

May 22, 2018

Mayor Tory & Council Members
Toronto City Hall
100 Queen Street West
Toronto, Ontario, M5H 2N2

(sent electronically)

Dear Mayor Tory and Council members,

Re: Recommended Downtown Plan and OPA 403

Urban Strategies Inc. is acting on behalf of Sinai Health System (“SHS”), a major patient care, teaching and research hospital and health centre in Downtown Toronto. SHS serves patients across the continuum of care and life course by integrating acute, complex chronic care, rehabilitative care with primary and community-based care. SHS owns the following properties in Downtown:

- 600 University Avenue – Mount Sinai Hospital;
- 40 Murray Street and 25 Orde Street – Joseph and Wolf Lebovic Health Complex;
- 60 Murray Street – Parking garage;
- 217 McCaul Street – McCaul/Orde Street Park, owned by Sinai Health System; and subject to a 49-year lease to the City of Toronto for park purposes.

Urban Strategies Inc. submitted a letter on behalf of SHS on January 22, 2018, outlining SHS’s initial concerns with the Proposed Downtown Plan (dated August 18, 2017). We subsequently met with City Planning Staff to discuss the concerns identified in the letter on March 7, 2018, and later met with City Planning Staff and their legal counsel and other institutions on May 9, 2018 to discuss the Recommended Downtown Plan.

Following the May 9th meeting, City Planning staff have further revised the Recommended Downtown Plan, and modified a number of the policies based on the issues raised by institutions, as summarized in the Supplementary Report (dated May 14, 2018). SHS is pleased that a number of the concerns identified in the original letter, in addition to concerns discussed at the May 9, 2018 have been addressed in the Recommended Downtown Plan. Overall, SHS is very supportive of the identification of a Health Sciences District within the City’s Official Plan and the new Downtown Plan.

Further to the previous consultation, and the letter submitted on behalf of University Health Network (UHN) on April 27, 2018, this letter identifies SHS’ three remaining concerns related to the Recommended Downtown Plan.

A. Tower Floorplates - Section 9 – Built Form

Policies 9.15 and 9.16 outline restrictions for tower floorplates. As discussed in the Supplementary Report, based on further consultation with Downtown institutions, Policy 9.16 has been revised to state the following:

“9.16. Non-residential buildings may have floorplate sizes greater than 750 square metres above the base building, provided it is demonstrated to the City’s satisfaction that the impacts of the larger floorplate, including but not necessarily limited to pedestrian comfort, shadow, transition, sky-view and wind, can be addressed.”

This proposed policy continues to establish 750 square metres as the baseline tower floorplate for non-residential developments and assumes a tower-base building form that does not respond or allow for the programmatic needs related to health-care and other institutional uses. Hospitals require large floorplates to deliver their programs and services. The reference to 750 square metres and policy tests related to pedestrian comfort, shadow, transition, sky-view and wind does not appropriately allow for the growth and expansion of hospitals and large-format institutions in the Downtown, which is recognized elsewhere in the Official Plan and the Recommended Downtown Plan as an important policy objective.

Recommendation: Delete Policy 9.16 on its entirety. In the absence of this, amend Policy 9.16 to remove the reference to 750 square metres in favour of a more generic reference to larger floorplates. Consider adjustments to the tests for larger floorplates to more clearly distinguish between residential and non-residential floorplates, and specifically recognize the programmatic needs of institutional uses.

B. Mid-rise Requirements – Section 9 – Built Form

We are also concerned how Policy 9.29 guiding mid-rise building development will impact the development of institutional and health-care uses in the Downtown. Similar to the above, institutional buildings do not typically fit within a tower-base building or mid-rise building typology. Institutional and commercial mid-rise buildings have distinct programmatic needs and taller floor-to-floor heights and cannot practically be limited in height based on the right-of-way of a facing street and 45 degree angular plane measure. Policy 9.29 would significantly constrain the ability of institutions to grow in a mid-rise scale form of development in the Downtown.

Recommendation: Amend Policy 9.29 to specifically state that this policy only applies to residential mid-rise development, and does not apply to institutional uses.

C. Community Services and Facilities - Section 10 – Community Services and Facilities

Section 10 of the Downtown Plan requires new development to contribute towards the provision of community service facilities, with no specific exemption for publicly funded hospitals and healthcare institutions. Policy has been revised to state: “10.3. *Development will contribute to the delivery of community service facilities, **as appropriate**, through....”*”

This revised wording – “*as appropriate*” - does not adequately exempt institutional uses from the provision of community services facilities, nor explicitly recognize that hospitals and health-care institutions already provide community services in the Downtown. Hospitals should not be required to provide additional community service facilities through development applications.

Recommendation: Amend Policy 10.3 to specifically exempt institutional uses from community service facilities obligations.

On behalf of SHS, we appreciate that staff have revised a number of the policies in the Recommended Downtown Plan based on our earlier comments and discussion. We thank staff for their time and consideration to date. In view of the above issues, we seek further refinements to the policies of the Recommended Downtown Plan to address the specialized needs of major healthcare institutions within Downtown. SHS is very supportive of the identification of a Health Sciences District, and looks forward to working with the City to advance the vision for the District in the future.

Sincerely,



URBAN STRATEGIES INC.

Andrea Friedman, MCIP RPP, PMP
Senior Associate

cc: Andrew Farncombe, Project Manager, Strategic Initiatives, City Planning Division
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