

Public Workshop Results

Future Use Options For Site of Queen Elizabeth High School

**Held at
St. Mary's Boat Club,
1641 Fairfield Rd, Halifax
on
November 26, 2007
6:30-9:30pm**



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INTRODUCTION

The Queen Elizabeth High (QEII) School, located in downtown Halifax, was opened in 1942, expanded in 1969, and was closed by the introduction of the new Citadel High School in 2007. The Halifax Regional School Board is poised to convey the property back to Halifax Regional Municipality (HRM) in 2008.

The land upon which QEII was built is a component of the Halifax Common land grant of 1763. This grant was made by Jonathan Belcher, Esquire, Lieutenant Governor of His Majesty's Province of Nova Scotia. The modern manifestation of this land grant and its intents was embodied in the 1994 Halifax Common Plan, pertinent excerpts of which are reproduced in Attachment - C of this document, and in its entirety on the internet at the following URL: http://www.halifax.ca/RealPropertyPlanning/RPP_Archive/

The following features about the QEII site as at December 2007: the Queen Elizabeth II Health Science Centre (Infirmery) located to the south; a new emergency wing located eastward; CBC-TV studios further east and beyond the new emergency wing; Robie Street to the west; Bell Road to the north; and further north, the Central Common open space. See Attachment - A for a plan view of this area.

Early in 2007, the Provincial Government, on behalf of the Capital District Health Authority (CDHA), requested HRM to sell the QEII property to facilitate future health care facility expansion at the QEII Infirmery. The Halifax Common Plan (1994) requires public consultation prior to proposed re-use of Common land, and so Regional Council requested staff to conduct a public consultation exercise as a result of a motion respecting 'Provincial and Municipal Land Transaction - Joint Use Land Plans', dated July 3, 2007.

A public workshop on future use options was thus held on November 26, 2007. This document provides a summary of those proceedings and reproduces them verbatim in Attachment - D herein.

Upon receiving further public comment, Regional Council will again discuss the future of the QEII property and the request from the Province in January 2008.

PUBLIC WORKSHOP ORIGIN

The motion approved by Regional Council at the In Camera meeting of July 3, 2007, respective to the private and confidential report entitled, 'Provincial and Municipal Land Transactions - Joint Use Land Plans', stated:

MOVED by Councillor Fougere, seconded by Councillor Sloane, that Halifax Regional Council:

- 1. Defer the portion of the June 22, 2007 report as it relates to Queen Elizabeth High School building to clearly define the contract with the Province in terms of HRM's public expectations for use and timing of the re-development of the QEII building;*
- 2. And further, to reaffirm HRM's desire to sell the QEII site for the expansion of QEII Infirmary.*

MOTION PUT AND PASSED.

Staff organized a public consultation workshop, which was advertised (Chronicle Herald: Nov.10 & 24, 2007 / PSA Released Nov.22, 2007) and was held on Monday, November 26, 2007 (6:30 - 9:30 pm) at the St. Mary's Boat Club, 1641 Fairfield Road, Halifax.

WORKSHOP FORMAT

The workshop (see Attachment - B - Workshop Agenda) began with an HRM presentation about the history and development of the Halifax Common, and why the workshop is being held. There was also an overview of policies surrounding the QEII site, identifying policy support for various uses, particularly to revert to open space and for health facility use. The Capital District Health Authority (CDHA) then provided a review of its health care strategy and why it requests QEII be sold for public health care facility expansion. The Friends of the Halifax Common concluded the background component of the workshop by reviewing why open space is desirable, referring to salient parts of the Halifax Common Plan, and how HRM, Capital Health and the Province of Nova Scotia have failed to implement a number of those policies.

The workshop then employed a discussion format whereby 7 groups of 6-to-9 participants (per group) responded to a series of round table questions (see below) intended to focus discussion. Attending were approximately 65 workshop participants, composed of members of the public (including members of the Friends of the Halifax Common), Capital District Health Authority staff, HRM staff and facilitators, and members of the local media. Each group of 6-to-9 participants were asked to answer all round table questions listed below:

Round Table 1 Questions - Open Space

- *What is the importance of this potential open space to the community?*
- *If it were all open space, what could it be used for?*
- *If some of it were open space, what could it be used for?*

Round Table 2 Questions - Health Care

- *What would a future hospital look like on this site?*
- *What are the important open space features that would have to be created in the redevelopment of this site?*

Round Table 3 Questions - Best Public Use

- *Given the various ways to achieve the 2 policy options, (a) Open space, or (b) Hospital expansion, and given what you've learned from Round Tables 1 & 2, what are the short and long term possibilities for this site?*
- *Are there any qualifications or provisos?*

These questions were posed in order to help obtain better insight into two primary options (open space and health care facility expansion) that, in part, emanate from the following documents, which will assist Regional Council in decision-making:

1. Halifax Common Plan (1994);
2. HRM Capital District Public Facilities Needs and Opportunities Study (2004);
3. Economic Potential of HRM and Halifax Harbour, Gardner Pinfold (2004); and,
4. HRM Regional Municipal Planning Strategy (2006).

