

**BEFORE THE CHRISTCHURCH REPLACEMENT
DISTRICT PLAN INDEPENDENT HEARINGS PANEL**

IN THE MATTER of the Resource Management
Act 1991 and the Canterbury
Earthquake (Christchurch
Replacement District Plan) Order
2014

AND

IN THE MATTER of the Central City (Specific
Purpose Hospital Zone) Proposal
(Stage 3)

**STATEMENT OF EVIDENCE OF EDWARD JOLLY
ON BEHALF OF CHRISTCHURCH CITY COUNCIL**

CENTRAL CITY SPECIFIC PURPOSE (HOSPITAL) ZONE

URBAN DESIGN

16 DECEMBER 2015

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TABLE OF CONTENTS

1. INTRODUCTION	1
2. SCOPE	2
3. EXECUTIVE SUMMARY	3
4. BACKGROUND	3
5. CENTRAL CITY SPECIFIC PURPOSE (HOSPITAL) ZONE	4
6. CENTRAL CITY SPECIFIC PURPOSE (HOSPITAL) ZONE – ACTIVITY STATUS FOR ALL SITES	5
7. SUBMISSIONS ON PROVISIONS SPECIFIC TO FORMER CHRISTCHURCH WOMEN’S HOSPITAL AND MONTREAL HOUSE (PREVIOUSLY LYNDHURST HOSPITAL).....	7
8. SUBMISSIONS ON PROVISIONS SPECIFIC TO CHRISTCHURCH HOSPITAL	9
9. MATTERS OF DISCRETION.....	11

1. INTRODUCTION

- 1.1 My full name is Edward Lewis Jolly. I am a Senior Associate Urban Designer for the company Jasmax Ltd based in Christchurch. I have a Bachelors Degree (Hons) in Landscape Architecture (BLA) from Lincoln University and a Masters Degree in Urban Design (MAUD) from the University of Westminster U.K.
- 1.2 My experience includes:
- (a) Over 15 years' working in landscape architecture and urban design in both the public and private sector, in both the UK and in New Zealand.
 - (b) 3 years as Principal Urban Designer for Auckland Council, where I was involved in providing urban design expertise for strategic plans, design projects and in the assessment of resource consent applications.
 - (c) My current role as lead of Urban Design at Jasmax's office in Christchurch, although my role includes work across New Zealand. Jasmax Ltd specialises in architecture, interior design, landscape architecture, urban design and master planning. It has a history spanning 47 years across many notable local, national and international projects.
- 1.3 I have been engaged by the Christchurch City Council (**Council**) to provide evidence in relation to urban design issues relevant to the Central City Specific Purpose (Hospital) Zone (**Central City SPHZ**).
- 1.4 I note that I have previously provided evidence to the proposed Replacement District Plan (**pRDP**) Hearings Panel in the Specific Purpose (Stage 2) hearing on the Specific Purpose (Tertiary Education) Zone on behalf of the University of Canterbury.¹
- 1.5 I have undertaken site visits to all three sites and am familiar with the Central City Recovery Plan (**CCRP**) in relation to those sites. I attended mediation sessions on 4 December with the Crown #3721, the Canterbury District Health

¹ Statement of Evidence of Edward Lewis Jolly on behalf of the University of Canterbury (Submitter 2464) dated 15 October 2015.

Board (**CDHB**) #3696, and the Victoria Neighbourhood Association #3611. I also attended a follow up meeting on Wednesday 9 December with the Crown and the CDHB to address outstanding issues. In addition, I have been party to ongoing dialogue with these submitters. None of the submitters put forward an urban design expert for conferencing and therefore no conferencing was undertaken.

1.6 I confirm that I have read the Code of Conduct for Expert Witnesses contained in the Environment Court Practice Note 2014 and that I agree to comply with it. I confirm that I have considered all the material facts that I am aware of that might alter or detract from the opinions that I express, and that this evidence is within my area of expertise, except where I state that I am relying on the evidence of another person.

