

Canterbury

District Health Board

Te Poari Hauora o Waitaha

**Submission from
Canterbury District Health Board**

September 2011

**Christchurch City Council
Draft Central City Plan for Consultation**

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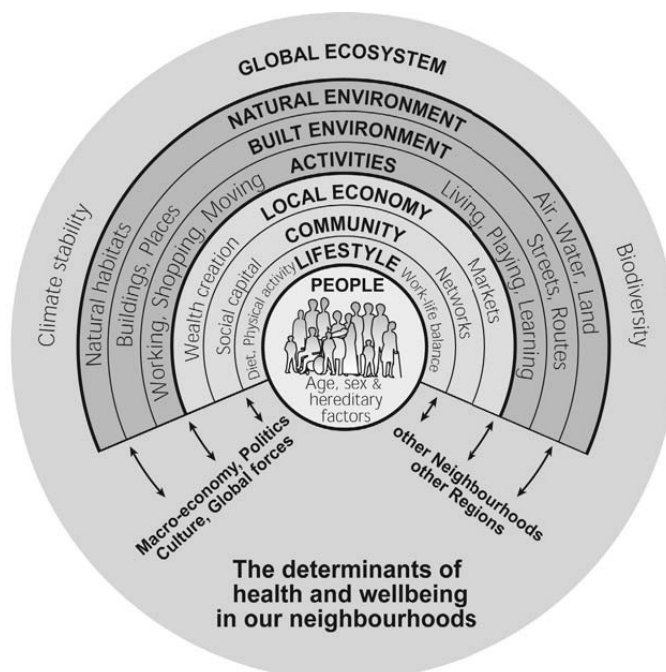
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Rationale

1. The Canterbury District Health Board (CDHB) welcomes the opportunity to comment on the Christchurch City Council draft Central City Plan. We applaud our City Council colleagues for their initiative, hard work and commitment to shaping a plan which reflects the priorities of local citizens and communities. In addition we commend the effort involved in producing this plan in a short timeframe while continuing to meet the considerable demands of other work.
2. The Canterbury District Health Board recognises that a robust prioritisation and options analysis process that takes into account both financial and non-financial elements is required for future planning for the future inner city and greater Christchurch. The Canterbury District Health Board Executive Management Team wishes to remain engaged in this prioritisation process.
3. Canterbury District Health Board staff are available to further discuss the points raised within this submission.
4. We wish to present our submission at a hearing. We will be represented by both staff and Board members of the CDHB.
5. Health is influenced by a wide range of factors beyond the health sector. Health services help to restore people to good health or provide care for people when they are in need. However, various analyses of gains in life expectancy have attributed only 10 and 30 percent to health services.¹
6. Much greater impacts are attributed to environmental, social and behavioural factors.² The diagram below presents some of the main factors determining the health of our local populations.



Source: WHO Collaborating Centre for Healthy Cities and Urban Policy, University of the West of England, Bristol,
 URL: <http://www.bne.uwe.ac.uk/who/researchthemes.asp>

7. While health care services are an important determinant of health, most of the determinants of health lie outside the traditional 'health sector'. Because of this, initiatives

¹ Ministry of Health. 2005. Advice to Incoming Minister of Health. Ministry of Health: Wellington.

² Public Health Advisory Committee. 2004. The Health of People and Communities. A Way Forward: Public Policy and the Economic Determinants of Health. Public Health Advisory Committee: Wellington.

to improve health must involve organisations and groups beyond the health sector, such as local government, if they are to have a reasonable impact³.

8. Working intersectorally utilising a determinants, or Health in All Policies approach enables experts across a range of disciplines to contribute to the development of plans which advance human development, uphold sustainability and equity principles and assist in the resolution of complex problems whilst improving health outcomes. We commend to you the healthy design guidelines presented in the 'Integrated Recovery Planning Guide'⁴ and 'Health Promotion and Sustainability Through Environmental Design: A Guide for Planning'⁵.
9. This submission has been developed by CDHB staff and its Board including elected representatives. All divisions of the CDHB were invited to contribute to the submission and a draft submission was referred to Board members for comment. The final submission was approved by the Board.

David Meates
Chief Executive Officer
Canterbury District Health Board

³ McGinnis JM, Williams-Russo P, Knickman JR. 2002. The case for more active policy attention to health promotion. *Health Affairs*, 21(2): 78 - 93.

⁴ CCC and CDHB. 2011. Integrated Recovery Planning Guide, Version 2.0. Christchurch: CCC and CDHB.
http://www.cph.co.nz/Files/IntegratedRecoveryGuideV2_Jun11.pdf

⁵ CCC and CDHB. 2008. Health Promotion and Sustainability Through Environmental Design. Christchurch: CCC and CDHB.
<https://outlook.ccc.govt.nz/Environment/HPSTED/HPSTED.pdf>

Hospital Services and Health Precinct – Volume 2

10. Section 3.4 Central City Mixed Use Zone

Policy 12.5.1 : Range of activities

The above policy envisages a zone comprising of a mix of land use activities with certain characteristics and land uses anticipated and a list of land uses not anticipated in the zone.

Provision is made for the extension of medical facilities with an anticipated characteristic of the zone is *“Opportunities for the establishment of medical research activities in the vicinity of Christchurch Hospital as part of the mix of land uses”* and an anticipated land use in the zone being *“Education, health and research facilities”*.

