Date: May 18, 2000



**TO:** Board Members - Parks and Recreation

FROM: General Manager - Parks and Recreation

**SUBJECT:** Vancouver General Hospital Precinct

## RECOMMENDATIONS

A. THAT the Board endorse the attached Council Report recommending adoption of the Vancouver General Hospital Precinct Policy Statement, including revisions to the existing and proposed public open spaces.

- B. THAT the Board express a strong preference for Scenario A as the basis for VGH development concepts.
- C. THAT any changes to the existing legal agreements securing public open space in the VGH precinct be subject to an evaluation based on the nine principles stated in this report.

## INTRODUCTION

The attached Report to Council communicates the results of a planning study of the Vancouver General Hospital (VGH) precinct that sought to achieve the following objectives:

- accommodate all known future hospital needs;
- accommodate up to 700,000 ft<sup>2</sup> of space for biotech companies;
- provide public open space that in quality and quantity is the equal of what current legal agreements promise to deliver; and
- retain heritage of the 1906 Heather Pavilion complex.

Of particular interest to the Park Board is the configuration, size, location and delivery schedule of the major public open space on the hospital grounds, subject of the 1989 Open Space Agreement between VGH and the City.

#### **POLICY**

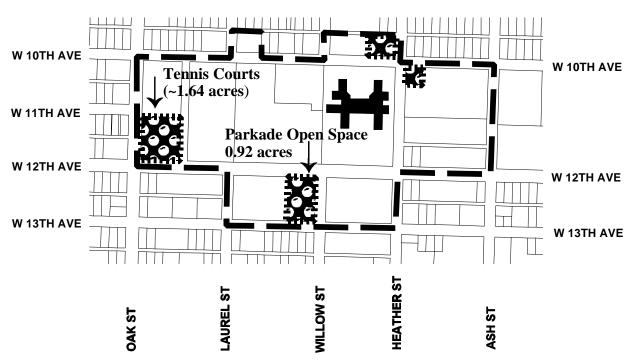
The Board in 1989 approved a legal agreement to create a 5.12 acre open space at Vancouver General Hospital.

On March 22, 1999, the Board approved the following:

- (1) THAT the Board endorse the efforts of the Universal Garden Society to establish a Universal Garden/Park at the Open Space to be created by the Vancouver General Hospital as part of its redevelopment plan.
- (2) THAT the Board reaffirms its support for the commitment to the existing Open Space agreement under which the Vancouver General Hospital is to create 5.1 acres of Open Space to include the relocated existing tennis courts.

## **BACKGROUND**

The precinct of the VGH has four open spaces used for public recreation. Two of these spaces are secured by legal agreements, they are the parkade open space and the tennis courts.



**Drawing 1: EXISTING PUBLIC OPEN SPACE** 

The parkade open space is protected by a covenant that covers the eastern 0.92 acres of the parkade property "for the purpose of developing, constructing, landscaping and maintaining the park" for use by the public. The agreement is dated September 30, 1981.

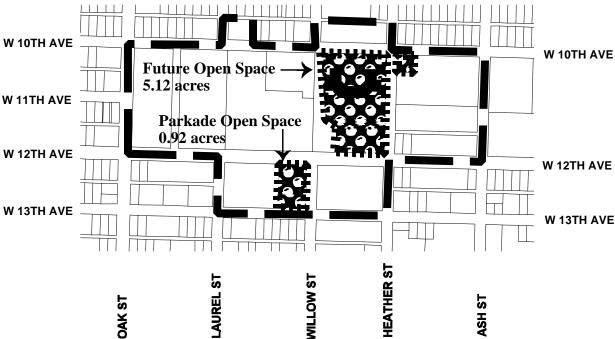
The tennis courts are secured by a legal agreement concerning a southern portion of Lot 1, bounded by 10<sup>th</sup> and 11<sup>th</sup> Avenues, and Oak and Laurel Streets, for use by patients, hospital employees and the general public. The dimensions of the open space are not defined in the agreement, it measures roughly 1.64 acres. VGH has the option of undoing this agreement as long as they provide an alternate site for the tennis courts in perpetuity. The agreement, dated February 25, 1985, identifies as the alternate site the blocks between 10<sup>th</sup> and 12<sup>th</sup> Avenues, and

## Heather and Willow Streets.

This alternate site is subject of an the Open Space Agreement dated April 25, 1989. VGH and the City established a public right-of-way for "rest, relaxation and recreation" on this future open space of 5.12 acres. The delivery of the open space is scheduled in two phases, the first one due within 2 years of issuance of building permits for 70% of the Laurel Street Project Phase 2A, the second one due at a date to be set in the development permit of Phase 2B of same project.