Excerpts of these background documents are provided in Attachment - C.

Each group of participants were facilitated by a staff member of the Halifax Regional Municipality (HRM). The workshop yielded the comments noted in Attachment - D, which had been transcribed from the facilitators' flip chart notes, verbatim. At the end of the workshop, each facilitator had verbally summarized their group's discussion for the benefit of all workshop participants.

In closing, participants and others are invited to present written submissions to HRM. Several days after the workshop, an E-mail link for public responses was placed on the Real Property Planning section of HRM's website (www.halifax.ca) and HRM's Call Centre (490-4000) was prepared to advise the public about submission opportunities. The invitation for written submissions remains open until submission of the staff report in January.

WORKSHOP THEMES SUMMARIZED

Consistent with the workshop question framework, the review below identifies themes that emanate from the transcribed notes appearing in Attachment - D:

1.0 Round Table 1 Questions - Open Space

1.1 Importance of Open Space

Strong and frequent comment was made about the site reverting to *passive open space*, *green areas*, *gardens*, *gathering places*, *seating areas*, a place for *healing*, *serenity*, *art*, *sculpture*, and a place for *children*. There were also *discussions* about the site not being ideal for open space due to it being *isolated* by streets and the existing hospital complex. Open space continued throughout the workshop as a *theme* that needed attention even with the possibility of a health facility, calling for *generous setbacks* and *quality open space* on the *periphery*, and even within a healthcare facility, whether *atrium*, *garden*, or *green roof patio*.

1.2 Gateway & Landmark Site

The site, and specifically the corner at the ‘Willow Tree’ intersection, were regarded as an important *gateway* to the Halifax Common and Capital District, and that it should be respected with either plenty of *open space* or good *quality building design* and *landscaping*.

1.3 Streetscapes Important Feature

The importance of the streets and streetscaping along the site’s periphery—whether the site will be all open space or a combination of open space and health care facility—was an important element requiring consideration, with emphasis on *generous setbacks*, *quality landscaping*, *tree-plantings*, *view planes*, *connectivity to surrounding neighbourhoods* (pedestrian and active transportation) and *permeability through* the site.

1.4 Leveraging Other Land

A *consistent theme* throughout all round table discussions was the strong desire to *recapture open space* opportunities elsewhere on the Common, and most specifically, at the *former site of the School for the Blind*, currently the South Park Street-facing parking lot of the VG hospital, as if a southerly extension of Victoria Park.

2.0 Round Table 2 Questions - Health Care

2.1 Importance of Improving Health Care

Expansion of health care facilities was also regarded as important to the region and community, emphasizing need for *more hospital beds* in an *expanded acute care centre*. There was some recognition that not much space existed for expansion at the QEII/Camp Hill site without QEII, but some called on expansion to rather take place in the south precinct of the Common (at VG site).

2.2 Mixed-Use Approach

Proposals called for incorporation of other uses within the site that would *supplement/augment health care* while *animating the periphery* with public users/visitors, providing important, *complementary public services*, and introducing a more vibrant mixed-use. Some suggestions proposed *incorporating the existing QEII gym and auditorium* as part of a new hospital complex, emphasizing continued public access.

2.3 Creative Design & Land-Use

The workshop resonated with the need to ensure that if health care facility expansion is to take place, that it be done with *innovative, quality architecture*, and that *building/s be green* and *LEED certified*, and employing *green roofs*. New designs should respect *setbacks* that lend themselves to the perception of *good open space*, generous *landscaping, pleasing pedestrian access* to, around, and through the site. There was some debate supporting increased height in favour of more open space while others suggested limiting height and massing to reflect neighbouring form. *Tree planting* was regarded as an important landscaping element along roadways. A *master planning* exercise was recommended to consider how the site would work best with its surroundings including the *potential incorporation of the CBC site*, and given all the comments provided.