Land uses not anticipated to establish in the Central City Mixed Use Zone include:

- *Industrial activities*
- *Small scale (boutique, comparison) retail activity and large scale bulk retailing*
- *Open air vehicle sales yards, but excluding vehicle showrooms associated with vehicle dealerships.*
- *Commercial car parking areas and buildings.*

Submission

- a) **We support the provision for medical and research facilities within the Central City Mixed Use Zone. This is consistent with previous consultation and discussions held between the Christchurch City Council (the Council) and the Canterbury District Health Board (CDHB) with the aims of allowing for the expansion of the Christchurch Hospital and support facilities, as well as the co-location of health providers and research organisations.**
- b) **We oppose the restriction on commercial parking areas and buildings within the Central City Mixed Use Zone. The Christchurch Hospital already has significant parking infrastructure within this zone convenient to the Special Purpose (Hospital) Zone. This is essential for patients, visitors and staff. We wish to retain the ability to alter or extend these parking areas in the future as an anticipated activity within the Central City Mixed Use Zone.**

We suggest that a provision be included for commercial parking areas and buildings associated with the Christchurch Hospital and its associated activities, for example, located within 250m from the closest boundary of the Special Purpose (Hospital) Zone.

11. Section 3.7 Conservation 5 Zone

3.7 Conservation 5 (Avon River Park) Zone

Significant enhancement of the Avon River corridor is proposed as part of the CCP merging the Open Space and Special Purpose (Road) zones into the newly created Conservation 5 zone.

The creation of this zone is to enhance the river corridor while allowing for geotechnical work to stabilise the banks and adjacent land which have sustained damage in areas due to lateral spread and liquefaction.

Page 171 of Volume 2 of the draft CCP states:

“The Conservation 5 zone has been specifically created to provide for the creation of the Avon River Park during the post-earthquake recovery phase and beyond. It covers the 900 metre long Park Terrace frontage from Harper Avenue to Armagh Street, as well as

the 3200 metre length of river corridor between the Special Purpose (Hospital) zone at the southern end of Rolleston Avenue and the Fitzgerald Avenue bridge.”

Submission

- c) **The main site of the Christchurch Hospital is located at the western boundary of the Conservation 5 Zone. If the Conservation 5 Zone was to extend further west to join up with the Botanical Gardens it would extend through the hospital site, directly affecting the proposed redevelopment of the site which has already been the subject of considerable public consultation⁶. While the CDHB supports the creation of the Conservation 5 zone we have concerns that the zone may be extended in future affecting the ability of the hospital to expand in accordance with plans that have been the subject of considerable previous public consultation.**

Therefore the CDHB supports the proposed area identified as the Conservation 5 zone, and in particular the zone ending at the juncture with the Special Purpose (Hospital) zone. There must be no change to this boundary limit.

12. **Section 3.5 Transport and Parking Rules** **7.9.1 Policy: Road Hierarchy for the Central City (New Policy)**

The draft CCP contains a new road hierarchy. While the existing road hierarchy categorises roads based on the vehicle movement function that they perform, the proposed hierarchy instead recognises that roads can also form important ‘place’ functions.

The Christchurch Hospital site is primarily bounded by Riccarton Avenue and Oxford Terrace, both of which are classified as minor arterial roads in the operative City Plan. In the draft CCP Oxford Terrace is classified as a Lane.

Submission

- d) **We support the classification of Oxford Terrace as a Lane. Reducing the volume of traffic along Oxford Terrace by directing traffic along Tuam Street and St Asaph Street will allow for better flow of traffic exiting the hospital site onto Tuam Street, via Oxford Terrace. This is particularly important with regards to ambulances exiting the site which are currently often held up as a result of arterial traffic flows on Oxford Terrace limiting signal time for the Hospital driveway located opposite the northern end of Antigua Street.**

Patients, visitors and staff have to cross both Tuam Street and Oxford Terrace to reach the hospital from current parking areas. This change will lessen the challenges faced in crossing both roads. In addition concept masterplan and public consultation (together with the CCC) included the potential for a “bridge” connecting hospital facilities and parking on the south side of Tuam Street to the main hospital site north of Oxford Terrace. This was to provide both safer patient and visitor access as well as enhancing hospital infrastructure for post disaster responses. The classification of Oxford Terrace as a Lane would potentially assist this.

⁶ For example refer to the Christchurch Hospital Redevelopment Consultation Document from 2010 and jointly published by the CDHB and the CCC

13. **Section 3.9 Noise and Entertainment Rules**

It is proposed that a Central Fringe Zone be created along Oxford Terrace to the immediate east of the Special Purpose (Hospital) Zone that contains Christchurch Hospital. This Central City Fringe Zone is also proposed to be an entertainment/hospitality precinct as identified on Planning Map 2.

Volume 2: Regulatory Framework Rule 11.1.3.3.2 Noise Standards for the Central City (p194) and Table 2 of this rule notes that the Oxford Terrace Hospitality precinct is to be a Category 2 area with respect to noise emissions. Immediately to the west the Special Purpose (Hospital) Zone is a Category 3 area with more stringent noise limits.

Submission

- e) **The concerns of the CDHB are that more lenient noise rules applicable to the Oxford Terrace Hospitality precinct could impact upon the amenity of the Christchurch Hospital site, particularly late at night, and importantly, we oppose activities in this area which could result in increased attendances to our Emergency Department – causing us to redirect valuable hospital resources away from more serious patients. Our Canterbury health system has other appropriate pathways and services for public not requiring hospital level care.**

14. **Section 5 Planning Maps**

245 Antigua Street

The site located at 245 Antigua Street is owned by The Presbyterian Church Property Trustees and has an area of 3,376m². It is legally described as Pt Lot 1 DP 11323 and is held in Certificate of Title CB11K/20. It has road frontage to Antigua Street, Oxford Terrace and Tuam Street. The site is commonly known as the St Andrews site as a result of the Church that used to occupy the site. The site has been used for parking for many years following the relocation of the Church building to Rangi Ruru.