In summary, there are currently about 3.26 acres of green space used for recreational purposes on the hospital grounds, roughly 2.56 acres of that secured for public use by legal agreements, see Drawing 1. Public open space will increase to a minimum of 6.04 (5.12 + 0.92) acres in the next few years, see Drawing 2.

Drawing 2: FUTURE OPEN SPACE UNDER EXISTING LEGAL AGREEMENTS



Even though it has been eleven years since the signing of the Open Space Agreement, VGH has yet to begin demolishing the buildings on site and creating the green space. However VGH has indicated that their building program may advance rapidly enough that delivery of the open space is triggered within the next two to three years.

The proposed changes to the planning policies for the hospital precinct will have to be weighed against making no changes. Under the current policies and legal agreements, 6.04 acres of public open space will be created on the hospital site. The size, location, delivery schedule and programming of those 6.04 acres form the base case against which the proposed policy changes and any subsequent rezonings are to be measured.

## DISCUSSION

The attached Council Report introduces a series of policies, and three development scenarios (A, C and D). The open space in these three scenarios, as well as in any other scenarios that might be brought forward by VGH, should be evaluated with the aid of the following nine principles:

- Equivalent Size of Open Space. Given that the current legal agreements promise to deliver 5.12 acres of open space in the Heather Pavilion block in addition to the 0.92 acres protected as the parkade open space for a total of 6.04 acres, no development or rezoning scenario should be accepted that provides less than that.
- No Temporary Loss of Open Space. Given the intensive use of the existing open spaces in the hospital precinct, re-development should be scheduled such that no existing open space be taken away unless an equivalent area of new open space has been delivered for public recreation.
- High Degree of Publicness. Aside from the question of ownership or right-of-ways, publicness is the feeling that a space belongs to the public, that they are free to use it. Publicness is thus a matter of degrees, the more people adopt an open space as their own, the better. Publicness is achieved by having the open space bounded by streets, walkways, or other public spaces, by offering the kinds of activities that attract park use, and by locating the open space close to where people live, work and play.
- Flexibility of Programming. Use and design of the public open space will be determined in a public process involving residents, hospital employees and visitors, workers and the general public. Generally, large open spaces allow more flexibility of programming than sequences of smaller spaces. There is a range of acceptability, but in principle a large, contiguous open space is preferred.
- Good Sun Exposure. Even more so than in other parks, good sun exposure will be crucial in this park given the expected all-year use, weather permitting. Shade is also important, but shade provided by trees rather than buildings.
- Free of Encumbrance. Given the amount of building and paving in the precinct, it is preferable to not encumber the green space with buildings or building-related uses such as vehicle parking, loading, servicing and access.
- One Space for All. The future open space provides a unique opportunity to bring together a number of different user groups in one space, thereby forming a bridge between hospital and community. Sub-areas may be programmed according to the needs and desires of the adjacent user group. Healing gardens and quiet, passive green may be best located close to patient care, tennis or other active play may be best closer to the residential community

south of 13<sup>th</sup> Avenue, heritage gardens may be preferable north of the Heather Pavilion. All these individual green spaces, however, should form part of a larger open space continuum.

- Clearly-Defined Boundaries. Creation of the new large open space is an opportunity to contribute a measure of clarity, transparence and reason to a precinct that at present appears to have haphazardly evolved into a puzzling disarray of buildings and a barrier to pedestrian movement.
- Adjacency to Patient Care. While all people require access to green space, it is most
  important for patients trying to get well. It is thus preferable to locate patient care
  facilities next to the open space rather than bio-tech labs, parking structures or
  administrative offices.

These nine principles were selected to facilitate evaluating relative strengths and weaknesses of different open space options at this early stage of the process. Many other criteria play a role in the quality of this open space, and will become increasingly important once the programming and design phase begins. They include aspects such as the

- design, height and use of adjacent buildings;
- proximity of other public attractors such a cafeteria or restaurant, retail, child care facility, fitness centre, meeting rooms, etc.;
- the accommodation of diverse recreational interests including a range of age groups;
- the sustainability of the newly created plant and animal habitat;
- usability and attractiveness during all seasons;
- application of CPTED and universal access principles; and
- the capacity of the new park to contribute to the well-being of patients as a therapeutic or healing garden along principles promoted by the Universal Garden Society.

