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April 30, 2018

Planning and Growth Management Committee
City Hall
10th Floor West, 100 Queen Street West

**Attention: City Clerk - Nancy Martins,
Administrator, Planning and
Growth Management Committee**

Dear Sirs/Mesdames:

**RE: Item PG29.4 – TOCore Downtown Plan Official Plan Amendment
City File No. 18 124911 SPS 00 OZ
St. Michael's Hospital - Comments on proposed Downtown Plan OPA**

We are the solicitors for St. Michael's Hospital ("**SMH**"), a major teaching and research hospital within downtown Toronto that operates the only adult trauma care centre located within 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 ("**Li Ka 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 on January 22, 2018 outlining our client's concerns with the earlier draft of the TOCore Downtown secondary plan (dated August 18, 2017) (the "**Initial Letter**").

Our client has had the opportunity to review the revised draft of the Downtown secondary plan that is proposed to be considered by the Planning and Growth Management Committee at its meeting of May 1, 2018 (the "**Revised Downtown Plan**"). The Revised Downtown Plan incorporates a number of modifications that SMH regards as positive. However, in SMH's respectful submission, the revisions to date have not responded fully to several key issues highlighted in its Initial Letter. The Revised Downtown Plan policies could be ameliorated to better reflect the specialized needs of hospitals and healthcare institutions that provide essential services within the Downtown.

We have provided a brief outline of SMH's outstanding concerns, many of which are discussed in greater detail in its Initial Letter attached hereto.

a. Complete Community Assessments and Community Service Facilities- Sections 5 and 10 of Revised Downtown Plan

The Revised Downtown Plan maintains the requirement for submission of a Complete Community Assessment to support development in *Mixed Use* and *Regeneration Area* designations, with no exception created for redevelopment of hospitals or healthcare uses and institutions. As discussed in SMH's Initial Letter, healthcare facilities are part of the system of publicly accessible *community service facilities* that provide the social infrastructure necessary to create *complete communities* within the Downtown. Unlike private residential or non-residential development, proposals for redevelopment of healthcare institutions are intended to expand the social infrastructure and services available to serve the community, rather than creating additional demand on existing infrastructure services. The utility of conducting a Complete Community Assessment in this context is therefore unclear. The requirement for the additional study would also represent an undesirable change from current planning practice that does not require institutions to submit Community Service and Facility studies to support applications for development and impose an additional and unnecessary financial burden on publicly funded institutions.

As previously requested, SMH seeks an amendment to the policies in Section 5 of the Revised Downtown Plan to exempt hospital/healthcare-related institutional uses from the requirement to complete a Complete Community Assessment in all designations.

Section 10 of the Revised Downtown Plan also continues to require new development to contribute towards the provision of *community service facilities*, with no exemption for publicly funded hospitals and healthcare institutions. As noted in SMH's Initial Letter, healthcare institutional uses should only be required to contribute additional *community service facility* space on a voluntary basis. SMH's comments in its Initial Letter in this respect continue to apply.

b. Land Use policies- Institutional Uses – Section 6

SMH acknowledges the inclusion of proposed land use policies for institutional uses in Section 6 of the Revised Downtown Plan that aim to support growth of healthcare institutions throughout the downtown.

Policy 6.12 currently discourages redesignation of *Institutional Areas* lands on a downtown-wide basis for uses not otherwise permitted. Policy 6.13 specifies that lands owned by an institution that are not subject to an *Institutional Areas* designation are to be "prioritized for institutional uses to support the growth of health, educational and/or government institutional campuses".

SMH is supportive of both of these policies, but is of the view that more substantive protections are required to ensure that existing healthcare institution uses located outside of the proposed new *Health Sciences District*, like SMH, will be able to expand to meet growing healthcare demands. In line with requests made in its Initial Letter, SMH requests that Section 6 be amended to include explicit policy directions to protect opportunities to redevelop and expand hospitals as well as other healthcare institution uses providing treatment, education, research and related functions including the full range of housing associated with health institutions. This direction should not be limited, in SMH's view, to lands under the ownership of a healthcare

institution but also extend to lands adjoining or within close proximity of existing clusters of healthcare institutional uses, regardless of their land use designation or location.

