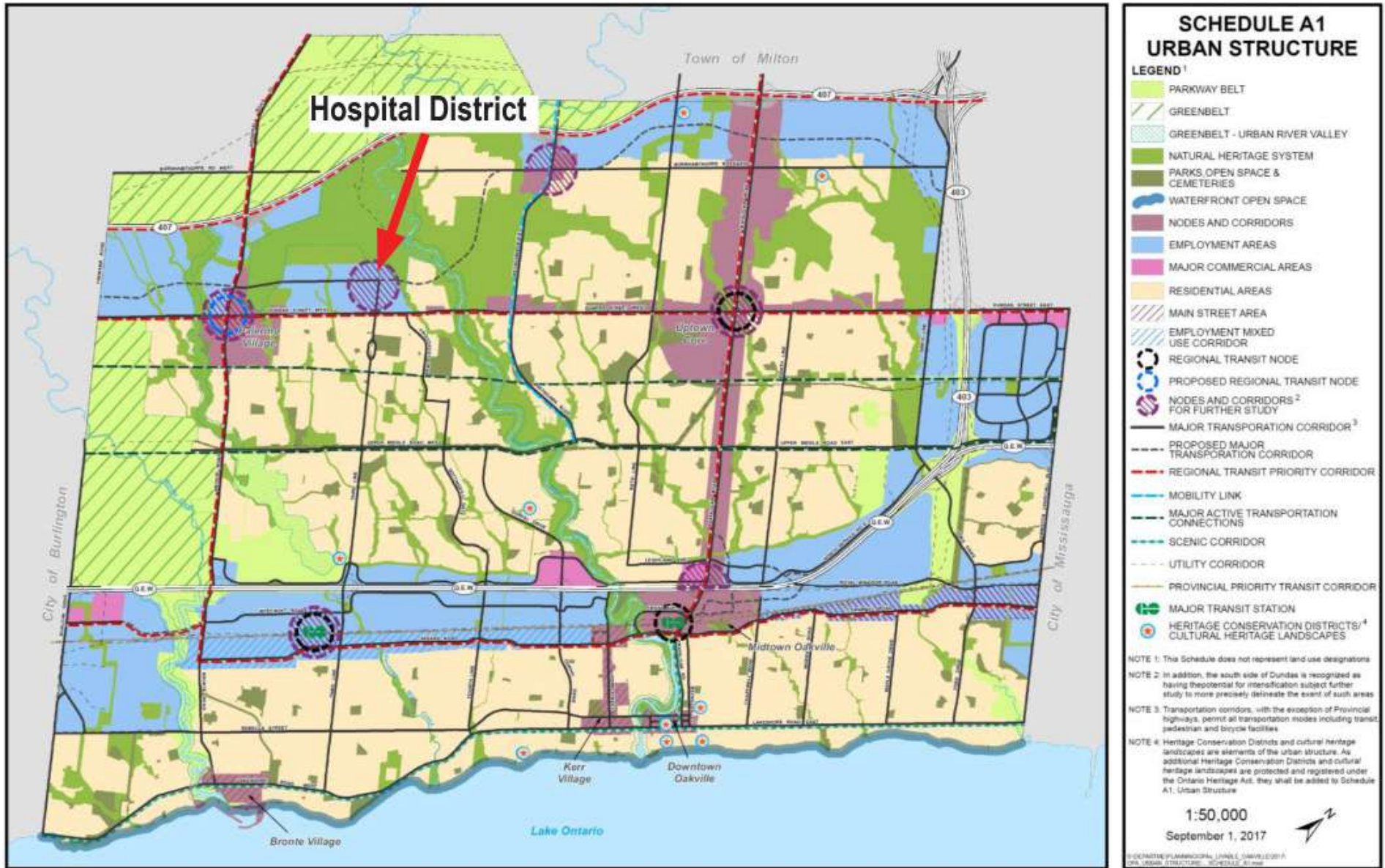


Figure 5 | Schedule A1 - Urban Structure (Nodes and Corridors for Further Study)

## 2.2 POLICY FRAMEWORK

This section identifies the critical provincial, regional and municipal policies and guidelines that guide the Hospital District's development.

### 2.2.1 PROVINCIAL

#### Provincial Policy Statement, 2020

The Provincial Policy Statement (PPS) establishes the broad policy context for municipal planning initiatives. The Hospital District is within a "settlement area" intended to be a focus for growth and development (S.1.1.3.1). Land uses in settlement areas are based on densities and uses appropriate and efficiently planned for existing infrastructure and public facilities. The PPS directs planning authorities to promote economic competitiveness by encouraging compact and mixed-use development, including compatible employment uses (S.1.3.1).

#### A Place to Grow: Growth Plan for the Greater Golden Horseshoe, 2020

The Growth Plan builds on the PPS to establish a land-use planning framework for the region, guiding the creation of complete communities designed to support healthy

and active living (S. 1.2.1).

The Growth Plan directs most growth to settlement areas with a delineated built boundary and existing or planned municipal services (S.2.2.1.2a). It also emphasizes that complete communities should feature a mix of uses, including residential and employment, with convenient access to local stores, services and public service facilities (S.2.2.1.4a) and to a range of transportation options (S.2.2.1.4di).

#### Draft Technical Guidelines on the Application of the Intensification and Density Targets (Growth Plan), 2018

The draft guidelines are intended to support municipalities when conducting a municipal comprehensive review. They provide direction on official plan policies, including permitted uses, heights, densities and other zoning regulations (S.2.4.6). It also requires municipalities to develop strategies that identify growth areas to achieve the intensification and density targets in the Growth Plan (S.4.4).

#### 2041 Regional Transportation Plan for the Greater Toronto and Hamilton Area, 2018

Metrolinx's plan for an integrated multimodal regional transportation network identifies Oakville's Dundas Street as a Higher-Order Transit Corridor. It includes a planned 22-kilometre bus rapid transit corridor between Bronte Road and Kipling Station in the City of Toronto.

### 2.2.2 REGIONAL

#### Halton Regional Official Plan (ROP, 2009)

The Town of Oakville is guided by Halton's Regional Official Plan policies, currently under review. The plan identifies the general area surrounding Oakville Trafalgar Memorial Hospital as a Hospital District in the Urban Area and Employment Area (Map 1, Regional Structure). It identifies objectives for Urban Areas including accommodation of growth that is compact and transit-supportive (S. 72). It also includes objectives for Employment Areas in conjunction with employment uses in residential and mixed-use areas, supporting a wide range of economic activities and ancillary uses (S.77.1). It identifies Dundas



Street as a Major Arterial and a Higher Order Transit Corridor (see Map 3). It also outlines that Area Specific Plans or policies are required for major growth areas and will be incorporated into local official plans through official plan amendments (S. 77 (5)).

Policy areas currently under review include the integrated growth management strategy, natural heritage systems, rural and agricultural systems and climate change mitigation and adaptation.

Other relevant regional plans include:

- The Road to Change Transportation Master Plan, 2011, which proposes a four-lane Regional Road through the Hospital District, a widening of Dundas Street from four to six lanes, and plans for bus rapid transit services along Dundas Street (S. 7.3), with transit-supportive land uses and densities (S. 8.2.4), and population growth north of Dundas Street (S. 3.3);
- The Active Transportation Master Plan, 2015, which provides plans for multiuse trails on both sides of Dundas Street for off-road cycling facilities (S. 7.9). A pilot

project for an accessible multi-use trail crossing treatment is also provided at Dundas Street and Third Line (S. 7.4.4).

- The Mobility Management Strategy for Halton, 2017, recommends a network of east-west and north-south transit priority corridors. It identifies where improvements are required and where higher-order transit and regional road widenings have been planned, including Dundas Street from Brant Street to Winston Churchill Boulevard (including the frontage of the Hospital District) as a Transit Priority Corridor.
- The Halton Region Employment Survey, 2019, provides information on regional economic health and trends in economic development. It supports the monitoring and implementation of land use targets and water, wastewater, and transportation master plans. It recognizes the Hospital District as an Employment Area that contributes to the Region's economic health.

### 2.2.3 MUNICIPAL

#### Livable Oakville Official Plan, 2009

Oakville's Official Plan establishes the Town's urban structure and designated land uses. It accommodates growth to 2031. It also sets the desired land use pattern for lands located south of Dundas Street and north of Highway 407.

While the Hospital District is currently subject to the North Oakville West Secondary Plan, the town-wide Urban Structure review (Official Plan Amendments 15, 317 and 318) identified the area as among "Nodes and Corridors for Further Study." Nodes identified through the Official Plan Amendment (OPA) process comprise the strategic growth areas, as defined in the Growth Plan (Figure 5). The Region approved the Urban Structure in 2018. OPA 15 was appealed to the Local Planning Appeal Tribunal and is not in full force and effect. Official Plan Amendments for the North Oakville East and West Secondary Plans (OPAs 317 and 318) were adopted by Council and provide a framework for accommodating growth to 2041.

A review of the Official Plan is underway to ensure consistency with provincial and regional policies, the Town's strategic goals, and the Oakville community's vision and needs.

An Employment and Commercial Review, 2018, was completed as part of the Official Plan Review to assess the lands designated to accommodate the Town's long-term employment and commercial needs. OPA 26 was adopted in 2018 to update the associated policies in the OP and has since been approved by Halton Region. While the Hospital District is not presently included in the Livable Oakville Plan, the employment and commercial review contains direction for the North Oakville Secondary Plans, which influence this ASP.

Relevant recommendations from the Review include:

- Protect employment lands;
- Identify priority areas for major office uses;
- Encourage the intensification of employment and commercial uses in

existing areas;

- Provide opportunities to secure commercial development to support the development of complete communities;
- Develop a monitoring program that recognizes the evolving nature of employment and commercial lands; and
- Harmonize employment area planning policies.

#### North Oakville West Secondary Plan, 2009

The North Oakville West Secondary Plan (NOWSP) provides policy direction for growth and development to 2021. It recognizes Employment Districts (S.8.6.5) and includes the Hospital District as a Health-Oriented Mixed-Use Node (S.8.6.5.1). Relevant policies include:

- Designations that protect for and establish a range of development opportunities for industrial, office and employment uses that are compatible with the Hospital District (S. 8.6.5.1).
- The Hospital District must "include

a hospital and may include research and development facilities, medical and other offices, laboratories, clinics, supportive housing, long-term care facilities, rehabilitation facilities, and other similar uses including retail and service commercial facilities related to the permitted uses."

- The Hospital District is subject to site-specific zoning (S. 8.6.5.4.a). Any proposed land use will be evaluated to ensure there are no adverse impacts on other uses in the node.
- Oakville is conducting an environmental assessment to determine the future alignment of a new North Oakville Transportation Corridor and Crossing of Sixteen Mile Creek (S. 8.7.2.5.e), located northwest of the Hospital District.

#### North Oakville Secondary Plan Reviews

The North Oakville Secondary Plans Review was undertaken to ensure consistency with provincial and regional policies. OPAs 321 (North Oakville East) and 322 (North Oakville West) were approved through this process.

- Policy 8.6.2.2 (OPA 322) was revised as there are numerous stormwater management facilities in the Hospital District, to state that “stormwater management ponds will be discouraged within 100m of Dundas Street.”
- The Hospital District is located along Dundas Street, which has been identified as a Regional Transit Priority Corridor. It is planned to provide greater transit service levels connecting people to existing and planned local and regional destinations. These corridors should also provide a focus for transit-supportive development.
- The Hospital District has been identified in the Urban Structure (OPA 15) as a Strategic Growth Area, which is defined as an area of focus for “accommodating intensification and higher-density mixed uses in a more compact form.”

#### [North Oakville Urban Design and Open Space Guidelines, 2009](#)

The guidelines direct that the Hospital District be planned as a compact, pedestrian-oriented, urban community containing a

broad range of uses. It outlines design criteria for various building typologies; land uses, open spaces, the public realm, road networks, and mixed-use densities ranging from low-rise to mid-rise buildings. It identifies Trafalgar Road and Dundas Street as where the highest densities are to be concentrated.

#### [Livable by Design Manual - Urban Design Direction for Oakville, 2014](#)

The manual presents a comprehensive set of urban design principles for the Livable Oakville Official Plan, approved through OPA 8. It is in full force and effect and applies to the Livable Oakville Plan area. The manual provides design directions for mid-rise and tall buildings, including those developed in the Hospital District.

#### [North Oakville Urban Forest Strategic Master Plan, 2012](#)

The plan recommends a multi-faceted strategy that connects urban forestry best practices to existing environmental features in Oakville’s Natural Heritage System and directs overall planning for residential, commercial, and industrial lands. The plan is complemented

by the Town’s canopy cover strategy, contained in the Livable Oakville Official Plan’s sustainability strategies, which has a 40% target for forest and town-wide tree coverage.

In addition to the above documents, several master plans have informed this ASP, including:

- Transportation Master Plan, 2013 and Review, 2018;
- Active Transportation Master Plan, 2017;
- Stormwater Master Plan Phase 2, ongoing;
- Five-year Review of the 2012 Parks, Recreation and Library Facilities Master Plan, 2017; and
- Recommendation Report, Master Site Plan, Halton Healthcare Services Inc., and Oakville Hydro Energy Services Inc., 2010.

Refer to Appendix B for further detail.

## 2.3 EXISTING CONDITIONS

### 2.3.1 TRANSPORTATION AND CONNECTIVITY

Figure 6 illustrates the existing road and active transportation classifications in the Hospital District. Dundas Street is a major arterial and higher-order transit corridor. William Halton Parkway West is a major arterial, Third Line is a minor arterial, and Hospital Gate is identified as a future road.

Existing bike lanes are located along a portion of William Halton Parkway West between Hospital Gate and Third Line. A bicycle lane is proposed along Third Line and a multi-use trail is proposed on Dundas Street.



Figure 6 | Existing Transportation, Active Transportation and Connectivity

### 2.3.2 PARKS, OPEN SPACES AND NATURAL HERITAGE

Parks, open space and natural heritage classifications are shown in Figure 7. Lands east and west of Oakville Trafalgar Memorial Hospital are designated as natural heritage system areas and include three stormwater management facilities.

West Oakville Sports Park is a planned park located directly north and west of the Hospital District, and Palermo Park is an existing park located to the west of the District. Other parks and linear open spaces are located within residential neighbourhoods to the south.



Figure 7 | Existing Parks, Open Spaces and Natural Heritage

### 2.3.3 BUILDING HEIGHTS

The Oakville Trafalgar Memorial Hospital has a maximum height of 54 metres (fifteen storeys) with most hospital facilities in the range of four to eight storeys. The ErinoakKids Centre for Treatment and Development north of William Halton Parkway West is four storeys and a medical office building at 3075 Hospital Gate is also four storeys.

Heights associated with recently approved but unbuilt developments include a new assisted living and long-term care centre at four to six storeys and Phase One of the Oakville Green development east of Third Line, which includes maximum heights of fifteen storeys.



Figure 8 | Existing Building Heights



Hospital, looking west along Third Line



Main Hospital entrance, looking west along Third Line



Third Line, looking north



Third Line, looking south



Hospital, looking west along Third Line, approaching William Halton Parkway West and ErinoakKids Centre for Treatment and Development



Structured and surface parking, looking west along William Halton Parkway West

## 2.4 MARKET CONDITIONS

A market and development trends analysis was conducted in November 2019 as part of this ASP (Appendix E). Key findings include:

- A reconfiguration of the Dundas Street West corridor to accommodate higher-order transit is critical for supporting any substantial amount of office or other employment-type development in the Hospital District.
- The District is well-positioned to leverage the recent and ongoing concentration of development activity in the northern portion of the community, and specifically situated between two primary growth areas along Dundas Street West.
- There is potential to accommodate office expansion in the District. However, it is not likely to represent a significant concentration of major office space, or become a prominent employment node in the broader context of Halton Region or the Greater Toronto and Hamilton Area (GTHA).
- Other healthcare-related development opportunities that could provide a stable and reliable source of employment while also potentially increasing demand for real estate include: private pharmacies/drug stores, general practitioners' offices and diagnostic facilities, and adjacent seniors care facilities. There are also potential opportunities for regional public institutions, community service-based facilities, and private enterprises like daycare facilities (Figure 9).
- To develop as a regionally significant node, the District must differentiate itself from other hospital areas located elsewhere in the GTHA.





	Humber River Hospital	Etobicoke General	Mississauga General	London Health Sciences	Southlake	Brampton Civic	Milton General	Totals
Family Doctor	✓	✓	✓	✓	✓	✓	✓	7/7
Specialist	✓	✓	✓	✓	✓	✗	✓	6/7
Research	✗	✗	✗	✓	✓	✗	✗	2/7
Seniors' Facilities	✓	✓	✓	✗	✓	✓	✓	6/7
Lab Testing	✓	✗	✓	✓	✓	✗	✓	5/7
Child Care	✓	✗	✗	✓	✗	✓	✓	4/7
Pharmacy	✓	✓	✓	✓	✓	✓	✓	7/7
Public Services	✓	✗	✓	✗	✓	✓	✓	5/7

SOURCE: urbanMetrics inc. Based on desktop review.

NOTE: Uses shown are illustrative in nature. This review was based on high-level research. More detailed, in-person confirmations may be required to confirm the findings presented.