1.7 The key documents I have used, or referred to, in forming my view while preparing this brief of evidence are:

- (a) the Central City Recovery Plan (**CCRP**);
- (b) Section 32 SPHZ, Christchurch Hospital Urban Design Report 2014;
- (c) the notified Central City SPHZ;
- (d) the Stage 2 Specific Purpose (Hospital) Zone Revised Proposal (**Stage 2 SPHZ**);²
- (e) Christchurch Hospitals Built Form Standards Modelling Package undertaken by the Council;
- (f) additional sectional analysis of alternative interface controls for the Former Christchurch Woman's Hospital (**Attachment A**); and
- (g) additional modelling of recession plane alternatives for the Christchurch Hospital I have undertaken (**Attachment B**).

1.8 I have read the evidence of Mr Scott Blair (Principal Planner and chapter lead for the Hospital Zone), I confirm that I concur with Mr Blair's evidence to the extent that it is relevant to the matters discussed in my evidence.

2. SCOPE

2.1 The specific parts of the notified Central City Proposal (**Proposal**) that my evidence relates to are:

² Dated 12 November 2015 and filed with the Council's Closing Legal Submissions at Attachment B.

- (a) built form standards (including height of buildings, setbacks and edge conditions, recession planes and bulk standards) in the Central City SPHZ; and
- (b) matters of discretion in the Central City SPHZ.

2.2 My evidence addresses the urban design matters relating to the Central City SPHZ and the specific relief sought by various submitters on the provisions in this part of the Proposal.

2.3 Where I refer to the **Revised Proposal**, I am referring to the version attached to Mr Blair's Central City SPHZ evidence in chief dated 16 December 2015 at Attachment A.

3. EXECUTIVE SUMMARY

3.1 The built form rules for the Central City SPHZ have been revised and updated through the mediation process and many of the issues raised by submitters have now been addressed.

3.2 General agreement has been reached about the interface and height controls of the Former Women's Hospital. Some agreement has been reached about the built form controls in regard to the Christchurch Hospital site (but not all built form controls). The only outstanding issue for the Montreal House site (formally Lyndhurst Hospital) is the extent of the internal setback and landscape buffer.

3.3 The matters of discretion have been updated and now align more consistently with the Stage 2 SPHZ.

4. BACKGROUND

4.1 The Specific Purpose (Hospital) Zone for the suburban and inner urban areas was considered in the Stage 2 proposal. The built form provisions for the Central City SPHZ are currently being considered in this hearing. The provisions have been assessed on a contextual basis responding to the adjacent zone sensitivities and the specific nature of the surrounding built form

and character, which I consider appropriate and consistent with the approach to the Stage 2 provisions.

4.2 I note that the Central City SPHZ was notified prior to the Stage 2 mediation and hearings. There was quite a lot of change through mediation and hearings for Stage 2. Consequently as the intent of Stage 3 has been to better align these stages, including the approach to provisions and assessment matters, the Revised Proposal reflects proposed changes made in mediation in both Stage 2 and 3 as well as the Stage 2 hearing.

4.3 There are a number of key urban design / development principles that underpin the Central City SPHZ and which form the basis for the development of the built form rules. This is in respect to the potential amenity effects of the sites' development. I refer to and adopt the evidence of Ms Schröder, who at paragraph 4.1 of her evidence in chief for the Stage 2 Specific Purpose hearing, set out that these include but are not limited to:³

- (a) recognition of Central City and site context;
- (b) the incorporation of Crime Prevention Through Environmental Design (**CPTED**) principles;
- (c) provision of high quality living environments, including a good level of amenity;
- (d) the interface with the public space environment;
- (e) the intensification of development on the sites; and
- (f) the functionality and site specific development demands of each of the zones.