The three development scenarios contained in the proposed VGH Precinct Policy Statement were selected as favourites from a larger number of options. They are described in their open space characteristics on the following pages, and in more exhaustive detail in the attached VGH Precinct Policy Statement.

Applying the above nine principles to the base case, as shown in Drawing 2, and the three scenarios A, C and D, shown in Drawings 3, 4 and 5, leads to the following comparison:

|                                     | Base case | A | C | D |
|-------------------------------------|-----------|---|---|---|
| 1. Equivalent Size of Open Space.   | <b>✓</b>  | • | • | • |
| 2. No Temporary Loss of Open Space. | · ·       |   |   |   |

| 3. High Degree of Publicness.  | <b>//</b> | ~ | ~        | 11       |
|--------------------------------|-----------|---|----------|----------|
| 4. Flexibility of Programming. | ~         | ~ | •        | •        |
| 5. Good Sun Exposure.          | ~         | • | •        | •        |
| 6. Free of Encumbrance.        | _         | ~ |          | _        |
| 7. One Space for All.          | 11        | ~ |          | •        |
| 8. Clear Boundaries.           | ~         | ~ | •        | •        |
| 9. Adjacent Patient Care.      | _         | ~ | •        | _        |
| Summary Evaluation             | <b>✓</b>  | ~ | <b>✓</b> | <b>/</b> |

Scenario A, see Drawing 3, emerges as the most desirable of the three development scenarios presented in the Vancouver General Hospital Precinct Policy Statement.

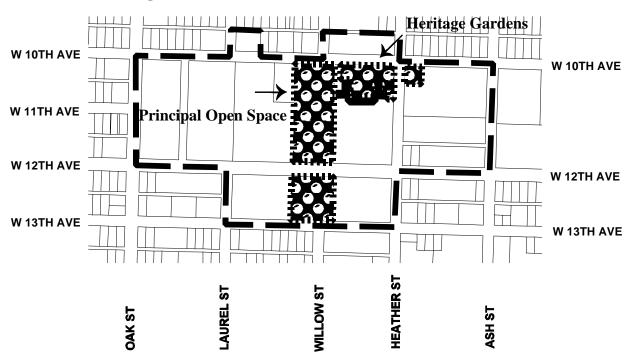
Scenarios C and D, see Drawings 4 and 5, are judged as less desirable from the perspective of parks and recreation interests, but are comparable to the base case.

The Douglas Park Community Association has provided a cogent analysis in a letter to Mayor and Council that is appended to this report. Most of the concerns have been met in the present iteration of the Council Report and Policy Statement, or will become topics of discussion in the rezoning phase.

## **SUMMARY**

The attached VGH Precinct Policy Statement establishes the rules for a rezoning of the hospital precinct. Once VGH comes forward with a rezoning application, a more detailed evaluation of quantity and quality of the proposed open space will be required, and will be reported to the Board at that time.

All of the three development scenarios in the Policy Statement offer an opportunity to achieve an open space equivalent to or better than the base case, i. e. the future open space secured in current legal agreements. Scenario A is the most promising of the three options, and clearly superior to the base case.

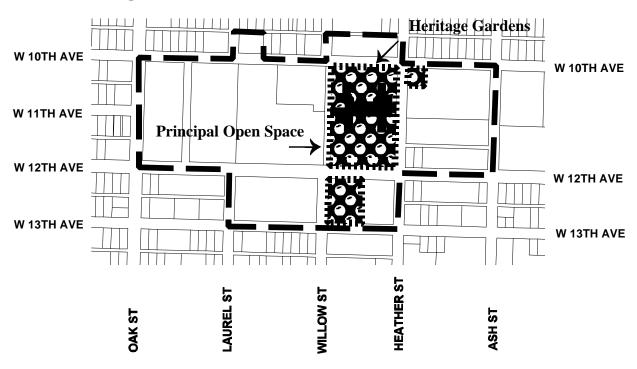


**Drawing 3: NEW REZONING POLICY SCENARIO A** 

Scenario A features an open space that stretches from 10<sup>th</sup> to 13<sup>th</sup> Avenue, interrupted by 12<sup>th</sup> Avenue, incorporating the parkade open space and the Willow Street right-of-way between 12<sup>th</sup> and 13<sup>th</sup> Avenues. The principal open space between 10<sup>th</sup> and 12<sup>th</sup> Avenues is 261 feet wide and 606 feet long, almost identical in dimensions to Thornton Park at Main Street and Terminal Avenue. In total, Scenario A has approximately 6.6 acres of public open space including the heritage gardens north of the Heather Pavilion.