Figure 9 | Supporting Uses Near Comparable Hospital Locations

## 2.5 BEST PRACTICES

### 2.5.1 LOCAL MARKET

Hospital District type developments are on the rise throughout the province. Ontario's BuildON ten-year infrastructure program is investing in more than thirty new hospitals, community care, and more than three hundred long-term care homes. Several related projects in GTA municipalities include:

A first among Canadian municipalities, the City of Mississauga's Life Sciences Cluster Strategy (2017) is a five-year strategy that outlines high-level priorities and specific actions to build the second-largest cluster of its kind in the country (by employment). Mississauga is also home to Trillium Health Partners, an integrated hospital network consisting of three main sites: Credit Valley Hospital, Mississauga Hospital and Queensway Health Centre.

The City of Vaughan has established a Healthcare Centre Precinct Plan to guide the development of the Mackenzie Vaughan Hospital (opening late-2020) and adjacent City-owned lands. The plan includes various healthcare-related uses such as medical and dental offices, research and laboratory

facilities, rehabilitation and long-term care facilities, and educational facilities.

The City of Markham has a new Strategic Plan (2019-2022) for the Markham Stouffville Hospital. The hospital's updated vision seeks to establish innovative ways to deliver seamless and integrated care to the community beyond the hospital walls.

The Town of Newmarket is home to a health tech cluster centred on the Southlake Regional Health Centre, a full-service hospital and research and teaching facility. It includes CreateIT Now, an innovative business incubator established through Southlake's research and innovation team in 2015 in partnership with the Town of Newmarket, York Region, Seneca College, York University, and ventureLAB.

### 2.5.2 CASE STUDIES

A comprehensive review of best practices demonstrated by health districts across Canada and the United States was undertaken to support the development of this ASP (Appendix A). It provides guidance related to the development of a health-focused mixed-use Hospital District based on case studies in Buffalo, New York; the Greater Boston Region, Massachusetts; Baton Rouge, Louisiana; Surrey, British Columbia; and Hamilton, Ontario.

The case studies revealed several key considerations for creating a successful health district.

1. Land use balance: Establish a balanced mix of land uses, ensure that intensification is of an appropriate scale and built form, and include flexible approaches for the provision of parking. For example, Somerville's Union Square in Life Sciences Corridor (Massachusetts) adopted a 60/40 split between commercial and residential uses.

2. Green connections that prioritize pedestrian mobility: Promote walking and cycling with a pedestrian-oriented street character that includes wide sidewalks, active building frontages, benches and other street furniture, dedicated cycling facilities and connections to parks with tree-lined green corridors.
3. Regulatory framework: Implement site-specific zoning regulations that support the area's intended character while ensuring flexibility.
4. Parking management: Implement parking strategies that prioritize safety, efficiency and flexibility.
5. Strategic partnerships: Use public-private partnerships through a performance-based memorandum of understanding that facilitates high collaboration levels among stakeholders.
6. Marketing: Establish an identity for the District through cohesive branding that promotes placemaking and visual connectivity.

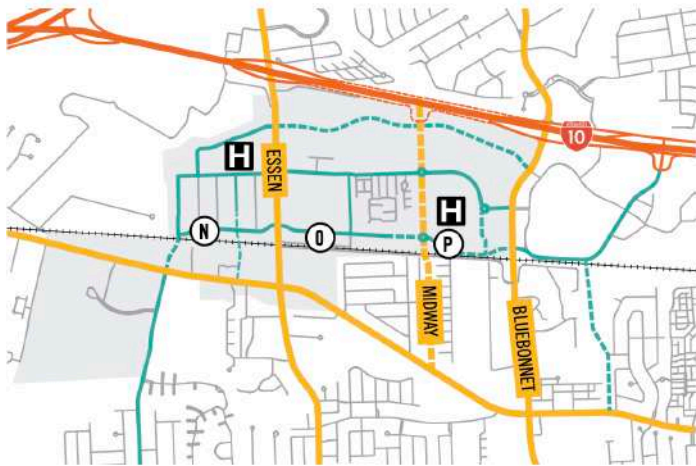


**CASE STUDY:  
LIFE SCIENCES CORRIDOR  
BOSTON, MASSACHUSETTS**

Area Characteristics

- Includes a mix of institutional, residential, commercial, and retail uses.
- Informed by unique pedestrian-friendly design, including publicly accessible open spaces above parking garages, mid-block connections, wayfinding and public art.





Locations of transit stations within the District

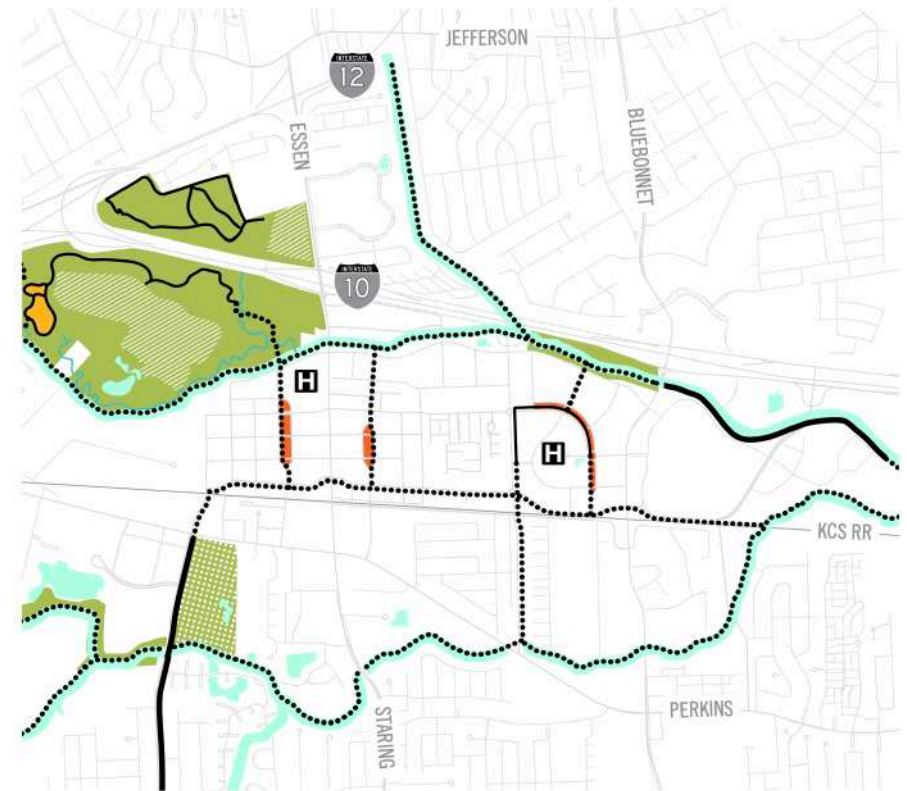
**CASE STUDY:  
BATON ROUGE HEALTH DISTRICT  
LOUISIANA**

Area Characteristics

- All buildings are within a five- to ten-minute walk of transit.
- A parking management strategy was created that prioritizes transit use.
- Site design leverages natural areas as assets.

*Transit Station Location*

<b>N</b>	West of Essen Lane
<b>O</b>	East of Essen Lane
<b>P</b>	East of Midway Blvd



Urban Forest	Existing Trail
Active / Sports Park	Proposed Trail
Agricultural Fields	Creek
Botanical Gardens	Lake
District Signature Park	Proposed Future Street Network



**CASE STUDY:  
HEALTH AND TECHNOLOGY DISTRICT  
SURREY, BRITISH COLUMBIA**

Area Characteristics

- Includes an underground fibre optic network,
- High tech offices will include six-storey podiums with taller buildings above up to a total of twelve storeys.
- Mixed-use development includes residential, office uses, retail and entertainment uses.



*This page intentionally left blank*

3.0

---

## CREATING THE HOSPITAL DISTRICT



## INTRODUCTION

This section describes the vision, principles and key directions guiding this ASP. Guiding principles and key directions were developed based on background and technical analysis, existing conditions, best practices from other jurisdictions, and an evaluation of market conditions.

## 3.1 VISION STATEMENT

Oakville's Hospital District will be a world-class center for medical innovation in health care delivery, providing compassionate, quality, community health care. The Oakville Trafalgar Memorial Hospital will serve as the heart of the District. As a mixed-use transit-oriented, pedestrian-friendly and vibrant community, the District will carefully integrate various uses to strengthen its strategic employment capacity and impact as a driver of economic development in the Town of Oakville and Halton Region.

## 3.2 GUIDING PRINCIPLES

Oakville's Hospital District will be informed by guiding principles that encompass placemaking, mobility, innovation, and successful implementation. Each principle is outlined in the following subsection.

## PLACEMAKING

Placemaking is a collaborative process that involves attention to urban design, encourages creative land uses and shapes the physical, cultural and social identities that define a place and its ongoing development.

Placemaking makes the most of an area's assets and potential to create well-designed spaces that contribute to people's health and wellness. The Hospital District requires consideration of the balance in the mix of uses; green corridors; a compact, pedestrian-friendly and transit-oriented built form; design excellence; and strong visual and physical connections.

### 1. A balanced mix of uses

In the Hospital District, a mix of land uses will help create a vibrant complete community that supports existing and future planned conditions.

Employment will continue to be the dominant land use, with a range of employment-supportive amenities. Residential uses will be secondary to the primary employment uses. Together with new public spaces, the District will create a unique sense of place with a distinct identity.



Well-designed urban squares between buildings contributes to a sense of place and provides gathering spaces for employees and residents

## PLACEMAKING

### 2. A compact and transit-supportive pedestrian-oriented built form

The location and orientation of buildings significantly impact how a place functions and its identity. Mid-rise buildings can be more relatable and human-scaled than tall buildings. They help create a sense of transition between low-rise and taller buildings and support a livelier streetscape.

Buildings within the Hospital District will be predominantly mid-rise in form, with heights transitioning down from the Oakville Trafalgar Memorial Hospital as the beacon and tallest building. Active grade-related uses will be encouraged, with buildings situated to support easy transit connectivity and pedestrian access throughout the District.

Consistent with Ontario's Building Code, Provincial Policy Statement and Growth Plan for the Greater Golden Horseshoe, building height and locations will not impede the safe flight path to and from the hospital's helipad. This limits building heights within the Hospital District to a maximum of fifteen storeys.



Human-scale built form creates a pedestrian-friendly streetscape

## PLACEMAKING

### 3. Green connections

Connections with walking paths, cycling lanes, and green corridors that include low impact development practices, planting, and weather protection will link parks and green infrastructure like the West Oakville Sports Park, public spaces, urban squares, and the existing stormwater management ponds.

Green corridors will be considered as the area is developed to enhance the Hospital District's sense of place.



Pedestrian- and cycling-friendly trail (top); tree-lined street (bottom left); separated cycling lanes (bottom right)

## PLACEMAKING

### 4. Design excellence

Design excellence refers to the architectural qualities of new developments, such as how well they make a positive contribution to the public realm, and support the community's vision and goals.

In the Hospital District, all new public and private sector developments, including buildings, infrastructure, streetscapes and open spaces, will have a high-quality design and incorporate low-impact development practices like rain gardens and grassy bioswales to manage stormwater runoff.



## PLACEMAKING

### 5. Strong visual and physical connectivity

Strong visual and physical connections are essential components of successful placemaking. With thoughtful design, planning, and investment in the public realm, they increase the relationship between people and individual buildings and spaces to create a more cohesive sense of place.

In the Hospital District, these connections should be encouraged in critical locations such as at hospital buildings, gateways, green spaces, the planned Dundas bus rapid transit stops, and existing facilities such as the ErinoakKids Centre for Treatment and Development, and All Seniors Care assisted living and care facility.



A sheltered walkway with seating demonstrates a clear visual and physical linkage

## MOBILITY

Over time the Hospital District will include growing numbers of employees, residents, and visitors. People's ability to move throughout the District safely and effectively is vital to determining how enjoyably they experience the area.

### 1. Balanced, safe and efficient mobility

Safely and efficiently accommodating transportation for all ages and abilities should prioritize the most vulnerable users. The following transportation hierarchy will guide decision-making: emergency service vehicles; pedestrians; public transit users, cyclists and private motorized vehicles.

Movement throughout the District will encourage barrier-free, seamless connectivity between all transportation modes. Walking and cycling will be promoted with a pedestrian-oriented street character that includes wide sidewalks, active building frontages, benches and other street furniture, and dedicated cycling facilities.

Pedestrian enhancements will be a focus at major gateways, particularly along Dundas Street West and Third Line, and be provided throughout the District.



Safe and accessible dedicated active transportation path

## INNOVATION

The Hospital District is envisioned as a health-oriented innovation area with leading-edge anchor public and private sector institutions and companies clustered together, supporting important economic drivers like start-ups and business incubators. It needs to facilitate collaboration and consider environmental sustainability by applying new technologies and practices to encourage innovation.

### 1. Facilitate collaboration

New developments within the District should nurture collaborative relationships between organizations and individuals.

The Hospital will prioritize patient-oriented service delivery as part of an integrated system of health care. An integrated system of health care includes optimizing collaboration among health care partners such as clinical and research facilities, where academics, entrepreneurs, developers, start-up companies and local and international stakeholders can forge partnerships to drive innovation.



Collaboration between local and international partners will promote innovation



## INNOVATION

### 2. Environmental Sustainability

The Hospital District can promote climate resiliency and environmental sustainability by encouraging green building materials, low impact development practices, and adaptive reuse strategies such as flexible streets and stormwater ponds that can serve multiple active and passive functions.

Developments within the District should be encouraged to adopt the Town's Community Energy Planning principles in order to reduce energy costs, waste, greenhouse gas emissions and increase the Town's energy supply, among other environmentally conscious benefits.



Parking with permeable surfacing and trees provide visual and climate relief

## SUCCESSFUL IMPLEMENTATION

Achieving the ASP vision will require strategic partnerships, a holistic approach to parking management, monitoring progress, and encouraging flexibility and creativity.

### 1. Strategic partnerships

Development of the Hospital District will include adopting public-private partnerships and initiatives designed to facilitate strong collaboration between the Town of Oakville, Oakville Trafalgar Memorial Hospital, the development industry, and research and academic institutions. New partnerships will help support the Town's economic development strategy.



The Hospital District will support the Town of Oakville's goals

## SUCCESSFUL IMPLEMENTATION

### 2. Holistic approach to parking

The Hospital District will include enough parking to meet the needs of residents, employees, and visitors but will focus on incentivizing transit use and prioritizing pedestrian safety.

Parking structures should be wrapped along major roads with active residential and commercial uses, be built to support future adaptability and reuse, and include space for secure bicycle parking.



Parking structures can be adapted for reuse

## SUCCESSFUL IMPLEMENTATION

### 3. Accountability

As much as possible, plans and policies will be performance-based and promote creativity and flexibility. In keeping with the Town's current practices, a progress monitoring and reporting program with accountability protocols in place should be established.

Buildings should be planned for flexibility to facilitate changes to programming, technologies, and tenant needs. This flexibility is critical as we enter a post COVID-19 world.



Buildings will be thoughtfully designed and meet sustainability requirements

### 3.3 KEY DIRECTIONS

Seven key directions have been developed to implement the Guiding Principles (Figure 10). They define a series of moves that comprehensively organize the site to respond to the Hospital District's existing and planned context and its surrounding land uses.

The result is a series of directions developed to identify functional “on-the-ground” improvements to the Hospital District.