5. CENTRAL CITY SPECIFIC PURPOSE (HOSPITAL) ZONE

5.1 I consider there are two distinct contextual conditions for sites in the Central City SPHZ. Firstly the Central City residential context of the Montreal House and the Former Christchurch Woman's Hospital Sites, and secondly the inner city centre, mixed use / public open space context of the Christchurch Hospital site. I believe that the approach to the built form standards in the Revised Proposal appropriately recognises the difference in context.

³ Evidence in chief of Josephine Frederika Jane Schröder, (Stage 2) Special Purpose Hospital Zone dated 6 October 2015.

5.2 In general I consider that the allowance for taller buildings with the potential for greater bulk in the Christchurch Hospital site will potentially allow an increased risk of adverse effects. The magnitude of the effects and the potential number of affected parties will be greater with such buildings. Therefore, it is reasonable to assume that there is greater sensitivity to their effect. I consider the provision for activity controls based on building size and bulk in combination with the zone rules is appropriate.

6. CENTRAL CITY SPECIFIC PURPOSE (HOSPITAL) ZONE – ACTIVITY STATUS FOR ALL SITES

6.1 The Crown (#3721) and the CDHB (#3696) sought that the Restricted Discretionary activity trigger of 1000m² Gross Ground Floor Area (**GGFA**) (13.8.5.2.2.2 (RD4) as notified) be amended and increased to 2000m². I do not support the increase (across the site) of the GGFA threshold to 2000m² as I consider this will potentially allow for large bulky buildings with potentially significant adverse effects to be a permitted activity. I consider that the threshold of 1000m² will allow smaller development to proceed as permitted and to provide discretion for more significant and potentially prominent development. For example a building with a length of 50m (20m depth) will be triggered by the proposed 1000m² rule. I consider the potential amenity effects of a building with a length of 50m which equates to a considerable proportion of an urban block, significant.

6.2 However, I do support the proposal put forward by the CDHB in mediation where by:

(a) Controlled Activity 21.5.2.2.2 (C4) as per the Revised Proposal is used for the Former Women's Hospital and Christchurch Hospital, for any new building, set of contiguous buildings or addition to a building between 1000m² and 2000m² GGFA that is more than 30m from a site boundary; and

(b) Restricted Discretionary Activity 21.5.2.2.3 (RD12) as per the Revised Proposal is used for the Former Women's Hospital, Montreal House and Christchurch Hospital, any new building, set of contiguous buildings or addition to a building over 2,000m², or that is between 1000m² and 2000m² GGFA that is less than 30m from a site boundary.

- 6.3** I believe that this will appropriately focus the controls on the edge interface where the sensitivity to effects is more significant.
- 6.4** The Crown (#3721) and the CDHB (#3696) sought that the 20m continuous building length rule 13.8.5.2.2.2 (RD3) be deleted. I disagree with these submissions and support the 20m building length threshold for buildings. This is because the intention of the rule is to address the issue of potentially dominant, visually bulky buildings and blank facades. In my opinion this rule is intended to work in combination with the GGFA rule 13.8.5.2.2.2 (RD4) but does not manage the same effects as these rules. I consider that the 20m continuous building length rule is important as:
- (a) if it were deleted then significant development with potential facades of up to 50m could be developed as a permitted activity (not as a controlled activity by the GGFA rules based on building footprint of 20m x 50m). I consider that with the allowed increase in height, the length of façade risks significant adverse effects; and
 - (b) there is potential for adverse development such as a significant building extension that does not have a ground floor and is therefore not subject to the GGFA rules (for example a tower constructed above podium level).
- 6.5** However I support the proposal put forward by the CDHB in mediation where the following are added to the Revised Proposal:
- (a) a Controlled Activity 21.5.2.2.2 (C3) - *For the Former Women's Hospital and Christchurch Hospital, any elevation of a new building, set of contiguous buildings or addition to a building greater than 20m in length that is more than 30m from a site boundary; and*
 - (b) a Restricted Discretionary Activity 21.5.2.2.3 (RD11) - *For the Former Women's Hospital, Montreal House and Christchurch Hospital, any elevation of a new building, set of contiguous buildings or addition to a building greater than 20m in length that is less than 30m from a site boundary.*
- 6.6** The Crown (#3721) sought that the parking building rule 13.8.5.2.2.2 – RD5 as notified be deleted. I do not support the removal of RD5. I consider that multi-

storey parking buildings can potentially create significant adverse effects distinctly different from occupied buildings. As well as the potential for dominant, visually bulky buildings and blank facades, car parking buildings can provide a lack of architectural detail, visual interest and surveillance or outlook onto public space. For these reasons I support the provision of a restricted discretionary activity for parking buildings where the building adjoins a public or publically accessible space or residential zone.