The CDHB has had negotiations in the past with the Presbyterian Church with a view to developing the land for hospital related purposes. The extension of the hospital onto this site has also been included in the public consultation undertaken during 2010. As such the Christchurch Hospital has clearly identified that it wants to be able develop this site in a manner that is consistent with the Special Purpose (Hospital) zone to the north and south of the St Andrews site.

Planning Map 1 identifies this site as being located in the Central City Fringe Zone. Planning Map 2 identifies this site as being located in the Central City Retail Core and Fringe Area, adjacent to an entertainment/hospitality precinct.

Submission

- f) **The CDHB seeks that the zoning of this site be changed to Special Purpose (Hospital) Zone to allow for development consistent with that proposed in the 2010 public consultation documentation.**
- g) **The CDHB seeks that the Central City Retail Core and Fringe Area be removed from the site at 245 Antigua Street. This would result in this zoning stopping at Antigua Street, consistent with the entertainment/hospitality precinct.**

Planning Map 3 outlines the permitted heights of the areas contained within the CCP. The St Andrews site at 245 Antigua Street is proposed to have a permitted height of 21m while the Special Purpose (Hospital) Zone has a permitted height of 30m.

Submission

- h) The CDHB seeks that the St Andrews site at 245 Antigua Street have a permitted height of 30m consistent with the Special Purpose (Hospital) Zoning to the north and south of the site.**

Special Purpose (Hospital) Zone – Christchurch Hospital Site

Development Standard 8-2.3.6 of the operative City Plan states that maximum building height of any building at Christchurch Hospital shall be 30m. Critical Standard 8-2.5.1 sets the maximum height of buildings at the Christchurch Hospital at 40m. It therefore stands that buildings with a height of 30m are permitted, buildings with a height between 30-40m are restricted discretionary and building with a height greater than 40m are non-complying activities.

Planning Map 3 of the CCP shows the Special Purpose (Hospital) Zone to have a permitted height of 30m. The CCP proposes no changes to the heights of the Special Purpose (Hospital) Zone.

Submission

- i) We support the CCP maintaining the height limits and activity status levels of the operative City Plan for the Christchurch Hospital. This is consistent with past Council and Canterbury District Health Board consultation allowing for Master Redevelopment of the Christchurch Hospital site – noting that this includes a 40m proposed building with a helipad above that adjacent to emergency facilities (replacing the landing area currently in Hagley Park).**

Old Christchurch Women’s Hospital Site

Planning Map 39D identifies the site previously containing the Christchurch Women’s Hospital (located between Durham and Colombo Streets) as having a maximum building height of 11m. There are no rules pertaining to this height limit in the City Plan however Critical Standard 8-2.5.1 sets a maximum building height as 19m. Previous advice from Council staff states that a building up to 19m in height is permitted with buildings greater than 19m in height being a non-complying activity.

Planning Map 3 of the CCP shows this site having a maximum height limit of 14m. No changes are proposed to the text of the operative City Plan enforcing this height restriction, however advice from Council staff suggests, that the plan will be amended to permit buildings up to 14m in height, with buildings between 14-19m being a restricted discretionary activity.

Submission

- j) We support Planning Map 3 showing a height of 14m for the site previously containing the Christchurch Women’s Hospital. We also support the City Plan classifying buildings between 14-19m as restricted discretionary activities. Therefore the CDHB proposes that a rule be added to clarify the that buildings between 14m and 19m in height on the Old Christchurch Women’s Hospital site will be a restricted discretionary activity.**

15. **The Big Picture (page 3)**

The Canterbury District Health Board wishes to congratulate the Christchurch City Council on the visionary Share an Idea approach. However, we note the lack of demographic information about those who had the opportunity to participate in this approach. This information would enable consideration of how well the wider Christchurch population was represented. Similarly, we note the evidence that representative and deeper community engagement is associated with stronger recovery outcomes⁷.

16. **Introduction (page 12)**

We commend the Christchurch City Council's vision of a vibrant and prosperous city and the five guiding principles integral to this process. We recommend that the guiding principles should be extended to include a commitment to building a city which aims to promote social equity and ensures better health and social outcomes for all citizens through tackling existing inequalities.

17. **Introduction (page 14)**

We commend the Christchurch City Council for undertaking an integrated sustainability assessment to consider the Plan's impact on sustainability, health and social wellbeing. This assessment also serves as an exercise in community engagement, and is an excellent example of both formative and process evaluation.

18. **Introduction (pages 15-16)**

We fully endorse the role of Ngai Tahu as Mana Whenua and look forward to a rebuilt city which promotes understanding and respect for the Tikanga Maori, Te Reo Maori (in signage, etc) and greater understanding of the relevance of Te Tiriti locally.

Submission

k) We recommend that the guiding principles be extended to include a commitment to building a city which promotes social equity and ensures better health and social outcomes for all citizens through tackling health inequities.

19. **Green City (pages 27- 44)**

We endorse the promotion of green and sustainable environments. We applaud the City Council for the initiatives it has already taken around Smokefree Parks and Playgrounds and ask that the Christchurch City Council continue a policy to make new and existing playgrounds, parks, sports grounds and Council events Smokefree to be consistent with existing policy.

20. **Green City (pages 39-40)**

Central City Greenway, Pocket Parks, Family-Friendly Parks: We strongly support the proposed pocket parks, family-friendly parks and greenway for the potential health benefits offered by these, both physical and mental.⁸ We suggest that some parks include permanent exercise equipment⁹ that can be used by citizens (some of this type of

⁷ Bidwell, S. 2011. Long-term planning for recovery after disasters: Ensuring Health in All Policies. Community and Public Health, CDHB: Christchurch. <http://www.cph.co.nz/files/LTPlanningAfterDisastersFull.pdf>

⁸ Nielsen, T. S., & Hansen, K. B. (2007). Do green areas affect health? Results from a Danish survey on the use of green areas and health indicators. *Health & Place*, 13, 839-850.