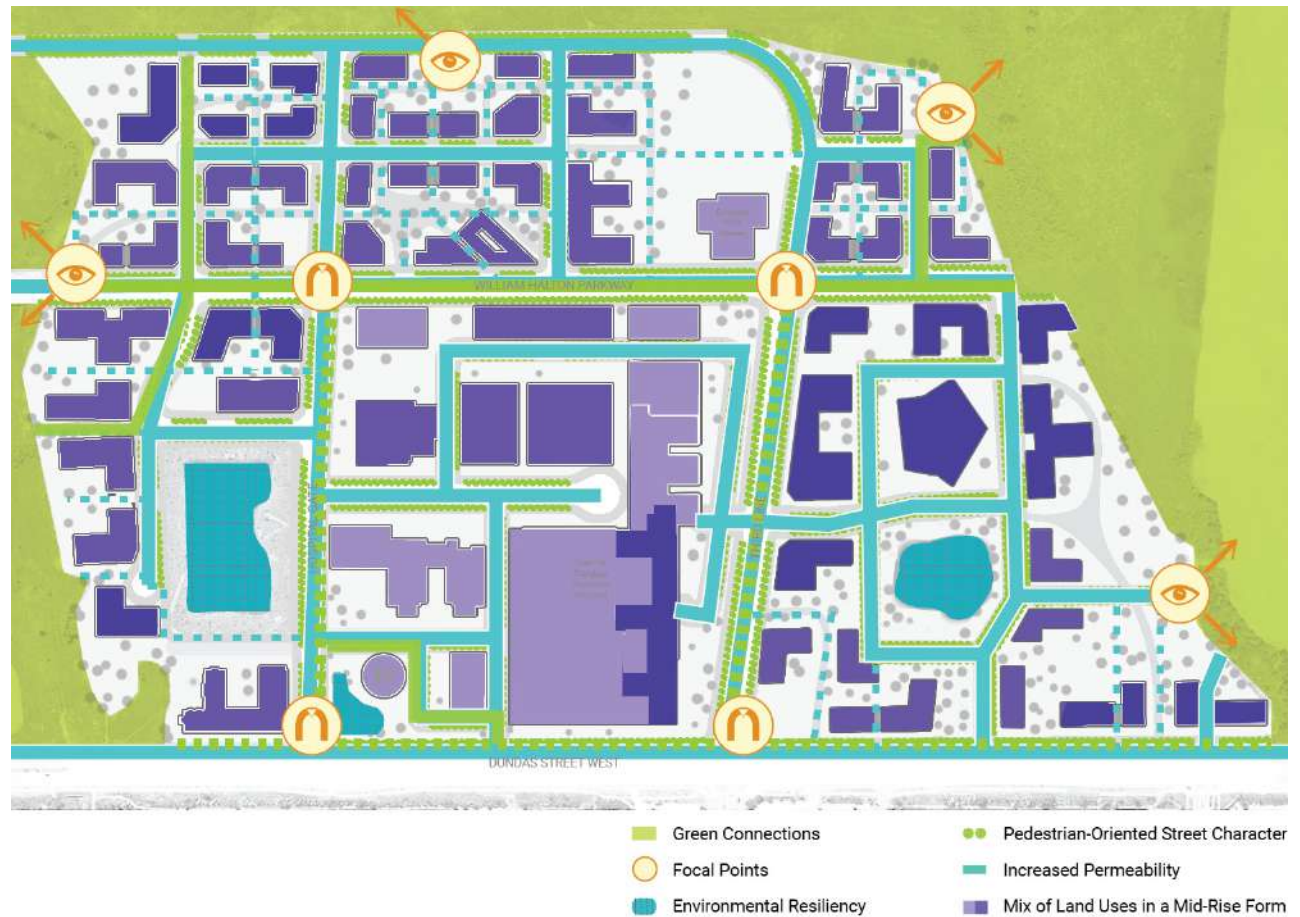
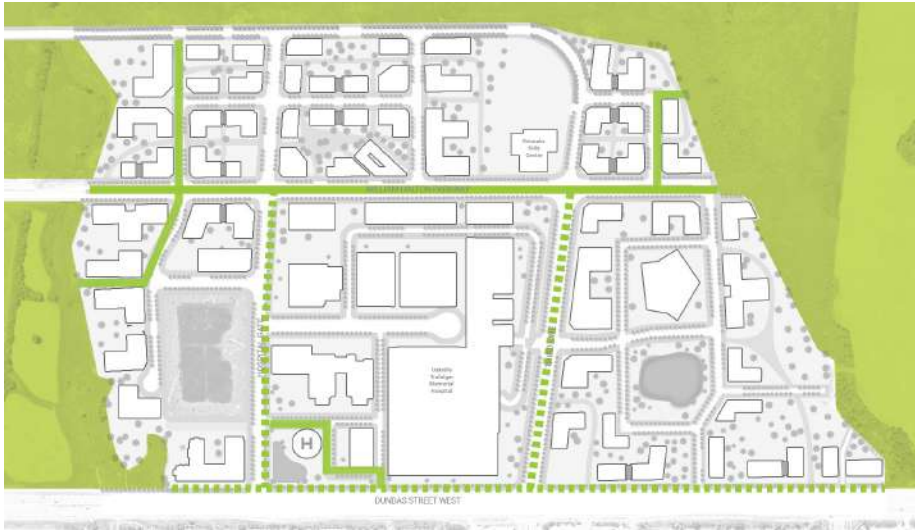


Figure 10 | Key Directions



### 1. GREEN CONNECTIONS

Green connections will incorporate nature into the Hospital District and connect the District to nearby parks and green spaces. Wide sidewalks, cycling lanes, and street trees will contribute to the pedestrian experience, support active transportation and provide green infrastructure.

Connections to existing and planned parks and green spaces include those to the West Oakville Sports Park (north), Palermo Park (west), the natural heritage system, and the McCraney Trail and Castlebrook Park (southwest).



Wide sidewalks and street trees enable high-quality streetscapes



Green connections within blocks provide convenient linkages to key destinations



## 2. FOCAL POINTS

Key views and entry points into the Hospital District will be reinforced by focal points such as gateways to create a distinct sense of place and facilitate accessibility within and around the District. Gateways could include new physical structures, public art, streetscape improvements, and wayfinding and signage.

- Potential focal points include intersections at Dundas Street West and Third Line, Dundas Street West and Hospital Gate, Third Line and William Halton Parkway West, and major transit stops for the planned Dundas Bus Rapid Transit line.
- Views of Sixteen Mile Creek, the West Oakville Sports Park, and the natural heritage system along William Halton Parkway West will be enhanced.



Visual interest through public art at building entrances



Accessible wayfinding features improve the pedestrian experience



### 3. ENVIRONMENTAL RESILIENCY

The Hospital District will embrace its existing natural features through eco-friendly, innovative site design. Three existing stormwater ponds will be integrated into the District’s open space strategy, providing functional environmental benefits and passive recreational space for employees, residents and visitors.

Design will incorporate innovative and sustainable design practices for the District’s buildings, streetscapes, energy distribution, natural habitat, and stormwater management. Innovative and sustainable design practices will be encouraged by applying Town guidelines for urban design, sustainable design, urban forests, and tree canopy requirements to all new developments.

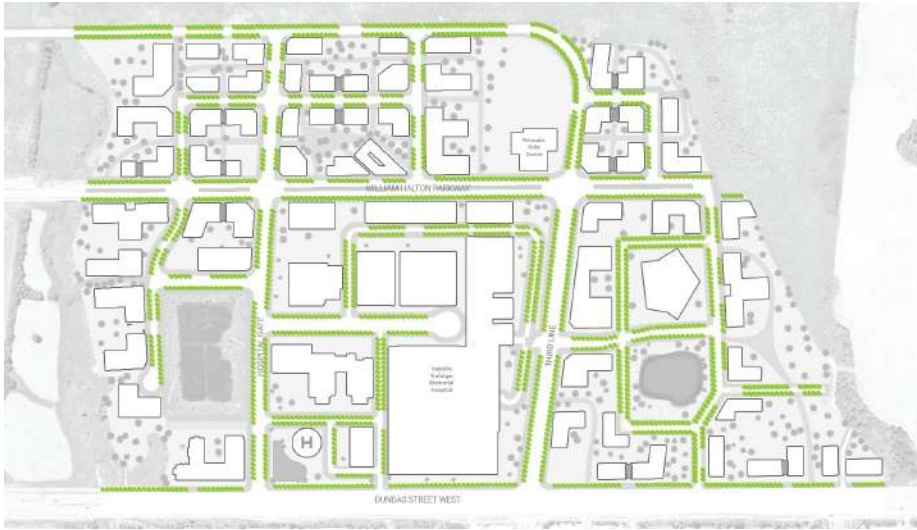


Low impact development through raised planters and silva cells



Passive recreation areas around stormwater ponds





#### 4. PEDESTRIAN-ORIENTED STREET CHARACTER

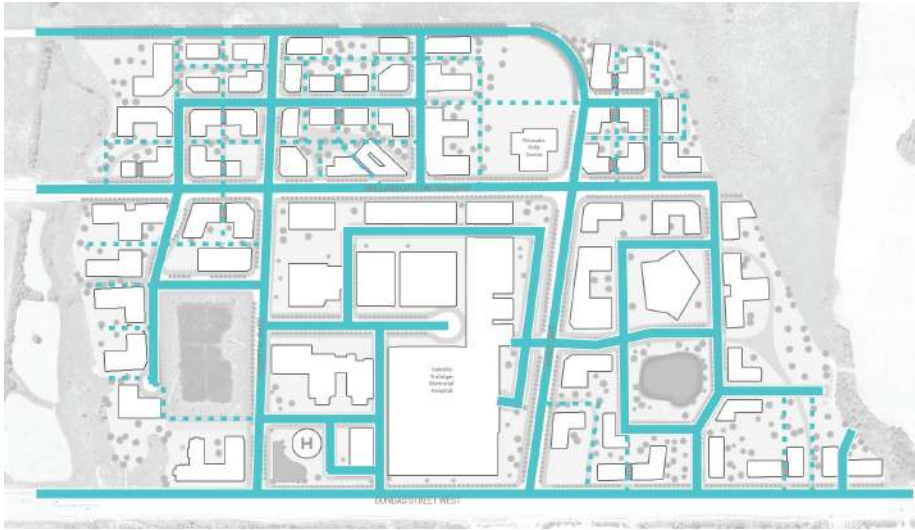
Streets in the Hospital District will be designed to enhance the pedestrian experience. Wide sidewalks, street trees, planters, public furniture, and various ground floor uses will create an attractive and safe environment that facilitates seamless movement between buildings and blocks.



At-grade uses improve safety and enhance the public realm



Pedestrian-friendly streetscape through public furniture and wide sidewalks

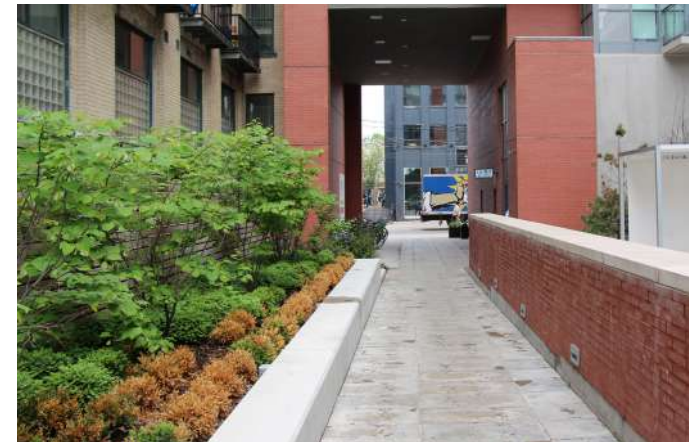


### 5. INCREASED PERMEABILITY

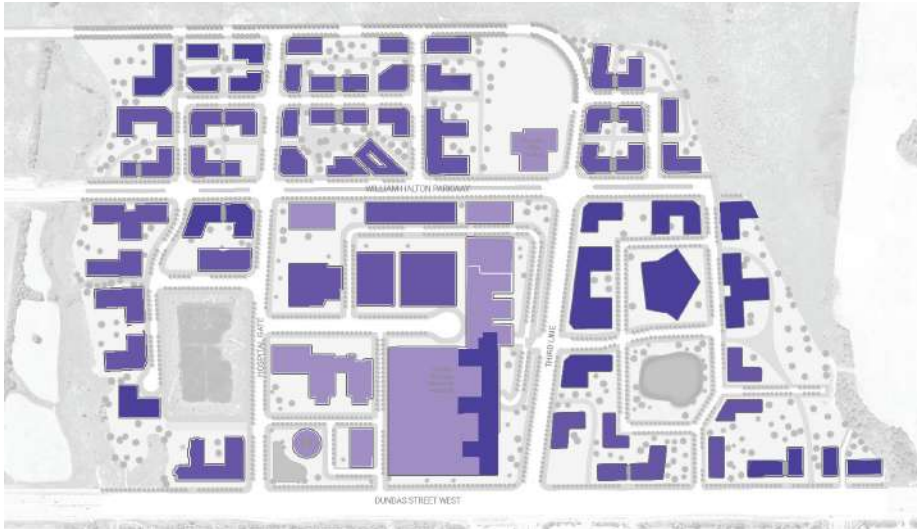
A more fine-grained street network, compact urban form and pedestrian-focused building design will ensure greater permeability and connectivity. The street network will be a modified grid to allow for easy navigation of blocks. Buildings will include well-designed walkways and mid-block connections that divide larger blocks and provide alternative routes for pedestrians.



Local streets within blocks ensure seamless circulation for all road users



Mid-block connections facilitate pedestrian movement between buildings



## 6. MIX OF LAND USES IN A MID-RISE FORM

The Hospital District will support mid-rise buildings and a mix of land uses with various block and parcel sizes.

In accommodating a diversity of uses (including primary employment uses and secondary residential uses), the District will provide a vibrant, pedestrian-friendly environment for employees, residents and visitors.

Building heights will generally range from 6 to 12 storeys, with the Hospital building serving as the District's beacon. Consistent with existing permissions, taller buildings (up to 15 storeys) will be focused in the eastern quadrant, particularly along Dundas Street West. Retail uses will also be encouraged in this area to support an urban, active streetscape.



A healthy mix of uses create a vibrant district



At-grade service commercial uses cater to employees, residents and visitors



## 7. URBAN CAMPUS

The Hospital District will take the form of an urban “innovation campus,” with Oakville Trafalgar Memorial Hospital at its heart. The District will encourage innovative health-oriented uses in office development, research facilities, commercial, retail, academic, and other uses.



High-quality design leads to the District's innovative and urban character



Open spaces provide a collaborative "campus feel"

## 3.4 CONSULTATION

Public and stakeholder consultation provided key inputs throughout the study.

### Public Open House (November 2019)

A Public Open House was held on November 25, 2019 to introduce the Hospital District Study to members of the Oakville community and discuss initial findings including the two draft land use scenarios. Following an open house and a brief presentation of study objectives, the public was invited to rotate between facilitated tables and provide feedback on land use, parks and open spaces, roads and blocks, as well as building heights. See Appendix C for additional details.

### Statutory Public Meeting (November 2020)

The Town-initiated OPA for the Hospital District was discussed during a Statutory Public Meeting of Planning and Development Council on November 23, 2020. Feedback from Council and members of the public were recorded and served as input for final revisions to the Hospital District's ASP.

### Council Workshop (February 2021)

A Special Planning and Development Council Meeting was held on February 2, 2021. Prior to this workshop, findings from the draft ASP noted that in order to reach the higher range of employment projections, employment would have to be enabled by policies and investments to create a "magnet" for employers. The purpose of the workshop was to:

- Describe the Hospital District Market Analysis and resulting range of outcomes;
- Seek input on Council's desired employment outcomes for the site;
- Seek input on Council's desired end state mix of employment and residential uses;
- Explore Council's interest in accelerating the timeframe for development;
- Explore Council's interest in acting to promote enablers of higher employment outcomes; and
- Explore Council's goals for the ultimate 'sense of place' for the area.

Some of the factors identified as required to achieve the upper employment target include:

- Common hospital related development;
- Identifying an area of specialization and/or research and development;
- Provincial investment;
- Existence of an interested developer; and
- Implementation of Higher Order Rapid Transit.

Feedback received from Council on the specific topics discussed during the workshop are listed below.

### Employment Outcomes and Goals

- Key Performance Indicators (KPIs) should be developed to track and monitor implementation;
- In the absence of a major catalyst, overall growth targets and capacity for growth are finite. The overall existing target is 10,000 jobs for North Oakville. More than this amount of employment is identified for the Hospital District alone; and

- Investigate market changes triggered by COVID-19 (i.e., emerging markets and lessons from other innovation hubs).

### **Desired Mix of Employment and Residential Uses**

- Protect the achievement of employment goals (i.e., high quality jobs). Residential uses should support the employment function of the District;
- Residential uses should support employment as the primary goal remains employment uses;
- Employment uses should come first, with residential uses to follow; and
- The focus for growth should be on employment. As congestion is always a risk of growth, it is important to plan for it and to provide a range of housing, including "missing middle" housing options.

### **Timelines and Potential for Council Action**

- Investigate increased trip generation and funding implications (i.e., Oakville Transit);
- Investment in transit / Dundas BRT is critical; and
- The Town should be active in seeking employers in the health and science sectors.

### **Approach to Planning the Lands**

- One of the goals of the ASP should be to help create a 15-minute walkable community where people can live, work, shop and play; and
- The District should be treated as an integrated site. Planning for the site should be flexible and the District should not be fragmented into too many precincts.

### **Community Character**

- The District should feature the following elements: high quality public spaces, pedestrian and green connections, active transportation, climate resiliency, innovation enablers, and creative and flexible workspaces (i.e., Silicon Valley, high-tech communities);
- The Hospital should be the tallest building in the District. The remainder of the District should be mid-rise;
- The time for "corporate parks" may have passed. We need to create a place that is livable. Ground orientation is critical. There must be a welcoming character and a true sense of place; and
- Mental health is an important issue. Providing green space is essential and the Hospital should be the most prominent building in the District.

*This page intentionally left blank*

4.0

---

## MIXED-USE JUSTIFICATION



## INTRODUCTION

The Hospital District's vision is for a world-class center for medical innovation in health care delivery, providing compassionate, quality, community health care. The Oakville Trafalgar Memorial Hospital will serve as the heart of the District. As a mixed-use, transit-oriented, and pedestrian-friendly vibrant community, the District will be developed by carefully integrating various uses that prioritize and strengthen its strategic employment capacity.

The North Oakville West Secondary Plan includes the Hospital District as a node for further study. It identifies an employment target for North Oakville West of approximately 250 net hectares of employment and 10,000 jobs at capacity. A review of employment forecasts identified that the Hospital District lands could accommodate more than 10,000 jobs but that doing so would hinder the Town's ability to allocate employment to other strategic growth areas in Oakville.

At the same time, achieving the District's vision depends on introducing residential and mixed uses while protecting the primary employment function of the area.

The following section provides further policy and best practice case study rationale for introducing residential uses to the Hospital District.

## 4.1 POLICY

This subsection presents the relevant provincial, regional and municipal policies that support the introduction of sensitive land uses, such as residential, to an employment area.