While VGH has shown interest in Scenario A, there has been no commitment to an acceptable time frame for the delivery of the open space. Furthermore, the option is only desirable if the Willow Street closure is endorsed by Engineering Services and their public process.

Park Board staff feel that Scenario A is the most desirable as it opens up the hospital precinct with a large, central green space that connects residential neighbourhood, bio-tech offices, the heritage of Heather Pavilion and hospital buildings. Scenario A is the only option to locate patient care buildings immediately adjacent to the open space. However, commitment to an acceptable time frame and the closure of Willow Street are required.

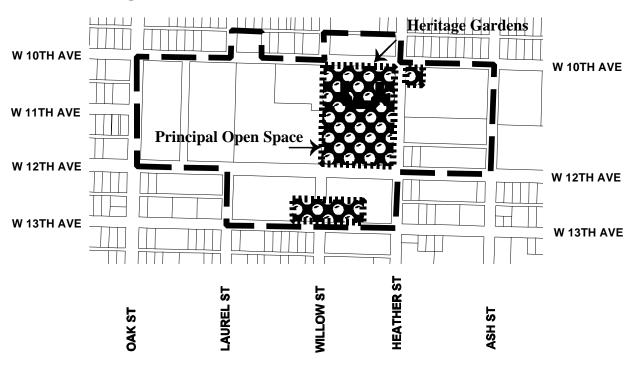


**Drawing 4: PROPOSED REZONING POLICY SCENARIO C** 

Scenario C is characterised by retention of both the 1906 and the 1908 portion of the Heather Pavilion, sitting in a large open space that extends from 10<sup>th</sup> to 12<sup>th</sup> Avenue and is bounded by Heather and Willow Streets, in addition to another open space occupying half a block immediately south of 12<sup>th</sup> Avenue and east of Willow Street.

The open space is encumbered by the retention of the Heather Pavilion, as well as any parking, loading, servicing and access that will be associated with it. The heritage building dominates more than half of the open space, leaving little program flexibility on the remainder. Furthermore, unlike in Scenario A, patient care buildings are not adjacent to the principal open space. Benefits of this option include continuity of open space across 12<sup>th</sup> Avenue and resultant access to the residential neighbourhood, as well as the location of the acute care facility next to the heritage gardens.

Closure of Willow Street between 12<sup>th</sup> and 13<sup>th</sup> Avenues would be required to elevate Scenario C into an equivalent of the base case. Public use of at least the ground floor of the Heather Pavilion would be mandatory to ensure publicness of the open space.



**Drawing 5: PROPOSED REZONING POLICY SCENARIO D** 

Scenario D has an open space configuration very similar to what has been agreed to previously, as illustrated in Drawing 2. The differences are a somewhat larger principal open space, a more regular westerly boundary, and the re-configuration of the parkade open space into a green space that stretches longer along 13<sup>th</sup> Avenue, improving access from the neighbourhood while reducing traffic noise. Unfortunately, the southern open space but fails to connect to the principal open space north of 12<sup>th</sup> Avenue.

The principal open space is encumbered by the 1906 portion of the Heather Pavilion, but not the 1908 wings, leaving the southern half programmable as a public green space, in addition to providing some form of heritage garden north of the pavilion.

While the principal open space offers advantages such as sufficient programming flexibility, good sun exposure, very public edges and achievability within an acceptable time frame; its disadvantages include lack of adjacency of patient care facilities and less generous connections to the residential neighbourhood. Also unfortunate is the lack of spatial connection between the two main open spaces. Closure of Willow Street between 12<sup>th</sup> and 13<sup>th</sup> Avenues would be mandatory to ensure usability of the open space adjacent to 13<sup>th</sup> Avenue. Public use of the ground floor of the Heather Pavilion is required to ensure publicness of the open space around it.

# Prepared by:

Planning and Operations Board of Parks & Recreation Vancouver, B.C. TCD Attachments