2.4 Parking & Traffic

Concern was expressed over parking, specifically that *no surface parking* (long or short term) be permitted. Parking was regarded as a necessity under assumption of a growing work force at the site, but *underground, structured parking*, out of general public view was strongly recommended. Traffic issues such as difficulty with *site access and egress* were predicted and some encouraged more use of *public transit* and *active transportation* by existing and future hospital staff. There was general recognition that a further increase in the institutional uses within this precinct of the Common may create further traffic issues.

3.0 Round Table 3 Questions - Best Public Use

Although many voices remained *resolute about the site reverting to open space*, future need for *expanding health care was also recognized* by many, and so there was intent to ensure that plenty of *quality open space and landscaping* be incorporated in any new concept, that itself was recommended to be striking in *architecture*. To ensure that good quality design takes place on the building and site, some called on *HRM to remain involved* with the Province/CDHA in design and planning. The idea of *HRM recapturing land* in other areas such as the VG parking lot was reiterated strongly, as was emphasis on *quality streetscape and landscape design*.

4.0 Other Comments/Issues

Although not proposed as a workshop round table question, several participants commented about opportunities for *re-using the QEH site/building* for purposes other than open space or health care facility expansion. Concern was also raised that the only two options presented for discussion were open space and health care facility expansion. Some ideas included *assisted living, stand-alone re-use* of the *QEH auditorium* in support of art and culture, and re-use of the *auditorium and gym as part of a new healthcare facility*.

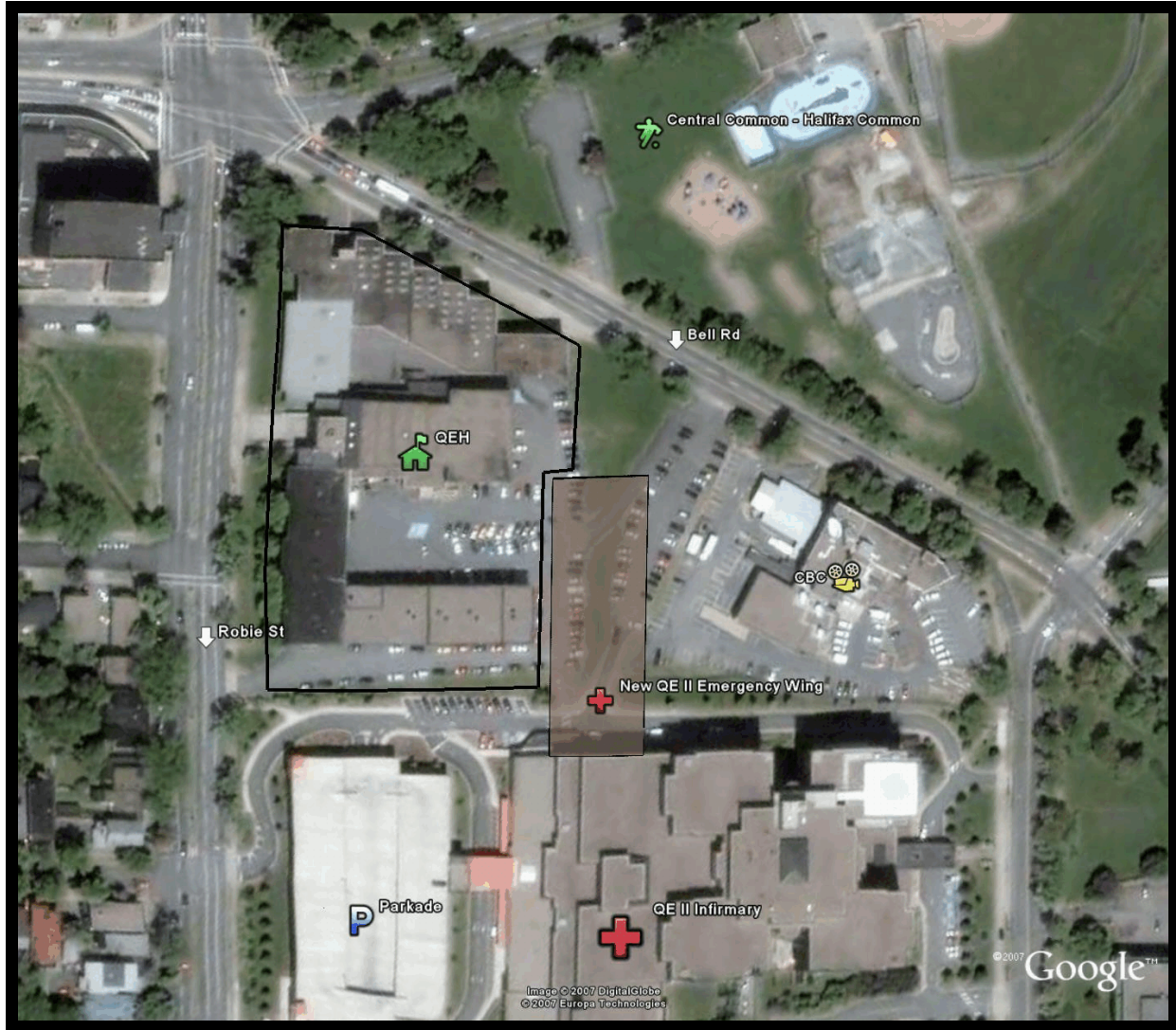
Other comments were of concern about the public consultation process being rushed and not robust enough to consider other, important uses for QEH. Some raised the spectre that HRM may have already decided to sell QEH to the Province, and that this (alleged) foregone conclusion results in the public consultation (i.e., workshop) as a mere formality.