### [Provincial Policy Statement, 2020](#)

Consistent with the land use planning objectives direction outlined in the PPS (S.1.7.1), the vision for the Hospital District will:

- Promote opportunities for economic development;
- Provide a range of housing options within proximity to jobs;
- Continue to provide long-term availability of land both for employment and residential functions;
- Promote sustainable development with respect to proximity between employment and people, higher-order rapid transit, and a symbiotic relationship between development and the areas natural features; and

- Encourage transit-supportive development and intensification that improves the mix of employment and housing to shorten commutes and decrease congestion (S.1.8.1).

### A Place to Grow: Growth Plan for the Greater Golden Horseshoe, 2020

The Province amended the Growth Plan in June 2020 to address potential barriers to an increase in the supply of housing and jobs, and the ability to attracting investment. Among the changes is a new allocation for Halton Region to achieve new minimum population and employment targets of 1,100,000 people and 500,000 jobs by 2051.

Several Growth Plan policies are relevant to the Hospital District, including those related to employment planning:

- Employment policies call for a modernized employment area designation system that protects employment lands and highlight that conversion to non-employment uses can only occur where a municipal comprehensive review determines it can

be rationalized, based on a set of criteria provided in the policy (S.2.2.5.9).

- The employment policies were updated through Amendment 1 to allow for conversions prior to a municipal comprehensive review, with conditions, including that some employment will be maintained (S.2.2.5.10); and to require that upper- and single-tier municipalities, in consultation with lower-tiers, establish minimum density targets for all employment areas within settlement areas that meet a set of criteria (S.2.2.5.13).
- Amendment 1 also introduced a new employment policy, directing that outside of employment areas, the redevelopment of any employment lands should retain space for a similar number of jobs to remain accommodated on site (S.2.2.5.14).

The Growth Plan provides a planning rationale for mixed-use in the Hospital District. The District conforms with these policies:

- It supports Halton Region in achieving its minimum population and employment targets. In addition, employment targets for the District do not decrease due to

the introduction of residential and mixed uses.

- Lands remain protected for employment uses while unlocking the potential for residential development. The proposed conversion of lands to non-employment uses appropriately addresses all criteria listed in Growth Plan policy 2.2.5.9. Specifically, the conversion of the District's employment lands will not inhibit the Town and Region in accommodating forecasted employment growth.
- The District's proposed mix of uses will contribute to the overall viability of employment growth in Oakville. The proposed mixed-use function is also supported by existing and planned infrastructure, including transit and public service facilities. Implementation of the Area Specific Plan will protect for employment uses by ensuring specific targets are achieved before permitting the introduction of residential uses.

### Provincially Significant Employment Zones

Ontario identified new, provincially significant employment zones as priority areas in 2019. They are strategic areas that provide stable, reliable employment across the region and opportunities to improve coordination between land use planning, economic development, and infrastructure investments over the long-term. The policy rationale is provided by the Growth Plan.

The Hospital District is not identified as a Provincially Significant Employment Zone.

### Regional Policies

#### Halton Regional Official Plan, 2018

Presently under review, Halton's Regional Official Plan identifies the Hospital District area as an employment area within the Urban Area (Map 1 - Regional Structure). Objectives for the District include:

- Compact and transit-supportive growth (S.72);

- Complete communities of various sizes, types and characters (S.72.3);
- Development phasing (S.72.5);
- Planning for a balance of jobs and housing (S.72.7);
- Providing an appropriate range and balance of employment uses (S.72.10); and
- Providing opportunities for new post-secondary facilities (S.72.11).

Halton's Regional Official Plan provides policies for Intensification Areas. Objectives include:

- Creating a complementary urban form (S.78.1) at higher densities than the surrounding area (S.78.9);
- Encouraging urban design that is cost-efficient and innovative (S.78.2);
- Providing a range of employment opportunities, facilities and services in central, transit-accessible locations (S.78.3);

- Providing a mix of diverse and compatible land uses (S.78.4);
- Creating a pedestrian-oriented, transit-supportive urban environment that supports active transportation (S.78.5; S.78.8); and
- Attracting a significant portion of population and employment growth (S.78.6).

The plan also provides a policy for Mixed-Use Nodes (S.80) in the Livable Oakville Official Plan that directs that they be identified where there is a concentration of residential and employment uses with development densities, patterns supportive of pedestrian traffic, and public transit.

Halton's Regional Official Plan requires Oakville to prepare detailed Official Plan policies, or an ASP, for the development or redevelopment of an intensification area (S.48; S.77.5). It also directs that the provisions for Intensification Areas may also be incorporated as part of a larger community plan (S.81.3).

The Regional Official Plan provides a planning rationale for a mix of uses in the Hospital District.

It introduces a compact form of intensification that is supportive of pedestrians, active transportation, and transit while making efficient use of space and services, promoting live-work relationships and helping to foster a strong and competitive economy. The District will support the creation of complete communities by encouraging diverse land uses, while still prioritizing employment (S.72).

It will also provide a balance of jobs and housing in an area that will be well-served by planned transit. In prioritizing employment, the District will have a wide range and balance of employment uses, including office, prestige office, retail, service commercial, and institutional (among others) to accommodate existing and future needs (S.72).

It provides an urban form that is transit-supportive, and promotes live-work synergies, social interaction and collaboration. With a wide range of employment and residential uses and densities, the District is well-

positioned to accommodate population and employment growth (S.78; S.80; S.81).

### Local Policies

The Livable Oakville Official Plan establishes the urban structure and desired land uses in the Town. While the Hospital District is currently subject to the North Oakville West Secondary Plan, the town-wide Urban Structure review (OPA 15) identified the area as among “Nodes and Corridors for Further Study.” Nodes identified through the process will comprise the Strategic Growth Areas (SGAs) in the Town. As defined by the Growth Plan, the Hospital District SGA would be a node identified by the municipality to be “the focus for accommodating intensification and higher-density mixed uses in a more compact built form” (see the Growth Plan 2020, Definitions).

OPA 15 provides a planning rationale for mixed-use in the Hospital District. The District conforms with these policies as a SGA, intended to accommodate intensification and higher-density mixed uses in a compact built form. Its proposed mixed-use function is in keeping with the definition of SGAs. It

provides a diverse range of employment uses combined with residential, institutional, recreation, commercial and entertainment uses. With its transit-supportive densities and planned transit infrastructure, the proposed mixed-use District will help the Town and Region achieve its population and employment targets.

The Hospital District currently includes several sensitive uses including the Oakville Trafalgar Memorial Hospital, ErinoakKids Centre for Treatment and Development. The Hospital District also includes approved plans for an All Seniors Care and Assisted Living Centre and a long term care facility approved by Minister's Zoning Order. These two sites are both located west of the Hospital. Introducing residential uses within the District complements existing and planned sensitive uses and is consistent with the vision for the area.

## 4.2 CASE STUDIES

A Best Practice review of health districts across Canada and the United States served as a key input in developing the Hospital District's land uses (see Appendix A).

Of the five case studies reviewed, four included mixed-use designations:

- Buffalo Niagara Medical Campus, New York: Land uses include hospital and related medical, university, research facilities, office, retail, hotel, and residential;
- Life Sciences Corridor, Massachusetts: Land uses include hospital and related medical, university, office, entertainment, retail, commercial, hotel, and residential (including middle-income housing units). A 2.5 acre, 1.5 million square foot, mixed-use development in Somerville incorporates a split of 60% commercial and 40% residential;
- Baton Rouge Health District, Louisiana: Land uses include hospital and related medical, office, commercial, hotel, residential, institutional, and light industrial uses; and

- Health and Technology District, British Columbia: Land uses include hospital and related medical, university, office, open space, retail, commercial, entertainment, and residential.

While the Guelph Innovation District (GID) was not captured in the Best Practice review as it is not primarily “health-focused,” the 436-hectare district exemplifies a true mixed-use community. The GID's approved secondary plan includes targets to accommodate 7,000 people and create 9,000 new jobs, specifically in the communications, media, and agriculture and environmental technology sectors.

Refer to Section 5.1 for additional details on the targets.

5.0

---

AREA SPECIFIC PLAN:  
Preferred Planning and  
Development Framework

## INTRODUCTION

A study boundary, two draft land-use options and evaluation criteria were developed based on the Study objectives. These options were presented to the public at an open house in November 2019.

A preferred land-use option was then created based on comments from the public (Appendix C), feedback from Town staff, a February 2021 Council Workshop and other inputs (Appendix D).

This section presents the Preferred Planning and Development Framework for Oakville's Hospital District. It provides direction related to the development of the District, including the overall character, land-uses, building heights, open space, and streets and blocks.

## 5.1 CHARACTER

Informed by input from Council, staff, the public and other stakeholders, the intended character for the Hospital District is for a mid-rise urban campus with employment and residential uses. The character for the District can best be described through its mid-rise built form; special mix of uses, including a campus of care; multi-functional outdoor spaces; and walkability.

### Mid-Rise Vision

The District will feature human-scaled buildings with heights ranging from 6 to 15 storeys.

To help define a strong public realm, buildings will offer scales comfortable to pedestrians and connections to public and private spaces, with setbacks and stepbacks to articulate building massing and mitigate the perception of height. Through appropriately-scaled massing that responds to all frontages, buildings should be mindful of shadows on sidewalks, open spaces and adjacent properties located both within the District and south of Dundas Street West.

Consistent with the approved rezoning

(Phase 1), buildings of up to 15 storeys will be permitted in the southeast quadrant of the District, south of William Halton Parkway and east of Third Line. These taller buildings will maintain a human-scaled built form and will reinforce a livable and pedestrian-friendly environment.

**Mid-rise densities will help to ensure that development within the District does not negatively impact Oakville's other strategic growth areas.**

The Midtown Oakville Urban Growth Centre is characterized by a built-up and more urban environment, with permitted heights of over 30 storeys.

In contrast, the Hospital District Node is characterized by greenfield lands, bounded by natural areas and southerly low-rise residential developments. As such, a mid-rise scale for the Hospital District ensures appropriate transitions to the surrounding low density environment.

**The Oakville Trafalgar Memorial Hospital will serve as the District's focal point, featuring heights of 15 storeys along Dundas Street West.**



Mid-rise building with active at-grade uses  
(Source: Yuanheng Holdings, Wesley, Vancouver)

The Hospital's prominence will be maintained through a mid-rise built form across the District, with heights generally ranging from 6 to 12 storeys.

Located along Dundas Street West and serving as a gateway into the District, the southeastern quadrant will accommodate heights up to 15+ storeys, intended to complement the Hospital building as the beacon.

The District's mid-rise scale will enable the creation of a pedestrian-friendly environment, protect the integrity and stability of adjacent neighbourhoods and areas, while maintaining an appropriate scale of density within the context of Oakville's other growth areas.



### Special Mix of Uses

As a compact, innovative urban campus, the Hospital District will feature a wide but specialized range of uses.

Primary employment uses should include research and development, manufacturing and academic facilities and offices, medical offices, and secondary residential uses.

Subject to a Minister's Zoning Order (O. Reg. 446/20), the lands located west of Hospital Gate and south of William Halton Parkway will accommodate long-term care and accessory uses. Envisioned as a "campus of care", this area will feature hospital-related uses, including supportive office space and accessible outdoor public spaces.

Section 5.2 describes recommended land uses in detail (including site-specific permissions).



Seamless multi-purpose open space and paths  
(Source: SmartCentres REIT, Vaughan Northwest)

### Multi-Functional Outdoor Spaces and Walkability

Multi-functional outdoor spaces will serve as gathering areas for employees, residents and visitors. As urban squares, these spaces will be well framed by the District's built form and will feature a high quality public realm (i.e., benches, tables, lighting, soft and hard landscaping).

Walkability for individuals of all ages and abilities will be a defining feature of the District. Safe and comfortable pedestrian movement will be facilitated through a network of secondary and flexible streets and mid-block connections.



Outdoor office space, Googleplex Mountain View  
(Source: Marcin Wichary Photography)

### 5.1.1 EMPLOYMENT AND RESIDENTIAL TARGET

For the Hospital District to develop as a mixed-use employment-focused area, it is important that residential and other sensitive uses be introduced that support employment targets. This section analyzes existing policy, market analysis and best practice research related to introducing residential uses to an existing employment area. It provides a rationale for primary and secondary land uses and recommends employment and residential targets for the District.

#### Livable Oakville OP and NOWSP

As outlined in the Livable Oakville OP, the Town of Oakville is expected to experience employment growth of 45,000 new jobs between 2006 and 2031. Much of this growth is expected to be concentrated within North Oakville.

The NOWSP envisions a range of higher employment densities in areas where higher order/frequent transit service is planned. The target for North West Oakville is approximately 250 net hectares of employment land and 10,000 jobs.

#### A Place to Grow: Growth Plan for the Greater Golden Horseshoe

Amendment 1 to the Growth Plan permits the conversion of employment lands prior to a comprehensive municipal review. This conversion is only allowed if the lands maintain employment uses and minimum density targets for employment lands are identified by upper-tier municipalities in consultation with lower-tier municipalities.

#### Hospital District Employment Target

This ASP sets an ambitious target for employment densities (see Section 5.4, Population and Employment Densities). Achieving these employment densities will be dependent on securing transit investment (i.e., Dundas BRT), developing trackable key performance indicators, attracting highly-skilled talent and establishing an innovative "sense of place", amongst other factors.

Primary land uses within the Hospital District will remain the same and include: hospital, research, development and incubation facilities, institutional uses, medical and health-related professional offices,

manufacturing uses, rehabilitation facilities, transition and long-term care facilities, a hotel, and retail and service commercial uses. The introduction of residential uses will be subordinate to primary uses.

As discussed in Sections 4 and 6, designations within the Hospital District should be subject to site-specific zoning regulations, including the use of a holding zone; any proposed residential uses should be carefully evaluated to ensure their introduction does not adversely impact the employment function of the Hospital District.

Further, the Town should continue to be mindful of other growth areas throughout the municipality, including those along the QEW and Lakeshore West GO Corridor. The Hospital District is to serve as a node that complements the other growth areas which are also accommodating new employment and residential development.

## Market Analysis

Market analysis of employment and residential demand (Appendix E) provides insight into development capacity. Key observations include:

- Significant population and employment growth potential in North Oakville will require expansion to the existing retail/service commercial offering to maintain appropriate service levels within the community. Some of these uses can be located within the Hospital District.
- There is potential for accommodating office expansion within the Hospital District. However, this will not likely result in a significant concentration of major office space, nor a prominent employment node within the broader context of Halton Region or the GTHA. This accommodation could reasonably involve the development of some 23,000 m<sup>2</sup> to 28,000 m<sup>2</sup> of supportive office space.
- A review of the Humber River, Etobicoke General, Mississauga General, London Health Sciences, Southlake, Brampton Civic and Milton General Hospitals revealed that often located adjacent to hospitals were private pharmacies and general practitioners' offices. Additionally, the vast majority of hospitals reviewed had adjacent senior's facilities.
- Only two hospitals contained a research facility. For this study, research facilities are understood as private or non-profit organizations that develop innovative software, hardware or technical solutions to medical-related issues. Attracting uses of this nature is critical for establishing a regionally significant employment hub that extends beyond the basic service functions of a traditional medical facility.
- Other common hospital-related development opportunities that could provide a stable and reliable source of employment while also potentially increasing demand for real estate include: private pharmacies/drug stores, general practitioners' offices and diagnostic facilities, and adjacent seniors care facilities.
- There may also be opportunities for other regional-serving public institutions and community services-based facilities, in addition to private enterprises such as daycare facilities. These adjacent uses provide a stable and reliable source of employment opportunities and increase demand for office space.
- To develop into a broader regionally significant node, the Hospital District must provide opportunities that attract less-common uses, including external research facilities and corporate organizations. These users may be drawn to a location based on an academic partnership, a notable area of specialization for a given hospital, or a broader culture of innovation within the community.
- Population growth anticipated in Northwest Oakville will require at least some local- and regional-serving retail/service commercial amenities. These types of businesses will be further supported by the employment yields realized as part of the Hospital District's development.

- Locating broader civic and institutional servicing uses within the Hospital District reinforces the node's regional importance and contributes to its mixed-use nature. These uses could include a post-secondary presence, public library, community centre, or recreation facility, amongst other services.

### Best Practice Case Studies

Best practice case studies provide additional insight into complementary land uses and employment and residential targets.

The Life Sciences Corridor in Massachusetts includes hospital and medical, university, office, entertainment, retail, commercial, hotel and residential uses. A 2.5 acre mixed-use development in Somerville incorporates a split of 60% commercial and 40% residential uses. Innovation Square Phase II, located within the corridor, includes a 24,000 m<sup>2</sup> mixed-use building and a proposed 93,000 m<sup>2</sup> of office, lab and multifamily residential uses.

The Health and Technology District in Surrey, British Columbia, includes eight mixed-use buildings with a GFA of approximately 140,000 m<sup>2</sup> and hospital and related medical, university, office, retail, commercial, entertainment and residential uses. At full build-out, the District will include 10,000 residents and over 13,500 jobs (See Section 5.4).

The Buffalo Niagara Medical Campus in New York State includes hospital and related medical, university, research facilities, office, retail, hotel and residential uses. The Trico complex within the campus is a mid-rise mixed-use building containing residential, retail, office and hotel uses slated for completion in 2021. As of April 2019, the campus included 840,000 m<sup>2</sup> of GFA and 16,000 employees.

