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April 27, 2018

### **Via E-Mail**

City Clerk  
Planning and Growth Management  
Committee  
City of Toronto,  
100 Queen Street W.  
Toronto, ON M5H 2N2

**Attention: Nancy Martin, Administrator**

Dear Members of the Planning and Growth Management Committee:

**Re: TOcore: Downtown Plan Official Plan Amendment  
Recommendations to Enhance the Downtown Plan  
on behalf of the University Health Network**

We are writing to you on behalf of the University Health Network (“UHN”). We are writing as a follow up to UHN’s letter of January 30, 2018 (attached) and their meeting with City Staff on April 20, 2018 to provide some additional input with respect to the City’s revised Downtown Plan, dated April 2018 (the “Downtown Plan”).

### **University Health Network**

UHN is Canada’s premier academic health science centre and a recognized leader in clinical care, research and education. The organization has over 14,000 employees with an overall community of around 30,000 members, including physicians, nurses, research personnel, students and volunteers.

UHN’s physical presence in the area of the Downtown Plan includes the Princess Margaret Cancer Centre (610 University Avenue), Toronto General Hospital (200 Elizabeth St.), Toronto Western Hospital (399 Bathurst St.), Toronto Rehabilitation Institute (550 University Avenue), the Michener Institute of Education (222 St. Patrick Street), as well as significant leased space at 661 University Avenue, 101 College St., and several other locations.

Two of UHN’s acute care hospitals (Toronto General and Toronto Western Hospital) are among the busiest metropolitan hospitals in Canada, with clinical volumes driven to record levels by the

extraordinary population growth seen in Toronto's core. In 2017, Toronto Western Hospital saw 67,053 emergency department visitors and Toronto General Hospital saw 51,750.

### **UHN Supports many of the City's Initiatives with the Downtown Plan**

UHN supports many of the initiatives taken by the City in the current draft of the Downtown Plan. In particular, UHN supports the City's proposal to create a Health Sciences District ("HSD"). The HSD is an important step in recognizing and supporting the developments that have already occurring in the area for quite some time and will be an important next step to creating one of the world's top health sciences clusters in Toronto.

### **UHN Suggests Additional Changes to the Downtown Plan to meet its Objectives and those of Provincial Policy**

UHN would like to take the opportunity to recognize and appreciate that the City has already made several improvements to the Downtown Plan since the August 2017 draft, in particular as they relate to the HSD. While recognizing these improvements to the HSD, we recommend that further policies be undertaken in order to allow the HSD to truly flourish and, therefore, meet the intent of creating such a district within the Official Plan. These recommendations include:

1. **Development of a HSD around Toronto Western:** The Toronto Western Hospital is a key component in the success of UHN and the downtown health sciences cluster. In addition, the area including and around Toronto Western Hospital continues to expand its presence in the provision of health services and health sciences research. This area would benefit greatly from the recognition of its own HSD. As such, we ask that the City consider establishing a second HSD around Toronto Western Hospital.
2. **Limited Residential Uses:** While the Downtown Plan recognizes the continuation of existing residential use permissions, it prohibits the introduction of new residential uses in the HSD. UHN generally supports this policy, but would like to see the introduction of policy language that would permit limited accessory residential uses where such uses are directly tied to the operation of a larger institutional use. As noted by UHN in their attached letter, limited residential uses could be a desirable accessory use in some circumstances.
3. **Protecting the Integrity of the HSD:** Hospitals can be significant institutional buildings, that operate on a 24 hour cycle. Their operations can generate noise, traffic, and air emissions that may impact on residential uses and such impacts can be mitigated through the design of those residential uses. As such, we recommend that the City introduce a policy that recognizes the potential for such externalities inside and outside the HSD and includes a requirement that any sensitive land uses proposed within a reasonable area of influence have to be designed so as to take account both the existing institutions and the future development of these institutions both inside and outside of the HSD. New developments proposed within a reasonable area of influence to the HSD should not create an additional burden to the hospitals within the HSD to mitigate the challenges noted above, the mitigation should be done within the new developments themselves.