ATTACHMENTS

- A - QEH Site Plan**
- B - Workshop Agenda, Nov.26, 2007**
- C - Excerpts from Background Documents**
- D - Verbatim Transcription - Facilitators' Notes, QEH Future Land Use Options, Public Meeting & Workshop, Nov. 26, 2007**

<p>This document was prepared by workshop organizers: Rudy Vodicka, Coordinator, Real Property Policy and Peter Bigelow, Manager, Real Property Planning, Infrastructure & Asset Management, HRM.</p>

ATTACHMENT - A
QEII Site Plan



ATTACHMENT - B

Workshop Agenda Nov.26, 2007

- 6:30 HRM - presentation (Peter Bigelow, Manager, Real Property Planning)
- 6:50 Capital District Health Authority - presentation (Kenneth Baird, VP, CDHA)
- 7:05 Friends of the Halifax Common - presentation (Beverly Miller, Co-Chair)
- 7:20 Q & A
- 7:30 Round Table 1 – Open Space
- 7:50 Round Table 2 – Health Care
- 8:10 Break
- 8:20 Round Table 3 - Best Public Use
- 8:50 Round Table Summaries by facilitators
- 9:15 Concluding Comments

ATTACHMENT - C

Excerpts from Background Documents

HALIFAX COMMON PLAN (1994)

Please Note: Select policy excerpts are presented below, reflecting related elements to the issue at hand. This is not an exhaustive list of relevant policies, however. Other policies—for example those relating to design elements—would also be pertinent to the discussion at a more detailed, design level. To review the entire Halifax Common Plan, go to: http://www.halifax.ca/RealPropertyPlanning/RPP_Archive/

Policy 1.1 Public Place with Diverse Uses

The city will continue to promote a diversity of activities in the Halifax Common which will include health care, education, sports, recreation, gardens, and cultural activities.

Policy 1.3 Public Place with Diverse Uses

The city will facilitate public involvement in the future planning and design of the Halifax Common.

Policy 2.12 Public and Private Buildings

Continued and further beautification and landscaping of public and private buildings and their grounds should be encouraged. All land and buildings should be made attractive to people at ground level, building on special characteristics of the district.

Policy 3.5 Parking

Where feasible, underground parking for major institutional uses should be encouraged.

Policy 3.8 Pedestrian Linkage

The city should encourage a strengthening of pedestrian linkages, especially around public buildings in long blocks in the South Precinct where hospital, university and other buildings present barriers to pedestrians. Paths around and, in some cases, through buildings should be encouraged where appropriate as illustrated on Map 9.

C. City-owned Land and Public Open Space

Policy 1.1 Strengthen the continuous open space and pathway system

Efforts will be made to strengthen and maintain a continuous public open space throughout the Common from Cunard street to South street.

Policy 1.2 Strengthen the continuous open space and pathway system

The city will enhance physical and visual access to public open space in future development and planning initiatives.

Policy 1.7 Strengthen the continuous open space and pathway system

The city, in cooperation with the provincial government, should seek to continue the open space system through the Victoria General Hospital parking lot to South Street. The following

possibilities should be examined.

- (a) A park as an extension of Victoria Park.
- (b) Continuation of a playground.
- (c) Underground parking.
- (d) A cultural centre, possibly combined with parking.

Policy 2.1 Preserve Public Open Space

The amount of public open space in the Halifax Common will not be decreased.

