

May 22, 2018

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

(sent electronically)

Dear Council members,

Re: Recommended Downtown Plan and OPA 403

Urban Strategies Inc. is acting on behalf of St. Michael's Hospital ("SMH"), a major teaching and research hospital within Downtown Toronto that operates the only adult trauma care centre located in the Downtown core. The SMH hospital campus within Downtown Toronto is comprised of its main hospital facility at 30 Bond Street ("30 Bond"), the Li Ka Shing Knowledge Institute site, located at 209 Victoria Street and 38 Shuter Street ("La Ki Shing Site), and the St. Michael's Health Centre site at 61 Queen Street East ("61 Queen").

A letter was submitted on SMH's behalf by McCarthy Tétrault on January 22, 2018 outlining SMH's concerns with the draft of the ToCore Downtown Secondary Plan (dated August 18, 2017) and a subsequent letter on April 30, 2018 regarding the Recommended Downtown Plan and OPA. Further to the April 30, 2018 letter, Urban Strategies Inc. and their legal counsel met with City Planning staff on May 9, 2018 to discuss concerns related to the Recommended Downtown Plan and policies that apply to institutional uses and hospitals.

Following that meeting, we are pleased that City Planning staff have further revised the Recommended Downtown Plan, and modified a number of the policies based on the issues raised at the April 30, 2018 letter and discussed at the meeting, as summarized in the Supplementary Report (dated May 14, 2018). The revisions to the policies support institutional and hospital growth in the Downtown.

There are a select number of policies that have not been revised or have been modified, but continue to be a concern for institutional and hospital uses. This letter provides an outline of SMH's outstanding concerns that have not been adequately addressed through the modifications and recommended Downtown Plan.

A. Financial District – 61 Queen Street – Section 6- Land Use & Economy

As noted in the April 30, 2018 letter, 61 Queen Street East contains the St. Michael's Health Centre building, which houses a range of medical clinics/offices, laboratory facilities and other

uses associated with patient care, diagnoses and treatment. It is situated at the southwest corner of Church Street and Queen Street, at the eastern edge of the Financial District. Policy 6.2 provides direction with respect to permitted uses in the Financial District, and requires that redevelopment creates a net gain in gross floor area of office uses.

This policy has not been revised to address the concerns raised by SMH and our discussion with City of Toronto staff regarding this specific issue. SMH continues to be concerned that this policy will constrain the ability to expand, renovate and/or redevelop the facility with health-care related uses by requiring the replacement and net gain of office uses on the site.

Recommendation: Amend Policy 6.2.a to specifically exempt development for health-care/institutional and ancillary uses.

B. Tower Floorplates - Section 9 – Built Form

In addition to the policies raised in the April 30, 2018 letter, we are also concerned with the proposed policies guiding tower floorplates. Policies 9.15 and 9.16 outline restrictions for tower floorplates. Based on further consultation with SMH and other 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 or 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.

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

In addition to the policies raised in the April 30, 2018 letter, 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. Policy 9.29 would significantly constrain the ability of institutions to grow in a mid-rise scale form of development.

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.

D. 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 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, and 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 SMH, we appreciate that staff have revised a number of the policies in the Recommended Downtown Plan based on our earlier comments. In view of the above issues, we would seek further refinements to the policies of the Recommended Downtown Plan to address the specialized needs of major healthcare institutions within the Downtown.

Sincerely,



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Andrea Friedman, MCIP RPP, PMP
Senior Associate

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