Godbey, G., Mowen, A. 2010. The benefits of physical activity provided by park and recreation services: the scientific evidence. Ashburn, VA., National Recreation and Parks Association. Available from: http://www.nrpa.org/uploadedFiles/Explore_Parks_and_Recreation/Research/Godbey-Mowen%20Paper-Final-Web.pdf Accessed 12.9.2011.

⁹ Cohen, D., Marsh, T., Williamson, S., McKenzie, T., Golinelli, D. 2011. Family fitness zones increase moderate to vigorous physical activity (MVPA). Presentation to the Active Living Research Annual Conference, San Diego, February 22-24 2011. [Abstract] Available from: http://www.activelivingresearch.org/files/ALR2011Conf_ConcurrentAbstracts_IntervEval.pdf

equipment already exists in Hagley Park) and that careful consideration be given to the provision of adequate public toilets that are family friendly.

A comprehensive guide to the issues around public toilets and associated literature can be found at

http://blogs.nyu.edu/projects/materialworld/2011/05/everybody_goes_designing_gefri.htm
!

21. **Green City (page 40)**

Community Gardens: We endorse this initiative as promoting healthy eating and activity, social cohesion, sustainability and food security. We would like to see links established between community gardens and foodbanks, the City Mission and other similar agencies. We further support any initiatives which encourage respectful foraging.

Submission

- l) We recommend that the existing Smokefree outdoor policy be retained for all existing and new playgrounds, parks, sports grounds and Council events.**
- m) We recommend that the Smokefree outdoor policy continues to be communicated and promoted by the Christchurch City Council.**
- n) We recommend that the Christchurch City Council consider extending the Smokefree outdoor policy to all alfresco/outdoor dining areas, bus exchanges and outdoor malls.**
- o) We recommend that careful consideration be given to the provision of adequate, family-friendly toilet facilities and suggest that some parks include permanent exercise equipment.**
- p) We recommend that links be established between community gardens and foodbanks, the City Mission, and other similar agencies.**

22. **City Life (pages 65 – 82)**

We endorse the promotion of a vibrant, people-centred city, recognizing that health begins where we live, learn, work, eat, rest and play. Already-vulnerable communities fare less well in long-term recovery¹⁰ resulting in increased disadvantage. While we recognise the importance of incentivising residents to return to the inner city we are wary of anything which might displace the more vulnerable communities who lived in the city pre-quakes.

23. **City Life (page 78)**

A Place for Everyone: The Canterbury District Health Board strongly endorses use of the key programmes and initiatives listed which contribute to making the city safe, diverse and inclusive. We would support legislation to ensure that liquor licensing rules encourage and enforce safe alcohol use. We recommend that the Council's alcohol policy should extend to number and location of outlets, proximity to schools, parks and vulnerable populations. This approach should be extended to gambling outlets and the sex industry. We support a continued cap on gambling outlets, recognising that pokie machine use has led to much suffering in our communities. We would ask for a limit on consents for unhealthy fast food chains and incentives to attract locally produced healthy food outlets.

¹⁰ Bidwell, S. 2011. Long-term planning for recovery after disasters: Ensuring Health in All Policies. Community and Public Health, CDHB: Christchurch. <http://www.cph.co.nz/files/LTPPlanningAfterDisastersFull.pdf>

24. **City Life (page 79)**

A Place for Everyone: We note that a large number of health and social service agencies were not part of Community House, and their needs must be factored into future planning.

25. **City Life (pages 80 - 82)**

Displaced Residents: We are concerned that, as noted in the plan (page 21) “...*much of the damaged housing in the central city was low rent, single person accommodation, often occupied by people with social or health needs; these residents may no longer be able to afford to live in a rebuilt central city.*”

Consideration of the needs of this population should be considered in future planning and can be incorporated into social housing provision and incentives for owners of residential housing. Incentives to private owners could be used to upgrade the quality of housing by improving insulation and heating that would benefit the health and wellbeing of the population and reduce the risk of costs being passed on to tenants.

We support there being a choice of housing for people in all stages of life. Aged Residential Care within the city has sustained damage, these facilities often operate as campuses that include retirement villages, and they could be expanded to include social housing and day programme options.

Multilevel residential buildings should have a provision for assisting vulnerable populations with evacuation when power outages result in lifts being non-operational.

26. **City Life (page 80)**

Living in the City: We note that there is little mention in the plan of rebuilding the homes that already exist in the city. We would like to see that in the residential sector, as well as the business/retail sector, new-builds and, where possible, retrofits should be incentivised to utilise ‘universal design’ principles. The existing ‘Lifemark’ design code has been assessed by the Ministry of Social Development to offer considerable economic savings to the country (see <http://www.lifemark.co.nz/LinkClick.aspx?fileticket=TXO16WCOpUg%3D&tabid=227>).

27. **City Life (page 80)**

Living in the City – primary care services: The future redevelopment of primary care in Canterbury is likely to manifest in the form of Integrated Family Health Centres (IFHC). These are seen as the preferred option to deliver integrated health and social services to meet community needs and are part of the MoH vision for improved access to care services as part of the ‘Better, sooner, more convenient’ (BSMC) policy direction. They offer increased access to services for patients, with services being offered closer to home in the community setting. They have the potential to provide activities traditionally delivered in hospitals and are seen as an integral part of the planning for the new hospital development.

In Canterbury the health system is part of a health consortium working to support primary care businesses to develop IFHC and to support the change in the way health and social services are provided and connected. IFHC can stand alone physically as a business, but thrive through integration, co-location and connectivity to other health and social service providers and agencies.