In this regard, SMH notes that the TOCore initiated official plan amendments also propose revisions to the in-force policies respecting the general Downtown area that include recognition of the *Health Sciences District* as the “prime location for the expansion of healthcare facilities and related research, education and commercial functions”. (Policy 2.2.1.3(e)). The identification of the *Health Sciences District* as a centralized district for healthcare-related functions should not in SMH's view preclude the inclusion of policy directions to ensure the ability of major hospitals and healthcare institutions located outside of the *Health Sciences District* within the downtown to expand and evolve as well.

c. Helicopter Flight Paths- Policy 9.31

SMH is supportive of proposed Policy 9.31 that provides that new development and structures should be massed and sited to protect hospital flight paths. SMH continues to recommend consideration of the inclusion of a map schedule to define hospital flights paths to assist with implementation.

d. Built Form - Section 9

Minimum Street Setbacks, Shadow Impacts

SMH continues to have concerns that the built form policies in the Revised Downtown Plan respecting provision of minimum 6 metre, publicly accessible building setbacks (Policies 9.3 to 9.7- Public Realm) and those governing shadow impacts (Policies 9.17 to 9.21- Creating a Comfortable Microclimate) are too prescriptive and will unduly limit its ability to use, reconfigure and redevelop its lands. In this regard, SMH's comments respecting built form policies in its Initial Letter continue to apply. SMH acknowledges the modifications to the policy directions to permit underground utilities and below-grade services to be located within setback areas. However, it reiterates its position, discussed in its Initial Letter, that the proposed minimum width of required street setbacks and the requirement for publicly accessible setback areas are inappropriate constraints in the context of hospital and other healthcare institution uses, which require maximum flexibility to deploy gross floor area.

Also, SMH underlines its view, articulated in its Initial Letter, that the existing standard in the in-force Official Plan for assessing shadow impacts of new development requiring that such impacts be “adequately limit[ed]” is preferable, and should be maintained in place of the language in Policies 9.17, 9.19 and 9.21 of the Revised Downtown Plan requiring “minimiz[ation]” of shadows impacts.

Tower Floorplates

Additionally, SMH notes its concern with the policy direction in 9.16 respecting tower floorplate sizes for institutional and non-residential towers. The policy effectively establishes a 750 square metre floorplate as a ‘baseline’ for institutional and non-residential tall buildings, providing that larger floor areas will be considered only where impacts on shadowing, wind, and transitions of scale with adjoining buildings are addressed. A tower floorplate of this size would not permit

SMH the flexibility required to maximize the available area for development on its sites to meet its specialized programmatic needs.

e. Financial District and Priority Retail Streets Policies- 61 Queen

Two additional concerns respecting land use policies relate specifically to SMH's property at 61 Queen. 61 Queen is improved with the St. Michael's Health Centre building, which houses a range of medical clinics/offices, laboratory facilities and other uses associated with patient care, diagnosis and treatment. It is situated at the southwest corner of Church Street and Queen Street East, at the eastern edge of the *Financial District*, as defined on Map 41-2. Policy 6.2 provides direction with respect to permitted uses in *Financial District*, including the requirement, at Policy 6.2 a) that redevelopment create a net gain in gross floor area of office uses.

Map 41-5 of the Revised Downtown Plan also identifies both the Queen Street and Church Street frontages of 61 Queen as Priority Retail Streets, Policy 6.37 provides that building frontages on both streets are required to contain retail and service commercial uses.

SMH seeks clarification that neither of the abovementioned policy directions will operate to place restrictions on its future ability to redevelop or reconfigure 61 Queen to accommodate hospital and healthcare-related uses.

In view of the foregoing issues, SMH submits that further refinements to the policies of the Revised Downtown Plan are required in order to address the specialized needs of major healthcare institutions within the downtown. Our client is of the view that the Downtown Plan would benefit from further consultation undertaken with the major healthcare and educational institutions and would be pleased to meet with City staff to continue this dialogue.

McCarthy Tétrault LLP

Per:



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CAM

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