In addition to UHN's suggestions with respect to the HSD, UHN has comments on various other sections of the Downtown Plan. As the City is aware, health care and education are a critical component to developing and maintaining complete communities. Numerous policies in the Provincial Policy Statement, the Growth Plan for the Greater Golden Horseshoe and the broader City of Toronto Official Plan recognize the need to plan for, locate, and expand public service facilities (such as hospitals) in a way that aligns with growth. We believe that the following revisions to the Downtown Plan will allow the City to achieve the requirements of the PPS, the Growth Plan and the broader City Official Plan.

1. Community Services Facilities: the definition of community services facilities is generally consistent with the concept of Public Service Facilities as set out in the PPS and the Growth Plan. However, the definition is worded in such a way that it encourages an artificial limitation on the facilities being considered in complete community assessments and for other key policy considerations. Specifically, the current definition gives a list of facilities "included" in the definition, none of which are on a scale of a hospital nor does it appear to include the clinical services provided by a healthcare institution outside of a hospital's prime location. The impact of this limited definition can be seen in the Community Services and Facilities Strategy that has been prepared and released by the City. In that Strategy there is little consideration for the significant hospital and medical clinic resources that will need to be added to the Downtown in order to account for the proposed growth. As such, we recommend that the definition of Community Services Facilities be consistent with the term "public service facilities" as it is used in the PPS and the Growth Plan, such that it specifically includes reference to hospitals, medical clinics, and long-term care facilities (see, as one example, policy 3.1 of the Growth Plan).
2. Built Form: The built form policies of Section 9 of the Downtown Plan do not co-ordinate the obvious requirement for intensification of institutions such as public hospitals, with the anticipated growth of the Downtown. Many of the principles set out in these policies will effectively prohibit any significant growth of hospitals and other institutions in the downtown. At the same time, the Downtown Plan does not set aside lands for new hospitals while anticipating significant growth, making it clear that the expectation is such growth be accounted for on the existing hospital sites. As such, these policies can be an impediment to meeting the policy requirements of the PPS and the Growth Plan. Specific examples of these issues include:
  - a. The "principal" that development should "exhibit the highest standards of design excellence". This is an impractical requirement that could mean anything. A "high" standard makes sense, but the highest standards suggest that design and beauty are paramount over function and prudent use of public assets.
  - b. Policies: 9.2, 9.3, 9.5, 9.6, 9.7: these policies set out standards for sidewalks and setbacks that treat limited public assets such as hospitals and institutional space the same as new residential or commercial developments. These policies should be amended to anticipate potential exceptions in the development of institutional uses within the downtown.
  - c. Policies 9.8, 9.9, 9.10, 9.11, 9.13.3, 9.14, 9.22, 9.23, 9.24, 9.25, 9.26, 9.27, and 9.28: similar to the policies above, these policies should include a recognition for potential exceptions as they relate



to institutional uses. Many of these policies do not reflect the reality on the ground today for many large institutional users (consider Toronto Western Hospital) nor do they take into account the clear need to plan for hospital growth in the growing downtown.

d. Policy 9.16: 750 square metres is not a practical floorplate for a hospital or most large institutional uses. To set this floorplate as the default for institutional tall buildings (which, given the rarity of space and overall intensification of the downtown proposed in the Downtown Plan, will be almost all future institutional development) is to, in effect, prohibit the efficient development of such uses, contrary to both the PPS and the Growth Plan. While the City has provided some language to “consider” larger floorplates, the test is essentially the same as that for residential uses and continues to take no consideration for the effective operation of the institutional use. This policy should be amended to establish a starting floor plate that is reasonable for institutional uses and the test for greater floor plates should be amended to balance considerations with the efficient operation of the proposed use and the responsible use of public monies.

3. Implementation: As noted by UHN in their attached letter, the growth of the downtown will require significant growth in the provision of health services, including the growth of clinics throughout the downtown. These clinics are a critical component to achieve the objectives of the PPS and the Growth Plan, including their focus on maximizing the use of existing infrastructure. Ensuring that emergency department use is avoided whenever clinically possible by having community medical clinics easily accessible closer to where people live in the Downtown effectively extends the capacity of those emergency departments to service those who cannot be served in community medical clinics. In order to obtain the growth in community medical clinics and health sciences services necessary to serve the growing population of the downtown and align the health services component of public service facilities with the proposed growth, the City needs to permit and encourage such clinic space be made available within new or renovated residential or commercial buildings. As was set out in UHN’s January letter, this should include policies encouraging their development in significant new developments (something that will be supported by the changes to the Community Services Facilities definition as set out above) and providing for the opportunity for developers to provide such space as a S.37 benefit.