Key enablers of the development of an IFHC include:

- Population and demand – business viability requires demand for services. Traditionally a medical business requires an enrolled population, as the funding model for primary care is a capitation based model. In considering an IFHC of sustainable scale a central city resident population or decentralised enrolled population that regularly accesses the city centre is necessary.

- Access – IFHC offer an extended range of services compared to traditional general practice, often open for longer hours to meet demand and match service accessibility to patient and community need. Zoning and permitting extended hours of operation are key to this. Scale is also an issue as some house large multidisciplinary teams and the number of patients accessing services can be high. Location, parking, transport links and road access need to be conducive with ease of access. A frequent and efficient public transport service that links people with services is essential to the health of our population.
- Physical requirements - ground floor access and single level service provision is preferred, with back office and support functions, staff facilities and amenities on upper floors.
- Multi-use facilities – the integration of health services leads to the provision of services in one convenient location. This may include service based business (Drs and Nurses), technical equipment (X-ray or MRI machines) and co-located services to improve patient care (laboratory collection services or point of care testing). Zoning and land use and building codes need to reflect this mix of services in one location.

28. City Life (page 80-81)

Social Housing: We strongly support affordable social housing options and question why there is no budget associated with this, although the plan proposes to repair and relocate (to the city) damaged social housing stock. We encourage the Christchurch City Council to upgrade the quality of insulation and soundproofing in these facilities.

Social housing services and providers are a tight and relatively small network that could be easily engaged in future planning around this area. There are many examples of successful private/public social housing partnerships in Christchurch and we acknowledge the strong leadership provided by the Christchurch City Council in this arena.

While the incentives to buyers are a good initiative, we would also like to see developers being encouraged/impelled to build mixed social housing which includes affordable rental accommodation for families.

Submission

- q) We ask that care is taken to ensure that incentivising residents to return to the inner city does not displace the more vulnerable communities who lived in the inner city pre-quakes.**
- r) We recommend that the Council’s alcohol policy should extend to number and location of outlets, proximity to schools, parks and vulnerable populations.**
- s) We support a continued cap on gambling outlets, recognising that pokie machines have led to much suffering in our communities**
- t) We support moves to limit consents on unhealthy fast food chains and incentives for locally produced healthy food outlets.**
- u) We recommend that multilevel residential buildings have provision for assisting vulnerable populations with evacuation when power and therefore lifts don’t operate.**
- v) We advocate that in the residential sector, as well as the business/retail sector, new-builds and, where possible, retrofits should be incentivised to utilise ‘universal design’ principles.**

- w) **We recommend that the Plan provides for the development of IFHC and health and social service integration for the resident and visiting population of the City Centre and that the planners stay connected with the Canterbury IFHC Project Team.**
- x) **We recommend that the Plan fosters the reestablishment of easily accessible primary health care and NGO services for young people, people who are vulnerable and disadvantaged, and our increasingly diverse populations.**
- y) **We recommend the engagement of social housing services and providers in future planning around the relocation of damaged social housing stock to the city.**
- z) **We ask that consideration is given to ensuring the availability of mixed social housing which provides affordable rental accommodation for families.**

29. Transport Choices (pages 83 – 100)

We endorse the proposed improvements to transport systems and accessibility. We recognise the benefits of physical activity¹¹ and applaud any initiatives which encourage physical activity, both for commuting and for leisure. We ask that cycling is supported through off-road cycle paths and that public transport encourages people to leave their cars at home, or become car free. However, we recognize the need to make provision for those whose physical mobility is compromised – a genuinely disabled-friendly, older person-friendly city will benefit everyone. We request that affordability for consumers and connectedness with greater Christchurch are given strong consideration in future planning but recognise the need for prioritisation of public spend with appropriate assessment of ‘whole of life’ costs, consistent with Treasury’s Better Business Case process.

30. Transport Choices (page 99)

Parking and servicing: We endorse the Christchurch City Council’s commitment to ensuring adequate parking for motorists with limited mobility.

Submission

- aa) **We recommend that cycling is supported through off-road cycle paths; and that public transport encourages people to leave their cars at home.**

31. Market City (page 107)

We support the grants and incentives which encourage businesses into the CBD and support any initiatives which create meaningful employment for local people, especially young people. We recommend that these incentives also be extended to health and social services that locate in the central city.

Submission

- bb) **We recommend that initiatives consider a focus on creating meaningful employment for local people, especially young people.**
- cc) **We recommend that incentives to encourage businesses into the CBD be extended to health and social services that locate in the central city.**

32. Market City (page 108)

Free parking: In addition to the provision of free off-street council-controlled car parking, we suggest that public transport, walking or cycling also be incentivised.

¹¹ Bidwell, S. 2010. Quantifying the economic benefit of increasing physical activity. Community and Public Health, CDHB: Christchurch. <http://www.cph.co.nz/Files/QuantEconBenefitPhysicalActive.pdf>

Submission

dd) We ask that consideration be given to incentivising and encouraging active transport options.

33. Transitional City (page 115)

Recognising that recovery is a long process as well as an outcome, we support any initiatives which foster community cohesion and celebrate/share our city's journey to recovery. Gap Filler, Greening the Rubble, festivals and tree planting are vital to this process.

34. Transitional Market City (page 116)

Provision for Health and Social Agencies: There are a number of health and social service agencies and services currently provided within the planned neighbourhood catchments and transition areas¹². These services operate outside the health precinct area. Their location is a benefit to the communities they support as they provide services close to their homes.

Mental health and social service agencies do not have the financial resources to pay high-end commercial rents, which is partly why they are 'pepper-potted' throughout the city. Their current or pre-quake location should be supported in future planning design to enable services to be integrated within communities. Some services would find it difficult to move into suburban environments due to stigma. Residential alcohol and drug services and mental health services, however, are currently well established and accepted in the inner city environment and need to be able to remain in their current locations. However, we acknowledge the opportunities for collaboration, co-ordination, innovation and better integration in the delivery of health and social services that can build on the lessons learned from the changes forced to agencies' operations by the earthquakes.