Policy 3.1 Increase City-owned Land

The amount of land owned by the City of Halifax will not be decreased.

Policy 3.2 Increase City-owned Land

The city will seek to increase the amount of land under city ownership through recapture of lands. Specifically, the city should seek to reclaim the following sites when the buildings or sites are no longer required for their current use.

Federal:- Canadian Broadcasting Corporation at Summer Street and Bell Road.

- Provincial:
- Community College site at Bell Road and Trollope Street.
 - Victoria General Hospital parking lot on South Park Street.

Policy 4.3 North and Central Commons

Playing fields and other facilities for active organised sports will continue; however, emphasis will be placed on increasing opportunity for passive activity such as walking, relaxing, and sitting.

Policy 6.2 Cost Effectiveness

Flexible, multi-purpose use of areas should be emphasized.

Policy 6.5 Cost Effectiveness

Commercial benefit to the city will be an important consideration in deciding on uses. In keeping with this, there should be an emphasis on creating visitor attractions.

HRM CAPITAL DISTRICT PUBLIC FACILITIES NEEDS & OPPORTUNITIES STUDY, 2004

4.2.6 Disposition of the Queen Elizabeth High School Site

Once Queen Elizabeth High School is closed, the ownership of the property will pass to HRM. As indicated elsewhere in this report, this property is located adjacent to the main acute care hospital in Halifax, and there is a certain amount of logic in making it available should QEII Health Sciences Centre need to expand in the future. A detailed analysis is contained in the section on Hospitals. As the site may not be needed for hospital construction for 10 to 20 years, it may be desirable to identify an interim use.

Depending on the condition of the building, it may be possible to lease the building for a short period of time for some alternative use (e.g., community use, artist studios, performance space, etc.) Alternatively, the site may be useful as an overflow parking area for the QEII hospital, should the new QEII parking structure not be able to fully accommodate its demand.

Recommendations:

- Once HRM gains title to the Queen Elizabeth school site, a physical assessment and financial feasibility study should be carried out to determine the suitability of the building for alternative use over a 10-15 year period until the site becomes needed for hospital expansion.
- Should alternative use not be feasible, the building should be demolished and a portion of the site leased to the QEII hospital for improvements to the emergency department parking area and operation of an overflow parking lot. As the QEII has their own parking staff, it may make sense for the QEII to lease this parking lot from HRM, who would then use the land lease payments to pay for recreation improvements on the North and South Commons.
- Urban design guidelines should be developed for the portion of the site fronting on Bell Road to ensure that future development will enhance the Commons and the important gateway into the Capital District via Quinpool Road, the Willow Tree and Bell Road. The QEII Building presently dominates the street frontage. If new buildings were set further back, the Bell Road sidewalk could be transformed into a gracious, tree-lined boulevard. The design guidelines should be integrated with other design considerations as part of a new plan for the Commons. This is a good location for a signature entrance project to the Capital District.

ECONOMIC POTENTIAL OF HRM AND HALIFAX HARBOUR, GARDNER PINFOLD, 2004

Hospitals, p.17

Combined, Capital Health and the IWK operate with an annual budget of about \$650 million, employing about 11,000 overall. Capital Health and the IWK provide core health services to HRM residents, and acute care services to the rest of Nova Scotia and to residents of New Brunswick and Prince Edward Island. The hospitals are closely integrated with Dalhousie Medical School and associated research institutes.

The combined effects of an increasing and aging population provide the basis for moderately increasing demands on health care facilities. The number of beds is expected to rise in response to this demand, leading eventually to the construction of another hospital in the QE II complex. This could be needed as early as 2016. From the perspective of operational efficiency, any new hospital ideally would be located adjacent to existing facilities. This expansion would add 2,000 to 3,000 staff.

The major planning issues are ensuring the availability of land for the new facility, increased traffic to the Capital District and greater congestion around the QE II complex, and increased parking requirements.

HRM REGIONAL MUNICIPAL PLANNING STRATEGY (REGIONAL PLAN), 2006

Goal 1.8

Ensure the availability of useable public open-space in all communities for recreational and leisure opportunities, enhanced environmental character and community identity, and access to the natural beauty of the region's forests, lakes, rivers, and coastal areas.

Goal 3.1

Reinforce and enhance the role of the Capital District and its adjacent areas as the region's primary centre for government, commerce, education, health, military, festivals and events, arts and culture, and recreation and entertainment.

