

October 9, 2019

Etobicoke York Community Council
Main Floor, 399 The West Wall
Toronto, ON M9C 2Y2

Dear Members of Council,

On behalf of Trillium Health Partners (THP), I am writing in regards to Etobicoke York Community Council's consideration of the Sherway Secondary Plan.

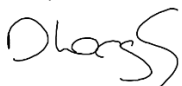
THP is one of the largest hospital systems in Canada, seeing over 1.7 million patient visits each year from the communities of west Toronto and Mississauga. In recent years, the demand for health care services at our hospitals has grown, and over the next two decades THP will experience more growth in demand than any other hospital in Ontario. In response to this, THP has developed an ambitious expansion and redevelopment plan across our sites, including growing and redeveloping the Queensway Health Centre (QHC) site at 150 Sherway Dr, Etobicoke.

Over the past year we have worked in partnership with City of Toronto staff to advance our planning in conjunction with the City's development of the Sherway Secondary Plan. We are appreciative that the City has incorporated a number of pieces of feedback that we provided in its updated plan. However, some specific issues remain unresolved, including the proposed planned street network and building height restrictions. Without further addressing these changes, THP's ability to redevelop the QHC campus to meet the needs of our growing community will be compromised.

We are confident these issues can be resolved through further engagement with City staff and are therefore requesting Community Council not approve the Secondary Plan at this time. Attached please find detailed recommendations developed by our urban planning firm Dialog.

Thank you for your ongoing partnership and support.

Sincerely,



David Longley
Vice President, Capital Planning & Redevelopment

October 8, 2019

Appendix: Memo Sherway Secondary Plan, Official Plan Amendment 469

DIALOG has completed its review of Sherway Secondary Plan (Official Plan Amendment 469). That item will be considered by Toronto East York Community Council at its meeting on October 10, 2019. We previously provided comment to City staff on an earlier draft of the Sherway Secondary Plan (letter dated June 28, 2019) and several of the comments we made to staff have been addressed.

This letter summarizes the three key outstanding issues with the Sherway Secondary Plan: roads, building heights and open space ownership. Our recommended actions for the City to address.

In our June 28th letter to City staff we set out some critical background relating to the future demand for health care services. We asked that official plan policies for the Queensway Hospital site recognize both the importance of the role which health care facilities play in the development of the community and the flexibility required to permit the expansion of the hospital to meet community needs. While some of our comments were specifically addressed, the outstanding issues continue to underscore the need for a planning approach that recognizes the two key principles noted above.

For context, we are again setting out our commentary on health care needs and services.

Background: Healthcare Needs & Services

The Queensway Health Centre has been serving the Sherway area and Etobicoke area for over 55 years. High-quality patient services include: a day surgery centre, outpatient rehab, an oncology centre. The site specializes in complex continuing care and palliative services.

In 2016, THP prepared a multi-phase long-range master plan to meet health care needs in its service area. This plan was submitted to and approved by the Ontario Ministry of Health and Long-Term Care, which has initiated the expansion projects at the Subject Site and the Mississauga Hospital that is also operated by THP.

Two of the key drivers for THP's master plan are responding to rapid population growth and replacing out-of-date facilities. THP considered multiple factors in its planning, including, without limitation: recent statistical trends in patient profiles and service needs; emerging best practices for health care service in a modern hospital setting; and, forecasted changes in population demographics and anticipated service needs in the future. Over the plan's 10-year planning horizon to 2026/2027, demand for hospital services is forecasted to grow at twice the provincial average for the area that THP serves. THP, for instance, served 230,143 patients at the Subject Site in 2016, a figure that is anticipated to grow by 34% by 2026/2027, for a total of approximately 309,082 patients on an annual basis.

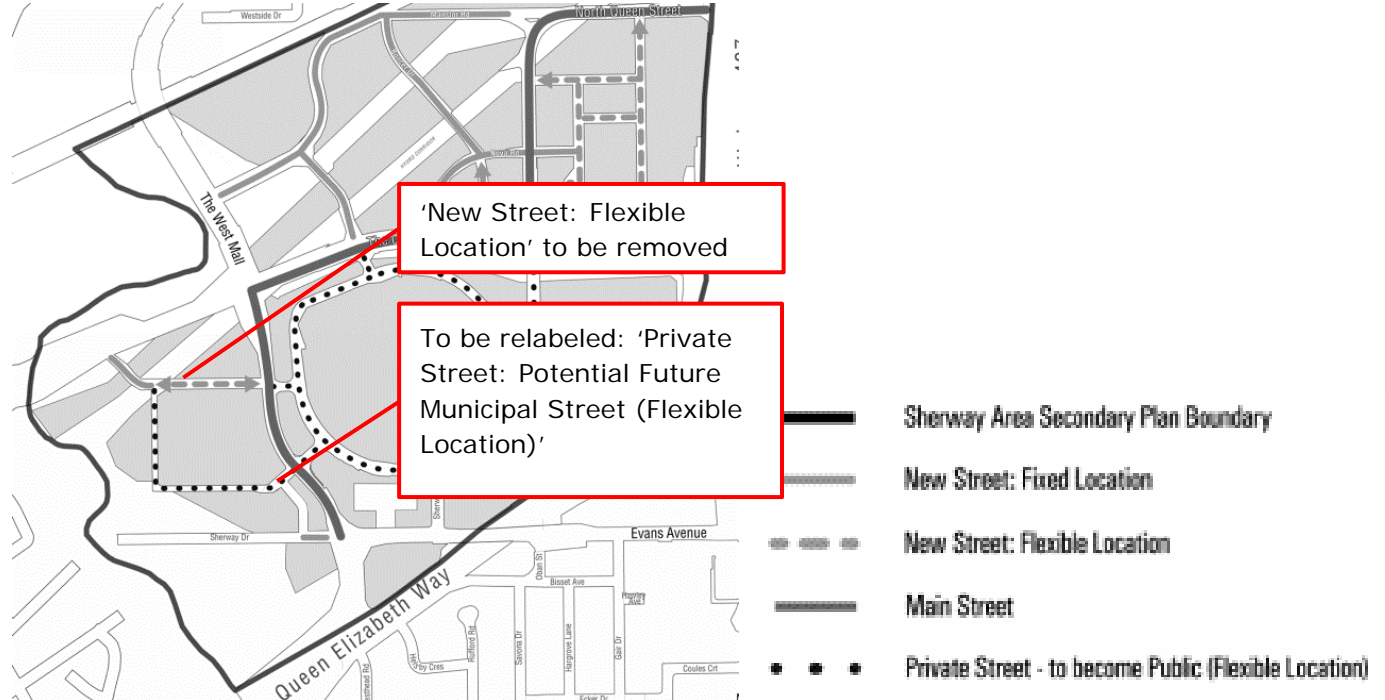
Figure 1: THP Property, “the Site” outline in red