Submission:

ee) We recommend that the current or pre-quake location of mental health and social service agencies be supported in future planning to enable these services to remain integrated within communities.

35. Transitional Market City (page 116)

Hospital-Based Services in the Community: CDHB strategic direction is to reorient hospital-based services to the community. This recognises the value (and patient convenience) in locating services within the communities that use them. We also support a move to flexible outpatient-based services rather than inpatient- or hospital-based services. Outpatient/day services can support more people and more easily respond to population growth. Many of these services are not ideally located within a hospital precinct and are more ideally located closer to primary care and other community based services.

36. Monitoring and Review (page 127)

We support the concept of monitoring and in particular the use of counts of pedestrians, cycles and public transport patronage. In addition, we would like to work with the Christchurch City Council to develop targets that relate to indicators of health service utilisation that are influenced by urban planning, for example alcohol-related admissions. Such targets would serve as valuable measures of recovery into the future, for example at five-yearly intervals.

¹² These include pharmacies, general practice, physiotherapy and rehabilitation, mental health services for adults and children, supported employment services, alcohol and drug assessment and intervention, supported housing, cultural support services, self help and peer support, residential respite and detoxification services, aged residential care and others.

Submission

- ff) We would like to work with the Christchurch City Council to develop targets that relate to indicators of health service utilisation that are influenced by urban planning.
- gg) We strongly advocate for a health target(s) to be acknowledged as a measure of recovery into the future.

Central City Plan – Volume 2: Regulatory Framework

37. 2.3 Central City Business 1 Zone

The zone is to enable the establishment of small local centres to provide for local retail and service activities and community spaces, including meeting spaces and small reserves. The aim is to provide a focal point for the re-establishing and new residential population. These centres are to be of limited scale and won't provide comparative shopping (more than one of a type of shop) and there are size restrictions on the shops also. The Plan allows for one supermarket (up to 2700m²) to be built within either, but not both, of the zones. There are limits on future expansion of these centres where it could lead to the loss of residential housing stock, or adverse effects on traffic. The zone will be mixed use to include some residential housing. Noise limits are set to be consistent with those at the residential boundaries of the zone. There are extensive rules governing the design of both retail/commercial and residential property, including minimum and maximum sizes and minimum outdoor spaces.

Public Health Issues

The overall effect on public health should be positive as the purpose of the zone is to make these local centres accessible and available to the surrounding residential population, and to provide a community focal point.

However, it is important that affordable housing *and* affordable retail/office space should be made available throughout the central city, otherwise poverty will be relegated to the outskirts of the city and only the wealthiest businesses and residents will be able to afford to operate and live in the centre of the city. The inequitable distribution of the determinants of health, such as income, employment, education, housing, health care, and social support is always detrimental to the overall health of a community.¹³

Vibrancy should not depend entirely on the presence of alcohol. The rebuilding of central Manchester after the IRA bomb of 1996 made this mistake and crime/social issues became a major problem. We commend the Christchurch City Council on its plan to revise the Council's Alcohol Policy (**p193**). This is in line with current international trends such as the policies being implemented in the UK through the Community Alcohol Prevention Programme.¹⁴

- Separation of late night entertainment and restaurants/cafes has merits as different clientele are attracted to different styles of venues. Care must also be taken in avoiding "tribal" affiliation to adjacent late night venues which can lead to violence.
- The Council should be commended for its plan to enforce penalties for excessive tonal (bass) beat (**section 2.9**) as it is this type of noise which currently leads to most complaints, and would compromise the Plan's aims for mixed city living.

¹³ Signal L, Martin J, Cram F, Robson B. 2008 The Health Equity Assessment Tool: A user's guide. Wellington: Ministry of Health.

¹⁴ Mistral, W., Velleman, R., Mastache, C., Templeton, L. 2007. UKCAPP: an evaluation of three community alcohol prevention programmes. Bath, University of Bath and Avon & Wiltshire Mental Health Partnership NHS Trust. Available from: http://www.aerc.org.uk/documents/pdfs/finalReports/AERC_FinalReport_0039.pdf Accessed 12.9.2011.

Submission

- hh) **We ask that affordable housing and affordable retail/office space be made available throughout the central city to avoid the relegation of poverty to the outskirts of the city.**

38. 2.4 Central City Mixed Use Zone

The development of vibrant urban areas is enabled by a diverse and compatible mix of land use activities in areas on the edge of the central city. Council is seeking to revitalize and rejuvenate areas on the edge of the central city in order to make these areas more vibrant, exciting, safe and sustainable areas to live, work and learn. The Plan aims to build communities in the mixed zone with up to 30,000 residents, where there are currently a large number of vacant lots.

The zoning has been changed ostensibly to allow a range of land uses that are considered complementary and compatible with each other, to reduce risk of nuisance and reverse sensitivity effects. However, zoning originally designed to allow businesses *which supported their community*, e.g. general practice, dairies, hairdressers etc has been replaced which allows businesses which have an appeal beyond that of the local residents, including, potentially, medical specialists, mortgage companies, insurers and brothels. If office space is at a premium in the central business zone, businesses will be forced out into the “residential” zone to the detriment of local residents. The ‘butcher and the baker’ will simply not be able to afford the rents required to ply their trades to the local residents.