Each of these best practice case studies includes post-secondary and research facilities, in addition to traditional hospital infrastructure.

### Employment-Residential Target

Employment targets are consistent with targets for the lands identified in the Region's Municipal Comprehensive review. They allow for the introduction of residential uses while protecting the area's primary employment focus.

Consistent with this policy, primary and secondary employment uses are accommodated before introducing residential uses. Targets for the Hospital District include:

- Area 1: 60 percent employment, 40 percent residential; and
- Area 2: 100 percent employment (Figure 11).

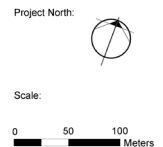
Blocks within Area 1 are intended to accommodate a mix of employment uses with secondary residential permissions, designated Urban Core (refer to Section 5.2 for additional details).



Figure 11 | Hospital District Areas

#### Legend:

- Area 1
- Area 2



Area 2 is the anchor for the District. It includes the Oakville Trafalgar Memorial Hospital and ErinoakKids Centre for Treatment and Development and will accommodate 100 percent employment uses.

As part of the Regional Official Plan Review, Draft Amendment No. 48 - An Amendment to Define a Regional Urban Structure was presented to Council in February 2021. The Amendment includes revisions to Strategic Growth Area Targets and identifies Oakville's Hospital District as a Primary Regional Node to accommodate a job to resident target of 60:40.

The adoption of a 60 percent employment and 40 percent residential ratio on all Area 1 lands will ensure that the long-term operational and economic viability of employment uses is maintained, and that the target proportion of jobs and residents is achieved. Residential uses within the District are intended to support the employment uses.

### **GFAs: Areas 1 and 2**

The following subsection provides high-level projections for employment and residential GFAs across the District.

Refer to Section 5.4 for additional information on densities and development blocks.

#### *Area 1*

Area 1 includes all lands surrounding the Oakville Trafalgar Memorial Hospital and ErinoakKids Centre for Treatment and Development.

As noted in the Market Analysis, the Hospital District can conservatively be expected to develop 23,000 m<sup>2</sup> to 28,000 m<sup>2</sup> of supportive office space.

Based on proposed densities for Area 1 (Section 5.4), adopting a 60:40 split between employment and residential uses projects an employment GFA of 454,000 m<sup>2</sup>. Therefore, office capacity in Area 1 is significantly higher than the anticipated office GFA identified through the market analysis. This implies that unless the Hospital District attracts a significant tenant, such as an external

research facility, corporate organization, or academic institution, the District will likely have excess office employment capacity. It also suggests that residential uses can be introduced at the identified targets without adversely impacting employment demand or capacity.

The following includes a breakdown of projected employment and residential GFAs in Area 1, per location.

#### West

The lands located west of Hospital Gate and south of William Halton Parkway.

- Employment GFA: 80,000 m<sup>2</sup>
- Residential GFA: 53,300 m<sup>2</sup>

#### North West

The lands located north of William Halton Parkway and west of Hospital Gate.

- Employment GFA: 63,500 m<sup>2</sup>
- Residential GFA: 42,400 m<sup>2</sup>

North (Centre)

The lands located directly north of the Hospital, north of William Halton Parkway.

- Employment GFA: 62,300 m<sup>2</sup>
- Residential GFA: 44,900 m<sup>2</sup>

North East

The lands located north of William Halton Parkway and east of Third Line.

- Employment GFA: 40,200 m<sup>2</sup>
- Residential GFA: 26,800 m<sup>2</sup>

East

The lands located east of Third Line and south of William Halton Parkway.

- Employment GFA: 202,900 m<sup>2</sup>
- Residential GFA: 135,300 m<sup>2</sup>

*Area 2*

Serving as the District's beacon, Area 2 includes the existing Oakville Trafalgar Memorial Hospital and the ErinoakKids Centre for Treatment and Development. This Area accommodates 292,700 m<sup>2</sup> of employment GFA and no residential GFA.

Based on the above targets and policy direction (refer to Section 5.2), **the Hospital District as a whole can accommodate a total of 747,000 m<sup>2</sup> of employment GFA**, projected to result in 11,900 jobs.

While it is too early to properly understand the full implications of Covid 19 and advancements in virtual meeting technology on office market demand, we expect evolving trends will have less of an impact on medical-related office use than other industries.

However, it should be noted that the market analysis suggest that the Hospital District is not likely to achieve projected employment targets unless specific anchor tenants and/or specialized business activities are actualized.



## 5.2 POLICY AND DESIGN DIRECTIONS

This section of the ASP describes the frameworks and associated directions for the following:

- Land uses;
- Building heights;
- Open spaces;
- Transportation (roads and blocks);
- Servicing;
- Urban Design; and
- Parking.

### 5.2.1 LAND USES

The land-use policy directions provided below apply to all lands within the Hospital District.

The majority of the lands will be designated mixed-use – specifically Urban Core – with the exception of the Oakville Trafalgar Memorial Hospital and ErinoakKids Institutional lands (Figure 12), which are designated institutional.

The Urban Core land use designation includes various uses intended to support and complement the District's institutional focus, serve the needs of employees, residents and visitors, and make efficient use of municipal infrastructure.

The mixed-use designation provides areas where residential, commercial, and office uses are integrated in a compact urban form at higher development intensities. Mixed-use areas are to be pedestrian-oriented and transit-supportive.

Land use designations are intended to encourage animated streets by facilitating retail and service commercial uses on the ground floor of mixed-use buildings.

The Hospital District includes the following land use designations:

- Urban Core; and
- Institutional.

## Urban Core

### *Permitted Uses*

A wide range of retail and service commercial uses, including restaurants, commercial schools, offices and residential uses may be permitted in the Urban Core designation. Retail and service commercial uses shall be provided on the ground floor of mixed-use buildings that directly front a public street. These uses may also extend to other floors. Entertainment facilities and hotels may also be permitted. Office uses and ancillary residential uses may be provided on the ground floor and above.

The size and location of uses shall be determined through the development process and regulated by the implementing zoning.

### *Building Heights*

Minimum of six storeys and a maximum of fifteen storeys in height.

### *Parking*

Underground and structured parking will be encouraged.

Surface parking should not be permitted between buildings and the adjoining streets but consideration may be given to limited surface parking within these areas for short-term visitor or commercial parking.

### **Site-Specific Development Applications**

#### *West (south of William Halton Parkway)*

Permitted Uses: Nursing home, private or public park, ground floor ancillary retail, financial institution, general or medical office, parking garage, art gallery, library, museum, place of worship, and research and development facilities.

#### *East (south of William Halton Parkway)*

Permitted Uses: General office use, hotel, information processing, medical office, nursing home (excluding dwelling units), private or public park, parking garage, research and development, retirement home (excluding dwelling units), trade and convention center.

Only Permitted Ancillary Uses: Café, commercial fitness center, convenience store, day care, financial institution, restaurant, retail store, service commercial, and service establishment.

## Institutional

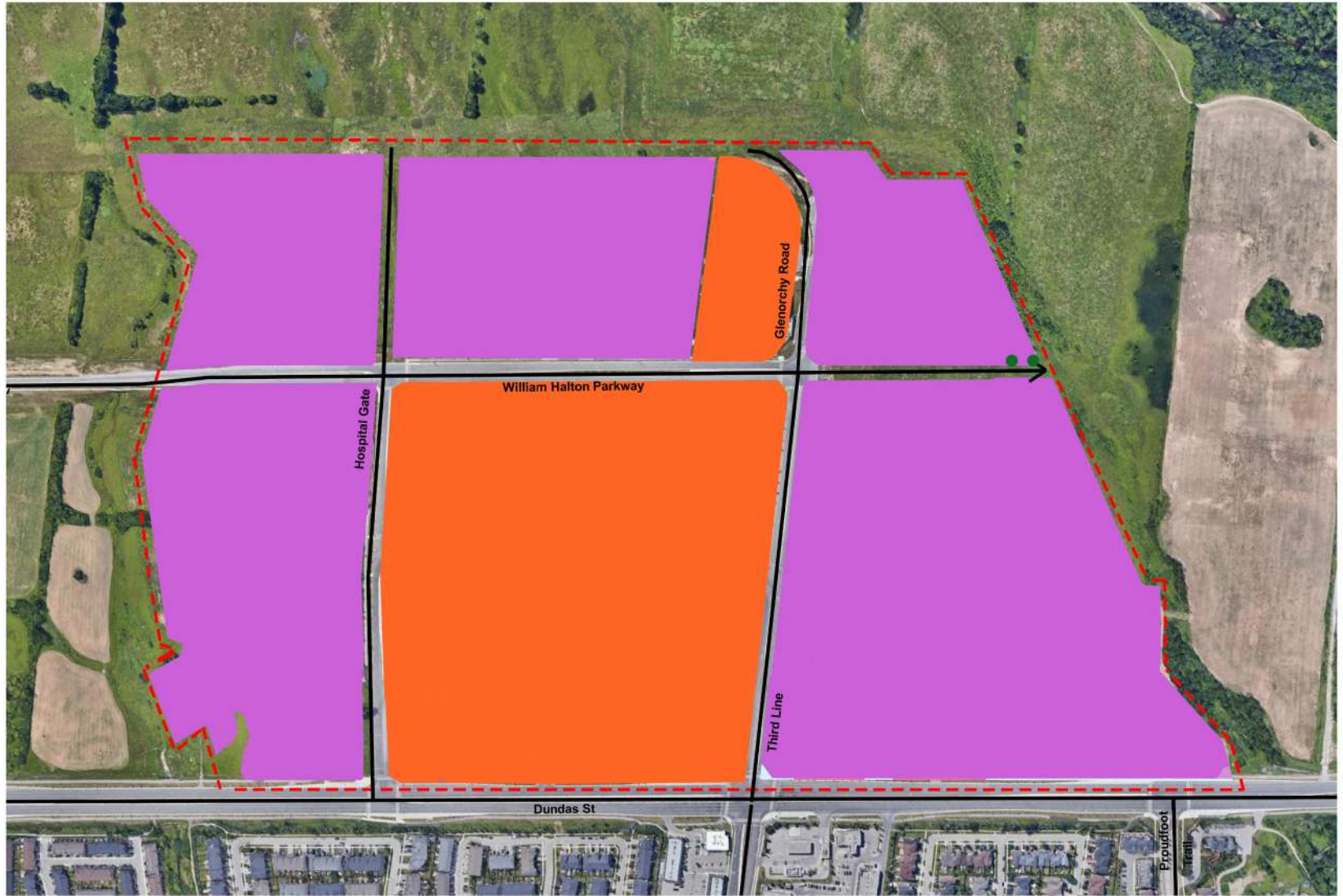
### *Permitted Uses*

- Educational facilities with residential accommodations, colleges and universities, health care facilities and hospitals with ancillary uses, places of worship on sites greater than 2.5 hectares, government and cultural facilities, and residential accommodations associated with institutional uses.

As deemed necessary and appropriate, new developments within the Hospital District shall consider potential undue impacts from the AM radio stations and associated radio telecommunication towers located at 1303 Dundas Street West (east of the study area).

Legend:

- - - Study Area
- Institutional
- Urban Core



Location:  
Hospital District  
Oakville ,ON



Scale:  
0 50 100  
Meters

Figure 12 | Land Uses

### 5.2.2 BUILDING HEIGHTS

Mid-rise development between 6 and 12 storeys is permitted throughout the Hospital District. Taller buildings up to 15 storeys are permitted east of Third Line and south of William Halton Parkway, and along the southern portion of the Oakville Trafalgar Memorial Hospital (Figure 13).

A maximum of 15 storeys are warranted on these lands for the following reasons:

- **Hospital Lands:** The height of the southerly portion of the Oakville Trafalgar Memorial Hospital is 54 metres (approximately 15 storeys).
- **Southeast Block:** Permissions for maximum heights of 15 storeys have been approved through the rezoning process for Phase 1 of the block's proposed development.

Building heights will not impede the safe flight path to and from the hospital's helipad. This flight path generally limits building heights to a maximum of 15 storeys.



Figure 13 | Building Heights

### 5.2.3 OPEN SPACES

The Hospital District includes a variety of open green spaces and urban squares in the form of privately owned public spaces (POPS), a type of public space that, although privately owned, is required to be open to the public under a zoning by-law or binding agreement. Urban squares include small plazas, pathways, and parkettes that complement existing parks, open spaces and natural areas. They can be used for passive leisure, short-term events, and other activities.

POPS are located at key intersections in the northwest and southeast quadrants of the Hospital District, where they can be well-integrated into the area's urban form (Figure 14).



Figure 14 | Open Spaces

### 5.2.4 TRANSPORTATION

The proposed road network reduces block sizes and increases the number of roads and other connections to improve permeability and connectivity (Figure 15).

Smaller blocks provide an opportunity for the use of integrated pedestrian walkways and linear green spaces. Breaks in the building façade inform the scale and rhythm of new development.

A fine-grained road network is provided within the block east of Third Line, with connections to the hospital's main entrance and Dundas Street West.

For the northern blocks, east-west flexible streets will facilitate pedestrian movement between buildings. Vehicular access will be provided through two north-south secondary streets with connections to primary streets.

Appendix G provides a full assessment of the District's traffic and road capacity.

Findings suggest intersections in the District are forecast to operate at acceptable levels of service and within capacity. Several intersection upgrades have been identified to accommodate projected site traffic.

Future conditions are based on identified targets as required by the Halton Region Transportation Master Plan including a 20% transit mode split, a 5% active mode split, and transportation demand management reductions of 3% by 2031.

The proposed internal road network is anticipated to serve projected traffic volumes without issue (Appendix G). The recommended transportation system is expected to achieve a balanced range of travel options that encourage walking, cycling and transit.



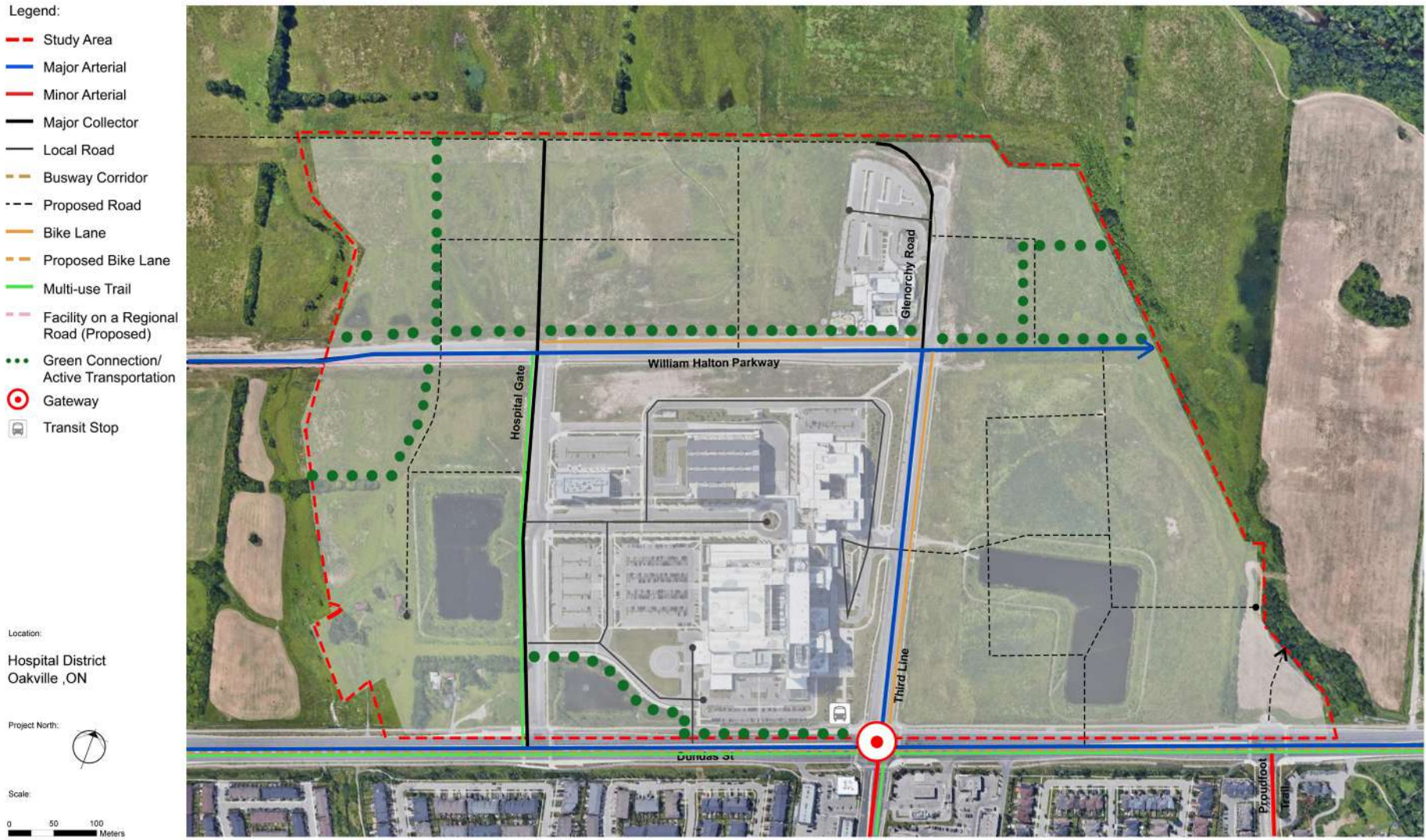


Figure 15 | Roads and Blocks

### 5.2.5 SERVICING

A servicing and stormwater management study was conducted to analyze water, wastewater, and stormwater systems within the Hospital District (Appendix H).