Key Remaining Issues

1. **Issue: Street Network (map 43-3).** Although the City has included language that the location of streets may be flexible, it is still showing a northerly road connection although achieving such a connection is not feasible now, or in the future, based on THP’s Master Plan.
 - a. **Recommendation:** To address this the City must amend Map 43-3 to remove the northerly road connection (see Figure 2).
 - b. **Rationale:** Based on THP’s pre-application submission and Master Plan, it is clear that a connection across the northerly part of the Site cannot be achieved in a way that will permit the orderly and efficient development of the hospital. Phase 1 development will occur in the northerly portion of the Site and is incompatible with a northerly connection. Further, a northerly road connection is not required to meet the intent of the Official Plan’s Site and Area-Specific Policy 19, nor is it required to serve the hospital for access or capacity reasons. A southerly road connection between The West Mall and The Queensway, which THP is protecting for, can satisfy the policy objective.

Figure 2: Streets and Block Plan – Map 43-3 from Sherway Secondary Plan (September 2019)



2. **Issue: Street Ownership (policy 11.16.1).** Policy 11.16.1 requires the full conveyance of public streets with the first phase of development, provided that that public street is wholly within the development site.
 - a. **Recommendation:** The City should amend the policy or include an additional clause that exempts the Site from this requirement.
 - b. **Rationale:** New roads that are recommended in the Secondary Plan area have the intent of breaking up large development blocks that are primarily surface parking and creating smaller development parcels with street frontage for new development. The Site, however, currently has an internal street grid enabling circulation, access, and providing frontage for new development. New streets are not necessary for access, which makes the Site unique from others in the area.

The Hospital is also unique from other uses in that it is a predominantly publicly-funded entity. It requires considerable flexibility to respond to development opportunities when funding becomes available. Requiring the full conveyance of future streets is unduly restrictive to future health care development and the efficient provision of health care services that should be the priority on the Site.

3. **Issue: Building Heights (policy 7.14).** Policy 7.14 states that most buildings in the Sherway Area should be mid-rise buildings (10 storeys or less) and that they should generally be no taller than the right-of-way they front onto. If the City moves forward with creating a municipal street across the southerly part of THP's Site, then this policy would require that buildings fronting onto it should be no taller than 23 m (anticipated width of the street's right-of-way).
 - a. **Recommendation:** To address this the City must include a notwithstanding clause whereby heights for buildings in institutional areas can vary provided that the City's objectives for the public realm (policy 10.20) are met. This can be done by amendments to policy 10.21 as follows (changes in red italics):

"Notwithstanding Policies 7.6, 7.10, 7.11, 7.13, *7.14* and 7.18, on lands designated Institutional Areas, the City may consider alternative setbacks, streetwall heights and setbacks, *and building heights* for new development provided the intent of Policy 10.20 is met."
 - b. **Rationale:** The Hospital is a unique use from other developments in the area and should be free to develop as required to meet the community's health care needs, provided it also meets objectives to create a safe and comfortable public realm. If the existing private street is conveyed as a municipal street in the future with a 23 m right-of-way, then the higher floor-to-floor heights (~5 m) required for medical equipment and structural reinforcement means that hospital buildings adjacent to the street would be no taller than 4 – 5 storeys which may be incompatible with requirements for contemporary health care infrastructure.
4. **Issue: Park Ownership.** Policy 10.22 states that the park on the Site should be public. THP anticipates creating an additional open space amenity fronting the West Mall as part of its Master Plan implementation, but intends to retain ownership of it.
 - a. **Recommendation:** The City should remove any text that addresses the ownership of future open spaces on the Site to allow for appropriate flexibility in the implementation of THP's Master Plan.
 - b. **Rationale:** THP has long provided open space amenities and courtyards on the Site and will continue to do so, for the benefit of patients, staff, and visitors. Although it anticipates providing an open space amenity along the West Mall in the future, it requires flexibility as to where and when this open space is provided, including having the option to move it if the space is required for future health care service delivery.

Additional issues may be identified as the public process continues; however, we wanted to set out our high-level comments at this time.

We further recommend that you flag the above issues in a letter to City Council, copying the City clerk and staff.

Sincerely,

Michael Matthys
Associate, DIALOG

cc.
Antonio Gomez-Palacio