4. Land Use Designations: The Toronto General Hospital property is currently identified in the Official Plan as including some “park” space. This designation should be adjusted to reflect that this space is not a park.

5. Utilities especially Energy: UHN continues to be concerned with the availability of adequate levels of utilities with the HSD to meet the demands of patient care, education and research. High acuity hospitals such as UHN have major hydro needs for consistent and reliable supply of adequate power to run essential equipment etc. often 24/7. Provision must be in place to ensure that the development of areas with the HSD and in adjoining spaces do not have any negative impact to the availability of all utilities such as but limiting to water, hydro, natural gas, and steam, which also must service the hospitals and the official plan should clearly recognize the desirability of a HSD micro grid.

6. Policy 5.3: The test for when a “complete community assessment” should be completed should be triggered by the proposed use, not the Official Plan designation of lands. For example, if UHN were to propose a hospital or an educational use on lands designated Mixed Use, UHN should not have to conduct a complete community assessment any more than if that hospital or education use was done in an institutional zone. On the other hand, it may be appropriate for an office or residential proposal to do a complete community assessment even if it is in an area with an institutional OP designation.

7. Policy 6.13: This new policy appears to restrict the use of lands owned by an institution, regardless of the OP designation, based solely on the ownership structure of the lands. This policy should be deleted.

8. Policy 6.18: We believe that this policy should be extended to apply to uses in mixed-use developments near hospitals as well as those in close proximity to post-secondary campuses. Hospitals would benefit from the same access to additional space around the major hospital sites in the downtown.

9. Policy 6.37: The wording of this section suggests that the uses at grade for Priority Retail Streets are to be limited to retail and service commercial space. The uses along the Priority Retail Streets should be expanded to include service institutional space as well. A community health clinic, for example, is an active public oriented use that would maintain the vitality of these streets and benefit from the location and visibility of being located on the same. In addition, where properties are owned by a public institution along priority retail streets and used for institutional purposes, such properties should not be required to include retail uses at grade. These public assets need to be used to further the objectives of the institutions as set out in their mandates. .

10. Policy 8: The transportation policies should be amended to reflect the need for effective access to and between public hospitals. As set out in some detail in the attached letter from UHN, access to the hospitals is of critical importance to patients who come both from the downtown and across the GTA. In addition, the unique nature of some health services means that the hospitals have to remain accessible to those who may not be in a position to take transit or walk to the hospitals. As such, in some situations it may not be appropriate to give automotive transportation second priority status.

11. Policy 10.12: The public hospitals should be specifically listed as an institution to be consulted in periodic reviews of the Downtown Community Services and Facilities Strategy.

### **Ongoing Consultation with the City**

As UHN has discussed with City Staff, UHN should be a key part of the City’s consultation in the development of the key infrastructure strategies identified in the Downtown Plan. While UHN’s interest is obvious in some of the key infrastructure strategies (for example, the Community Services and Facilities Strategy), almost all of the strategies will be of a significant interest to, and have a significant impact on, UHN. Energy, water and mobility are all key concerns to successfully operating hospitals and key educational and research facilities. In addition, UHN requests that it be included in



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any study with respect to the future status of University Avenue, including the future study of its potential as a priority-cycling route.

We want to thank you for having taken the time to receive and consider these submissions. We are available to discuss any or all of the matters set out herein at the City's convenience and welcome the opportunity to continue the dialogue with the City.

Yours truly,

**BENNETT JONES LLP**



Andrew L. Jeanrie

ALJ:mc

cc: City Planning: Andrew Farncombe, Project Manager  
cc: City Planning: Lori Flowers, Planner  
cc: UHN: Marnie Weber  
cc: UHN: Ian McDermott  
cc: UHN: Charlie Chan



Lori Flowers  
City Planning, Strategic Initiatives  
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Metro Hall, 22nd Floor  
55 John St.  
Toronto, ON, M5V 3C6

**Date:** January 30, 2018

**Attention:** Andrew Farncombe, Project Manager and Lori Flowers, Planner

**RE:** Comments on Proposed Downtown Plan from the University Health Network

I am writing to you on behalf of the University Health Network (“UHN”) to provide our input into the City’s draft Downtown Plan, dated August 18, 2017.