7. SUBMISSIONS ON PROVISIONS SPECIFIC TO FORMER CHRISTCHURCH WOMEN'S HOSPITAL AND MONTREAL HOUSE (PREVIOUSLY LYNDHURST HOSPITAL)

- 7.1** In relation to the Former Christchurch Women's Hospital Site, the Victoria Neighbourhood Association (#3611), Hagley Ferrymead Community Board (#3660), and M Manthei (#3208) sought to change the Central City SPHZ built form interface rules to the equivalent adjacent Central City Residential (**CCR**) zone rules. In mediation it was agreed between the Victoria Neighbourhood Association, the CDHB, the Crown and the Council that the corresponding recession plane rules for the CCR zone would be used to manage the effects of shadowing and overlooking (21.5.2.3.1.5 (d)). These rules would replace the stepped height rule 13.8.5.2.3.1 (c) as notified.
- 7.2** In addition it was also agreed between these parties that the maximum height limit rule would be reduced from 18m as notified to 14m (21.5.2.3.1.5 (c)). This is consistent with the CCR zone and the CCRP. I support this approach and agree that in combination with the notified boundary setbacks and proposed recession plane rule the Revised Proposal will manage effects on neighbouring Residential zones appropriately. I also consider this is consistent with the Montreal House interface controls as notified.
- 7.3** The Crown (#3721) sought to exclude lift shafts, mechanical plant and other such equipment from the maximum building height rule 13.8.5.2.3.1 (c). I support the exclusion of lift shafts, mechanical plant and other such equipment from the maximum building height and consider this is consistent with the Stage 2 SPHZ. However I do not support the exclusion of lift shafts, mechanical plant and other such equipment from the boundary recession planes 21.5.2.3.1.5 (d). These changes are shown in the Revised Proposal.

- 7.4** In relation to the maximum 1.2m fence height within the boundary setback as notified 13.8.5.2.3.1 (e) (now 21.5.2.3.1.5 (f)) and 13.8.5.2.3.3 (f) (now 21.5.2.3.1.7 (f)), the Crown (#3721) and the CDHB (#3696) sought to delete or amend the rule. I do not support these submissions as I consider a 1.2m high fence is appropriate to provide visual connectivity between the street and potential development. This will increase safety through passive surveillance of the street, legibility of building entrances and street amenity by avoiding large solid fencing that can be visually impenetrable.
- 7.5** However I do support the agreement reached in mediation with the Crown and CDHB where all fencing in the building setback from boundaries remain at 1.2m and that this could increase to 1.7m if the additional height achieved 75% transparency (between 1.2m and 1.7m) is applied to both Montreal House and the Former Christchurch Women's Hospital sites.
- 7.6** The Crown (#3721) sought to delete the provisions for tree planting in rule 13.8.5.2.3.1 (d,iii. and v.) and 13.8.5.2.3.3 (e, iv. and v.) as notified (21.5.2.3.1.5 (e) and 21.5.2.3.1.7 (e)). I do not support this deletion. I consider the planting of trees on site boundaries is important to provide a high level of amenity in this (Central City) residential context.
- 7.7** In relation to internal setbacks I support the 4m as notified. The CDHB (#3696) has sought to reduce the internal setback for Montreal House to 1.8m, which is consistent with the CCR zone setbacks. I do not support this reduction as I consider there is sensitivity to the neighbouring CCR zone in relation to:
- (a) hours of operation - the hospital will potentially operate 24 hours a day, therefore I consider the 4m landscape strip will provide a sufficient screening buffer to reduce the nuisance effects associated with vehicle headlights at night; and
 - (b) minimum depth for screen planting - I consider the 4m depth of the landscape strip will allow an appropriate depth to allow tree planting, whereas in my opinion a 1.8m setback will not.
- 7.8** In relation to the screening of outdoor storage areas I support the request by the CDHB (#3696) and the Crown (#3721) that this rule should be amended so that it only applies when visible from a public space or adjoining site and