Objectives:

- Develop and promote an economic climate within the Capital District that attracts and retains business and employment through such means as appropriate incentive programs, adequate land supply, appropriate land development procedures, improved transportation access and other related initiatives.

- Establish and support growth targets for the Capital District as the major employment centre for government, institutions (universities, hospitals, military), business and business services.

Principle 5

Manage development in a way that will make the most effective use of land, energy, infrastructure, public services and facilities and considers healthy lifestyles.

ATTACHMENT - D

Verbatim Transcription - Facilitators' Notes

QEH Future Land Use Options

Public Meeting & Workshop

Nov. 26, 2007

Workshop Format Summary

The Queen Elizabeth High (QEH) School public consultation workshop was held on Monday, November 26, 2007 (6:30 - 9:30 pm) at the St. Mary's Boat Club. The workshop employed a discussion format whereby 7 groups of 6-to-9 participants per group responded to a series of round table questions (see below) intended to focus discussion. Each group of participants were asked to answer all round table questions.

Each group of participants were facilitated by a staff member of the Halifax Regional Municipality (HRM) and none (but one) had any direct involvement with the QEH Future Land Use Options project. The workshop yielded the opinions noted on the subsequent pages, which had been transcribed from facilitators' flip chart notes, verbatim. At the end of the workshop, each facilitator had verbally summarized their group's discussion for the benefit of all workshop participants. Approximately 65 workshop participants provided comment.

Round Table 1 Questions - Open Space

- What is the importance of this potential open space to the community?
- If it were all open space, what could it be used for?
- If some of it were open space, what could it be used for?

Round Table 2 Questions - Health Care

- What would a future hospital look like on this site?
- What are the important open space features that would have to be created in the redevelopment of this site?

Round Table 3 Questions - Best Public Use

- Given the various ways to achieve the 2 policy options, (a) Open space, or (b) Hospital expansion, and given what you've learned from Round Tables 1 & 2, what are the short and long term possibilities for this site?
- Are there any qualifications or provisos?

Round Table 1 Questions - Open Space

- Needs to be green space - variety of play areas, cafeterias/Tea House
- Gathering centre
- Sculpture garden
- Landscape art - completions
- Must be kept green! (Why?)
- Site too small for true green space (dangerous as a playground)
- Use as a trading card for another area
- Willow tree is not family friendly/worker safety
- Capital Health Vision: secure space for the public
- Hospital use is important to the community
- Link to high school/walk-able/openness
- “Cross Program” Dynamic space (not single use)
- Meets need of larger community

Round Table 2 Questions - Health Care

- Need to increase healthcare capacity (more beds)
- Be more creative
- Multiple programs - not 100% institutional
- “European”
- More transparent
- No more than 1/3 lot coverage
- Green roof
- Walkway
- Healing gardens
- Gateway to the city
- Healing site (message)
- Open space enclosed like Public Gardens
- But open space needs to be 24 hour site
- More activity = safer
- Permeable building
- LEED building

Round Table 3 Questions - Best Public Use

- Process needs second kick at the can; present all ideas and have more discussion
- Keep control of development and design
- LEED certification
- Must meet needs of Capital Health/balanced with community; high rises vs. shading
- “Good” buildings fit into landscape (it can be a beautiful building)
- Look for opportunities to trade land; what areas are really lacking in open space?; better connection between green spaces, bike route

Round Table 1 Questions - Open Space

- Open Use:

- Potential open space importance (especially healthy facilities for kids)
- Need/crucial for open space on North Peninsula
- Public gathering space need/ part of community
- Significant location as landmark corner serving high-density surroundings and hospital (passive open space)

- Reuse of Existing QEH:

- Auditorium (exist) is type of uses needed in area/appropriate...arts and culture link
- Combine with library and swimming pool
- Possible assisted living
- Community control vs. Capital Health

Round Table 2 Questions - Health Care

- Capital Health is part of community
- No surface parking lots...structured
- Focus building uses on community health vs. regional health (Non-acute)
- Building face to address Commons with lower structure along street and set back tower (wind tunnel concerns)
- Campus-style construction with more trees
- Concern with province funding/achieving desired objectives if out of HRM control
- Health-related retail sales at grade
- Implement bus pass strategy for health care employees
- Balconies on new building/green roof/solar (sustainable building) - LEED
- Windmill
- High level of maintenance

Round Table 3 Questions - Best Public Use

- This may not be the best spot to augment open space...if used for healthcare, Capital Health should give back open space at VG site (South Park)
- HRM to partner with Capital Health to ensure green space, quality street-scapes and high quality facilities
- Integrate auditorium/culture into multi-use development