#### Water

A watermain analysis found that simulated pressures satisfied requirements based on average, maximum, and peak hour scenarios for present and future planning horizons. The proposed network has significant fire flow availability while maintaining minimum residual pressure requirements.

It is recommended that the Hospital District be serviced by a combination of 300mm and 200mm watermains. The existing main into the site (Third Line north of Dundas Street West) is a 400mm main and provides sufficient capacity to supply water to a network of 300mm mains. Fire flows are expected to be at or above 200L/s for almost all points evaluated in the District.

#### Wastewater

The impact of the proposed design flow on the Region's wastewater network was also assessed. To accommodate the proposed intensification and effectively convey sewage to the North Sewage Pumping Station, most of the District's existing infrastructure needs to be upgraded. It is recommended that upgrades be concentrated on William Halton Parkway and Third Line by increasing the slopes of some sewers and increasing the diameter of certain sewers (Appendix H).

#### Stormwater

The hospital's Stormwater Management Plan was reviewed to ensure that existing and future development conforms to criteria set by the North Oakville Creeks Subwatershed Study, Town of Oakville, Conservation Halton, and the Ministry of the Environment, Conservation and Parks.

Lot level stormwater management in the District will address groundwater recharge and water balance through lot grading, discharging clean roof runoff to pervious surfaces, infiltration swales and green

roofs. A diversion channel is also proposed to replicate pre-development conditions within the Sixteen Mile Creek tributary to the maximum extent.

Three end-of-pipe stormwater management wet facilities are located in the Hospital District, including the Halton Healthcare Services Stormwater Management Pond, Glen Oak Regional Detention Facilities, and Taplow Creek Regional Detention Facilities. Development should proceed in phases with all facilities in place.

Overall, stormwater management objectives outlined in the North Oakville Creeks Subwatershed Study are satisfied by the diversion channel and wet facilities. No on-site quality and quantity control are required for future development, provided overall imperviousness remains below 85%.

*This page intentionally left blank*

### 5.2.6 URBAN DESIGN

The urban design recommendations aim to provide design guidance related to buildings, streets, open spaces, and green corridors. Recommendations allow for a phased development approach, aligned with the likelihood that employment uses will build out first, followed by residential development. This will be well supported by a typology-based urban design approach. The intent of the approach is to ensure that a vibrant community life is well-supported at all stages of the District's build-out.

The recommendations outlined in this section focus on securing a future character and overall identity for the district that is based on a development's planned and existing adjacencies.

The Hospital District is envisioned as a place for people to work and live, featuring connections to a network of well-established open spaces, interconnected streets, and an overall built form that complements and frames streets and open spaces. The built form will be specifically tailored to its surrounding adjacencies, including primary

and secondary streets, urban squares, flexible streets, and green connections (Figure 16). This tailored approach to the built form will create a context specific, well-designed and compact human-scaled environment.

The interfaces should be considered when designing and evaluating the appropriateness of development proposals for the Hospital District.

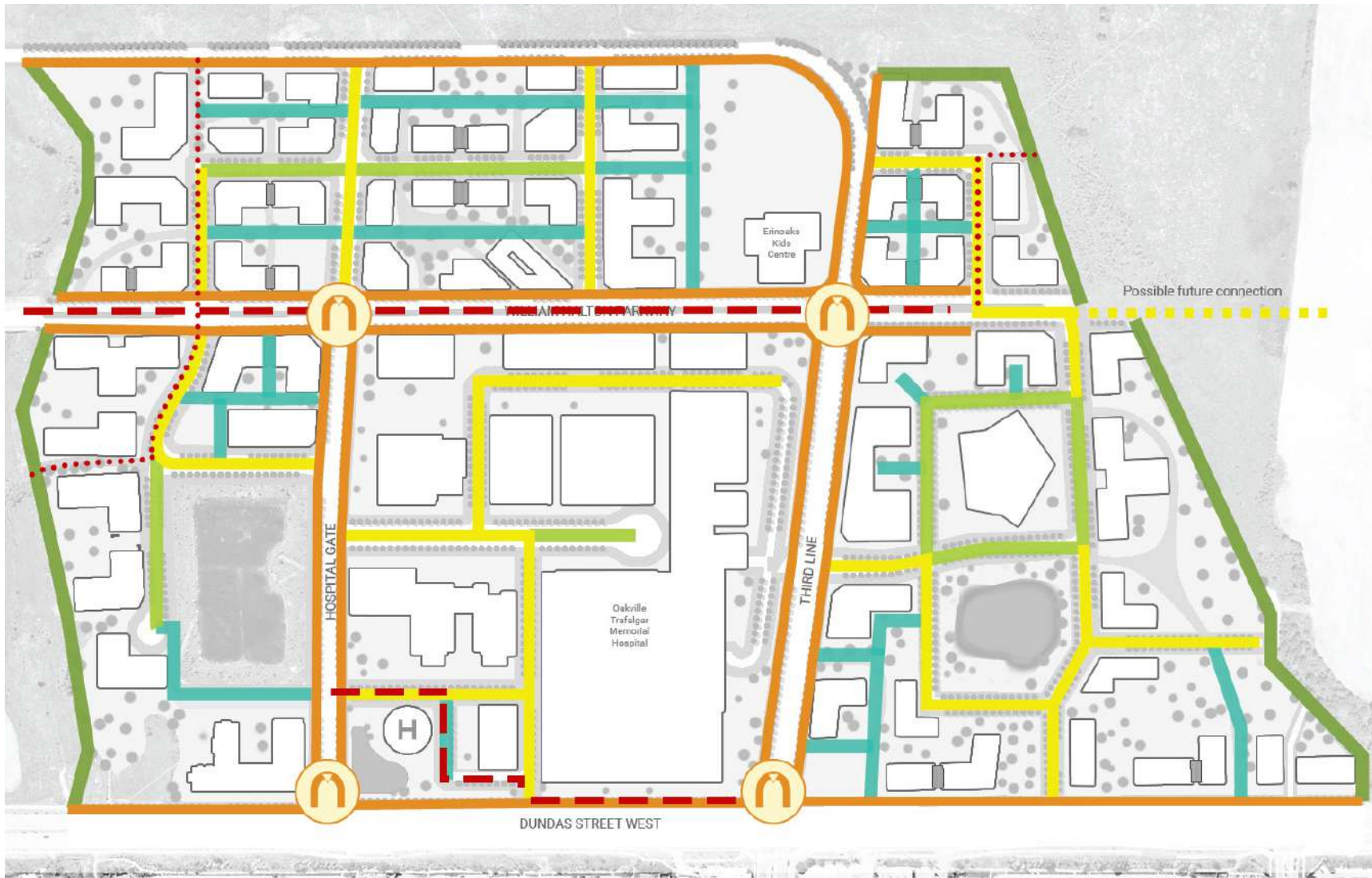


Figure 16 | Urban Design Interface

- - - Major Green Corridor
  - . . . . . Minor Green Corridor
- Building to Primary Street
  - Building to Secondary Street
  - Building to Flexible Street
- Building to Green Connection
  - Building to Open Space (POPs or Square)
  - Ⓜ Gateway



### Building to Primary Streets

- Primary streets are where the public-facing and more institutional character of the Hospital District will be found. They act as a buffer and introduction to the vibrant urban activity within the blocks.
- Buildings that frame primary streets will shape the character of the entire District.
- Primary streets are characterized by wide rights of way, large boulevards, and high-quality landscape features.
- With a focus on creating a pedestrian and cycling friendly character, the built form orientation will aim to reduce the visual width of the rights of way by locating buildings consistently along the street edge with a minimal street wall of five to eight storeys.

### Building to Secondary Streets

- Secondary streets will feature a more urban, fine-grained character and narrower street right of way when compared to primary streets.
- Like primary streets, secondary streets

will be framed by building facades, but in contrast, it is recommended that they have a looser street-wall massing focusing on creating semi-private courtyards and amenity spaces for employees, residents and visitors.

- Secondary streets will foster community life and activity, with opportunities for refined building facades unique open spaces, and a more interconnected series of building entrances and uses.
- Building setbacks should maintain the ideal proportion of street-wall to street width. This proportion should be guided by the overall vision for the block, ensure sunlight on streets and open spaces, and encourage a mix of building types and styles.
- Secondary streets will support the urban life of the area and have a different built character than the primary streets.

### Building to Urban Squares

- Urban squares in the form of POPS will have appropriately-scaled building facades that include a building base



Buildings frame secondary street edges



Orientation of buildings frame urban squares

designed in consideration of the adjacent pedestrian environment.

- A pedestrian scale can be reinforced through a combination of finer vertical and horizontal articulations, visual connections between interior and exterior spaces, and clearly defined building entrances.
- The overall massing of the buildings will be developed to maximize sunlight on public open spaces.
- Open spaces between buildings should be positioned to provide continuous pedestrian and cycling route connections between the primary and secondary street network.

### Building to Flexible Streets

- Buildings facing flexible streets should be treated like those facing secondary streets and urban squares.
- The open spaces adjacent to buildings should seamlessly connect to the flexible street to visually indicate pedestrian priority.

- Buildings should be located close to the street edge or sufficiently set back to provide for gathering spaces, courtyards, and patio areas. The building base should take into consideration the priority of pedestrian movement within the District.

### Building to Green Connections

- Several blocks include community green spaces and connections. Preserving and enhancing natural features is a key design aspiration of these conditions.
- A single linear building facade or continuous “edge” condition should be avoided. Buildings should adopt appropriate setbacks and step-backs in response to natural features.
- Terraces, building wings, and irregular building footprints should be positioned to create a softened relationship between the buildings and natural areas.
- A less-defined building edge should be used to frame a series of transitional open spaces that complement and connect to naturalized areas.



Flexible streets showcase pedestrian-friendly built form



Building scale creates softened relationship with natural areas (Source: Waterfront Toronto)

### Green Corridors

The Hospital District will feature a hierarchy of green corridors, which will serve as connections to key destinations and natural areas, and as buffers between uses (Figure 16). In addition to contributing to the District's sustainability objectives, green corridors will offer active and passive recreational uses. The following outlines characteristics and principles for major and minor green corridors.

See Appendix I for additional details.

#### Major Green Corridors

Major green corridors are located along William Halton Parkway and south of the Hospital along Dundas Street West.

- Major green corridors will frame key views through wide boulevards and paths (i.e., Sixteen Mile Creek, the West Oakville Sports Park, the natural heritage system along William Halton Parkway West, and the Dundas Street West frontage south of the Hospital);

- A pedestrian friendly environment should be supported through street trees, planters, public furniture, patio space, canopies, wayfinding, consistent paving treatment, ground floor activation, and safe and comfortable transit shelters;
- Buildings along major green corridors should maintain generous setbacks to protect a wide public right of way; and
- Major green corridors will accommodate safe on-road and off-road active transportation trails (i.e., dedicated bike lanes, pedestrian paths).



Green corridor featuring a wide right of way and high-quality public realm  
(Source: Perkins&Will, Technology Enterprise Park, Atlanta USA)



### Minor Green Corridors

Minor green corridors are located internal to larger blocks in the west, north west and north east.

- Through flexible streets and paths, minor green corridors will provide active transportation connections to the West Oakville Sports Park (north), Palermo Park (west), and the natural heritage lands (east);
- Integral to larger blocks, minor green corridors will serve as green gathering spaces for employees, residents and visitors;
- Like major green corridors, minor green corridors will feature street trees and planters, seating and tables, lighting, canopies and wayfinding; and
- Minor green corridors will prioritize active transportation modes (pedestrians and cyclists), with limited vehicular accessibility.



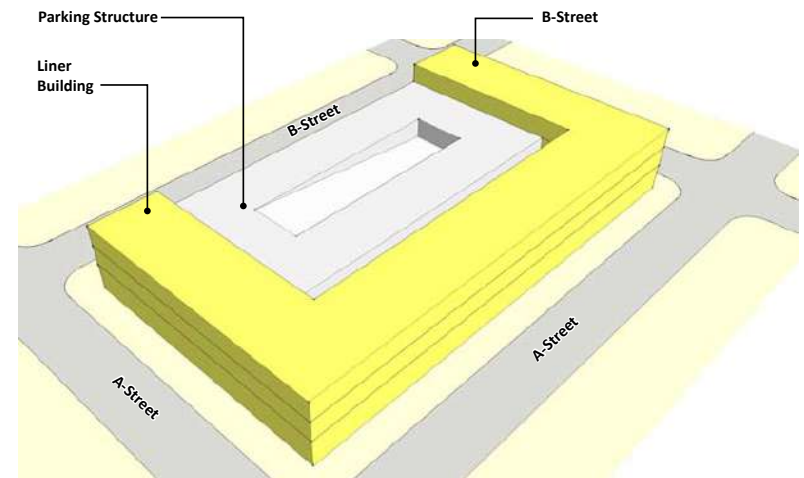
Mid-block green corridor fosters seamless pedestrian movement  
(Source: Perkins&Will, Oxford Science Park, Oxford UK)

### 5.2.7 PARKING

The Hospital District will demonstrate best practices in parking design for on-street, surface, and structured parking facilities. It will take a balanced approach to parking, providing just enough to meet the needs of users, while not providing too much parking in order to encourage transit use, cycling and walking.

#### On-Street Parking

- On-street parking will be incorporated to animate the street, calm traffic, and buffer pedestrians from moving vehicles.
- The District will have on-street parking in bump-outs to support adjacent land uses while considering pedestrian safety.
- Design should consider landscaping and snow loading.



Podium parking framed by active uses  
(Source: Mississauga Downtown21 Master Plan)

#### Parking Structures and Podium Parking

Parking structures and podium parking are the preferred type of parking in the District, as they can accommodate a high volume of vehicles without making use of a substantial amount of land. Parking located within building podiums is permitted but should be framed by active uses (commercial or residential) along primary streets or open spaces.

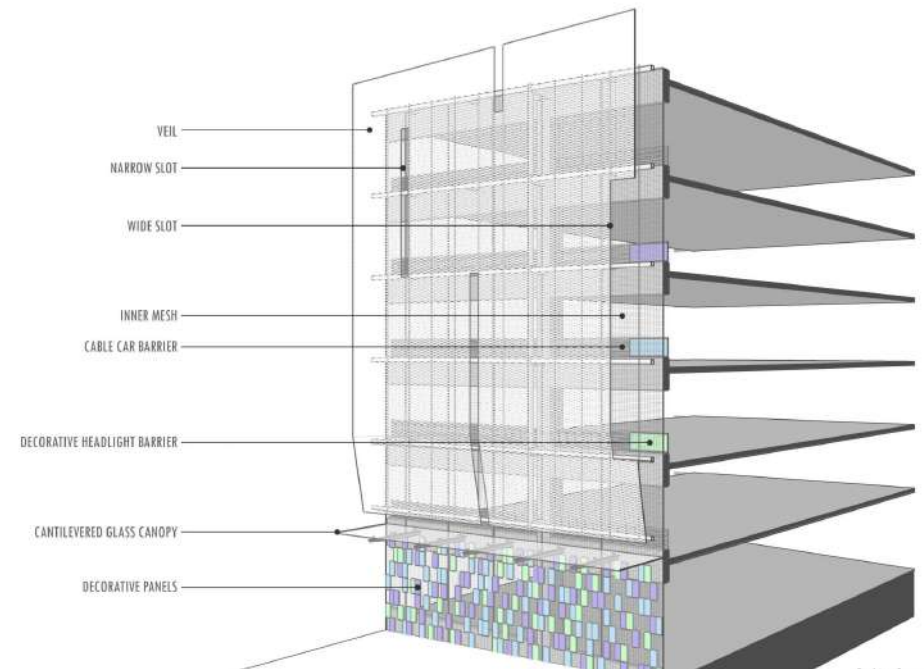
- Where possible, parking structures should be located underground.
- Above-ground parking structures should complement surrounding development, add visual interest to the area, and feature high-quality design.
- Above-ground parking structures, including parking within podiums, with frontage along primary streets or open



Apartment building podium parking  
(Source: Los Angeles Magazine)

spaces should feature active, at-grade uses to promote safety and increase attractiveness.

- Vehicle access to parking structures should be provided via secondary streets or interior blocks.
- Pedestrian access to parking structures should be in highly visible locations.
- Architectural elements and landscaping should be used to screen parking structures at the ground level.
- Parking structures should accommodate accessible spaces, electric cars, bicycles, and e-bikes, preferably on the ground floor of above-ground structures.
- Parking structures should incorporate flexible design features that support transitions to other uses over time.
- All parking will comply with the Town's North Oakville Urban Design and Open Space Guidelines and its Livable Oakville Design Manual.



Parking structure design details  
(Source: World Architecture)

### Sustainable Parking

Sustainable parking considerations should be incorporated into all forms of parking.

- Priority parking spaces should be provided for community car-share services.
- All new development should include priority parking spaces and electrical supply stations for electric vehicles.
- Parking lots and structures should be designed to be converted to other uses over time.