hence reducing the potential effected parties to patients, staff and visitors within the hospital sites.

8. SUBMISSIONS ON PROVISIONS SPECIFIC TO CHRISTCHURCH HOSPITAL

- 8.1** The Crown (#3721) and the CDHB (#3696) sought that rule 13.8.5.2.3.2 (a) (21.5.2.3.1.6 (a)) minimum building setback to Riccarton Ave and Oxford Terrace of 10m be reduced to 4.5m. I do not support the reduction of the setback as I believe the 10m setback is necessary to offset the potential significant adverse effects from dominating built form on surrounding public space resulting from the increased height allowed. I support the intention of the rule 13.8.5.2.3.2 (a) as notified to allow sufficient space for large trees and appropriate separation for important public space.
- 8.2** 'Hospital Corner' is a significant gateway into the Central City from Hagley Park and the planned public realm works (CCRP – An Accessible City (Transport Chapter)) to Oxford Terrace will provide greater pedestrian and cycle amenity. I consider this amenity will be significantly compromised by imposing built form if it were not softened by large tree planting and setback adequately from the street.
- 8.3** The rationale proposed by the CDHB and the Crown to reduce the setback to 4.5m is to be consistent with the Central City Mixed Use (**CCMU**) zone. I do not support this rationale, as I consider that in this instance it is not a comparable urban design outcome. The height of the potential built form within the Central City SPHZ is considerably greater than the CCMU, which also promotes retail and other uses fronting onto the street. For these reasons I consider the conditions at street level will be significantly different.
- 8.4** The Crown (#3721) sought to amend the limited building intrusion into setback rule 13.8.5.2.3.2 (c) as notified (21.5.2.3.1.6 (c)) to remove the specific nature of the intrusion (entrance canopies, building detail and decoration). I do not support this submission as I consider the intention of this rule is to provide specific allowance for building entrances which are visually legible as well as architectural façade detail to intrude into the setback but otherwise do not allow buildings to intrude into the setback.

- 8.5** The CDHB (#3696) sought to delete retaining walls from the setback rule 13.8.5.2.3.2 (a) (21.5.2.3.1.6 (a)) as retaining walls over 6m² fall within the definition of buildings in the pRDP. It was discussed during mediation that the existing retaining walls are necessary for the operation of the Hospital, for example they allow for vehicle access to the main entrance. I support this change to exclude the retaining walls from the setback rule as I believe that the retaining walls as located within the setback are necessary for the Hospital's operation.
- 8.6** The Crown (#3721) and the CDHB (#3696) sought that the 4m planting strip rule as notified 13.8.5.2.3.2 (f,i) (21.5.2.3.1.6 (e)) be amended to exclude existing vehicle and pedestrian access and carparking areas. I support the exclusion of pedestrian and vehicle access onto the site from the rule. I also support the change in the Revised Proposal from a 4m planting strip to a 4m landscape strip which was discussed in mediation. This provides some flexibility in the interface treatments, including paved areas at the Hospital boundary in so far as the definition of landscape strip includes a significant proportion of shrub planting and an emphasis on tree planting.
- 8.7** The Crown (#3721) and the CDHB (#3696) sought to amend the 1 tree per 5 carparking spaces rule so that it relates to at grade parking only. I support this amendment as I consider applying this rule to carparking buildings is not the intention of the rule. However I do not support the amendment proposed by the Crown (#3721) to remove the requirement to locate trees between buildings and all boundaries, as it is important to get a consistent and regular distribution of trees around the site boundary rather than grouping them together.
- 8.8** With regard to the proposed building height and recession plane rules as notified at 13.8.5.2.3.2 (d and e), the CDHB (#3696) supported the 30m wall height and maximum 60m building height but proposed alternatives to the 45° recession plane as notified. The Crown (#3721) supports the maximum 60m building height but opposes the building 30m wall height and recession plane rules. I do not agree to the submissions to oppose the 30m wall height or recession plane rules. I consider that the 30m wall height is appropriate to provide consistency in relation to potential built form in the surrounding context specifically as proposed in the South Frame provisions in the CCRP and which will provide a height of building when considered in conjunction with recession

