

3.0 DECISION FRAMEWORK

This section provides an overview of the proposed “decision framework”. The decision framework will enable the planning and management of facilities in the future to be carried out in a consistent manner. It provides a summary of the integral recommendations that we used to formulate the Recommended Plan (See Section 9.0). The decision framework makes this report a “living document”.

3.1 Facility Hierarchy

The following is an excerpt from the A.C.T.I.V.E FRAMEWORK, Tactical Approach.

Guiding Principles

Services and facilities will be provided based on a tiered approach – regional, community and neighbourhood. Regional facilities will be strategically located within Winnipeg.

A set of established decision tools will serve as a framework for decision-making to ensure that facilities and programs continue to meet the needs of our citizens.

3.2 Description of the Proposed Facility Hierarchy

Given the variability in the City’s role ranging from direct provision of facilities to support of other agencies, it is essential to establish a facility hierarchy to facilitate decision-making and ensure strategic alignment between programs and services and facilities. The intent of a facility hierarchy is to:

- Provide focus with respect to the provision of facilities in support of programs and services.
- Ensure adequate market coverage.
- Match facilities with market demand.
- Clearly articulate the City’s role in the provision of different facility types.

The following hierarchy is proposed for use by the City of Winnipeg:

3.2.1 Neighbourhood 2 Facilities

Neighbourhood 2 facilities are generally those associated with unstructured drop-in play including wading pools, hockey pens, play structures and gymnasiums. On a broad basis, these facilities are provided at a demographic distribution ranging from 1:5,000 to

1:10,000. For wading pools and play structures, consideration must be given to the percentage of children in the 0 to 4 age cohort.

The City of Winnipeg's role with respect to Neighbourhood 2 facilities ranges from direct provision of facilities (wading pools) to access through joint use agreements typically with schools for the play structures and gymnasiums.

3.2.2 Neighbourhood 1 Facilities

Neighbourhood 1 facilities include Community Centres, spray pads and local skateboard parks and are provided at a demographic distribution ranging from 1:12,000 to 1:15,000 with consideration given to the number of children (5 to 12 age cohort) and the number of youth (13 to 17 age cohort).

The City of Winnipeg's role with respect to Neighbourhood 1 facilities is as a partner in the community centre movement (the role of community centres is elaborated upon herein) and as a direct provider with respect to spray pads and local skateboard parks.

3.2.3 Community (CCA) Facilities

Community (CCA) Facilities include the Community Campuses (defined in Section 8.0), leisure centres, as well as traditional aquatic facilities. These facilities are provided on an average demographic distribution of 1:50,000, with the CCA's currently ranging in population from 30,000 to over 80,000 people. To date, the number of traditional aquatic facilities corresponds to the 1:50,000 guideline. Sport facilities such as twin-pad arenas would also be considered to be community type facilities.

The City of Winnipeg's role in the provision of Community Facilities is as follows:

- Combination of direct provider, partner, and facilitator in the development of community campuses.
- Direct provider of aquatic facilities.
- Supporter of the senior sports governing body in the provision of athletic facilities for all sports facilities with the exception of arenas. Traditionally, the City's role with respect to arenas was as a direct provider initially, and progressed to laterally supporting Community Centres.

3.2.4 Regional Facilities

Regional Facilities include aquatic leisure centres (the Urban Oasis defined in Section 8.0), and major sport multi-plexes. The average demographic distribution is 1:150,000 to 1:300,000. As these facilities are destination points, consideration must also be given to geographic location.

The City of Winnipeg's role in the provision of Regional Facilities is as follows:

- Direct provider of aquatic facilities.
- Combination of supporter and facilitator in the development of major sport multi-plexes.

3.2.5 City-Wide Facilities

City-wide facilities include major sport / entertainment venues such as the MTS Centre as well as high performance athletic facilities.

3.2.6 Arenas

Given the traditional support for Arenas by municipal governments throughout Canada, arenas are treated as their own asset class. The generally accepted Canadian standard for the provision of indoor ice is one sheet per 20,000 people. Some jurisdictions use a second standard of one sheet per 22,000 people for an age distribution that includes a higher percentage of older adults and seniors.

The role of the City of Winnipeg in the provision of indoor ice surfaces began as direct provider and subsequently is one of providing support to community centres. As arenas are highly scheduled facilities, they should be strategically located throughout the City.

3.2.7 Libraries

The Library System has utilized a facility hierarchy for some time and it is compatible with the foregoing. The hierarchy is not currently reflected in the size of facilities as some of the smallest branches are classified as community libraries.

3.3 Managed Care

The level of service recommended for the ongoing preservation of the City's recreation, leisure and library service infrastructure is defined as "managed care." The term managed care is derived from a maintenance hierarchy developed by APPA: The Association of Higher Education Facilities Officers, a leading authority in the subject of asset management. The recommended facility maintenance operating budget (not including utilities) under a managed care scenario is 3.5% of Current Replacement Value (CRV), with a corresponding Facilities Condition Index (FCI) of between 0.10 and 0.20. The latter indicator means that the amount of deferred maintenance must not be greater than 20% of the current replacement value in order for the managed care funding level to be effective. The managed care level of funding is consistent with other jurisdictions in Canada for recreation, leisure and library facilities.

Managed care is actually one of five maintenance levels and is a maintenance level 3. Maintenance level 1 by comparison is referred to as a Showpiece Facility. Under this

maintenance level, the average FCI is less than 0.05 and the recommended funding level is greater than 4.0% of CRV. Although the funding level (>4.0%) does not appear to be significantly greater than the proposed 3.5%, the key is that the facility was not allowed to deteriorate. A Facilities Condition Index of less than 0.05 represents a “nearly new” condition.

At the other end of the spectrum is Level 5 Funding or Crisis Response. This level of funding is characterized by facility maintenance operating budgets of less than 2.5% and a Facilities condition index greater than 0.50. In Crisis Response mode, equipment and building components are routinely broken and inoperative. Normal usage and deterioration continues unabated, eventually leading to forced closure or complete replacement of the facility as they cannot meet present needs. Under Crisis Response, repair is basically instituted for life safety issues only.

A Level 4 Funding Level is classified as Reactive Management. In a Reactive Management Scenario, the facility maintenance operating budget ranges from 2.5% to 3.0% of CRV with the average FCI in the 0.30 to 0.49 range. Under this scenario, many systems are unreliable and in constant need of repair. Backlog of repair needs exceed resources.

The current City portfolio has an average FCI in the Reactive Management range with maintenance operating budgets in the Crisis Response range. The end result is that facilities will continue to deteriorate at an accelerating rate to the point where forced closure or emergency replacement become the norm unless funding levels are increased immediately. As such, a major infusion of capital is required in the first five years (estimated at 70% of the identified preservation needs) so that the managed care level of funding is effective.