Parking structure at Cooksville GO Station with LEED features  
(Source: Infrastructure Ontario)

### Surface Parking

Surface parking is permitted within the Hospital District but is not recommended as a long-term land use, except for short-term visitor or commercial parking spaces near building entrances.

- Surface parking should not be located between a building facade and a primary street.
- Vehicle access to surface parking should be provided via secondary streets or interior blocks and the preferred location for surface parking is between two or more buildings.
- Surface parking should be flexible and accommodate a range of uses during off-peak times, such as events and programming.
- Surface parking should prioritize parking for accessible vehicles, bicycles, energy-efficient vehicles, and car-share services.
- Landscaping and design should divide large surface parking lots into smaller areas of no more than 100-125 parking stalls.

- Landscaping should incorporate trees and shrubs that reinforce circulation routes, provide shade, screen parking from the public realm, and reduce the heat island effect.
- Permeable paving should be considered to promote drainage.

## 5.3 DEMONSTRATION PLAN

Two-dimensional and three-dimensional demonstration plans were developed to help visualize the ASP policy directions (Figures 17-23).

The plan establishes a permeable road network improving circulation for pedestrians, cyclists and vehicles. New buildings frame streets and open spaces through a series of interfaces (e.g., primary, secondary and flexible streets, urban squares and green connections) to create a human-scaled environment. And prominent east-west green connections across the northern blocks provide active transportation linkages to surrounding parks and open spaces.

The Demonstration Plan is one example of how the Hospital District could be built out based on the Preferred Planning and Development Framework. It reflects a density of approximately 150 people and jobs per hectare. Note that this Demonstration Plan is for illustrative purposes only.

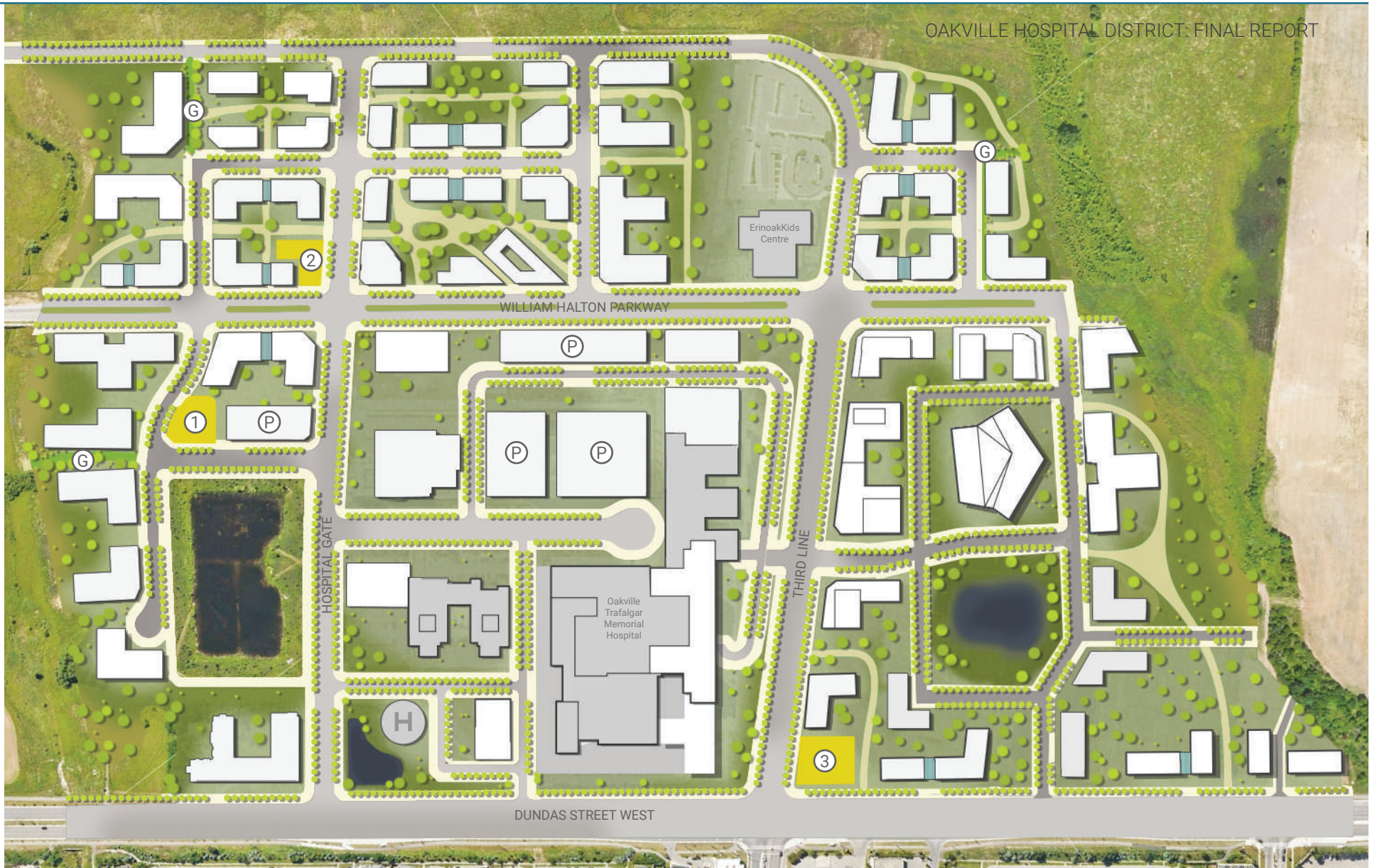


Figure 17 | 2D Demonstration Plan (for illustrative purposes only)

- Midblock and Bridge Connection
- Urban Plaza (1)
- Gateway Parkette (2)
- Urban Plaza (3)
- Green Connection (G)
- Parking Garage (P)





Figure 18 | 3D Demonstration Plan (for illustrative purposes only)



Figure 19 | Hospital District - West



Figure 20 | Hospital District - North West (top) and North East (bottom)





Figure 21 | Hospital District - North (Centre)



Figure 22 | Hospital District - East



Figure 23 | Hospital District - Centre

## 5.4 POPULATION AND EMPLOYMENT DENSITIES

Population and employment densities were developed to inform the Preferred Planning and Development Framework, including appropriate built form, building types, and unit types that support the Hospital District over a twenty-year time horizon.

These density projections are aspirational but achievable. To achieve them, the Town should prioritize transit investment (i.e., Dundas BRT); key performance indicators to track and monitor implementation; employment growth as the focus, supported by residential uses; and a walkable 15-minute community where people can live, work, shop and play.

Between both Areas 1 and 2, the District is expected to accommodate approximately 17,700 jobs and residents (11,900 jobs and 5,800 residents) when fully built (Appendix J).

Area 1 (60% employment, 40% residential)

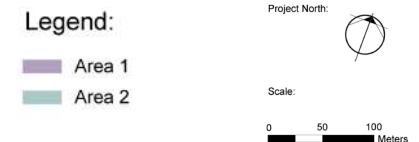
- Employment GFA: 454,000 m<sup>2</sup>
- Residential GFA: 302,700 m<sup>2</sup>

Area 2 (100% employment)

- Employment GFA: 292,700 m<sup>2</sup>



Figure 24 | Development Blocks



Projected densities for the Hospital District are based on employment and residential gross floor areas, in addition to floor space per worker and people per unit (PPU) ratios. While the District may not develop to the proposed full build-out, population and employment densities reflect achievable expectations if the factors identified above come to fruition.

The projected population and employment densities are based on the following assumptions and methodologies:

### BLOCK IDS AND AREAS

Blocks were divided for the purpose of calculating density by removing major arterials and stormwater management ponds from block areas (Figure 24).

### BUILDING TYPE

Mid-rise values (up to 15 storeys) were attributed to each block, corresponding to proposed land use designations and building heights.

### Floor Space Index

Floor Space Indices (FSIs) are based on the proposed land uses and heights within each block. The FSIs in the District range between 1.8 and 3.0 (Figure 25).

The following identifies the building heights for each FSI value:

- 1.8: 6 to 12 storeys (mid-rise);
- 2.0: 6 to 12 storeys (mid-rise);
- 2.5: 6 to 12 storeys (mid-rise); and
  - Exception: Blocks 41 and 43 may accommodate up to 15 storeys.
- 3.0: 13 to 15 storeys (tall).

### Gross Floor Area

The estimated Gross Floor Area (GFA) of each block was calculated by multiplying the developable block area (in square metres) by the FSI.

Block	FSI
Block 11 (Urban Core)	1.8
Block 12 (Urban Core)	2.5
Block 13 (Urban Core)	1.8
Block 14 (Urban Core)	2.5
Block 15 (Urban Core)	2.5
Blocks 21-27 (Urban Core)	2.5
Blocks 31-36 (Urban Core)	2.0
Block 41 (Urban Core)	2.5
Block 42 (Urban Core)	3.0
Block 43 (Urban Core)	2.5
Block 44 (Urban Core)	3.0
Block 51 (Institutional)	2.5
Blocks 52-53 (Institutional)	2.0

Figure 25 | FSI By Block

### Net Floor Area

The Net Floor Area considers the floor plate efficiency (net to gross floor area efficiency):

- 90% of GFA for Urban Core; and
- 70% of GFA for Institutional uses, reflecting a more significant component of shared spaces commonly found in institutional facilities.

### UNIT ASSUMPTIONS

The following assumptions are based on Halton Region's 2017 Development Charges Study and market trends in Oakville:

#### Residential

- GFA for less than 2 bedrooms: 67%;
- GFA for 2 bedrooms or more: 33%;
- Average unit size for 1 bedroom + den: 65.7 m<sup>2</sup>;
- Average unit size for 2 bedroom or more: 101.7 m<sup>2</sup>;
- PPU in apartment units less than 2 bedrooms: 1.333 PPU (Greenfield); and
- PPU in apartment units equal to 2 bedrooms or more: 1.730 PPU (Greenfield).

### Employment

- Retail employment is based on 45.7 m<sup>2</sup> required per employee.
- Institutional employment is based on 56.6 m<sup>2</sup> required per employee.
- Office employment is based on 70.6 m<sup>2</sup> required per employee (categorized as "Non Retail" in Appendix J).

## 5.5 FINANCIAL ANALYSIS

A financial analysis was conducted to assess the merits of the proposed land-use scenario for the Hospital District from a fiscal impact perspective (Appendix F). The study determined that the District at full build-out has the potential to generate a positive fiscal impact for the Town of Oakville and Halton Region. It is important to note that the proposed land use scenario is likely to take many years to develop and that revenues accrued from the District will occur over the long-term.

Key findings and conclusions from the analysis include:

- The proposed additional uses in the District will generate over \$114 million in development charge revenue for the Town at full build-out. It is estimated that approximately 90% of development charge revenue collected from the build-out of the District could go toward funding capital infrastructure like roads, parks and recreation services.
- Development charge revenue collected by Halton Region could amount to nearly \$107 million based on current development charge rates. Over 93% of revenue collected from the build-out of the District could be allocated toward funding hard services like regional roads, water and wastewater infrastructure. The revenue could contribute to offsetting both on-site and off-site development charge-eligible capital infrastructure projects.
- At full build-out, the Hospital District is expected to generate a net operating surplus for both the Town of Oakville and Halton Region. In the early stages of development, there is likely to be a net operating deficit for individual development blocks or parcels. This is an expected cost of development as the future population that will provide the tax base to support the expenditures for road, storm sewer, and water and wastewater infrastructure will only grow over time.

Refer to Appendix F for additional information.

6.0

IMPLEMENTATION

---



## INTRODUCTION

This ASP articulates a vision for the Hospital District over a twenty-year time frame and beyond. The following subsections discuss the planning tools and partnerships required to implement this plan.

## 6.1 PLANNING TOOLS FOR IMPLEMENTATION

The recommendations in this ASP can be implemented using a range of planning tools, including an Official Plan Amendment (OPA) and consideration in upcoming parks and parking studies led by the Town of Oakville. On-going coordination with Halton Region is also key to the successful implementation of this plan.

### 6.1.1 OFFICIAL PLAN AMENDMENT

An OPA for the Hospital District is required to implement recommended policy directions and other components of this plan.

It should include at a minimum:

- The purpose, guiding principles, and objectives for the District, as identified in this plan;
- A land-use schedule identifying the potential locations for new streets and blocks, publicly accessible open spaces, and built form edges, with maps and figures that depict maximum heights and densities;
- A requirement to prepare a conceptual block master plan before the

redevelopment of larger parcels. Such plans should show the location of new streets, urban squares in the form of POPS, and other publicly accessible open spaces, the proposed built form, and land-use relationships;

- A site-specific holding by-law for individual developments with a condition for the protection of the Oakville Trafalgar Hospital helipad flight path;
  - For the removal of the "H", confirmation that the proposed development does not negatively impact the flight path of the Hospital helipad must be obtained, to the satisfaction of Navigation Canada.
- A policy which directs that all development consider undue impacts from the CJYE and CJMR AM radio signals (Whiteoaks), that may warrant changes to the design and construction of development.
- Developments are encouraged to engage in discussions with Whiteoaks to identify potential mitigation measures, if deemed necessary. On-site mitigation measures may be

evaluated and required through site plan control.

- A policy which directs that all development shall be designed in accordance with the design direction provided by the Livable by Design Manual;
- A transportation strategy that presents key recommendations for improving connectivity, identifying new streets and intersections, mid-block pedestrian paths, green connections, cycling network improvements, and opportunities for transit integration;
- Specific policies to guide the development of the District, including the intended character, public realm improvements, built-form objectives, desired land uses and building types, development intensity, and appropriate locations for parking;
- Tools to facilitate improvements to the public realm, including publicly accessible open spaces, capital funding for community services and facilities, a parkland acquisition strategy, a

sustainability strategy, and public realm improvements through site plan control agreements.

### 6.1.2 EMPLOYMENT-RESIDENTIAL DEVELOPMENT FRAMEWORK

Parameters for development employment and residential ratios, density and phasing are required to achieve and maintain employment and residential targets. Strict and clear requirements for managing residential and employment uses will ensure that employment uses are not jeopardized by residential development.

To maintain and track a strong employment-first focus that ensures the 60:40 employment-residential target is met and maintained, a clear development framework is required. The 60:40 employment-residential target should be applied across the masterplan blocks in Area 1, as identified on Figure 26.

Masterplan blocks are divided by landowner and Primary Street for ease of implementation. They include:

1. Province of Ontario
2. Province of Ontario
3. Oakville Hydro
4. Province of Ontario
5. All Seniors Care Acquisitions Ltd.
6. Oakville Green Developments Inc.

The following outlines recommended implementation parameters for all employment-residential developments within the District.

### Scale

Each masterplan block (1-6) forms its own comprehensive planning development area and is required to meet the 60:40 employment-residential ratio.

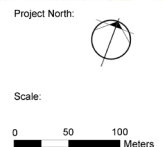
As per the direction of this ASP, the Hospital District accommodates mid-rise development between 6 and 12 storeys, with taller building heights of up to 15 storeys permitted in Masterplan Block 6.



Figure 26 | Masterplan Blocks

### Legend:

- Area 1
- Area 2



## Density

Permitted densities for each masterplan block are the average of the FSIs identified for each smaller development block, as outlined in Section 5.4 (Figure 25) of this ASP and Appendix J.

This equates to the following overall block FSI and approximate GFA for employment and residential uses.

- **Masterplan Block 1:** 2.5 FSI; Employment GFA 64,000 m<sup>2</sup>; Residential GFA 42,000 m<sup>2</sup>.
- **Masterplan Block 2:** 2.0 FSI; Employment GFA 67,000 m<sup>2</sup>; Residential GFA 45,000 m<sup>2</sup>.
- **Masterplan Block 3:** 2.5 FSI; Employment GFA 40,000 m<sup>2</sup>; Residential GFA 27,000 m<sup>2</sup>.
- **Masterplan Block 4:** 2.35 FSI; Employment GFA 68,000 m<sup>2</sup>; Residential GFA 45,000 m<sup>2</sup>.
- **Masterplan Block 5:** 1.8 FSI; Employment GFA 12,000 m<sup>2</sup>; Residential GFA 8,000 m<sup>2</sup>.

- **Masterplan Block 6:** 2.85 FSI; Employment GFA 203,000 m<sup>2</sup>; Residential GFA 135,000 m<sup>2</sup>.

## Block Plans

Prior to the submission of any development application, each masterplan block will be required to prepare a "Block Plan" demonstrating how each masterplan block will develop to full build. Block Plans provide a conceptual and comprehensive illustration of development on the masterplan block and a framework to evaluate proposed developments.

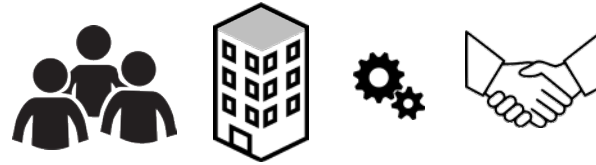
The purpose of the Block Plan is to specifically address the extent and precise location of development within the masterplan block, including how the plan proposes to achieve the 60:40 employment to residential land use target. Block Plans should include servicing and infrastructure details such as road and pedestrian networks, lot patterns and the precise location of any community services, such as privately owned public spaces and community centres. Block Plans essentially serve as a comprehensive blueprint for the creation of individual development applications, including plans of subdivision.