planes, setbacks and tree planting is not overly dominant on the street. I have investigated a range of alternative recession planes including the 45° and alternatives of 55° and 65°. The modelling is located in **Attachment B** to this evidence. I conclude from this modelling that although steeper recession plane angles will allow greater development potential on the site (at upper levels), an increase in the recession plane angle will equate to a significant loss of daylight to Oxford Terrace. Specifically:

- (a) a 55° recession plane will incur a loss of 29 days of daylight onto Oxford Terrace from the notified proposal; and
- (b) a 65° recession plane will incur a loss of 44 days of daylight onto Oxford Terrace from the notified proposal.

8.9 I consider the reduction in daylight to Oxford Terrace is not an appropriate outcome, particularly as it is planned to become a significant pedestrian congregation space. I have also considered the effects on the Avon River Precinct and Hagley Park South and an increase in the recession plane will equate to a loss in sunlight for these important public open spaces. Therefore I do not support the increase of the recession plane from the notified 45°.

8.10 In relation to fence height within the boundary setback as notified 13.8.5.2.3.2 (g), (now 21.5.2.3.1.6 (f)) the Crown (#3721) and the CDHB (#3696) sought to delete or amend the rule. I do not support these submissions for the reasons that I consider a 1.2m high fence to be appropriate to provide visual connectivity between the street and potential development. This will increase safety through passive surveillance of the street, legibility of building entrances and street amenity by avoiding large solid fencing that can be visually impenetrable.

9. MATTERS OF DISCRETION

9.1 The CDHB (#2360) and Crown (#2387) sought that a number of amendments be made to the assessment criteria of the notified 13.8.5.3 Matters of Discretion (21.5.3). However, during mediation it was agreed that the matters of discretion should be further aligned with the Stage 2 SPHZ so as to be consistent with it and the changes made during the Stage 2 mediation and hearing. In addition, amendments should be made so it is more specific to the Central City context.

9.2 The matters of discretion have been updated within the Revised Proposal and now align more consistently with the Stage 2 SPHZ revised proposal.

A handwritten signature in black ink, appearing to read 'E. Lewis Jolly', written in a cursive style.