### **University Health Network**

UHN is Canada’s premier academic health science centre and a recognized leader in clinical care, research, and education. The organization has over 14,000 employees with an overall community of around 30,000 members including physicians, nurses, research personnel, students and volunteers.

UHN’s physical presence “downtown” as defined in the Downtown Plan, accounts for approximately 6.5 million square feet, inclusive of 1 million square feet of leased space. This footprint includes Princess Margaret Cancer Centre (610 University Avenue), Toronto General Hospital (200 Elizabeth St.), Toronto Western Hospital (399 Bathurst St.), Toronto Rehabilitation Institute (550 University Avenue), as well as significant leased space at 661 University Avenue and several other locations. UHN saw a total of 1,562,977 patient visits in 2017.

Two of UHN’s acute care hospitals (Toronto General and Toronto Western Hospital) are among the busiest metropolitan hospitals in Canada with clinical volumes driven to record levels by the extraordinary population growth seen in Toronto’s core. In 2017, Toronto Western Hospital saw 67,053 Emergency Department visits, while Toronto General Hospital saw 51,750 Emergency Department visits.

From an education perspective, UHN trains more than 30 professions from 130 different academic institutions, supporting 11,500 learners every year. UHN has 102 affiliation agreements with academic partners across Canada and internationally. UHN’s largest academic partner is the University of Toronto. In 2016, UHN became Canada’s first hospital to integrate with a health sciences college, now known as the Michener Institute of Education at UHN (222 St. Patrick Street).

UHN's research enterprise is a major component of the Toronto life sciences ecosystem and is the largest hospital-based healthcare research enterprise in Canada. In 2017, UHN was ranked as Canada's top research hospital by Research Infosource.

As one of the downtown's largest providers of healthcare services, a premier centre for healthcare research, a critical platform for education, and a significant real estate presence, UHN has considerable interest in the development of the downtown core and the specifics of the Downtown Plan itself. It is in this context that we have crafted our comments below, which are focused on how the City can further enhance the proposed Health Sciences District (HSD) and the challenges and opportunities available for the provision of healthcare as the downtown core grows.

### **Developing a Successful Health Sciences District**

UHN supports the City's proposal to create a HSD in the Official Plan and believes this is an important step in the creation of one of the world's top HSD in Toronto.

As you are aware, parts of the downtown core are already developing into a successful discovery district (e.g. the MaRS District). In the past year alone UHN scientists and clinicians have been recognized by numerous national and international prizes, received prestigious grants, started new companies, introduced new therapies for patients, and have published highly impactful scientific advances across the entire spectrum of research and disease.

To maximize the potential of this opportunity, the policies around the proposed HSD should be refined to fully support the flourishing of the HSD. To this end, we suggest the following:

1. **Connectivity:** The proposed policies recognize the importance of connectivity and encourage the development of more connections that contribute to the HSD's ability to share resources, facilities and technology. We agree that connectivity is critical to a HSD and would suggest that these policies be expanded upon. Within the HSD, policies should permit and encourage both below and above grade physical connections. For instance, the HSD should be brought into the PATH.
2. **Expansion:** Toronto Western is both a vitally important patient hospital and a critical component of the HSD being developed downtown Toronto. From UHN's perspective it is important for Toronto Western to be included in the HSD. Additionally, further thought should be given to expanding the boundaries of the HSD currently shown in the plan to accommodate the expected future growth. Over 60% of specialized care delivered in Toronto is to patients who reside outside Toronto. It is important that the HSD continue to accommodate this demand for care.
3. **Surrounding Properties:** The development of the area surrounding the HSD can impact the development and success of the HSD itself. As such, we recommend that the City add an area of influence around the HSD such that



new development abutting and within a reasonable distance from the district be designed to be compatible with and enhance, or, at the least not negatively impact, the development of the HSD.

4. Uses: A successful HSD will include a wide range of uses. We believe that the City is moving in the right direction where the policy speaks to uses that support the growth of the health sciences industry, but we would like to see these provisions developed further. The formula for a successful HSD is complex and ever evolving. Our view is that the district must maintain and assist certain key anchors (e.g. healthcare organizations, the University of Toronto) that lay the foundation for further growth. In addition, the HSD relies upon a wide range of other uses, from support uses (which range from a healthy retail scene to financial services), to other uses such as health sciences care, technology and the commercialization of research and innovation. This also includes the possibility for some limited residential uses for students, employees and patients. The land use policies should be further fleshed out to allow for the intricate balance that is necessary to foster the growth and development of the HSD.
  