Block Plans may be supplemented by a phasing plan. Development applications should not deviate from individual or multiple developments identified within the Block Plan.

## Additional Height

While the built form vision for the Hospital District includes buildings from 6 to 15 storeys, this ASP recognizes that the costs of structured parking at a mid-rise scale has the potential to present financial challenges to development. As such, additional building height may be considered on all masterplan blocks, as follows:

- One additional storey of building height for each storey of above-ground structured parking, up to a maximum of three additional storeys.
- Additional storeys are only to be provided where the parking structure is located within the same building as that exceeding the maximum permissible height as identified in this ASP.
- Along primary streets, parking structures are to be framed by active uses.



### Development Applications

Individual development applications should be consistent with Block Plans prepared for each masterplan block.

#### 6.1.3 KEY PERFORMANCE INDICATORS

The Town should establish a set of key performance indicators (KPIs) to ensure the establishment of a healthy employment base and to monitor the progress of the Hospital District's overall development.

#### GFA

- Office (proposed, approved and built);
- Commercial (proposed, approved and built);
- Residential GFA (proposed, approved and built);
- Amenities and services (proposed, approved and built); and
- Public space (proposed, approved and built).

### Jobs + Residents

- Job growth (new and total jobs); and
- Population growth (new and total residents).

#### Other

- **Building Support Resources:** The Town/Task Force should consult with partners and businesses to evaluate partnership outcomes and support resources. It should also consider a Hospital District webpage to serve as a portal for these resources.
- **Building Partnerships:** The Town/Task Force should actively seek potential partners in innovation, technology, medical or health-related sectors, research and higher education institutions at the local, national and international level.

To accompany the performance indicators, the Town provide a series of development incentives to attract employment uses, including:

- Tax-increment equivalent grants;

- Development charge exemptions for office uses;
- Fast-tracked development application reviews;
- Parkland levy exemptions;
- Reduced parking standards; and
- Active business and talent recruitment.

Potential KPIs for the Hospital District could include:

#### Building KPIs

- **Annual Value of Projects Constructed:** The value of new projects constructed is a key measure that allows you to trace the amount of new commercial investment in an area. It is calculated by adding all of the estimated costs of construction values on building permits in a given time frame;
- **Annual Value of Employment Projects Constructed;**
- **Annual Value of Residential Project Constructed;**

- Total Number of Permits Issued Within the District: The total number of building permits issued indicates the amount of construction occurring in any given year;
- Total Number of Inspections Performed Within the District: This metric looks at the number of construction projects completed in any given year;
- Total Permit Revenue;
- Percentage of Plans Approved After First Review: This measure looks at the rate at which plans are approved on the first attempt to better understand the speed of the review process;
- Number of New Buildings Connected to a District Energy System Annually;
- Energy Savings Compared to Historic Development Energy Costs;
- Corporate Building Energy Consumption per Square Metre; and
- Corporate Building Operating Cost per Square Metre.

#### **Economic KPIs**

- Number of New Employers Attracted to the Hospital District Over a Given Period of Time: This is a measure that sizes up economic development;
- Number of Business License Renewals: Keeping tabs on returning businesses is a way to evaluate the business climate and commercial retention rate;
- Number of Jobs Created Annually: This measure is an indicator that shows growth in the economic climate within the District;
- Change in Value of Commercial Property: The change in the value of commercial property indicates the current state of the commercial real estate market;
- Commercial Vacancy Rate: This measure reports on the availability of commercial property; and
- Real Estate Coefficient of Dispersion (COD): The COD provides a metric of the variation for individual assessment ratios around the median level of assessment.

#### **Transportation KPIs**

- Number of Boardings and Alightings at Transit Station Within or Adjacent to the Hospital District: This measure provides an indication of how many people are using transit within the District. Comparing this metric annually identifies growth in transit ridership;
- Public Transportation Satisfaction Rating: Overall public transportation satisfaction can be measured with a survey, and can show how happy residents and employees are with public transportation options;
- Walkability Score; and
- Percentage of Commuters Biking or Walking.

#### **Resident and Employee KPIs**

- Resident Satisfaction with the Hospital District as a Place to Live: A survey that evaluates how satisfied residents are with the District as a place to live can help dictate investments;
- Employee Satisfaction of the District as a Workplace: This measure looks at the

feelings of employees toward the District's economic outlook. It can be captured in a survey that measures employee satisfaction with the District; and

- Percentage of Households that Pay 30 Percent of More of Income on Housing.

#### 6.1.4 PARKS STRATEGY

Where the Town accepts cash-in-lieu of parkland, it should dedicate the funding to the development of a public space program for the District.

The Town should prioritize developments that contribute to enhancing the public realm, including active transportation infrastructure. The Town should also conduct a complete parkland dedication analysis to determine an appropriate approach.

#### 6.1.5 PARKING STRATEGY

The Hospital District requires an approach to parking management that prioritizes safety, efficiency and flexibility. Potential strategies and leaders to be considered include:

##### 1. Reduce the supply of parking

If the Dundas BRT is built, the Town should consider implementing parking maximums and developing shared parking arrangements whereby visitor and commercial parking is provided as a combined rate, with spaces set aside for ride-sharing and car sharing companies such as Uber, Lyft and Zipcar.

##### 2. Better parking design

All above ground parking should be framed by active uses (i.e., commercial) along primary streets or open spaces in order to enable a pedestrian-friendly environment and maintain visual interest. Innovative approaches to parking should be adopted such as future-proofing parking for the ability to include electrical vehicle charging stations, and ensuring that structured parking can be converted to other uses (i.e., adopting corkscrew designs that can be removed and ramps that can be altered).

##### 3. Reduce demand for parking

The Town should explore initiatives to reduce parking demand within the District. These could include actively supporting investments

in transit infrastructure (including improved service frequency), establishing community ride-share programs, exploring subsidized transit passes and providing active transportation amenities (i.e., secure bike parking), among others.

Section 5.2.7 for policy direction on parking.

#### 6.1.6 DISTRICT ENERGY

All land uses within the Hospital District permit District Energy Systems and their use is encouraged.

In consolidation with the Oakville Energy Task Force Community Energy Plan (CEP), the Town should facilitate collaboration between private-sector actors and tenants locating within the Hospital District to create opportunities for district energy.

Relevant to the Hospital District, Integrated Energy Master Plans (IEMPs) are the equivalent of a Community Energy Strategy, specifically intended to improve built form efficiency and identify opportunities to integrate local supply and distribution at the campus or neighbourhood scale. High growth areas and greenfield development

are identified as candidates for an IEMP to support the development of near-net zero communities.

### 6.1.7 COORDINATION WITH HALTON REGION

The Town should continue to work in collaboration with Halton Region, particularly with respect to monitoring employment and residential growth and associated infrastructure requirements including the provision of rapid transit and active transportation infrastructure on regional roads.

Throughout implementation, close consideration should be given to the priorities of the partners involved in developing the District, and the changing environment in which this plan will be implemented. These include:

#### 1. Halton Healthcare

- Innovation in the Delivery of Compassionate, Quality Care.

#### 2. Long-Term Planning in a Moment of Rapid Change

- The creation of Ontario Health Teams has changed the hospital's reach and focus; and
- The COVID-19 public health emergency has accelerated change in health care delivery.

#### 3. Observations on Implementation

- There is an opportunity to "get it right" with a flexible, long-term approach; and
- Qualifying and optimizing opportunities must be informed by strategic insights from the hospital, its partners and the market.

#### 4. A Three-Phase Approach

- The Town's Economic Development Department can lead engagement with Oakville Trafalgar Memorial Campus of Halton Healthcare, the Province of Ontario and Private Landowners to create a Memorandum of Understanding (MOU) on goals for the District;

- Undertake stakeholder and market soundings; and
- Each landowner should consider qualifying partners early by issuing a Request for Expressions of Interest (EOI).



## 6.2 PARTNERSHIPS

### 6.2.1 HALTON HEALTHCARE: INNOVATION IN THE DELIVERY OF COMPASSIONATE, QUALITY CARE

At the core of the Hospital District is Halton Healthcare's Oakville Trafalgar Memorial Hospital campus. The driving force behind Halton Healthcare's 2020 Strategic Plan includes a mission, vision and commitment to innovation:

- Mission: For the communities we serve, Halton Healthcare provides compassionate, quality, community hospital care as part of an integrated system.
- Vision: Transforming the community hospital experience, guided by the principle of exemplary patient experiences, always.
- A commitment to innovation in service delivery and partnerships.

### 6.2.2 LONG TERM PLANNING DURING TIMES OF RAPID CHANGE

While change in health care delivery is constant, two extraordinary changes have intensified the pace of change over the

course of this study: the advent of Ontario Health Teams, and the COVID-19 public health emergency.

#### A. The creation of Ontario Health Teams has changed the Hospital's reach and focus.

In February 2019, Ontario's People's Health Care Act introduced the concept of Ontario Health Teams (OHT). In response, Oakville Trafalgar Memorial Hospital applied for recognition as an OHT in a formal partnership with Halton Region, Acclaim Health, Mississauga Halton Local Health Integration Network, and primary care delivery partners under the banner of Connected Care Halton (CCH-OHT).

In December 2019, Ontario's Ministry of Health and Long-Term Care designated CCH-OHT as one of the first to serve a population of 350,000 people, with a special focus on:

- Enhanced clinical coordination of various processes and pathways across the continuum of care.
- Enhanced access to:

- Home and community care,
- Palliative care, and
- Mental health and addiction services.
- Improved efficiency and reduced duplication.
- Enhanced partnerships and collaboration with primary care services.
- Enhanced staff and physician engagement and satisfaction through increased communication and education.
- Enhanced Patient and Family Advisory Council engagement and participation.
- Implementation of a system-wide scorecard to track key performance indicators that reflect the Quadruple Aim (Better Patient Experience, Improved Population Health, Reduced Costs, and Improved Care Team Well-Being).

In addition to triggering a significant evolution in administrative and funding models, Halton Health acquired four new formal partners, as well as 63 physicians and 56 health service providers and health service organizations

(at the time this plan was drafted). These acquisitions underscore Halton Health's significant evolution in its network of partners and its service delivery model.

### B. The COVID-19 public health emergency has accelerated change in health care delivery.

It is difficult to overstate the disruption caused by COVID-19 in health care delivery. Yet, as is often the case, adversity has created an acceleration in the development of new and improved approaches to service delivery.

While this plan is not intended to provide a detailed analysis of the varied effects of the current emergency on health care delivery, several considerations included:

- The importance of facilitating care in non-hospital settings, and better integrating with care delivery in other appropriate settings (i.e., the "right level of care at the right time in the right setting").
- A massive acceleration in the practice of digital remote health care consultation and service delivery.

- A heightened awareness of the importance of integrating public health services with other aspects of health care delivery.
- A rethinking of standards in all aspects of long-term care delivery, as well as an acceleration of provincial funding programs to invest in new and improved capacity.
- A significant disruption to public finance, expected to result in extraordinary fiscal constraints in future.

### 6.2.3 OBSERVATIONS ON IMPLEMENTATION

#### A. A flexible, long-term approach and an opportunity to "get it right".

The lessons of the COVID-19 public health emergency underscore the need for a flexible, long-term approach to realizing the Hospital District's objectives. Change and innovation will remain constants, and development will evolve in tandem with changes in health care delivery.

The Town and the hospital should not be

in a hurry to develop the Hospital District. This Area Specific Plan sets out the physical dimensions of growth over a 20-year time frame, and beyond. In the immediate- and short-terms, it is easy to think of the District as a large site. In considering the long-term context, the possibility of competing uses is likely to make choices for decision-makers of what not to do as important as what to do.

It is common for hospitals to be surrounded by inflexible developments and to run out of space to grow. Oakville's Hospital District has a unique opportunity to address measured growth to appropriately respond to future needs and enable sustainable growth.

#### B. Qualifying and optimizing opportunities must be informed by strategic insights from the hospital, its partners and the market.

From an optimistic, "blue sky" perspective, it is possible to imagine the introduction of innovative uses in the District that capture foreseeable emerging needs in research, training, and/or delivery. These could include:

- A center of digital remote health care

delivery.

- A college of public health (for training, standards, and licensing).
- Centers for Excellence in education, training, and standards for:
  - Long-term care;
  - Palliative care; and
  - Mental health for professionals and policing units.

While any one of the above ideas represent exciting possibilities, they require the appropriate policy support, capacity, partnerships, and funding arrangements to bring them to fruition. This will require coordination of stakeholder relations and market soundings, and other best practices in procedural design.

A market sounding is a disciplined process to canvass actual interest in a project or site. To optimize the development of the District, it is necessary to understand what is available and to establish a strategy for evaluating potential options against a scorecard that reflects the vision, principles and objectives

for the Hospital District.

Best practices for market soundings include:

- Face-to-face meetings in person are ideal for eliciting advice and insights that would not otherwise be gathered in writing.
- Clarity is needed on the scope of work, such as which assets are under consideration, and which are not.
- Stakeholders must be realistic about the market attractiveness of various municipal assets and understand which uses will and will not be acceptable.
- Strengthening interest by providing financial clarity with content that will elicit reactions and feedback, such as a structure, terms sheet, draft sets of parameters and figures, and land use information, such as status of ownership, required approvals, and more.
- It is important to speak to the appropriate individuals in the market and to engage both local and national participants.
- Maintaining an open dialogue with the development community is critical for

managing expectations and refining approaches. This will help to ensure high-quality bids and robust pricing.

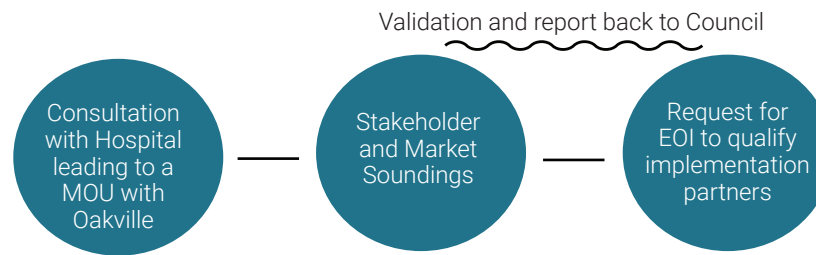


Figure 27 | Implementation Approach

### 6.2.4 A THREE-PHASE APPROACH

This Area Specific Plan (ASP) recommends a three-phase approach to implementation (Figure 27). The Town of Oakville Economic Development Department can bring together stakeholders to help facilitate the vision for the District, including staff of key departments: Building, Planning and Development and Economic Development.

#### A. Engage Oakville Trafalgar Memorial Hospital, Halton Healthcare, Province of Ontario and other major property owners and partners to create a shared understanding of goals for the District.

Oakville Trafalgar Memorial Hospital, Halton Healthcare and its CCH-OHT partners must be consulted. The consultation should be informed by the goals for the Hospital District and seek input on specific uses that would reflect and help advance the next generation of strategic goals for the hospital.

The process should consider the various proposed uses identified in this ASP and tailor

them based on stakeholder priorities to guide the District's realization. The shared goals could be formalized in a Memorandum of Understanding (MOU) that would inform the work of developing the District and the Town's Economic Development strategy in seeking partners to develop and occupy the District.

#### B. Stakeholder and Market Soundings.

Several additional organizations and entities should be canvassed for their interest in the development of the Hospital District. These include partners in health care, education and other organizations:

- Health care delivery partners: The District could potentially accommodate existing partners of the hospital that could benefit from co-location. This includes a large group of entities that should be canvassed.
- Educational partners: The District can include uses dedicated to research and training facilities and activities, all of which would require the active participation of a

willing institutional partner with a strong health programs, such as universities (like McMaster University and the University of Toronto Mississauga), and colleges (like Sheridan College and Mohawk College).

- Other private and not-for-profit organizations: In addition to healthcare and education partners, the District will require financial and development partners (for commercial and residential uses).

Recommendations for proposed market sounding processes and phases, as well as best practices, are included below.

#### Phase 1: Preparation

- Convene a project workshop with senior municipal and regional staff to confirm goals and explore opportunities and issues;
- Select consultation/market sounding participants and schedule meetings. We would recommend a first group of twelve participants; and

- Develop a document to describe the opportunity to participants. It is important to provide clear, detailed, upfront information to participants to allow for meaningful dialogue.

#### **Phase 2: Consultation and Market Sounding**

- Conduct one-on-one sessions with participants to identify:
  - Levels of interest;
  - Preconditions of interest such as availability of land, rates of return, and proximity to partners and amenities;
  - Resources, processes and governance structures required for the project;
  - Phasing concerns and/or public sector contributions such as site servicing/infrastructure; and
  - “Deal-breakers” (if any).

#### **Phase 3: Report Back**

- Summarize and share key takeaways;
- Develop a list of key market sounding factors, assessment criteria and/or goals and objectives of this exercise; and
- Recommend next steps, which may include a structured procurement process that includes the resources, skill sets, and timelines required for the development and execution of a viable public-private partnership business case.

#### **C. Pre-qualify implementation partners.**

The next step would be to initiate a public process to pre-qualify implementation partners, such as by issuing an Expression of Interest (EOI).

---

2021

**Sajecki** →  
**Planning**



**Stewart Hawes**  
Urban Design