Edward Lewis Jolly
16 December 2015

ATTACHMENT A

FORMER CHRISTCHURCH WOMAN'S HOSPITAL SECTIONAL ANALYSIS

FORMER WOMAN'S HOSPITAL INTERFACE CONTROLS

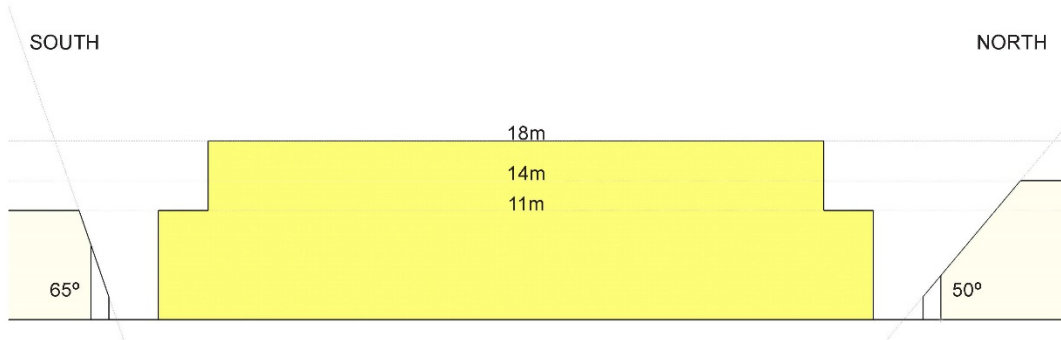


FIGURE 1 - AS NOTIFIED

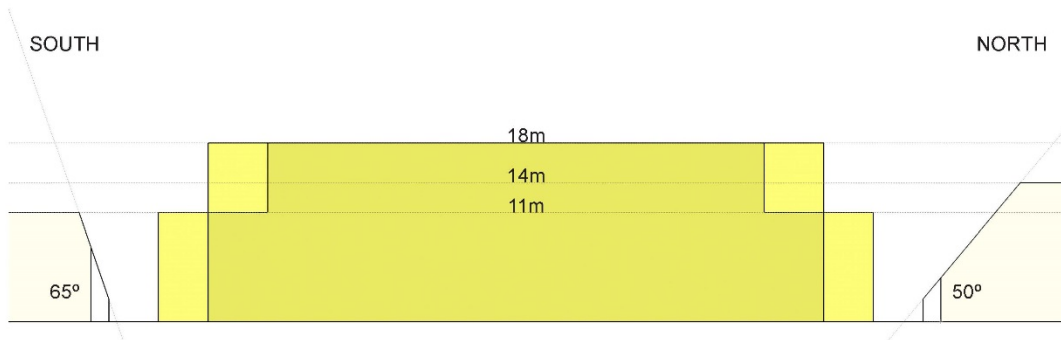


FIGURE 2 - STAGE 2 SPHZ INNER URBAN EQUIVALENT

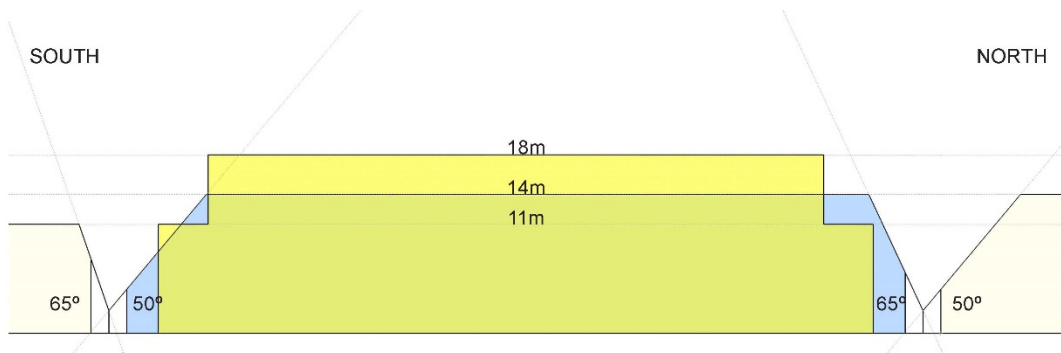
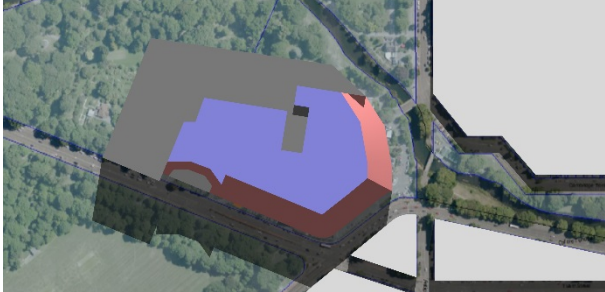
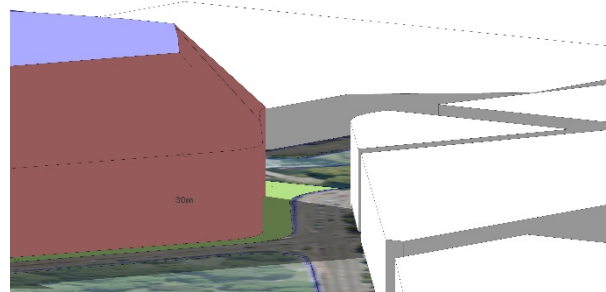
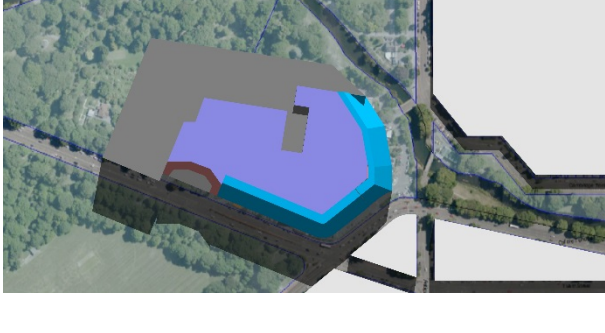
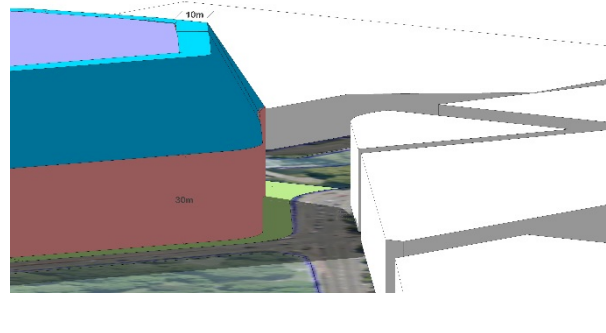
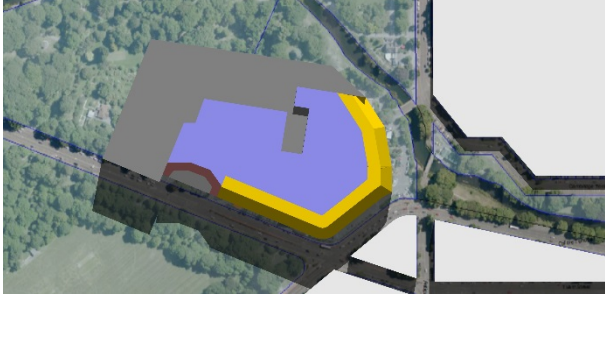
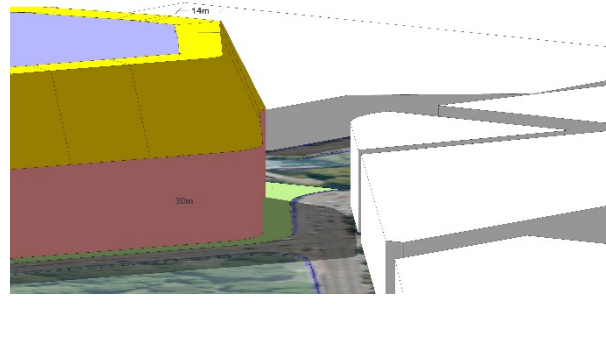


FIGURE 3 - CITY CENTRE RESIDENTIAL EQUIVALENT

ATTACHMENT B

CHRISTCHURCH HOSPITAL RECESSION PLANE MODELLING

Recession Plane Modelled	Plan View	Oxford Terrace View	Comments
45° as notified 12pm – Midday			Full shadow on Oxford Terrace from the 22 nd of April to the 19 th August
55° alternative 12pm – Midday			Full shadow on Oxford Terrace from the 10 th of April to the 4 th September 29 days sunlight lost at midday from the nPDP 10m less setback at upper levels
65° Alternative 12pm – Midday			Full shadow on Oxford Terrace from the 2 nd of April to the 11 th September 44 days lost sunlight lost at midday from the nPDP 15m less setback at upper levels