As noted above (Transitional Market City, **page 116**, Provision for Health and Social Agencies), many health and social service providers were located within the CBD, with resulting advantages for both providers and the community. Primary health care services (such as High St Medical Centre) within the CBD had particular strengths in providing services to young people and vulnerable and disadvantaged populations. In part this was due to easy access by public transport. The CBD also housed a wide range of NGOs in hubs (The Mental Health Education and Resource Centre, Hereford House, Family Planning Association). These NGOs had strength in their co-location, linkages (including with primary health care) and easy accessibility. These services have now been dispersed throughout the city.

39. We note that there is little mention of the 9000 residents who are already living in this area and who have already invested heavily (both financially and personally) in inner city living. It will be important not to drive these people out.
40. We note that the requirement to ‘build green’ is at least as important for residential buildings as for commercial buildings. Well-insulated sustainable homes promote health and are cost-saving.¹⁵¹⁶ We strongly encourage that buildings are retrofitted and built new to high insulation standards and commend the Christchurch City Council for its existing partnership with Beacon Pathway to promote improved home performance in both repairs and new-builds.

Submission

- ii) **We recommend that zoning encourages a mix of business use so that small businesses providing services to those living and working in the central zone are not excluded because of high rental costs.**

¹⁵ Chapman R., Howden-Chapman, P. and O’Dea, D. 2004. A cost-benefit evaluation for housing insulation: results from the New Zealand ‘Housing Insulation and Health Study’. Wellington: University of Otago, Wellington School of Medicine and Health Sciences.

¹⁶ Howden-Chapman P, Matheson A, Crane J, et al. 2007. Effect of insulating existing houses on health inequality: cluster randomised study in the community. BMJ: doi: 10.1136/bmj.39070.573032.80.

- jj) **We recommend that the zoning regulations which provide incentives to business owners also incorporate providers (individuals, groups, trusts, NGOs) of health and social services.**

41. **2.6 Special Purpose (Metropolitan Sport Facilities) Zone**

We recognize the value of providing high quality sporting and swimming facilities for the people of Christchurch and surrounds and welcome this provision in the Plan. We recognize that several facilities have been lost and that swimming and sporting facilities are integral to the fitness of many residents both young and old. The health of residents could suffer as a consequence of the time required to build this facility. Therefore short- to medium-term facilities should also be provided.

Submission

- kk) **We recommend the provision of interim sport facilities for the short to medium term.**

42. **2.7 Conservation 5 (Avon River Park) Zone**

We welcome the greening of this zone, with adjacent roads being narrowed to accommodate more green space and prioritized to cycles and pedestrians.

Specific Public Health Issues: Legionella

Christchurch is already the Legionella capital of the country, with 90-95% of cases being due to the potting mix/compost strain of Legionella.

While we encourage the greening of the city some thought will need to be put into this and how it can be achieved in a manner that reduces the risk of Legionella contamination to the public.

This applies to the soils used for planting and the irrigation systems that prevent aerosols from being produced. In particular, **Volume 1 page 42 “Green City”**, states that they will work towards ‘Greening the Roof’ whereby they will put in place green walls and rooftop gardens in 5 demonstration sites and are encouraging others in the central city to do the same. **Volume 2 page 210 “Build Green Christchurch”** states the ‘HVAC is zoned so that unused areas can be switched off’. This will not be a problem if “dry systems” such as heat pumps are used. However, if water-based cooling systems are used then turning off the system can lead to the growth of biofilms containing Legionella. Waterless systems should be encouraged as in **page 212** which states ‘No water based HVAC systems are used in the building’.

Submission

- ll) **We request that the Christchurch City Council consults with the Canterbury District Health Board regarding the potential issues relating to the greening of the city and Legionella contamination for the public.**

43. **3.5 Transport and Parking Rules**

We wish to see a plan that encourages the public to use active transport (this includes using public transport) to travel to and around the Central City.

We support plans to make the Central City accessible by all forms of private and public transport from all parts of the urban area of the city. For an inclusive transport plan the continuing development of walkways, cycleway and public transport networks is crucial.

We recognise the health benefits from physical activity to be gained by providing for

active transport.¹⁷ Active transport also goes some way to improve air quality and to mitigate against the effects of climate change through reducing fossil fuel emissions.¹⁸

44. **7.9.1 Policy: Road Hierarchy for the Central City.**

We support recognising the "place" function of streets as this enhances the vitality of the city and contributes to public wellbeing, as opposed to the more limited "link" function. We support the 30 km/hr or less speed limit in the central core and acknowledges that this will create a safer and more pleasant environment for people to walk, cycle and to "dwell and play".

45. **Avenues.** We support that these be the key link roads with restricted parking but suggests that safe and convenient pedestrian and cycle access across the avenues be given consideration. Pedestrian crossing times should be pitched for the less physically mobile. We request that medians be retained and enhanced to support this.

Submission

mm) We ask that safe and convenient pedestrian and cycle access across the avenues be given consideration.

46. **Distributor Streets.** We support the conversion of one-way to two-way operation. This will reduce the effect of dividing the city and creating a perceived "wall" of cars, which can be unpleasant for pedestrians and people on cycles.

47. **Typical Streets.** We suggest that some key Typical Streets be either restricted to vehicular traffic for much of the day, limiting access for service and delivery vehicles, or be included in the slow zone. We suggest that there be no on street parking on these roads to further increase enjoyment and safety of pedestrian and cycling movement.

Submission

nn) We suggest that some key Typical Streets be either restricted to vehicular traffic for much of the day, limiting access for service and delivery vehicles, or be included in the slow zone.

oo) We suggest that there be no on-street parking on these roads to further increase enjoyment and safety of pedestrian and cycle movement.