Round Table 1 Questions - Open Space

- What is the importance of this potential open space to the community?
 - Gateway
 - It's historic - "The Willow Tree"
 - Community meeting place
 - Encourages outside for activity
 - A green campus for hospital employees/patients/etc.
 - A place of respite/escape
 - Gives the health complex a green envelope
 - Gives the health complex an open space context
 - We need a humanistic streets-scape
 - Don't let the dominos keep falling - this is a "line in the sand" for open space
- If it were all open space, what could it be used for?
 - Sliding hill
 - Create a natural amphi-theater
 - Create an herb/butterfly garden
 - Play space natural for children
 - Giant labyrinth
 - Create a screen of natural materials
 - Historic panels - interpretation
 - Any use for open space is possible at ---
 - Community gardens
 - Re-establish Robie boulevard

Round Table 2 Questions - Health Care

- What would a future hospital look like on site?
 - Low rise stepped back from street
 - Halifax only health facility clinic community-based
 - Highly related to green space
 - No more than 1/3 of space
 - Take back some Common open space
 - Build on the existing parking lot - build up (adjacent to CBC property - new const.)
 - Green breaks between road and building
- What are the important green spaces that have to be created in the redevelopment of this site?
 - Maintain existing green spaces
 - The periphery of the site - a green envelope - all streets and access roads to have generous setbacks and green space
 - See all suggestions from round table one
 - Preserve Citadel viewscape in new direction
 - Plant lots of trees (willow tree) willow grove
 - Pedestrian walkways/pedways

Round Table 3 Questions - Best Public Use

- If this is a done deal, what are we doing here? i.e. the construction has already started on the new emergency department
 - Public weren't consulted then, why should we believe that this is a transparent process now?
- What are the short and long term possibilities for this site?
- Open space must be preserved long as well as short term
 - If it is to be a community health center, HRM should retain control
 - If any portion of this QEH property is to go to Capital Health, it should only be released to a specific use and building and the land swap should get for HRM a portion of the Capital Health land in the school for the blind. Site should come to HRM to let Victoria Park to continue from University Avenue to South Street.
 - All Capital Health employees from CEO to the orderly should be requested to get a bus pass just as all university students now do - this changes this view of parking
- Concern for Council:
- The report from this meeting will be "weighed" in terms of the limited options given tonight (open space vs. hospital expansion) – What about the many other options?

Round Table 1 Questions - Open Space

- Big enough - away from traffic
 - Earth berm
 - Passive open space
 - “Health” of community depends on open accessible space
 - Parking requirements a reality
 - No mega parking - perhaps underground
 - Parking attracts more parking
 - Turn into a cancer clinic - there is not one in N.S. - with healing gardens
 - Modern Public Garden’s
 - New building (hospital)
 - Move hospital off Peninsula
- Some open space:
- Balance open space needs for people who live there and for people accessing health
 - Walking trails and healing gardens to meet needs of public and patients

Round Table 2 Questions - Health Care

- Make it underground
 - Should not have a hospital there, can’t accommodate increase in traffic - option is unacceptable
 - If we oppose a hospital being located on this site, it sounds like we are opposed to sick people
 - Emphasis should be on recapture of public space
 - Need bigger future usage (volume)
 - More efficient to have hospitals together
 - School of Blind reverts to open space in exchange for QEH
 - Objective is to create more green space
- Space features:
- Fencing to unify all parts
 - Trees important views
 - Continuous walkway
 - Noise barrier to mitigate traffic noise
 - Public washrooms
 - Seating areas
 - Landscaping
 - Trees and shrubs on outside of fence
 - If we get more green space back than is lost, that could work

Round Table 3 Questions - Best Public Use

- If QEH property were to be used for hospital, no surface parking
- Land swap with School for Blind
- Green space
- Capital Health improve aesthetics of all their properties
- Parking on north end with bus line to hospital

Round Table 1 Questions - Open Space

- Play fields not disrupted by big events
- Maybe swap for site less isolated
- Site constraint - Bell Street – traffic – isolated
- Park for hospital complex
- Gateway from Robie to Bell Street
- Pedestrian walkway - sit down park
- Used part for park and exchange
- Remainder for more open space by VG
- Don't negotiate for VG site
- Tie park in with hospital
- Incorporate into theme of wellness tied into community open space
- Example – park near Camp Hill
- Integrate hospital development with public open spaces where people “mingle”
- Must be visible from street so people know it is there

