SUMMARY STATEMENT - SPECIFIC PURPOSE HOSPITAL ZONE

- 1. My name is **William Hemming Field**. I am employed as a Senior Urban Designer at the **Christchurch City Council** (the **Council**). I have over 20-years of experience as an urban designer and landscape architect in private consultancy, as well as in local government.
- I have prepared evidence on behalf of the Council in respect of matters arising from submissions and further submissions on Plan Change 14 (PC14).
- 3. This summary provides highlighted key points and further information relating to Chapter 13.5 Specific Purpose (Hospital) Zones (**SPHZ**).
- 4. I will be providing additional summaries for the Transport Chapter 7 later at this hearing and Chapter 6.1A Qualifying matters City Spine Transport Corridor, at a later date.
- 5. My evidence relates to the following eight SPHZ sites located adjacent to high density residential (**HRZ**) zones:
 - (a) St Georges Hospital;
 - (b) Southern Cross Hospital;
 - (c) Former Pegasus Health, 24hr;
 - (d) Nurse Maude Hospital;
 - (e) Nurse Maude-Mansfield;
 - (f) Wesley Care;
 - (g) Former Christchurch Women's Hospital; and
 - (h) Montreal House.
- 6. The approach taken in relation to the SPHZs has been broadly to align the built form standards with those of adjoining HRZs, and the underlying alternative zone
- 7. While doing this, some operative provisions of the District Plan have been simplified to provide greater consistency between these SPHZs. This includes regrouping of the sites into large and small categories and adjusting some setbacks.

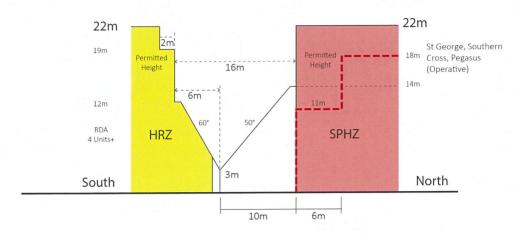
- 8. In my evidence, I expressed some concern that the lack of a site coverage rule for most of the SPHZs could allow for large buildings to be constructed adjacent to HRZs giving rise to the potential adverse effect of building dominance.
- Having considered matters further, and to assist the Panel, in my opinion, the following package of rules, and triggers for restricted discretionary consents, would broadly manage this risk.
 - (a) Maximum permitted building height of 22m (13.5.4.2.3c.i and 13.5.4.2.4c.i)
 - (b) 10m internal boundary building setback (13.5.4.2.3b), and 4m internal boundary building setbacks (13.5.4.2.4.a.).
 - (c) Recession planes commensurate with HRZ (13.5.4.2.4.d. i.).
 - (d) 1000m2 GFA (gross ground floor area) trigger (RD4 (updated reference was RD10)).
 - (e) A minimum of tree planting requirement (13.5.4.2.4.e.ii.b.).
 - (f) 1 tree per 15 metres of internal boundary or part thereof, planted within the respective landscaping strip.
 - (g) 60% max. site coverage for former Christchurch Women's Hospital (13.5.4.2.4 h.).
 - (h) Matters of discretion (13.5.5).
 - (i) any building elevation, including roof, which is greater than 20 metres in length would trigger a restricted discretionary consent (RD3).
- 10. I have provided diagrammatic cross-sections in Appendix 2 of my primary evidence illustrating the proposed recession planes and height relationships between adjoining HRZs and SPHZs. Attached as **Appendix 1** is a revised version of these cross-sections with an amendment to the HRZ 2m setback at 19m. This was shown at 18m previously.
- 11. I consider that this overall approach would be consistent with the proposed strategic urban form for the city and would enable hospital development of a scale broadly consistent with the underlying alternative HRZ, and the anticipated built form of the surrounding high-density residential neighbourhoods.

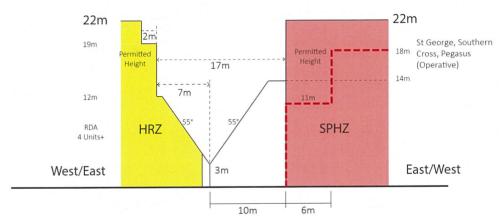
Date: 21 November 2023

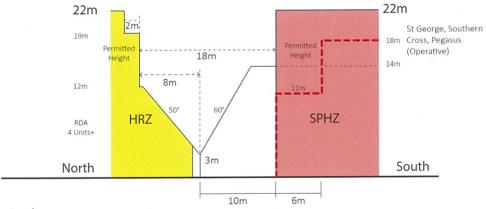
William Field

APPENDIX 1 – SPHZ/HRZ Diagrammatic Cross-sections

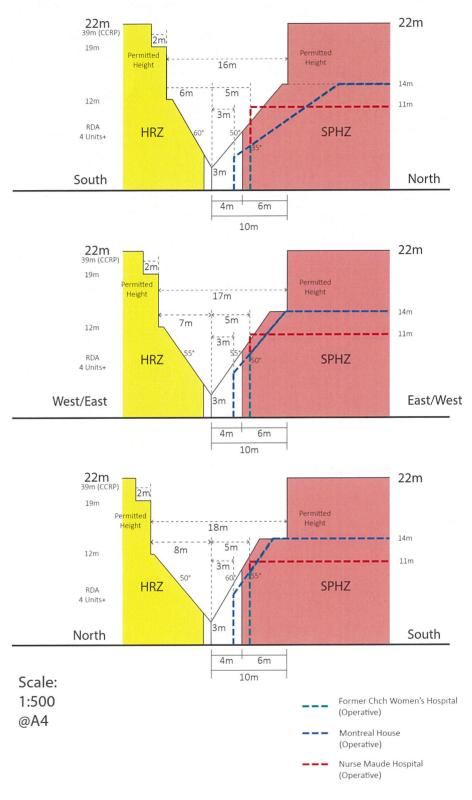
HRZ/Large SPHZ







Scale: 1:500 @A4 .



Other operative DP provisions (not shown in diagram)

- Exception: Nurse Maude-Mansfield internal boundary setback shall be 4m.
- St Georges-Heaton Overlay- 8m maximum building height.
- Nurse Maude Hospital and Wesley Care shall be allowed maximum 4m above max height for lift shafts, mechanical plants and other equipments.