48. **Ways.** We support the Plan's vision for Ways, but would like to see all ways closed for traffic for most of day time trading. Retractable bollards across street access work well in many cities around the world that value walking and cycling. People are more likely to linger and engage in economic activity if the environment is car free. Social capital and opportunities for interaction are enhanced, as are safety, health, and wellbeing when people do not always have to be on guard for vehicular traffic. For example, it would be hard to imagine Conservation Area 5 (Avon River Park) Zone, abutted by Oxford Terrace and Cambridge Terrace functioning as a true "green area" unless the roads were narrowed, paved and car free.

Moreover, the use of Conservation Area 5 should be maximized by providing priority for pedestrians over streets and avenues which cross this area. This could be achieved by attaching floating footpaths under some bridges (to accommodate river level changes). In other places, there need to be pedestrian crossings at street level.

¹⁷ Auchincloss, A. H., Diez Roux, A. V., Mujahid, M. S., Shen, M., Bertoni, A. G., & Carnethon, M. R. (2009). Neighbourhood resources for physical activity and healthy foods and incidence of type-2 diabetes mellitus. *Archives of Internal Medicine*, 169, 1698-1704.

¹⁸ Rissel, C. E. (2009). Active travel: a climate change mitigation strategy with co-benefits for health. *New South Wales Public Health Bulletin*, 20, 10-13.

Submission

- pp) **We suggest that all Ways are closed to traffic for most of day time trading.**
- qq) **We recommend that the use of conservation Area 5 should be maximised by providing priority to pedestrians over streets and avenues that cross this area.**

49. 7.9.2 Policy: Walking in the Central City

We support all the points made in the Plan, but request that, with regard to disabled access, consideration be given to the visually impaired in addition to those with mobility impairments. For this group, the only way they can move around independently is by walking and by public transport, so it is important that the street furniture, signage, overhangs and plantings do not cause difficulty or injury.

If the walking environment is planned for the disabled, it will be good for all, including the elderly and children. We suggest that planners liaise with the Foundation for the Blind in order to develop optimal pedestrian facilities, for example with the use of sensory tools to enhance wayfinding.

Submission

- rr) **Consideration needs to be given to the visually impaired. We recommend the planners liaise with the Foundation for the Blind.**

50. 7.9.3 Policy: Cycling in the Central City

We would like to have the word 'separated' along with 'safe' and 'cycle network'. Encouraging more people to cycle will largely ameliorate the need for more car parking, reduce congestion, and enhance air quality¹⁹ but in order to encourage more people to cycle, there need to be separated cycle paths. Lack of separated facilities and the fear of conflict with vehicular transport are the main reasons why people do not cycle. We would like to see dedicated off-road cycle paths in the plans, rather than the possibility of this happening. The shared walking and cycle path along the linear river park appears to be more conducive to a slow, recreational route - cyclists need to have strong, direct, off road north-south and east-west routes suitable for the commuter wanting to travel at a brisker pace - without causing conflict with and danger to pedestrians, while being totally separated from vehicular traffic. We support cycle paths taking precedence over on-street parking spaces as this enhances safety of cyclists. We also applaud plans to provide more and more-convenient cycle parking.

Submission

- ss) **We would like to see the word 'separated' together with 'safe' and 'cycle network'. We would like to see dedicated off-road cycle paths in the Plan.**

51. 7.9.4 Policy: Public Transport in the Central City

We support ongoing improvement of the public transport system, including the provision of bus priority lanes taking precedence over on-street parking spaces.

52. 7.9.5 Policy: Car Parking provided by activities in the Central City

We strongly support less on-street parking, especially where public transport is easily accessible. Much of the congestion in central city areas is due to cars patrolling the streets looking for on-road car parks and then slowing traffic as they attempt to parallel park. Parked cars are also a major hazard for cyclists.

¹⁹ Cerin, E., Leslie, E., & Owen, N. (2009). Explaining socio-economic status differences in walking for transport: an ecological analysis of individual, social and environmental factors. *Social Science & Medicine*, 68, 1013-1020.

We commend the Christchurch City Council for noting the potential negative impacts of oversupply of free carparking (p 121-122) and the strategies proposed to reduce these impacts.

53. **7.9.8 Policy: Central City Lanes; 7.9.9 Policy Compact people focused area**
We applaud the vision for these people-friendly spaces. Not only will people get the benefits of more physical activity and have the opportunity to connect socially, they will also enhance the economic viability of the retailers in these areas without contributing to fossil fuel emissions and congestion.

Conclusion

54. We commend the Christchurch City Council on its approach to health-related issues identified in the draft Christchurch Central City Plan. We also commend the Christchurch City Council for using the approaches set out in the HPSTED, Integrated Recovery Planning Guide (IRPG), Crime Prevention Through Sustainable Design, and the WHO Age Friendly Cities Guide²⁰. Additional useful material is available in the “Additional Resources” section of the IRPG including the NZ Urban Design Protocol, the New York City Active Design guidelines, the North Shore City Design of Streets handbook, and Nga hua papakainga: Habitation design principles. We also recommend the recent report from the New Zealand Centre for Sustainable Cities: ‘Christchurch’s regeneration: Research and science-based insights’²¹ as a resource.
55. We value the opportunity to continue to work in partnership with you to improve the health of the people in our region. Intersectoral collaboration is one of the guiding principles of the Integrated Recovery Planning Guide and a key factor in building stronger social, economic and environmental outcomes, promoting the health of all, and working towards a shared vision of stronger, healthier, and more resilient communities.

²⁰ http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf There is a significant opportunity and urgency to progress Christchurch City as a city that promotes active ageing, particularly in light of ageing population projections.

²¹ New Zealand Centre for Sustainable Cities. 2011. Christchurch’s regeneration: Research and science-based insights. This report was written for CERA, other decision-makers and the Christchurch community at large and brings together research-based ideas and policy suggestions to inform pragmatic actions steps for the regeneration of Christchurch. <http://sustainablecities.org.nz/2011/07/christchurchs-regeneration/>