Round Table 2 Questions - Health Care

- Must accommodate open space
- Allow taller building to reduce footprint – allow more open space
- No surface parking
- Main entrance on Robie and alternate entrance
- Don't exchange existing roadway
- Incorporate existing trees
- Little fountains – people like water
- Incorporate existing slope into design - not higher than eight storeys; keep height in context of existing buildings in area
- HRM should get CBC to relocate – could incorporate open space walkways which integrate with health care site
- Try to conserve auditorium and gym in new design
- Auditorium could serve hospital and public meetings

Round Table 3 Questions - Best Public Use

- Allow hospital but public “wellness” spaces important
- Find use for existing building for public purposes
- If buildings torn down, then should be public open spaces
- Try to regain public open spaces at VG site on South Park Street
- Keep existing trees and green space
- Retain existing auditorium and gym
- Allow some limited height increase for smaller footprint – more public open space
- Integrate plans with CBC site
- No surface parking

Round Table 1 Questions - Open Space

- Traffic flow highest in city; high visibility
- Site re-connects Common - would be great as a people open space
- Concerned about traffic impact on Robie Street: difficult to get people in and out of site
- Need green space with benches: parkland would make area better
- Can't agree with this, hospitals are needed
- Currently building one storey addition of sprawling infrastructure
- We'd like to see height on ambulatory expansion

Round Table 2 Questions - Health Care

- Should have building on site
- We need plants and OS
- Common is across street: why?
- Open space is needed but HFX has enough
- I see a variety of uses: trees, gardens
- Should be parkland (on the map)
- If expansion occurs, prefer CBC site - work out a deal for CBC relocation
- Must determine what the hospital needs so we can figure out how to use remaining space
- Could the site be used for multi purpose facility?
- Could have a mix of facilities
- Walking paths
- Trees
- Exercise stations facilitates health

Round Table 3 Questions - Best Public Use

- I would rather go to Bayer's Lake for hospital than not use this site for open space
- Is this the only site for a hospital on the peninsula?
- No, it is not more cost effective consider expanding this site because of all the existing infrastructure investment
- Two sites operate in tandem in patient care and surgery
- Have to have a critical care facility in town
- Traffic problem – bottle neck re hospital
- Site near 102 better site
- Flexibility and multi purpose design
- No buildings on this site
- No parking – for people, not cars
- Expand on old VG site

Round Table 1 Questions - Open Space

- Pepperell St. designated as Active Transportation (AT) corridor, but difficult to cross Robie St., and then it dead-ends at QEH block
- Improve street scape (e.g. creating Bell as Boulevard) and improving the street corridor on a human scale (e.g. more trees, wider sidewalks)
- Set back structures further from Bell Road (QEH too close)
- Is there dire need for active sporting area?
- Interruption of CBC-QEH parcel with new emergency wing doesn't lend to good open space use
- Halifax Common is under-utilized and more uses need to be introduced to the rest of the Common's open space to make it safer and to improve quality
- QEH site is isolated due to roads
- Not good for open space access
- Give to CDHA, but landscape properly
- Provide buffering (landscaping and set-backs), not just on periphery
- Experience open space through walking (setbacks)
- Entrance to downtown Capital District
- Improve access to the sun along Bell (setbacks & tall structures to centre of site)

Round Table 2 Questions - Health Care

- What about parking? Only underground, preferably on lower area (CBC) and providing transit access off Bell Rd becomes more important
- New building and infirmary don't absolutely need to be connected
- If possible, plan site with CBC in mind; how could two be used cohesively
- A signature building, illuminated (e.g. like NSCC, Dartmouth)
- Configure design to that of land/slopes
- Create atrium space within new building
- Animate ground floor of new health facility and create store-fronts, human scale architecture, pharmacy, physiotherapy, specialty uses related to health care
- More height, closer to centre of property, and set back for better sun exposure
- Green roof for patio space/outdoor use for patients and staff
- Allow penetration of block by public

Round Table 3 Questions - Best Public Use

- CDHA is best public use but! ...
- Good architecture on site
- Good landscaping
- Nice setbacks, especially along Bell Road
- Improve tree space
- Meandering landscape along Robie (e.g., Quebec City Boulevard)
- Improve connectivity (bikes, pedestrians, during day and night)
- Break-up building "monolith" with atrium to allow public access
- Green roof/healing garden
- East-west movement through site in support of AT traffic patterns
- Clear for visitors, staff, entrance/drop-off from Bell Road