5. Infrastructure: One of the key elements to developing a successful HSD is to ensure that the appropriate infrastructure is in place. Critical components of the necessary infrastructure are either not in place, or their consideration within the Downtown Plan does not fully incorporate the needs of the HSD. These include:
  - Energy: The needs of health services providers and researchers are somewhat unique as compared to other major users within the downtown core. For instance, some of the modern and innovative equipment for treating major diseases are, unfortunately, also significant energy users. The Downtown Plan should account for this by encouraging new and innovative forms of energy creation, such as a hospital microgrid that would service hospitals within the HSD, to improve resiliency and reliability.
  - IT: Areas that are dependent on information technology, such as the HSD, require best in class IT infrastructure.
  - Services Coordination: To achieve the full intent of the HSD will require new thinking and connections. This should include a new, deeper level of service coordination with the City.
  - Transportation: In order to continue to attract, and, importantly, maintain, the best and brightest, people need to be able to get to the HSD from across the City and the Region. To do so requires efficient access to all forms of transportation, from public transit, to the use of the automobile.

The aging city, and needs of those with medical conditions, requires certain considerations relating to access. Buildings must be accessible, but so must the City as a whole. Patients with certain conditions may not be capable of taking public transit or riding bikes. Emergency vehicles need to be able to efficiently traverse city streets.

In addition, the unique nature of some of the health services provided in Toronto mean that our hospitals have to remain accessible to those who live in other areas of the City and the GTA. As such, the Official Plan should be amended to reflect the fact that the automobile should not be given second priority status in all circumstances. In some circumstances and for some people, automotive transportation is critical. Similarly, we would ask that the City reconsider its suggestion that University Avenue itself become a priority cycling route. This street's importance in the movement and delivery of health services does not live comfortably with the proposed expansion of the cycling network.

#### **Healthcare Delivery to a Growing Population**

As you are aware, the proposed Downtown Plan anticipates significant growth to occur within the study area: another 235,000 potential residents and possibly 415,000 more jobs, each close to doubling the current populations. In addition to the absolute numbers, from a healthcare perspective the City will see a further increase in demand due to changing demographics – an aging City will see an increase demand on health sciences services on a per-capita basis.

In order to address the expansion of healthcare needs, innovative new models for healthcare delivery will be necessary. While some of these innovations must come from the healthcare industry itself, others will rely upon new and innovative land use models that should be supported by, and implemented through, the Official Plan.

For one, it must be recognized that the major hospitals will not be able to handle the increased demand on health sciences services on their own. Health sciences clinics will need to be spread throughout the downtown core. The Official Plan can support this by recognizing clinics and other health care and health sciences spaces as a permitted use and incentivizing developers to provide them within major projects as a community benefit through S.37 of the Planning Act.

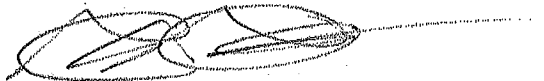
A second approach will be the continued build out of lands already owned by hospitals. The Official Plan should clearly identify and acknowledge that this expansion will take place by adding a policy relating to the future growth of hospitals and related uses downtown. Policies should recognize the unique built form considerations for hospitals including setbacks, tower floorplates, and other aspects that are unique to developing hospitals in a dense urban environment are needed. In addition, the Official Plan currently identifies a park along UHN's Elizabeth street. While we appreciate the importance of green space, we would ask the City to adjust records to reflect that this is not park space.

We suggest a policy be added that specifically requires that all proposed development within a certain distance of a hospital take into account the needs of the hospital, a reasonable level of expansion and that all such development be compatible with the hospital use.

A third approach, specifically relating to the demographic need, is the increasing need for long term care. The Official Plan should recognize the critical need for the development of long term care homes downtown. Ideally such homes should shift from being traditional long term care homes to having an "urban" standard.

We want to thank you for having taken the time to review and consider this submission. Once you have had the opportunity to complete your process, UHN would very much appreciate the opportunity to sit down with the City to discuss these suggestions in greater detail.

If you have any further questions on the above, please contact [Marnie.Weber@uhn.ca](mailto:Marnie.Weber@uhn.ca), Executive Director of Strategic Developments at UHN.



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